CARRINGTON HOSPITAL (FORMER)

Heritage and Archaeology Report

by

CFG Heritage

DPA Architects

Heritage Consultancy Services

January 2025

Carrington Hospital (Former)
Heritage and Archaeology Report

by

CFG Heritage

DPA Architects

Heritage Consultancy Services

Auckland

January 2025

Background

This report was commissioned by Te Tūāpapa Kura Kāinga Ministry of Housing and Urban Development (HUD). The report concerns land held by the Crown and administered by HUD within the 'Carrington Hospital complex' / Wairaka Precinct and is intended to serve as the primary historic record of the site, which is being permanently altered by urban development.

Approximately 39.7 hectares of land is held by the Crown and administered by HUD for State housing purposes. HUD is in the process of disposing of land within the hospital complex to Rōpū members pursuant to the Ngā Mana Whenua o Tāmaki Makaurau Collective redress deed. As the wider hospital complex includes land that is held by Unitec New Zealand, Health New Zealand (Mason Clinic) and Ngāti Whātua Whai Rawa the report also deals with the history of this land in part.

Scope of Report

The land within the Carrington Hospital complex was a significant pre-colonial Māori landscape, with the Te Auaunga / Oakley Creek and Wairaka Stream creating habitats for birds and fish that supported communities living around Ōwairaka. The site also encompasses much of the historic extent of the former Auckland Lunatic Asylum, the first building for which was constructed in 1865. Over the next 120 years, the asylum (later known variously as Auckland Mental Hospital, Oakley Hospital and Carrington Hospital) was developed to include additional buildings to house patients, productive farmland, livestock and staff accommodation.

The land administered by HUD on behalf of the Crown represents a significant portion of the original Carrington Hospital complex and contains almost all of the remaining hospital buildings, including the main hospital block, which is listed by Heritage New Zealand Pouhere Taonga as a Category 1 historic place.

This report includes an archaeological assessment of the land, including its pre-Crown history, and provides a record of the site's development and use as a psychiatric facility over time. It has been compiled in a format that will enable it to be used to inform future heritage advice, archaeological research strategies and an understanding of the extant heritage buildings.

Separate heritage evaluations and building records have already been prepared for: Building 76 (now demolished), which began life as Auxiliary 3 (later Male Ward 3); Building 6, which began life as Auxiliary 2 (later Park House) and Buildings 8-9 (former nurses' home). These building evaluations are not included within this report but have been provided separately to HUD and Heritage New Zealand Pouhere Taonga. The scope of this report does not include an evaluation of the main hospital building (Building 1).

Authorship

This heritage and archaeology report was written by CFG Heritage (archaeological assessment), DPA Architects (building evaluation and history), and Heritage Consultancy Services (social history), with each contributor's report presented as a standalone section. The collated report was prepared by DPA Architects.

Names, Words and Sources

The former Carrington Psychiatric Hospital was known by a number of names throughout its history: Auckland Lunatic Asylum, Auckland Provincial Lunatic Asylum, Whau Lunatic Asylum, Avondale Lunatic Asylum, Auckland Mental Hospital, Oakley Hospital, and Carrington Psychiatric Hospital. Over the years, the site has accommodated a wide range of entities and functions, including a farm, Māori health units, a community centre, the Mason Clinic, and UNITEC campus. Some of these continue today.

Names of hospital buildings within this report include the original name by which the building was known as well as later names adopted at different times. In some cases, the building number applied by UNITEC is also used.

Information sources are referenced, however, some variation in referencing of sources is an inevitable result of three separate authors contributing to this report. References are included at the end of each section of the report.

Section One:

Carrington Archaeological Assessment

by Matthew Campbell and Leela Moses, CFG Heritage

INTRODUCTION

This section of the report addresses the archaeology – both pre-European Māori and 19th century colonial archaeology – of the historic Carrington Hospital complex (Carrington)[1]. It is compiled in keeping with standards and content recommended in Heritage New Zealand Pouhere Taonga Archaeological Guidelines Series No. 2 Writing Archaeological Assessments (2019) and Archaeological Guidelines Series No. 3 Research Strategies for Archaeological Authority Applications (2019).

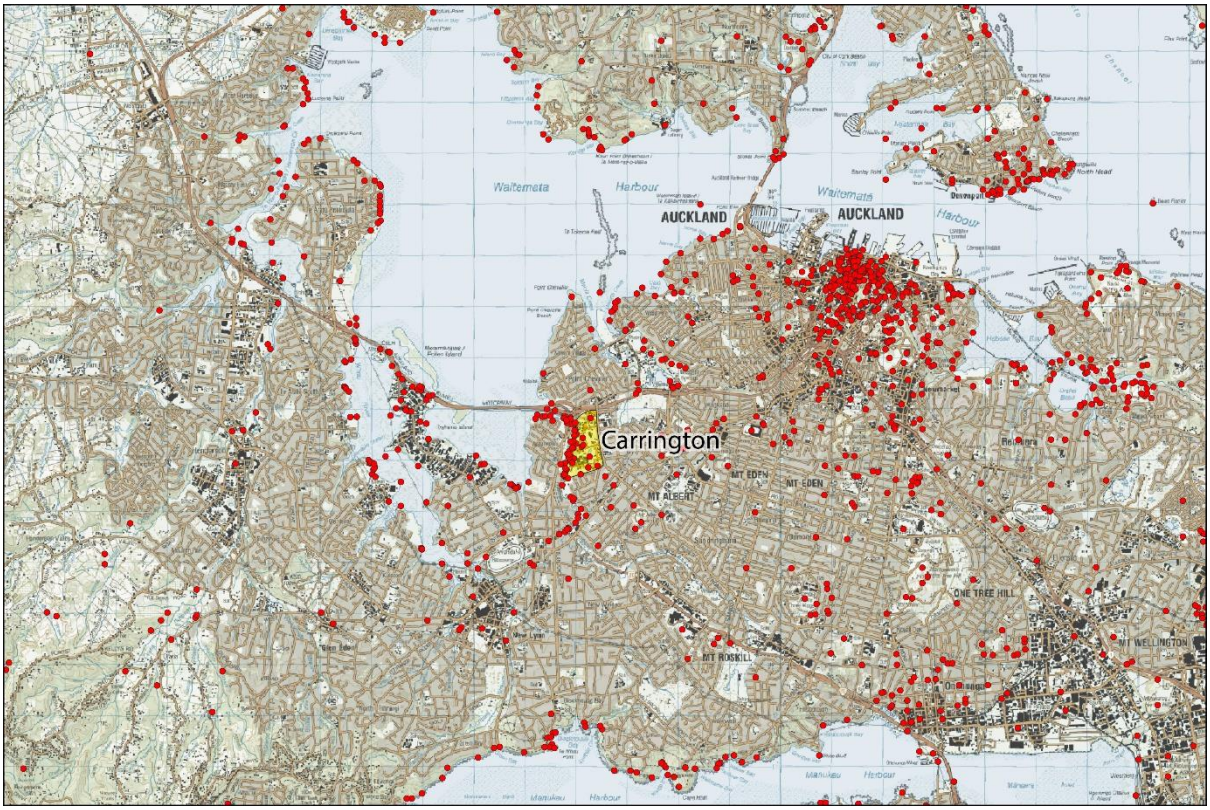


Figure 1: Location of the Carrington Development Area showing recorded archaeological sites in the wider vicinity.

Setting

Carrington is situated in the Auckland Volcanic Field, a Quarternary basalt field. The Auckland Volcanic Field is a well-preserved volcanic landform covering about 100 km^2 of the Auckland urban area. It forms a gently rolling surface with numerous volcanic cones rising above it. Lava caves and tunnels are common features on some of the Auckland lava flows.[2]

Carrington lies in the Western Springs catchment, an area approximately 7.5 x 3 km. The highest points in the catchment are Maungawhau / Mt Eden, Ōwairaka / Te Ahi-kā-a-Rakataura / Mt Albert and Te Tātua-a-Riukiuta / Three Kings, from which water feeds down the valley and creek systems in a north westerly direction and discharges at the Meola reef.[3] Much of this area was modified through Public Works drainage programmes of the early 20th century, especially areas of Te Auaunga / Oakley Creek during the 1930s Great Depression.

Pre-European Māori background

The Tāmaki region was an important and highly populated area during the pre-European period. The volcanic cones were sculpted into some of the most impressive pā in the country, the surrounding fertile volcanic soils

1

[2] S W Edbrooke, *Geology of the Auckland Area*, Institute of Geological and Nuclear Sciences, Lower Hutt, 2001, p. 8.
[3] S J Berry, 'Hydrogeological Characteristics and numerical modelling of the Western Springs and Onehunga Catchments', unpublished MSc thesis, Department of Geology, University of Auckland, Auckland, 2007, p. 29

supported large crops of kūmara and the land was heavily gardened. Pre-European Māori settlement of the area now known as inner West Auckland was centred primarily around the pā such as Ōwairaka and Puketāpapa, and coastal occupation on the Waitematā and Manukau harbours, along with the Whau River and Te Auaunga Creek. A portage at the Whau linked the Waitematā and Manukau, part of a larger network of portages in operation around northwest Auckland (Hooker 1997).[4] It was also a seasonal hunting ground for the migratory bar-tailed godwit which, heavy with fat for their migration to Siberia, were only able to gain enough altitude to skim over the trees of the portage where they would be ambushed and struck down by hunters hiding in the canopy (Sewell 1984: 3).[5]

In Carrington a spring fed stream that is known as Te Wai o Rakataura (among other names) would have been a vital natural resource. Early Māori occupants of the Ōwairaka area utilised Te Auaunga / Oakley Creek and its catchment to support settlement, and gathered fresh water, crayfish, eels and shellfish from the wider area. Abundant crops of harakeke and raupō around the waterway were commonly used to make clothing, roofing and matting, and stands of native timber, particularly karaka, facilitated the construction of whare, storage houses and defensive palisading.[6] Fertile volcanic soils would have been ideal for kūmara cultivation.

19th century colonial settlement

European settlement spread outwards from central Auckland from 1840 onwards, with settlement initially focussed on the waterways and coastlines. Farming was undertaken on the rich soils, and various industries including pottery and brick making, flour milling, and tanning took place along the rivers .[7]

Several lots in Waterview, including the current Unitec grounds were purchased by Andrew Rooney in 1855 (Truttman 2007).[8] In 1859, John Thomas, a flour miller from Devon, bought 8 acres of land along Te Auaunga and secured the water rights up to the waterfall (Farley et al. 2017a).[9] Thomas established a flour mill on the south side of the creek, which traded as the Star Mills although it was generally known as Thomas's Mill. Te Auaunga was one of four locations considered in 1860 for water supply to Auckland, however the cost of compensation to Thomas for the loss of power to his mill was considered too expensive, so the mill must have been in operation by then. In 1879 the Garrett Brothers purchased the property and established a tannery which operated until 1890 and was demolished in 1912 (Mason and McCurdy 2006; Truttman 2007; Campbell and Holmes 2008).[10]

In 1846 the Lunatics Act was passed, enabling the confinement of those deemed 'insane', either in the city gaol or in a new building at the existing Grafton Hospital. This latter quickly became overcrowded and plans for a purpose-built asylum, modelled on the great lunatic asylums of Britain, were put forward. Criteria for the site reflect the moral and cultural attitudes of the time. These included practical aspects such as soil type, elevation, land size and water supply, but also undulating grounds, distance from loud or offensive industries, features which were presumably seen as important for the patient's useful employment and wellbeing.[11] The Carrington site at Allotment 30 Parish of Titirangi was selected in 1863, with construction completed in March 1867.[12] In 1879 the Crown purchased Allotments 31, 32 and 33 from Joseph Howard for the sum of £4200[13] for a farm to

[4] B Hooker, 'Portages of Early Auckland', *Auckland Waikato Historical Journal,* 1997, 70: pp. 26-31
[5] B Sewell, 'Puketepapa – Mt Roskill Management Plan', unpublished New Zealand Historic Places Trust report, 1984, p. 3.
[6] Matthews & Matthews Architects Ltd, Ngāti Whātua o Ōrākei, et al., 'Mt Albert Heritage Study', unpublished report to Auckland City Council, 2009.
[7] G Farley et al., 'Waterview Connection project – Great North Road interchange: final archaeological report, in fulfilment of HNZPT Authority 2013/518, unpublished Clough and Associates report to the Wairaka Land Company, 2016.
[8] L Truttman, 'Wairaka's Waters: The Auckland Asylum Springs', report to Auckland City Council, 2007.
[9] G Farley et al., Wairaka Precinct: archaeological and heritage due diligence, Clough and Associates unpublished report to the Wairaka Land Company, 2017.
[10] Mason, R. and P. McCurdy, Site Rll/2191 Thomas's Star Mill and Garrett Bros.' Star Tannery Oakley Creek / Te Auaunga: Draft Summary Time-Line and Research Notes, prepared 2006, updated June 2010. Unpublished research. 2010; Campbell, M. and P. Holmes, Transit New Zealand Western Ring Route, Waterview Connection: archaeological assessment, unpublished CFG Heritage report to Auckland City Council, 2008.

[11] *Colonist,* 31 March 1863, p. 3; S Finer, *Prisoners to Patients – the Pre-Asylum State of Mental Health Care in Auckland,* Auckland History Initiative, 2023.
[12] *New Zealand Herald,* 6 September 1866, p. 3.
[13] Archives New Zealand, Deeds Index A2/129-131.

feed and provide work for the patients. These farm properties and the hospital itself were recorded at the time of purchase on SO 1992.

A history of Carrington is provided in Heritage Consultancy Services (2024), included as Section 2 in this report, and is not discussed further here, except where it relates to the archaeology of the area.

The hospital and its construction were a source of pride for the people of Auckland. The asylum was a grand structure, built in the style of those in Great Britain, with the initial design sent from England. All materials were sourced locally, a matter of pride for Auckland[14], including brick from Pollen's brickworks on the banks of the Whau River, scoria from local quarries, wood from the Titirangi Ranges and other materials from across the colony.

The asylum was a part of the local community. Regular entertainments were hosted with plays, recitation, music and dancing open to the public. Newspaper articles comment on the success of these evenings, 'the dining-room being, in fact, crowded by lady and gentleman visitors from Auckland, and the gentry of the neighbourhood'. [15] The curious were also, at times, able to tour the facility. In these cases, the inmates, their treatment and appearance were themselves presented as a form of entertainment.[16]

In 1877 an Inspector was appointed to investigate and review the state of the colony's asylums. The Skae report from 1877 found all asylums overcrowded and under resourced, including the Whau Asylum, where a structure designed for 50 patients now housed 165. The report noted that at that time despite 26 acres of farmland being attached to the asylum, only three or four were being cultivated. Only a small number of the patients were employed, and recreation was severely limited, with open courts and day rooms being used instead to house patients. Many patients were restrained for large periods of time, including overnight.[17]

Water supply for the purposes of cooking, bathing and cleaning was primarily obtained from two sources; a large number of cisterns within the roof structure of the building, and from a well.[18] The supply of water appears to have been satisfactory for some years, however it was noted that when the roof cisterns ran dry, as they would regularly, a man and horse, assisted by patients, had to travel eah day to Hicks Spring, just southwest of the hospital building, to acquire water. This was a costly and time-consuming process which did not provide sufficient water for the sanitation needs of the asylum.[19] A reservoir and pumping-station was completed in 1897[20], however by 1900 it became apparent that the rapidly expanding Auckland region's water supply was causing concern and the Asylum agreed to pump excess water to Western Springs.[21] Later in 1904, a larger pumping station was built near the centre of the Hospital precinct, to cater for greater demand for water supply. Ultimately in early 1909 the Mount Albert Road Board sought to take over control of the springs from the Public Works Department in exchange for supplying water to the Asylum up to the value of £150 per annum,[22] which was agreed to in 1910.

[14] *New Zealander*, 1 December 1865, p. 3.
[15] *Daily Southern Cross*, 25 June 1869, p. 3.
[16] *Daily Southern Cross*, 1 December 1869, p. 4; Finer, 2023.
[17] *New Zealand Herald*, 7 April 1877, p. 3.
[18] *New Zealander*, 1 December 1865, p. 3.
[19] Truttman, 2007, p. 8.
[20] *Appendix to the Journals of the House of Representatives* 1898 Session I, H-7, p. 8.
[21] *New Zealand Herald*, 23 February 1900, p. 3.
[22] *Auckland Star*, 6 January 1909, p. 9.

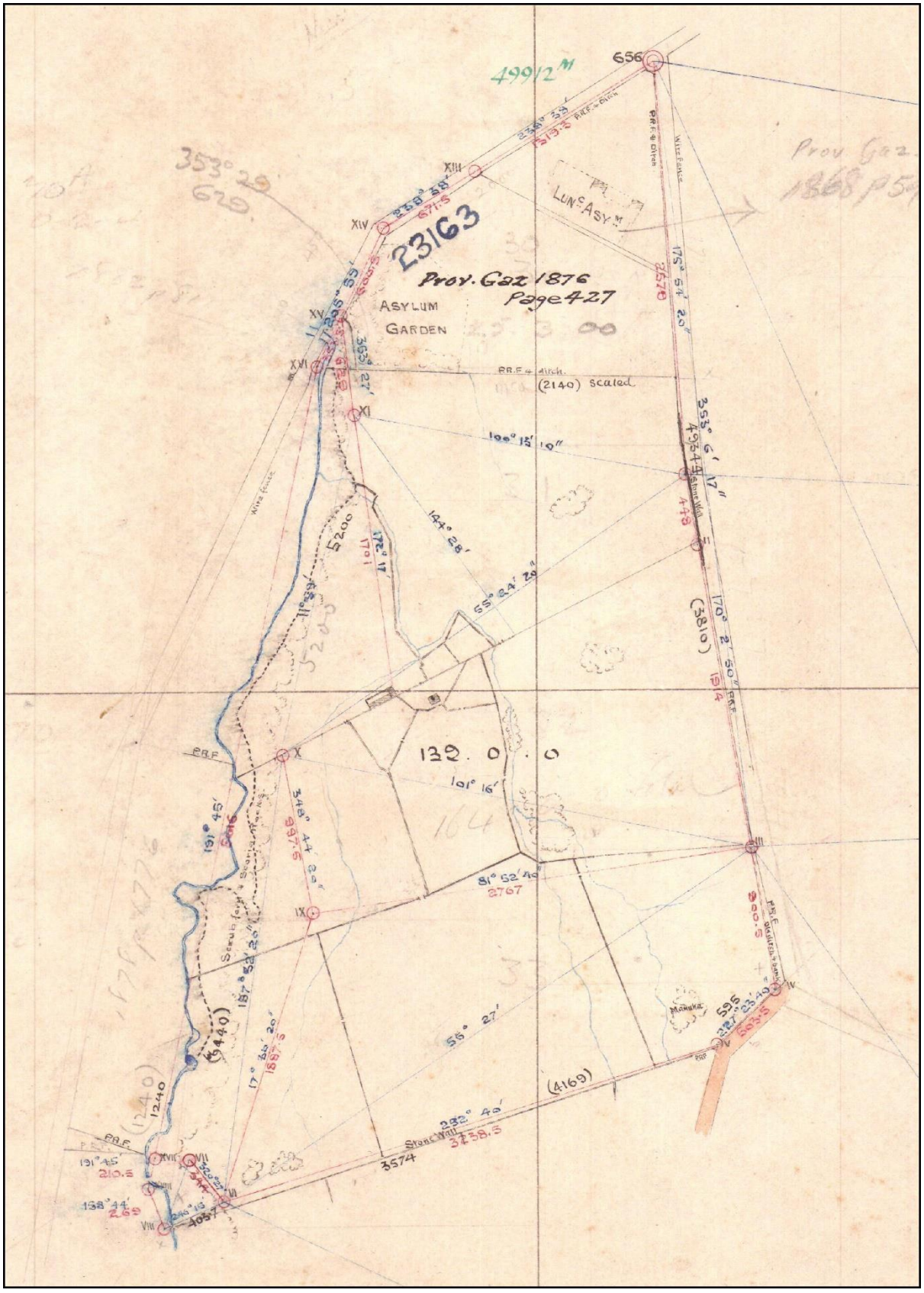


Figure 2: SO 1992, dated 1879, at the time of the Government purchase of the balance of the Carrington properties. *Archives NZ.*

Hospital farm

In 1879 Allotments 31, 32 and 33 were purchased from Joseph Howard specifically for a farm. This resulted in the larger portion of the hospital site being taken up with a farm, intended to both supply the hospital, and to encourage outdoor activity for the patients. The farm had gardens, a piggery, auxiliary accommodation and a network of stone walls. The first Auxiliary Asylum building was established in the southern, farmed area of the hospital precinct in 1884 to meet the need for a larger patient population, but this was destroyed by fire in 1894.[23] A replacement building, Auxiliary No.1, was built in 1896[24] and is currently owned and used by Unitec (Building 048). By 1926 it was renamed Oakleigh Hall and was used as a 'parole villa' for 150 men.[25] A number of other buildings were also constructed on the hospital grounds, including the farm manager's house (1882); workshops (1880s); accommodation for the Medical Superintendent in 1909 (later used to house female patients) and later called Penman House (1930); Auxiliary No.2 (1913); and Auxiliary No.3 (1915). Many of the farm buildings and stone walls can still be seen in aerial photographs from 1940 of the hospital grounds, including the piggery built in the 1880s and swill store.

ARCHAEOLOGICAL ASSESSMENTS AND INVESTIGATION

This section of the report summarises the site records digitally available on ArchSite and archaeological reports available in the Heritage New Zealand Pouhere Taonga digital library. Sites discussed here are both those in the Carrington / Unitec grounds as well as adjacent sites on either side of Te Auaunga.

[23] *Auckland Star*, 21 December 1894, p. 4.
[24] *Appendix to the Journals of the House of Representatives*, 1897 Session II, H-7, p. 2.
[25] Appendix to the Journals of the House of Representatives, 1926 Session I, H-7, p. 9.

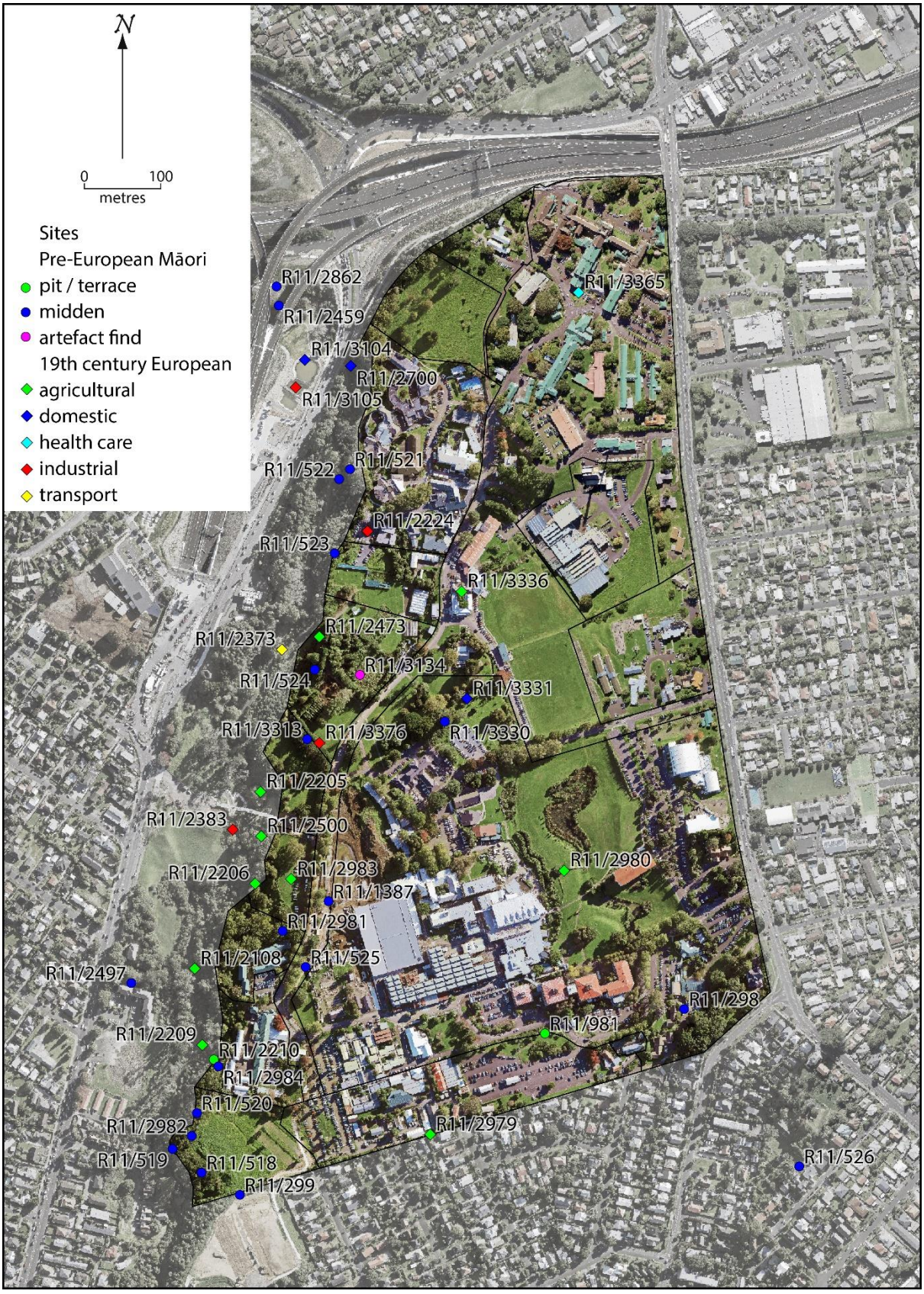


Figure 3: Types of archaeological sites recorded on the Carrington / Unitec grounds and in Te Auaunga.

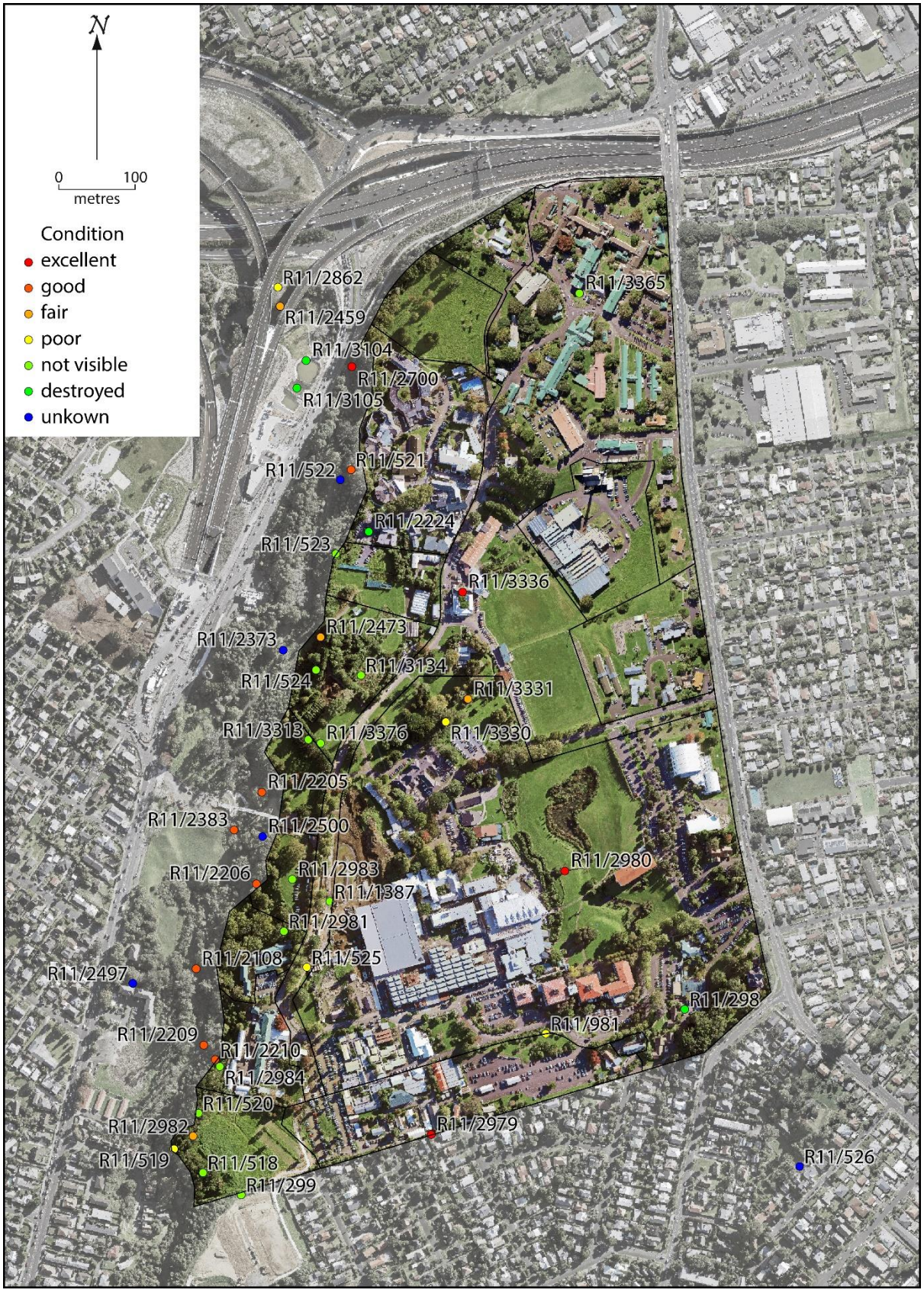


Figure 4: Condition of archaeological sites recorded on the Carrington / Unitec grounds and in Te Auaunga.

The Carrington Hospital Precinct and surrounds are part of a dense archaeological landscape, and have been subject to extensive archaeological assessment, survey and investigation, including for several ongoing projects.

The earliest reported archaeological survey of the hospital grounds was undertaken by Clayton Fredericksen in 1987, during which two small areas, labelled Blocks A and B, were surveyed. Although a variety of features are noted in the report, including terraces, depressions, and a stone alignment, these were largely determined to be natural or modern in origin. Currently only two of the reported features are recorded as archaeological sites – a section of 19th century stone in Block A (R11/2980), and a shell scatter in Block B (R11/1387) .[26]

From 2000 to 2021 Brent Druskovich carried out archaeological surveys and monitoring for several projects along Te Auaunga. From 2000 to 2010 surveys were conducted as part of preliminary investigations for the Waterview Connection project ,[27] several bridge replacements were monitored along the Te Auaunga walkway,[28] works associated with the upgrade of facilities around the Te Auaunga waterfall were monitored,[29] and community planting as part of the Revegetation Programme for the Te Auaunga Walkway was monitored.[30] During these, a number of new sites were recorded including several drystone retaining walls (R11/2473, R11/2500), a drystone walled race (R11/2205) and several bridges and a drystone wall (R11/2373). In addition, site R11/524, recorded in the community garden, was impacted to a minor extent by the planting. A midden sample was subsequently taken for analysis and a radiocarbon date collected. This returned a result of cal AD 1454–1651.[31]

In 2010 Rod Clough and colleagues completed an assessment of effects report as part of the Waterview Connection project.[32] In 2012, Richard Shakles and colleagues undertook a field survey in the Te Auaunga / Waterview area as part of the Central Interceptor project, however no new archaeological sites were recorded during the survey. Rod Clough and Zarah Burnett also completed an archaeological assessment of the Waterview Shared Path proposal in 2015. This identified a stone wall (R11/2979), which was previously unrecorded as an archaeological site despite being subject to a Heritage Covenant. The final report for the Waterview Shared Path was completed in 2017. Investigations were undertaken for the drystone wall R11/2979 and a midden (R11/1387). These excavations revealed deep deposits connected with the demolition of hospital and farm buildings, rubbish disposal on the banks above Te Auaunga, as well as intact pre-European Māori occupation on the flats above.[33]

In 2015 a survey of the Unitec campus and Ngāti Whātua Ōrākei Whai Rawa properties, which make up the southern third of the hospital precinct, was carried out by Russell Foster. Geophysical surveys were also undertaken in three areas of the Unitec campus. Across the Unitec site, 6 of the 9 previously recorded sites were relocated (R11/298, R11/299, R11/519, R11/981, R11/1387 and R11/2210) and site records updated. This included updating the grid reference locations of the sites, which had often been incorrect. Two new stone wall sites were recorded. R11/2929, visible in SO 1992, and R11/2980, which had previously been included under generic record R11/138. No anomalies consistent with archaeological features were identified during geotechnical surveys. The Ngāti Whātua Ōrākei Whai Rawa property initially had 2 recorded sites (R11/520 and R11/2206), but after the grid reference locations were corrected, it was apparent that 5 previously recorded sites were located inside the property. R11/299 could not be relocated, but site records for the remainder, shell

[26] C Frederiksen, Archaeological survey of site R11/1387, Oakley Psychiatric Hospital grounds, Mt Albert, unpublished Science Directorate, Depart of Conservation report to New Zealand Historic Places Trust, 1987.
[27] B Druskovich, 'Annual Report of Archaeological Investigations Associated with the Oakley Creek Revegetation Programme', Authority 2009/320, unpublished report prepared for Auckland City Council and HNZPT, 2010.
[28] B Druskovich, 'Monitoring of bridge replacement at R11/2205, Oakley Creek, Waterview, Auckland City', NZHPT Authority 2009/090,unpublished report to Frame Group, 2009.
[29] B Druskovich, 'Oakley Creek Waterfall facilities upgrade: archaeological monitoring for slips project', NZHPT Authority 2011/382, unpublished report to Auckland Council, 2011.
[30] B Druskovich, 'Final Report for the Revegetation Programme, Oakley Creek Walkway', Authority 2009/320, 2015; 'Final Report for the Revegetation Programme, Oakley Creek Walkway', Authority 2016/1014, unpublished report to Auckland Council, 2022.
[31] Druskovich, 2015.
[32] R Clough et. al, 'Western Ring Route - Waterview Connection: archaeological assessment', unpublished Clough & Associates report for NZTA, 2010.
[33] G Farley et al., 'Waterview Shared Path: final archaeological report', in accordance with HNZPT Authority 2016/522, unpublished Clough and Associates report to Auckland Transport, 2017.

middens R11/518, R11/519, and R11/520, and drystone wall R11/2206, were updated. Three new sites, shell middens R11/2981 andR11/2982, and piggery R11/2983, were also recorded.[34]

Rod Clough and colleagues undertook a number of surveys as part of the Wairaka Precinct Due Diligence, commissioned by Unitec in 2017. The area covered was noted to be largely modified, with community gardens, carparks, buildings and paved walkways, although 11 archaeological sites and five Auckland Council CHI sites were present, in addition to the scheduled Historic Heritage Places Oakley Creek (item #1583, Category B) and the Oakley Main Hospital Building (item #1618, Category A). It also noted that R11/2979 was subject to a Heritage Covenant with HNZPT. The survey area included 29 parcels, which were assessed for risk of previously unrecorded archaeological sites. 17 of these were found to have at least low/moderate or above risk .[35]

As part of establishment works for the urban development of the site, which included the construction of a new stormwater outfall connecting land to the west of the project to Te Auaunga (Outfall 6), a number of both pre-European Māori and 19th century features were identified. These included a shell midden, two firescoops, a much larger and deeper fire feature and associated rake-out, all recorded as part of R11/3313. Seven sites connected with the historic 19th and early 20th century occupation and farming of the Carrington Psychiatric Hospital grounds were also recorded. These included a brick-drain with access point, a brick chimney or incinerator base, a brick road or driveway, a stone-lined drain, basalt stone kerbing, and two ceramic drainage pipes which were recorded as R11/3376.[36] The brick and stone features represent the development of infrastructure for drainage and accessways to Te Auaunga Creek. Despite extensive archival research, there are no available plans showing any of these features. Aerial photography from 1930 and 1940 confirms the presence of a small number of features at this time. A basic chronology of construction can be surmised based on this information, the makers' marks on the bricks and ceramic pipes, alignments of the various trenches and features, and their relationships with one another stratigraphically:

1. Brick drain: 1880–1900
2. Brick road / drive and kerbstones: 1890–1900
3. Stone-lined drain: 1879–1920 onwards
4. Ceramic pipes and sump: 1910 onwards
5. Dumping of material on hillside above Te Auaunga Creek: late 1800s–mid-1900s.

No features were identified on the slope above Te Auaunga Creek during this investigation. The slope appears to have been used to deposit rubbish from at least the late 19th century up to the 1950s, before later being covered in material from the demolition of the nearby piggery complex in the 1960s. This closely resembles stratigraphy noted during archaeological monitoring by Farley et al.[37] for the Waterview Shared Path 100m to the southwest.

Assessment for the Te Whenua Ha Ora housing project also in the west of the site included survey of the current community gardens and surrounds, in an area abutting Te Auaunga. It found midden scatter across the site, which were noted by Druskovich (2015) to be portions of nearby R11/524. It also noted that toki and other material had been found in the garden area, and that despite extensive modifications there remains a risk of further archaeological deposits (Moses 2023).[38]

Ongoing archaeological works

Several projects associated with the urban development of the Wairaka Precinct include monitoring and investigation, which are not yet complete and have not been reported.

[34] R Foster, `Unitec Institute of Technology: Archaeological Assessment', report prepared for Unitec Institute of Technology, 2015.
[35] G Farley et al., `Wairaka Precinct: archaeological and heritage due diligence', unpublished Clough and Associates report to the Wairaka Land Company, 2017.
[36] E Ussher, Carrington Backbone Works, Stormwater Outfall 06: archaeological assessment', unpublished CFG Heritage report to Beca Ltd and Marutūāhu and Waiohua-Tāmaki Rōpū, 2021.
[37] Farley et al., 'Waterview Shared Path: final archaeological report', 2017.
[38] L Moses, 'Te Whenua Ha Ora, 119B Carrington Road: archaeological assessment', unpublished CFG Report to Ngāti Te Ata and Tattico, 2023.

Archaeological monitoring and investigation have been ongoing for infrastructure works. Assessment by Ella Ussher (2021) identified both pre-European Māori and later 19th century archaeological sites. These included shell midden site R11/3313, Carrington Hospital outbuildings R11/3365, drystone retaining wall R11/2473, Carrington Hospital Building 1 (Category A, AUP listed item #1618), as well as the asylum farm milking sheds site R11/3336 and piggery R11/2983, and shell midden site R11/524.[39]

In addition to the sites identified during assessment, monitoring of infrastructure works by CFG Heritage have encountered a range of archaeological material, though no report is currently available as works are ongoing. Pathway construction next to the Mt Albert Pump Station and directly adjacent to R11/3336 (former Carrington Hospital milking shed), uncovered a disturbed 19th century midden, including shell, ceramics and tobacco pipe stems.

Approximately 20m from this disturbed 19th century midden, underneath a historic road, was a pre-European Māori shell midden. Investigation of this midden found that it appeared to be the remains of a large feature with dark fill, and lenses of shell midden. The feature is of indeterminate size and shape due to extensive modifications over the last 150 years. It was vertically truncated, with several different road building events covering the feature (the oldest of which may itself be archaeological), as well as having several service trenches cut through the feature. A partial primary crouched burial was uncovered underneath the midden, part of which had been destroyed at some stage by a service trench. The resulting feature is therefore a collection of in situ and disturbed deposits criss-crossed with modern services.

Monitoring of earthworks around Building 1 (R11/3365) associated with the widening of Gate 1 and the removal of a carpark to construct a new road have also identified a diverse range of historic features. A large number of square and rectangular postholes, some with untreated wooden posts visible, were recorded across the area, likely relating to the 19th century Carrington Hospital laundries. Historic aerial photographs indicate that these were likely to support washing lines, as they were located near to the laundries which were later converted to patient rooms .[40] There were also a number of concrete steam tunnels, which operated at the hospital from the 19th and into the 20th centuries, later used as trenches for modern services. Additionally, a number of rough basalt- lined drains were identified, although their function has not yet been determined. The age of these features has also not yet been determined.

Extensive works have been carried out behind Building 1. Removal of the 20th-century additions to the building, and general trenching, show an area with extensive layers of demolition material used to build up and level the site, consistent with those found by Farley et. al.[41] This material consists largely of undated bricks which match the appearance of Building 1, and other undatable material, although an occasional W. Hunt brick indicates that at least some of this material dates to the 19th century. In some areas evidence of older surfaces or pathways were visible. Occasional pieces of material culture, including ceramics and clay tobacco pipe stems, were also present in the demolition layers material.

None of these features have been recorded as new archaeological sites yet, although some relate to existing sites.

Archaeological site recording

Ten sites (R11/298, R11/299 and R11/518–525) along Te Auaunga were first recorded in 1974 and 1975 by D. Gardiner (note this is not the David Gardner who also recorded sites in the early 2000s) and Agnes Sullivan, possibly as Gardiner's student project, although no essay or report has been located. Many were re-recorded by Brenda Sewell in 1981 .[42] Some of these sites were recorded at the time as destroyed by earthworks (e.g.,

[39] E Ussher, 'Carrington Backbone Works, Stormwater Outfall 6; archaeological assessment', 2021; 'Carrington Backbone Works project: archaeological assessment', unpublished CFG Heritage Report to Beca Ltd, The Ministry of Housing and Urban Development, and Marutūāhu and Waiohua-Tāmaki Rōpū, 2021; 'Carrington Stormwater Outfall 06: final report', HNZPTA Authority 2021/777, CFG Report to HNZPT, Beca Ltd, The Ministry of Housing and Urban Development, and Marutūāhu and Waiohua-Tāmaki Rōpū, 2022.

[40] D Pearson, 'Unitec Institute of Technology former Carrington Psychiatric Hospital: A Heritage Assessment', unpublished Dave Pearson Architects report, 2014.

[41] Farley et al., 'Waterview Shared Path: final archaeological report', 2017.

[42] B Sewell, Group of shell middens in the vicinity of Oakley Creek, unpublished report, undated.

R11/298), while Sewell was unable to locate others (e.g., R11/518, R11/519), or found them to have been heavily eroded since (e.g., R11/520): 'Out of 8 middens recorded in 1975 only 4 were visible in 1981 and none of those seen covered a great extent.' In 1981 Peter Adds recorded R11/981 as pits and midden, although in 2015 Russell Foster described fragmentary shell in the ornamental gardens but doubted that the features identified by Adds were pits, as they were directly on the lava flow.

In 1986 Jan Coates recorded site R11/1387 as a midden, two possible terraces, a European stone wall and an obsidian flake find spot (the sketch maps referred to by Coates are not part of the digitised site record). The site was investigated in greater detail by Clayton Fredericksen (1987) who noted that it was 'located on one of the last remnants of the West Auckland volcanic fields which has not been extensively modified by urban growth'. The site was recorded in two Survey Blocks, A and B, which were test pitted and Fredericksen concluded that only the European stone wall in Block A and a midden in Block B were definite archaeological features, with other terraces and pits uncertain or more certainly natural in origin.

In 2015 Russell Foster found further shell fragments in a test pit in Fredericksen's Block B, and separated the stone wall out as a new site, R11/2980, with R11/1387 retained for the midden. At the same time, he recorded R11/2979 as another drystone wall along the southern boundary of the hospital grounds. Both these remnant walls are visible on plan SO 1992 (Figure 2), dating to 1879. In 2016 Glen Farley at al.[43] investigated a part of the midden exposed by works for the Unitec Trades Building. Farley probed the midden and estimated its size as 23 x 20m. The analysed sample was almost entirely tuangi (*Austrovenus stutchburyi*), all quite small (mostly 20–25mm), and which would have been locally available in the Waitematā Harbour and the Te Auaunga estuary, 1.5km distant. A radiocarbon date placed the site in the mid-16th to mid-17th centuries. Other dates from nearby sites listed by Farley et al. range from the early 16th century to the late 18th century.

R11/2108 was recorded in 2011 by Brent Druskovich on the western bank of Te Auaunga as a drystone wall, in generally good condition. It may have been associated with the 19th century asylum farm.

Four sites were recorded by Brent Druskovich and David Gardner in 2003. R11/2205 was recorded as bridge foundations on both side of Te Auaunga, which connected the Asylum farms with Great North Road via a dray track, with a historic midden possibly relating to the demolition of the Asylum piggery (Druskovich 2009). R11/2206 was recorded as a drystone wall, with some damage from tree throw recorded by Russell Foster in 2015. R11/2209 was a drystone wall and some channels cut into the creek bedrock and pile foundations. This was observed to have taken some minor damage in the 2023 Auckland Anniversary weekend floods. R11/2210 was originally recorded as a terrace with a pit on it, but it was later determined that the terrace was an old track and the pit was tree-throw.

R11/2224 was recorded by Brent Druskovich and Bryan Bennett in 2023 as a now roofless octagonal concrete building, possibly the pump station for the Garrett Brother's mill dating to 1885. The building was destroyed between the time of recording and 2006.

Other sites have been recorded as part of the 19th century asylum farm. R11/2983 is a remnant of the c. 1881 piggery, with troughs and drainage features still visible, though partly filled over by 20th century fill and rubbish. R11/3336 is the dairy / cow byre, a C-shaped building from the late 19th century, the northern most wing of which, a two-storey building, is still standing.

Other sites have been recorded along Te Auaunga that are more likely to date to the 20th century or are at best of unknown date and purpose: R11/2373, two bridges with only abutments surviving; R11/2383, a hole in the creek bank which seems an unlikely site; R11/2473, a drystone wall probably associated with R11/2373; R11/2500, a drystone wall; R11/2700, a section of creek lined with basalt blocks

Between 2017 and 2021 Brent Druskovich monitored the revegetation programme along Te Auaunga. This included removal and thinning of vegetation near and on archaeological sites, R11/521 midden and R11/2207 drystone wall, as well as taking a small sample of midden from R11/523. This midden was entirely enclosed soft shore species, dominated by tuangi (*Austrovenus stutchburyi*). It was dated to the 18th century AD.

[43] G Farley et al., 'Waterview Shared Path: final archaeological report', 2017.

Table 1. Summary of site records and site conditions across the Carrington Hospital and Farm.

Site number	Description and condition
R11/298	Recorded in 1975 by Gardiner as a midden 6 x 12 inches around a boulder outcrop, with a secondary deposit already disturbed by a bulldozer. Could not be relocated in 2015.
R11/299	Recorded in 1975 by Gardiner and Sullivan as a two meter exposure of shell fragments on the edge of an old quarry and outside farm fence. Update by Druskovich in 2020 and 2021 note a small amount of shell remains around drystone wall R11/2979, and that the remainder was likely destroyed.
R11/518	Recorded in 1975 by Gardiner and Sullivan, as a small surface exposure of shell fragments on an upper slope of the Oakley creek bank. Could not be relocated in 2003 or 2015. Foster updated grid reference based on original record details.
R11/519	Recorded in 1975 by Gardiner and Sullivan as midden and terrace. Updated in 2015 by Foster indicates shell scatter was present across the area and subsurface deposits may remain intact. Later update by Druskovich notes links the site to R11/520
R11/520	Recorded in 1975 by Gardiner and Sullivan as midden and terrace. Updated in 2015 by Foster indicates shell scatter was present across the area and subsurface deposits may remain intact. Later update by Druskovich notes links the site to R11/519
R11/521	Recorded in 1975 by Gardiner and Sullivan as midden on creek bank. Could not be relocated by Sewel in 1981, but an exposure of shell in a cut was noted by Druskovich and Gardener in 2003. In 2021 midden was still visible spilling down bank, and likely extends into the Mason Clinic.
R11/522	Recorded by Gardiner and Sullivan in 1975 as midden scatter. Could not be relocated in 1981 by Sewel could not relocate as covered in clay, may be inside Mason Clinic boundary.
R11/523	Recorded in 1975 by Gardiner and Sullivan. Only a small scatter was relocated by Sewell in 1981. Thin and sparse midden found along the Te Auaunga bank in 2008, covered in Druskovich suggests insitu deposit may be larger than what is visible.
R11/524	Record in 1975 by Gardiner and Sullivan, as midden and 2 potential pits. In 1981 Sewell found small shell scatter with indefinite pits. Later updates by Druskovich found midden scatter during community gardening but not pits.
R11/525	Recorded in 1975 by Gardiner and Sullivan as traces of shell, with the remainder likely destroyed during path construction. Site located updated in 2022 by Druskovich and Ussher, who noted intact deposits may remain nearby.
R11/981	Recorded in 1981, as 4 pits, one of which was cut in half for pathway construction. Foster noted midden on the bank of the road in 2015, and that pits are unlikely due to the lava flow. Roth recorded a midden scatter measuring 30 m x 15 m in 2024, heavily disturbed by path construction, planting and carpark. The site was then destroyed under Wairaka Precinct earthworks under Authority (2023/573).

R11/2108	Recorded in 2000 by Druskovich as a remnant of drystone wall running roughly parallel to Oakley Creek, measuring approximately 1 m tall and 50 m long, with other wall remnants extending from it towards Unitec. A 2011 update notes that stones had been removed from the wall, though it remained largely in good condition.
R11/2205	Recorded by Druskovich and Gardiner in 2003 as a Mill site. Features are two drystone platforms found on either side of Oakley Creek, drystone walls, and a boiler / furnace. Updates in 2015 by Clough note that the site may not be a Mill, and the metal artefacts may relate to the demolition of the Carrington Hospital piggery. Updates by Druskovich in 2019 identify the site as the remains of a bridge, with a track extending to Great North Road.
R11/2206	Recorded by Druskovich and Gardiner in 2003 as a drystone wall approximately perpendicular to Oakley Creek. Updates in 2011 and 2015 note repeated damage from dead trees.
R11/2209	Recorded by Druskovich and Gardiner in 2003 as a drystone stone wall, farm stream crossing and stone cuttings. Later updates (2010; 2011; 2023) note that some features may be modern, and that the farm crossing was damaged during a flood event.
R11/2210	Recorded by Druskovich and Gardiner in 2003 as a two terraces, one with a pit, identified during community gardening. Update in 2013 notes the terraces may be natural, and the pit, though clearly defined, may not be of Māori origin. 2015 update by Foster records the pit as tree throw.
R11/2224	Recorded in 2003 by Druskovich as a concrete structure next to a stream and waterfall, thought to be the Garrot Bros. Mill. Updated in 2021 notes that the site was destroyed some time between 2003 and 2006, and is currently a carpark.
R11/2373	Recorded in 2009 by Druskovich as two historic bridges, a track and a retaining wall. Only one of the bridges is thought to have been constructed pre-1900. No site record update available.
R11/2383	recorded in 2007 by Druskovich as a possible rua. A 1 x 1 x 1.5 m hole visible in a bank. No site record update is available
R11/2473	Recorded by Druskovich in 2019 as a drystone retaining wall on the bank adjacent to the path descending down to Oakley Creek and is approximately 7.7 m long and 1.2 m high. Update in 2012 notes it I in good condition with some root damage.
R11/2500	Recorded by Druskovich in 2015 as a drystone wall, possibly constructed over two phases. No site record updates are available.
R11/2700	Recorded by Druskovich in 2011 as a creek lines with basalt blocks for about 10 m of its length. Site is recorded as intact and in good condition.
R11/2979	Recorded in 2017 by Farley as a dry stone wall. The section of wall was deconstructed and reconstructed to make way for the Waterview shared path under Authority 2016/522. The wall is currently in good condition but modified.

R11/2980	Record in 2015 by Foster as a 60 m long drystone wall, originally a component of R11/1387 and visible on 1879 survey plan (SO 1992).. The site is in excellent condition.
R11/2981	Recorded in 2015 by Foster as shell midden around large basalt boulders and eroding down a slope towards a gully. Surface evidence was destroyed, but subsurface evidence may remain.
R11/2982	Recorded in 2015 by Foster as a shell deposit just below a flat bank top, measuring 2 x 2 m. Updated in 2017 to note scatter is still visible.
R11/2983	Recorded in 2017 by Farley as the remains of the Carrington Hospital farm piggery. Surface evidence destroyed during works for Waterview shared path, but subsurface evidence may remain.
R11/2984	Recorded in 2015 by Druskovich as subsurface shell visible in gardens during monitoring of community planting in 2013. No in situ deposit could be identified at the location.
R11/3134	Recorded by Campbell in 2017 as a find spot situated within the community gardens, where several artefacts including a pounamu toki were uncovered in March 2007. The taonga were embedded in resin in the floor of the Unitech wharenui, and visibility through the resin is poor.
R11/3313	Recorded by Ussher in 2021 as midden, possibly redeposited, with radiocarbon dates placing it in the 18th or early 19th century. Destroyed during works for outfall 06.
R11/3330	Recorded by Ussher in 2021 as a scatter of shell and some bone on the surface around the roots of a large totara tree. Probing indicates the midden is around 300mm below the surface in an area 3 x 4 m on the slopes around the tree. Survey in 2024 shows some scatter still present but greatly reduced from 2021 pictures.
R11/3331	Recorded by Ussher in 2021 as the site of the former Carrington Hospital farm manager's house. A section of brick wall, and other debris is visible across the area, and subsurface remains may be present.
R11/3336	Recorded by Ussher in 2021 as the former Carrington Hospital farm milk sheds. The building is currently unused, and in moderate condition.
R11/3365	Recorded by Ussher 2021 as three outbuildings (workshop, boiler house, drying shed) constructed prior to 1900 related to the Oakley/Carrington Hospital. These are visible in an 1890 plan of the asylum (PWD16667), and detailed further in a 1903 plan showing alterations to the main hospital building at that time.
R11/3376	Recorded by Ussher in 2021 during investigations for stormwater outfall 06 under HNZPT authority 2021/777. These include a 70m long brick drain, a stone-lined drain (Feature 8), basalt stone-kerbing, a brick chimney or incinerator base, a brick road or driveway, and two ceramic drainage pipes. These were destroyed during works.

Archaeological potential of the Carrington Development Area

Thirty-five archaeological sites, both pre-European Māori and historic period sites relating to the hospital, are recorded in Carrington and along Te Auaunga. This represents a dense archaeological landscape and projects such as Outfall 6 show that there are probably numerous archaeological sites and features scattered along the banks of Te Auaunga and, as recent midden finds during the backbone works show, at least 100m from Te Auaunga.

Te Auaunga was a focus of occupation and resource extraction for Māori, and ongoing development has the potential to provide some important information about the history of Tāmaki. Equally, archaeology of the hospital and farm has the potential to provide information about the day-to-day activities of the patients and the operation of the hospital. The historic features found at Outfall 6 show that numerous features may be found that are not on any official plans. SO 1992, dated 1879, shows two buildings that date to the pre-hospital farming occupations, as well as several stone walls, only two of which, recorded as R11/2979 and R11/2980, survive. By 1940 aerial photos show the development of the hospital and farm, a new set of probable stone walls and several buildings that are no longer standing, including the piggery and dairy. As **Figure 5** shows, potential archaeology extends across the whole of the Carrington Development area.

At this stage of the project, it is not feasible to provide any historic timeline or narrative for the pre-European occupation of Carrington and Te Auaunga. While the results from Outfall 6 fit into a broad history of Tāmaki, they are notably late in the overall sequence. It might also be noted that while a great deal of archaeology has been undertaken in Tāmaki, no overarching summary has ever been collated, so this broad history is not understood in detail. Farley et al. collated dates form the Waterview Connection project and some other, nearby sites.[44] These ranged from 1500–1800 AD. Sites in locations such as Te Auaunga, away from early settlement in harbour mouths and prime soils, typically date back as far as 1450 AD – 50 years or two generation earlier. It will be worth exploring whether this is an issue with the current sample or in fact represents something real. A timeline or narrative for Te Auaunga will be an ideal outcome of the various Carrington projects.

[44] G Farley et al., 'Waterview Connection Project – Gret North Road interchange: final archaeological report in fulfilment of HNZPT Authority 2013/518', unpublished Clough and Associates report to Well-Connected Alliance, 2017.

Figure 5: Probable walls and buildings from SO 1992, dated 1879, and the 1940 aerial photograph – note that buildings still standing are not included.

REFERENCES

Berry, S J , 'Hydrogeological Characteristics and Numerical Modelling of the Western Springs and Onehunga Catchments', unpublished MSc thesis, Department of Geology, University of Auckland, Auckland, 2007.

Campbell, M and P Holmes, 'Transit New Zealand Western Ring Route, Waterview Connection: archaeological assessment', unpublished CFG Heritage report to Auckland City Council, 2008.

Clough, R, S Macready and S Bickler, 'Western Ring Route - Waterview Connection: archaeological assessment', unpublished Clough & Associates report for NZTA, 2010.

Clough, R and Z Burnett, 'Waterview Shared Path: Heritage Impact Assessment', unpublished Clough & Associates report for Auckland Transport, 2015.

Craig, J and A Cruickshank, 'Chamberlain Park and Surrounding Reserves, Mt Albert: Historic Heritage Evaluation, unpublished CFG report to Auckland Council, 2015.

Edbrooke, SW, *Geology of the Auckland Area*, Institute of Geological and Nuclear Sciences, Lower Hutt.

Druskovich, B, 'Revegetation Programme, Oakley Creek Walkway Archaeological Assessment', unpublished report for Auckland City, 2009.

Druskovich, B, 'Monitoring of bridge replacement at R11/2205, Oakley Creek, Waterview, Auckland City', NZHPT Authority 2009/090, unpublished report to Frame Group, 2009.

Druskovich, B, 'Annual Report of Archaeological Investigations Associated with the Oakley Creek Revegetation Programme', Authority 2009-320, unpublished report prepared for Auckland Council and HNZPT, 2010.

Druskovich B. 2015. Final Report for the Revegetation Programme, Oakley Creek Walkway, Authority 2009/320.

Druskovich, B, 'Oakley Creek Waterfall facilities upgrade: archaeological monitoring for slips project', NZHPT Authority 2011/382, unpublished report to Auckland Council, 2011.

Druskovich, B, 'Final report for the revegetation programme, Oakley Creek Walkway', Authority 2016/1014, unpublished report to Auckland Council, 2022.

Farley, G and J Low, 'Avondale Stables R11/2168, 4–6 Wingate Street and 2057–2065 Great North Road, Avondale, Auckland: final archaeological report', unpublished Clough & Associates report to Aubrey Edward Group, 2013.

Farley, G, J Piper-Jarrett and R Clough, ' Howlett Reserve Walkway: final archaeological report', in fulfilment of Heritage NZ Authority 2015/396, unpublished Clough & Associates report to Well-Connected Alliance, 2015.

Farley, G, R, Clough, J, Low, and R, Wallace, ' SH16 Causeway Upgrade Project: final archaeological report', in fulfilment of HNZPT Authority No. 2012/842, unpublished Clough & Associates report to Causeway Alliance, 2016.

Farley, G, J Low and R Clough, ' Waterview Connection project – Great North Road interchange: final archaeological report', in fulfilment of HNZPT Authority No. 2013/518, unpublished Clough & Associates report to Well-Connected Alliance, 2016.

Farley, G, J Low and R Clough 2017, 'Wairaka Precinct: archaeological and heritage due diligence', unpublished Clough & Associates report to the Wairaka Land Company, 2017.

Farley, G, Z Burnett, J Low and J Brown, 'Waterview Shared Path: final archaeological report', in accordance with HNZPT Authority 2016/522, unpublished Clough & Associates report to Auckland Transport, 2017.

Farley, G, J Low and R Clough,'Waterview Connection Project – Great North Road Interchange: final archaeological report', in fulfilment of HNZPT authority no. 2013/518, unpublished Clough & Associates report to Well-Connected Alliance, 2017

Finer, S *Prisoners to Patients – the Pre-Asylum State of Mental Health Care in Auckland*,Auckland History Initiative, 2023.

Foster, R ' Unitec Institute of Technology: Archaeological Assessment', report prepared for Unitec Institute of Technology, 2015.

Foster, R, ' The Old Homestead Site, 92 Point Chevalier Road: archaeological report, ,HNZPT Authority 2015/975, unpublished Foster and Associates report to Associated Churches of Christ Extension and Property Trust Board and Heritage New Zealand Pouhere Taonga, 2016.

Fredericksen, C, ' Archaeological survey of site R11/1387, Oakley Psychiatric Hospital grounds, Mt Albert', unpublished Science Directorate, Department of Conservation report to the New Zealand Historic Places Trust, 1987.

Glover, G, ' Western Springs park renewal Stage 1: final report', HNZPTA authority 2023/383, unpublished CFG Heritage report to Heritage New Zealand Pouhere Taonga and Auckland Council, 2024.

Glover, G, 'Western Springs park renewal Stage 2: final report', HNZPTA authority 2023/613, unpublished CFG Heritage report to Heritage New Zealand Pouhere Taonga and Auckland Council, 2024.

Glover, H, J Craig, S Hawkins and A Cruickshank, ' Waiōrea Community Recycling Centre: final report', HNZPTA authority 2020/775, unpublished CFG Heritage report to Auckland Council and Heritage New Zealand Pouhere Taonga, 2023.

Hooker, B, 'Portages of Early Auckland', *Auckland Waikato Historical Journal*, 70: 26–31, 1997.

Mason, R and P McCurdy, 'Site Rll/2191 Thomas's Star Mill and Garrett Bros.' Star Tannery Oakley Creek / Te Auaunga: Draft Summary Time-Line and Research Notes', unpublished research, prepared 2006, updated June 2010.

Matthews & Matthews Architects Ltd, Ngāti Whātua o Ōrākei, T Mace and L Truttman,'Mt Albert Heritage Study',unpublished report to Auckland City Council, 2009.

Moses, L ' Te Whenua Ha Ora, 119B Carrington Road: archaeological assessment', unpublished CFG Heritage report to Ngāti Te Ata and Tattico, 2023.

Oates, R, *The Challenge of the Whau: A History of Avondale 1750–1990*, The Avondale History Group, Auckland, 1994.

Pearson, D, 'Unitec Institute of Technology former Carrington Psychiatric Hospital: A Heritage Assessment', unpublished Dave Pearson Architects report, 2014.

Sewell, B, 'Puketepapa - Mt Roskill Management Plan', unpublished New Zealand Historic Places Trust report, 1984.

Sewell, B, 'Group of shell middens in the vicinity of Oakley Creek', unpublished report, no date.

Truttman, L, , 'Wairaka's Waters: The Auckland Asylum Springs', report to Auckland Council, 2007.

Truttman, L, 'Research Summary Carrington Road, Pt Chevalier: Building 1, Unitec (former Auckland Lunatic Asylum, Carrington Polytechnic)', report to Auckland Council, 2008.

Ussher, E, 'Carrington Backbone Works, Stormwater Outfall 6: archaeological assessment', unpublished CFG Heritage report to Beca Ltd and Marutūāhu and Waiohua-Tāmaki Rōpū, 2021.

Ussher, E, 'Carrington Backbone Works project: archaeological assessment', unpublished CFG Heritage report to Beca Ltd, The Ministry of Housing and Urban Development, and Marutūāhu and Waiohua-Tāmaki Rōpū, 2021.

Ussher, E, 'Carrington Stormwater Outfall 06: final report', HNZPT Authority 2021/777, CFG Heritage report to Heritage New Zealand Pouhere Taonga, Beca Ltd, The Ministry of Housing and Urban Development and Marutūāhu and Waiohua-Tāmaki Rōpū, 2022.

Section Two:

A Social History of Carrington Psychiatric Hospital

by Dr Ann McEwan, Heritage Consultancy Services

HERITAGE
CONSULTANCY
SERVICES

The Hon. Dr. GRACE, read at the request of the Committee, the following memorandum containing his views as to the causes and frequency of lunacy in the Colony:—

Insanity is much more common in this country than it is at home, chiefly on account of the limited range of sympathy which the isolation of individuals and families in the country gives rise to, and also on account of the oppressive loneliness which many new comers experience even in our crowded towns. Many immigrants too, form the most extravagant anticipations of their new home, and are proportionably depressed by the result of actual experience. Again, the migratory population from our gold fields, excited, by the varying chances of their fortune, and exhausted by hardship and exposure, swell the numbers of our lunatics out of all proportion to the population.

Figure 1: 'Report of the Joint Committee on Lunatic Asylums' Presented to Both Houses of the General Assembly, By Command of His Excellency *AJHR* 1871 Session I, H-10, p. 10.

Scope of Report and Authorship

This report is focused, in its research and documentation, upon the historic development and use of the former Carrington Psychiatric Hospital. While the report does not address Māori cultural or ecological values, the author acknowledges the site as a cultural landscape in which natural and physical resources combine to create an environment of multiple values. The more recent use and development of the former hospital site is briefly recorded here.

This history was written by Dr Ann McEwan with research and editorial assistance from Clare Chambers and Tracey Borgfeldt.

Names, Words and Sources

As noted above, the former Carrington Psychiatric Hospital was known by a number of names throughout its history: Auckland Lunatic Asylum, Auckland Provincial Lunatic Asylum, Whau Lunatic Asylum, Avondale Lunatic Asylum, Auckland Mental Hospital, Oakley Hospital, and Carrington Psychiatric Hospital. In this section of the report, the naming of hospital buildings has been based on their original name with reference to the site plan included in the 'Functional Survey of Oakley Hospital, Health Services Research Unit, Department of Health, 1971'.

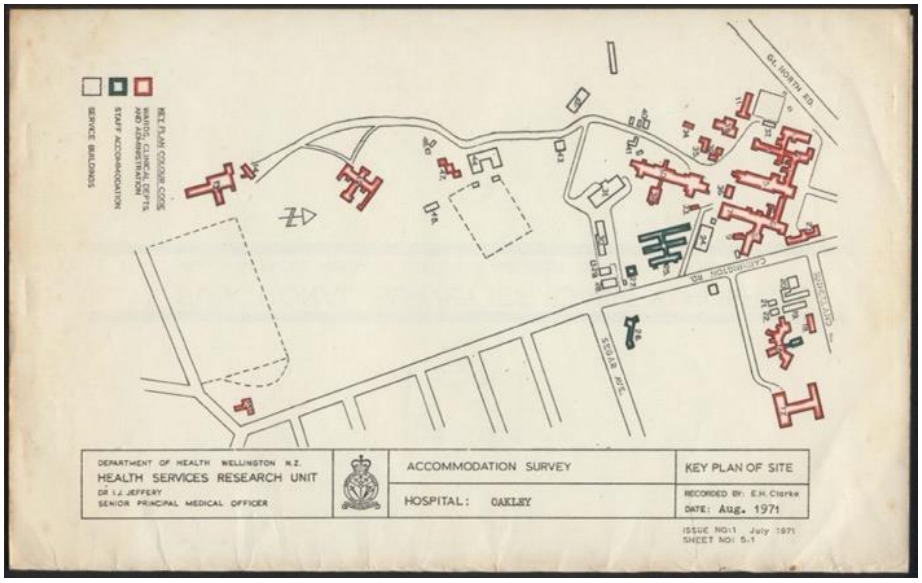


Figure 2: Site plan from 'Functional Survey of Oakley Hospital, Health Services Research Unit, Department of Health, 1971'.

While the dictionary definitions of ‘lunatic’ and ‘insanity’ simply refer to states of poor mental health, both words have come to have emotive and judgmental connotations; hence they are no longer in use within the mental health system or civil society. The naming of mental health legislation since the mid-1840s may reveal cotemporary attitudes to mental health but the historian must guard against viewing the past through today’s eyes. The story of Carrington Hospital does not reveal a simple progression towards more compassionate and enlightened care of people with mental illness, any more than the transition in naming conventions from ‘lunatic’ to ‘mentally defective’ to ‘psychiatric patient’ does.

Any comprehensive social history of Carrington Hospital will likely be hindered for many years to come by the researcher’s ability, or otherwise, to access the full extent of archival material that has been created and curated by various government entities since the Auckland Lunatic Asylum was first established. The historian is understandably constrained by the need to respect the personal experience of individuals while also being bound, and therefore limited, by archival requirements in relation to historic patient records. While casebooks from the 19th and early 20th centuries are held, and have been digitised, by Archives New Zealand, over 70 years of archival material largely remains beyond the reach of researchers at this time.

Even where patient casebooks are in the public domain, the question remains as to whether it is appropriate to recount individual stories and reproduce portrait photographs from these records. More generic glimpses of the day-to-day lives of those who were committed to, or voluntarily entered, Carrington Hospital can be gained from historic newspapers, government reports, and, rarely, published personal accounts. On the whole, however, the patient voice only starts to be become audible through the auspices of the official inquiries into mental health and abuse in care in the late 20th and early 21st centuries.

HISTORIC NARRATIVE

The Whenua

The Carrington site was a significant pre-colonial Māori cultural landscape. Te Auaunga / Oakley Creek, to the west of the complex, and the Wairaka Stream created habitats for birds and fish that supported communities living on and around Ōwairaka. Some areas within the complex have volcanic soils that were ideal for horticulture. Radiocarbon dates from several sites in the area surrounding the complex suggest people were living along the streams primarily between 1500 and 1800.

For a detailed archaeological assessment of the site refer to Section 1 of this report.

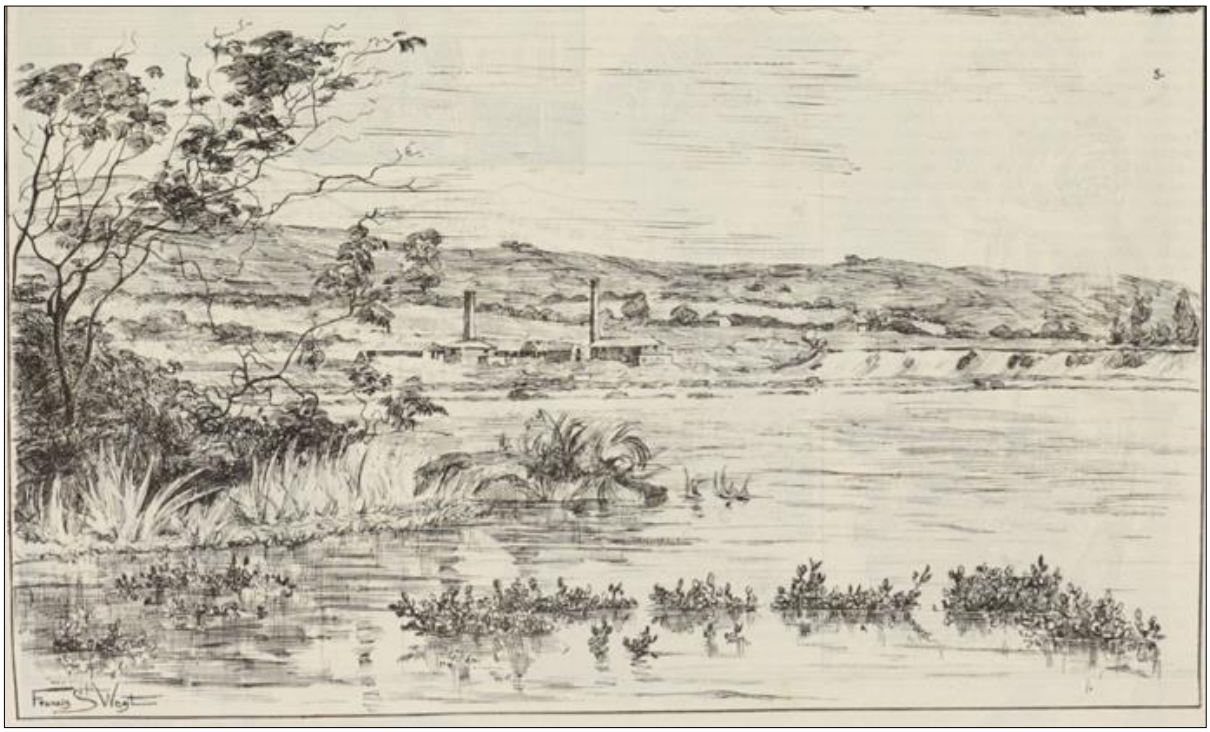


Figure 3: The Whau Creek from 'Sketches at Avondale'. *New Zealand Graphic and Ladies Journal*, 18 February 1893, p. 155. *PapersPast*.

The land on which Carrington Hospital was built from the mid-1860s was largely undeveloped by colonists until it was acquired for use as a lunatic asylum by the Auckland Provincial Council. By 1880 the site comprised Sections 30, 31, 32 and 33 in the Parish of Titirangi; on the opposite side of Carrington Road Section 29 was later also acquired for hospital purposes. In the early colonial period, Section 30 had been retained by the crown after the acquisition of land in the area from Ngāti Whātua; sections 31, 32 and 33 were initially granted by the Crown to John Ross in 1845. In order to accommodate future growth and development of the asylum, the former Ross sites were repurchased by the Crown, from Joseph Howard, in 1879.[45]

[45] *NZ Herald,* 26 September 1878, p. 2; 12 May 1879, p. 4.

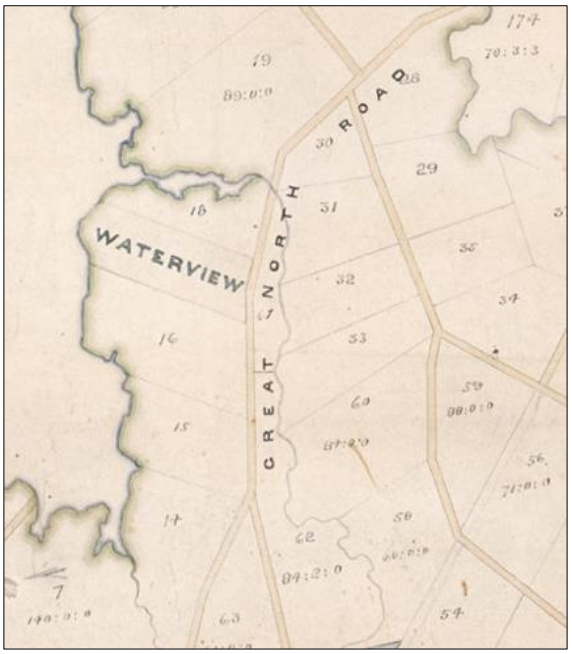


Figure 4: Detail from 1850 survey plan of the Parish of Titirangi, showing Rural Sections 29, 30, 31, 32 and 33 on which the future asylum would be built. *Map 4178, Auckland Libraries Heritage Collection.*

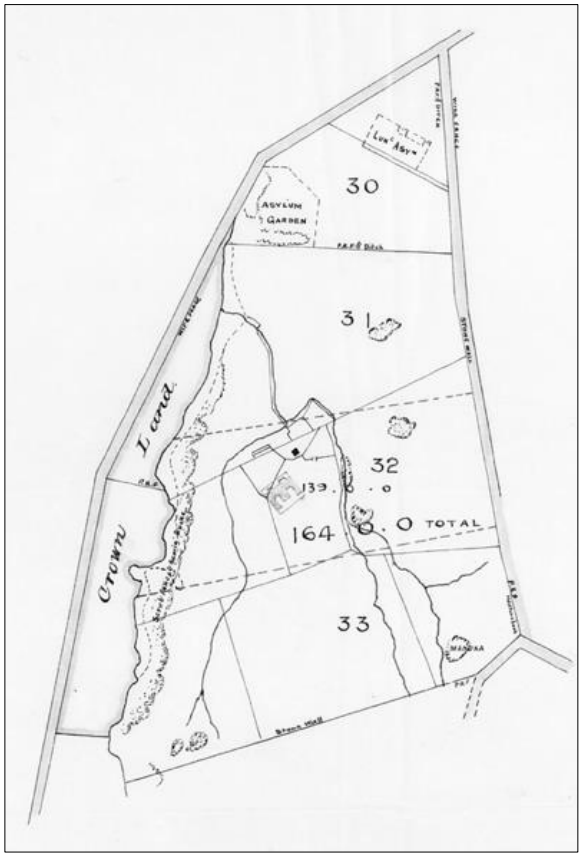


Figure 5: Detail from PWD 15859 (dated 7 July 1888) showing disposition of lunatic asylum (top), asylum garden (upper left), auxiliary asylum (centre), and other features.

An Auckland Asylum

Beginning in the mid-1840s Auckland's so-called 'lunatics' were accommodated in the local gaol if they were considered a danger to themselves or others. Legislation passed in November 1846 provided the legal basis upon which people deemed to be mentally unwell could be detained by the state. The Lunatics Ordinance specified that certification by two doctors and a magistrate was required in order to hold a 'lunatic' in a prison, public hospital or asylum. At the time, however, there were no 'Colonial Lunatic Asylums', as specified in the ordinance, built to house those to be so detained.[46]

Community concern as to where 'lunatics' should be housed eventuated in a public meeting in the Mechanics' Institute Hall on 14 January 1851, which was called to discuss the establishment of a lunatic asylum for Auckland district.[47] Chief among the advocates for an asylum were two Anglican clergy, the Rev J F Churton, Colonial Chaplain, and the Rev Frederick Thatcher, who was also an architect.

In February 1853 it was reported that a lunatic asylum on the grounds of Auckland Hospital in Grafton Road was ready to receive 'sufferers'; tenders having been called over a year earlier.[48] These facilities were in use for over a decade, during which time overcrowding, in what was described in February 1863 as a 'wooden shed', became a pressing issue.[49] In 1863 it was still the practice to incarcerate some 'dangerous lunatics' in prison and the *Daily Southern Cross* was highly critical of the inhumane conditions that prevented successful treatment of 'mental derangement'.[50]

In 1862 three locales were considered for a new asylum, Whau, Ellerslie and Three Kings, with the former being selected. Plans, providing at least two design options, were reportedly procured from a Mr Barrett in England by the Auckland Provincial Council and tenders were called in the autumn of 1864.[51] Auckland architect James Wrigley adapted the plans to local conditions and had oversight of their implementation.[52] Work on the foundations started in May 1864 and it was reported that progress was being made on the new asylum by October 1864; it was not until early March 1867, however, that staff and patients were transferred to the new facility.[53] The procurement of bricks to complete the task appears to have been the major reason for construction delays.[54]

In addition to the 58 patients (41 male and 17 female) transferred from the town site, staff at the time consisted of a resident surgeon, head keeper, five assistant keepers, a matron, an assistant matron and a cook. By March 1867 the grounds, as they existed at the time, had been fenced and planted with trees, and walks laid out.[55] So began a new era in mental health service delivery in Auckland, one which endures today with the redevelopment at the time of writing of the Mason Clinic, a forensic mental health unit which has been located at Carrington since the 1990s.

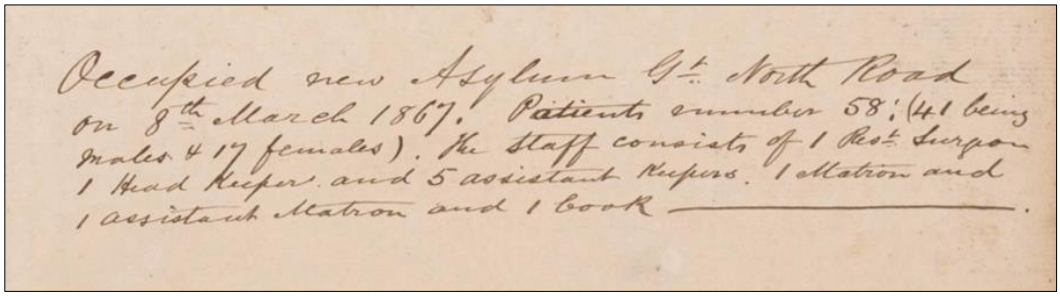
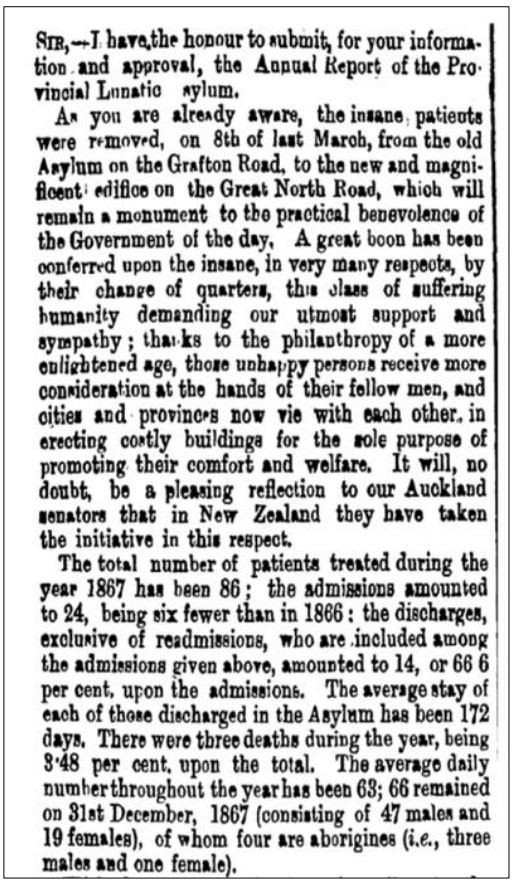

Occupied new Asylum Gt. North Road
on 8th March 1867. Patients number 58; (41 being
Males & 17 females). The staff consists of 1 Resr. Surgeon
1 Head Keeper and 5 assistant Keepers. 1 Matron and
1 assistant Matron and 1 Cook ———.

Figure 6: Forward page from Auckland Mental Hospital Casebook, dated 1856-1871, noting removal to new asylum on 8 March 1867. *R14811795, Archives NZ.*

[46] *New Zealand Spectator and Cook's Strait Guardian*, 20 January 1847, p. 4.
[47] *New Zealander*, 11 January 1851, p. 1.
[48] *New Zealander*, 7 January 1852, p. 4; 26 February 1853, p. 2.
[49] *Colonist*, 27 February 1863, p. 3.
[50] Ibid.
[51] *Daily Southern Cross*, 15 October 1863, p. 4.
[52] *Daily Southern Cross*, 16 April 1864, p. 5.
[53] *Daily Southern Cross*, 28 October 1864, p. 4; 8 March 1867, p. 4. *New Zealander*, 1 December 1865, p. 3.
[54] *Daily Southern Cross*, 28 February 1865, p. 4.
[55] *Daily Southern Cross*, 8 March 1867, p. 4.

Legislative Backdrop

Provincial and, after 1876, central governments were responsible for the creation and oversight of 'lunatic asylums' around New Zealand in the later 19th century. The Lunatics Act of 1868 brought in the requirement for quarterly inspections of mental hospitals and a succession of doctors trained in Scotland supervised the operation of these facilities between 1876 and 1946. The first superintendent of the new Auckland facility was Dr Robert Ellis Fisher, and he initially reported to the Provincial Surgeon.[56]



SIR,—I have the honour to submit, for your information and approval, the Annual Report of the Provincial Lunatic Asylum.

As you are already aware, the insane patients were removed, on 8th of last March, from the old Asylum on the Grafton Road, to the new and magnificent edifice on the Great North Road, which will remain a monument to the practical benevolence of the Government of the day. A great boon has been conferred upon the insane, in very many respects, by their change of quarters, this class of suffering humanity demanding our utmost support and sympathy; thanks to the philanthropy of a more enlightened age, those unhappy persons receive more consideration at the hands of their fellow men, and cities and provinces now vie with each other in erecting costly buildings for the sole purpose of promoting their comfort and welfare. It will, no doubt, be a pleasing reflection to our Auckland senators that in New Zealand they have taken the initiative in this respect.

The total number of patients treated during the year 1867 has been 86; the admissions amounted to 24, being six fewer than in 1866: the discharges, exclusive of readmissions, who are included among the admissions given above, amounted to 14, or 66 6 per cent. upon the admissions. The average stay of each of those discharged in the Asylum has been 172 days. There were three deaths during the year, being 3·48 per cent. upon the total. The average daily number throughout the year has been 63; 66 remained on 31st December, 1867 (consisting of 47 males and 19 females), of whom four are aborigines (*i.e.*, three males and one female).

Figure 7: 'Annual Report of the Provincial Lunatic Asylum' *Daily Southern Cross,* 18 March 1868, p. 4. *PapersPast.*

The Lunatic Act of 1882 established the requirement for quarterly, 'without notice' inspections of mental hospitals by independent appointees to be known as Official Visitors.[57] Reports were tendered to the Colonial Secretary and in February 1903, for example, Mrs Sada Russell Hendre, the Official Visitor for Auckland, reported that 'all [is] well' and 'I find no official cause for complaint'.[58]

After several amendments, the 1882 Act was superseded by the Mental Defectives Act of 1911. Thus 'lunatics' became 'mental defectives', and the ability to enter an asylum voluntarily was brought into being. The 1928 Mental Defectives Amendment Act established the Mental Hospitals Department and added to the definition of 'mentally defective person', a new category of people who 'suffer from mental deficiency associated with anti-social conduct'.[59] The amendment also required that the Director of Education provide the chairman of a newly established board, charged with promoting the welfare of 'mentally defective' people, with the names of children

[56] *Daily Southern Cross* 18 March 1868, p. 4.
[57] *NZ Herald,* 4 January 1887, p. 6.
[58] R24855540, Wellington Repository, Archives New Zealand. American-born Mrs Hendre also served as secretary of the Tailoresses' Union and matron of the Costley Training Institution in Richmond Road, Auckland. *Observer* 4 February 1905, p. 4.
[59] *Mental Defectives Amendment Act*, 1928, section 7.

‘who he has reason to believe suffer from retarded mental development, or from mental deficiency, mental disorder, or epilepsy’.[60] The Controller-General of Prisons was also charged with, ‘from time to time’, reporting to the board chairman about any persons believed to be mentally defective.

Under Section 16 of the Mental Defectives Amendment Act ,‘[i]f in the opinion of the psychiatrist in charge of a clinic any person whose case is investigated under the foregoing provisions of this section is mentally defective and is properly classifiable under the principal Act as "idiot," or "imbecile," or "feeble-minded," or "epileptic," or "socially defective," he shall forthwith report his opinion to the Chairman’.[61] The names of those determined by the board to be mentally defective were then entered into a register and under the Act such a ‘person whose name is for the time being on the register hereinbefore provided for may be received and detained in any institution or defined part of any institution’.[62] This set the scene for institutionalising children, as well as adults, who were considered socially defective as a result of a myriad of physiological, medical and behavioural circumstances that were deemed to be outside the bounds of ‘normality’. An estimated 2 percent of the population of New Zealand was in institutional care in the 1950s and 1960s; by 1978 ‘the occupancy rate was 0.24%, the lowest since 1881’.[63]

Patients could also be committed to Carrington Hospital under section 48A of the Alcohol and Drug Addiction Act. The 1977 inquest into the death of an Auckland woman the day after her six-day committal to Carrington under the *Act* gave rise to a critical report by coroner A D Copland, who accused hospital authorities of ‘deliberately flouting the courts and the law in relation to the release of patients sent to them for treatment for drug addiction’.[64] Following the inquest, hospital medical superintendent, Dr Fraser McDonald, refuted the coroner’s assertion because he considered that ‘the Coroner does not understand about how drug addiction is treated … The accepted treatment is outpatient treatment’.[65] In 1988 it was the turn of medical superintendent Dr Peter McGeorge to accuse the courts of being ‘discourteous and inconsiderate’ of the hospital when they committed convicted criminals to Carrington without warning.[66] In response to McGeorge’s accusation the Minister of Justice, Geoffrey Palmer, said that the problem lay with the Auckland Hospital Board for not providing sufficient facilities to meet its responsibilities.

The Mental Health (Compulsory Assessment and Treatment) Act of 1992 introduced the term ‘mental disorders’, which might require treatment if the person suffering such a disorder was assessed as being a danger to themselves or others. While the language had changed within the legislative context, the distinction between ‘mental deficiency’ and ‘mental disorder’ had long been drawn by the medical profession; Dr Theo Gray, the Inspector-General of Mental Hospitals in New Zealand, using such terms in the 1920s and 1930, for example.[67]

In addition to the powers of committal, inspection and classification that could be exercised by the state and its agencies, legislation has long created the backdrop against which a number of investigations and inquiries have been undertaken in respect of the care and treatment of patients at Carrington Hospital. Most recently the 2018 Mental Health and Addictions Inquiry and the Royal Commission of Inquiry into Abuse in State Care 1950-1999 (2018-2023) focused on or included evidence in relation to the country’s psychiatric hospitals. Testimony presented to the latter inquiry by former patients of Oakley and Carrington hospitals told of dehumanising treatment, a lack of things to do, and the use of ECT as a punishment or a ‘treatment’ for homosexuality.[68] Legal action on behalf of individual former patients has also been part of the recent history of the institution.[69]

[60] *Mental Defectives Amendment Act*, 1928, sections 11 and 15 (a).
[61] *Mental Defectives Amendment Act*, 1928, section 16 (3).
[62] *Mental Defectives Amendment Act*, 1928, section 24 (2).
[63] H Stace & M Sullivan ‘A brief history of disability in Aotearoa New Zealand’ *Office for Disability Issues*, October 2022, p. 13.
[64] *Press*, 3 December 1977, p. 25.
[65] Ibid.
[66] *Press*, 25 March 1988, p. 6.
[67] *Auckland Star*, 6 March 1935, p. 5.
[68] *Abuse in Care Royal Commission of Inquiry*, Chapter 4, paras 683, 684, 701, 711, 749, 750, 762 & 763.
[69] *NZ Herald*, 12 June 2004 (available online).

A New Site and Large-Scale Building Programme

Erected by the Auckland Provincial Council, the city's new asylum was on a large site that was described as 'healthy and retired', in the sense that it was removed from the city, and offering an 'abundance of scope … given for recreation grounds, as well as for gardening and farming, to which pursuits the more docile patients are profitably kept in similar institutions in the mother country'.[70] A 50-year building programme ensued, during which time the constant pressure of overcrowding was as much the reason for alterations, additions and new buildings on the site as were new approaches to treatment and security.

Research to date has failed to identify a British architect by the name of Barrett who could have undertaken the initial design of the lunatic asylum. Given that the plans had arrived in Auckland aboard the *Alice Cameron*, a ship that operated between Sydney and Auckland, one possibility is that they were in fact sourced from Australia. James Joseph Barnet was a Scottish-born architect, who was acting head of the Colonial Architect's Office in Sydney in 1863 and was later responsible for designing the Callan Park Lunatic Asylum (1878) and additions (1877-81) to the Tarban Creek Asylum (est. 1838). A typographical error could explain why a Mr Barrett was credited with the Auckland asylum drawings, rather than J J Barnet.[71]

Putting to one side the source of the original drawings, there was certainly considerable interest in New Zealand in the architecture of asylums at the time the facility at the Whau was being designed and built. Furthermore, there was a precedent for obtaining plans from England for such large-scale public buildings, as was the case in Nelson in 1860. In June of that year it was reported that plans prepared in England by Charles Shoppee had been sent down from Auckland to local architect Maxwell Bury.[72] The drawings are held in the Archives New Zealand collection and show a building in the 'old English style' set within a formal garden containing airing courts and kitchen gardens.[73] Shoppee appears to have offered two design options for the Nelson asylum, just as 'Mr Barrett' is reported to have done for Auckland. General advice on how to design an asylum, forwarded from London, was published in the *New Zealander* in January 1863 in an attempt, it would appear, to encourage the Auckland Provincial Council to stop prevaricating and get on with building the new asylum in Auckland.[74]

[70] *Daily Southern Cross,* 25 January 1864, p. 3.
[71] https://adb.anu.edu.au/biography/barnet-james-johnstone-2939
[72] *Nelson Examiner & NZ Chronicle,* 6 June 1860, p. 2. https://architecture.arthistoryresearch.net/architects/shoppee-charles-herbert
[73] R22823322, Archives New Zealand.
[74] *New Zealander,* 15 January 1863, p. 3.

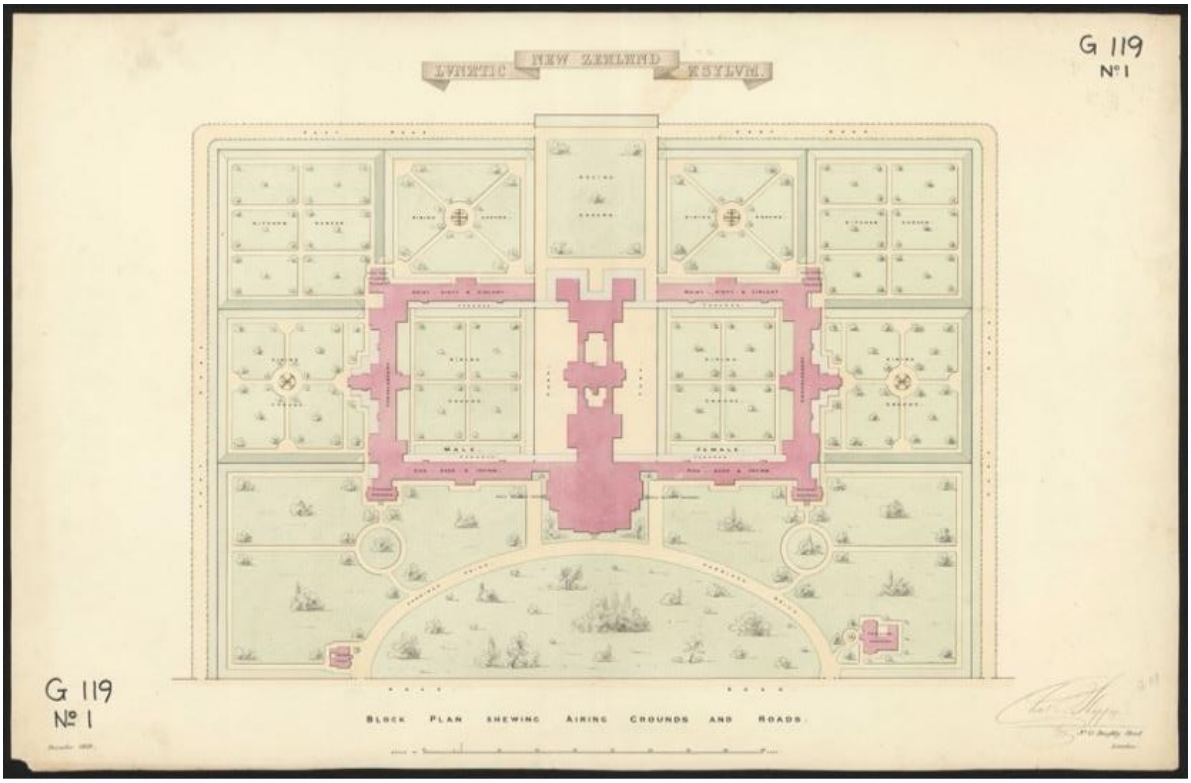


Figure 8: Charles H Shoppee 'Design for a New Zealand Lunatic Asylum', dated 1859. *R22823322, Archives NZ.*

For all that modern eyes might view the original design of the Auckland Lunatic Asylum as foreboding and prison-like in its architectural demeanour, it was built at a time when increasing knowledge about the causes of illness and disease were changing the design and use of hospitals of all kinds. Although presenting as a 'big block' hospital, as characterised by Nikolaus Pevsner in his *History of Building Types*, the articulation of the plan beyond the north elevation suggests the emerging influence of the pavilion plan that was to become, in the later 19th century, recognised as best practice for hospital architecture.[75]

John Conolly's 1847 book *The Construction and Government of Lunatic Asylums* included plans and perspective drawings of the Derby Asylum, an asylum planned for Halifax, Nova Scotia in Canada and one under construction in Kingston, Jamaica.[76] Each asylum appears to have been a hybrid design, just as at Auckland, incorporating elements of both the 'big block' and pavilion models. Conolly also influenced the treatment of asylum inmates, as can be seen from the annual report on the Auckland Provincial Lunatic Asylum published in the *NZ Herald* in March 1868, in which it was noted that 'the treatment rigidly pursued is that which has been so ably advocated and successfully practised by the late Dr Conolly, superintendent of Hanwell Asylum, i.e. the non-restraint system'.[77] This approach to mental health care in Victorian Britain was also known as the 'moral treatment system' and was one of the reforming movements of the 19th century, along with the abolition of slavery and, later, female suffrage.[78]

[75] N Pevsner 'Chapter 9 Hospital' *A History of Building Types,* Thames & Hudson, London, 1997, pp. 154-15.
[76] *The construction and government of lunatic asylums and hospitals for the insane* by John Conolly, MD; with plans, London, 1847; https://wellcomecollection.org/works/qdxx4ygn
[77] *NZ Herald,* 17 March 1868, p. 4.
[78] https://www.sciencemuseum.org.uk/objects-and-stories/medicine/victorian-mental-asylum

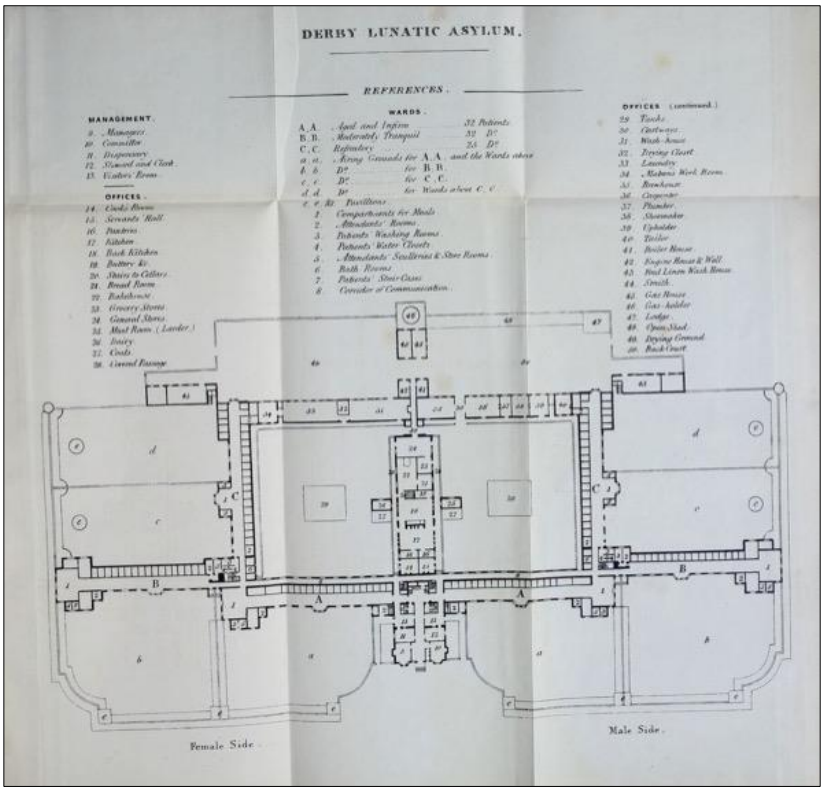


Figure 9: 'Derby Lunatic Asylum floor plan' reproduced in J Conolly's *The Construction and Government of Lunatic Asylums* John Churchill, London, 1847.

The main asylum building erected at the northernmost tip of the Whau site was erected in stages between 1864 and 1905. The first stage consisted of an administration wing, including staff offices, and kitchens and dining rooms on the ground floor with a chapel above. To the east of the main block was one of two planned wings containing patient dormitories, reception rooms, bathrooms and day rooms. Behind the east wing stood a single-storey block containing workshops for carpentry, tailoring and shoemaking. Owing to a lack of funds, the planned west wing was originally deferred.

Italianate was the style of choice for most 19th century hospitals in Europe; evoking the appearance of a country house, albeit on a very large scale, and intended to convey a sense of calm order that would be therapeutic to its inmates.[79] At Carrington, the constructional polychromy and pointed heads of the window openings also suggest Venetian Gothic influences.

A fire in September 1877 caused significant damage to the asylum; architect Philip Herapath was subsequently directed to oversee the necessary repairs and reconstruction, which were completed by Messrs Keane and Jenkinson in January 1881.[80] In early January 1879, what was described as a 'miniature earthquake' occurred as a result of scoria mining close by Oakley's Creek; the stone was intended for the new west wing then under construction.[81]

Thereafter, further additions to the main building were made and additional structures erected on the site. Presumably the 1877 fire confirmed the wisdom of the initial decision to build in brick masonry rather than timber. The destruction by fire in 1894 of the first 1882 auxiliary asylum on the site was certainly a further reminder of the vulnerability of wooden buildings to fire during the colonial period, especially when water for firefighting purposes was not always readily accessible.

[79] Pevsner, pp. 154-15.
[80] Sale of contractors' plant advertised in the *Observer* 15 October 1881, p. 69.
[81] *Poverty Bay Herald*, 7 January 1879, p. 2.

Figure 10: The Auckland Lunatic Asylum in the 1870s. *918-03, Auckland Libraries Heritage Collections.*

In 1882, the first of three auxiliary asylums was built at some distance from what was now referred to as the main asylum, in order to provide accommodation for male and female patients who were progressing towards convalescence and discharge.[82] The distance from the main asylum was thought to be conducive to recovery and the timber construction of the single-storey building likely lent itself to a more domestic appearance than the imposing brick asylum to its north. A new wing of the auxiliary asylum was opened on 9 May 1884 by the Governor, who was welcomed by the asylum band.[83] Around seven months earlier (October 1883) the asylum had gained a telephone connection, which was said to have expedited a prompt response by the police on the occasion of one patient fatally injuring another.[84]

Although architects in private practice (Messrs Wrigley and Herapath) were responsible for early design work at the asylum, the Public Works Department had taken over responsibility for design and construction on the hospital campus by the early 1880s. The patients were utilised as a labour force for a number of operational matters at the hospital, including laundry and construction; such activities being useful and economic to the hospital as well as being regarded as therapeutic to the patients. In 1893, for example, asylum labour erected swimming baths.[85]

[82] *NZ Herald*, 25 April 1882, p. 6.
[83] *Auckland Star*, 24 May 1884, p. 4.
[84] *Auckland Star*, 3 October 1883, p. 2.
[85] *Auckland Star*, 30 July 1894, p. 2.

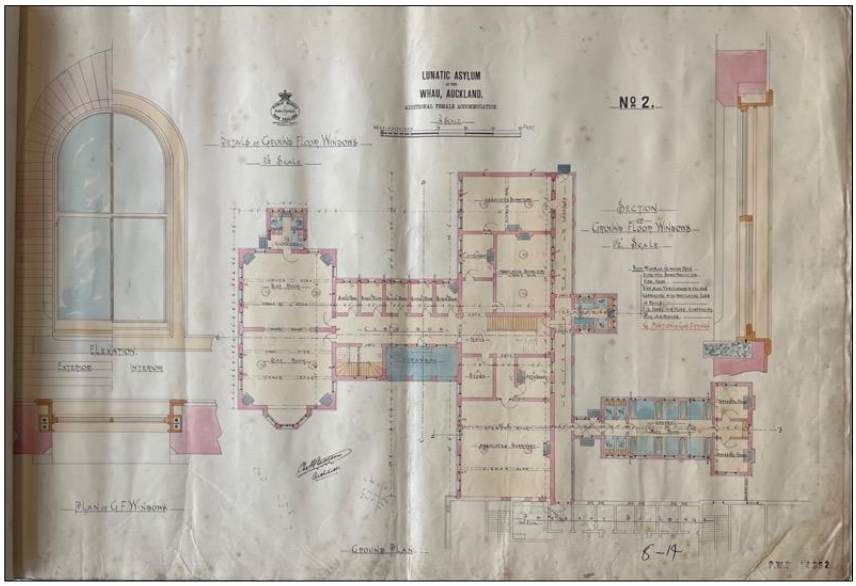


Figure 11: Charles Beatson, 'Additions to Lunatic Asylum at the Whau, Auckland', 1886. *R19471955, Wellington Repository, Archives NZ.*

Issues of concern in relation to building services centred on overcrowding and drainage; the former a perennial issue and the latter possibly arising out of errors made at the time of the initial construction phase. In late March 1890 the death from typhoid of patient Emily Gartrall was the subject of an inquest.[86] The jury of the inquest recommended that the government take immediate steps to improve the drainage at the hospital, which was blamed on the outbreak of the disease. Dr Skae had already noted in his report of 1878 that 'the occurrence of typhoid fever in this crowded community, and in buildings the drainage of which is utterly abominable, is a matter of very serious concern'.[87] When another fire occurred at the hospital in May 1895, a commission of inquiry looked into the failure of the water supply, which was also a common concern for many years.[88]

Additional asylum buildings called Auxiliary 1 (Oakleigh Hall), Auxiliary 2 (aka Park House) and Auxiliary 3 were occupied in 1896, 1914 and 1915 respectively. Auxiliary 3, which was demolished in October 2023, was of the pavilion plan type. The physical separation of these buildings from the original asylum building not only accommodated the ever-increasing patient roll but also reflected the adoption of the differentiated pavilion system, by both gender and condition, in the later 19th and early 20th centuries. The pavilion system was to be more fully implemented at Kingseat Mental Hospital (est. 1929), which was initially intended to be a replacement for the Avondale Mental Hospital, rather than an adjunct as it became.

Staff were accommodated on the site for a number of reasons: to provide 24-hour oversight and care, to acknowledge, in the early years, the relative physical isolation of the asylum, and as a sign of the historic pattern whereby workers engaged in a wide variety of roles, whether medical, banking, or road and rail infrastructure, were provided with accommodation as part of their employment. The medical superintendent had his living quarters in the central wing of the main asylum until plans for a stand-alone house in the south-eastern corner of the site were drawn up by the Architectural Division of the Public Works Department in 1904. Built by staff and patients in 1909, the house was a large English Domestic Revival style home with a children's playroom on the ground floor, an extensive 'best bedroom' suite on the first floor, and two servants' bedrooms. This house was converted for use as a female residential clinic in 1931 and became known as The Lodge; the superintendent having moved into a new dwelling on the site in 1930.[89]

[86] *Auckland Star*, 29 March 1890, p. 8.
[87] *NZ Herald*, 17 September 1878, p. 3.
[88] *Auckland Star*, 2 May 1895, p. 5.

[89] *Dominion* 7 March 1930, p. 2.

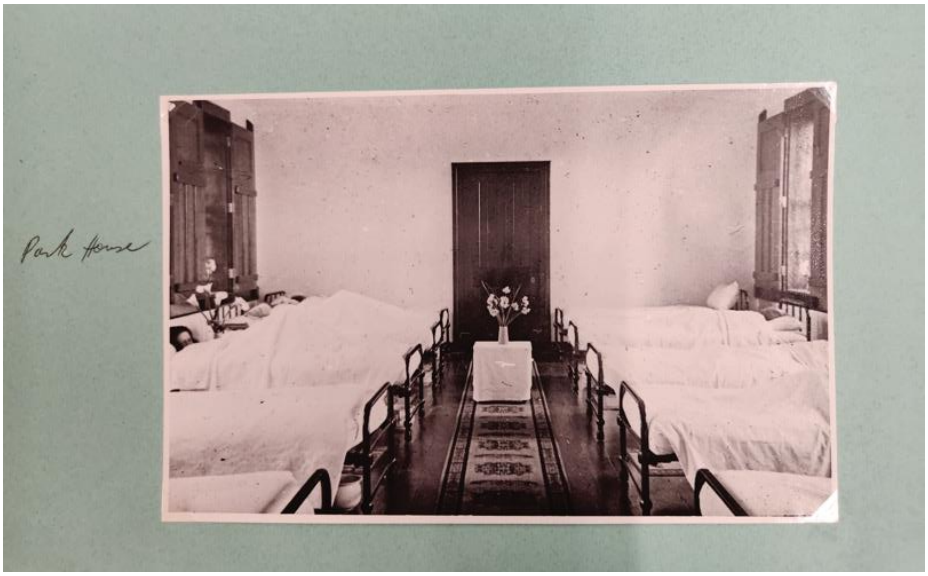


Figure 12: An undated photograph of a dormitory in Auxiliary 2 (Park House). *R4056293, Auckland Repository, Archives NZ.*

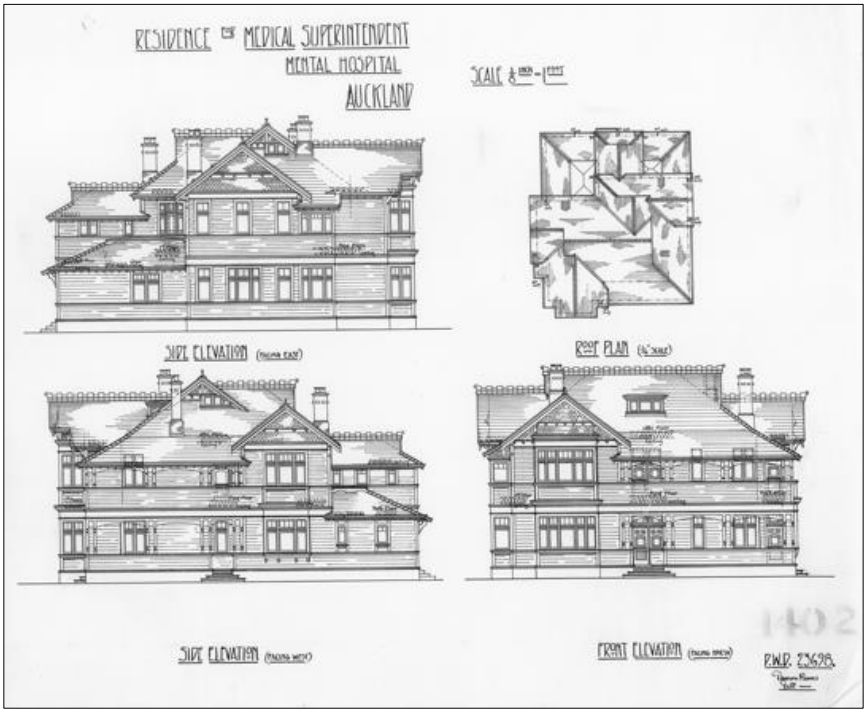


Figure 13: Residence for the medical superintendent, 1904. R25343037, Archives NZ.

Stand-alone accommodation for other staff was built in much closer proximity to the asylum buildings. Like the auxiliary asylums, the Nurses' Home of 1926-27 (demolished 2023) was built along pavilion system lines, albeit in timber; indicating perhaps both cost-saving priorities and less concern with fire safety here than in the buildings housing patients. Based on the architectural drawings for the nurses' home, it appears that the nursing staff lived in much the same manner as the patients for whom they cared. 'Medical staff flats' designed by the Housing Division of the Ministry of Works in 1969 continued the pattern of ongoing stand-alone development on the hospital site in the architectural idiom of the day.[90]

[90] R23376141, Wellington Repository, Archives NZ.

Figure 14: Nurses' home living room, c.1940?. *R R4056293, Archives New Zealand.*

Located at the centre of the hospital site were a cluster of vernacular farm buildings, which were also built, some in concrete, using staff and patient labour. These buildings provided an indication of the extent to which the hospital was both self-sustaining and reliant, in the early days at least, upon providing useful and healthy occupation for its patients. By 1968 'Oakley Farm' comprised an orchard, vegetable gardens and sheds, a milking shed and farm office, calf shelter, hay shed, workshop and a manager's house.[91] An addition to the former milking shed and farm office to house UNITEC's Landscape and Plant Sciences departments won Auckland architects Mitchell Stout Dodd a New Zealand Institute of Architects Award in 2005; that building was demolished in 2024.[92]

Figure 15: Former milking shed and farm office, 2024. DPA.

[91] R23377085, Wellington Repository, Archives NZ.
[92] https://www.mitchellstoutdodd.co.nz/public-projects/unitec-hd4ff

Although the hospital site was a large one, the desirability of preserving sufficient land for farming and horticulture appears to have led to the acquisition and development of property on the east side of Carrington Road (Rural Section 29). The Wolfe Bequest Hospital was built in 1909-10 as a convalescent home 'on the villa system' with funding that had been provided some years earlier by the estate of Arthur Wolfe of Whangarei.[93] The Wolfe Home, as it became known, was used to house returned servicemen between 1916 and 1919 and then returned to civilian use in 1920.

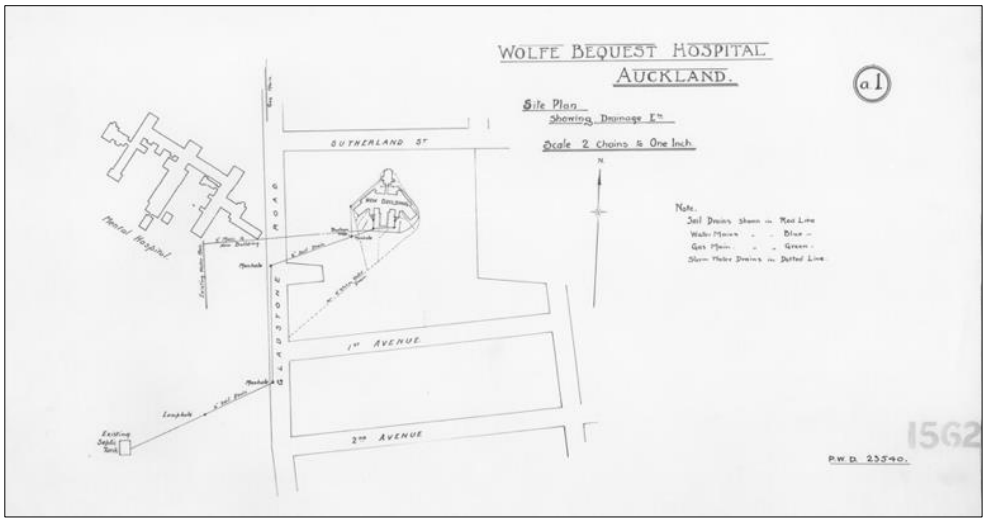


Figure 16: Site plan of the Wolfe Bequest Hospital, Auckland, 1904. *R25342596, Archives NZ.*

Close by the Wolfe Home several buildings were built for use by the New Zealand Occupational Therapy School (est. 1940). To the south of the Wolfe Home cluster was another staff accommodation building, erected in c.1935 close by Segar Avenue, which was known as 'The Unit' by 1971.

Figure 17: Gregor Riethmaier 'Occupational Therapy block', October 1967. *Communicate New Zealand Collection, IE25284859, Archives New Zealand*.

[93] *Auckland* Star 22 June 1926, p. 9; *NZ Herald* 25 April 1899, p. 5.

The establishment of the Carrington Technical Institute on the site in 1976 also gave rise to further additions, alterations and adjustments to the site's building stock. Modernist in style, the polytechnic buildings were principally erected on former farmland in the southern portion of the main hospital campus.

Figure 18: Buildings of Carrington Technical Institute in 1977. *R24815830, Archives NZ.*

Independent of the arrival of Carrington Technical Institute, the scale of the hospital complex at the time of its closure is an indication of the evolution of treatment practices, as well as a history of increasing patient and staffing numbers.[94] Whereas the first phase of operations was centred upon the large building erected close to the Great North Road, over time additional hospital buildings, as well as buildings related to staff accommodation and farming activities, created a large campus of notable scale and complexity.

Constraining Bodies and Mending Minds

Both public and professional responses towards the care of people with psychiatric illnesses have evolved over time. Overseas, principally British, approaches to mental illness were adopted in colonial New Zealand and the country's first asylums were typically places in which the incurable ill, or those for whom care in the community was not an option, were confined and occupied by work and exercise. By the time that the original Auckland Lunatic Asylum opened in 1853 there was already a nationwide move to provide purpose-built facilities rather than simply incarcerating mental health patients in prisons.[95]

The twin imperatives of confining 'lunatics' for the safety of themselves and others and offering treatment based on contemporary medical knowledge have always coexisted within the mental health sector; at the Carrington site this resulted in efforts to provide both treatment facilities and high-security accommodation. The duality of this approach can be seen, for example, in the walled airing courts built for male and female patients to provide opportunities for therapeutic outdoor exercise in a manner that prevented escape from the hospital grounds.

[94] It was noted in the 1971 'Functional Survey of Oakley Hospital' that there were 912 hospital beds then provided and 94 staff beds, although of the latter a number were vacant as staff now tended to live off-site.
[95] https://teara.govt.nz/en/mental-health-services/page-2

Figure 19: Airing courts were still in use at Carrington in the 1970s as can be seen here in this photograph of the M3 male security ward's airing court. *R4056293, Auckland Repository, Archives NZ.*

Although the classification of patients was largely on the basis of gender in the early decades, a distinction was drawn between refractory (unmanageable) patients, who were considered resistant to treatment and potentially dangerous, and the rest of the patient population. Both classes of patient could include those deemed to be a security risk, possibly due to criminal offences.

One example of the interaction between the Auckland Lunatic Asylum and the region's justice and penal systems can be given here to represent a substantial cohort of people who were essentially committed to the hospital as mental health prisoners. The 'Pokeno murderer' Robert Prendergast, who killed his wife Mary in February 1885, was transferred from Mount Eden Gaol to the Whau Lunatic Asylum in April of that year, having been found 'insane'.[96] Prendergast had already been a patient of the asylum between November 1879 and March 1882.[97] In April 1887, having 'quite lost his delusions', Prendergast was transferred back to Mount Eden Gaol.[98] Ten years later he died in Avondale Asylum, still under custody for the crime he had committed.[99]

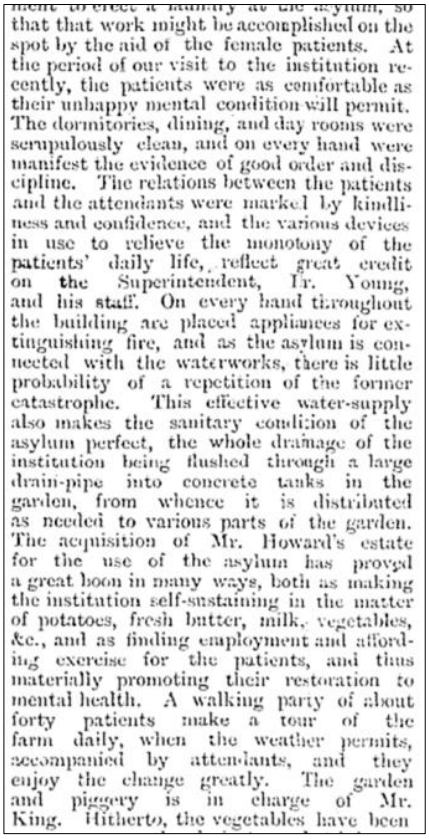
From the very beginning, the Whau asylum was beset with problems, both architectural and in respect of personnel, associated with overcrowding. Dr F W A Skae, Inspector of Mental Asylums, reported in 1877 that accommodation at the hospital was insufficient for the numbers of patients that were resident there; a roll of c.165 at the beginning of 1877 greatly exceeding the 50 patients officially provided for.[100]

The level of overcrowding was believed to be the reason for the fire that killed Mary Ann Fortune, an 'inmate', and destroyed much of the east wing of the asylum on 20 September 1877.[101] An inquest into Mrs Fortune's death also resulted in a finding that 'the discipline carried out in the Auckland Asylum is of a most defective kind, and that the Government are greatly to blame for the insufficient appliances for extinguishing the fire'.[102] The fire did at least encourage construction of a new female ward, although hardly in a timely fashion. Official Visitors Messrs Ewington and Stevenson found the provisions for female patients to be highly inadequate when

[96] *NZ Herald,* 21 February 1885, p. 5; Grey *River Argus* 25 April 1885, p. 2.
[97] Prendergast's case notes appear to have been removed from this casebook. 'Casebook – Auckland Mental Hospital, 1878-1881', R1481797, Archives New Zealand.
[98] 'Casebook – Auckland Mental Hospital, 1885-1887, R1481798, Archives New Zealand. The newspaper reportage of the 1952 case of Frederick Primmer, who killed his wife Ida in Hamilton on August 16, also included testimony that Mr Primmer had spent time in Tokaanui Mental Hospital before the event; reinforcing perhaps a long-standing view amongst some in the community that mental health treatment was ineffective. *Press* 15 October 1952, p. 10.
[99] *Otago Witness*, 25 February 1897, p. 30.
[100] *Globe,* 7 August 1877, p. 3; *Wanganui Herald* 22 September 1877, p. 2.
[101] *Evening Star,* 20 September 1877, p. 2.
[102] *Grey River Argus,* 28 September 1877, p. 2.

they visited in January 1887.[103] The published account of the same visit also recorded that 'throughout the whole Asylum the women are worse provided for than the men'; a situation that was not always the case as at other times the male patients were demonstrably worse off.[104]

While reinstatement of the fire damaged building and construction of a new ward was under way, female patients were relocated to the old Provincial Hospital and c. 170 male patients were accommodated in the existing building, some in the former chapel, which had been converted into a dormitory.[105] The chapel had been opened for worship on 17 March 1868 by the Reverend George Selwyn, Anglican Bishop of New Zealand. Selwyn officiated at services at 3.30pm on Sunday afternoons until he left for England in October of the same year. Occasional Friday visits by the Rev Walter McDonald were offered to Catholic patients in the same period.[106]



ment to erect a laundry at the Asylum, so that that work might be accomplished on the spot by the aid of the female patients. At the period of our visit to the institution recently, the patients were as comfortable as their unhappy mental condition will permit. The dormitories, dining, and day rooms were scrupulously clean, and on every hand were manifest the evidence of good order and discipline. The relations between the patients and the attendants were marked by kindliness and confidence, and the various devices in use to relieve the monotony of the patients' daily life, reflect great credit on the Superintendent, Dr. Young, and his staff. On every hand throughout the building are placed appliances for extinguishing fire, and as the asylum is connected with the waterworks, there is little probability of a repetition of the former catastrophe. This effective water-supply also makes the sanitary condition of the asylum perfect, the whole drainage of the institution being flushed through a large drain-pipe into concrete tanks in the garden, from whence it is distributed as needed to various parts of the garden. The acquisition of Mr. Howard's estate for the use of the asylum has proved a great boon in many ways, both as making the institution self-sustaining in the matter of potatoes, fresh butter, milk, vegetables, &c., and as finding employment and affording exercise for the patients, and thus materially promoting their restoration to mental health. A walking party of about forty patients make a tour of the farm daily, when the weather permits, accompanied by attendants, and they enjoy the change greatly. The garden and piggery is in charge of Mr. King. Hitherto, the vegetables have been

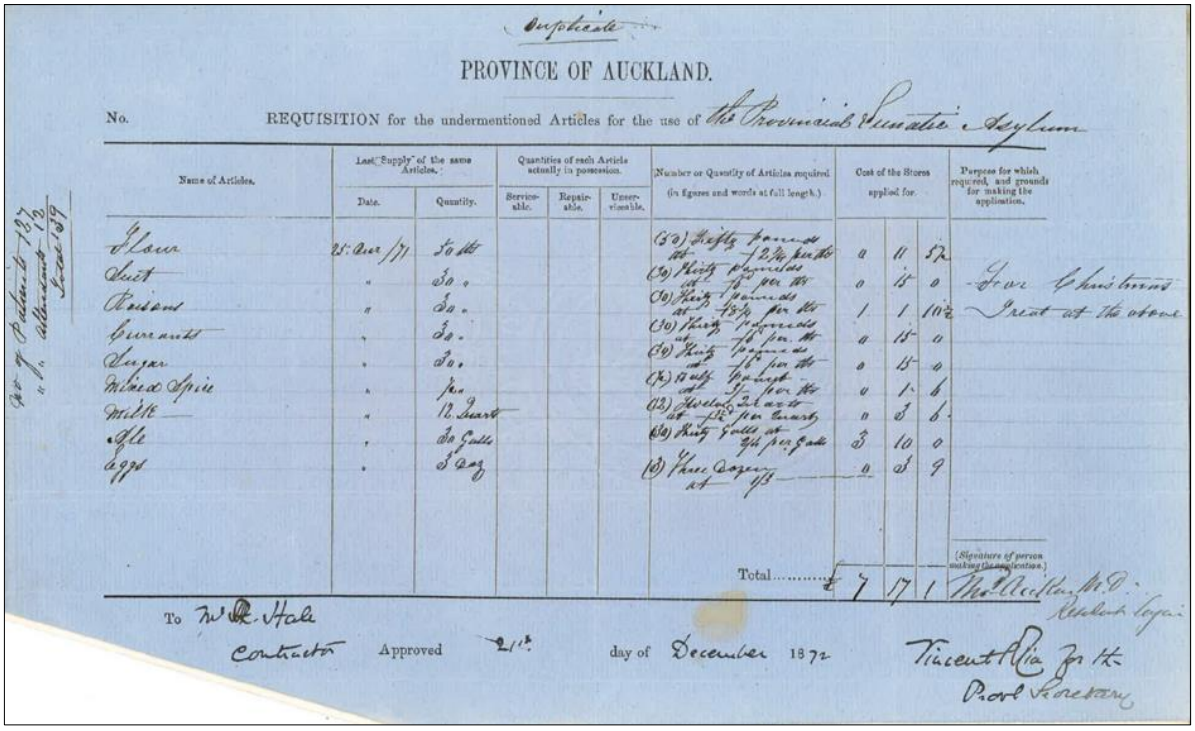
Figure 20: Account of the asylum during the post-1877 fire rebuilding.
NZ Herald, 20 November 1880, p. 5. *PapersPast.*

As an article published in the *New Zealand Herald* in November 1880 attested (Figure 20), the asylum was viewed positively in some quarters even as the deficiencies of the facilities were often the subject of official reports and reviews. In the early years it was reported that the 'inmates' were served breakfast at 8.00am, dinner at 1.00pm, and supper at 6.00pm in the dining hall; with additional bread and tobacco offered as inducements to work within the hospital grounds.[107] Patients were let outside for two walks per day and a library was provided, along with games, a piano for the female patients, and entertainment evenings; the latter often open to the public. In December 1877 the 'Warder Minstrels' entertained the male patients at the asylum, as well as

[103] *Daily Southern Cross,* 4 January 1887, p. 6.
[104] Ibid.
[105] *NZ Herald,* 20 November 1880, p. 5.
[106] *Daily Southern Cross,* 18 March 1868, p. 4.
[107] In 1930 a patient was referred to the police after it emerged that he had been selling tobacco to other patients. A non-smoker, the man had been bartering tobacco with patients and earning it from the Attendants for work undertaken. *R11741746, Wellington Repository, Archives NZ.*

around 50-60 ticketed visitors. Led by head warder Mr White, the evening consisted of songs accompanied by the warders' band and then a dance that went on until midnight.[108]

While some funding for diversions such as books and games was provided by the Provincial Government, donations were also made by members of the public. A Mrs Abraham, for example, had provided a bagatelle board, two boxes of historical card puzzles, four volumes of the *Boys Own Magazine*, a copy of *Robinson Crusoe* and two drawing books with pencils by March 1868. [109] Whether those items were more appealing to the patients than the Provincial Secretary's gift of the 'Jurors' Reports and Awards of the New Zealand Exhibition for 1865' remains unknown. In the same report, superintendent Dr Fisher noted that the provision of only cold water to the baths was the cause of considerable inconvenience, especially in the winter months.[110]



PROVINCE OF AUCKLAND.

No. REQUISITION for the undermentioned Articles for the use of the Provincial Lunatic Asylum

Name of Articles.	Last "Supply" of the same Articles.		Quantities of each Article actually in possession.			Number or Quantity of Articles required (in figures and words at full length.)	Cost of the Stores applied for.			Purposes for which required, and grounds for making the application.
	Date.	Quantity.	Service-able.	Repair-able.	Unser-viceable.					
Flour	25 Aug 71	50 lbs				(50) fifty pounds at 2½ per lb	0	11	5½	
Suet	"	30 "				(30) thirty pounds at 6d per lb	0	15	0	Xmas Christmas
Raisins	"	30 "				(30) thirty pounds at 10½ per lb	1	1	10½	Treat at the above
Currants	"	30 "				(30) thirty pounds at 6d per lb	0	15	0	
Sugar	"	30 "				(30) thirty pounds at 6d per lb	0	15	0	
Mixed Spice	"	1 "				(1) one pound at 1/6 per lb	0	1	6	
Milk	"	12 Quart				(12) twelve Quarts at 6d per Quart	0	6	6	
Ale	"	30 Gallons				(30) thirty Gallons at 2/6 per Gallon	3	10	0	
Eggs	"	3 Doz				(3) three Dozen at 1/3	0	3	9	
										(Signature of person making the application.)
						Total	£ 7	17	1	Thos McLean M.D. Resident Surgeon

To W. R. Hale Contractor Approved 21st day of December 1872 Vincent Pyke for the Provincial Secretary

Figure 21: The December 1872 food requisition for a 'Christmas treat' at the Provincial Lunatic Asylum, appears to be an order for the ingredients (flour, suet, raisins, currants and mixed spice) needed to make Christmas pudding. *R22423639, Archives NZ.*

Official records provide information about the food and clothing supplied to the asylum; the hospital also tendered for the supply of drugs to administer to patients.[111] Before the advent of modern psychiatric pharmaceuticals in the mid-20th century, patients might be sedated with opiates or 'chloral, sulfonyl, bromides, trional and paraldehyde'.[112]

According to historian and anthropologist Jacqueline Leckie there were mixed opinions within the medical fraternity as to whether the use of such drugs alleviated the symptoms of illness, such as sleeplessness and melancholia, or potentially aggravated the condition of patients with pre-existing drug or alcohol addictions.[113] Although many of the hospital's medical superintendents had been trained in Scotland, and so might be expected

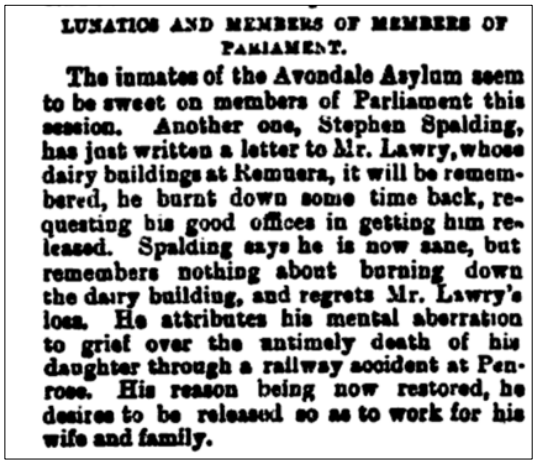
[108] *NZ Herald*, 11 December 1877, p. 2.
[109] *Daily Southern Cross*, 18 March 1868, p. 4.
[110] Ibid.
[111] *NZ Herald*, 22 July 1895, p. 5.
[112] J Leckie, *Old Black Cloud – A cultural history of mental depression in Aotearoa New Zealand*, Massey University Press, Palmerston North, 2024, p. 186.
[113] Leckie, p. 186.

to share a common educational mindset, each brought their own views about contemporary best-practice to the task. Whereas, according to Leckie, Dr Thomas Aickin (aka Aicken) favoured the use of opiates, Dr Robert Beattie had reservations about them. As was the experience of superintendent Dr Alexander Young, however, it was sometimes the case that the superintendent's desire to exercise their professional judgment was thwarted by broader contextual factors.

In 1880, Dr Young tried to remove those patients from the asylum whom he considered were harmless and incurable; at issue was the fact that none of them had relations either liable for their maintenance or willing to take care of them, and so there was no other place they could go. The superintendent gave certificates to eight patients verifying they were 'harmless incurable imbeciles' and therefore detained in the asylum without sufficient cause, but the resident magistrate declined to discharge them on the grounds that they would be brought up by police under the provisions of the Vagrant Act 1866 and consequently be committed to gaol and then transferred back to the asylum.[114] The magistrate's reasoning apparently being, why go to all that trouble if the outcome was to be the same as the status quo.

It could be equally difficult for a patient to secure their own release from the asylum once a committal had taken place, as is illustrated by the case of Stephen Spalding. In early August 1886 Mr Spalding (1867-1902) had turned himself into the police after burning down the Auckland Dairy Company's Remuera premises, where he had previously worked.[115] At his trial in October of the same year, Spalding was found guilty of the offence but not accountable due to insanity, after which time he was committed to the Avondale Asylum.[116]

Within a few weeks Spalding had written to Frank Lawry, MP for Parnell, seeking his release from the asylum on the grounds that his sanity had been restored. Spalding evidently stated in his letter to Lawry that his 'mental aberration' had been caused by grief over his daughter's death in a railways accident.[117] Spalding escaped in September 1888 but was re-arrested and sent back to the Avondale Lunatic Asylum in June 1889.[118] He was subsequently transferred to the Porirua Lunatic Asylum near Wellington, from whence he petitioned parliament for his release.[119] Escaping from Porirua in October 1889, Spalding was recaptured about a month later.[120] He was still incarcerated in the Wellington asylum in 1891 and appears to have died in 1902, possibly still in custody.



LUNATICS AND MEMBERS OF MEMBERS OF PARLIAMENT.

The inmates of the Avondale Asylum seem to be sweet on members of Parliament this session. Another one, Stephen Spalding, has just written a letter to Mr. Lawry, whose dairy buildings at Remuera, it will be remembered, he burnt down some time back, requesting his good offices in getting him released. Spalding says he is now sane, but remembers nothing about burning down the dairy building, and regrets Mr. Lawry's loss. He attributes his mental aberration to grief over the untimely death of his daughter through a railway accident at Penrose. His reason being now restored, he desires to be released so as to work for his wife and family.

Figure 22: *NZ Herald,* 15 November 1887, p. 6. *PapersPast.*

[114] 'Annual Report on Lunatic Asylums of New Zealand' *AJHR* 1881 Session I, H-13, p. 6.
[115] *Ashburton Guardian,* 3 August 1886, p. 2.
[116] *Te Aroha News,* 9 October 1886, p. 1.
[117] *NZ Herald,* 15 November 1887, p. 6. Grief over the death of children seems to have been a common cause of the 'melancholia' that gave rise to lunatic asylum committals, of both women and men, in the 19th and early 20th centuries.
[118] *Wairarapa Daily Times,* 18 September 1888, p. 2; *Auckland Star,* 3 June 1889, p. 5.
[119] *NZ Herald,* 9 August 1889, p. 5.
[120] *NZ Herald,* 21 October 1889, p. 4; *Auckland Star,* 22 November 1889, p. 2.

As well as highlighting singular patient cases such as that of Stephen Spalding, historic reportage concerning the asylum also sheds some light on its internal workings. The mass resignation of staff in late 1886 followed the appointment of Dr John Cremonini as Medical Superintendent.[121] At the time, there were roughly 360 patients housed at the asylum and the staff, male and female, numbered around 22 attendants.[122] The Inspector of Hospitals, Dr Macgregor, visited 'the Whau' to resolve the matter and, after finding that staff were disposing of produce from the hospital farm to one another, he dismissed the storekeeper on the spot.[123] Also apparently of concern to staff was that Dr Cremonini had taken away the keys that provided access to the female wards by male attendants.[124] The six warders who refused to withdraw their resignations were subsequently dismissed.[125] Reportedly trying to reform the asylum to run on 'modern and scientific principles' and well-regarded by his professional peers, Cremonini's tenure at the hospital was nevertheless short-lived; he resigned in 1889 and left New Zealand three years later.[126]

Figure 23: Margaret Matilda White, Asylum attendants, c. 1896?. *Auckland Museum.*

The frustrations of working at the asylum were shared by both staff and management. Dr Beattie's superintendent's report for the year 1898, which was published in the *Appendix to the Journals of the House of Representatives* in the following year, concluded with the following statement: 'My endeavours to convert an asylum from a prison into a home have been crowned with little success. I look for more success in the future and more success I shall assuredly get'.[127]

Whereas the annual reports of the asylum's Medical Superintendents provide an insight into their working lives and hospital operations at a managerial level, it is the casebooks dating from 1853 until 1916 that introduce the individual patients for whom the staff were responsible. These tomes record the name, age, date of committal, illness, and treatment history of each patient; they also bear witness to the extended periods of time during

[121] *Evening Post,* 13 October 1886, p. 2; *Auckland Star,* 19 November 1886, p. 3; *Waikato Times,* 20 November 1886, p. 2.
[122] *NZ Herald,* 4 January 1887, p. 6.
[123] *Otago Daily Times,* 26 November 1886, p. 2.
[124] *Hawke's Bay Herald,* 20 November 1886, p. 2.
[125] *Otago Daily Times,* 26 November 1886, p. 2.
[126] *Hawke's Bay Herald,* 20 November 1886, p. 2; RE Wright-St Clair '"Historia Nunc Vivat" – Medical Practitioners in New Zealand, 1840-1930' Cotter Medical History Trust, Christchurch, 2013, p. 102. According to Wright-St Clair, Dr Cremonini was later superintendent of the private Hoxton House Asylum in London.
[127] 'Lunatic Asylums of the Colony Report on) for 1898' *AJHR* 1899 Session I, H-07, p. 5.

which some people were hospitalised. The patient Jacqueline Leckie identifies as Elizabeth O, for example, was committed on the grounds of 'melancholia' on 27 May 1868 and died in the asylum 33 years later (1901).[128]

The hospital's casebooks reveal the diversity of causes that gave rise to patients being committed to the asylum. From the 'weakness' of intellect of a man picked up by the police on a charge of theft to a mother's melancholia caused by the death of her child, the casebooks provide a snapshot of patient lives before and during their committal to the hospital, albeit from the perspective of the staff. In the early casebooks 'mania', 'melancholia' and 'congenital idiocy' are typically given as the 'nature of attack' or illness that resulted in patients, some just children, being committed. The 1896-98 casebook also includes information about the occupation of the patient, family history in relation to the 'form of mental disease' and identifies the doctor[s] who had certified the patient. In addition to this information, from 1900 the casebooks include patient photographs; bringing to life, so to speak, the inhabitants of the asylum, just as female attendant Margaret White's photographs of c.1896 had done in respect of the staff (Figure 23).

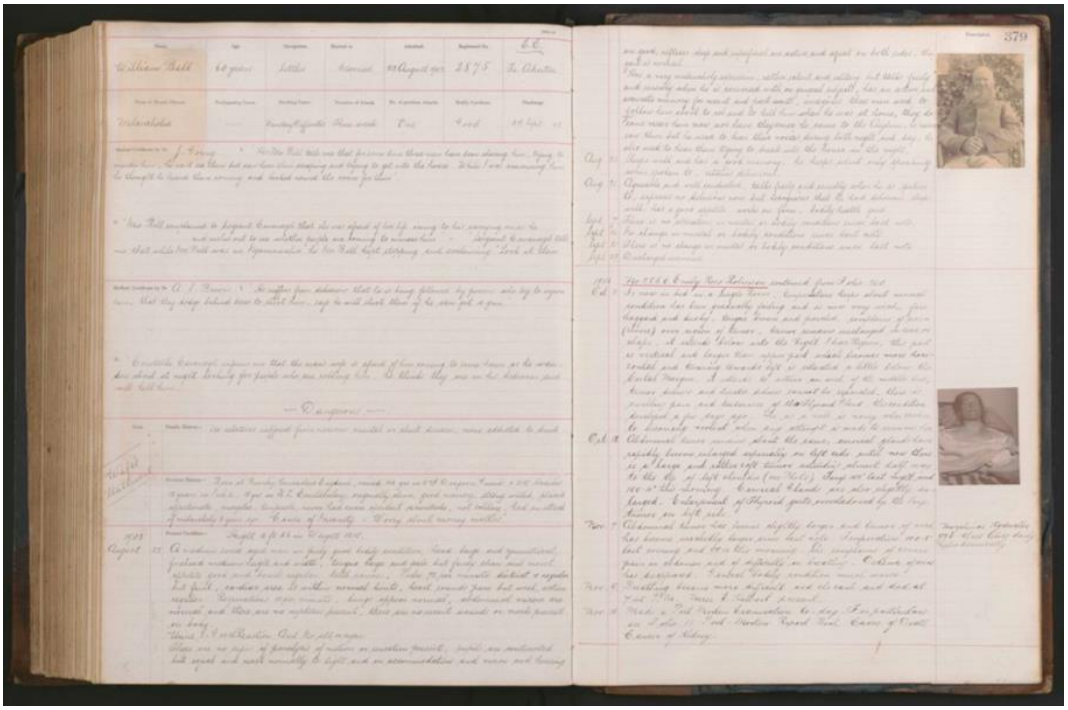


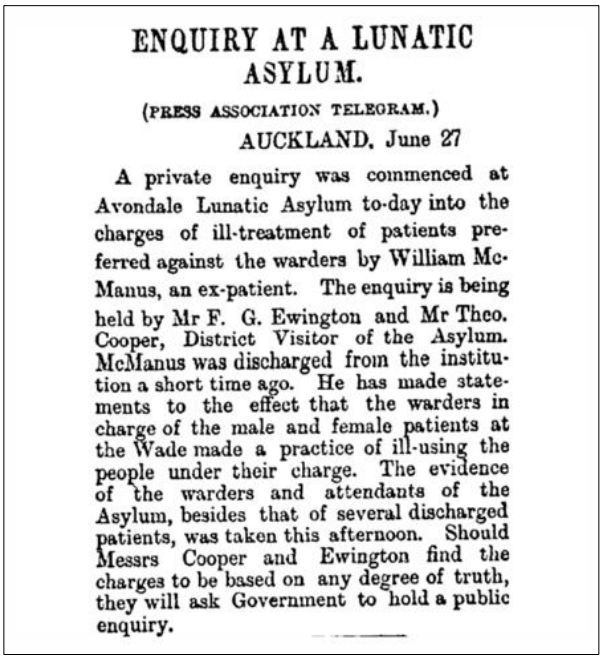
Figure 24: Page from 1900-1903 casebook showing patient notes accompanied by small portrait photographs. 'Casebook [includes photographs] – Auckland Mental Hospital' 1900-1903, pp. 378-379. *R1481803, Archives New Zealand.*

Among the patients enumerated in the casebooks are people who can be identified as Māori by their names and/or admission descriptions. As Jacqueline Leckie has noted, until the late 20th century Māori were less likely to be 'inmates' of the Auckland asylum, as a proportion of the population, than their Pakeha counterparts.[129] The reason for the lower incidence amongst Māori of hospital admissions due to poor mental health may have been related to underreporting and a lack of familiarity with the institutional treatment model; care within the whanau and a different cultural perspective on mental illness were likely also in play. That said, as Leckie writes in her discussion of Māori patients and responses to mental distress, 'an important caveat in measuring the prevalence of mental illness and depression is how official statistics classified Māori'.[130]

[128] J Leckie, *Old Black Cloud*, pp. 104-5.
[129] J Leckie, *Old Black Cloud*, p. 72.
[130] Ibid., p. 73.

Both the casebooks and the annual superintendent's reports that were tabled in parliament record the number of patients who died at the asylum. Given the age of patients, their health at the time of committal, and the impact that outbreaks of disease had upon the hospital's closely quartered population, death was often not as a direct result of the patient's mental illness. William Laurie, for example, died in 1880 from natural causes; he had been an inmate of the hospital since December 1857, at which time he was aged 44.[131] Laurie had reportedly been a bricklayer and was committed due to dementia; his case notes record that he was industrious and working on the farm not long after his committal. Nevertheless, possibly due to having no family apart from a brother in New Zealand, Laurie remained in the asylum until his death at age 67.

Some patient deaths, including suicides, were the subject of coroners' inquests or official inquiries into the treatment of patients.[132] An inquest was held in June 1875, following the murder of one patient by another, and in November 1892 Frederick Ewington, the Official Visitor, held an inquiry into the injury sustained by a patient. Ewington, a philanthropic Auckland businessman first appointed to the role in 1886, found that the patient had been mistreated by an attendant, who was subsequently dismissed.[133]



ENQUIRY AT A LUNATIC ASYLUM.

(PRESS ASSOCIATION TELEGRAM.)

AUCKLAND, June 27

A private enquiry was commenced at Avondale Lunatic Asylum to-day into the charges of ill-treatment of patients preferred against the warders by William McManus, an ex-patient. The enquiry is being held by Mr F. G. Ewington and Mr Theo. Cooper, District Visitor of the Asylum. McManus was discharged from the institution a short time ago. He has made statements to the effect that the warders in charge of the male and female patients at the Wade made a practice of ill-using the people under their charge. The evidence of the warders and attendants of the Asylum, besides that of several discharged patients, was taken this afternoon. Should Messrs Cooper and Ewington find the charges to be based on any degree of truth, they will ask Government to hold a public enquiry.

Figure 25: *Press* 29 June 1891, p. 6. *PapersPast.*

As the Victorian era (1837-1901) came to an end, the Avondale Lunatic Asylum, as it was then known, was approaching 35 years in operation. While the hospital was still largely contained within the main asylum at the north end of the site, Auxiliary 1 had been built (1884) and then rebuilt (1895-96), and the farm building cluster between the main building and Auxiliary 1 was largely complete. The period's reforming 'moral treatment' approach to mental illness was, in principle at least, benign and non-interventionist, but the asylum was constantly under pressure from overcrowding and a lack of funding.

In the 19th century patients could be committed to the Auckland asylum on the grounds of intellectual disability, senility, or mental illness, and the hospital was both a place of last resort for settlers lacking families to care for them and a receiving station for the 'criminally insane' who had been referred by the judicial system. In the 20th

[131] *NZ Herald*, 6 July 1880, p. 5. 'Casebook – Auckland Mental Hospital, 1853-1871, *R1481795, Archives New Zealand*.
[132] 'Inquest at the Lunatic Asylum' *Daily Southern Cross* 27 September 1873, p. 3; 'Death at the Asylum' *Daily Southern Cross* 3 November 1876, p. 3; 'Suicide of a Lunatic' *Auckland Star*15 November 1877, p. 3. As there was no cemetery on site, patients who died at the mental hospital were typically buried in the Symonds Street Cemetery or the Waikumete Cemetery (opened 1886), depending on the wishes of family members. https://natlib.govt.nz/blog/posts/to-new-ulster-from-ulster-part-i-auckland-asylum
[133] *Thames Advertiser*, 28 November 1892, p. 3. See also https://teara.govt.nz/en/biographies/2e13/ewington-frederick-george

century the hospital campus was to be transformed via a large-scale building programme and new treatments and therapies. Several landmark inquiries in the 1980s and 1990s established that the modern psychiatric hospital was the same 'mixed bag' of care and concerning behaviour as the lunatic asylum of old.

Modern Medicine, Expansion and Decline

As a sign of the increasing medicalisation of 'lunacy' in the early 20th century, the country's lunatic asylums became mental hospitals, the name change reflecting new thinking that mental illness could be treated and, hopefully, cured in a therapeutic setting. Under the auspices of the Mental Defectives Act of 1911 patients could now admit themselves for treatment and new amenities were provided at the country's major, stand-alone hospital sites in Dunedin (Seacliff), Christchurch (Sunnyside), Hokitika (Seaview), Nelson, and Wellington/Porirua, as well as Auckland.

The villa system, whereby a collection of smaller buildings allowed for greater differentiation of care and accommodation at mental hospitals, became government policy in the 1900s, as can be seen at Tokanui in the Waikato (1912-97) and Kingseat in Auckland (1929-99).[134] Extant buildings continued to be used on existing hospital sites of course, giving rise to the chronological span of buildings at Carrington, for example.

Although hospital managers were often uncomfortable with what they considered the alarmist tone of reporting of patient escapes and assaults, they were unable to prevent newspapers continuing to detail the shortcomings of the Auckland facility; sometimes in favour of the patients. The 1906 prosecution of asylum attendant Walter Schofield for striking and mistreating a male patient was intended to send a message that the authorities could bring matters of attendants hitting patients before the courts.[135] Scofield was fined after his appearance before the Police Court; the case having been brought by Dr Beattie, the medical superintendent.

The patient at the centre of the case had made a statement to Dr Beattie and the magistrate, R W Dyer, but declined to describe the incident on the basis that 'if two gentlemen had an altercation on the stairs, it was their own business, and nobody else's'.[136] Despite the testimony given about the nature of the incident, in which both parties were described as having struck the other, the magistrate determined that the attendant had used 'unnecessary violence' and that such 'an assault was more serous when it occurred in an a lunatic asylum'. Mr Schofield had lost his job by the time of the hearing at which he was fined £5 and ordered to pay £3 and two shillings in costs.[137]

The extent to which patients had any agency in the context of their treatment and committal is a matter raised by the case of Leslie Phillis, who wrote to King George V in June 1917 in the hope that the king could help to secure his discharge from Porirua Mental Hospital.[138] Phillis had earlier been committed to the Avondale Mental Hospital in c.1914 where, as he reported to King George, he had been 'persecuted' by Dr Beattie.

In a pencil written letter Phillis relayed to the King that 'I was supposed to be mad but I never heard tell of a mad man being put to work on a Boiler house to fire two Boilers for the whole institution which holds over a thousand patients such a dangerous position it was that they put me in and that will show you that I am a sane man'.[139] At the time he wrote the letter Phillis was living in a Salvation Army Home in Wellington. The reply from Prime Minister William Massey to whom Phillis's letter had been referred by Lord Liverpool, the Governor-General, noted that Mr Phillis was once again in the care of the Porirua Mental Hospital, to which he had been transferred from Avondale. The King was therefore advised not to take any further action in the matter; it appears that Phillis died in Australia in 1924.

---

[134] *Changing Times, Changing Places: From Tokanui Hospital to Mental Health Services in the Waikato, 1910-2012* Hamilton, 2012. Kingseat was named after Kingseat Mental Hospital (1904-94) in Aberdeen, Scotland, which was regarded as the first villa system mental hospital in Great Britain. Dr Theo Gray, who succeeded Sir Truby King as Inspector-General of Mental Hospitals in 1927, had previously worked at Kingseat in Scotland. *Evening Post* 1 October 1927, p. 10.
[135] *Auckland Star*, 4 April 1906, p. 5.
[136] Ibid.
[137] Ibid.
[138] R24536152, Wellington Repository, Archives NZ.
[139] Ibid.

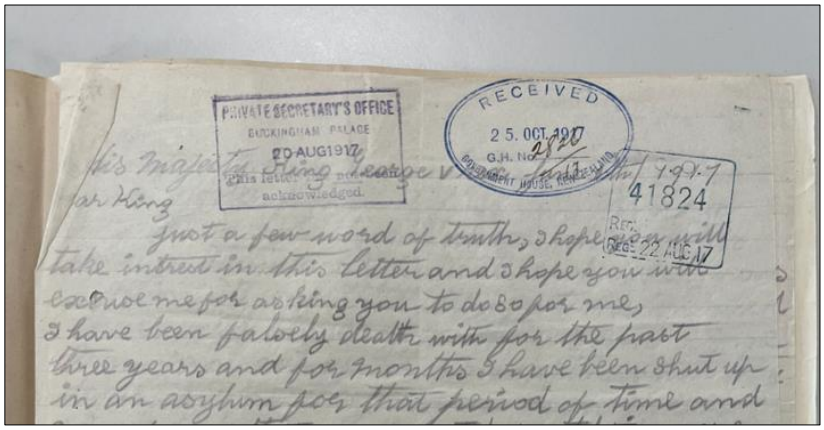


Figure 26: Extract from Leslie Silvester Phillis's letter to King George V re his treatment at Avondale Mental Hospital. *R24536152, Wellington Repository, Archives NZ.*

The professionalisation of mental hospital nursing began in the early 20th century. In his annual report for 1896, Dr Beattie had noted that 'during the winter a course of lectures on asylum nursing' had been given to staff, 'with fair results'.[140] At the end of 1906, Beattie oversaw the first exams conducted for staff who had worked for three years or more at a mental hospital and had 'gone through a course of training'.[141] Staff competency was benchmarked against the handbook of the Medico-Psychological Association of Great Britain and Ireland and the Inspector-General of Mental Hospitals reported to the Minister of Education in July 1907 that he hoped that provision would be made in future for 'mental nurses' to be registered on the same basis as their general hospital colleagues.[142]

——	Breakfast.	Dinner.	Tea.
Daily ...	Porridge	Potatoes and vegetables ...	Bread and butter.
Sunday ...	Chops or cold meat, or ¼ lb. bacon	Roast beef, plum-pudding ...	Cheese and jam.
Monday ...	Chops or cold meat ...	Soup, roast beef	Scones, or cake, or pastry.
Tuesday ...	Mince or steak and onions	Soup, stew, or roast mutton, pudding	Cold meat and pickles, or stew, or mince.
Wednesday	Chops	Soup, roast beef, or steak-pie ...	Jam.
Thursday ...	Steak or cold meat ...	Soup, boiled mutton, pudding ...	Scones, or cake, or pastry.
Friday ...	Chops or stew ...	Soup, corned beef, pudding ...	Fish and jam.
Saturday ...	Cold corned beef ...	Soup, roast mutton	Cold meat and pickles, stew, or mince.

(When in season, lettuce, tomatoes, &c., ¼ lb. or more daily at tea. Eggs or fish for breakfast for Roman Catholics on Friday. The weight of meat for men is 1½ lb., for nurses 1 lb.). The ratio of the nursing staff to patients is as follows :—

	Full Nursing Staff.	Average Effective Staff.
Day attendants	1 to 11·4 patients	1 to 14·4 patients.
Night attendants	1 to 205 "	1 to 205 "
Day nurses	1 to 9 "	1 to 11 "
Night nurses	1 to 135 "	1 to 135 "

Figure 27: Staff meals and staffing ratios at the Auckland Mental Hospital in 1906. (Report on) for 1906 Mental Hospitals of the Colony AJHR 1907 Session I, H-07, p. 19. *PapersPast.*

[140] '(Report on) for 1896 Lunatic Asylums of the Colony' *AJHR* 1897 Session II, H-07, p. 2.
[141] '(Report on) for 1906 Mental Hospitals of the Colony' *AJHR* 1907 Session I, H-07, p. 16. '(Report on) for 1907 Mental Hospitals of the Dominion' *AJHR* 1908 Session I, H-07, p. 9.
[142] The New Zealand Medico-psychological Association met for the first time in February 1929. '(Report on) for 1929 Mental Hospitals of the Dominion' *AJHR* 1930 Session I, H-07, p. 4.

Nursing in the mental health sector was notable for the proportion of male nurses in what was typically a highly feminised work force. In 1919 the gendered treatment of male patients by male nurses and female patients by female nurses was also extended to the medical staff when Dr Mary Wilson was appointed to work with female patients at Auckland. Dr Wilson, who was newly registered and just 20 years of age at the time, was the first female medical practitioner at the Avondale hospital; after a one-year term she was succeeded by Dr Grace Stevenson.[143] Another early female medic associated with the Auckland Mental Hospital was Dr Kathleen Todd, who was a psychiatrist at the hospital in the period 1930-35, after which she established herself as a child psychiatrist.[144]

The causes of insanity were of perennial interest to the hospital's medical superintendents and with that came the classification of patients into different treatment streams. The 1914 annual report published in the *Appendix to the Journals of the House of Representatives* recorded the main causes of insanity were heredity, alcohol, senility and venereal disease.[145] After World War I, large numbers of repatriated servicemen required mental health care and this not only influenced social attitudes towards mental illness but also prompted the adoption of new treatment approaches within the wider sector.

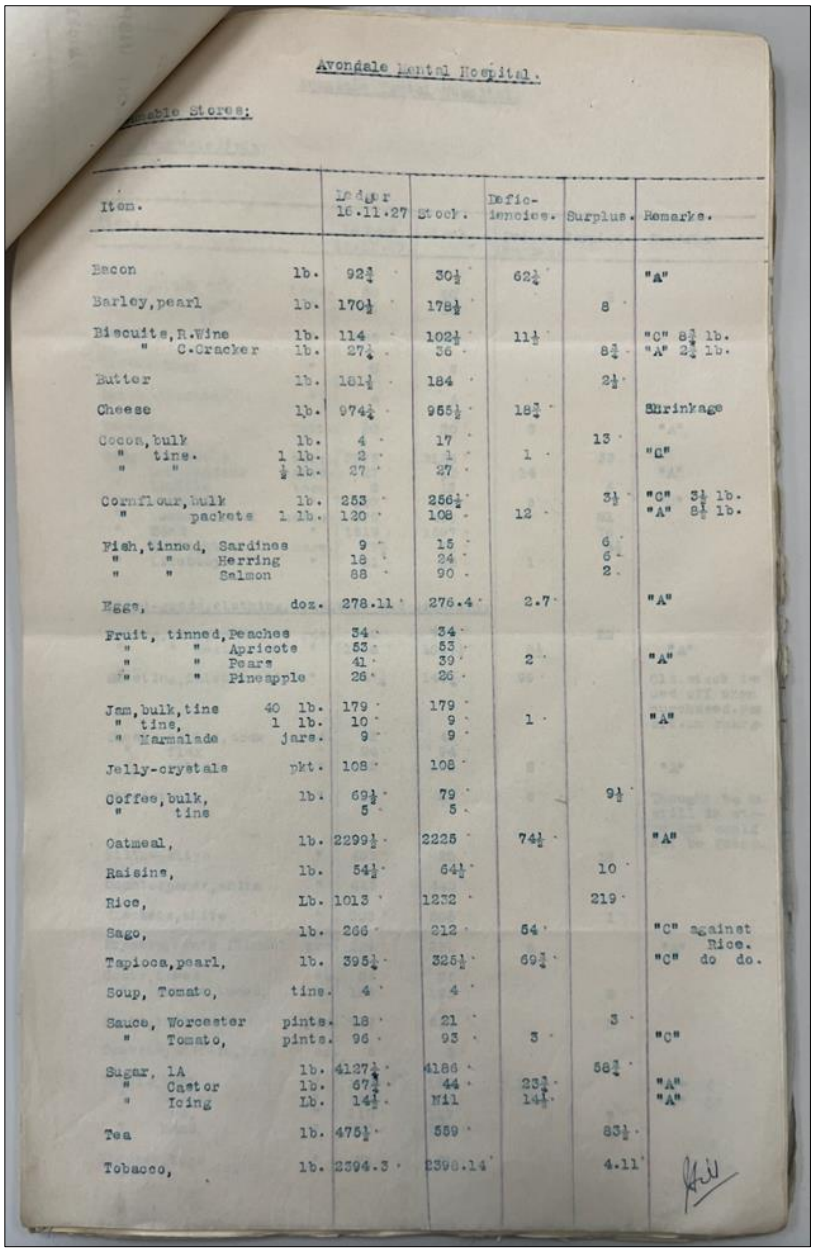
Occupational therapy, encompassing both industrial and domestic therapy, had been present from the inception of the Auckland Provincial Lunatic Asylum, in the sense that the phrase described work as a therapeutic activity, and was provided at the Wolfe Home to returned servicemen from 1916. In the 1920s and 1930s the term assumed a specialist meaning relating to the reintegration of recovered patients back into society and was championed for use in the mental health sphere by Drs Theo Gray and Henry Buchanan, the latter serving as medical superintendent at Auckland between 1929 and 1952. The arrival in Auckland of English-trained therapist Margaret Inman in 1940 not only formalised the provision of this treatment at the hospital but also established at Carrington the country's first and only specialist training school in occupational therapy.[146] In 1950, Dr Buchanan spoke at the inaugural New Zealand Occupational Therapy Association convention in Auckland, where he reported that 30-40 women had trained at the school in the previous decade.[147]

[143] *NZ Herald*, 2 November 1921, p. 8. RE Wright-St Clair '"Historia Nunc Vivat" – Medical Practitioners in New Zealand, 1840-1930' Cotter Medical History Trust, Christchurch, 2013, pp. 357 & 405.
[144] R E Wright-St Clair '"Historia Nunc Vivat"–Medical Practitioners in New Zealand, 1840-1930', p. 373. https://teara.govt.nz/en/biographies/5t15/todd-kathleen-mary-gertrude/print
[145] '(Report on) for 1914 Mental Hospitals of the Dominion *AJHR* 1915 Session I, H-07, p. 3.
[146] *NZ Herald*, 9 March 1945, p. 6. Margaret Inman, who later married Dr Buchanan, was the principal of the Occupational Therapy School until her retirement in 1950. *NZ Herald*, 31 May 2002 (available online).
[147] *NZ Herald*, 5 April 1950, p. 4.

Figure 28: Male occupational therapy room, undated (1930s?). *R23461550, Wellington Repository, Archives NZ.*

Archival material from the mid-1920s provides an insight into the daily lives of the patients at that time. In 1927 the hospital boasted a patient roll of over 1,100 and of that number around 60-70 appear to have held 'luxuries' or 'extras' accounts with the hospital's administration.[148] The hospital's 1927 audit report shows that the facility's consumable stores included bacon, round wine biscuits, tinned sardines, herring and salmon, tinned peaches, apricots, pears and pineapples, jelly crystals, rice, sago and tapioca, and Worcester and tomato sauces.[149] In the same audit, clothing supplies included men's flannel drawers, 102 cotton tweed trousers, and flannel for women's dresses in chocolate, natural, Orkney, Shetland and while colourways.[150] The audit of 1929 recorded 73 head of cattle, 279 pigs, and 14 horses, including a draught mare that had been relocated to Kingseat.

[148] R11741746, Wellington Repository, Archives NZ. Given that the most recent casebook that has been digitised by Archives NZ dates to 1916 it is not possible at this time to identify the types of patients who held such accounts; whether they belonged to a specific classification of illness or were, perhaps, voluntary patients from a higher socio-economic group than their fellow 'inmates'.
[149] Ibid.
[150] Ibid.



Avondale Mental Hospital.

...ble Stores:

Item.		Ledger 16.11.27	Stock.	Deficiencies.	Surplus.	Remarks.
Bacon	lb.	92¾	30½	62¼		"A"
Barley, pearl	lb.	170½	178½		8	
Biscuits, R.Wine	lb.	114	102½	11½		"C" 8¾ lb.
" C.Cracker	lb.	27¼	36		8¾	"A" 2¾ lb.
Butter	lb.	181½	184		2½	
Cheese	lb.	974¼	955½	18¾		Shrinkage
Cocoa, bulk	lb.	4	17		13	
" tins.	1 lb.	2	1	1		"C"
" "	½ lb.	27	27			
Cornflour, bulk	lb.	253	256½		3½	"C" 3½ lb.
" packets	1 lb.	120	108	12		"A" 8½ lb.
Fish, tinned, Sardines		9	15		6	
" " Herring		18	24		6	
" " Salmon		88	90		2	
Eggs,	doz.	278.11	276.4	2.7		"A"
Fruit, tinned, Peaches		34	34			
" " Apricots		53	53			
" " Pears		41	39	2		"A"
" " Pineapple		26	26			
Jam, bulk, tins	40 lb.	179	179			
" tins,	1 lb.	10	9	1		"A"
" Marmalade	jars.	9	9			
Jelly-crystals	pkt.	108	108			
Coffee, bulk,	lb.	69½	79		9½	
" tins		5	5			
Oatmeal,	lb.	2299½	2225	74½		"A"
Raisins,	lb.	54½	64½		10	
Rice,	Lb.	1013	1232		219	
Sago,	lb.	266	212	54		"C" against Rice.
Tapioca, pearl,	lb.	395½	325½	69¾		"C" do do.
Soup, Tomato,	tins.	4	4			
Sauce, Worcester	pints.	18	21		3	
" Tomato,	pints.	96	93	3		"C"
Sugar, 1A	lb.	4137½	4186		56¾	
" Castor	lb.	67¾	44	23¼		"A"
" Icing	lb.	14¼	Nil	14¼		"A"
Tea	lb.	475½	559		83½	
Tobacco,	lb.	2394.3	2398.14		4.11	

Figure 29: Extract from 1927 audit of Avondale Mental Hospital showing items held in 'Consumable Stores'. *R11741746, Wellington Repository, Archives NZ.*

Also in 1927, fortnightly dances were held during the winter, a performance was given to patients by the Little Theatre Society, the annual picnic to Henderson consisted of a party of 446, the Salvation Army and Avondale Bands playing on Sunday mornings, and bowling tournaments were played at home and away; there were also tennis and croquet tournaments. In the same report donations of money and equipment (papers, periodicals, gramophone records, golf clubs and balls, tennis racquets) made by organizations and individuals were also acknowledged.[151]

Although it might be tempting to judge the institution during the interwar period in terms of its organised recreational activities and supply of tinned fruit and choice of sauces, concerns about the running of the Auckland hospital, in particular, and the country's mental hospitals, in general, persisted. In 1924 the presentation of the 'Mental Hospitals Report' to the House of Representatives gave rise to criticism in the press

[151] '(Report on) For 1927 Mental Hospitals of the Dominion' *AJHR* 1928 Session I, H-07, p. 5.

regarding their administration; of particular concern were the processes of committal to and discharge from these facilities.[152]

The MP for Gisborne, Douglas Lysnar, considered it inappropriate that the hospital superintendent was the sole authority over committals and discharges, arguing instead that 'it did not require an expert mind to determine whether a man suffered under a delusion'.[153] Other members promoted the creation of a 'mid-way institution for mild cases' and advocated that attendants should be paid more or be able to retire early on full superannuation in order that they could avoid being affected by their working conditions and so become mentally unwell themselves. During the same discussion the Minister of Health, the Hon Sir Maui Pomare, told the House that the sale of farm produce grown at mental hospitals had raised £13,195 in the previous year. He also stated that attendants received 121 holiday days per annum.[154]

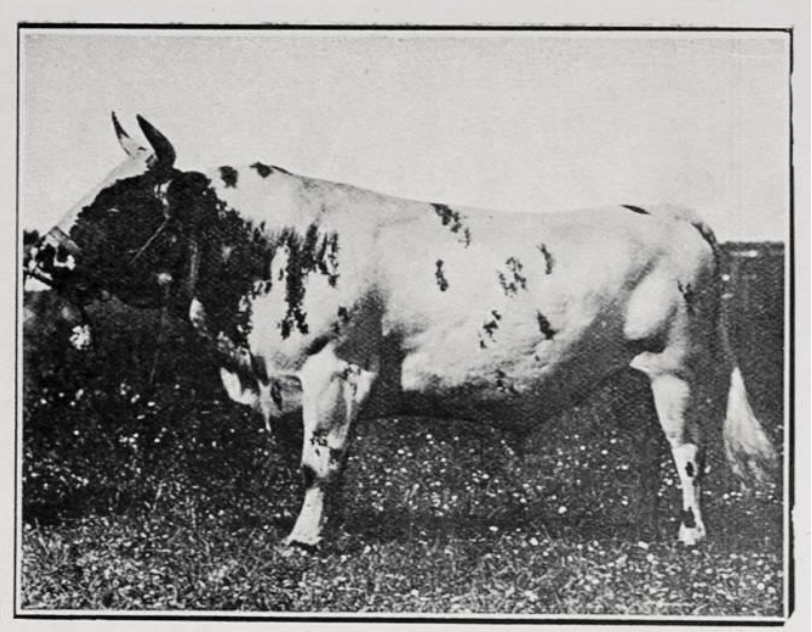

AUCKLAND MENTAL HOSPITAL'S CHAMPION AYRSHIRE BULL, BALMORAL.

Figure 30: The hospital appears to have been well-known in Auckland for its farm. *Auckland Weekly News,* 3 December 1908, p. 7 (supplement). *AWNS-19081203-07-03, Auckland Libraries Heritage Collections.*

Judging from historic newspapers, the phrase 'mental defective', in respect of people with intellectual disabilities, entered common parlance in the early 20th century. As discussed above, the 1928 Mental Defectives Amendment Act extended reporting and registration of 'defectives' to school children and prisoners; it was ushered in by Dr Theo Gray, who had been appointed the Inspector-General of Mental Hospitals in New Zealand in 1927.[155] Gray worked for a short time at Auckland Mental Hospital in the early 1910s and then returned in 1925 as acting medical superintendent. A proponent of the villa system, Gray also supported the registration of psychiatric nurses and the introduction of occupational therapy to mental hospitals. That said, he was a conservative in his belief in the 'moral treatment', healthy living approach of 19th century asylums and was critical of both medication and psychotherapy. Gray's promotion of a Eugenics Board and the sterilisation of 'defectives' were strongly opposed in parliament and thus did not find a place in the 1928 amendment act.

[152] *Evening Post*, 20 August 1924, p. 9.
[153] *Evening Post*, 20 August 1924, p. 9.
[154] Ibid.
[155] https://teara.govt.nz/en/biographies/4g19/gray-theodore-grant

Between the world wars, overcrowding continued to be a, if not the, major deficiency of the country's mental hospitals. The 1928 annual report tendered by the Hon A J Stallworthy, Minister in Charge of the Department of Mental Hospitals, repeated the previous year's statement about the 'gravely overcrowded state of our institutions' and included a plea for more timeliness in the provision of accommodation for chronic, recoverable patients who could benefit from treatment if only hospitals were adequately funded.[156]

The same report included the following text, under the heading 'Cases of Senile Decay', which was clearly linked to the problem of overcrowding:

> On the 31st December there were in our mental hospitals 462 patients who were seventy years or upwards in age, and of these ninety-two had been admitted during the year. Senility took second place amongst the assigned causes of insanity. The mild restlessness and excitement which finally cause the admission of these old folk into our institutions is nearly always very transient in character, and could often, with patience and sympathetic understanding, be controlled in a private house. It is fundamentally wrong, and a reproach on our reputation for sound social legislation, to allow them to spend the evening of life amongst the insane, and special institutions or homes should be established for this purpose. Not only would this be of benefit to the senile patients concerned, but an appreciable amount of infirmary space occupied by them would be freed for more legitimate purposes. If any legislation in this direction is contemplated, I think that our Medical Superintendents should be empowered to discharge suitable senile patients to the new institutions.[157]

By now it was becoming more common for patients to voluntarily enter a psychiatric hospital, as they were becoming known. Under the Social Security Act of 1938 the first Labour Government had introduced a national health scheme, whereby mental hospital care and treatment became free. Prior to this, patients were subject to fees; it was reported in May 1907, for example, that the cost of keeping a patient in a mental hospital was £27 per annum.[158]

In the decade immediately after World War II some of the treatments that are most strongly associated with mental hospitals in popular culture and were later to be the subject of numerous inquiries and reports of patient abuse, were instigated at the Auckland hospital. In 1946 electroconvulsive therapy (ECT) was introduced, followed by surgical leucotomy in 1950 (the surgery itself was carried out at Auckland Hospital), and insulin coma treatment in 1952. In the following year tranquilizers were added to the treatment regime, although, as noted above, sedatives had long been in use.

Charges of wrongful committal were still made by patients even within the setting of the more voluntary regime of the later 20th century.[159] In 1962, for example, Oliver Alfred Smith (formerly Schmidt) petitioned parliament for compensation for having been wrongly committed to Avondale Mental Hospital during the period 1949-57.[160] The fate of Smith's petition is unknown at this time.

The ongoing pattern of critical assessment did not necessarily lead to greater satisfaction either, in spite, one assumes, the best of intentions. In April 1966 Don McKay, the Minister of Health, denied that conditions in the high-security ward at Oakley Hospital were 'appalling'.[161] As was often the case the challenge of working with aging buildings and the need for more government funding for mental health care were acknowledged by the Minister, who said both issues were being addressed. Dr Peter McGeorge, the medical superintendent, made the same accusation of 'appalling conditions' regarding parts

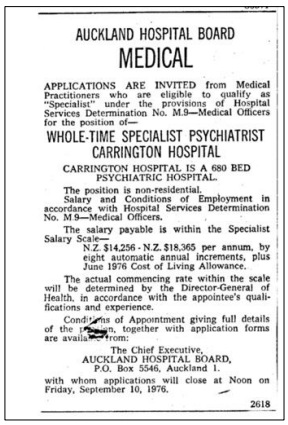
[156] '(Report on) For 1928 Mental Hospitals of the Dominion' *AJHR* 1929 Session I, H-07, p. 3.
[157] Ibid.
[158] *Nelson Evening Mail,* 31 May 1907, p. 2.
[159] In the period 1935-39 voluntary admission comprised 22.4% of the patient population; by 1960-64 the figure was 71.4%. https://teara.govt.nz/en/mental-health-services/page-4
[160] *Press,* 4 August 1962, p. 12.
[161] *Press,* 2 April 1966, p. 27.

of the hospital in early 1988.[162] At the time, it was reported that of the 150 people in Carrington's five rehabilitation wards, 50-100 of them were 'intellectually handicapped'.[163] Dr McGeorge was reported as saying that what was at issue was a question of priorities; noting that the cost of one heart transplant would pay the annual salary of a mental health professional who could look after 100 patients.

In 1971, Dr Geiringer's presentation to the Commission of Inquiry into Psychiatric Services at Oakley Hospital on behalf of the New Zealand Medical Association (NZMA) stated that the problems of Oakley Hospital could only be solved if 'the number of patients [were] reduced by half and no more alcoholics, drug users, criminal and geriatric cases admitted'.[164] Describing Oakley as a 'dumping ground', Dr Geiringer said the NZMA considered that Oakley, along with Porirua Hospital, had become too big to be able to deliver 'efficient, modern psychiatric care'.

In the same submission the NZMA rejected the argument that Oakley should take in patients declined by other institutions, suggesting instead that the medical superintendent should prioritise maintaining standards of care over meeting community need, even at the risk of developing long waiting lists. According to Dr Geiringer, 'Oakley has allowed itself to be converted into a multi-purpose institution without provision being made to enable it to serve any of these purposes adequately'.[165] Furthermore, he reported that the NZMA has 'no scruple in stating that Oakley Hospital has, in the years since 1965, created more drug users than it has cured.'[166]

In the year following the NZMA's blistering attack, the hospital was transferred to Auckland Hospital Board and then separated into two management units in 1973. Carrington was the new name for the clinical psychiatric hospital, whereas the name Oakley was transferred to the high-security and remand unit for patients referred by the prison system or other psychiatric hospitals.



AUCKLAND HOSPITAL BOARD

MEDICAL

APPLICATIONS ARE INVITED from Medical Practitioners who are eligible to qualify as "Specialist" under the provisions of Hospital Services Determination No. M.9—Medical Officers for the position of—

WHOLE-TIME SPECIALIST PSYCHIATRIST
CARRINGTON HOSPITAL

CARRINGTON HOSPITAL IS A 680 BED PSYCHIATRIC HOSPITAL.

The position is non-residential.

Salary and Conditions of Employment in accordance with Hospital Services Determination No. M.9—Medical Officers.

The salary payable is within the Specialist Salary Scale—

N.Z. $14,256 - N.Z. $18,365 per annum, by eight automatic annual increments, plus June 1976 Cost of Living Allowance.

The actual commencing rate within the scale will be determined by the Director-General of Health, in accordance with the appointee's qualifications and experience.

Conditions of Appointment giving full details of the position, together with application forms are available from:

The Chief Executive,
AUCKLAND HOSPITAL BOARD,
P.O. Box 5546, Auckland 1.

with whom applications will close at Noon on Friday, September 10, 1976.

2618

Figure 31: *Press,* 7 August 1976, p. 43. *PapersPast.*

And so began a string of official inquiries that often heard the same criticism as the one before. In late 1982 the Auckland Hospital Board announced its intention before the Committee of Inquiry (known as the Gallen Inquiry after its chairperson Rodney Gallen) to take over the running of Oakley Hospital after the incumbent medical superintendent, Dr P P E Savage, retired in March of the following year.[167] The inquiry had been called for following the death of a patient in February 1982 after he received ECT therapy.[168] Changes made after the Gallen Inquiry included patient monitoring after such treatment, as well as adjustments to drug prescribing and ordering practices. The inquiry also recommended reunification of Oakley and Carrington Hospitals and the

[162] *Press*, 21 January 1988, p. 30.
[163] Ibid.
[164] *Press*, 31 August 1971, p. 2.
[165] *Press*, 31 August 1971, p. 2.
[166] Ibid.
[167] *Press*, 5 November 1982, p. 6.
[168] *Press*, 30 June 1982, p. 16.

introduction, in the interim, of occupational therapists to Oakley.[169] In November 1982 Oakley Hospital accommodated 146 patients, 70 of whom were held 'under security'.[170] However, it was not until 17 August 1987 that Oakley was finally closed.

The mental health system, and Oakley and Carrington Hospitals within it, seems to have reached a nadir in the later 1980s.[171] Auckland staff concerns, which were expressed as a vote of no confidence in the administration in June 1985, reportedly centred on the housing of dangerous patients and the process by which they were discharged, possibly prematurely.[172] In 1985 a ban on Public Service Association (PSA) members working with M3 high-security patients was put in place.[173] Two years later the Auckland Hospital Board, in responding to what was described as staff 'unrest', agreed with a PSA proposal to reintroduce integrated male and female wards.[174] When Dr Peter McGeorge was appointed acting superintendent of Carrington in late 1987 he was reported as saying: 'There is a civil rights issue involved for the patients [in respect of committal and discharge], but I think the rights of the public have also been lost sight of, and they need to feel safe'.[175]

The deinstitutionalisation of the mental health system that began in the 1970s and continued until the end of the 20th century had been prefigured in 1960 by medical superintendent Dr G M Tothill upon his return from an international study tour.[176] The process was intended to be two-pronged in nature, directed towards preventing the need for in-patient care by providing early treatment in the community, as well as helping patients to re-enter the community after a period of hospitalisation. Tothill did not foresee a day when psychiatric hospitals ceased to exist, but by the mid-2010s fewer than 10 percent of patients accessing mental health services in New Zealand were doing so on an in-patient basis.[177]

[169] *Press*, 10 February 1983, p. 13.
[170] *Press*, 5 November 1982, p. 6.
[171] *Press*, 24 September 1987, p. 19.
[172] *Press*, 12 June 1985, p. 3; 14 March 1989, p. 5.
[173] *Press*, 23 September 1987, p. 32.
[174] Ibid.
[175] *Press*, 24 September 1987, p. 19.
[176] *Press*, 24 December 1960, p. 4.
[177] https://teara.govt.nz/en/mental-health-services/page-6

MENTAL ILLNESS

Treatment Becoming "More Liberal"

(New Zealand Press Association)

AUCKLAND, December 23.

A more liberal approach to the treatment of mental illness is apparent all over the world, according to Dr. G. M. Tothill, medical superintendent of the Auckland Psychiatric Hospital.

He has just returned after visiting mental hospitals and studying the treatment and rehabilitation of the mentally ill in Britain, South Africa, Denmark, Holland and the United States.

"People everywhere are removing the restrictions and restraints which were common in hospitals years ago," said Dr. Tothill. "The trend is for the maximum amount of liberty compatible with safety.

"In New Zealand, our approach has always been liberal and today we are thinking along much the same lines as in England and elsewhere in the world.

"The 'open door' policy, with its close approximation to outside life, has become regular practice in most places."

Dr. Tothill said he did not think it would ever be possible to do away with psychiatric hospitals, but the tendency must be toward smaller hospitals, with more outpatient treatment, treatment in day clinics, and domiciliary care.

"I saw some very fine treatment centres in Amsterdam, where many are treated as outpatients," he said.

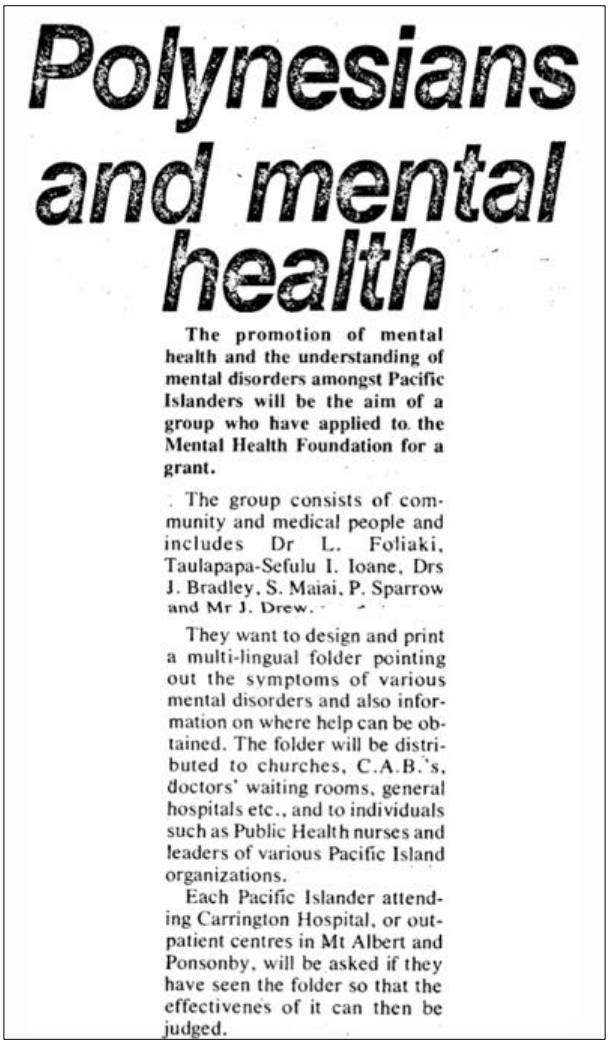
"In Britain, they have day hospitals working from nine to five, which give treatment on a daily basis. The patient lives at home.

"A friendly and sympathetic environment is essential for the treatment of the mentally ill. The tendency is to preserve the atmosphere of the home and to get away from the institutional air," Dr. Tothill said.

Figure 32: *Press,* 24 December 1960, p. 4. *PapersPast.*

At the same time as out-patient community care was becoming the norm, culturally appropriate programmes for Māori and Pasifika people hospitalised due to poor mental health were being developed. In part, this development was likely in response to the increasing number of Māori patients, as a percentage of the total patient roll, being admitted to psychiatric hospitals.[178] In some cases these offerings were made available at the asylums of old, including at Carrington in Auckland and Hillmorton (formerly Sunnyside) in Christchurch.

[178] See J Leckie, Chapter 2 'Rāwakiwaki' *Old Black Cloud* pp. 49-75.



Polynesians and mental health

The promotion of mental health and the understanding of mental disorders amongst Pacific Islanders will be the aim of a group who have applied to the Mental Health Foundation for a grant.

The group consists of community and medical people and includes Dr L. Foliaki, Taulapapa-Sefulu I. Ioane, Drs J. Bradley, S. Maiai, P. Sparrow and Mr J. Drew.

They want to design and print a multi-lingual folder pointing out the symptoms of various mental disorders and also information on where help can be obtained. The folder will be distributed to churches, C.A.B.'s, doctors' waiting rooms, general hospitals etc., and to individuals such as Public Health nurses and leaders of various Pacific Island organizations.

Each Pacific Islander attending Carrington Hospital, or outpatient centres in Mt Albert and Ponsonby, will be asked if they have seen the folder so that the effectivenes of it can then be judged.

Figure 33: *Mana*, 20 April 1978, p. 8. *PapersPast.*

The 1988 'Report on the Committee of Inquiry into Procedures used in Certain Psychiatric Hospitals in Relation to Admission, Discharge or Release on Leave of Certain Classes of Patients' included consideration of the treatment of Māori patients. The inquiry was overseen by District Court Judge Kenneth Mason and two medical practitioners, Drs Allison Ryan and Henry Bennett. The Mason Report, as it became known, picked up from where the Gallen Inquiry had left off. Patients were among the individuals interviewed for the report, but they were profiled within it, as were all the other informants, in the third person. The report focused upon Auckland, in light of a number incidents involving people with mental illness engaged in the psychiatric and/or prison systems. It recommended the appointment of a commissioner for a minimum of three years to monitor psychiatric services and facilities in the Auckland region. The report also recommended a national review panel be established, as well as five Regional Forensic Psychiatric Services to coordinate psychiatric services within the hospital, judicial and community sectors.

The Mason Report also noted that two half-way houses were then running on the Carrington site and that the Whare Paia and Whare Huia were operating as bicultural units. The Whare Paia had only recently been established, in 1987, and was located in a restored villa on the hospital grounds; 17 patients having been transferred to it from Oakley Hospital's M3 ward. With considerable controversy the Mason Report concluded that the Whare Paia was 'not an adequate facility for the care and containment of people with poor impulse control' and the unit was closed down as a result.[179]

[179] 1988 Mason Report, p. 176. See also *Press* 10 October 1988, p. 6.

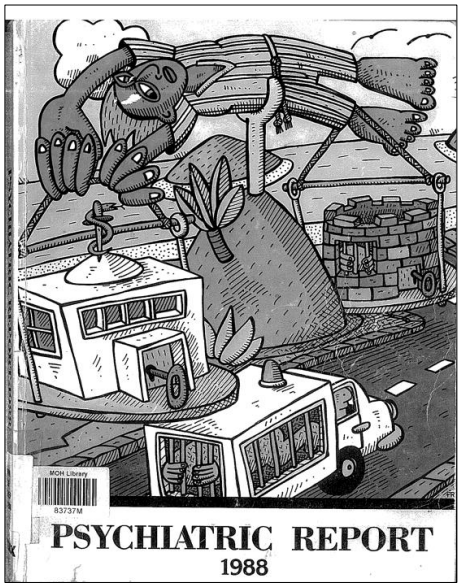


Figure 34: Cover of the 1988 Mason Report.
https://fyi.org.nz/request/698/response/3470/attach/4/Mason%20Report%20200dpi.pdf

Psychiatrist Dr Mason Durie commented further about the Whare Paia in the context of the concept of biculturalism at a seminar held in Gisborne in 1994.

> The distinction [between interpretations of biculturalism] is important and reflects divergent goals based on widely different visions of national development. Moreover, unfortunate experiences occurred when the meaning of biculturalism for a particular institution was not determined prior to the commencement of programmes. Far from bringing people closer together, Te Whare Paia at Carrington Hospital, for example, became associated with conflict, recrimination and unworkable policies because perceptions about biculturalism between Māori staff and hospital administrators were so far apart. Te Whare Paia had been intended to promote more effective mental health services for Māori and a more responsive hospital. But the reverse occurred. It is necessary therefore to have a clearer idea about the goals of biculturalism before making any commitment to it.[180]

Problems of patient assaults, escapes and overcrowding were the focus of repeated inquiries and continued to be reported through the later 20th century.[181] Often it seems the escapee was being held on remand or had been convicted of a crime but committed to Carrington Hospital by reason of insanity. In one such case, reported in mid-1977, Superintendent McDonald was reported as saying that 'he would not turn his hospital into a jail, and that only mentally disturbed remand prisoners were locked up'.[182] The news media also reported assaults on staff and members of the public on occasion, thus heightening concern about the degree to which patients could be considered a threat to others.[183] Less common were the media reports of people, such as Anita Willson who suffered severe depression after her husband died, who had been helped 'back to normality' by a stay at Carrington Hospital.[184]

In order to provide a facility for the assessment, treatment and rehabilitation of patients who had, or were alleged to have, committed crimes the Mason Clinic opened in 1991 as a forensic mental health unit. In the following

[180] Mason Durie 'Understanding Biculturalism' Kokiri Nga Tahi Hui / Side by Side Seminar, Gisborne, 20 September 1994; available online
[181] *Press*, 18 April 1988, p. 8 & 5 May 1988, p. 6 [patients being assaulted]; 5 October 1964, p. 3, 9 June 1977, p. 4, 5 April 1984, p. 8 & 12 December 1898, p. 9 [patient escapes]; 11 February 1984, p. 1 [overcrowding].
[182] *Press*, 9 June 1977, p. 4.
[183] *Press*, 29 July 1987, p. 2.
[184] *Press*, 27 November 1982, p. 13.

year Carrington became the first hospital in New Zealand to open its own whare nui, but it was not until March 2006 that a new Māori unit opened at the Carrington site as part of the Mason Clinic.[185] Te Papakainga o Tane Whakapiripiri was opened by the Minister of Health, Pete Hodgson, in the presence of Judge Ken Mason. The new 10-bed facility was heralded at the time of its opening as a replacement for Whare Paia, which had been closed 18 years before, and as 'the country's only secure mental health unit for criminal offenders based on a kaupapa Māori philosophy'.[186]

The late 20th century saw the closure of Carrington Hospital, the transfer of the majority of its patients to community care, and a shift towards mental health care provision by non-governmental agencies. Judge Ken Mason convened yet another enquiry into the sector in 1995-96 and the establishment of a Confidential Forum for Former In-Patients of Psychiatric Hospitals in 2005 finally provided an opportunity for former in-patients, their families, and former staff to report their experience before 1992, in which year new legislation was passed. Four hundred and ninety three people spoke to the forum panel between July 2005 and April 2007; thereafter *Te Āiotanga: Report of the Confidential Forum for Former In-Patients of Psychiatric Hospitals* was issued.

In 2006 the Mason Clinic boasted 104 beds, reportedly less than 10 percent of the total number of beds once provided by Carrington, Oakley, Kingseat and Mangere hospitals combined. In April 2021, Prime Minister Jacinda Ardern and Minister of Health Andrew Little opened E Tū Tanekaha, a 15-bed medium-security unit at the Mason Clinic. Most recently the completion of the Abuse in Care Royal Commission of Inquiry has brought to light the ongoing trauma experienced by those whose treatment in facilities such as psychiatric hospitals was far removed from the 'moral treatment' espoused in the 19th century. Survivors of abuse at Carrington Hospital were among those who appeared before the commission and to whom the government apologised on 12 November 2024.

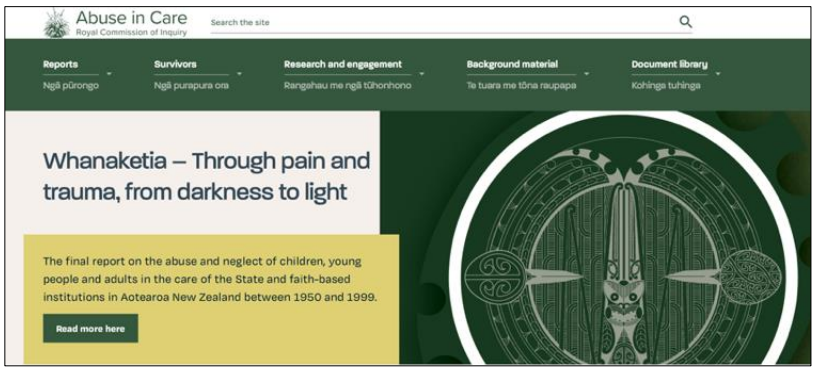


Figure 35: Abuse in Care home page. https://www.abuseincare.org.nz

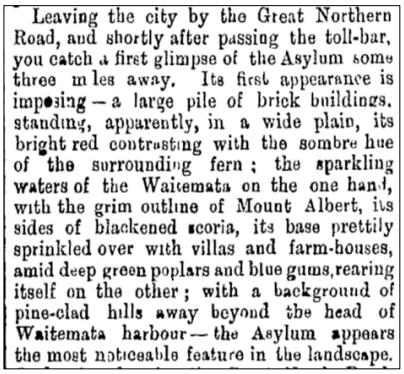
In and Out of the Community

Throughout its history Carrington Hospital was always a subject of local interest and concern. At the time of its establishment on the Whau site it was a point of pride that local materials (bricks manufactured in the area, timber cut in Titirangi, and scoria excavated from a nearby quarry) were used in the construction of the main asylum building and that the work was undertaken by local men.[187] Early newspaper accounts of the project expressed satisfaction that the hospital was the first public building in the province and the largest brick building in New Zealand, and that it would provide a superior standard of care than the asylum on the Auckland Hospital grounds.[188]

[185] *Te Karere* TVNZ, broadcast 31 March 1992. *NZ Herald,* 17 March 2006 (available online).
[186] *NZ Herald,* 17 March 2006 (available online).
[187] *New Zealander,* 1 December 1865, p. 3.
[188] *New Zealander,* 1 December 1865, p. 3.

From the beginning the hospital created its own community but was also connected to the wider community in which it was set. Although located on a rural site in order to maximise the therapeutic potential of its pastoral setting, the asylum was close enough to Auckland for visitors and the curious to visit.

An account of one such visit to the asylum was published in the *Daily Southern Cross* in December 1869. Written especially for the newspaper, the article recommended a walk to the asylum to inspect its facilities. The writer observed two patients in straitjackets, one of whom was evidently standing in a padded cell. The cleanliness of the general dormitories was noted, along with the 'tinted engravings' hung on the walls to relieve the 'baldness of the walls'.[189] At that time, all of the staff lived in the same asylum building as their patients; a warder's room being attached to the dormitories for nighttime observation. A girl of 10 was among the inmates of the female ward and the visitor was embarrassed when he mis-identified one of the attendants as a patient.[190] The want of a system of classification, whereby those with intellectual disabilities could be separated from patients who had been convicted of crimes, was also reported by the author who was only identified by the initial 'R'.



Leaving the city by the Great Northern Road, and shortly after passing the toll-bar, you catch a first glimpse of the Asylum some three miles away. Its first appearance is imposing — a large pile of brick buildings, standing, apparently, in a wide plain, its bright red contrasting with the sombre hue of the surrounding fern; the sparkling waters of the Waitemata on the one hand, with the grim outline of Mount Albert, its sides of blackened scoria, its base prettily sprinkled over with villas and farm-houses, amid deep green poplars and blue gums, rearing itself on the other; with a background of pine-clad hills away beyond the head of Waitemata harbour — the Asylum appears the most noticeable feature in the landscape.

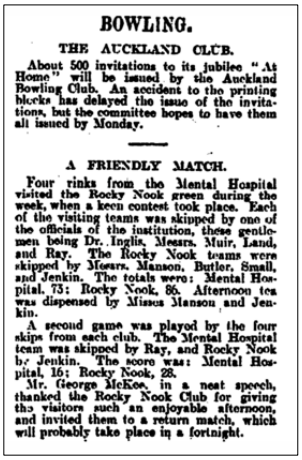
Figure 36: 'Wanderings Around Auckland – The Lunatic Asylum', *Daily Southern Cross,* 1 December 1869, p. 4. *PapersPast*.

Access to the hospital was facilitated by a bus service, from central Auckland via Archhill and Point Chevalier, that was running by the late 1880s.[191] In fact the infrastructure created to connect the asylum with the city centre also benefited local residential development and the people who settled in Mount Albert and Point Chevalier. Regularly scheduled entertainment evenings that were open to the public and organised outings, such as the annual picnic, also connected the hospital to its community and vice versa. The bowling club, in particular, appears to have functioned just as any sporting club would, with home and away games bringing staff and patients together in competition with local clubs.

Throughout its history, the hospital relied on support from the community. At the second annual meeting of the Mental Hospital branch of the Auckland Hospital Auxiliary in August 1936 it was reported that the group had erected a library and reading room at the Avondale Hospital.[192] Some of the funds for the project had been raised by Leonard Hooker, a Hawera signwriter who had taken a special interest in the welfare of mental hospital patients around the North Island since 1930.[193] Not to be confused with the auxiliary hospital buildings on the site, the auxiliary was a women's service club that raised funds for projects at the hospital and also supported patients who had been discharged. In the year preceding the group's 1936 AGM, for example, 15 patients had received 'after-care' from the auxiliary.[194]

[189] *Daily Southern Cross,* 1 December 1869, p. 4.
[190] *Daily Southern Cross,* 1 December 1869, p. 4.
[191] *NZ Herald,* 26 February 1887, p. 3.
[192] *NZ Herald,* 18 August 1936, p. 3.
[193] *Auckland* Star, 3 February 1933, p. 8; Wanganui *Chronicle,* 5 January 1950, p. 4.
[194] *NZ Herald,* 18 August 1936, p. 3.

Figure 37: Horse-drawn bus servicing Archhill, Asylum, Avondale and New Lynn. *Auckland Libraries Heritage Collections.*



BOWLING.

THE AUCKLAND CLUB.

About 500 invitations to its jubilee "At Home" will be issued by the Auckland Bowling Club. An accident to the printing blocks has delayed the issue of the invitations, but the committee hopes to have them all issued by Monday.

A FRIENDLY MATCH.

Four rinks from the Mental Hospital visited the Rocky Nook green during the week, when a keen contest took place. Each of the visiting teams was skipped by one of the officials of the institution, these gentlemen being Dr. Inglis, Messrs. Muir, Land, and Ray. The Rocky Nook teams were skipped by Messrs. Manson, Butler, Small, and Jenkin. The totals were: Mental Hospital, 73; Rocky Nook, 86. Afternoon tea was dispensed by Misses Manson and Jenkin.

A second game was played by the four skips from each club. The Mental Hospital team was skipped by Ray, and Rocky Nook by Jenkin. The score was: Mental Hospital, 16; Rocky Nook, 28.

Mr. George McKee, in a neat speech, thanked the Rocky Nook Club for giving the visitors such an enjoyable afternoon, and invited them to a return match, which will probably take place in a fortnight.

Figure 38 [at left]: *NZ Herald* 3 February 1912, p. 9. *PapersPast.*
Figure 39 [at right]: Bowling green and pavilion in the 1960s. *R4056293, Auckland Repository, Archives NZ.*

Commencing in March 1960 an in-house magazine entitled *The Oakleigh News* was published and distributed beyond the confines of the hospital. Sub-titled 'A Journal of the Auckland Psychiatric Hospital', the magazine's first issue included contributions from the hospital chaplains (Catholic, Anglican and Presbyterian), the three Psychiatric Social Workers on staff, a message from Edmund Hillary, and reviews of hospital library books. The magazine was aimed at patients, but also included news about staff, whether family bereavements or academic endeavours. Patient clubs, the Adelphi and the Philadelphia, were profiled in the first issue, along with a brief history of the Whau Asylum and a short story by O Henry. The last copy of *The Oakleigh News* was published in December 1964.

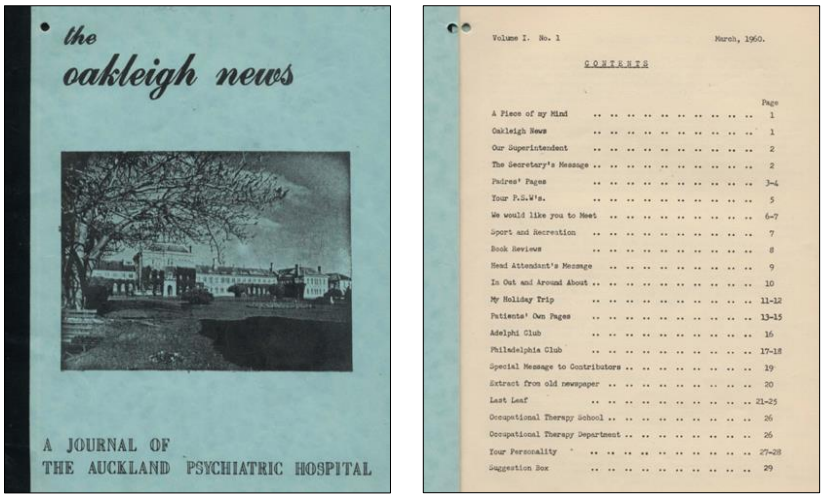


Figure 40: Cover and contents page from *The Oakleigh News*, vol. 1, Issue 1, March 1960. *Archives NZ.*

Figure 41: A meeting of the Adelphi Club in the Wolfe Home, 1960s. *R4056293, Auckland Repository, Archives NZ.*

The centenary celebrations held at the hospital in 1967 also provided an opportunity for community access and involvement. Celebratory photographs taken at that event are, however, in stark contrast to others showing the state of various buildings on the site at around the same time.

Deinstitutionalising of patients from Carrington Hospital and others around the country was characterised by some commentators at the time as 'community neglect' rather than 'community care'.[195] As part of the same problem, some patients were reportedly 'stranded' at Carrington because there was no satisfactory half-way house to which they could be discharged.[196]

[195] 'Losing Patients' *Frontline* Television New Zealand, broadcast 24 June 1990. *Nga Taonga Sound and Vision.*
[196] *Press,* 21 September 1982, p. 13.

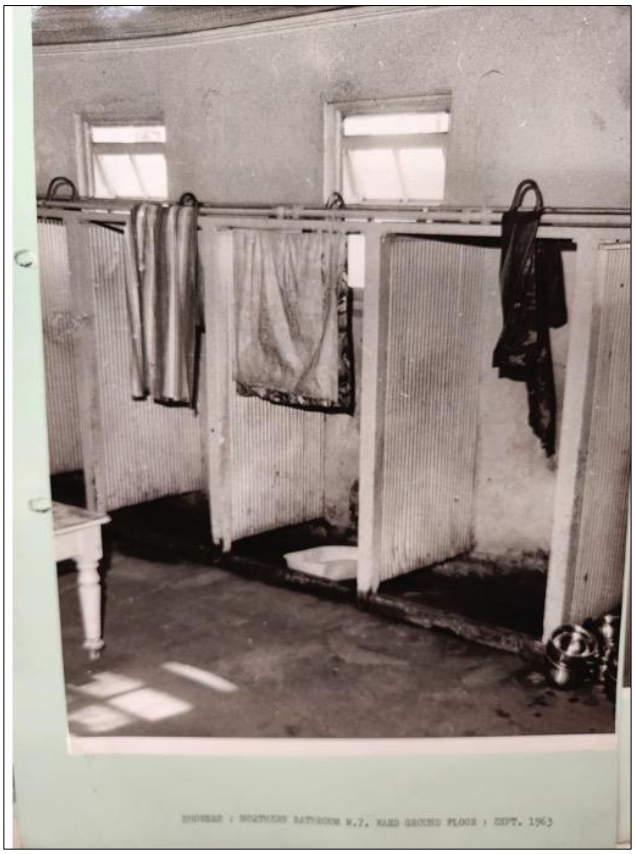


Figure 42 [at left]: A scene from the 1967 centenary celebration. *R4056290, Auckland Repository, Archives NZ.*
Figure 43 [at right]: Showers in the M7 bathroom in September 1963. *R4056293, Auckland Repository, Archives NZ.*

Patients stranded in Carrington

PA Auckland

Twenty-nine psychiatric patients have been stranded at Carrington Hospital, some of them for several years, because they have nowhere to go.

The hospital's superintendent, Dr Fraser McDonald, said that unless money was made available for two more psychiatric half-way houses, the patients would be forced to remain at Carrington indefinitely.

"Some of them have been waiting for years," he said. "They certainly do not need to be in hospital."

The patients occupy almost an entire ward and require a staff of 11 to look after them. They are long-term patients, most of whom have tried unsuccessfully to live in boarding houses.

"For one reason or another they need more care than an ordinary boarding institution can offer," said Dr McDonald. "They are not dangerous. They simply need a nice protective environment.

"Many have no relatives. Some have been in hospital for so long they have lost contact."

Figure 44: *Press,* 21 September 1982, p. 13. *PapersPast.*

In addition to the numerous official reports and inquiries that have focused, in whole or in part, on Carrington Hospital over the years, films, television reports and programmes, and radio interviews have periodically brought the hospital's history into the public domain since the late 1960s. Television news items from 1971 reported on the psychiatric nurses' two-week strike for better pay and conditions at Oakley Hospital and the public health nurses and army personnel brought in during it.[197] Individual staff were also the subject of interviews, and documentaries investigated living and working conditions at Oakley Hospital, in particular. To what extent these broadcasts promoted community awareness and understanding of mental health treatment at Carrington or continued the 'othering' of the hospital's residents is hard to judge.

Literary and cinematic works have also drawn attention to the workings of Carrington and its place in the cultural history of New Zealand. Writers Robin Hyde (1933-37), Janet Frame (1951) and Maurice Duggan (1973) were all patients of Carrington at one time and wrote about their experiences.[198] The artist Theo Schoon briefly worked at Carrington as a night attendant in 1949, during which time he encouraged patient Rolfe Hattaway to draw and sketch.[199] In 1980, the Film Commission provided script development funding for a film about Murray Beresford Roberts, a confidence trickster who was hospitalised at Carrington in later life.[200] Superintendent Fraser McDonald was to have been an adviser on the film, having treated Roberts at Carrington, but it was never made.

In 1976 Carrington Technical Institute, as an offshoot of the Auckland Technical Institute, was established on the hospital grounds. The institute, now known as UNITEC, remains on site, although its occupation of the main asylum building concluded in 2018. In recent years the site has attracted attention from people interested in the

[197] *Press,* 25 June 1971, p. 10. See also Medical Superintendent Dr PPE Savage's official account of the strike; R1713930, Archives NZ (available online). For a nurse's account of the strike see https://www.nursinghistory.org.nz/index.php/Althea_Hill

[198] See G Rawlinson introduction to R Hyde *The Godwits Fly,* Auckland University Press, Auckland, 1993. The book was dedicated in part to Dr G M Tothill, 'remembering the Grey Lodge', p. xvii. *Press* 16 September 1939, p. 16. https://teara.govt.nz/en/biographies/4h41/hyde-robin; https://teara.govt.nz/en/biographies/6f1/frame-janet-paterson; https://teara.govt.nz/en/biographies/5d28/duggan-maurice-noel

[199] https://teara.govt.nz/en/biographies/5s4/schoon-theodorus-johannes; *Hattaway, Schoon, Walters: Madness and Modernism* (exhibition catalogue) Lopdell House Gallery, Auckland, 1997.

[200] *Press,* 5 March 1980, p. 5.

paranormal. The deaths of patients at the hospital over the years is considered to be the reason for multiple 'ghost sightings', prompting investigations reported in the UNITEC campus magazine *In Unison*.

Community recognition of the heritage values of the main building resulted in a 2022 court case in respect to the non-notified consent granted to demolish parts of two of the rear wings of the main hospital building.[201] The action failed to stop their removal, which took place at the end of 2023. Community interest in the fate and potential reuse of the original building, which has been vacant since UNITEC moved out in 2018, remains high.[202]

Figure 45: Interior of main asylum building in c. December 2022. https://urbexcentral.com/2022/12/04/carrington-hospital/

Endings and Beginnings

The closure of Carrington Hospital in 1992 had been forecast for many years: in the late 1920s government policy was to close the hospital once Kingseat was established; a decision had been made to halt any new development on the site in 1970s; and Ngāti Whātua were raising concerns in the media about the future sale of the hospital campus by 1989.[203] The cloud hanging over Carrington for the last 65 or more years of its existence naturally influenced development plans and funding decisions. The path to closure was certainly not a direct one; the Auckland Area Health Board prevaricating for some time between developing additional facilities at the site and closing the hospital to achieve cost savings.[204]

Since the late 2010s, plans for intensive housing development on parts of the former UNITEC campus have been advanced. A cluster of five 4-10 storey apartment buildings was consented in September 2024, for example. In 2012, land at Carrington, including the UNITEC campus and Mason clinic site, was included in the Tāmaki Makaurau-wide collective Treaty of Waitangi settlement as right of first refusal land.[205] Plans by UNITEC to develop part of its campus for housing eventually resulted in the sale back to the Crown of several hectares of land for intensive housing development to be carried out by the parties to the collective redress deed. The parties include the Marutūāhu, Ngāti Whātua and Waiohua-Tāmaki Rōpū and their member iwi. An initial 1,480 homes have been consented as at the date of this report.

[201] *Stuff*, 19 October 2022; 19 February 2024 (available online). The main building was listed as a Category 1 historic place by Heritage New Zealand Pouhere Taonga in 1986_and the building and stream are also scheduled by Auckland Council on the district plan. https://www.heritage.org.nz/list-details/96/Carrington%20Hospital%20(Former)
[202] *The Spinoff*, 30 August 2020 (available online).
[203] '(Report on) For 1927 'Mental Hospitals in the Dominion' *AJHR* 1928 Session I, H-07, p. 3. *Press* 11 October 1988, p. 8.
[204] *Press*, 16 May 1989, p. 5; 12 July 1989, p. 28.
[205] Ngā Mana Whenua o Tāmaki Makaurau Collective Redress Deed 2012 – accessible at https://www.tearawhiti.govt.nz

A number of mental health services remain on the greater hospital site. The Mason Clinic provides regional forensic psychiatry services and, in keeping with one of the overarching themes of the history of the site, RNZ reported in May of this year that would-be patients have to wait an average 50 days in prison for a clinic bed.[206]

While the hospital campus and its surviving buildings might seem, to contemporary eyes, to represent a troubled history of incarceration and isolation, the social history of Carrington Hospital is more nuanced than that. A retreat for some and a place of imprisonment for others, Carrington Hospital represents as many aspects of historic attitudes towards mental health treatment as its many names over the years.

Figure 46: Photograph included in Dr Pat Savage's lecture 'History of Oakley Hospital' given to Auckland University Extension Course, July 1966.

[206] https://www.rnz.co.nz/news/national/516447/auckland-mason-clinic-patients-waiting-an-average-of-50-days-in-prison-for-a-bed

REFERENCES

Books and Articles

Relevant books and, to some extent, articles fall into three categories. Some provide context for mental health treatment internationally and nationally from the early 19th century to the community-care model that meant most institutional mental health care devolved into smaller units and out-patient clinics. Others are specific to Carrington Hospital in all its guises over the years. And, finally, there are a (very) few that explore the experiences of patients and staff, or are written by them. The focus of this list is on those that are specific to either New Zealand's experience or Carrington itself.

Asylum Collective (S Jowsey, A McDonald and M Williams) (1994) *Idlers, indigents, vagrants, artists, criminals, children, savages, brutes, religious fanatics, idiots, madmen* PhotoForum in collaboration with the Asylum Collective

Barry, L and Coleborne, C (2011) Insanity and ethnicity in New Zealand: Māori encounters with the Auckland Mental Hospital, 1860-1900 *History of Psychiatry.* 22(3): 285-301. doi:10.1177/0957154X10390435

Brookes, B and J Thomson (eds) (2001) *Unfortunate Folk: Essays on Mental Health Treatment, 1863–1992* Otago University Press.

Brunton, W (2003) The origins of deinstitutionalisation in New Zealand *Health and History* 5, no.2 (2003), 75–103.

Brunton, W (2005) The place of public inquiries in shaping New Zealand's mental health policy 1858-1996. *Australia and New Zealand Health Policy* 2, no. 24 (2005) (PDF)

Brunton, W and McGeorge, P (2006) Grafting and crafting New Zealand's mental health policy In Harry Minas and Milton Lewis (eds) *Mental health in Asia and the Pacific*. New York: Springer.

Coleborne, C and MacKinnon, D (2006) Psychiatry and its institutions in Australia and New Zealand: an overview *International Review of Psychiatry* 18 (4, Special Issue): 371-380.

Coleborne, C (2009) Pursuing families for maintenance payments to hospitals for the insane in Australia and New Zealand, 1860s-1914 *Australian Historical Studies* 40 (3): 308-322.

Coleborne, C (2010) *Madness in the Family: Insanity, Institutions and the Australasian Colonial World, 1860s-1914*. Basingstoke, UK, and New York: Palgrave Macmillan.

Evans, P 'Frame, Janet Paterson - Biography', Dictionary of New Zealand Biography, first published in 2010. Te Ara - the Encyclopedia of New Zealand,

Eyre, Tony (2012) Tale of an unquiet mind https://tonyeyrewriter.com/published-pieces-3/tale-of-an-unquiet-mind/

Fahey, J (2012) *Before I forget* Auckland University Press.

Finer, S (2023) 'Prisoners to Patients – the Pre-Asylum State of Mental Health Care in Auckland' Auckland History Initiative https://ahi.auckland.ac.nz/2023/05/02/prisoners-to-patients-the-pre-asylum-state-of-mental-health-care-in-auckland/

Finer, S (2023) 'A Work of Art: Constructing the Asylum at the Whau' Auckland History Initiative https://ahi.auckland.ac.nz/2023/05/02/a-work-of-art-constructing-the-asylum-at-the-whau/

Finer, S (2023) 'Wide Plains and Padded Cells: The Anatomy of an Asylum' Auckland History Initiative https://ahi.auckland.ac.nz/2023/05/02/wide-plains-and-padded-cells-the-anatomy-of-an-asylum/

Finer, S (2023) 'Treatment of our Lunatics: The Lunatics Act of 1868' Auckland History Initiative https://ahi.auckland.ac.nz/2023/05/02/treatment-of-our-lunatics-the-lunatics-act-of-1868/

Frame, Janet (2008) *Faces in the water* Vintage

Gluckman L K (1976) *Tangiwai: A Medical History of 19th Century New Zealand* Whitcoulls.

Goron, B (ed) (2009) *Legacy of Occupation: Stories of Occupational Therapy in New Zealand, 1940-1972* Legacy of Occupation Research Group.

Hall, G B (1988) Monitoring and predicting community mental health centre utilization in Auckland, New Zealand *Social Science & Medicine* 26 (1): 55-70. https://doi.org/10.1016/0277-9536(88)90045-7

Hill, Julie (2024) The Sunday Essay: The 'voice of the century' who wound up in a psych hospital for 16 years'. The Spinoff https://thespinoff.co.nz/the-sunday-essay/10-03-2024/the-sunday-essay-the-voice-of-the-century-who-wound-up-in-a-psych-hospital-for-16-years

Howden-Chapman P (1988) The demise of Wolfe Home: A case study of the closure of an inpatient alcoholism unit. *Community Health Studies* Vol XII, No 4: 453-456

Hunt, Alison (2005) Angel-guarded liar in a pleasant, quiet room: the experiences of writer Robin Hyde in the New Zealand mental health system of the 1930s https://www.nzepc.auckland.ac.nz/authors/hyde/hunt2.asp

Kenny K and Walters L (2017) *Through the Maze: Our mental health journey* Stuff interactives https://interactives.stuff.co.nz/2017/through-the-maze/chapterOne/

Labrum, B (1992) Looking beyond the asylum: gender and the process of committal in Auckland, 1870-1910 *New Zealand Journal of History* 26: 125-144.

Leckie, J (2024) *Old Black Cloud: A social history of depression in Aotearoa New Zealand* Massey University Press.

McAllen, Jess (2018) History repeating - New Zealand's mental health inquiries RNZ https://www.rnz.co.nz/programmes/news-extras/story/2018668626/history-repeating-new-zealand-s-mental-health-inquiries

McCarthy, A (2008) Ethnicity, migration and the mental hospital in early twentieth-century Auckland, New Zealand *Social History of Medicine* 21 (1): 47-65.

McCarthy, A (2012) Migration and Madness in New Zealand's Asylums, 1863-1910 In Angela McCarthy and Catharine Coleborne (eds) *Migration, Ethnicity, and Mental Health International Perspectives, 1840-2010* (pp. 55-72) Routledge.

McCarthy, A (2015) *Migration, Ethnicity and Madness: New Zealand 1860-1910* Otago University Press.

Mackie, A G (2014) *The boy: an autobiography* Mackay Books.

Miller, D (2019) *The Point: A history of Point Chevalier and its people* Point Publishing.

New Zealand History, Robin Hyde, https://nzhistory.govt.nz/people/robin-hyde (Manatū Taonga — Ministry for Culture and Heritage), updated 28-Nov-2022

Powell, C (2010) The Lunatic Asylum at the Whau https://corinne.co.nz/whau-lunatic-asylum-book

Richards, I (1997) *To bed at noon: The life and art of Maurice Duggan*. Auckland University Press.

Soosay, I and Kydd, R (2016) Mental health law in New Zealand *BJPsych International* May 1: 13(2): 43-45 doi: 10.1192/s2056474000001124

Te Ara Encyclopedia, teara.govt.nz/en/biographies/6f1/frame-janet-paterson (accessed 2 September 2024)

Truttman, L (2007) *Wairaka's Waters: The Auckland Asylum Springs* Rosebank Historical Society.

Truttman, L (2007) *A Doctor in the Whau: Dr Thomas Aickin (1814-1897)* Avondale-Waterview Historical Society.

Unitec Institute of Technology (1994) *A Building Known as Carrington* Unitec Press.

Theses and Dissertations

Beazley, C (2023) Reimagining Carrington Psychiatric Hospital as a social housing estate [Master of Architecture (Professional) thesis] University of Auckland https://hdl.handle.net/2292/64680

Brunton W (2001) 'A choice of difficulties': national mental health policy in New Zealand [Unpublished PhD thesis] University of Otago.

Buck PH (1910) *Medicine amongst the Maoris*, in *ancient and modern times*. Unpublished MD thesis, University of New Zealand.

Burke, L J (2006) *'The voices caused him to become porangi': Māori Patients in the Auckland Lunatic Asylum, 1860-1900* [Master of Arts thesis, University of Waikato. Retrieved from https://hdl.handle.net/10289/12621

Dawson, M. (n.d). *National Fitness or Failure? Heredity, Vice and Racial Decline in New Zealand Psychiatry A Case Study of the Auckland Mental Hospital, 1868-99* [Doctoral thesis, University of Waikato]. https://researchcommons.waikato.ac.nz/server/api/core/bitstreams/746222ae-9b1d-4e85-be50-ba488402b67f/content

Labrum, B (1990) *Gender and Lunacy: A Study of Women Patients at the Auckland Lunatic Asylum, 1870-1910* [Master of Arts thesis] Massey University. http://hdl.handle.net/10179/8497

Philp, M (1991) *A Lucid Interval: the Professionalisation of Psychiatry in New Zealand, 1877-1920* [Bachelor Hons thesis] University of Otago. https://core.ac.uk/download/pdf/29201236.pdf

Prebble, C (2007) *Ordinary men and uncommon women: A history of psychiatric nursing in New Zealand public mental hospitals, 1939-1972* [PhD thesis] University of Auckland

Primrose, M S (1968) *Society and the Insane: a Study of Mental Illness in New Zealand, 1867-1926, with Special Reference to the Auckland Mental Hospital* [Unpublished master's thesis] University of Auckland.
Spooner, E C (2006) *Digging for Families of the 'Mad': Locating the Family in the Auckland Asylum Archives, 1870-1911* [Unpublished master's thesis] University of Waikato.

Newspapers (in print and online)

Various newspaper articles (in print and online) have been accessed during the course of research. They are a valuable resource, not only for the key dates in construction, development, personnel and official visits, but also for the social history of former staff and patients, and community perceptions of the institution at different times in its history, e.g., concerns with escapees, false committals etc.

Papers Past is an invaluable resource for the period 1860 to 1989, however some key Auckland newspapers, for example the New Zealand Herald, are not digitised past the 1940s. Sometimes this gap has been filled by newspapers from other regions, such as the Press covering news stories from Auckland. But in general there is a news 'gap' between 1950 and 2000, after which online news sources begin to appear.

Online searching requires an awareness of the many different names the institution went by over the years, including: Auckland Lunatic Asylum, Auckland Provincial Lunatic Asylum, Whau Lunatic Asylum, Avondale Lunatic Asylum, Auckland Mental Hospital, Oakley Hospital and Carrington Psychiatric Hospital. Individual building names (Ashleigh, Wolfe Home, Parkhouse, Penman House), and specific units or outpatient clinics are also of some relevance here.

Papers accessed include:

Auckland Star 1879-1913 available on Papers Past
Daily Southern Cross 1865-1876 available on Papers Past
Evening Post 1924- available on Papers Past
Evening Star 1875-1888 available on Papers Past
New Zealand Herald 1863-c 1940 available on Papers Past
New Zealand Herald 2006-2024 articles available online nzherald.co.nz
Press 1870-1987 available on Papers Past
The Spinoff online from 2014 thespinoff.co.nz
Stuff online from 2000. Contains some online material covering historic information about Carrington Hospital. stuff.co.nz
Other newspapers accessed on Papers Past: *Bay of Plenty Times*, *Grey River Argus*, *Hawke's Bay Herald.*

There are also local online newspapers that can contain historical accounts of family experiences, e.g., Wevers, Hilda (2009) Encounter: The forgotten, my family *The Aucklander* https://www.nzherald.co.nz/aucklander/news/encounter-the-forgotten-my-family/Q6DTWQN5HIF4PY3NNQLDEJRHTI/

Some historic magazines are available on Papers Past and these can provide general-interest articles on the asylum. For example, *New Zealand Graphic and Ladies Journal* (The Whau Creek from Sketches at Avondale 18 February 1893, p. 155) and the *Globe* (VIII, 972, Dr Skae's report on lunatic asylums 7 August 1877, p. 3)

Another journal that may provide detailed information on staff and treatments from the early period of the asylum is *The Australasian medical gazette: being the official organ of the combined Australian Branches of the British Medical Association*. Monthly, Weekly, 1912-1914 Vol. 1 (Oct. 1881 to Sept. 1882)-v. 35, no. 26 (June 27th, 1914) [1897-Jul. 1900 incorporated: *The New Zealand Medical Journal*.]

Conferences

It was beyond the scope of this project to explore this avenue of research but conference proceedings would likely be a rich resource for information, both general and specific, on New Zealand's history of mental health diagnosis and treatment and that of Carrington's in particular.

Cliffin, P F ‘Therapy in Translation: Landscape Ideas from the Whau Lunatic Asylum and Unitec Campus’ *Proceedings of the Society of Architectural Historians, Australia and New Zealand: 31, Translation*, edited by C Schnoor (Auckland: SAHANZ and Unitec ePress; and Queensland: SAHANZ, 2014), 669–680.

Harrison, R (1986) Commentary on ‘The Oakley Inquiry in retrospect and its aftermath’ NZLRFSP 8; Mental health Paper 6, p.91 https://www.nzlii.org/nz/journals/NZLRFSP/1986/8.html

Jensen, P (1986) The Oakley Inquiry in retrospect and its aftermath. https://www.nzlii.org/nz/journals/NZLRFSP/1986/8.pdf

Reports

There have been a number of reports and inquiries into conditions at Carrington and more general reports on the ongoing state of mental health institutions, including annual reports to parliament in the Appendix to the Journal of the House of Representatives (searchable online to 1949, and physically accessible at the National Library, Wellington) which cover reports from Carrington from its inception. These reports provide detailed information about the numbers of patients and staff, the former’s occupations, gender, ethnicity, etc., diagnoses as well as insights into daily life at the asylum and challenges. Parliament was also provided with an annual report from the superintendent of each mental hospital. Also included in the list below are technical heritage reports related to the site.

Appendices to the Journal of the House of Representatives, 1870-1940 [usually section H]

Abuse in Care Royal Commission of Inquiry (2024) Reports https://www.abuseincare.org.nz/reports/

Archifact (2023) *Former Oakley Hospital main building and extent of place: assessment of effects on historic heritage* Archifact – architecture & conservation Ltd. PC 94 – Attachment 10 - Assessment of Effects on Historic Heritage

Confidential Forum (2007) *Te Aiotanga: Report of the Confidential Forum for Former In-patients of Psychiatric Hospitals*. Department of Internal Affairs.
https://ndhadeliver.natlib.govt.nz/ArcAggregator/arcView/frameView/IE12126512/http://www.dia.govt.nz/Agency-Confidential-Forum-for-Former-In-Patients-of-Psychiatric-Hospitals-Index

Departments of Health and Social Welfare (1990) *National Mental Health Consortium: the tangata whenua report, the consumer report, the consortium report.* Wellington: Department of Health, Department of Social Welfare.

Gallen, R G (1983) *Report of the Committee of Inquiry into Procedures at Oakley Hospital and Related Matters*. The Committee.

Harawira, Titewhai (1988) *Critique of the ‘Tauroa’ report (the report of the Auckland Hospital Board concerning Māori Health Units at Carrington) Taki o te hauora Māori ki Carrington*. Te Poari Hauora o Tāmaki Makaurau

Health Services Research Unit (1971) *Accommodation Survey. Hospital: Oakley.* Department of Health

Human Rights Commission (1991) *Mental health, patient rights and the public interest: a report to the Prime Minister by the Human Rights Commission, on certain incidents at Kingseat and Carrington Hospitals in May 1991*. Human Rights Commission

Mental Health Commission (2012) *Blueprint II: improving mental health and wellbeing for all New Zealanders.* Wellington: Mental Health Commission (PDF)

Ministry of Health (1996) *Inquiry under Section 47 of the Health and Disability Services Act 1993 in respect of certain mental health services.* Wellington: Ministry of Health (PDF)

Ministry of Health (2002) *Building on strengths: a new approach to promoting mental health in New Zealand/Aotearoa* Wellington: Ministry of Health.

Ministry of Health (2002) *Te Puāwaitanga: Māori mental health national strategic framework*, Wellington: Ministry of Health.

New Zealand Commission of Inquiry into Psychiatric Services at Oakley Hospital (1971), report.

Report of the Committee of Inquiry into procedures used in certain psychiatric hospitals… [Mason Report] (1988)

Salmond, J (1994) *Former Carrington Psychiatric Hospital: A conservation plan,* Unitec Institute of Technology.

Tauroa, H (1988) *Report to the Auckland Hospital Board concerning activities at the Whare Paia, Whare Hui and areas of Carrington Hospital*.

Audiovisual Material

Archived radio and television interviews and documentaries have proven to be an important source of information from the period of the 1970s onwards, and are especially important during those years where newspaper sources are lacking. These sources are also vital invaluable for recording patient voices, which are generally not present in the written record. There is also more representations of Māori experiences, as both staff and patients, in this material. Ngā Taonga Sound & Vision is the main repository of this material and some has been made available online.

Finer, Sasha (2023) Heritage Talks: Auckland Lunatic Asylum https://www.youtube.com/watch?v=7VXLUqIRObs

Marbrook, Jim (2012) *Mental notes* [documentary on history of mental health care in New Zealand]

Ninox films (1997) *The person next door* [5 people tell their stories of mental health, including on who was at Carrington] Ngā Taonga Sound & Vision F32970

NZBC, Compass (1967) Mental health Ngā Taonga Sound & Vision TZP48593

NZBC, Gallery (1971) Psychiatric nursing crisis TZP49651

NZBC, News (1971) Psychiatric nurses dispute Ngā Taonga Sound & Vision TZP87910

NZBC, News (1973) Oakley Hospital Ngā Taonga Sound & Vision TZP87866

NZBC, Gallery (1973) Oakley Hospital Ngā Taonga Sound & Vision TZP88103

NZBC, News (1973) Oakley and Carrington hospitals Ngā Taonga Sound & Vision TZP87869

Plaatsman, Bertie (2016) *'Building One'* A documentary of the history of the space through the stories of those with first-hand experience of its former days as a psychiatric hospital to the faculty and students presently occupying the historic building.

RNZ Collection (1973) Māori social worker Ngā Taonga Sound & Vision 44913

RNZ Collection (1978) Profile [Dr Kingsley Mortimer, head of Psycho-Geriatric Unit at Carrington Hospital] Ngā Taonga Sound & Vision 23861

RNZ Collection (1982) Oakley Hospital Inquiry Ngā Taonga Sound & Vision 27595

RNZ Collection (1983) He rerenga kōrero [hui to discuss setting up of marae complex at Oakley-Carrington as part of therapy] Ngā Taonga Sound & Vision 43454

RNZ Collection (1983) Pet therapy [to be introduced at Carrington] Ngā Taonga Sound & Vision 26552

RNZ Collection, Morning Report (1987) Carrington Hospital New plans for psychiatric care Ngā Taonga Sound & Vision 727

RNZ Collection (1987) Te reo o te pipiwharauroa [establishment of Whare Paia Unit] Ngā Taonga Sound & Vision 43498

RNZ Collection (1988) Closure of Māori Unit, Carrington Hospital Ngā Taonga Sound & Vision 3274

RNZ Collection (1988) Mason Report on psychiatric care Ngā Taonga Sound & Vision 3211

RNZ Collection (1988) Psychiatric hospitals, female patients [safety of women in mixed wards at Carrington] Ngā Taonga Sound & Vision 2323

RNZ Collection (1988) Te Whare Pai, Carrington Ngā Taonga Sound & Vision 48541

RNZ Collection (1990) Opposition to new unit for Carrington Hospital Ngā Taonga Sound & Vision 6610

RNZ Collection, GMNZ (1991) Report into death of patient Ngā Taonga Sound & Vision 8276

RNZ Collection, GMNZ (1991) Security of psychiatric patients Ngā Taonga Sound & Vision 7990

RNZ, Afternoons (2013) Carrington reunion https://www.rnz.co.nz/national/programmes/afternoons/audio/2545113/carrington-reunion

RSVP Productions (1992) Unborn addicts [patient on Carrington's de-tox programme] Ngā Taonga Sound & Vision F31614

Tuia te ao marama Oral History of Maori Mental Health Nurses *https://www.maorinursinghistory.com/ Some of those interviewed worked at Carrington and there is good information on the formation of Whare Hui and Whare Paia*

TVNZ, Eyewitness (1979) Mental hospitals Ngā Taonga Sound & Vision TZP11187

TVNZ, Eyewitness (1982) Oakley Ngā Taonga Sound & Vision TZP113915
TVNZ, Midweek (1983) Oakley Hospital Ngā Taonga Sound & Vision TZP424739
TVNZ, Credo (1984) Roger Hey, hospital chaplain [one of a team of chaplains for staff and patients at Carrington and Oakley hospitals] Ngā Taonga Sound & Vision TZP9695
TVNZ, Te Karere (1984) Mate Maori [Māori patients at Carrington helped by a Māori spiritual group] Ngā Taonga Sound & Vision TZP113139
TVNZ, Top Half/Archive News (1984) Fraser McDonald [on his retirement from Carrington Psychiatric Hospital] Ngā Taonga Sound & Vision TZP113657
TVNZ, News (1984) Oakley [public meetings about recent escapes] Ngā Taonga Sound & Vision TZP131442
TVNZ, On Line (1984) Fraser MacDonald/Mental Health Ngā Taonga Sound & Vision F59170
TVNZ, Eyewitness News (1985) Psychiatric [staff discontent] Ngā Taonga Sound & Vision TZP114087
TVNZ, Close Up (1987) Carrington Chaos Ngā Taonga Sound & Vision TZP43926
TVNZ, Te Karere (1987) Matua whangai [mentally disturbed prisoners] Ngā Taonga Sound & Vision TZP51872
TVNZ, Te Karere (1988) Carrington Ngā Taonga Sound & Vision TZP53497
TVNZ, Frontline (1990) [critics of community care for psychiatric patients] Ngā Taonga Sound & Vision F99809
TVNZ, Te Karere (1990) Carrington [Ngati Whatua interest in land around Carrington Hospital] Ngā Taonga Sound & Vision TZP65636
TVNZ, Holmes (1990) Carrington [about face on decision to close Carrington] Ngā Taonga Sound & Vision TZP93112
TVNZ, Te Karere (1992) Taonga [Carrington first hospital to open own meeting house] Ngā Taonga Sound & Vision TZP101774
TVNZ, Te Karere (1993) Wairangi [Kahikatea Unit opened] Ngā Taonga Sound & Vision TZP123598
TVNZ, Primetime (1994) Carrington [past and present history on opening of UNITEC] Ngā Taonga Sound & Vision TZP149582
TVNZ, Waka Huia (2013) Rupene Mare [former patient at Oakley] Ngā Taonga Sound & Vision TZP435475

Legal Resources

Various acts under which Carrington operated.
Lunatics Ordinance 1846
New Zealand Constitution Act 1852
Lunatics Asylum Department established 1876
Mental Defectives Act 1911
Social Security Act 1938
Mental Health Act 1969
Mental Health (Compulsory Assessment and Treatment) Act 1992

Social Media and Websites

Ongoing public interest in the history of the institution and its site is often demonstrated by these sources. Local historians (e.g., Timespanner on Facebook https://www.facebook.com/Timespanner/) share historical information, community groups and others express their concern about what is happening to the buildings and wider site (https://www.facebook.com/ParanormalNZ/posts/5970796446263630/)

, and support groups reach out to previous patients and their families.

Archives

There is a wealth of primary sources available to the researcher, mostly held at Archives New Zealand.

There is also more niche material related to the institution that can be found through online searches under the various names it went by. For example the E H McCormick Research Library at Auckland Art Gallery Toi i Tamaki holds the Rolfe Hattaway Drawings RC2007/1. From their website: ‘New Zealand artist, Theo Schoon (1915-85) worked at Auckland Mental Hospital (later known as Oakley Hospital) for a short period in late 1949 as a night orderly. During this time he discovered art brut artist, Rolfe Hattaway (1907-70), to whom he gave

paper and pencils. Hattaway had been a committed patient at Auckland Mental Hospital since 1937. He was transferred to Lake Alice near Marton in 1958. Each day Schoon would take the drawings that Hattaway had made and sometimes would date them. Schoon would show the works to fellow artist, Gordon Walters (1919-95) and Hattaway's influence can be seen in both Schoon and Walters' art works. The archive consists of over 200 drawings and some writings by Hattaway, two annotated folders and a copy of the catalogue Hattaway, Schoon, Walters: Madness and Modernism Auckland: Lopdell House Gallery, 1997.'

DSCF 2847 Archive Sheet for ADZS A1560 1420 Box 5b. Main building, external photographs and aerial photographs including whole hospital, sports grounds, and farm. 1940–1966.

File Sheet BBAD 154 Box 3071 b 13/3/6 Hospitals, Reserves and Domains: Oakley Hospital (Wellington, 1930-1966).

YCAA 1081 Box 18c 3/14 Land and Buildings 1954-1968. F B Thomas (1966) Auckland: Oakley Hospital, File Sheet Memo, Department of Health, New Zealand Government (Auckland, 1966), 1–3.

YCAA 4272/3b (1971) Official History Oakley Hospital Nursing Strike by Dr P P E Savage, Medical Superintendent

YCAA 1081/32d (1960) Oakley/Oakleigh Hospital Newsletter, featuring Sir Edmund Hillary https://www.flickr.com/photos/archivesnz/32149627620

Auckland City Council planning map, sheet No. 2B (1950) Auckland Libraries Heritage Collections Map 3500 Sheet 2B of a large cadastral map of Auckland City, created 1947-53. The map also has streets and public buildings such as schools, churches, hospitals, etc. This sheet shows part of Point Chevalier, Waterview and the Avondale Mental Hospital (correctly Auckland Mental Hospital)

Land Information New Zealand (LINZ) historic certificates of title.

R984580 (1903) Plans of New Zealand Asylums Showing Accommodation - No.2 - [Floor Plans - 6 sheets, all signed J. Campbell Architect, 2 November 1903] - Avondale Asylum, Auckland [and] Auxiliary Lunatic Asylum, Auckland; Sketch Plan of the Wellington Lunatic Asylum; Mount View Asylum - Plan of First Floor Shewing Accommodation; Porirua Lunatic Asylum - Plan Showing Accommodation; Sunnyside Lunatic Asylum - Plan Shewing Accommodation; Seacliff Lunatic Asylum - Plan Showing Accommodation [and] Auxiliary Asylum and Simla Auxiliary Asylum Box 2 a PWD 20494

R11741746 (1926-1930) Stores Audit Auckland Mental Hospital (Avondale) Health Department - (Mental Hospitals Department) Avondale and Auckland Box 194 A5 24/24/2

R1337789 (1960-1965) Miscellaneous - Hospital magazine - Oakley News Box 32 6/20 https://ndhadeliver.natlib.govt.nz/delivery/DeliveryManagerServlet?dps_pid=IE74937572

R1919136 Dr P P E Savage (1966) 'History of Oakley Hospital' A lecture given for the University of Auckland. Typescript, including photographs of the hospital. National Archives.

R19471955 (1886) Whau Lunatic Asylum Auckland, contract new kitchen, offices etc, central block [Beatson plans] Box 146 Pt 3 14362

R19479815 (1912) Auckland Hospitals: Avondale Mental Hospital, Auxiliary No. 2 - Plan and Sections of Site and Septic Tank: Avondale - 2 chain 40 foot: 2 Tracings 4351 - DE [District Engineer], Auckland Box 520 Pt 1 31624

R19480059 (1912) Avondale Mental Hospital: Sites for Extensions - Plan and Sections of Sites: 2 chain and 30 foot - 2 Drawings 4417: DE [District Engineer], Auckland Box 534 Pt 1 PWDW000 31972

R19480303 (1912) Avondale Mental Hospital: Sketch plan of Proposed Building - Auckland: 16 foot - 1 Helio: L Richards Box 553 Pt 1 PWDW000 32306

R19482357 (1903) Auckland Asylums, plans showing accommodation, No. 1 ground floor of main asylum, No. 2 first floor of main asylum, No. 3 ground and first floor of auxiliary asylum, Auckland, scale 20 feet to 1 inch, 8 feet to 1 inch, three tracings (Auckland 2479) Box 687 1 PWDW000 20618

R21065451 (1920-1923) Government Buildings - Oakley Mental Hospital - Auxiliary No 2 Female and General Box 835 Pt 2 24/45

R21092130 (1903) Specification; alteration and additions, Auckland lunatic asylum 1903 Box 80 20542

R22684967 (1903) Auckland - Lunatic Asylum [2 sheets]Box 61 ADO 2479

R22685142 (1926) Avondale Mental Hospital - Auckland - nurses home [4 sheets] Box 88 ADO 8958

R23376141 (1969) Oakley & Carrington Hospitals, Auckland - Medical staff flats block A - building elevations, sections, detail plans, architectural details and schedules. Foundation and roof plans. c. 1906 - c. 1984 Box 55 B.230.12.1

R23377144 (c. 1906 - c. 1984) Oakley & Carrington Hospitals, Auckland - land information, roading, drainage, power, water, steam etc. Plans for whole hospitals or for several buildings. Box 55 BD.230.-.30

R23377085 (c. 1906 - c. 1984) Oakley & Carrington Hospitals, Auckland - hospital development schemes and hospital site plans Box 55 AE.230.-.1

R24536152 (1917-18) 31 August 1917 Subject: Treatment of Leslie Silvester Phillis at Avondale Mental Hospital Box 225 1917/2826

R24855540 (1903) From: Mrs Hendre, Official Visitor [Lunatic Asylum], Auckland Date: 3 February 1903 Subject: All well Box 879 1903/445

R25276933 (1888) Auckland Lunatic Asylum, re Messrs Garratt Bros [Brothers] claim A, Auckland Asylum, scale 10 chains to 1 inch, one tracing Box 9 1-1 PWD 15859

R25276934 (1888) Auckland Lunatic Asylum, re Messrs Garratt Bros [Brothers] claim B, Auckland Asylum, scale 2 chains to 1 inch, tracing in duplicate Box 9 1-1 PWD 15860

R25277099 (1888) Whau Asylum, proclamation taking land (Garrett Bros [Brothers]), Whau Asylum, D.E. [District Engineer] Auckland, scale 3 chains to 1 inch, one plan, one tracing - Original ford [forwarded] by U Sec PW [Under Secretary Public Works] to Hon. Hislop Auckland 30/1/1890. Retd [Returned] 22/3/1890 Box 9 1-1 PWD 16010

R25278102-07 Auckland Lunatic Asylum and auxiliary asylum, plans to accompany report of sanitary condition drawing No. A. block plan of asylum grounds, Asylum: No. 1 plan showing existing drainage, No. 2 plan showing both existing drainage and proposed improvements, No. 3 plan showing proposed improvements only, Auxiliary Asylum: No. 4 plan showing existing drainage and propd improvt [proposed improvements], No. 5 block plan and sketches of sanatorium Rotorua, Auckland Lunatic Asylum, Arthur D. Bell, C.E. [Chief Engineer], various scales, six lithographs Box 9 1-6/6-6 PWD 16667

R25279506-10 (1895) Auckland Auxiliary Asylum Contract, No. 1 ground floor plan, No. 2 1st floor plan and cross sections, No. 3 cross sections, No. 4 front and side elevation, No. 5 amended elevations, Whau Auckland, scale 8 feet and 4 feet to 1 inch, 5 lithographs - Specification 17551 Box 10 1-5/5-5 PWD 17551

R25279511-15 (1895) Whau Lunatic Asylum Auckland, addition to male wing, No. 1 plan and section, No. 2 elevations and section, at Whau Auckland, E in C [Engineer in Chief] and J. Campbell, scale 8 feet and 4 feet to 1 inch, two drawings and two lithographs - Specification 17554 Box 10 1-5/5-5 PWD 17554

R25327433-38 (1900) Auckland Lunatic Asylum, male wing additions 1900 new single rooms, No. 1 plans, No. 2 elevations and sections, No. 3 details, No. 4, 5, 6 original drawings in pencil, Auckland, scale see plans, three lithographs and three drawings Box 12 1-6/6-6 PWD 18870

R25331941-43 (1903) Auckland Asylums, plans showing accommodation, No. 1 ground floor of main asylum, No. 2 first floor of main asylum, No. 3 ground and first floor of auxiliary asylum, Auckland, scale 20 feet to 1 inch, 8 feet to 1 inch, three tracings (Auckld [Auckland] 2479) Box 14 1-3/3-3 PWD 20618

R25332363-69 (1904) Auckland Hospital for Mental Diseases, additions and alterations amended plans 1904, No. 1 ground and upper floor plans, No. 1a Ross ventilatn [ventilation] system, No. 2 side elevation and longl [longitudinal] section, No. 3 basement and roof plan, No. 4 end side and section B.B. thro [through] present kitchen and drainage plan, Auckland, J. Campbell, scale 8 feet to 1 inch, 4 helios [heliographs] and 1 blue print - Specification 20838 Box 14 part 4/1-6/6-6 PWD 20838

R25332062 (1903) Auckland Asylum, Mt Albert Road District water supply (for approval Ho. Min. P.W. [Minister of Public Works]), No. 1 pumping station proposed arrangement, No. 2 engine and boiler house, No. 3 collecting tank, Mt Albert Road District Auckland, Henry H. Metcalfe per D.E. [District Engineer] Auckland, scale 20 feet to 1 inch, 4 feet to 1 inch, three tracings Box 14 Pt 1-4/4-4 PWD 20686

R25331594-97 (1903) New Zealand Asylums, showing accommodation, No. 1 Auckland and Auxiliary Asylums ground and 1st floor plans, No. 2 Porirua Asylum ground and 1st floor plans, No. 3 Mt View Asylum ground floor, No. 4 Mt View 1st floor plan, No. 5 Sunnyside Asylum and Auxiliary ground and 1st floor plans and attic, No. 6 Seacliff Asylum and Auxiliary and similar Auxiliary ground, 1st and 2nd floors Box 14 O PWD 20494

R25342592-97 (1908) Wolfe Bequest Hospital site Auckland, Mrs Baths' house opposite Mental Hospl [Hospital], plan and elevation, Auckland, D.E. [District Engineer] Auckland, scale 8 feet to 1 inch, one tracing (Auckld [Auckland] 3368) Box 18 Pt 1-4/A1/B1 PWD 23540
R25343037-39 (1908) Auckland Mental Hospital, residence for Medical Superintendent, No. 1 ground and 1st floor plans, No. 2 attic plan and sections, No. 3 roof plan and elevations, Auckland, J. Campbell, scale 8 feet to 1 inch, 3 helios [heliographs] - Specification 23698 Box 18 Pt1-3 PWD 23698
R25350597 (1909) Avondale Mental Hospital, laundry machinery, plan of revised proposal for placing machinery, Avondale Auckland, W. Stewart, scale 4 feet to 1 inch, 1 helio [heliograph] Box 19 PWD 25062
R25346750 (1910) Avondale Mental Hospital, laundry machinery, part plan showing proposed arrangement, Avondale Auckland, Kemp, scale 4 feet to 1 inch, one blue print Box 20 PWD 26429
R26289301 (1874-1886) Casebook - Auckland Mental Hospital Box 1 https://ndhadeliver.natlib.govt.nz/delivery/DeliveryManagerServlet?dps_pid=IE90506108

Photographic sources

Auckland Council Archives
Auckland Libraries Kura Heritage Collections Online
Auckland Museum Collections Online
Frank Douglas Mill Collection, Auckland Council Libraries: Heritage Collection
Geomaps Mapping Service, Auckland Council
https://www.aucklandcouncil.govt.nz/geospatial/geomaps/Pages/default.aspx
R23461550 (1930-1973) Oakley Hospital - Auckland Box 496 271
R4056293 (1970) Photographs of Oakley Hospital grounds, Oakley Hospital Chapel, Wolfe Home, Oakley Hospital Buildings, hospital cottage at Orapiu, and M3 Male Security Ward Series 1420 A1560 (Auckland)
Retrolens Historical Image Resource https://retrolens.co.nz/
Te Papa Tongarewa MONZ collections
Urbexcentral (nd, after UNITEC closure) Carrington Hospital https://urbexcentral.com/category/urbex/
Whites Aviation, Alexander Turnbull Library

Section Three:

Heritage Building Evaluations

by DPA Architects

dpa architects

Scope of Report and Authorship

This report evaluates the heritage of three buildings that formed part of the Carrington Hospital complex: a former cow byre / farm shed (Building 28), the first Medical Superintendent's house, which was subsequently converted into The Lodge, a voluntary facility for female patients (Building 55); and a building that was used as an occupational therapy facility (Building 203). As-built drawings and 3D scans recording these buildings have been provided to HUD and Heritage New Zealand Pouhere Taonga but are not included here.

Additional heritage assessments have already been completed for: Auxiliary 3 aka Male Ward 3 (Building 76), which is now demolished; Auxiliary 2 aka Park House (Building 6); and the former nurses' home completed in 1926 (Buildings 8 & 9). These buildings are not dealt with in this report but detailed evaluations, including historical records and as-built drawings at the time of recording, have been provided to HUD and Heritage New Zealand Pouhere Taonga.

This section of the report was written by Debra Millar and reviewed by Dave Pearson of DPA Architects. It has been compiled in keeping with the HNZPT Archaeological Guidelines Series No 1 Investigation and Recording of Buildings and Standing Structures (2018) to a hybrid of Level II and Level III.

Names, Words and Sources

As previously noted, the former Carrington Psychiatric Hospital was known by a number of names throughout its history: Auckland Lunatic Asylum, Auckland Provincial Lunatic Asylum, Whau Lunatic Asylum, Avondale Lunatic Asylum, Auckland Mental Hospital, Oakley Hospital, and Carrington Psychiatric Hospital. The names by which individual buildings were known also changed over time, often as the result of a change to their original use.

More recently buildings within the Carrington Hospital complex have been identified by a number applied by UNITEC. In this section of the report, these numbers are used in conjunction with earlier names by which buildings were known.

Former Cow Byre / Milking Shed (Building 28)

Heritage Evaluation and Building Record

by DPA Architects

dpa architects

HISTORICAL BACKGROUND

The idea of farms and gardens associated with mental asylums dates back to 18th century Britain, when open-air employment was seen as an important component in the 'moral treatment' of patients suffering diseases of the mind.[207] Early asylums in this country followed the British model and were also expected to be self-sustaining communities that produced their own food and sometimes sold it. Asylums were surrounded by their own farms, where able-bodied male patients were expected to undertake farming duties for both therapeutic and economic reasons. Annual reports presented to parliament by the minister in charge of mental hospitals recorded the number of patients involved in productive farm work and the value of farm produce sold until the early 1900s.[208] Female patients primarily worked in the kitchens and laundries and helped with domestic chores.

By 1885, the Auckland asylum farm, which had grown to 139 acres through Crown land purchases, was said to be 'one of the most striking objects of interest on the outskirts of the city'.[209] The enlarged farm meant the asylum was by then self-sufficient for fruit, vegetables, milk and pork with only a farm manager and 'a boy to milk the cows' working with the 'harmless patients'.[210] The Inspector of Asylums' report for 1884 records 23 head of horned cattle at the asylum farm and 'All the milk used in the asylum is produced here and a certain amount of butter is churned.'[211] However, no reference has been found to farm buildings housing these activities.

Within a few years, the asylum's farming operations had further expanded to include a herd of dairy cattle, 50-60 pigs, 63 acres of root and other crops, and another 30 acres in oats and hay. While the asylum at that time was primarily concerned with containing those considered a danger to themselves and others, it was noted that 'the outdoor work is of great benefit to the patients; they are more healthy, eat better, and have a more refreshing night's sleep.'[212]

History of the Building

Research to date has not identified an exact date of construction for Building 28, however it is considered most likely to have been built around 1892-93. One of the challenges posed by researching the building's history is the range of terms applied to farm buildings within the hospital complex that were used for the purpose of maintaining a milking herd. Between 1889 and 1947, these buildings are variously identified as a cow byre, a dairy and a milking shed.

The term 'byre' comes from Britain where it was customary for cattle to be housed in a shelter in winter. However, architect Geoffrey Thornton suggests in *The New Zealand Heritage of Farm Buildings* that in this country a cow byre for dairy cattle was commonly used as a milking shed as the New Zealand climate was milder than Britain, meaning that cattle did not need to be sheltered indoors over winter. Consequently, the term byre and milking shed may have been used interchangeably. Thornton includes examples of cow byres from the late 19th and early 20th century, including one at Kimbolton, which although built from timber includes a grain and hay loft with loading doors at the upper level. Evidence of a similar arrangement of door openings exists in Building 28, while wide doorways in the northern side of the building at ground level would have been large enough for cattle to pass through.

Without original photographs or a more detailed description of Building 28 from the time it was built, its provenance remains uncertain. However, a number of newspaper articles and images have been located that provide clues as to its date of construction and role.

An 1889 newspaper report (included with Appendix I) provides the earliest reference to a 'dairy' at the Auckland asylum, the floor of which was being 'concreted by the patients with Wilson's hydraulic lime'. This description

[207] Claire Hickman, 'Cheerfulness and Tranquility: gardens in the Victorian asylum', *The Lancet (Psychiatry),* December 2014, pp. 506-07.
[208] Appendices to the Journals of the House of Representatives (various).
[209] *Poverty Bay Herald,* 6 May 1885, p. 3.
[210] Ibid.
[211] Annual Report on Lunatic Asylums of the Colony, *AJHR,* 1885, Session I, H-10, p. 6.
[212] 'A Visit to the Avondale Asylum', *NZ Herald,* 9 November 1888, p. 1.

may have related to an earlier building or a single level structure with a roof ventilator, which is shown in later photographs positioned at right angles to Building 28 and which was removed some time in the late 1980s.

In his 1893 Public Works Statement, the Hon. R J (Dick) Seddon, refers to the erection of a 'cattle byre and farm-building' at the Auckland asylum being commenced in February 1892 and completed in December of that year at a cost of £600.[213] Those dates coincide with a newspaper report of 7 September 1892 that records 'The cattle byre at the Lunatic Asylum will be ready for roofing next month and will take some three tons of iron to cover it'.[214] Another newspaper report from February 1894 notes that 'The new farm buildings are finished and are a credit to the Institution', suggesting that the 'cattle byre' may have been part of a larger complex of buildings.

A further reference to what may have been Building 28 is recorded in newspaper reports of the fire that destroyed the first auxiliary asylum building on 21 December of that year. It is reported that 'some of the patients who occupied the auxiliary building can be temporarily accommodated in the concrete farm building at the main asylum'.[215] It is not clear whether this was the 'cattle byre' mentioned above or another building, especially as Building 28 is located some distance from the main hospital building and is in fact closer to what was the auxiliary asylum.

Avondale Asylum.—The erection of a cattle byre and farm-building was commenced in February, 1892, and the work was satisfactorily completed in December last at a total cost of about £600. The labour was done by Asylum patients under an experienced instructor. The work of laying out and asphalting the airing courts has also been completed, except a coat of tar and sand required to finish them. The works of a new system of drainage and irrigation were commenced in December last and are making fair progress.

From the 1893 Public Works Statement by the Hon R J Seddon, Minister for Public Works, *AJHR*, 1893. *PapersPast.*

A Farm Complex

Later maps and photographs show that by 1903 Building 28 formed part of a cluster of farm buildings identified as 'milking sheds' (Figure 6). The earliest photograph located of these buildings shows a lower structure positioned at right angles to Building 28, with another building completing a u-shaped arrangement of covered structures around an open yard (Figure 8).

An undated image from the Auckland Museum collection which is captioned as a 'milking shed done in Wilson's Star Brand cement' could be the 'dairy' referred to in the 1889 newspaper report above. Close examination of that photograph (Figure 3) suggests that it had a ventilator and was rectilinear in shape, matching a building shown in later aerial photographs (Figure 7).

Clough & Associates have dated another image from the same collection of a piggery 'done in Wilson's Star Brand cement' to 1895.[216] An image of a hay store from the same series is also captioned as being made from the Wilson's Star cement brand. All of these photographs are said to have been copied from prints lent by Mrs E R Walker, likely Elizabeth Walker, who was one of the first European settlers in the Point Chevalier area, taking up residence there in 1861 with her husband, Richard.[217]

[213] Public Works Statement by the Hon R J Seddon, Minister for Public Works, AJHR, 1893, Session 1, D-01, 34
[214] *Auckland Star*, 7 September 1892, p4
[215] 'The Avondale Fire', New Zealand Times, 22 December 1894, p2; 'Fire at Avondale Asylum', *New Zealand Mail*, 28 December 1984, p34
[216] 'Wairaka Precinct Archaeological Assessment', Clough & Associates, 2017, p13.
According to Clough, Wilson's Star Brand cement was manufactured from 1885.
[217] Debra Millar, *The Point: a history of Point Chevalier and its people*, 2019, p18

Figure 1 An undated photograph of what appears to be a single level milking shed, described as being 'done in Wilson's Star Brand' cement. This may be the building located at right angles to Building 28 in Figure 6. *Auckland Museum PH-NEG-C15793.*

Figure 2 An undated photograph of the interior of a piggery, located some distance to the south of the milking sheds, which is said to have been built with Wilson's Star Brand cement. *Auckland Museum PH-NEG-C15791.*

Figure 3 A hay store, date unknown, also identified as being constructed from Wilson's Star Brand cement. *PH-NEG-C15792 Auckland Museum.*

As mentioned above, the earliest representation of a building, later known as Building 28, is shown on a site plan from 1903, which shows a u-shaped arrangement of buildings labelled as 'milking sheds'. The plan was drawn by engineer Henry Metcalfe to show the proposed location of a new water pumping station for Mt Albert nearby within the hospital grounds. An external staircase visible in later photographs is represented on the exterior of the northern-most shed, identifying it as Building 28 (Figure 6).

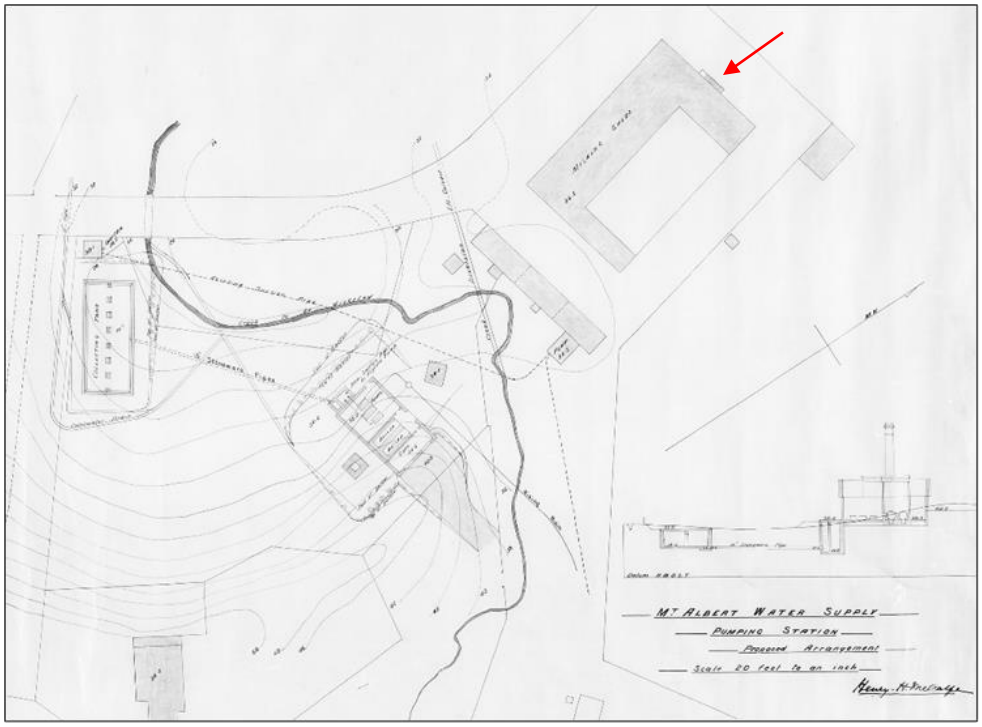


Figure 4 A 1903 site plan showing a u-shaped arrangement of milking sheds to the north of the proposed pumping station. *R25332062 Archives NZ Wellington repository.*

Figure 5 A 1930 aerial photograph of the hospital grounds shows a u-shaped arrangement of farm buildings, with Building 28 enclosing the northern end of this compound. *FDM-0515-G Auckland Libraries Heritage Collections.*

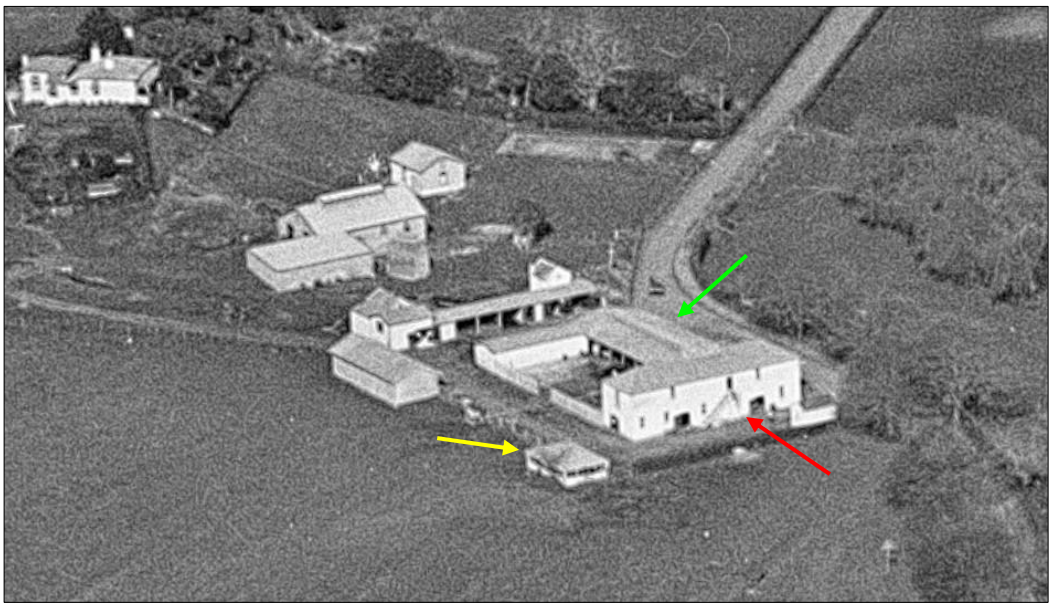


Figure 6 A close-up detail of the 'milking sheds'. Building 28 is indicated with the red arrow. This image provides a clear view of openings in the east end elevation. A single-storey structure, believed to be that shown in Figure 3, is indicated with a green arrow. The structure in front of Building 28 indicated with a yellow arrow may be the hay store shown in Figure 5. A farm manager's house is located at top left. *Auckland Libraries Heritage Collections*.

Figure 7 A 1954 image of the milking sheds complex, with Building 28 located in the centre with a single level structure that appears to contain stalls to the left, and a herd of Ayrshire cattle in the foreground. *'Legacy of Occupation: Stories of Occupational Therapy in New Zealand 1940-1972' p117.*

Further on-site investigations may reveal evidence of the single-storey structure shown positioned at right angles to Building 28 in Figure 8. A door opening is shown at the far end of the milking shed represented in Figure 3, which could potentially have connected this structure with the southwestern corner of Building 28. No visible signs were found of a door opening in this location in Building 28, but two aluminium windows are a more recent modification at this end of the building.

Cows were milked by hand by patients until 1947, when alterations were made to the 'cow byres' by the Public Works Department to allow for the installation of milking machines.[218] There is no record of what these 'alterations' entailed. However, a photograph believed to date from the 1960s-70s, shows cows standing in wooden stalls being milked with machines (Figure 10). This building has not been identified from the cluster of buildings shown in Figure 7.

A 1971 Department of Health plan of the Oakley Hospital site identifies Building 28 as part of a complex of 'farm buildings'.[219] However, it is not known whether the buildings were still being used at that time as milking sheds. By 1985, the farm complex had been partially demolished, leaving just Building 28 and the single level building at right angles to it (Figure 12). By 1988, only Building 28 remained.[220]

[218] Memo from Medical Superintendent Dr Henry Buchanan to The District Architect, Public Works Department Auckland, 18 August 1947, Archives New Zealand Auckland repository R22455521.
[219] Oakley Hospital Functional Accommodation Survey, Department of Health, 11 March 1971, p18
[220] Aerial photograph of hospital grounds 20 March 1988, Survey Number SN8872, retrolens.co.nz

Figure 8 This image of cows being milked is undated but is part of a series of photographs from the c.1960s-70s period. *R4056293 Archives NZ Auckland repository.*

Figure 9 Oakley Hospital market gardens in 1967 with Building 28 at left rear. The exterior staircase appears in tact. *R24730973, Archives New Zealand Auckland repository, photographer Gerald Riethmaier*.

Figure 10 A 1985 aerial photograph shows the milking sheds complex only partially intact, with Building 28 and the single level building at right angles to it remaining. *Survey number SN8515, 28 March 1985, retrolens.co.nz.*

In 2002, Unitec commissioned Mitchell Stout Architects to design a new building connected to the remaining farm building to accommodate its Landscape and Plant Sciences Department. The new building was constructed of precast concrete panels and arranged study rooms, offices and ancillary spaces around a central courtyard in a contemporary interpretation of the Oxbridge model of tertiary buildings. The heritage farm building was retained and integrated into the new building, which received a 2005 New Zealand Institute of Architects New Zealand Award for Public Architecture. The 2002 building was demolished in April 2024.

Figure 11 A plan of Building 28 showing the original farm building at top with study rooms and ancillary spaces arranged around a central courtyard. *Mitchell Stout Dodd Architects.*

Figure 12 Photographs of the heritage building incorporated into the Unitec Landscape and Plant Sciences building designed by Mitchell Stout Architects connected to it. *DPA Architects.*

Chronology of Events

1867	The Auckland Provincial Lunatic Asylum opens.
1889	A farm building, a dairy, is recorded within the asylum grounds.
1892	A 'cattle byre' is constructed.
Feb 1894	New farm buildings are recorded as being completed.
1903	A u-shaped building containing milking stalls is represented on a plan of the hospital grounds. Building 28 appears to form the northern end of this complex of buildings.
1930	The earliest aerial photograph of the Auckland Mental Hospital grounds shows a u-shaped arrangement of farm buildings, including Building 28 at its northern end.
1947	Milking machines are installed.
1985	The u-shaped arrangement of farm buildings is partially demolished, with only Building 28 and another single-level building at right angles to it remaining.
1988	Building 28 is the sole building remaining.
2002	Mitchell Stout Architects design a courtyard building for Unitec's Landscape and Plant Sciences Department which incorporates the heritage building.
2005	The Mitchell Stout Architects' building wins a NZIA New Zealand Public Architecture Award.
2024	The contemporary portion of Building 28 is demolished leaving the heritage building remaining.

DESCRIPTION OF THE PLACE

Location and Setting

Building 28 is located roughly at the centre and on one of the lowest areas of the former Carrington Hospital site, an area that originally encompassed approximately 200 acres (80 hectares) of land stretching between Great North Road to the north, Carrington Road to the east and Te Auanga / Oakley Creek to the west. Originally surrounded by farmland, the site occupied by Building 28 was included in a parcel of 139 acres bought by the Crown in 1879 specifically for the purposes of establishing a larger farm for the asylum.[221] A complex of farm buildings which included Building 28 was located approximately 800 metres from the main hospital building at the northern end of the site and a short distance from the first auxiliary asylum, which housed male patients who worked the farm.

Until the 1970s, the building was surrounded by paddocks grazed by livestock and used to grow crops for the hospital. By the mid-1990s, following the purchase of the former hospital site by Carrington Polytechnic Institute, other buildings were established nearby. Prior to recent demolition work proceeding within the former hospital grounds, Building 28 was located at the centre of a built-up campus of tertiary buildings.

In early 2024, a contemporary addition to Building 28, built in 2002, was removed. This had served as Unitec's Landscape and Plant Services Department and was in the form of a courtyard building containing study spaces, offices and ancillary rooms around a central landscaped space.

Currently, Building 28 is positioned at the centre of a large construction site. Other extant buildings located nearby include the former pumphouse (Building 33), a brick structure constructed in 1909 to provide water to the Mt Albert district; the 1896 Auxiliary No.1 asylum (Building 48) which is currently occupied by Unitec's School of Architecture; Taylors Laundry, a large-scale commercial laundry operation accessed from Carrington Road; the Mason Clinic; Sanctuary Mahi Whenua, a community garden space; and Te Noho Kotahitanga Marae.

The ongoing development of the former Carrington hospital site for residential housing means that the landscape around Building 28 is in the process of being constantly modified as new roading and other services are installed.

Architectural Description and Influences

Building 28 was constructed as a farm building around the early 1890s and is a typical example of a late 19th century utilitarian rural building. It is an unadorned rectangular two-storey building constructed of mass concrete, a material that was first used for farm buildings in New Zealand as early as the 1860s.[222] Concrete walls are now painted, but in some places the original unpainted concrete is visible. It is notable for its concrete construction given that other buildings constructed at a similar time on the asylum site were brick.

Interior walls have now been mostly strapped and lined. The hipped roof is sheathed in corrugated metal and has a ridge ventilator that has been infilled on all sides and shows evidence of having originally been longer. Timber roof trusses that are now painted exhibit evidence of circular saw cuts on the bottom chords. The first floor is carpeted but evidence was found of tongue and groove floorboards, likely to be kauri.

On the ground level, an original concrete partition wall remains in place effectively dividing the space in two. A timber lintel provides a record of an original door opening in this wall. Remnants of a timber post and beam structure in the eastern most space at ground level may indicate the original location of cow stalls.

The building is believed to have been built as a cow byre, with a hay or feed loft located above ground level stalls. Cow byres were a British farming construct, providing shelter to cattle during winter. However, as architect Geoffrey Thornton points out in *The New Zealand Heritage of Farm Buildings*, some farmers upon arrival in New Zealand considered covered buildings for cattle were necessary. 'Some farms had a cow byre for

[221] Clough & Associates, p. 10.
[222] Thornton, p. 16.

dairy cattle, but this was mainly a milking shed and not for complete housing of the animals.'[223] It is not known for certain if the building now known as Building 28 was the cattle byre referred to in the Public Works statement of 1893, although it is considered highly likely. Photographs have been found of similar structures in England dating from the mid-late 19th century (see below). By 1903, however, it was identified as part of a u-shaped complex of 'milking sheds'.

The building retains a number of double-hung timber windows, most of which appear to have been reglazed, and original openings at ground level and first floor level in its north elevation. Upper-level openings may have served as loading doors to the hay loft. An external staircase to an upper doorway visible in a 1930 photograph appears to have been removed sometime during the 1970s but there is evidence of its location on the building's north facade.

The southern and eastern elevations are more modified as a result of an addition to the building in the early 2000s to house Unitec's Landscape and Plant Sciences Department. This addition has now been removed. At an earlier date, another structure, potentially housing milking stalls, was located on the southwestern side of the building.

Examples of Cow Byres

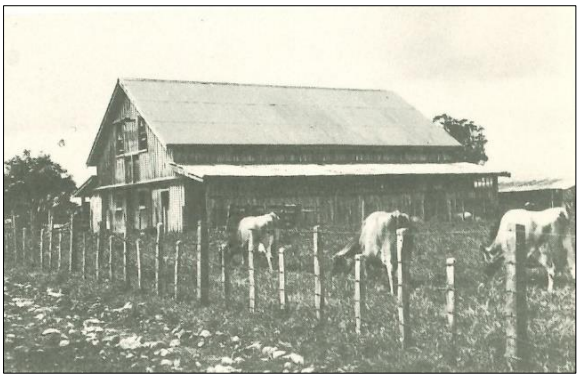
Cow byres originated in the United Kingdom and were a traditional form of winter housing for dairy cattle. Cows were tied by their neck with a chain or rope within a single or two-cow standing. Openings at ground level were wide enough for a cow to enter and exit and the upper level was traditionally used as a hay loft and had loading doors. English byres were simple rectangular structures mostly built of stone.

Cow byre at Schoose Farm, Cumbria, early 19th century.
historicengland.org.uk

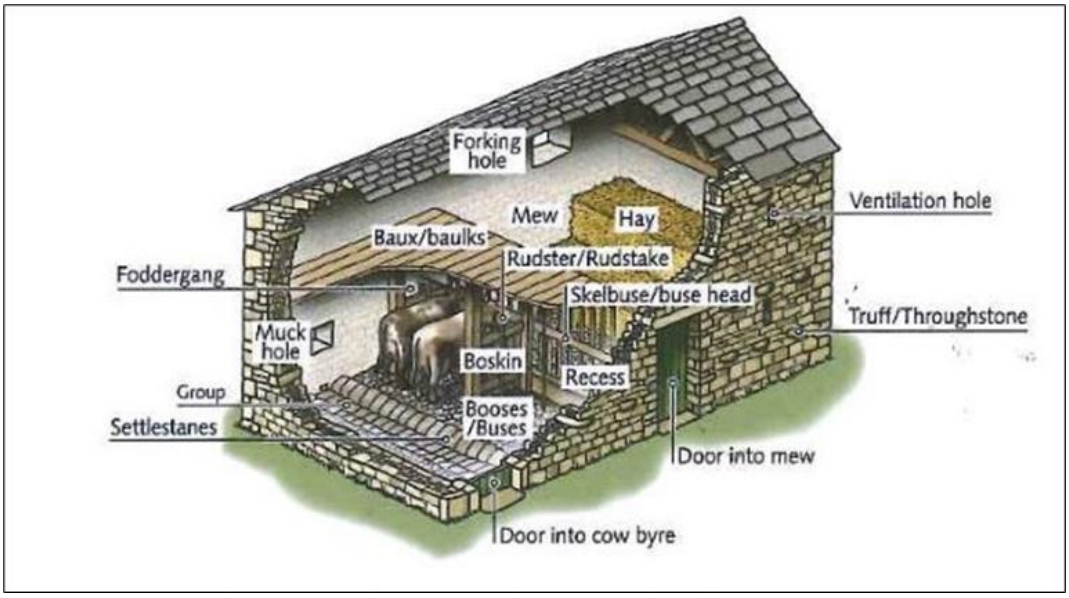
Cow byre at Parsonage Farm, Isle of Wight, c.1830.
historicengland.org.uk

[223] Thornton, p. 13.

Blackheddon Farm cow byres with granary and shelter sheds, 1856. *historicengland.org.uk*



Timber cow byre with hay loft at Kimbolton. *Geoffrey Thornton, The New Zealand Heritage of Farm Buildings.*



A diagram of a traditional cow byre or cow house where cattle were tied in stalls and hay was stored in a loft. *Keld Resource Centre, Yorkshire.*

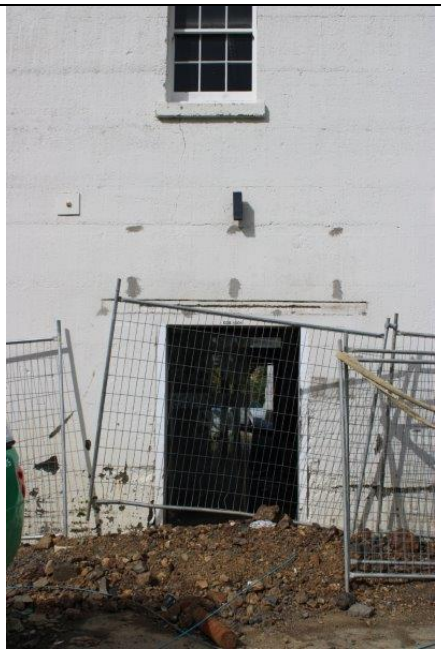
PHOTOGRAPHIC RECORD

The following photographs serve as a record of Building 28. The building was visited on 10 September 2024 and examined from ground level. Surrounding construction works impeded views of the exterior elevations. Internally, the building had been heavily vandalised. Photographs have been reduced in size for inclusion in this report. Matching photographs at a larger file size have been provided separately.

Exterior Record

North elevation

The building's north elevation showing the remnant of a roof ventilator. Openings in this side of the building are original and include two double-hung windows at first floor level plus a door opening originally accessed via an external staircase. Five double-hung windows at ground level are original as are two door openings wide enough to accommodate cattle entering the building. The original concrete finish has been painted white. Four skylights in the corrugated metal roof are recent additions.

	
An original ground level door opening at the west end of the north elevation, and an original double-hung window opening above.	An upper level door opening that was originally accessed via an external staircase, possibly used as a loading door.
	
An original double-hung window opening, reglazed, with a broken sill showing the original cement finish.	Imprint of original staircase to upper doorway is visible on exterior wall.

The northwestern corner of the building. The upper level window opening on the west elevation appears to have been modified and may originally have been a doorway.

Modifications

- 4 skylights installed in corrugated metal roof
- Roof ventilator infilled
- External staircase to upper-level door removed
- PVC downpipes
- Paint

Notable features

- Concrete walls
- Multi-paned double-hung windows
- Upper-level doorway (possibly for access to hay loft)
- Ground-level doorways with timber lintels

South elevation

The two upper level openings in the south elevation are believed to be original (window at western end, door at eastern end). Ground level door and window openings are believed to be recent modifications.

Modifications

- 3 skylights installed in corrugated metal roof
- Remnants of another structure attached to western end of elevation
- 4 window openings with aluminium joinery at ground level
- Door opening at ground level (not believed to be original)
- Graffiti
- Plaster and paint wall finish

Notable features

- Multi-pane double-hung window at upper level
- Original window opening at western end of upper level
- Concrete structure
- Timber lintels at upper level

East elevation

The upper level door opening in the east elevation appears to have been moved to the north (right) based on a 1930 photograph (Figure 8). New timber structure is visible at the top of this wall. A ground level opening at the southeastern corner has been infilled. Evidence of the timber lintel is visible where plaster has been removed (indicated with arrow above). Examination of the 1930 photograph suggests this opening was of a similar width to those in the north elevation and may have been used for stock access.

Modifications

- Repositioned and remodelled door opening at upper level
- Infilled doorway at ground level
- Remnants of another structure attached to end elevation
- Roof vent
- Plaster and paint finish to walls

Notable features

- Concrete structure
- Timber door lintel

West elevation

The upper level window opening appears to have been modified and may originally have been a doorway.

Modifications

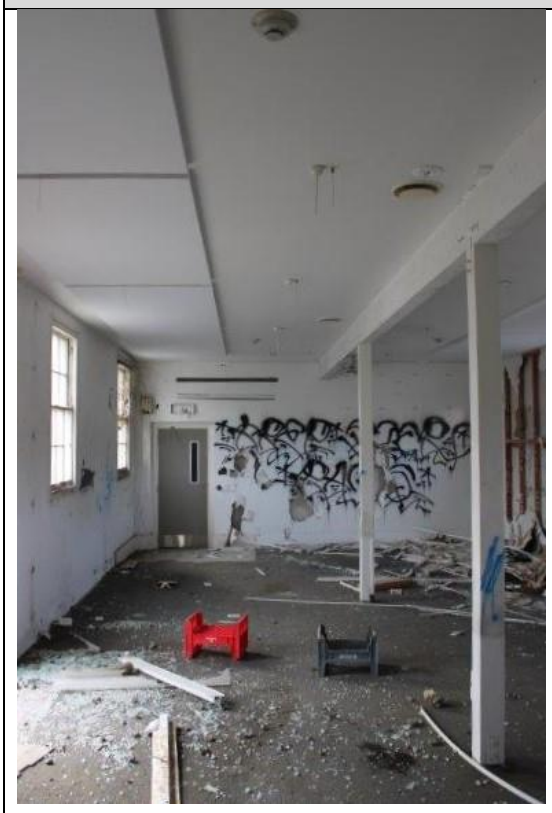
- Window opening modified and infilled with aluminium joinery
- Paint finish

Notable features

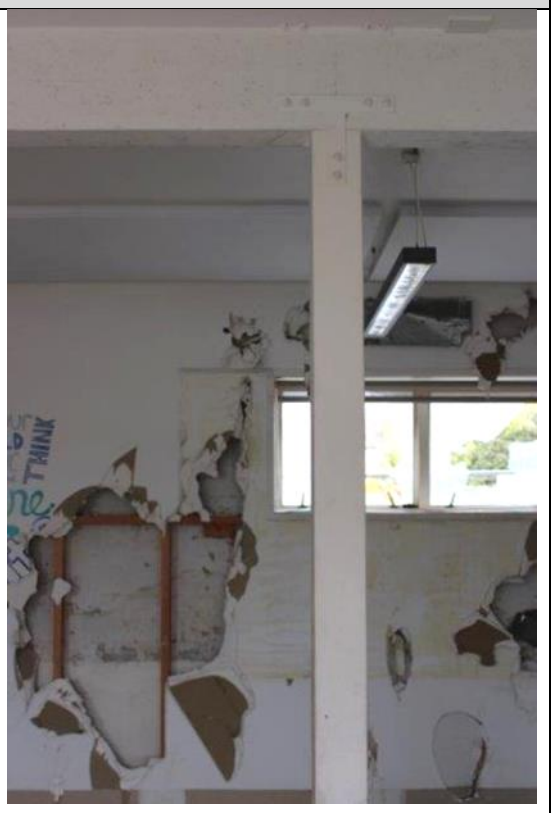
- Concrete structure
- Timber lintel over window opening

Interior Record: Building 28

Ground level



Timber post and beam structure on ground level that may have accommodated cattle stalls.



Original post and beam structure on ground level and concrete wall exposed behind recent lining.

Original concrete partition wall positioned approx. midway between door openings in north elevation.

Original concrete wall and double-hung timber window in north elevation.

Remnant of original unpainted concrete finish.

Original ground floor door opening in north elevation with timber lintel.

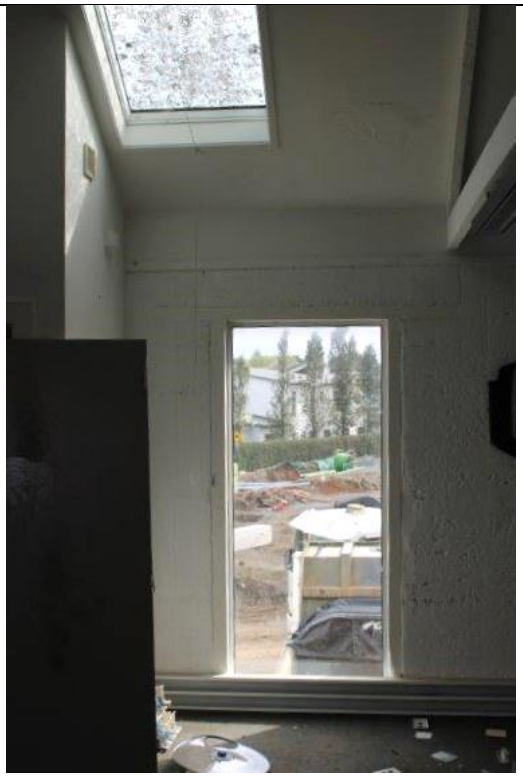
Original tongue and groove timber flooring, to first floor level visible through ceiling hatch.

Modifications	**Notable features**
• Concrete walls strapped and lined with plasterboard • Concrete walls painted • Carpet • New interior doors	• Original interior concrete partition wall with original door opening • Timber post and beam structure • Original window and door openingsConcrete structure

First floor level

Original roof truss structure with evidence of circular saw cuts on bottom 150mm chords. The door opening at the eastern end of this level appears to have been moved to the north. The door opening on the southern wall is believed to have originally been a window.

Sawn-off timber members suggest the roof ventilator, now infilled. The timber truss structure has been painted.



Original doorway in north elevation. Skylights are a recent modification.

Close-up detail of painted cement finish.

Original concrete walls behind plasterboard linings.

Modifications

- Modified openings to east and south walls
- Concrete walls strapped and lined with plasterboard
- Concrete walls painted
- Carpet
- Kitchen cabinetry and fittings
- Internal stairway created at southwestern corner
- Light fittings + skylights
- Paint finish to walls

Notable features

- Timber roof trusses with evidence of circular saw cuts
- Concrete walls
- Original double-hung window

SUMMARY

Building 28 is believed to have been built in the early 1890s as a cattle byre and to have formed part of an early complex of farm buildings at the Auckland Provincial Lunatic Asylum. By 1903 it was shown included within a u-shaped arrangement of 'milking sheds'. However, early reports that are believed to relate to the building describe it as a 'cattle byre' rather than a dairy or milking shed. The building's mass concrete construction is unusual for farm buildings of the time and differs from the brick construction of other buildings added to the asylum grounds between the late 19th and early 20th century.

Although no original drawings have been located and the earliest photograph found is from 1930, the building is believed to retain much of its original form. The north elevation is particularly well preserved, with original window and door openings retained at both ground and first floor levels. An original external staircase on this side of the building has been removed.

The Carrington building, which was almost certainly constructed as a cow byre, bears a strong resemblance to images of English cow byres from the mid-late 19th century with a similar form and arrangement of openings, including upper-level doors likely to have been used for loading hay and ground level openings for stock. Although other examples of cow byres exist in New Zealand, the Carrington building appears to be unique as being virtually a copy of the English model. Inside, original features include a concrete partition wall with an original doorway. The timber roof trusses have been painted but retain evidence of circular saw cuts. On the ground level, there are remnants of a timber post and beam structure that may have been associated with cattle stalls.

The building was incorporated into an addition designed by Mitchell Stout Architects in the early 2000s for Unitec's Landscape and Plant Sciences Department. The building which was the recipient of a NZIA Architectural Award was demolished at the start of 2024. This addition, and its subsequent removal, has resulted in some modifications to the heritage building's southern and eastern elevations in particular. However, there is sufficient evidence of original openings for work to be undertaken to reinstate its original form.

Further information, including Appendices and additional photographs, is recorded in a standalone report on Building 28 already submitted to HNZPT.

The Lodge / Penman House (Building 55)

Heritage Evaluation and Building Record

by DPA Architects

dpa architects

HISTORY OF THE BUILDING

The early 20th century saw a period of ongoing investment in what was by then known as the Auckland Mental Hospital, as well as other psychiatric institutions around the country. Advances in the treatment of psychiatric conditions led to a better understanding of the advantages of early intervention as well as the segregation of patients according to their condition and treatment needs. At Auckland, the Wolfe Bequest Hospital was opened in 1910, on a site located on the opposite side of Carrington Road from the main hospital building. This single-level ward provided patients with a more homely atmosphere and greater freedoms in the hope those with less serious afflictions would recover more quickly. It was laid out around gardens and emphasised 'sunlight and free-air circulation' and offered patients the opportunity to move around more freely.[224]

A new standalone home for the hospital's Medical Superintendent was designed by the Architectural Division of the Public Works Department in 1909 and, by 1910, was occupied by Dr Robert Beattie. Previously the Medical Superintendent had been accommodated in a number of rooms within the main hospital building, which were subsequently converted into additional accommodation for 40 female patients. The Medical Superintendent's new home located at the far southeastern corner of the hospital grounds was a sufficiently well-known landmark to be included as a selling point in a newspaper advertisement for a 1-acre section nearby said to be close to 'Dr Beattie's fine residence'.[225]

As was often the case with new buildings at the hospital site, the first Medical Superintendent's residence was built 'by the staff and patients, with a little outside assistance'.[226] The large two-storey weatherboard house was situated approximately half a mile from the main hospital building, on what was then the corner of Gladstone (now Carrington) Road and Woodward Avenue (now Woodward Road). At the time of its completion, it would have felt reasonably removed from the rest of the hospital, with the closest building the Auxiliary No. 1 ward which was surrounded by open farmland and some distance away. However, the house's elevated position would have provided a commanding view over the entire hospital grounds and farm to the upper reaches of the Waitematā Harbour.

The bay-fronted residence with influences of the English Domestic Revival style comprised 15 rooms on completion, with generous verandahs set beneath low eaves on its northern and western sides. A drawing room and study opened directly off the spacious entrance hall. To the rear of these spaces was a children's playroom, a cloak room and a dining room. Two servants' bedrooms, a kitchen, pantry and scullery were arranged either side of a rear service hall.

On the first floor were four bedrooms, including a spare bedroom and an infant's room. These and a dressing room, sewing room and bathroom facilities were arranged around a generous landing. A steep staircase secreted behind a narrow door provided access from the landing to a spacious attic.

The residence's first occupant, Dr Robert Beattie, had been Medical Superintendent of the hospital since 1897. Room labels on the original plan's suggest his family comprised at least one son and a daughter as boys' and girls' bedrooms are shown on the first floor. The infant's room had a doorway, since infilled, to the 'best bedroom' presumably occupied by Dr Beattie and his wife.

A dressing room on the first floor has since been removed to create a larger landing and the first-floor bathroom area at the rear, which included linen storage, has been partially reconfigured. Both verandahs are now also enclosed and the layout of the servants' quarters at the rear of the ground floor has been modified. However, the internal layout is otherwise little changed from its original configuration.

In 1929, the residence, which was by then home to Dr Henry Buchanan, was deemed to be 'too large for its present purpose'. The Director General of Mental Hospitals proposed in his report for the 1928 year that it should be transformed into a neuropathic unit for female patients along the lines of the Wolfe Home. It was suggested that the house's 15 rooms 'will provide good accommodation for at least twenty patients. A new

[224] Report on Mental Hospitals of the Dominion for 1908, *AJHR*, 1909, Session II, H-07, p. 6.
[225] *NZ Herald*, 17 July 1909, p. 4.
[226] Report on Mental Hospitals of the Dominion for 1909, *AJHR*, 1910, Session I, H-7, p. 10.

Superintendent's house can be built with a view to its saleability when the evacuation of the institution becomes possible.'[227]

Not for the first time, the Mount Albert Borough Council protested against what it perceived as the mental hospital's encroaching presence into the area and the MP for Roskill wrote to the Minister of Health endorsing the council's concerns. But ultimately local objections were to no avail and in 1931 'the Lodge' was opened. It is believed the first-floor verandah was enclosed at this time to create additional sleeping accommodation. It is not known what other changes were made to the building.

A visiting delegation from the Justices of the Peace Association found the Lodge to be 'beautifully appointed just like the home of a well-to-do man in private life' during a visit to the Auckland Mental Hospital in May 1932. 'In it there was the "Pink Room" and the "Blue Room", which were tastefully furnished. This was done to help the patient struggle back to normality, and ordinary surroundings as met with in everyday life were a tremendous factor'.[228]

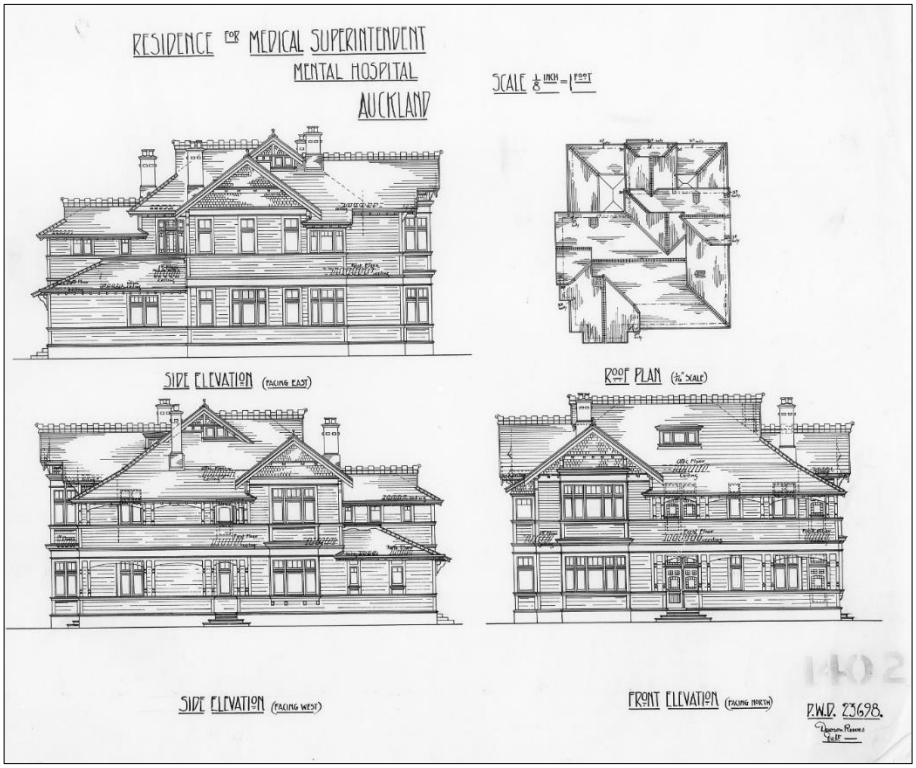


Figure 1 Original elevations of the Medical Superintendent's house. *R25343037 Archives NZ Wellington repository.*

[227] Report on Mental Hospitals of the Dominion for 1928, *AJHR*, 1929, Session I, H-07, p. 2.
The second Medical Superintendent's house completed in 1930 may have formed part of a building within the former Carrington grounds that was demolished in September 2024. DPA Architects had previously photographed the exterior of that former residence. The photographs are included as Appendix II.
[228] *Auckland Star*, 30 May 1982, p. 8.

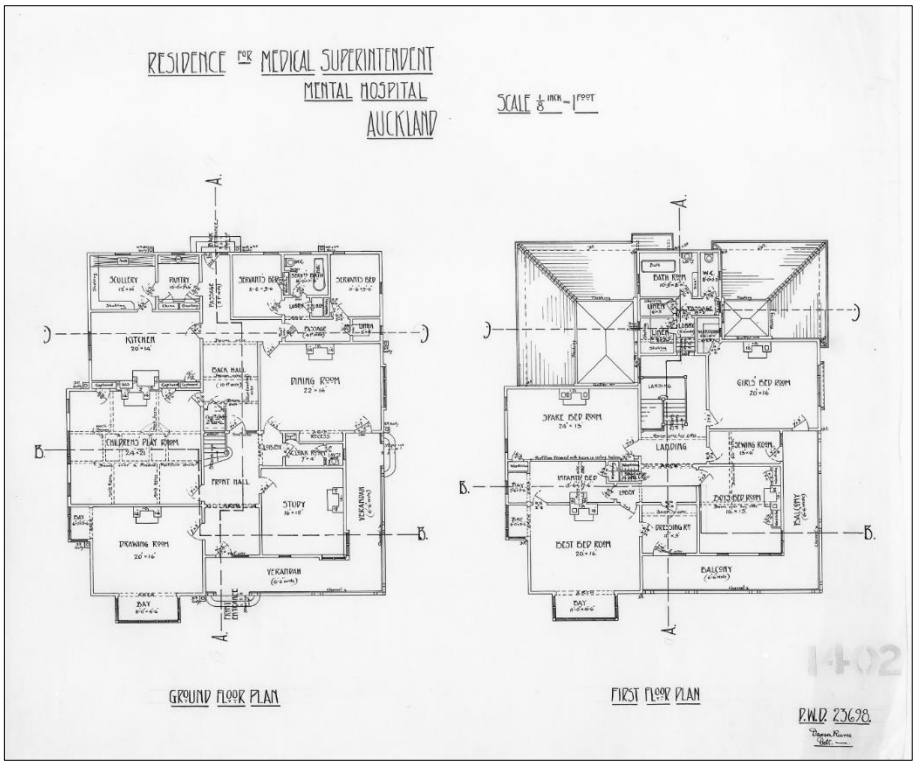


Figure 2 Original floor plans of the Medical Superintendent's house. *R25343039 Archives NZ Wellington repository.*

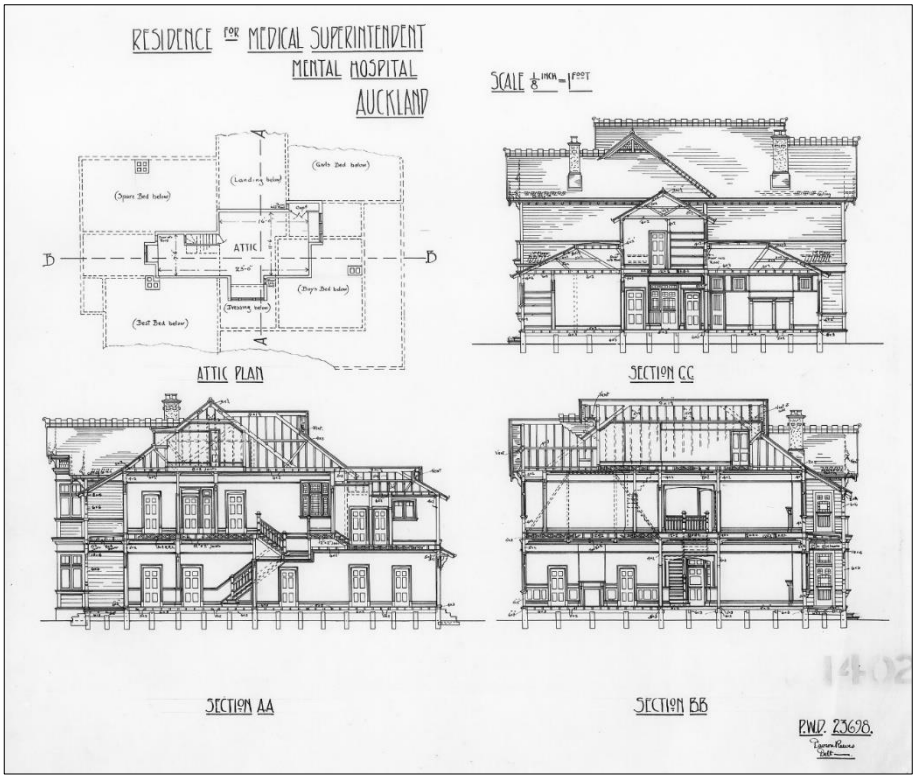


Figure 3 Sections of the Medical Superintendent's house. *R25343038 Archives NZ Wellington repository.3*

The Lodge in Robin Hyde's Writing

No plans have been located documenting the conversion of the Medical Superintendent's residence into the female ward known as the Lodge. However, the New Zealand novelist and poet Iris Wilkinson, better known as Robin Hyde, was admitted voluntarily as a resident in July 1933, just two years after its opening, and she includes detailed descriptions of the building in her autobiographical *1935 Journal*. In all, Hyde spent more than three years living at the Lodge, which she referred to as 'Grey Lodge'. Her journal entries record her day-to-day observations of living there and provide an invaluable record of how the building was organised and furnished at that time.

Much of the following information has been directly quoted from Hyde's *1935 Journal*, which was published for the first time in 2011 in *Your Unselfish Kindness: Robin Hyde's Autobiographical Writings*, edited by Mary Edmond-Paul. Additional information has also been sourced from a 2008 University of Auckland doctoral thesis by Alison Hunt, which examined the impact of Robin Hyde's psychiatric treatment on her writing.

It is worth noting that Robin Hyde's time at the Lodge was somewhat unusual in that she was afforded certain privileges in the course of her treatment. These included having a room to herself – believed to be the first floor 'boy's bedroom' shown on the northwest corner of the first floor in Figure 4. By this time, the balcony outside the room had been enclosed.

The room was furnished with two single beds and referred to as a 'small dormitory' in a furniture requisition list from the time of the Lodge's conversion. It is said by Edmond-Paul to have been the only private room offered to a patient. Hyde also had the use of the attic as a private writing space during her stay. From her writing, it appears that she was also excused from some of the daily domestic tasks expected of other residents.

Figure 4 Lodge resident from 1933-1937, the writer Robin Hyde. *https://www.nzhistorygovt.nz*

As Edmond-Paul observes, Hyde's admittance to the Lodge coincided with a more progressive approach to the treatment of mental illness. Her psychiatrist at the Lodge, Dr Gilbert Tothill, who became Medical Superintendent of the hospital in 1952, encouraged her writing and advised her to write autobiographically 'in order to discover the source of her fears and anxieties'.[229] (Hyde was admitted to the Lodge after a failed suicide attempt and had previously spent time at Queen Mary Hospital at Hanmer Springs.)

As Edmond-Paul notes: 'Her writing development was supported from then on for more than three years, with the provision of a spacious single room and eventually an attic study, parole to do research in libraries, as well as an available reader of her manuscripts (the doctor), who supported her recording her therapy and experience as part of a shared programme to humanise mental illness.'[230]

Voluntary Villas

In 1911, the Mental Defectives Act was introduced in New Zealand which officially replaced the term 'asylum' with 'mental hospital' and allowed patients to admit themselves to mental hospitals voluntarily. This, combined with changes introduced through a 1928 amendment to the act, encouraged early treatment of psychiatric illnesses and introduced smaller government-funded hospitals referred to as 'villas'.[231] These wards were deliberately situated away from the main hospital complex and treated fewer patients in more homely

[229] Mary Edmond-Paul (ed.), *Your Unselfish Kindness: Robin Hyde's Autobiographical Writings*, p. 19.
[230] Ibid.
[231] Warwick Brunton, 'Mental health services - Mental hospitals, 1910s to 1930s', Te Ara - the Encyclopedia of New Zealand, http://www.TeAra.govt.nz/en/mental-health-services/page-3 (accessed 24 October 2024)

surroundings. The Lodge was opened in response to this change in treatment approach and operated as a standalone ward for the treatment of nervous disorders and for patients who were considered suitable for a full recovery. Although it was part of the Auckland Mental Hospital and the public health system, residents were expected to pay board. However, should a patient not be able to pay they would still be treated.[232]

The female residents cooked, cleaned and sewed, activities that were encouraged by the hospital's Medical Superintendent, Dr Buchanan, as a precursor to the formal introduction of occupational therapy for patients the following decade. Alison Hunt's thesis suggests that Robin Hyde 'read, wrote and gardened'.[233] And in her own journal, Hyde speculated that the ward's Matron considered her 'a lazy slut because I write instead of polishing the floors for her'.[234]

As well as access to a private room and study, Hyde was in time allowed to take the tram from Gladstone Road (now Carrington Road) into town and also undertook occasional freelance writing assignments in the city – she had previously worked as a journalist in Wellington and Wanganui. Such liberal freedoms are unlikely to have been granted to other residents and Hyde observes in her journal that 'Few of the patients are allowed out of the grounds alone.'[235]

Although the Lodge was intended to be less institutional, it was certainly not without rules. Hyde writes of being reprimanded for reading after the '9 pm lights-out'[236] and comments that when a nurse seeks her out to say goodbye before going on holiday it is 'Against all rules and regulations, by-laws and inhibitions . . .'[237]

The Lodge's address was given as 37 Gladstone Road, which offered patients some anonymity, and its distance from the main hospital complex no doubt fostered something of a sense of normality for residents. Hyde writes of patients not being admitted unless they are 'well'[238] and draws a distinction between the residential character of the Lodge and 'the worst of all – Park House, a lean brick building, [where] the maniacs are uncompromisingly so'.[239]

She describes the Lodge's location as follows:

> 'It stands on a hill-crest, separated by half a mile's walk from the main building of the Avondale Mental Hospital . . . The house, a private residence and a charming one some years ago, stands fronted with a stiff lawn, flanked by a far better, wild, dreaming old shrubbery. Tulip and magnolia trees, double purple hibiscus . . . a wonderful tall tree covered with thousands of pastel-pink flowers, whose name none of us knows.'[240]

The building is described by Hyde as having a circular driveway out front, enclosing fragrant flowerbeds. At the rear were more gardens tended by patients as well as a tennis court and croquet lawn. A flat grassed area to the southwest of the house is considered to be the likely location of the tennis court.

There is no mention of any outbuildings. However, it is believed Building 56 may have served as a wash house and was possibly used by residents.

Hyde took pleasure in tending her own garden plot and writes of her mother sending 'a box of plants, including orange lily, pink daisies (large and nice), auriculas, gaillardias, pelargoniums (that word is so like a disease.) I have planned a blue bed for the scrubby patch under the trees where nothing will grow – border for forget-me-nots and blue primroses, rows of blue spraxias, blue Iris Lingitanis and centre-piece of blue cinerarias. The nearer bed already sprouts freesias, anemones, ranunculi, green ixias, black-eyed Susans, daphne, daffodils, boronia – I want Iceland poppies and pansies too.'[241]

---

[232] Edmond-Paul, *Your Unselfish Kindness,* p. 26.
[233] Alison Hunt, '"The Cage with the Open Door": Autobiography and Psychiatry in the Life and Works of Robin Hyde', p. 187.
[234] Attributed by Alison Hunt to Robin Hyde's *1935 Journal,* 26 April.
[235] Hyde's *1935 Journal* published in *Your Unselfish Kindness,* p. 203.
[236] Quoted by Edmond-Paul, p. 32.
[237] Hyde's *1935 Journal,* p. 210.
[238] Ibid., p. 202.
[239] Ibid. p.194. Park House (Building 06) was built as the Auxiliary No. 2 ward for female refractory patients.
[240] Hyde's *1935 Journal* published in *Your Unselfish Kindness,* p. 202.
[241] Ibid., p. 226.

In her thesis, Alison Hunt suggests that gardening was a precursor to Dr Buchanan's pioneering occupational therapy treatments in the 1940s. He had earlier had part of the female airing court at the main hospital converted into a garden and wrote that 'The patients thoroughly appreciate this change and show active interest in the cultivation of flowers and shrubs'.[242]

Inside the Lodge

Hyde's autobiographical journal provides a detailed description of the Lodge's interior, with the ground floor said to contain a kitchen, dining room, sitting room and two nurses' bedrooms – each described as a 'cubbyhole' so most likely the former ground floor servants' bedrooms. She also writes of the 'Pink Dormitory' on the ground floor, which may have been converted from either the original playroom or study, the playroom being the larger of the two.

A photograph from around this time suggests the ground level balcony remained open (Figure 8). According to Hyde the upper balcony had been enclosed to accommodate four patients 'in amazingly squeaky galvanised iron beds'.[243] On the first floor was her own room – thought to have been identified as a 'boy's bedroom' on the original plans – along with another three dormitories assumed to be the best bedroom, girl's bedroom and spare room on the original plans. Hyde describes her room as 'wide and light-coloured, with a flowery wallpaper' and a white mantel over a fireplace, which she notes is never used.[244] A requisition list for the Lodge conversion includes the following furnishings for what would have been Hyde's room, suggesting it was comfortably furnished: 2 wooden bedsteads, 2 mattresses, 2 bedside rugs, 1 hearthrug, 3 pictures, 1 fireside companion, 1 small rimu table, 2 bedside chairs, 1 chest of drawers with mirror, 1 chair seagrass, 2 vases.[245]

Her writing room in the attic is described in an unpublished essay, thought to have been written in 1936 and published in *Your Unselfish Kindness*:

> This, except for the actual roof-peaks, is the highest point of the house – the attic; unfurnished except for a light-weight table, a bench, and a typewriter. The little windows look out in one direction over a quiet, countrified road, its right-hand pavement plunged under heavy-seeded masses of yellow grass. Behind the grass fringes are three or four red-capped houses – the abodes of the staff doctors, and further down the road the nurses' home. And again, behind the green lawn-and-rockery patches tilled out for these houses, the fields, changing from green now to the ripened look of summer. A clay road cuts them in half, and along it trundles the old wagon, laden with great bundles of fresh-cut hay . . . The big farm, theoretically at least, is supposed to pay for itself. There are vegetable gardens, squawking poultry, demurely patterned strawberry and white cows, like china cattle, even pigs . . . Around this old house with the attic, doves circle like silver boomerangs. It is far more like a private home than the brick and stone buildings, and, indeed that is exactly what it was, years ago. One doctor lived in it, then another, before it was decided to convert the place into a women's convalescent ward, and in some respects a show place, of the Mental Hospital.[246]

Although Hyde observes that some Lodge patients 'vanish to the Main Building' she writes also of treatment successes. 'Many, a great many, get better and depart.'[247] In his 1934 report to the Minister in Charge of the Department of Mental Hospitals Dr Buchanan also notes:

> The Lodge continues to be of the greatest service. Under the conditions there the patients seem to be better adapted to take up their home life again. The result is that there are fewer re-admissions, and those that in the course of events are bound to have recurrences of their malady stay a long time well in the outside world.[248]

[242] Quoted from Alison Hunt's thesis in *Your Unselfish Kindness*, p. 131.
[243] Hyde's *1935 Journal* published *Your Unselfish Kindness*, p. 194.
[244] Ibid., p. 195.
[245] *Your Unselfish Kindness* footnote, p.195.
[246] 'Essay on Mental Health', published in *Your Unselfish Kindness*, p. 298.
[247] From Hyde's *1935 Journal*, published in *Your Unselfish Kindness*, p. 203.
[248] Report on Mental Hospitals of the Dominion for 1934, *AJHR*, 1935, Session I, H-07, p. 4.

Hyde ended up discharging herself from the Lodge in March 1937, two months after her primary care giver and trusted confidante, Dr Tothill had left to become Medical Superintendent of Tokanui Hospital in Waikato. She spent the next two years writing and travelling, first to Sydney, then to China and on to the United Kingdom – no small undertaking given the geopolitical instabilities of that time. Her autobiographical novel *The Godwits Fly*, which was partially written at the Lodge, was published in late 1938. In August 1939, while living in the United Kingdom, she took an overdose and committed suicide. She was discovered by a New Zealand Embassy official hoping to arrange her return to this country.

Dr Tothill returned to the Auckland Mental Hospital as Medical Superintendent in 1952 following the retirement of Dr Buchanan.

SUGGESTED ADDITIONAL WARD FOR MENTAL HOSPITAL, at the corner of Woodward Street and Gladstone Road. Ratepayers have protested to the Mount Albert Borough Council against the extension of the Mental Hospital in this district.

Figure 5 The Medical Superintendent's house prior to its conversion into the Lodge, showing the open verandahs still in place at ground and first-floor levels. *Auckland Sun, 1 February 1930.*

Figure 6 The Lodge, showing the enclosed first-floor balcony which accommodated four patient beds according to Robin Hyde. *R4056293 Archives NZ.*

Figure 6 A 1949 aerial photograph of the Auckland Mental Hospital grounds showing the Lodge indicated with red arrow. The second Medical Superintendent's house is believed to be the building indicated with the green arrow. The main hospital complex is at the bottom of the image. Park House is indicated with the yellow arrow. *Alexander Turnbull Library, WA-20751-F.*

Later Years

The Lodge was still in use in 1971, when a Department of Health accommodation survey records it as a 26-bed psycho-geriatric female ward.[249] The Baptist City Mission Board is believed to have leased the building in 1973 with the idea of operating a hostel for former Oakley Hospital patients. Instead, it was transformed into a supervised hostel for psychiatric patients on leave[250] and renamed Penman House, supposedly after Mount Albert resident and former World War 1 prisoner of war, Jack Penman.[251]

It was purchased by Carrington Polytechnic in 1993 together with all of the land and buildings within the former Carrington/Oakley hospital grounds. Most recently it was used by Unitec as Facilities Management offices.

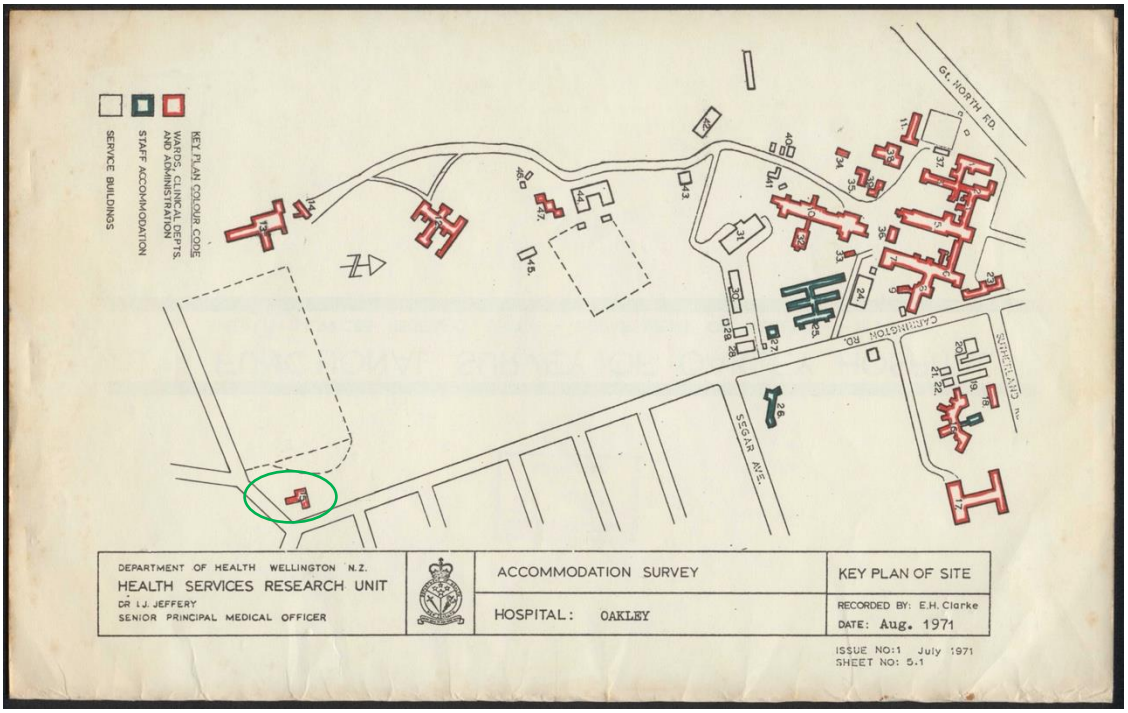


Figure 8 The Lodge, circled, is identified in a 1971 patient accommodation survey as being used as a psycho-geriatric ward. *Functional Survey of Oakley Hospital, R219995, Archives NZ.*

[249] Patient Accommodation Survey: Oakley Hospital, Department of Health, 11 March 1971, Archives New Zealand R219995, p. 9.
[250] Lisa Truttman, https://timespanner.blogspot.com/2012/09/unitecs-penman-house.html
[251] Ibid.

Chronology of Events

1910	Dr Rober Beattie, Medical Superintendent of the Auckland Mental Hospital, moves into a 15-room residence built at the far southeastern corner of the hospital grounds close to the intersection of Gladstone Road and Woodward Ave.
1929	The Minister in Charge of Mental Hospital's suggests the 15-room residence is too large for its present purpose and proposes converting it into a female neuropathic ward.
1930	A new residence for the hospital Medical Superintendent is completed, leaving the first residence vacant for conversion into a female residential ward.
1931	The Lodge opens with accommodation for 23-24 female patients.
June 1933	The writer Robin Hyde is admitted to the Lodge.
1934-1936	Robin Hyde's autobiographical writing records her observations of the Lodge and the layout of the residence and grounds.
1971	A Department of Health patient accommodation survey records the Lodge as providing accommodation for 26 psycho-geriatric patients.
1973	The Lodge is leased by the Baptist City Mission Board and becomes a supervised hostel for psychiatric patients on leave.
	The building is renamed Penman House.
1993	Carrington Polytechnic acquires the former Carrington Hospital site.
c. 2021	Unitec vacates Building 55.

DESCRIPTION OF THE PLACE

Location and Setting

The former Medical Superintendent's house, later known as the Lodge and more recently identified as Building 55 within the Unitec campus, occupies an elevated site at the far southeastern corner of the former Oakley/Carrington hospital grounds. The building served as the Medical Superintendent's residence between 1910 and 1930, when it was converted into the Lodge, a voluntary villa for around 23 female psychiatric patients, which opened the following year.

The former residence is positioned on a relatively prominent site close to the intersection of Carrington Road and Woodward Road in Mt Albert, from which the ground level slopes to the west. When viewed from the road, only the top storey of the building is readily visible as it is set below the level of the road and vegetation is planted along the eastern boundary.

The two-storey weatherboard building is approached from the north via a short tar sealed driveway which has a circular area of lawn at its centre. A large Norfolk pine is growing within this circular island. The tar seal drive extends along the eastern side of the house and to the rear southern side of the house. A narrow, sealed path extends along the house's western side, where large trees partially obscure the building. A metal fire escape, which is a later addition, is positioned on the house's northwest corner.

The main entrance to the building is on its northern side. A rear entrance with ramped access is located within an enclosed porch on the building's southern side. There is a third recessed entrance on the western side of the building, which originally led to the ground floor verandah prior to it being infilled. Beyond the tar sealed parking area at the rear of the main building is a small rectangular building clad in matching weatherboards with a corrugated metal gable roof. This building is known as Building 56 and is thought to have functioned originally as a wash house. To the west of this structure is a flat grassed area of the approximate size of a tennis court, which is considered to be the likely location of the tennis court referred to by Robin Hyde in her journal.

	
The north elevation, showing the driveway with circular lawn and Norfolk Pine at its centre.	The east elevation viewed from Carrington Road footpath.

	
Building 56 located to the rear (south) of the main building. This smaller building may have housed a laundry.	The west elevation of Building 55, from which the ground falls steeply away to the west.
	
A flat grassed area to the southwest of the main house is considered to be the likely location of a tennis court.	A brick wall and steps leading from the grassed area to Woodward Road.

Architectural Description and Influences

The former Medical Superintendent's residence is a substantial two-storey weatherboard house with Edwardian villa, English bungalow, Arts and Crafts and even Queen Anne influences expressed externally and within the interior detailing. In its original form, wide wrap-around verandahs shaded by low eaves were located on its north and western sides. Internally, a range of decorative finishes convey the original status and function of individual rooms.

The exterior form of the house has been significantly modified, and somewhat confused, by the ground and first-floor verandahs being enclosed at different times. The original verandahs were over 2 metres deep and the roof eaves that stretched out to their perimeter were supported on turned verandah posts, of which only two remain on the north and west sides. The wide verandahs and generous roof overhangs as represented in the original drawings of the house and a 1930 newspaper photograph (Figure 7) are typical features of Edwardian era homesteads. However, the addition of the verandah posts and slender chimneys with corbelled tops introduces a Queen Anne influence.

The roof consists of a dominant gable intersected by a number of smaller gables and secondary roofs, as found in early bungalows. The roof was originally slate (now corrugated metal) and was surmounted with a decorative ridge cresting that has since been removed. Rafters are expressed below the roof eaves.

Awnings clad with shingles on the double-height bay at the front of the house do not appear on the original drawings and are believed to have been added at a later date, although they are in place in the 1930 newspaper photograph. Awnings, not thought to be original, are also located over three first-floor windows on the east elevation and windows on the west elevation. These awnings appear to have been recently reclad in painted plywood.

Gable end walls are clad in shingles and have a row of timber corbels supporting the upper section of shingles. A horizontal band of shingles also runs around the north and west elevations at first-floor verandah height. It is not clear whether these are original or were added when the verandah was enclosed.

Most of the exterior timber joinery has been retained, including that at first-floor level where the verandah has been infilled. On the ground floor, windows have been removed from the former study located on the northwest corner to extend it through to the enclosed verandah. Original exterior doors feature a grid of small glass panes around a larger central window. These doors appear to have been reglazed. Timber casement windows are surmounted by divided fanlights, some of which have been replaced with louvres. A decorative stained-glass window in the elevation above the stairwell exhibits art nouveau-inspired detailing.

The rear (south) elevation is not represented in the original drawings, possibly because it was the service entry and so considered to be of little importance or a sheet is missing from the set. However, modifications here include an enclosed porch, louvres in some window openings and an access ramp likely to be a recent addition.

	
Gable end walls are clad in shingles with timber corbels supporting an upper section of shingles. Casement windows are positioned below divided fanlights.	Turned verandah posts at the front entrance. The exterior is clad in rusticated weatherboards.
	
The roof is a series of intersecting gables and secondary roofs.	Awnings on the north-facing double-height bay are not believed to be original.

Interior Description

The interior plan of the former residence is largely unchanged from its original form and the separation of public and service areas remains clearly legible at ground level. Public reception rooms open off a generous central front hall and have a greater degree of ornamentation to match their status.

As with the exterior of the house, inside villa, bungalow and Arts and Crafts influences are present in the detailing, in some cases combined within the same rooms. Skirtings and architraves differ between some rooms, and as might be expected a plainer style of decoration is employed in the service areas, which open off a back hall leading to the kitchen and servants' quarters.

The original drawing room to the left (east) of the front entrance has a decorated plaster ceiling and cornice and decorative plaster ceiling roses. A bay window on the northern side of this room and a smaller bay window on the east are framed by moulded timber arches, which are a design feature employed throughout the most important rooms of the house. The original fireplace in this room, like all fireplaces, has been covered over.

The original study to the right (west) of the entrance has had original window openings removed so that it now extends into the enclosed verandah space. It retains a decorative cornice, believed to be pressed metal and timber skirtings that match those in the drawing and dining rooms.

In the original dining room, an ornate plaster ceiling and ceiling roses remain intact. However, the original gridded exterior door to what would have been the verandah has been replaced. An arch has been removed from a recess that most likely accommodated a serving sideboard.

'Mock' beams, walls with timber panelling and battens to door height and deep square skirtings are all suggestive of bungalow influences in the children's playroom but were perhaps also employed as a more robust environment for energetic games. This room straddles the public front and rear service areas of the house and provides the clearest depiction of design details responding to this variation in status. Two doorways within the same wall are at different heights and have panelled doors of differing designs – the higher doorway leads to the front hall, the lower one is for servants' access from the back hall.

Beyond the doorway that delineates the transition from the front to back hall ceilings are lower and clad in narrow corrugated 'sparrow' iron. The original layout of the servants' quarters has been slightly modified but is still discernible. Two bedrooms measuring approximately 3.5m x 2.7m were located in this area either side of a shared bathroom.

From the front hall, a timber staircase leads to the original upstairs bedrooms. The staircase provides an illustration of the house's differing design influences, with more ornate turned newel posts on the middle and upper landing contrasting with the simple Arts and Crafts detailing of the timber balusters and bottom post.

Bedrooms are generous in size and originally each had a fireplace. A bay window seat occupies the north side of the main 'best' bedroom and a smaller bay is located to the east. Here the same arched detail framing the bays is repeated from the drawing room below. A board and batten ceiling is bordered by a decorative cornice, believed to be pressed metal.

A dressing room adjacent to the main bedroom has been removed, extending the central landing through to the verandah. The arch detail has been removed from the bay window in what was the infant's room and a doorway from here to the main bedroom has been infilled.

Behind a narrow door on the eastern side of the landing, a steep timber staircase leads to the attic, which is a room in its own right. The ceiling here is also sparrow iron. Dormer windows are positioned on the north and west sides of the attic space and deep cupboards are set into its outer extremities.

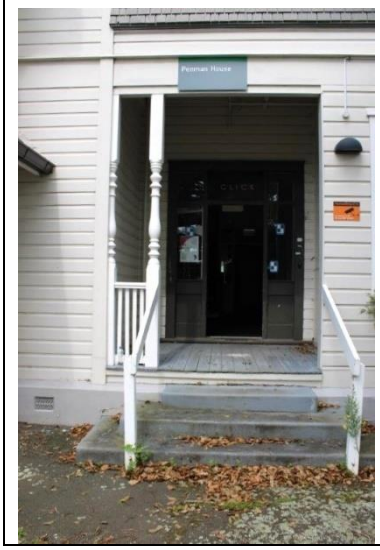
Some panelled timber doors remain internally and these include a mix of villa and bungalow styles. Original architraves and skirtings mostly remain in place and also differ in style from room to room. A tongue and groove and reeded timber dado is present in the ground floor service hall. The enclosed first-floor verandah retains original exterior rusticated weatherboards and rafters. Tongue and groove floors believed to be matai, a material that was widely used at the time of the house's construction, have been mostly carpeted or covered in vinyl.

PHOTOGRAPHIC RECORD

The following photographs serve as a record of Building 55. The building was visited on 10 September 2024 and 25 October 2024 and examined from ground level. Photographs have been reduced in size for inclusion in this report. Matching photographs at a larger file size have been provided separately. Shaded floor plans indicate the location of photographs within Building 55. Rooms are identified by their name as appears on the original 1909 drawings.

Exterior Record

North elevation



Modifications

- Verandahs infilled at ground floor and first floor level.
- Slate roof replaced with corrugated metal.
- Chimney pot on northeast chimney replaced.
- Fire escape added to northwest corner of building.
- Horizontal band of shingles added at first-floor level, most likely when verandah was enclosed.
- Shingle awnings added to bay windows.

Notable features

- Square bay frontage
- Timber shingle-clad gable end with cornice detail, corbels and brackets
- Rusticated weatherboards
- Turned verandah posts to left of entrance
- Dormer window

East elevation

Modifications

- Plywood awnings on three first-floor windows
- Glazing replaced with louvres in southeast window at first-floor level (bathroom)
- Slate roof tiles replaced with corrugated metal
- Chimney pot replaced (former scullery)
- Fire sprinkler shed added to southeast corner
- Doorway, now boarded over, in southeast corner of children's playroom

Notable features

- Shingles on gable end wall and timber corbels
- Symmetrical arrangement of windows
- Divided fanlights
- Decorative art nouveau-style stained glass window at first-floor level

South elevation

Modifications

- Enclosed porch and access ramp added at ground level
- Glazing replaced in ground floor windows to former scullery and pantry (southeast corner)
- Louvred windows added to first-floor bathroom (not present on original drawings)
- Mechanical ventilation units and plumbing pipework added to exterior wall at ground and first-floor level
- Glazing replaced in ground floor window to former servant's bedroom
- Slate roof tiles replaced with corrugated metal

Notable features

- Timber corbels in attic gable end

West elevation

Modifications

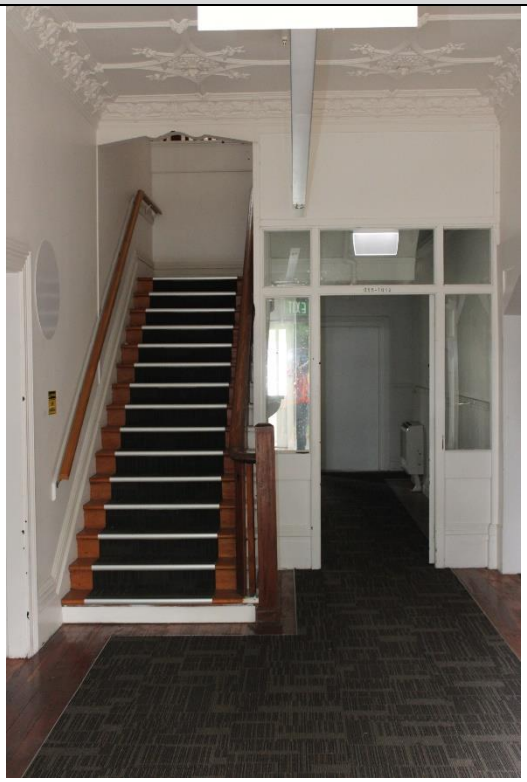
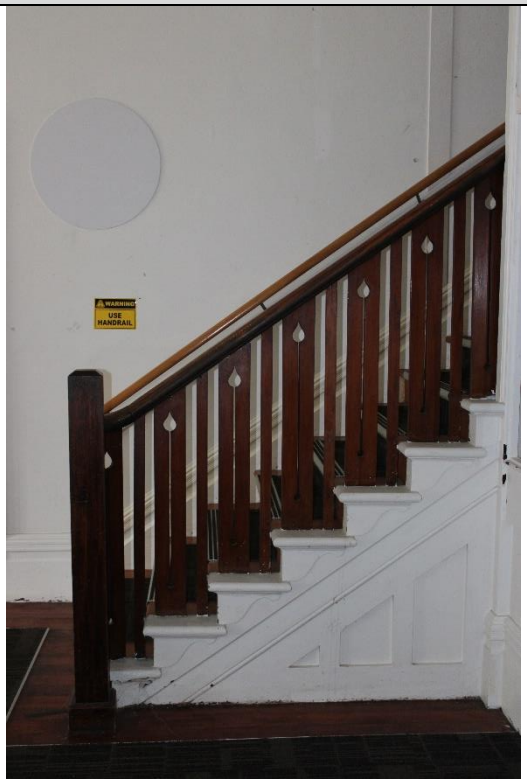
- Awnings re-roofed on ground and first-floor windows (former dining room and girl's bedroom)
- Verandah enclosed at ground and first-floor levels altering bay
- Metal fire escape added at northwest corner
- Mechanical ventilation units added

Notable features

- Remaining turned verandah posts
- Shingles on gable end walls with timber corbels
- Dormer window

Interior Record

Ground Floor

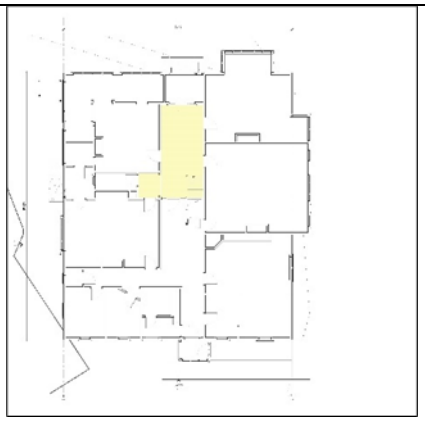
Front hall	
	
	

Modifications

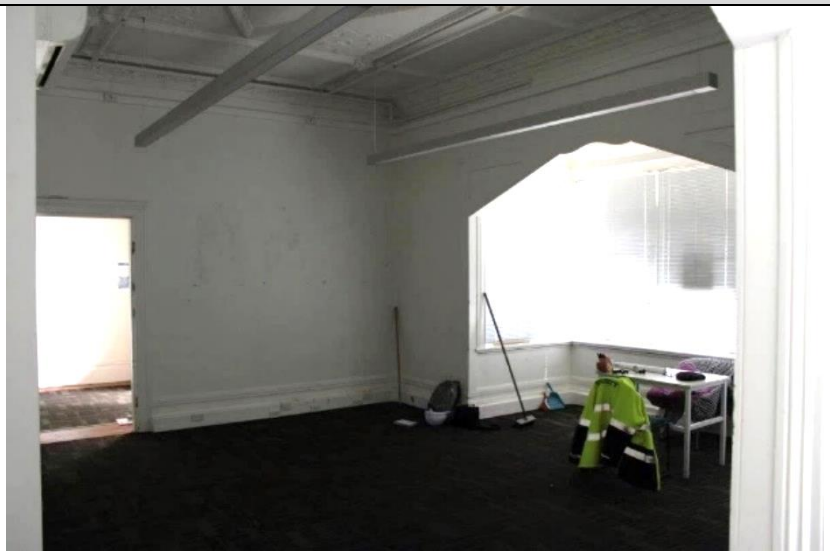
- Additonal handrail to left wall of staircase
- Carpet overlay to tongue and groove timber flooring and stair treads
- Ground floor newel post plainer version of turned posts on first floor (possibly replaced)

Notable features

- Decorative plaster ceiling and cornice
- Timber staircase (possibly kauri) with balusters (possibly rimu) with Arts and Crafts decoration
- Glazed door surround to back hall which matches the design of the front entrance door surround with the exception of diagonal panelling
- Arch surround to lobby outside former cloak room and dining room



Drawing room



Modifications

- Fireplace walled over
- Carpet
- Electrical trunking and pendant light fittings
- Blinds

Notable features

- Decorative plaster ceiling and cornice
- Arch surround to bay windows
- Recessed shelves in southeastern corner of room

Study

Modifications

- Fireplace walled over
- Carpet
- Windows removed and openings to enclosed front verandah

Notable features

- Decorative cornice

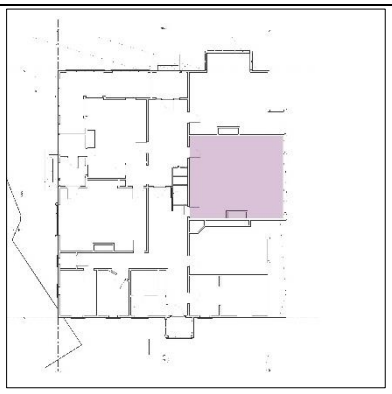
Children's playroom

Modifications

- Fireplace walled over
- Carpet
- Door to cupboard in southeast corner removed
- Light fittings, fire sprinkler pipework and wall-mounted heat pump

Notable features

- 'Mock' beam ceiling structure
- Wall panelling to door height
- Plain skirting
- Differing door heights and panelled doors to front and back halls



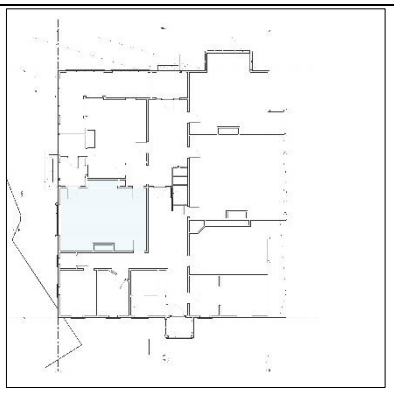
Dining room

Modifications

- Fireplace walled over
- Original arch surround to recess removed
- Carpet
- Light fittings, fire sprinkler pipework and wall-mounted heat pump
- Blinds
- Original gridded external door to verandah replaced

Notable features

- Decorative plaster ceiling, cornice and ceiling roses



Back hall

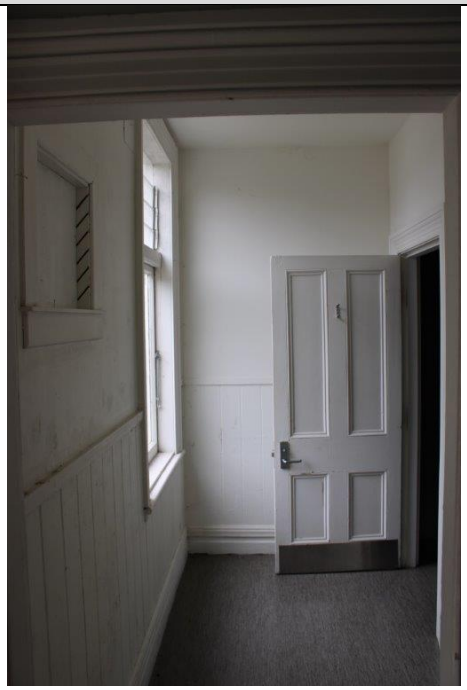
Modifications

- Carpet overlay to tongue and groove flooring
- Light fittings, fire sprinkler pipework and wall-mounted heat pump
- New door openings to original servant's bedroom

Notable features

- 'Sparrow' iron ceiling
- Timber tongue and groove and reeded dado
- Timber panelled and glazed door within glazed joinery surround

Servants' quarters



Modifications

- Modified layout
- New opening to enlarged bathroom
- Vinyl floor coverings
- Louvred windows
- Light fittings

Notable features

- Timber tongue and groove and reeded dado

Kitchen, scullery and pantry

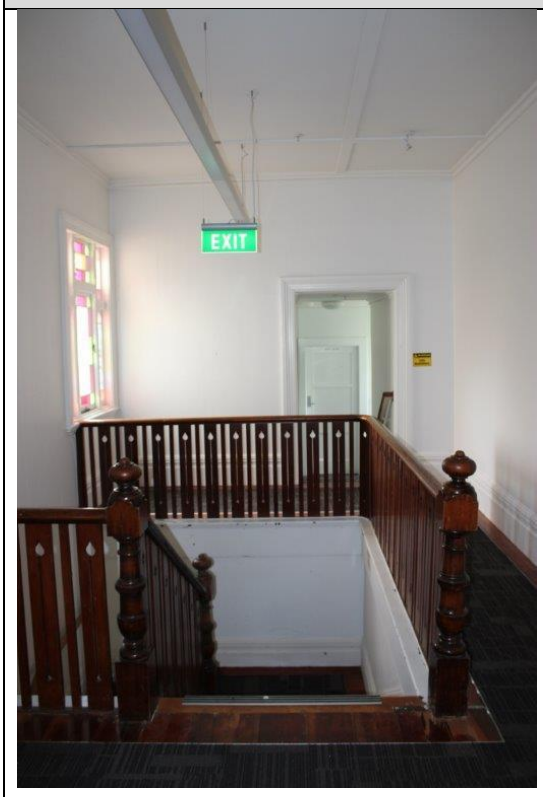
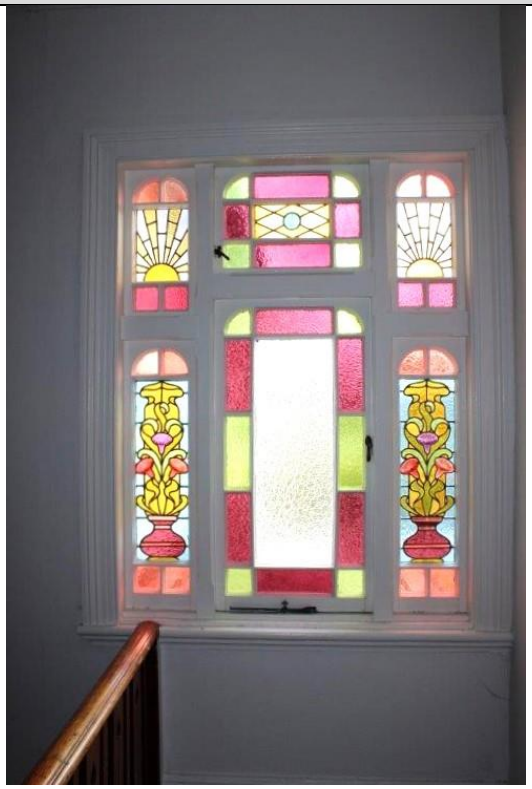
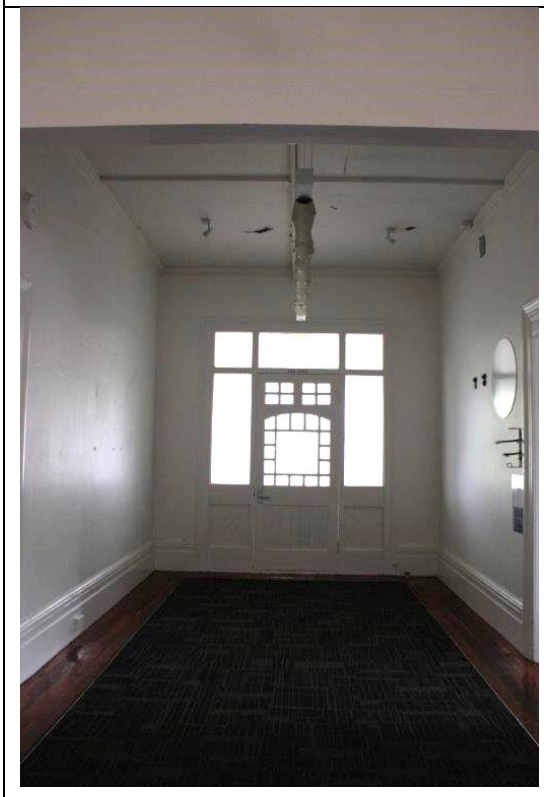
Modifications

- Built-in shelving in place of cooking range and cupboards
- Light fittings
- Blinds
- Carpet and vinyl floor coverings
- New kitchen fittings

Notable features

- Corrugated metal ceiling
- Timber panelled door
- Timber tongue and groove dado to pantry

First floor

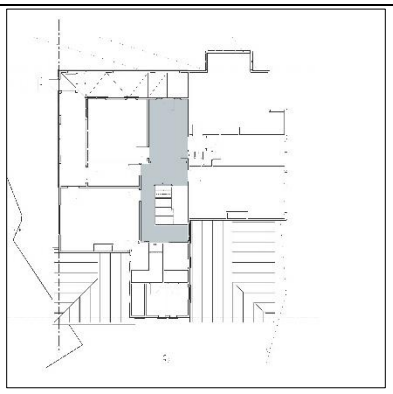
Staircase and landing	
	
	

Modifications

- Original dressing room removed to extend landing through to verandah
- Light fittings and fire sprinkler pipework
- Carpet

Notable features

- Board and batten ceiling
- Stained glass window
- Timber balusters with Arts and Crafts detailing
- Turned timber newel posts



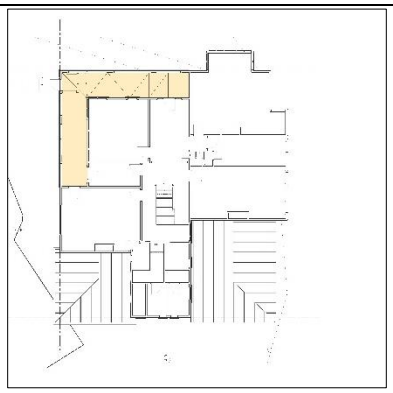
First floor verandah

Modifications

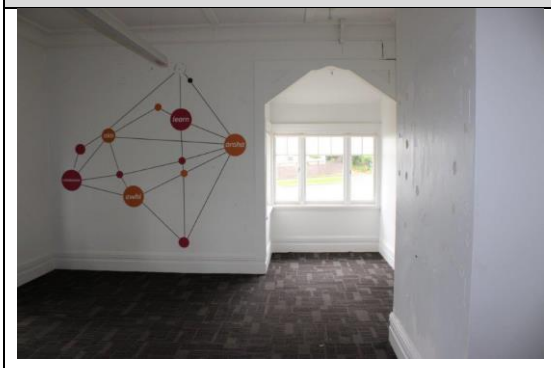
- Verandah enclosed with window joinery
- Carpet
- Light fittings, sprinkler pipework, wall-mounted heater and ducting
- Exit to fire escape
- Glass top lights and side lights to exterior door to verandah replaced

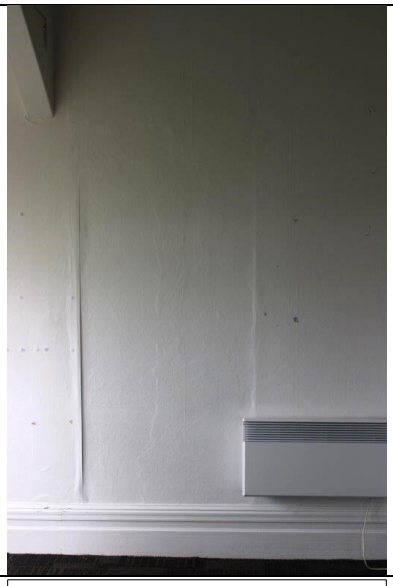
Notable features

- Exposed rafters
- Tongue and groove ceiling
- Original gridded exterior door
- Original rusticated weatherboard cladding



Best bedroom



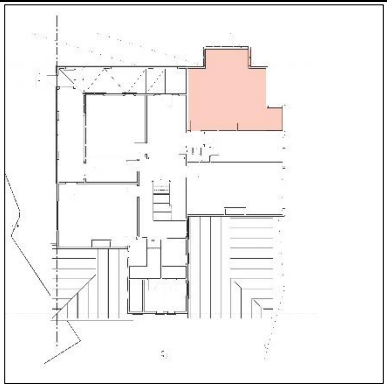


Modifications

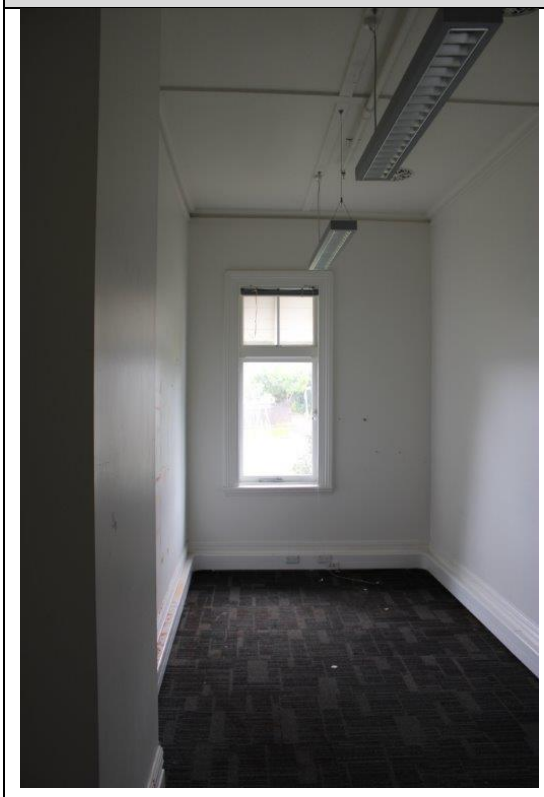
- Walled over fireplace
- Carpet
- Light fittings, sprinkler pipework, wall-mounted heater

Notable features

- Plaster cornice and board and batten ceiling
- Arched surrounds to bay windows
- Coloured top light glazing



Infant's room

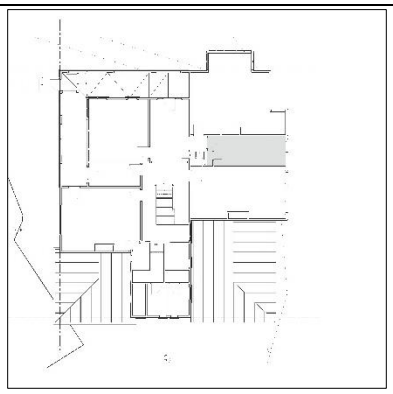


Modifications

- Arched surround to bay window removed
- Doorway to parents' bedroom infilled
- Light fittings, sprinkler pipework, trunking
- Carpet

Notable features

- Board and batten ceiling
- Arched surround to doorway of lobby between bedroom and infant's room



Boy's bedroom

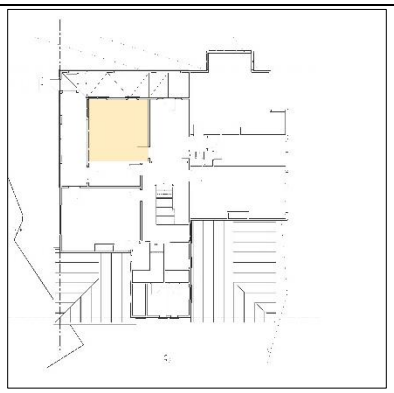
Modifications

- Fireplace walled over
- External windows open to enclosed verandah
- Light fittings, sprinkler pipework, trunking
- Carpet

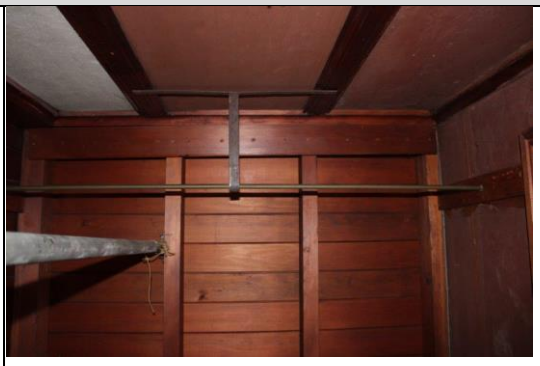
Notable features

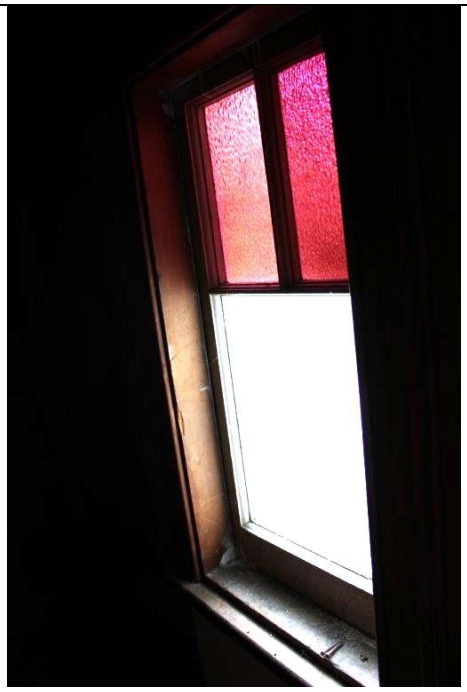
- Board and batten ceiling

Note: This was the room occupied by the writer Robin Hyde between 1933-1937. At that time the verandah had been enclosed to create additional sleeping accommodation for patients.



Girl's bedroom



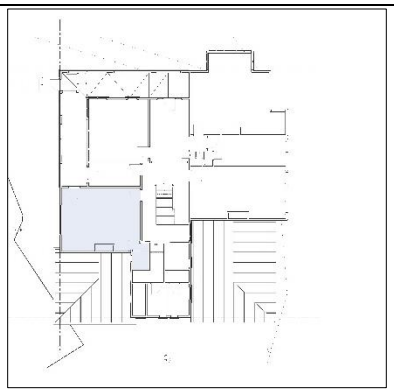


Modifications

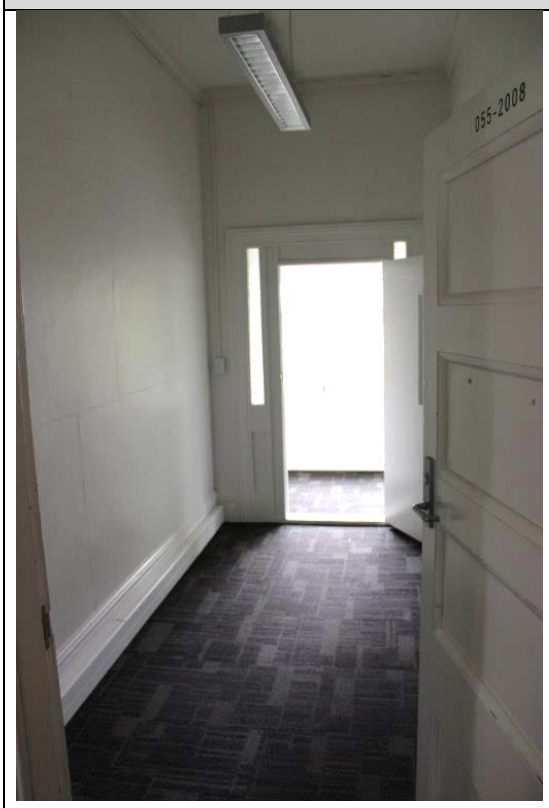
- Fireplace walled over
- Light fittings, sprinkler pipework, wall heater
- Carpet
- Exterior door to verandah possibly reglazed

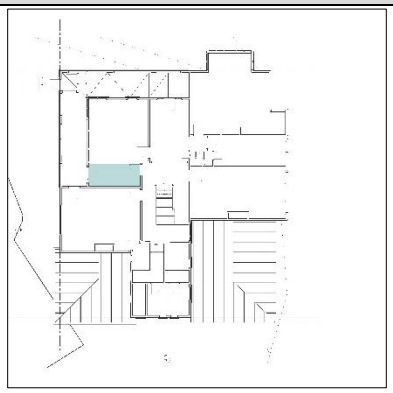
Notable features

- Board and batten ceiling
- Timber panelled wardrobe (believed to be rimu) with original hanging rail and coloured glass window



Sewing room



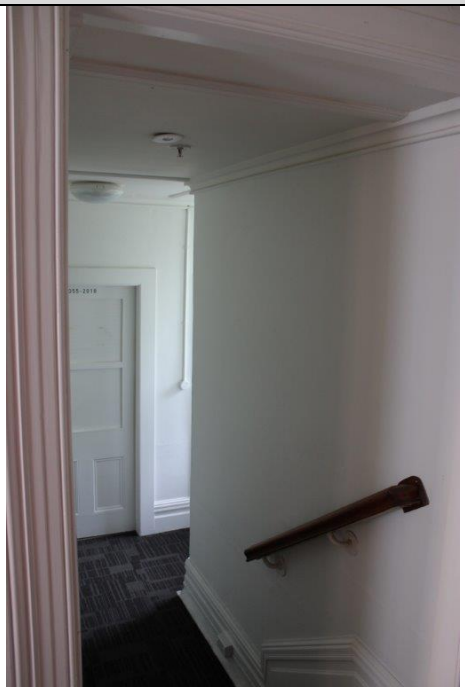


Modifications

- Newt door to enclosed verandah
- Carpet
- Light fittings
- New door

Notable features

Bathroom area

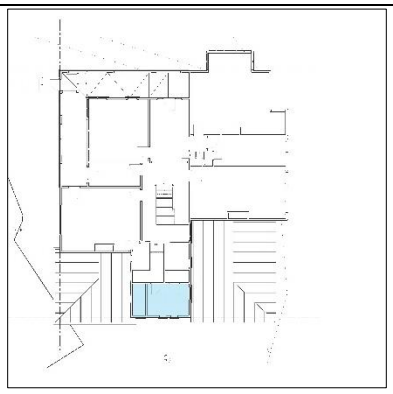


Modifications

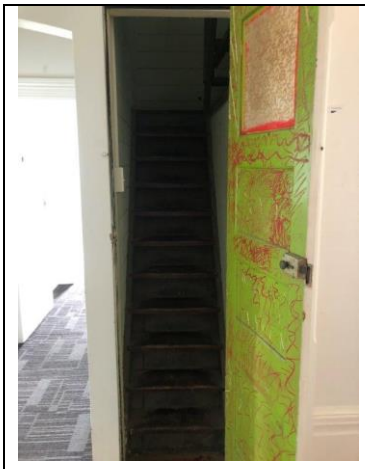
- New bathroom fittings
- Original linen room converted to toilet
- Original WC no longer used
- Carpet
- Light fittings, fire sprinklers
- Handrail

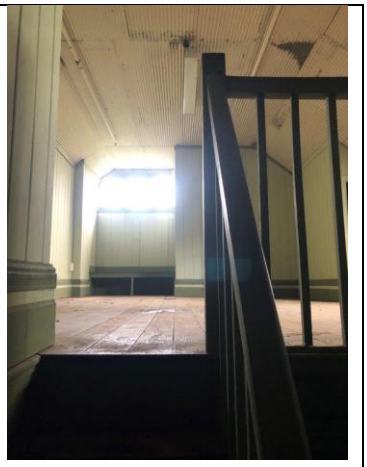
Notable features

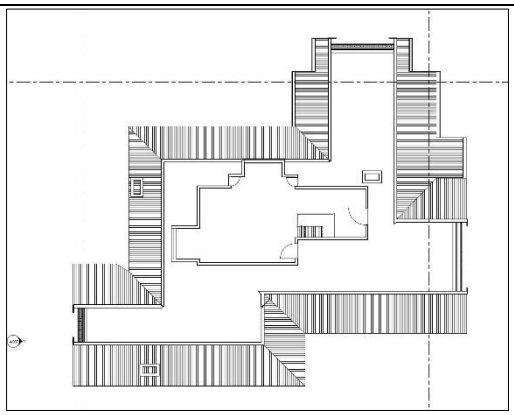
- Timber wall panelling



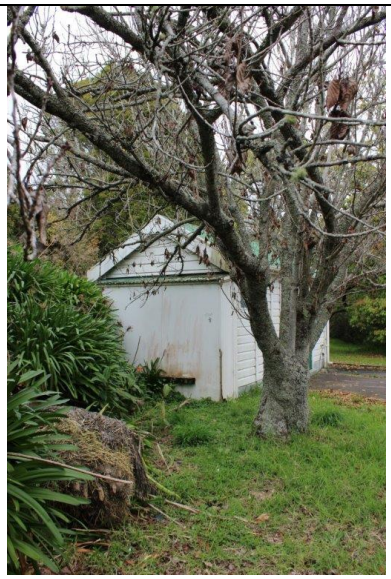
Attic





Modifications • Flourescent light fittings • Sprinkler pipework **Notable features** • Sparrow iron ceiling • Tongue and groove flooring • Tongue and groove wall panelling • Dormer windows • Steep, narrow staircase • Cupboards built into pitch of roof Note: This is the attic Robin Hyde used as her writing space.	

Exterior Record: Building 56 / Outhouse

	
	
Modifications • Appears to have had window removed from west elevation • Appears to have had door removed from north elevation • Lean-to structure added to east elevation	**Notable features** • Constructed of rusticated weatherboards to match house

SUMMARY

Building 55 started life as the first purpose-built residence for the Medical Superintendent of the Auckland Mental Hospital and was built in 1909 with the help of staff and patients from the hospital. The Medical Superintendent, Dr Robert Beattie, who held this role from 1897 to 1929, moved in with his family in 1910.

In 1929 the residence was considered too large and it was proposed to build a new, and presumably smaller, residence for the Medical Superintendent and to convert the original house into a neuropathic ward for around 23-24 female patients. It opened as the Lodge, a voluntary admissions ward, in 1931.

Between 1933-1937 the New Zealand novelist Robin Hyde was a patient there. During that time, she wrote an autobiographical journal and essays that offer an insight into how the Lodge was organised and run and its homely surroundings in comparison to other parts of the hospital. Hyde was allowed to use the residence's attic as a private writing space and also tended a garden plot, as did other patients. Hyde's writings have provided descriptive details not recorded elsewhere.

The Lodge continued to operate as a female psychiatric ward until the early 1970s. Little is known of its history beyond that date. However, it is understood to have been leased by the Baptist City Mission Board and run as a hostel for psychiatric patients. Once acquired by Unitec, the building was used as administration offices.

The Lodge provides a lasting record of changing attitudes towards the treatment of mental illness during the early 19th century when a number of residential 'villas' were established to encourage the reintegration of psychiatric patients back into the community. The building also has historical significance for its association with Robin Hyde, whose writing career, though brief, is gaining increasing recognition.

Further information, including Appendices and additional photographs, is recorded in a standalone report on Building 55 already submitted to HNZPT.

Building 203

Heritage Evaluation and Building Record

by DPA Architects

dpa architects

HISTORICAL BACKGROUND

The Auckland Mental Hospital became the country's anointed training school for occupational therapists in 1940 on the back of strong support from the hospital's Medical Superintendent, Dr Henry Buchanan, for patients to be productively occupied. Scottish trained, Buchanan arrived in New Zealand in 1913 to become Medical Superintendent at Hokitika Mental Hospital. He then served with the New Zealand Medical Corps during World War 1, returning to New Zealand to become superintendent of Seacliff Mental Hospital near Dunedin, before taking up his position in Auckland in 1929.[252]

Buchanan is said to have adopted the concept of occupational therapy as early as 1925, drawing on experiences with the rehabilitation of World War 1 soldiers in the United States. He acknowledged the benefits of handcrafts and music as an alternative to the farm work and domestic duties expected of able-bodied patients and provided female patients with gardens to attend within the walled airing courts which served foremost to contain them. As early as 1935, Buchanan began using volunteers to implement occupational therapy activities at the Avondale hospital.[253]

In 1938, Buchanan made a visit to England, where he was impressed by the occupational therapy he witnessed with psychiatric patients and, in 1939 he recruited Margaret Inman, an English-trained nurse and therapist, to advance the hospital's occupational therapy activities. With the support of the Department of Health, Inman was also hired to train nurses in this country.[254]

Four students were accepted in 1940 for a six-month course led by Margaret Inman, initially run from a small classroom attached to the main Auckland Mental Hospital building. With wounded soldiers returning from World War 2, the Department of Health recognised a wider need for trained occupational therapists to work in military and general hospitals and made the Auckland Mental Hospital the site of the country's first official occupational therapy training school.By 1942, the training course had been extended to one year and, in 1948, it became a two-and-a-half-year programme. The intake of four students in 1940 went on to establish occupational therapy departments in hospitals throughout New Zealand. By 1943, a further 39 students had graduated from the school.

Figure 1: Margaret Inman, seated, with occupational therapy students outside the purpose-built training school in 1946. *Legacy of Occupation: Stories of Occupational Therapy in New Zealand 1940-1972.*

[252] Mary Edmond-Paul (ed.), *Your Unselfish Kindness: Robin Hyde's Autobiographical Writings*, 2011, p.49.
[253] Ibid.
[254] *Legacy of Occupation: Stories of Occupational Therapy in New Zealand 1940-1972*, p.37.

Figure 2 The New Zealand Occupational Therapy Training School in the grounds of the Auckland Mental Hospital. *Legacy of Occupation.*

Figure 3 A convention of occupational therapists outside the entrance to the training school in 1950. *Legacy of Occupation.*

In 1946, a small purpose-built brick building was erected close to Carrington Road to the northeast of the main hospital building to accommodate the New Zealand Occupational Therapy Training School. It had a classroom, an office and a lecture room that was shared with psychiatric nurses.[255] Students from the training school worked within the mental hospital as part of their training and the course proved so popular that by 1954 the training school building was extended.

[255] Ibid. p38

Figure 4 Present-day views of the former New Zealand Occupational Therapy Training School building built in 1946 (honey coloured brick building at right) and extended in 1954 (at left) adjacent to Carrington Road at the northeast end of the former hospital site. *DPA Architects.*

History of the Building

No plans or written records for the construction of Building 203 have been located, but it is believed to have been built as an occupational therapy classroom for patients around 1945. The building is first visible in an aerial photograph of the Auckland Mental Hospital from 1949 (Figure 8). A smaller structure is present in roughly the same location in a 1938 aerial photograph (Figure 7), although no record has been found as to what this earlier structure may have been used for.

The present-day L-shaped building was most likely constructed around the same time as the small brick building close to Carrington Road that was purpose-built in 1945-46 to house the New Zealand Occupational Therapy Training School. Around this time, classrooms were set up within the hospital grounds for various occupational therapy activities. By 1941, the former brick pumphouse (Building 33) had been converted into a woodworking centre and, in 1946, a newspaper article reported 'eight, large widely separated classrooms in the spacious grounds of the hospital' for occupational therapy purposes in addition to the training school.[256] The classrooms were said to be dispersed through the hospital grounds so that patients had a pleasant outlook from each building and walking to and from them became part of their daily routine.

A 1946 report to parliament on capital expenditure within the country's mental hospitals for the previous year also records additional classrooms being completed at the same time as the training school.[257] That report, combined with the aforementioned aerial photographs of the hospital grounds, provides the strongest clue as to the construction date of Building 203.

In addition, in his report for 1945, the Auckland Mental Hospital's Medical Superintendent Dr Harold Buchanan notes:

[Occupational therapy] has been steadily expanding since its inauguration and now there are nine classes in operation, each suited to the requirements of the type of cases to be treated. From these classes many persons are discharged outright, cured, or ready for probation, and an average of thirteen a month are passed on to general utility work such as sewing-room, kitchens, laundry, carpenter's, plumber's, or engineer's shop. All boot repairs are now done by an occupational class.[258]

Patients' minds were not only engaged; their occupational therapy efforts also contributed to the economic running and maintenance of the hospital. In 1945 alone, 1800 pairs of boots were repaired as part of the hospital's programme of occupational therapy for patients.[259] As early as 1939, annual bazaars were also held within the hospital grounds to sell items made in occupational therapy classes, which included woven baskets, rugs, slippers and bags, wooden bowls, toys and small items of furniture. Funds raised were used to buy more materials and also financed the purchase of a seaside cottage [on Waiheke Island] to which 'well-behaved chronic patients' were sent for a change of environment. [260]

According to Dr Buchanan, occupational therapy 'was not a cure-all, but it had a curative value, either on its own or in conjunction with other forms of treatment. Refractory patients, who formerly were noisy and mischievous, became quiet when at work and were more easily controlled. Occupational therapy gave the doctors some subject upon which they could talk with their patients and get to know them better.'[261]

[256] 'Hospital Task', *Otago Daily Times*, 24 April 1946, p. 8.
[257] Report for 1945 on Mental Hospitals of the Dominion, *AJHR*, 1946, Session 1, H-07, p.3.
[258] Ibid. p6
[259] *Otago Daily Times*, 24 April 1946, p. 6.
[260] 'Value Shown: Mental Treatment Occupational Therapy', *Auckland Star*, 19 August 1944, p. 6.
[261] Ibid.

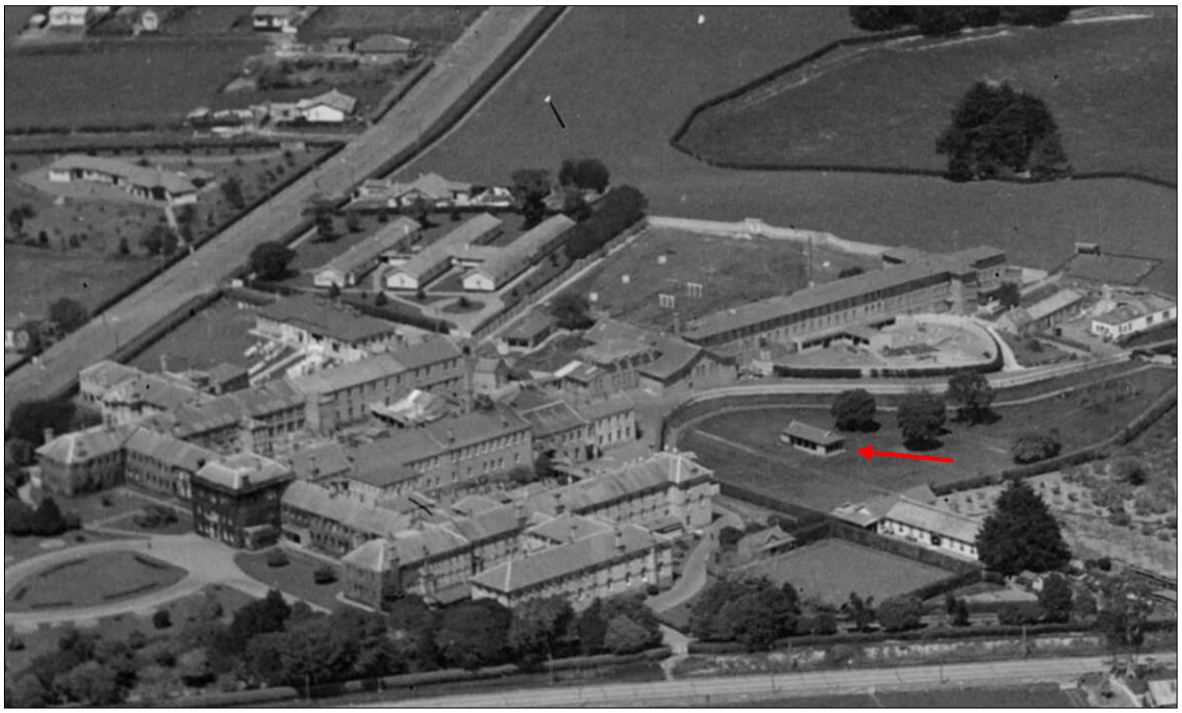


Figure 5 1938 aerial photograph showing a small structure in a similar location to Building 203. The same structure is present in a 1940 photograph, but it is not believed to be the present-day building. *Alexander Turnbull Library WA-55915-G*.

Figure 6 A 1949 photograph showing Building 203 indicated with red arrow and the New Zealand Occupational Therapy Training School indicated with yellow arrow. *Alexander Turnbull Library WA-20753-F*.

On the following pages, newspaper articles record the use and development of occupational therapy activities and facilities at the Auckland Mental Hospital between 1939 and 1946.

ANNUAL SALE OF WORK

GOODS MADE BY PATIENTS

OCCUPATIONAL THERAPY

The excellent results of the occupational therapy instituted in the Auckland Mental Hospital were demonstrated at the annual sale of work held at the hospital yesterday afternoon and officially opened by Dr. T. G. Gray, Inspector-General of Mental Hospitals.

Dr. Gray said the goods for sale showed the progress which occupational therapy had made in the hospital. There was noticeable a great improvement in the workmanship of the articles while the fact that occupational work had extended to as many parts of the hospital as possible was shown by the very large quantity of goods on display.

The result, he said, reflected the greatest credit upon those who had taken an interest in this part of the work at the hospital, particularly the Auckland Hospital Auxiliary, the members of which had done a great deal to further this activity. He expressed pleasure at the close co-operation which existed between the staff and the patients in the hospital and all those who had helped in making occupational therapy the great success it had proved itself to be. He also paid a tribute to the matron, Miss M. Mayze, who took a keen interest in this aspect of the work.

Dr. Gray was introduced by Dr. H. M. Buchanan, medical superintendent of the hospital.

The stall which created the greatest interest was that which contained the work of the patients. Beautiful basket-work, including bags, chairs and stools, large wooden painted toys, dolls, novelties and dainty needlework articles were displayed on this stall and revealed, in comparison with last year, the intensified training of both male and female patients in this class of work.

The proceeds of the sale, which is held annually, will be used to augment the patients' recreation fund.

New Zealand Herald, 8 December 1939.

OCCUPATIONAL WORK

MENTAL PATIENTS BENEFIT

An indication of the degree to which occupational therapy can be incorporated into the treatment of mental disease was given at the Auckland Mental Hospital last Saturday, when an exhibition of articles produced under the therapy scheme was offered to interested visitors. The function was opened by the Director-General of Mental Hospitals, Dr. T. G. Gray, who commented upon the quality and variety of the work exemplified by the articles on display.

The quantity of work produced, and the value of the goods also, was of minor importance, said Dr. Gray. The aim of the scheme was to employ as many patients as possible in occupational work for the betterment of their physical and mental well-being. Recently there had been a noticeable improvement in the quality of work done by the patients, and this was a reflection of closer concentration and the arousing of new interest on the part of the workers.

Much of the success of the scheme to date, said Dr. Gray, was due to the efforts of Miss M. M. Inman, leader of the occupational therapy group under the Department of Health, and of her assistant, Miss D. Shaw.

Miss D. Shaw is a daughter of Mr. and Mrs. M. R. Shaw, Haronga road, Gisborne.

Gisborne Herald, 10 December 1941.

OCCUPATIONAL THERAPY

AUCKLAND TRAINING CENTRE

Stimulated by the war, interest in occupational therapy in New Zealand has advanced tremendously in the past few years, and 12 girl students are being trained each year under a qualified English therapist at the Auckland Mental Hospital, Avondale, which is now the training centre for this work in New Zealand. So successful has the experiment been that two further qualified women therapists are on their way from England to train New Zealand women in this important post-war task.

The first girls in the Dominion to be trained in occupational therapy commenced their course in October, 1940, a few months after the arrival of the instructor, Miss M. M. Inman, a fully qualified English nurse, who was engaged at a training centre in Bristol. Keen interest in the work being performed by Miss Inman was shown by Dr H. M. Buchanan, superintendent of the Auckland Mental Hospital, during a visit to England prior to the war. Dr Buchanan had made a start in occupational therapy work at the hospital, but he was in need of a qualified person, and it was largely as a result of a favourable report to his department that arrangements were made for Miss Inman to come to New Zealand.

Training Period of Two Years

Two courses of six girls each commence a two years' course at the hospital each year, those between 21 and 35 being eligible. Although the training period is for two years, it is reduced to one year for trained nurses and qualified masseuses. The girls are paid wages equivalent to a nurse starting at the hospital, and they live out.

The first six months of the course is taken at the hospital, where the students are taught craftwork and receive practical experience with the patients. After their initial six months' training they are sent to various mental and military hospitals to undertake further practical work.

Fourteen students already have passed through the course and 12 have commenced work in general and military hospitals at Auckland, Rotorua, Wellington, Palmerston North, Hanmer, the Christchurch military hospital and the Christchurch plastic surgery hospital. In an interview yesterday Miss Inman remarked on the fine type of girl who was coming forward for the courses. Educational qualifications were required only up to a proficiency standard, but the students had to possess the important characteristics of tact, common sense and infinite patience. Selections are made toward the end of each year, and 40 girls applied for the two courses this year.

Wide Scope of Work

An inspection of the hospital revealed the exceptionally wide scope of the training being given to patients. Men were seen making attractive carpets, scarves, toys, ornamental veneer boxes, weaving, spinning, carving wood, repairing boots and shoes, working in a well-equipped carpenter's shop and making coir mats. In the past ten months no fewer than 1800 pairs of boots have been repaired. Many of the men have reached a high standard of skill. This is not the main object, however, which is to make the patients useful citizens. The obvious enthusiasm and the absorption in their work provided ample testimony of the success of the scheme.

Now that Auckland has been made the training centre for occupational therapy in New Zealand, added interest is being taken in the courses. It is hoped to have special departments established in all mental hospitals, as well as to extend the work among military hospitals, so long as the demand remains. One of the qualified therapists to arrive from England will be stationed at another mental institution, while it is anticipated that the second will assist Miss Inman at Auckland. In addition, Miss Inman has trained three assistants herself. Although some difficulty was experienced at the start in establishing the training centre, particularly as regards suitable accommodation, it was soon overcome, and some fine new buildings now stand at the Auckland Mental Hospital, much of which are the work of the patients themselves.

Future for Women

Much improvisation has been necessary, and the work is still handicapped by a lack of variety in the material available. Miss Inman, however, hopes to extend the scope of the training so that more useful articles can be made. The training centre is now running efficiently. Before being granted their diploma the girls who have already taken the courses were required to write a thesis. In future, students will qualify for their diplomas by examination.

It is claimed that not only will students trained in occupational therapy be required for military hospitals to assist ex-servicemen in their return to health, but they also have a most useful future in the curing of the mentally ill. Judging by some of the results which can be quoted at the Auckland Mental Hospital, this type of training is proving most beneficial.

New Zealand Herald, 9 March 1945.

HOSPITAL TASK

OCCUPATIONAL THERAPY

AUCKLAND TRAINING CENTRE

(Special) AUCKLAND, Apl. 23.

The new block of buildings recently opened at the Auckland Mental Hospital at Avondale for use as a training school for instructors is part of the largest and most modern occupational therapy centre in New Zealand. From modest beginnings, the centre has grown since its establishment five years ago until now, in addition to the school, there are eight large, widely separated classrooms in the spacious grounds of the hospital. There is also a cottage at Waiheke, where selected patients are taken for a holiday each year.

The occupational therapy supervisor for New Zealand, Miss M. M. Inman, is in charge of the centre. Before it was established there was some teaching of handicrafts at Avondale, but this was not organised occupational therapy, which is now recognised as a valuable aid to recovery of patients in both general and mental hospitals.

Pleasant Surroundings

Several reasons have been given for the placing of the classrooms in various parts of the grounds. From the windows of each, the patients are afforded a view of very pleasant surroundings. The daily walks to and from work provide a more normal routine than mere transference from one room to another under the same roof.

The neat external appearance of each small building is attractive to the patients and the "institutional" atmosphere is not very evident. When transferred from one class to another, the patients obtain a complete change of environment. The medical authorities at the hospital consider that these are all important factors in the treatment of the patients. The aim is not merely to teach crafts, or to give the patients something to do; it is to make their lives as interesting as possible and, by progressive stages, lead them back to normal health.

So that they may have recreation, as well as work, the patients have the use of a large library, a bowling green, and other facilities for amusement, as well as moving pictures once a week. Work on the farms, in the kitchen, the laundry, and the garden is part of the treatment.

Patients are not kept too long at one type of work. They are transferred from class to class. Some are happy in doing monotonous tasks, but others need variety, and this is provided. The provision of adequate equipment has been one of the wartime difficulties encountered by Miss Inman and her staff, but there has been a steady improvement. Many of the appliances have been made by the patients. These include spinning wheels, looms, a veneer press, sanding machines, and small lathes.

Students Training

There is a good range of equipment in the carpentry classroom, including a bandsaw, jigsaw, driller, planing machine, and turning lathe, all electrically driven. Patients in this class are at present putting the finishing touches to a well-built sailing dinghy. All articles made by the patients are sold, and the proceeds are used for the purchase of materials for the classes. Any surplus goes to the patients' recreational fund.

There are now six students in the training school for instructors. They are being trained for service at both general and mental hospitals. Another six are to be enrolled shortly. Since the centre was established, 30 instructors have received tuition, and of these some are employed at hospitals in both the North and South Islands, and one is at St. Dunstan's Home for blinded ex-servicemen.

In addition to practical experience, the instructors are given tuition in handicrafts, and attend lectures on anatomy and physiology. They are also instructed in the buying of materials and the selling of the finished work.

Otago Daily Times, 24 April 1946. The article includes a mention of 'eight large, widely separated classrooms in the spacious grounds of the hospital' which offer patients 'a view of very pleasant surroundings'.

Research has not located further details of Building 203. A 1971 building survey by the Department of Health shows it was still being used for occupational therapy purposes at that time.

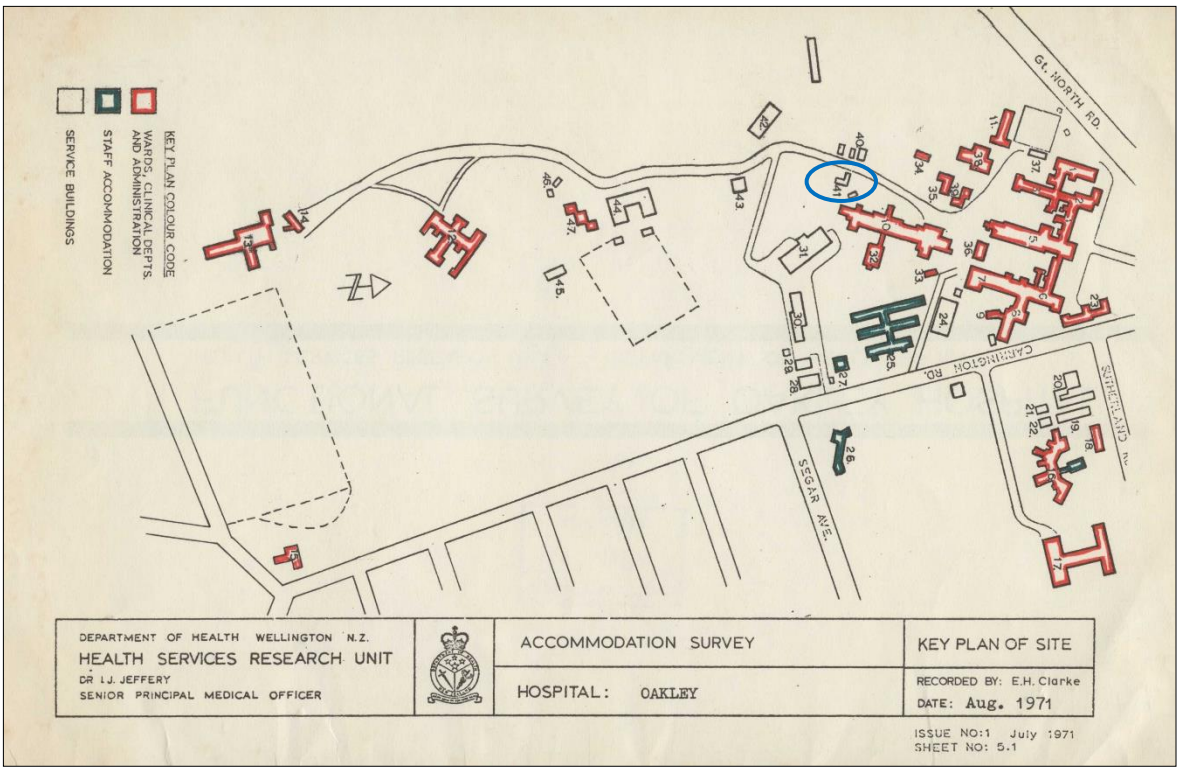


Figure 7 Building 203, circled in blue, represented on a 1971 map of the Oakley Hospital grounds and listed as 'Occupational Therapy Unit'. *R21999 Archives NZ.*

Chronology of Events

1929	Dr Harold Buchanan takes up the position of Medical Superintendent at Auckland Mental Hospital.
1938	Dr Buchanan travels to England and views occupational therapy classes with psychiatric patients.
1939	Margaret Inman is invited to establish occupational therapy training at the Auckland Mental Hospital.
October 1940	The New Zealand Occupational Therapy Training School is formed at the hospital and four student nurses are enrolled in a six-month training course.
1946	The New Zealand Occupational Therapy Training School moves into a purpose-built brick building in the grounds of Auckland Mental Hospital next to Carrington Road.
c.1946	Building 203 is completed.
1954	The New Zealand Occupational Therapy Training building is extended.

DESCRIPTION OF THE PLACE

Location and Setting

Building 203 is located towards the northern end of the former Oakley/Carrington hospital site. It is positioned within a grove of established pōhutukawa trees on a gently sloping site to the southwest of the main hospital building (Oakley Main Hospital Building/Building 01) and to the west of the former Auxiliary No.2 building, also known as Park House (Building 06). A roadway passes to the east of the building and another road passes to the west. The building is currently surrounded by long grass, however, a concrete pathway still leads to the recessed porch from the roadway to the east. This roadway is visible in early photographs of the hospital grounds.

The building is formed from two rectangular gabled forms, the longer gable running in a west to east direction and the shorter gable running in a north to south direction which together form an L shape. The sloping site results in the building being elevated half a storey out of the ground at the southern end of the foot of the 'L'. The basement level in this location appears to have served as a men's urinal.

Two large pōhutukawa trees shade the building's southwestern corner. The remainder of the southern elevation is surrounded by open grassland. A slope covered with scrub and small trees rises behind the building on its northern side towards the main hospital building.

Architectural Description and Influences

Building 203 was built during the 1940s and has English cottage references in its painted timber board and batten cladding, Marseille clay tiled gable roofs and small-paned timber casement windows arranged in pairs. The building has a distinctive domestic appearance when compared with the institutional character of the earlier brick buildings surrounding it. This may be a reflection of its use as a facility for occupational therapy. As an article in the *Otago Daily Times* noted in 1946:

'Several reasons have been given for the placing of the classrooms in various parts of the grounds. From the windows of each, the patients are afforded a view of very pleasant surroundings. The daily walks to and from work provide a more normal routine than mere transference from one room to another under the same roof. The neat external appearance of each small building is attractive to the patients and the "institutional" atmosphere is not very evident. When transferred from one class to another, the patients obtain a complete change of environment. The medical authorities at the hospital consider that these are all important factors in the treatment of patients. The aim is not merely to teach crafts or to give the patients something to do; it is to make their lives as interesting as possible and, by progressive stages, lead them back to health.'[262]

In its current form inside, the building is configured into three separate spaces, however, this may not have been its original layout. Walls and ceilings are lined with plasterboard but skirting details suggest the interior has been relined. Windows are covered with interior security grilles, which are a recent addition. Two small kitchenette benches are positioned at the western end of the building, where a toilet is also accessed via some steps. Tongue and groove timber flooring and door architraves suggest the toilet was original. The kitchenettes are later modifications.

[262] 'Hospital Task: Occupational Therapy', *Otago Daily Times,* 24 April 1946, p. 8.

PHOTOGRAPHIC RECORD

The following photographs serve as a record of Building 203. The building was visited on 10 September 2024 and examined from ground level externally and internally. Inside the building some demolition and vandalism had occurred. Photographs have been reduced in size for inclusion in this report. Matching photographs at a larger file size have been provided separately.

Exterior Record

North elevation

The building's north elevation viewed from a roadway at the top of the slope between Building 203 and the Oakley Main Hospital Building (Building 01). The entrance has double doors recessed at the northwest corner that are accessed via a set of concrete steps. Building 06 can be seen in the background.

The gable roofs are clad in Marseille clay tiles. Walls are clad in painted timber board and battens. Multi-paned timber casement windows have top mounted awning windows. The entrance is recessed, with timber panelled double doors accessed via a set of concrete steps.

Modifications

- Interior window security grilles
- PVC spouting

Notable features

- Marseille clay tiled roof
- Timber casement window joinery
- Timber board and batten cladding

South elevation

The ground slopes to the south. The In the lower photograph, the corner of the male wing of the Oakley Main Hospital Building (Building 01) can be seen a short distance to the north.

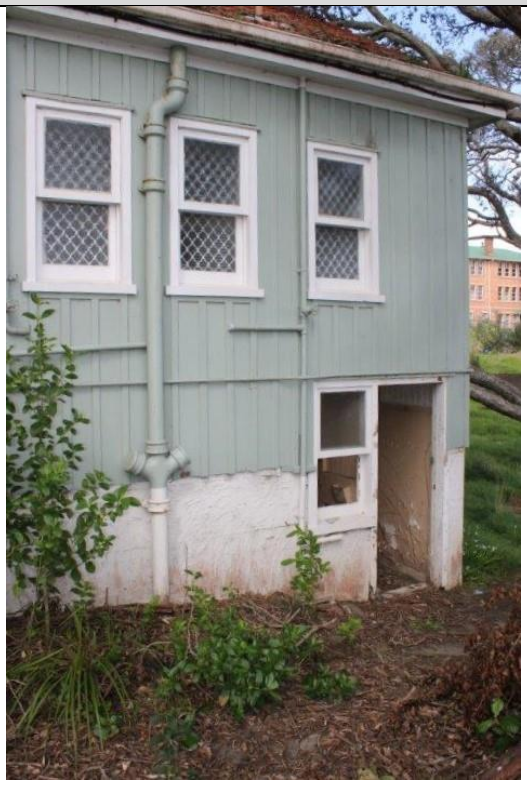
Modifications	**Notable features**
• PVC spouting and downpipes	• Multi-pane casement window joinery • Painted timber board and batten cladding • Concrete foundation wall with precast vents

East elevation

The east elevation, facing the former Auxiliary No. 2/Park House (Building 06). An entrance path runs from the roadway to the east, along the northern side of the building.

Modifications	**Notable features**
• PVC spouting and downpipe	• Cast iron vent • Painted board and batten gable end wall

West elevation



The west elevation gains a basement level due to the sloping site. Two porcelain urinals are located in the basement.

Modifications	**Notable features**
• Door missing from basement level • PVC spouting	• Timber board and batten cladding with board and batten gable end walls

Interior Record

Inside the entrance, looking north. Timber panelled cupboard doors are located either side of the timber panelled double entrance doors.

Looking east from the entrance into the main classroom space. A smaller room is located beyond this space, at the east end of the building.

Inside the main classroom space looking towards the room located at the eastern end of the building.

Looking west from the entrance space. The opening within this wall is not believed to be original.

The western end of the building. Kitchen cabinetry is a later modification.

The southwestern end of the building. Walls and ceilings appear to have been relined with plasterboard. The floor is vinyl.

Steps lead to a corner toilet in the northwest corner, which is believed to be original. Urinals are located in a basement directly below.

SUMMARY

Building 203 is believed to have been built at the Auckland Mental Hospital in the mid-1940s, at a similar time to a small brick building that housed the New Zealand Occupational Therapy Training School close to Carrington Road. Newspaper accounts and parliamentary records from this time describe occupational therapy classrooms being constructed within the hospital grounds. These buildings were said to have a 'neat external appearance' and to not match the hospital's institutional atmosphere, which might account for the more domestic appearance of Building 203.

Although research has not located construction drawings, there are clues in the aforementioned written accounts and aerial photographs from 1938 to 1949. The building now known as Building 203 is not present in a 1938 or 1940 photograph but is clearly distinguishable in a 1949 aerial image of the hospital grounds.

It is considered most likely to have been built to support enhanced occupational therapy activities associated with the New Zealand Occupational Therapy Training School, which was based at the hospital from 1940.

Further information, including Appendices and additional photographs, is recorded in a standalone report on Building 203 already submitted to HNZPT.

REFERENCES

Published

Legacy of Occupation: Stories of Occupational Therapy in New Zealand 1940-1972, The Bush Press, Auckland, 2009

Edmond-Paul, Mary (ed.), *Your Unselfish Kindness: Robin Hyde's Autobiographical Writings*, Otago University Press, Dunedin, 2011.

Fahey, Jacqueline, *Before I Forget*, Auckland University Press, Auckland 2012

Hickman, Claire, article for *The Lancet (Psychiatry),* December 2014

Thornton, Geoffrey, *The New Zaland Heritage of Farm Buildings*, Reed Methuen, Auckland, 1986.

Unpublished

Clough & Associates, 'Wairaka Precinct: Archaeological and Heritage Due Diligence', Prepared for the Wairaka Land Company, November 2017.

Heritage Consultancy Services, 'A Social History of Carrington Psychiatric Hospital' (Draft report), October 2024.

Hunt, Alison, '"The Cage with the Open Door": Autobiography and Psychiatry in the Life and Works of Robin Hyde', PhD. thesis, University of Auckland, Auckland, 2008.

Salmond Architects, 'Former Carrington Psychiatric Hospital: a conservation plan', Auckland, 1994.

Archives

Archives New Zealand Te Rua Mahara o te Kāwanatanga

Auckland Libraries Heritage Collections

Auckland Museum collections

Papers Past online archive, National Library of New Zealand

Websites

geomapspublic.aucklandcouncil.govt.nz

historicengland.org.uk

mitchellstoutdodd.co.nz

Timespanner.blogspot.com

www.retrolens.co.nz

Abbreviations Used

AJHR: Appendix to the Journals of the House of Representatives