

Queen Mary Hospital, Hanmer

# HERITAGE ASSESSMENT

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*Hurunui District Council*



Aerial Photo of Queen Mary Hospital Site 1966

*6 October 2004*





*Hurunui District Council*

# Queen Mary Hospital Hanmer

## Heritage Assessment

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## **APPENDICES**

Appendix 1, Map of Heritage Value Assessment.

Appendix 2, Historical Background of the Site, Context and Bibliography.

Appendix 3, Plan of Queen Mary Hospital Site, called 'As Existing' showing recent names of buildings.

Appendix 4, Photographs and Copies of Architectural drawings.

Appendix 5, An Appraisal of the Archaeological Values within the Queen Mary Hospital Site, Hanmer Springs.

Appendix 6, ICOMOS New Zealand Charter for the Conservation of Places of Cultural Heritage Value.

## **BACKGROUND**

The Queen Mary Hospital site is 15.3 hectares in area and is situated centrally in Hanmer Township, North Canterbury. The land is owned by the Canterbury District Health Board, which has made a decision to sell the site. The Board has now received approval from the Minister of Health to enable the sale to proceed. The land must first be offered to Ngai Tahu who has expressed an interest in the site. The Hurunui District Council has also indicated it is prepared to purchase all or part of the site and has made financial provision to do so.

The Hurunui District Council recognises that the site has a significant development potential but that it also has a series of inherent values that should be protected as part of any development process.

The Hurunui District Council has recognised that the planning framework of the Operative District Plan for the site does not adequately protect the heritage and landscape values of the site. The Council is considering its options for planning mechanisms to protect those values.

Andrew Feierabend of the Hurunui District Council has commissioned the heritage division of Opus International Consultants to prepare a Heritage Assessment for the whole of the Queen Mary Hospital site. As the Council has also commissioned an independent landscape architect to assess the landscape values of the site, the heritage assessment does not include an analysis of the gardens or tree planting. However, Opus has liaised closely with Lucas Associates as there are close correlations between the built and archaeological heritage and the landscape components of the site. Accordingly, cross-references are made in this document to the Revised Landscape Assessment by Lucas Associates (October 2004).

## **SCOPE**

The brief for the heritage assessment is as follows:

- A written assessment of the historic heritage and values associated with the Queen Mary site including analysing the significance of the site or parts of it in the context of section 6(f) of the Resource Management Act 1991.
- To identify all heritage components within the Queen Mary site and rate the significance of the values by having regard to recognised evaluation criteria including relevant ICOMOS Charters.
- To identify all components and features within the site that should be protected in the context of any future development of the site.

- To map the spatial extent and context of each feature or building within the site and grade its significance in the context of the site as a whole.
- To identify in the report types of development use and subdivision that would be inappropriate for the site as a whole or parts of the site.
- To provide recommendations considered necessary to protect any parts of the site from inappropriate subdivision, use and development under section 6 or section 189 of the Resource Management Act 1991.

Note that the scope of the brief does not include an assessment of the heritage values of the thermal baths complex itself. However, because the original thermal pools complex, sanatorium and subsequent military hospital development was originally combined with the baths complex, some aspects of the physical features and history of the baths are included as part of this assessment. There are some buildings that require further inspection and research to ascertain their heritage value.

The timeframe and brief has not allowed for an in-depth inspection of each individual feature on the hospital site, and a full inventory of heritage fabric was not expected as part of the assessment. Accordingly, the values assigned each heritage building or feature is based on the overall impressions of the heritage spaces and elements (materials).

As indicated above, the Hurunui District Council has contracted a Landscape Architect to undertake an assessment of the landscape values of the site. Accordingly, this heritage assessment cross-references to the Revised Landscape Assessment by Lucas Associates (October 2004) and landscape is touched on briefly in this heritage assessment. The built heritage, archaeological values and landscape (including thermal pools) are intimately connected, however, and together they combine to form a heritage landscape associated with the Hanmer township and its surrounds.

#### **Draft Report (9 July 2004)**

A draft report following the brief above was prepared for the Hurunui District Council for distribution and discussion in early July 2004. As a result of subsequent discussions, consultation and research, minor amendments and additions have been made to this final report and its accompanying heritage assessment overlay map (Appendix 1).

The revised map has differential markings for the heritage values within the northern part of the site, such that the area of and around the Nurses Home is shown as having moderate heritage significance while the remainder of the northern part of the site is shown as the core area of high heritage significance. The line marking the transition from the moderate to high heritage significance area to the north of the Nurses Home was determined with reference to the Revised Landscape Assessment map (Lucas and Associates 2004).

Opus had the draft report peer reviewed externally by conservation architect, Ian Bowman, prior to distribution. The lawyers for the Canterbury District Health Board then had that same draft report peer reviewed by another conservation architect, Bruce Petry of Salmond Reed Architects. A number of the comments in the latter's peer review were beyond the scope of the brief for this assessment. Some comments were valid and have been into account in this final report.

### **Current Heritage Status**

Chisholm Ward (H47), the 'Round Wooden Building' [ie Soldiers Block] (H57) at Queen Mary Hospital site are currently listed as Heritage Items in the Hurunui District Council District Plan. The Government tea kiosk (H46) in the thermal baths complex is also listed in the District Plan. Although nothing at Queen Mary Hospital in Hanmer is currently included in the New Zealand Historic Places Trust Register<sup>1</sup> of Historic Places, Historic Areas, Wahi Tapu and Wahi Tapu Areas, it is understood that registration proposals are currently being processed for at least the Soldiers Block and Chisholm Block, and potentially a wider area as an 'historic area'.

Prior to May 2004, no archaeological investigations had been recorded for the site. All archaeological sites (known and unknown) are subject to the Historic Places Act (1993).

### **RESOURCE MANAGEMENT ACT, SECTION 6 (f)**

Section 6 of the RMA outlines the matters of national importance that the Commissioner shall recognise, and provide for. In this regard, s6(f) is of particular relevance being

*'(f) the protection of historic heritage from inappropriate subdivision, use, and development.'*

The term 'inappropriate' is significant because, by its inclusion, use and development are not ruled out in relation to historic heritage items, but it seeks to ensure it is not inappropriate in a given context. 'Inappropriateness' must be considered on a case by case basis where it must be judged from the point of view of preserving the matter of national importance – in this case, historic heritage. The use or development could be considered to become inappropriate when it diminishes in any significant way the matter of national importance or a person's perception of it.

In the Resource Management Act (amendments 2003), Historic Heritage is defined as:

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<sup>1</sup> This Register is the national schedule of New Zealand's treasured heritage places. Registration with the Historic Places Trust is not in itself a method of protecting heritage places, but Councils are required to have regard to the Register when developing Regional and District Plans. In general, City and District Councils are required to notify the Trust as an affected party to resource applications that affect registered places.

- a) 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:
  - i) archaeological
  - ii) architectural
  - iii) cultural
  - iv) historic
  - v) scientific
  - vi) technological; and
  
- b) includes –
  - i) historic sites, structures, places, and areas; and
  - ii) archaeological sites; and
  - iii) sites of significance to Maori, including wahi tapu; and
  - iv) surroundings associated with the natural and physical resources.

It is the above components (a and b) of the definition that are being considered in assessing the heritage values of the whole and parts of the Queen Mary complex at Hanmer Springs.

### **ICOMOS New Zealand Charter for the Conservation of Places of Cultural Heritage Value**

The New Zealand ICOMOS [International Council on Monuments and Sites] Charter for the Conservation of Places of Cultural Heritage Value is the New Zealand guide for the conservation of places of cultural value in New Zealand, both as a frame of reference for owners, territorial authorities, tradespeople etc and the general community. It is also a statement of professional practice for members of ICOMOS, of which the author of this assessment, Robyn Burgess, is a member.

This charter, which is attached as Appendix 6, discusses general principles before identifying conservation process. It should be used to guide any future conservation planning including maintenance, stabilisation, repair, restoration, reconstruction, adaptation or interpretation, particularly for the 'Area of high heritage significance' of Queen Mary Hospital site, identified in an Overlay Plan (Appendix 1).

### **Contributors to the Heritage Assessment**

This heritage assessment has been prepared by Robyn Burgess, Principal Heritage Consultant, Opus International Consultants. The preliminary archaeological assessment (incorporated into the text and added separately as Appendix 5) has been prepared by Nick Cable, Archaeologist, Opus International Consultants. Ian Bowman, independent Conservation Architect, has carried out an external peer review.



## **Acknowledgements**

The authors acknowledge staff at the Christchurch regional office of the New Zealand Historic Places Trust who have made their files on the Queen Mary Hospital site available for viewing and photocopying. The research that they have carried out over preceding months, in particular searching the Christchurch branch of Archives New Zealand, has added to the robustness of the historical information included in this assessment. Specialist hospital architecture staff at English Heritage (and formerly Royal Commission on the Historical Monuments of England) have provided some information on English sanatoria, convalescent homes and military hospitals. The Canterbury District Health Board gave the Martin Swarbrick, the maintenance engineer at Queen Mary Hospital site, permission to open the interiors of the buildings and Martin also allowed us to view photographs and plans held in his office and in the carpenter's office. Dr Robert Crawford allowed us to digitally photograph images from historic photographs in his collection and provided some insight into medical practices at Queen Mary over the decades. Hanmer residents, Mrs Dawson and Shirley and Norman Beauchamp, provided information on working at Queen Mary Hospital site in more recent decades.

## **EXECUTIVE SUMMARY**

The Queen Mary Hospital site in Hanmer Springs has significant heritage values as a complex, which includes not only the individual buildings and features but their interrelationship and the social histories that go with them. Also of heritage significance are the surrounding landscape (the hot pools, gardens and tree plantings, and mountainous scenery) and technological equipment such as the pipes and pumps which circulated gas, steam and hot water around the buildings. Clearly, some features and areas have higher heritage value than others.

Parts of the Queen Mary Hospital site have national heritage significance, including:

- being the place where one of a small number of geothermal-related Sanatoria were established in New Zealand (others were at Waiwera, Rotorua, Te Aroha and Kamo);
- being one of only three fully developed Spas in New Zealand (after Rotorua and second-equal with Te Aroha);
- the rare design of the Soldiers Block which is now the only surviving intact example of its type in New Zealand, and the apparent rarity of the hospital design of the Soldiers Block internationally;
- being the first convalescent military hospital in New Zealand established in the immediate vicinity of thermal pools (others were built separate from thermal pools);
- the representative design and now rare survival of the Chisholm Block

- its history of involvement of early horticultural and landscaping professionals (refer appendix ‘Who Designed the Queen Mary Site?’ in Revised Landscape Assessment, Lucas Associates, October 2004);
- the whole setting of the hospital complex. The open spaces combined with mature tree plantings, the surrounding alpine scenery, and with the thermal reserve as an integral part of its location, sets the hospital apart from others around the country.

The technological harnessing of the thermal resources is of regional and possibly national significance.

The Nurses Home and current Maintenance Office have moderate heritage values and on their own are of regional significance. However, their setting, amenity values and context within the hospital complex add to their significance. The Fountain House Block and Gymnasium Building have low to moderate heritage values as buildings but the area on which they are built has high heritage values. The significance of those two buildings therefore ranges from local to national.

An overlay plan has been prepared which identifies the areas of high heritage value as being part of the central and northern area of the site, which is not suitable for development. Small scale cluster development may be appropriate in the area of the Nurses Block if that building was to be removed. The southern half of the site is most suitable for development, as long as the Morgue building was protected. The continuation of historic land uses for some of the facilities, including recreation and residential use would be well suited for the site.

It is recommended that a Conservation Plan and Design Guidelines be prepared for the site. Protection options outlined in this report include applying zoning and plan provision, a heritage covenant or a Heritage Order. Due procedure must also be followed with respect to potentially damaging, destroying or modifying archaeological features on the site.

## **ASSESSMENT OF THE HERITAGE VALUES OF THE COMPONENTS AT QUEEN MARY HOSPITAL**

### **Basis of Assessment of Values**

There is a range of possible criteria to assess heritage values, once sufficient information is gathered about a place. These include those in the Historic Places Act 1993, various criteria used by local authority criteria and derivations of criteria established by the World Heritage Convention under the auspices of UNESCO to assess heritage values of buildings proposed for listing. Assessing significance to Maori must be carried out by tangata whenua themselves.

Criteria used for this assessment are those used for registration under Section 23 the Historic Places Act (1993), and placing it in the context of the definition of historic heritage under the Resource Management Act (1991, 2003 amendments).

The criteria used for the assessment is that contained in Section 23(1) and 23(2) of the Historic Places Act (1993), being if the place possesses aesthetic, archaeological, architectural, cultural, historical, scientific, social, spiritual, technological, or traditional significance or value, in particular (a)-(k) as follows:

- (a) The extent to which the place reflects important or representative aspects of New Zealand history
- (b) The association of the place with events, persons, or ideas of importance in New Zealand history
- (c) The potential of the place to provide knowledge of New Zealand history
- (d) The importance of the place to tangata whenua
- (e) The community association with, or public esteem for, the place
- (f) The potential of the place for public education
- (g) The technical accomplishment or value, or design of the place
- (h) The symbolic or commemorative value of the place
- (i) The importance of identifying historic places known to date from early periods of New Zealand settlement
- (j) The importance of identifying rare types of historic places
- (k) The extent to which the place forms part of a wider historical and cultural complex or historical and cultural landscape.

The Historic Places Trust criteria for assessment can be grouped into four main categories<sup>2</sup>:

- 1) Aesthetic – formal qualities of the fabric and setting
- 2) Scientific – archaeological, technological, philosophical, custom and usage values
- 3) Social – spiritual, traditional, political, national values; and
- 4) Historic – association with persons, ideas, or events.

## **Queen Mary Hospital Site - Assessment**

### **Aesthetic** (formal qualities of the fabric and setting)

The hospital is a landmark in the township of Hanmer, forming part of the centre square of the township. Like the township of Hanmer itself, the Sanatorium was built around the thermal pools, then in turn the hospital was built on the same site. The hospital site is relatively large for the size of the town, and many of its buildings, trees and park-like gardens are visible from the town centre. Pleasantness and tranquillity are also

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<sup>2</sup> Bowron and Harris, 2000: 5-7.

considered to be an important characteristic of the aesthetic coherence of the Queen Mary Hospital landscape (refer to Revised Landscape Assessment, Lucas Associates, October 2004).

The landscaping and scenery of the site, together with the scale and inter-relationship of the buildings, and the thermal pools, provides overall aesthetic appeal. This assessor considers that the design, proportion and stylistic features of a number of individual buildings have aesthetic appeal, notably the Chisholm, Nurses and Soldiers Blocks and the Morgue. The whole hospital is set in mature gardens with an alpine outlook and generations of former patients attest to the healing powers of its setting. There are a number of natural 'retreats' within the complex, including the Spiritual Garden. (refer also to Revised Landscape Assessment, Lucas Associates October 2004)

There are a number of designs in the buildings and in the landscape at Queen Mary Hospital. They are significant because they each reflect styles of the period (Late Victorian Gothic, Classical, Art Deco) yet are functionally appropriate for the perceived requirements of the hospital institution. The formal values are as follows:

**The Morgue** is a small timber building with tongue and groove weatherboarding and pierced ventilation slots (cast iron). It is in the Late Victorian Gothic style of architecture and was designed by the Public Works Architect, John Campbell in 1902 as part of the wider Spa/Sanatorium complex. Its half-trussed gables at both of its gable ends are reminiscent of the gables of that late 19<sup>th</sup> century Sanatorium building.

The **Soldiers Block** is the only intact building of its type left in New Zealand. It is a fine example of a military hospital design, with open octagonal wards. It appears to be not only the only intact survivor of a type of building that was fairly rare in New Zealand, but it appears to be unusual internationally. The flaring of the weatherboards near the base is an interesting design, possibly related to the weather of the region.

The **Chisholm Block** is a fine representative example of a type of design used in England for sanatoria, with half-butterfly wings for the wards and verandahs, to allow as much light and air into the building as is reasonable. It employs some Classical motifs, such as pediments and pilasters, but it also uses some Art Deco features that were fashionable for the period.

The main architectural value of the **Nurses Block** is how it successfully combines the exterior walls on the ground floor as brick and those on the first floor as timber. It is a functional building, well lit from its double hung sash windows. It is the only proper two storeyed building on the Queen Mary Hospital site.

The main aesthetic value of the **Maintenance Engineer's Block** is its small scale design, with double hung sash windows and louvre vent at the apex of the roof. Its

tongue and groove timbers link visually with the Soldiers Block and other timber clad buildings on the site.

The main stylistic value of the **Rutherford Block** is its employment of geometric motifs typical of the Art Deco movement. Similar features are found in the **Fountain House** block, built a short time later. The Rutherford Block is representative of a type of single storey hospital building with radiating wards.

Further assessment is required of other buildings to determine their architectural values. Mostly they are typical of buildings of their period, eg the House No. 3, assumed to be the 1930s Medical Superintendent's House.

**Scientific** (archaeological, technological, philosophical, custom and usage values)

There are a number of archaeological features and places of potential archaeological value associated with the 19<sup>th</sup> century thermal (and Sanatorium) complex within the current Queen Mary Hospital Site. The site potentially contains archaeological remnants of earlier times, including pre-contact Maori archaeology, although Ngai Tahu representatives have told the Hurunui District Council that there are no Maori values associated with the hospital site. See Appendix 5 for Archaeological Assessment Report.

The development of Hanmer Springs' limited resources required some sort of scientific/technological approach, including attempts to use the thermal reserve for its healing properties. The Caretaker's Report for 1896 mentioned "the inhaling of steam from the waters has also been found to effect wonderful cures; for this purpose I have placed an earthenware pipe over a hole on the top of one of the hottest pools so that persons wishing to inhale have the full strength of the steam".<sup>3</sup> A possible reason for steam helping people is that it relaxes the throat and its good for conditions such as asthma.

A gasometer for collecting gas for use in the Sanatorium and later hospital complex is still in existence in the grounds of the thermal pools complex. Gas was used for lighting in the Sanatorium building.

Another technological feature is the early use of the thermal waters and steam for heating water and radiators. Further research is required to determine the measure (ie representativeness, rarity, etc) of the engineering design of the buildings and features of the site with respect to the use of piped gas, steam and mineral water. The pipes, pumps and other such equipment throughout the site have technological values and in some instances archaeological values (see Appendix 5).

The design of the various buildings involved a scientific approach with respect to the open air principles of verandahs, large opening windows, ventilation and, for the massage

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<sup>3</sup> Rockel, Ian. Taking the Waters: Early Spas in New Zealand. 1986: 66.

blocks and bathhouses, piped mineral water. The open air principles were tested in England in the late 19<sup>th</sup> century and were still considered appropriate in the 20<sup>th</sup> century.

The technological values of the building materials are typical of the period. Ventilation has been critical for the buildings which had mineral water piped into them. The use of pierced cast iron for ventilation in the morgue building would have allowed for the flow of air as required for deceased inside.

More recent scientific approaches at the hospital include the suggestion that Queen Mary Hospital was the first place in New Zealand where Electro Convulsive Therapy (ECT) was used to improve mood.<sup>4</sup> 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.<sup>5</sup>

**Social** (spiritual, traditional, political, national values)

Queen Mary Hospital site has significant social and emotional values for patients and staff, many of whom have spent a number of years at the complex. It has had a close association with the people of the Hanmer township, and generally the community has been positive about the way that the hospital has been operated and as the heart of the wider community. Many families in New Zealand during the 20<sup>th</sup> century have visited or known of someone who had been either a patient (serviceman/woman or civilian) or a visitor to the thermal pools. The Morgue has social and potential spiritual values.

The grounds and surrounds of the site form a therapeutic landscape and have social - especially spiritual - values (refer also to Revised Landscape Assessment, Lucas Associates, October 2004).

**Historic** (association with persons, ideas, or events)

This is a site where the development of the Sanatorium, later Queen Mary Hospital, was originally based on the health giving properties of the mineral water and geothermal activity. The thermal pools were known by pre-European Maori, and were visited by European settlers from the late 1850s.

Queen Mary Hospital site has significant historical values for its close association with the geothermal baths, the early sanatorium, and the expansion to become a key military hospital for returned soldiers (from both World War I and, subsequently, World War II) with various functional nervous diseases and for being the first civil institution established in New Zealand for treatment of such diseases. It continued to have an important national role for functional nervous diseases, eventually developing to become the first dedicated drug and alcohol rehabilitation hospital in New Zealand. Patients to the hospital have come from all over the country.

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<sup>4</sup> Robert Crawford, pers comm. 16/6/04.

<sup>5</sup> Robert Crawford, letter to Hurunui District Council 31 July 2004.

The grounds of the site have significant historical values for being closely associated with early professional horticulturalists and landscape architects (refer to Revised Landscape Assessment, Lucas Associates, October 2004).

The key values in the context of the definition of historic heritage in the **Resource Management Act (1991, 2003 amendments)** are as follows:

- the key **archaeological values** are the features above and below ground that relate to the thermal complex bathhouses, pipes and other equipment, and the late 19th century Sanatorium and its associated garden. There were only a small number of Sanatoria at thermal complexes in New Zealand and this site has the potential to add to knowledge of how this particular type of site operated more than 100 years ago;
- the key **architectural values** are the Soldiers Block for its rare style and for being the only such design surviving in New Zealand, its likely rarity internationally; the Chisholm Block for its architectural style; plan layout and seeming rarity of this type surviving in New Zealand; the Morgue for its architectural features that link stylistically to the earlier Spa/Sanatorium building which no longer survives. Other buildings in the complex do have varying degrees (moderate to low) architectural values, including the Nurses Block, the Maintenance Engineer's Block, the Rutherford Block, the Fountain Block, the Gymnasium building and some of the houses on the site.
- the key **cultural values** are predominantly European. They revolve around the tradition of visiting the site to make use of the geothermal pools and/or specifically for the values associated with the benefits of receiving treatment at the hospital, which did not have the stigma of a psychiatric hospital. A close relationship has been maintained between the hospital and the township throughout the years.
- the key **historic values** are: the site's intimate connection with the geothermal pools of the immediate vicinity – indeed being part and parcel of the pools and their bath houses - first providing a sanatorium-cum-lodging house for accommodation for a range of people; developing into a sanatorium proper with trained medical staff, providing massage and bath houses for patients as well as the general public; having a purpose-built military hospital for returned soldiers suffering functional nervous diseases; subsequently providing hospital accommodation for women with functional nervous diseases; and developing into a relatively large hospital complex dedicated to treating patients with functional nervous diseases and eventually drug and alcohol addiction. The oldest surviving building on the site appears to be the Morgue at the southern end of the site, which was built in c1902 but has been shifted from its original location. The

building now known as the Soldiers Block is a unique survivor of a type of building that was fairly rare in New Zealand, and possibly relatively unusual internationally. The various ward buildings reflect architectural and medical theories of the time and, until recently, they continued in use for hospital patients and treatment. The Chisholm Block is a fine example of what may have been a representative type of hospital building in England in earlier decades but for which research to date suggests there are few similar types of hospital buildings in New Zealand, in terms of its style and setting. The location and land area of the complex reflect the need for both self-sufficiency and patient care (refer also to Revised Landscape Assessment, Lucas Associates, October 2004).

- the key **scientific values** link to medical theories of utilising the geothermal resources (gas, steam, water) and the approach to treatment of those who came to the place with functional nervous diseases.
- the key **technological values** are associated with the storage and use of resources of the geothermal complex, and the design of the hospital blocks to maximise the benefits of sunlight and open air. Latterly, the site is significant as the first place in New Zealand where Electro Convulsive Treatment (ECT) took place.

In the context of assessment of the criteria derived from the Historic Places Act (1993) Section 23(2), it is possible to make the following statements about the site and its parts:

Queen Mary Hospital site **reflects important or representative aspects of New Zealand History** in that: it is the site of one of New Zealand's early Spa/Sanatorium as an integral part of the thermal pools facility; it was nationally important as a rehabilitation hospital for returned soldiers (from both WWI and WWII) who suffered from functional nervous diseases; and it developed to become a nationally important specialist hospital complex dedicated to treating patients with functional nervous diseases and eventually drug and alcohol addiction.

Queen Mary Hospital site is **associated with events, persons, or ideas of importance in New Zealand History**: as a tourism attraction in both the 19<sup>th</sup> and 20<sup>th</sup> centuries; as a place that developed specialist treatment for functional nervous diseases, initially soldiers with 'shell-shock' and later for general patients with such afflictions, and eventually as the first dedicated drug and alcohol rehabilitation unit in New Zealand; the architectural designs of the Soldiers, Chisholm and Rutherford Blocks reflects international theories of the perceived medical benefits of high exposure to fresh air and sunlight; the tree plantings and layout of the grounds are associated with the early horticulturalists and landscape designers, Henry Matthews, Alfred William Buxton and Edgar Taylor (refer to Revised Landscape Assessment, Lucas Associates, October 2004).

Queen Mary Hospital site has the **potential to provide knowledge of New Zealand history**, particularly the history of the use of thermal waters (with respect to tourism and



recreation, technology associated with using the resources of the thermal waters, and medical theories and treatment); architectural and engineering history with the range of building types and styles and the technology associated with them; the history of horticulture and landscape architecture; and the history of medical treatment in New Zealand, most notably with respect to the treatment of functional nervous diseases and drug and alcohol addiction.

Ngai Tahu iwi representatives have advised the Hurunui District Council that Queen Mary Hospital site is **not of significance to tangata whenua**.

Hanmer township has a **community association and public esteem** with the Queen Mary Hospital site. Generally the community has been positive about the way that the hospital has been operated and it has a key place as the heart of the wider community. Many families throughout New Zealand have visited or known of someone who had been either a patient (serviceman/woman or civilian) or a visitor to the thermal pools, and therefore there is national association and connected public esteem for the Queen Mary Hospital site.

The Queen Mary Hospital site has the **potential to provide knowledge of New Zealand history** with respect to: archaeological material relating to the Sanatorium and the closely associated thermal reserve which could shed further light on the early workings and materials of the place; the possibility of archaeological material that could indicate Maori visitation of the site (both pre-European or later); architectural and engineering design; medical treatment and practice, including in the context of the healing powers of landscape and open space. Being located at the centre of Hanmer township, the ease of access to the site suggests that the potential for the public to gain knowledge by visiting the buildings and grounds is high.

The Queen Mary Hospital site shows **technical accomplishment or value and design** values both in its equipment used to pipe thermal water to buildings on the site, extract gases from the thermal waters for use in lighting, and extract steam for heating the buildings. The gasometer which stands outside of the current hospital complex is considered to have high heritage values and there are pipes (below and above ground), possibly connected to the gasometer, which are in the hospital grounds. Further research is required to establish the heritage values of the engineering equipment, but at this stage it is possible to say that various pieces of equipment, pipes, etc have the potential to show technical accomplishment, value and design. All the buildings on the site have some degree of design value. The highest are the Soldiers Block and Chisholm Block which show both technical accomplishment and high design values. The Morgue building, although not in its original location, has architectural values that link back to the Sanatorium building prior to the site becoming a hospital for returned soldiers. The Gymnasium Building and Fountain Block have some design and engineering values, hindered by the fact that they are in poor condition and are reputed to have high levels of asbestos. The Rutherford Block has some design values in its layout and style but initial

and ongoing problems with leaking roofs and some of the fabric suggests at least part of its design was flawed.

Queen Mary Hospital site has **symbolic or commemorative value** mainly through its association with returned soldiers of both World War I and II, and as an icon for the residential treatment and care of patients with a range of functional neurological diseases and drug or alcohol addiction.

The geothermal springs at Hanmer Springs were probably known to Maori and, from that perspective, the Queen Mary Hospital site has some links with **early periods of New Zealand settlement** with respect to Maori. The first European to officially record the springs appears to have been William Jones in 1859 and the following year the Nelson Provincial Government established a reserve around the springs. In this respect, the site has links with early European settlement in New Zealand.

Queen Mary Hospital site contains a **rare type of historic place** in the survival of the Soldiers Block, the design of which was representative of a small sample of military hospitals built during World War I in New Zealand and of which only the Soldiers Block at Hanmer survives in whole and *in situ*. Research to date suggests that it may be rare internationally. The Soldiers Block was also built on the site of one of only a few Sanatorium buildings set up in the whole of New Zealand. The Chisholm Block also appears to be a rare surviving example of a type of hospital building in its style and setting.

Queen Mary Hospital site **forms part of a wider historical and cultural complex and wider historical and cultural landscape**. The individual buildings on the site and individual archaeological features have varying levels of heritage value. It is the complex as a whole, however, including the 'connectiveness' of the various buildings, the pathways, gardens, tree planting and visual links with the thermal reserve and wider alpine scenery that raises the significance of the site as a whole.

## AUTHENTICITY OF THE BUILDINGS

A space by space inventory is required to determine the complete level of authenticity. However, overall impressions are that some alterations and additions have taken place to virtually all of the buildings on the site, but mostly the buildings appear to be largely authentic in their materials, plan and design. Brief observations about authenticity are made below:

**Soldiers Block:** The building is remarkably intact from when it was built in 1916. The main block is that with octagonal wards but there are also wings that project from at the south side. Initial research suggests that at least some of these south wings are original to the 1916 build and are authentic to the design. Plastic covering has been nailed over the original weatherboard of the west elevation, but

this can be removed. Some internal partitions have been added to the octagonal wards.

**Chisholm Block:** The building, including its interior timber panelling, built-in wardrobes and hand basins in each of the bedrooms, is largely intact from when it was built in 1926.

**Nurses Home:** The Nurses home has had a number of renovations and additions since it was first built in 1927-8, but its plan form and design remains largely authentic.

**Rutherford:** The building, including its interior and many of its fixtures and fittings, appears to be largely intact from when it was built in 1940.

**Fountain House:** The building, including its interior and many of its fixtures and fittings, appears to be largely intact from when it was built in 1943, although there have been some internal partitions added and the building is in poor condition.

**Gymnasium:** Like the Fountain House Block, this building appears to be largely intact from when it was built in c1929, although some of the partitions for the massage cubicles in the western end of the building have been removed. The interior of the eastern end of the building has not been viewed for assessment.

**Morgue:** Comparisons between the present building and architectural drawings dated 1902 show that the Morgue exterior and interior (including the central table) is authentic.<sup>6</sup> The only obvious change is that mesh has been nailed over the cast iron ventilation squares to keep out flies. The location of the building, at the southern end of the site, is not original.

**Landscape:** The roads/paths, grassed areas, large trees and general layout of landscaping have changed over the decades, but some areas, including the entrance gateways and their associated paths, and the avenue of trees leading from the Chisholm Block towards the Soldiers Block, are authentic from an early date (refer to Revised Landscape Assessment, Lucas Associates, October 2004).

## STATEMENT OF HERITAGE SIGNIFICANCE

The site as a whole has national significance: as the place where one of a small number of geothermal-related Sanatoria were established in New Zealand (Waiwera, Rotorua, Te Aroha, Kamo); for being one of only three fully developed Spas in New Zealand (after Rotorua and second-equal with Te Aroha); for the rare design of the Soldiers Block which is now the only surviving example in New Zealand, and the likely rarity of the

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<sup>6</sup> Archives New Zealand (Wellington branch), PWD Plan 19834.

design of the Soldiers Block internationally; for being the first convalescent military hospital established in the immediate vicinity of thermal pools (others were built separate from thermal pools); and for the representative design and now rare survival of the Chisholm Block. Further research may show that the site has national significance in terms of the technological values associated with the use of the resources of the geothermal pools in connection with the collection of gases, steam and hot water for utilisation in the various hospital buildings on the site. At the least, it is clear that such technological harnessing of the thermal resources is of regional significance. The setting of the hospital complex has national significance - its open spaces combined with tree plantings and surrounded by alpine scenery, and with the thermal reserve as an integral part of its location, sets the hospital apart from others around the country. The layout of the grounds has heritage significance, particularly in the involvement of early horticultural and landscaping professionals.

The heritage values of the core 'Area of high heritage significance' in central and northern part of the site (Appendix 1) are the *combination* of the layout of the area, the open space, the paths and the plantings, and the buildings and the visual interconnection between those buildings, as well as the thermal reserve complex and the associated pipework going from the thermal area to the hospital buildings.

While the Fountain House Block and Gymnasium Building have low to moderate heritage values as buildings, the area on which they are built has high heritage values by virtue of the fact that this is where the early bathhouses were located, and the Fountain House and Gymnasium Building are built on and beside the footprint of those earlier buildings and the Gymnasium Building incorporates the foundations of an 1888 bathhouse. Their significance therefore ranges from local to national.

The Nurses Home and current Maintenance Office have moderate heritage values and on their own are of regional significance. However, their setting, amenity values and context within the hospital complex add to their significance. In particular, the Nurses Block and the current Maintenance Office, together with the avenue of limes (marked 10 in the Lucas Associates landscape assessment), provide a visual interconnection between the two highly significant buildings in the northern part of the site, Chisholm and Soldiers Block.

The Chapel room (old Occupational Therapy Block), and House No. 1 are likely to have moderate heritage values and regional significance, although further research on these buildings would be required to verify this. Further research is also required to ascertain the heritage values of various outbuildings and houses on the site. For this reason, on the Overlay on Appendix 1, the area south of the Soldiers Block, including the houses, is hatched in green as an area of potential heritage value, pending further inspection and research.

Apart from the existence of the early 20<sup>th</sup> century Morgue at the southern end of the hospital site (which is not in its original location), the southern and south-eastern area of the site has lower heritage values.

Further details of contextual analysis are included in Appendix 2.

## **COMPONENTS AND FEATURES THAT SHOULD BE PROTECTED IN THE CONTEXT OF FUTURE REDEVELOPMENT**

In essence, the area identified within the orange boundary on the Overlay Plan (Appendix 1) by the Soldiers Block and north has high heritage values. The features in that area have been assessed as having high and moderate heritage values and should be retained and any alterations should be in accordance with principles outlined in the ICOMOS Charter attached (Appendix 6), including appropriate repair and maintenance. Their surroundings including visual 'interconnection' should be retained where possible (refer also to Revised Landscape Assessment, Lucas Associates, October 2004).

Specific components and features are:

- Soldiers Block and entrance gateway
- Chisholm Block and entrance gateway
- Maintenance Engineer's wing (as this building, along with the avenue of trees, provides a link between the Chisholm Block and Soldiers Block)

A number of factors need to be taken into consideration with respect to the Gymnasium and Fountain House Block. Both buildings have moderate to low heritage values in themselves, but the fact that they are built on and beside the footprints of earlier bathhouses means that the area where they are situated has high heritage values. Ideally these buildings would be retained. However, both have been identified as having particularly high levels of asbestos and are in poor condition. If the Gymnasium and/or Fountain House are to be demolished, and the area developed, further archaeological work needs to be carried out. This might identify further features above and below the ground that should be protected in the context of further redevelopment.

The Morgue building should be protected, either by retaining it in its current location or by shifting it back to the area within the orange boundary on the overlay plan.

Consideration should also be given to retaining and adaptively reusing other buildings on the site, including:

- Chapel/Occupational Therapy Building
- Nurses Block
- House No. 1
- Visitors Centre

Due consideration must be given to the archaeological features outlined in the attached preliminary archaeological assessment. This is a legal requirement under the Historic Places Act 1993. It is unlawful for any person to destroy, damage or modify the whole or any part of an archaeological site without the prior authority of the New Zealand Historic Places Trust.

Elements of landscape components including plantings, circulation patterns, terrace landforms and spatial qualities have been identified in the separate Revised Landscape Assessment report as requiring protection in the context of future development (refer to Lucas Associates, October 2004).

## **INAPPROPRIATE SUBDIVISION, USE AND DEVELOPMENT**

### **Types of development, use and subdivision that would be inappropriate for the whole or parts of the site**

In the context of the Resource Management Act, Section 6 (f), inappropriate subdivision, use and development would be anything that destroys the buildings and features assessed as having high heritage values on site, that is the Soldiers Block and Chisholm Block, and their surroundings and visual connections (including the Maintenance Engineer's Block), and also the Morgue building, although its location is of lower significance because it has been shifted. The core 'Area of high heritage significance' (Appendix 1) is not suitable for redevelopment other than adaptive reuse of the buildings in existence. Types of development, use and subdivision that would be inappropriate for the core heritage area are demolition, alteration that does not take into consideration the guidance provided in the ICOMOS Charter attached and infill development that affects the surroundings of the heritage buildings and features. Large scale development is inappropriate in the areas marked in the overlay plan with green and blue hatchings (Appendix 1).

Inappropriate subdivision, use and development could also be anything that destroys the archaeological values in the area. Therefore, redevelopment of the area where the Fountain House and Gymnasium buildings are located would require due consideration to archaeological values and their retention or at least scientific analysis through excavation prior to redevelopment. In addition, it would be inappropriate for any future development of the Gymnasium and Fountain House area to detract from the heritage values of the adjacent Soldiers Block.

An area to the south of the Soldiers Block is an area of potential heritage value, with houses and other outbuildings requiring further inspection and research. It would be appropriate if these buildings could be adaptively reused for residential or business use. It is inappropriate that they be demolished without further investigation.

The southern and south-eastern area of the site has lower heritage values except for the existence of the Morgue building in its current location by the Spiritual Garden. As long

as the Morgue is protected (and this could mean moving it back to closer to its original location near the Maintenance Engineer's office), it is suggested that development would not be inappropriate from a heritage perspective. It may be inappropriate from a landscape perspective, however. (Refer to Lucas Associates Revised Landscape Assessment, where the Spiritual Garden, including its modern sculptures, is identified as having important landscape values and links to recent hospital history).

### **Appropriate Use/Acceptable Development**

The continuation of historic land uses including recreation and residential activities would be well suited for the site. The Chisholm Block, Nurses Home (and indeed Rutherford Block) have the potential to continue their use values as accommodation. The Soldiers Block, with its open plan wards, is less obviously suitable for future accommodation, but could lend itself well to a historical interpretation facility and for general community use.

Acceptable development would be minor alterations relating to conversion of the Chisholm Block so that it could be reused, and potentially some small scale development associated with that (possibly such as small parking area). Both the Chisholm and Nurses Block naturally lend themselves to accommodation. If the Nurses Block was to be removed, small scale development may be acceptable in the area of its footprint. If the Nurses Block is not retained, then it is recommended that the Maintenance Engineer's Office block must be retained, so that there is at least one historic building providing the visual link between the Chisholm Block and Soldiers Block. The Soldiers Block is not suitable for development, although minor alterations may be acceptable to allow for future reuse (a conservation plan would detail what should not be altered, but as an indication, the sorts of things that such a plan might include is that the open space of the octagonal wards should not be partitioned because of the high heritage values of such a space). As such, the Soldiers Block building would naturally lend itself to community use, including a good place for interpretation of the site.

Ideally the Gymnasium and Fountain House block would be retained and could be redeveloped. Their original functions were as bath and massage blocks, and perhaps those are the most natural use values, if they could be incorporated back into the thermal complex operation. However, parts of the Fountain House Block are in very poor condition and both buildings are reputed to have high levels of asbestos. If the Gymnasium/Fountain House area was to be developed and those buildings removed, further archaeological examination is required. If those buildings were not retained, appropriate development that would be suitable might include new buildings in their position of a similar scale (single storey) and possibly a swimming pool and changing rooms, following an historic precedent. It is most important that any new development does not detract from the Soldiers Block building which would then be adjacent to any new buildings - design guidelines would help in this. Historically, the Fountain House and Gymnasium buildings were a shared facility - the public-hospital interface.

Other buildings such as the laundry and boiler house appear to have lower heritage values and it may be acceptable to remove or replace them with other buildings of an appropriate style and scale (design guidelines would guide this). The fenced off garden area north of the thermal complex may be suitable for minor redevelopment, ideally re-landscaping. Other than this, new forms of development on the core northern part of the site are not appropriate.

## **HERITAGE PROTECTION**

There are a number of mechanisms for legal protection for the heritage of the Queen Mary Hospital Site. The key ones are Heritage Covenant, Heritage Order, or ensuring that there are appropriate provisions in the Hurunui District Plan.

### **Heritage Covenant**

A Heritage Covenant is a legal process and, once signed, it is permanently attached to the land title. A Heritage Covenant is a voluntary method by which landowners may protect their land and continue to own it while ensuring it remains for future generations to enjoy. In the case of Queen Mary Hospital site, a Heritage Covenant could provide the owner with reassurance that the heritage features recognised will continue to be protected even after the land has passed onto other owners. They can also provide a buffer zone adjoining an historically significant area to protect the area from surrounding land use.

Of the four main types of heritage covenants, in the case of the Queen Mary Hospital site, a heritage covenant with the New Zealand Historic Places Trust is probably the most appropriate. Such a covenant would specify conditions or restrictions on a place, which have been agreed to between the owner and the Trust. They are an important mechanism for providing protection in perpetuity over heritage sites against demolition or destruction. A covenant binds subsequent owners and any breach of a covenant is an offence under the Historic Places Act 1993. It may be possible to obtain funding from the Lotteries Environment and Heritage Fund for the legal costs of setting up a heritage covenant.

### **Heritage Order**

A heritage order is a provision in a district plan under section 189 or section 189a of the Resource Management Act (1991) that prevents anyone from doing anything that affects the heritage characteristics of the place without written consent from the appropriate Heritage Protection Authority. The Hurunui District Council, as a local authority, is automatically a Heritage Protection Authority under the Resource Management Act.

A Heritage Protection Authority can issue a requirement for a heritage order on any place of special interest or character, or of special significance to tangata whenua. The Heritage Protection Authority must give written consent to any use or change, which



would affect its quality or character. The owner has a right of appeal to the Environment Court on any decision of the Heritage Protection Authority.

A Heritage Order would be the strongest form of protection. However, where a Heritage Order is used, the Heritage Protection Authority may be ordered by the Environment Court to acquire the land.

### **District Plan**

Listing of the Queen Mary Hospital site in the Hurunui District Plan provides a form of protection. The Council could consider making demolition in the core 'Area of high heritage significance' (marked in the overlay plan, Appendix 1) a prohibited activity. Alterations and additions could be covered as a discretionary activity. This would require the writing of appropriate policies and objectives.

## **RECOMMENDATIONS**

It is recommended that:

- At a minimum, the fabric, design and plan of the Soldiers Block and Chisholm Block be retained and maintained, together with linkages between those buildings and their surrounds. This would involve retaining the Maintenance Engineer's Office as a pivotal visual link between the Chisholm Block and the Soldiers Block. The fabric, design and plan of the Morgue should be retained and maintained, although its relocation to a central part of the site would be acceptable.
- Protection be achieved either through applying zoning and plan provision or an appropriate Heritage Covenant. An alternative to this is to have a Heritage Order on the area, under Section 189 or 189(a) of the Resource Management Act. As a stronger protection mechanism, the Heritage Order option may be the most appropriate tool to manage the heritage area.
- A Conservation Plan be prepared for the Queen Mary Hospital site, including Condition Report and Inventory of Heritage Elements and Spaces for all buildings and features identified in this assessment as having high and moderate heritage values. This would add to the robustness of identification of the heritage values of key features and buildings. At the very least, further research and inspection should be carried out on the buildings of which the heritage values are uncertain. These are:
  - structures in the garden adjacent to the north of the thermal pools complex, especially the timber shed sandwiched between two macrocarpa trees which could link to the early 20<sup>th</sup> century tool shed identified on some early plans
  - houses south of the Soldiers Block
  - the so-called Chapel (old Occupational Therapy Block)

- the stand-alone brick building to the south of the Soldier's Block, which possibly relates to the 'meat safe' or 'meat store' shown on early plans of the Spa and if so would have historic values that predate the Soldiers Block
- the Maintenance Engineer's Block
- The Visitor Centre (former Single Men's Quarters)
- Boiler House
- Laundry

Appropriate assessment and recording should be carried out on any buildings that are to be removed or demolished.

- A Cyclical Maintenance Plan is prepared for the buildings and features identified in this assessment as having high and moderate heritage values.
- Any proposed development of the site refer to the archaeological assessment and its map of archaeological potential. In the areas of low potential, it is recommended that an Accidental Discovery Protocol regarding the finding of artefacts and archaeological material be followed to ensure that no information is lost. In the areas of moderate potential, it is recommended that the Accidental Discovery Protocol be followed and that earthworks should be monitored by an appointed Archaeologist or heritage specialist. Under Section 11 or Section 12 of the Historic Places Act (1993), it is a legal requirement to obtain an Authority to destroy, damage or modify an archaeological site.
- Clear design guidelines are prepared for the area in which development is allowed. The guidelines should clearly state appropriate materials, size of buildings, how far away they ought to be from existing features, and their style.