

The Dunedin Hospital Art Collection:

Architecture, Space and Wellbeing

Christine Panirau Mulligan

A thesis submitted for the degree of
Master of Arts
at the University of Otago, Dunedin,
New Zealand

21 October 2013

Abstract

The Dunedin Hospital has developed significantly from its humble beginnings in a small timber constructed building in the 1850s and the converted New Zealand Exhibition building of 1866. In the 1950s the Otago Health Board sought advice from an internationally recognised firm of Australian hospital architects, Stephenson and Turner to upgrade their health facilities. At that time modern medicine and ideas of flexible hospital design had encouraged new solutions for hospital architecture. Twentieth-century hospitals were given a monumental form to symbolise the modernity within as *machines à soigner*, factories for healing. When it opened in 1980, the Ward Block and its associated medical facilities provided Dunedin with a purpose-built, state-of-the art modern hospital. Brutalist style architecture, having a modernist aesthetic opposing decoration had, however, produced an intimidating rather than welcoming exterior to the hospital.

The designing of the Ward Block coincided with a movement in the late 1960s to display original contemporary works of art in hospitals. As medical literature attested such kinds of art could benefit the wellbeing of patients, staff and visitors alike. In 1972, Dr Alan Clarke established the Dunedin Hospital art collection in response to this movement.

At this time the development of cultural theories had resulted in a more holistic approach to healthcare facilities and designers began to consider the emotional impact of space on wellbeing; however, architecture was slow to respond. The impetus to humanise the hospital was furthered in 1975 by the architects who acknowledged that the new Ward Block was inadequate on its own. Accordingly, the

Otago Health Board was advised to seek expert assistance regarding the commissioning of professional artists for significant artworks in public areas of the Ward Block. Modernism, which had formerly spurned decoration, was now seen to require adornment, its acceptance of originals being in their honest expressions of truth and integrity.

The Dunedin Hospital art collection has evolved over the years to become a beloved collection. Although the primary focus of the collection is the original work of professional artists, there are also many reproductions and memorabilia. The memorabilia, which are largely donated works, have acquired much sentimental value for staff and patients and in the context of what psychologists call *contagion* and *performance* can also be seen to influence the wellbeing of people in hospitals.

The display of fine art in hospitals has also been justified according to theories of art that consider the benefits of aesthetic wellbeing for ordinary people in everyday life. Even though they present museological issues, fine art collections in hospitals are identified as providing important cultural resources for communities and contribute a sense of dignity and worth to such institutions. The art collection that is contained in the Ward Block reminds us of the vital role attributed to original works of art in the humanising of the clinical and institutional spaces of the modern twentieth-century hospital.

Acknowledgements

I would like to thank the Southern District Health Board for allowing me to research the Dunedin Hospital art collection and have appreciated the opportunity to freely access all artworks throughout the many spaces of the institution.

I am also greatly indebted to Barbara Brinsley of the Dunedin Hospital Art Advisory Committee for providing valued resource material from her personal archive, for helping me to work in the hospital environment and for her enthusiasm for this project.

The research journey has been a rewarding experience, largely because of the wisdom and guidance of my supervisor Hilary Radner. I am deeply grateful for her feedback, insights and encouragement and for all the time and dedication she has given to assisting in the preparation of this thesis.

I would also like to thank my co-supervisor Judy Bennet for her commitment to reading and commenting on my work and for urging me become a “mistress of the comma.”

I am especially thankful to Charlotte Brown for her patience and help regarding the use of Endnote and the management of research data.

Thank you to the Hocken Librarians who have been most helpful in aiding me to research in their archives and to Katharine Milburn who has emailed me when she has come across information relevant to my work.

I am also grateful to staff at Archives New Zealand regarding the obtaining of Stephenson and Turner Architects drawings and other information concerning the Ward Block.

Many people in the Department of History and Art History have kindly supported me in a variety of ways. In particular I would like to thank Alex Trapeznik for introducing me to concepts of museology, Peter Cadogan for his friendly assistance with computer issues, Mark Stocker for his timely advice and Nicola Elliott for her administrative support, including opening my office door numerous times when I had forgotten my keys.

Natalie Smith has been a great friend and our occasional informal talks about my work over a cup of coffee together have been much appreciated.

Thank you also to Rebecca Kambuta for her availability and willingness to format this thesis.

Finally, I would like to thank my wonderful family who have supported and encouraged me through the past year and a half of study including my mum who continues to be an inspiration.

To all the above people, I am greatly obliged.

Christine Panirau Mulligan

List of Illustrations

- Figure 1. S13-205c, Dunedin, Octagon 1862, c/nF18/8, “Hocken Collections, Uare Taoka o Hakena, University of Otago.”
- Figure 2. S13-205b, Dunedin, the Hospital, c/nF404/6, “Hocken Collections, Uare Taoka o Hakena, University of Otago.”
- Figure 3. Dunedin Hospital, Commission 1890 - Drawing No. 1.
New Zealand Parliament Dunedin Hospital Inquiry Commission
(Report of) Appendix to the Journals of the House of Representatives,
1891 Session II, H-01.atojs.natlib.govt.nz/cgi-bin/atojs?a=d&d...II.2...
- Figure 4. Dunedin Hospital, Commission 1890 - Drawing No. 1.
New Zealand Parliament Dunedin Hospital Inquiry Commission
(Report of) Appendix to the Journals of the House of Representatives,
1891 Session II, H-01.atojs.natlib.govt.nz/cgi-bin/atojs?a=d&d...II.2...
- Figure 5. Dunedin Hospital, Commission 1890 - Drawing No. 1.
New Zealand Parliament Dunedin Hospital Inquiry Commission
(Report of) Appendix to the Journals of the House of Representatives,
1891 Session II, H-01.atojs.natlib.govt.nz/cgi-bin/atojs?a=d&d...II.2...
- Figure 6. Dunedin Hospital, Commission 1890 - Drawing No. 1.
New Zealand Parliament Dunedin Hospital Inquiry Commission
(Report of) Appendix to the Journals of the House of Representatives,
1891 Session II, H-01.atojs.natlib.govt.nz/cgi-bin/atojs?a=d&d...II.2...
- Figure 7. Dunedin Hospital, Commission 1890 - Drawing No. 1.
New Zealand Parliament Dunedin Hospital Inquiry Commission
(Report of) Appendix to the Journals of the House of Representatives,
1891 Session II, H-01.atojs.natlib.govt.nz/cgi-bin/atojs?a=d&d...II.2...
- Figure 8. S13-205d, Dunedin, Hospital, c/nF88/12, “Hocken Collections, Uare Taoka o Hakena, University of Otago.”
- Figure 9. Dunedin Hospital, Nightingale Ward during the First World War.
From *A History of the Otago Hospital Board and its Predecessors: 1941 - 1976*. Dunedin, New Zealand: Otago Hospital Board, 1984.
Page 96.
- Figure 10. Elevations Ward Block. DAHI D272, Box 137 DN GB90g C722517,
Archives New Zealand, Dunedin.
- Figure 11. S13-205a, Dunedin Hospital, Construction, c/nE4676/43, “Hocken Collections, Uare Taoka o Hakena, University of Otago.”

- Figure 12. Perspective of the Ward Block. From: Otago Hospital Board, *The Dunedin Hospital Ward Block with its Medical School Facilities* Dunedin: Otago Hospital Board, 1981.
- Figure 13. Diagram of Relationship Between the Otago Health Board, Committees and the Architects. DAHI D272, Box 137 DN GB90g C722517, Archives New Zealand, Dunedin.
- Figure 14. Asymmetric. DAHI D272, Box 137 DN GB90g C722517, Archives New Zealand, Dunedin.
- Figure 15. Typical Floor Plan: Concept Design, 1971. DAHI D272, Box 137 DN GB90g C722517, Archives New Zealand, Dunedin.
- Figure 16. Site Plan. From Southern District Health Board.
- Figure 17. Ground Floor: Concept Plan, 1971. DAHI D272, Box 137 DN GB90g C722517, Archives New Zealand, Dunedin.
- Figure 18. Dunedin Hospital Ward Block Ground Floor Plan, 2012. From Southern District Health Board.
- Figure 19. Dunedin Hospital Ward Block Level 1 Master Floor Plan, 2012. From Southern District Health Board.
- Figure 20. Dunedin Hospital Ward Block Level 3 Master Floor Plan, 2012. From Southern District Health Board.
- Figure 21. Typical Ward, 1980. From: Otago Hospital Board, *The Dunedin Hospital Ward Block with its Medical School Facilities*, Dunedin: Otago Hospital Board, 1981.
- Figure 22. The Vision Splendid. Annual Report 1937 – 38. From the Royal Melbourne Hospital Archives.
- Figure 23. The Dunedin Hospital: Brutalism. Author's digital photograph.
- Figure 24. Rogier van der Weyden. *Altarpiece Of The Last Judgement*. Circa 1452, Oil on wood, 2140 x 5600 mm. The Hospices de Beaune, France. Available from www.artble.com (accessed 25 September 2013).
- Figure 25. William Hogarth. *Moses Brought Before Pharoah's Daughter*. 1746, Oil on canvas, 1727 x 2083 mm. The Foundling Museum, London. Available from www.foundlingmuseum.org.uk/collections/the.../william-hogarth/ (accessed 25 September 2013).

- Figure 26. 50 Years of Ideas in Healthcare Buildings. From *50 Years of Ideas in Healthcare Buildings*. London: The Nuffield Trust, 1999. Figure 1.
- Figure 27. Alan Maxwell Clarke: New Zealand Medical Journal. journal.nzma.org.nz/journal/120-1250/2438/content.pdf.
- Figure 27. Alan Maxwell Clarke: New Medical Journal. Journal.nzma.org.nz/journal/120-1250/2438/content/pdf
- Figure 28. Walter Foote, *Untitled*, n.d., Tapestry, 450 x 550. The Dunedin Hospital Art Collection. Author's digital photograph.
- Figure 29. Margery Blackman, *Otago Banners*, 1986, Textile weaving in wool, silk and hair, each 1925 x 1090. The Dunedin Hospital Art Collection. Author's digital photograph of installation.
- Figure 30. Hinemoa Harrison, *Te Karimako*, 1987, Textile, tukutuku panel in wood, flax and feathers, 1935 x 1110. The Dunedin Hospital Art Collection. Author's digital photograph of installation.
- Figure 31. Leroy de Maistre, *The Crucifixion*, n.d, Oil on board, 690 x 530. The Dunedin Hospital Art Collection. Author's digital photograph of installation.
- Figure 32. Gay Eaton, *The Creation Banner's*, 1986, Craft: Embroidery, Seven works each 1510 x 580. The Dunedin Hospital Art Collection. Author's digital photograph of installation.
- Figure 33. Piera McArthur, *Untitled*, n.d, Painting on paper, 1485 x 1055. The Dunedin Hospital Art Collection. Author's digital photograph of installation.
- Figure 34. James Ranalph-Jackson, *Waiting*, 1916, Oil on canvas, 600 x 675. The Dunedin Hospital Art Collection. Author's digital photograph of installation.
- Figure 35. Mark Lander, *Untitled*, n.d., Mixed media, 1210 x 2645. The Dunedin Hospital Art Collection. Author's digital photograph of installation.
- Figure 36. Ian Scott, *Lattice Painting*, n.d., Acrylic on paper, 770 x 565. The Dunedin Hospital Art Collection. Author's digital photograph of installation.
- Figure 37. Josephine Reagan, *Unremarkable Moments*, 2007, Sculpture, bisque fired clay. Size unknown. The Dunedin Hospital Art Collection. Author's digital photograph of installation.
- Figure 38. Derek Ball, *Kinetic Sculpture*, 1982, Steel, plastic, wood, mirror, glass, motor and chain drive, 2029 x 1300. The Dunedin Hospital Art Collection. Author's digital photograph of installation.

- Figure 39. Otago Sculpture Trails: Front Cover and Forward. From “Otago Sculpture Trails: Dunedin City and Beyond.” Otago Sculpture Trust, 2005. dcc.squiz.net.nz/_data/assets/.../otago-sculpture-trail-brochure.pdf.
- Figure 40. John Middleditch, *Water Sculpture*, 1980, Copper, approximately 3m x 3m. The Dunedin Hospital Art Collection. Author’s digital photograph of installation.
- Figure 41. Peter Nicholls, *Cross*, 1984, Southland Beech, brass and forged steel, 1525 x 895. The Dunedin Hospital Art Collection. Author’s digital photograph of installation.
- Figure 42. Philippa Wilson, *The Juggler*, 1990, Sculpture in steel, polished brass, mirror and patinated copper, 1300 x 900. The Dunedin Hospital Art Collection. Author’s digital photograph of installation.
- Figure 43. “Dunedin Hospital: Art Tour 1998,” Front Cover, From Private Collection of Barbara Brinsley.
- Figure 44. Valarie Rollo, *Untitled*, 1973, Paintings, Triptych, 915 x 615, 1220 x 835 and 915 x 615. The Dunedin Hospital Art Collection. Author’s digital photograph of installation.
- Figure 45. Nicola Jackson a. Nicola Jackson, *Digesting A Sandwich*, 1982, Colour pencil drawing, 530 x 355. The Dunedin Hospital Art Collection. Author’s digital photograph. b. The front cover of the catalogue for *An Art Anatomy Room* exhibition, 1982. Author’s digital photograph.
- Figure 46. Robin White, *Seven Hills*, 1980, Oil on board, 1860 x 8570. Author’s digital photograph of installation.
- Figure 47. Heather Francis, *Hibiscus In The Wild*, n.d., Gouache on paper, 920 x 720. The Dunedin Hospital Art Collection. Author’s digital photograph of installation.
- Figure 48. Robin White, *Your Health Is Your Wealth*, 1972, Painting on board, 1055 x 755. The Dunedin Hospital Art Collection. Author’s digital photograph.
- Figure 49. Justin Morshuis, a. *Man in A Boat*, b. *Carey’s Bay* and c. *Sunset Tairi Plains*, Acrylic on paper, Display Case 1270 x 870. The Dunedin Hospital Art Collection. Author’s digital photograph of installation.
- Figure 50. Coke Machines. The Dunedin Hospital Art Collection. Author’s digital photograph of installation.
- Figure 51. Ben Webb, *Study*, 2011, Treated photographic image, 980 x 780. The Dunedin Hospital Art Collection. Author’s digital photograph.

- Figure 52. Mary Middleditch, *Holy City*, 1980, Mosaic tiles, 1200 diameter. The Dunedin Hospital Art Collection. Author's digital photograph.
- Figure 53. Neil Grant, *Otago Peninsula*, 1984, Ceramic mural, approximately 5510 x 2235. The Dunedin Hospital Art Collection. Author's digital photograph of installation.
- Figure 54. Elizabeth Stevens, *Signs and Messages*, n.d., Stained glass, 2660 x 2040. The Dunedin Hospital Art Collection. Author's digital photograph of installation.
- Figure 55. Brian Strong, *Peninsula*, 1992, Mixed media, 1245 x 985. The Dunedin Hospital Art Collection. Author's digital photograph of installation.
- Figure 56. Angela Burns, *Blue Valley*, 1987, Triptych, Acrylic on paper, 1050 x 780. The Dunedin Hospital Art Collection. Author's digital photograph of installation.
- Figure 57. James Douglas Charlton Edgar, a. *Small Lake, Queenstown* n.d., Oil on board, 350 x 400 and b. *Boats In Portugal*, n.d., Oil painting, 595 x 700. The Dunedin Hospital Art Collection. Author's digital photograph.
- Figure 58. Gretchen Albrecht, *Ceremonial*, 1981, Oil on beeswax on paper, 1165 x 752. The Dunedin Hospital Art Collection. Author's digital photograph of installation.
- Figure 59. Paul Tulloch, *Girl In White Dress*, 1980, Conte, 740 x 610. The Dunedin Hospital Art Collection. Author's digital photograph.
- Figure 60. Joanna Paul, a. *Flowers In A Glass Vase*, 1975, Acrylic on paper, 470 x 405, b. *Flowers In A White Jug*, 1975, Acrylic on paper, 400 x 330, and c. *White Jug And Flowers*, 1975, Acrylic on paper, 495 x 410. The Dunedin Hospital Art Collection. Author's digital photograph of installation.
- Figure 61. Ralph Hotere, *Red On Black*, 1977, Acrylic on board, 870 x 670. The Dunedin Hospital Art Collection. Author's digital photograph of installation.
- Figure 62. James York, Maori carving, n.d., Wood and paua shell, 2435 x 1145 and 2435 x 635. The Dunedin Hospital Art Collection. Author's digital photograph of installation.
- Figure 63. Eileen Mayo, *Moths On The Window*, Lithograph 1/30 760 x 550 and *Pigeon In Winter*, Silk-screen print 5/30, 705 x 580. The Dunedin Hospital Art Collection. Author's digital photograph of installation.

- Figure 64. Inge Doesburg, *Fish Out Of Water*, 1995, Screen print 13/30, 440 x 370. The Dunedin Hospital Art Collection. Author's digital photograph.
- Figure 65. Audrey Bascand, *A Fine Outlook*, 2005, Screen print 17/25, 385 x 420. The Dunedin Hospital Art Collection. Author's digital photograph.
- Figure 66. Audrey Bascand, Fern Patterns Series II, 2003, Screen print 24/40, 473 x 385 and Ferns Patterns Series III, 2003, Screen print, 473 x 385. The Dunedin Hospital Art Collection. Author's digital photograph of installation.
- Figure 67. Pat Hanly, *Bride Groom, Vacation*, 1991, Screen print 14/25, 715 x 890. The Dunedin Hospital Art Collection. Author's digital photograph.
- Figure 68. Michel Tuffery, *Tigaina*, 1988, Woodcut print on tapa cloth and handmade paper, 870 x 715. The Dunedin Hospital Art Collection. Author's digital photograph.
- Figure 69. Frances Hodgkins, *Summer*, c. 1912, Reproduction, 505 x 435. The Dunedin Hospital Art Collection. Author's digital photograph.
- Figure 70. Johannes Vermeer, *Woman In Blue Reading A Letter*, 1663-4, Reproduction, 530 x 455. The Dunedin Hospital Art Collection. Author's digital photograph.
- Figure 71. Vincent Van Gogh, *La Méridienne Ou La Sieste*, 1889-90, Reproduction, 485 x 565. The Dunedin Hospital Art Collection. Author's digital photograph of installation.
- Figure 72. Colin Emslie, *Maya*, n.d., Photograph. The Dunedin Hospital Art Collection. Author's digital photograph.
- Figure 73. Marius Minaar, *4 Notes of Thanks In A Major To Ward 4A* n.d., The Dunedin Hospital Art Collection. Author's digital photograph of installation.
- Figure 74. Unknown, *Rules For Nurses And Other Members Of The Hospital: From The Standing Orders of St Thomas' Hospital 1699 – 1752*, Framed Text, 730 x 445. The Dunedin Hospital Art Collection. Author's digital photograph.
- Figure 75. Jude Ansbacher, *Emerald Pool*, 2005, Oil on canvas, 1040 x 1000. The Dunedin Hospital Art Collection. Author's digital photograph of installation.

- Figure 76. Nurse Trio. a. Roy J. Dickison, *The Lamp Still Burns*, c. 1946, Oil on canvas, 915 x 765. b. M. G. Hannah, *Untitled*, n.d., Painting on canvas, 595 x 520, c. Unknown, *Untitled*, n.d., Watercolour on paper, 700 x 500. The Dunedin Hospital Art Collection. Author's digital photograph of installation.
- Figure 77. Roy J. Dickison, *The Lamp Still Burns*, c. 1946, Oil on canvas, 915 x 765. The Dunedin Hospital Art Collection. Author's digital photograph.
- Figure 78. Robin Kahukiwa, *Earth Formed Mother*, 1998, Screen print 711/750, 730 x 590. The Dunedin Hospital Art Collection. Author's digital photograph.
- Figure 79. Unknown, *Acrobat Of The Sea*, Poster, 405 x 505. The Dunedin Hospital Art Collection. Author's digital photograph.
- Figure 80. Orthopaedic Medical Display. The Dunedin Hospital Art Collection. Author's digital photograph of installation.
- Figure 81. Neonatal Intensive Care Unit. Posters and memorabilia. The Dunedin Hospital Art Collection. Author's digital photograph of installation.
- Figure 82. Screen Play. From Ken leung, Screenplay: Enchanted Forest www.kenleung.ca/_portfolioassets/PDF/Screenplay_KenLeung2.pdf.

Contents

Abstract.....	ii
Acknowledgements.....	iv
List of Illustrations.....	vi
Contents	xiii
Introduction	1
Chapter 1: Architecture and Wellbeing.....	7
Background	8
The Modern Hospital	28
The Ward Block	36
Conclusion	49
Chapter 2: Art and Wellbeing	51
Art in Hospitals	51
Art in the Dunedin Hospital	66
Conclusion	82
Chapter 3: The Relationship between Hospitals and Museums	84
Fine Arts in Hospitals	84
Justification for Fine Art in Hospitals	84

The Dunedin Hospital Art Advisory Committee	97
Conclusion	116
Chapter Four: Art and the Ward Block	117
Types of Works	120
Space and Art	141
The Medical Displays: Wellbeing and Contradictions of Space	144
Conclusion	149
Conclusion.....	151
Bibliography	156
Unpublished Sources	156
Primary Sources	158
Published Sources	158
Appendices.....	167
Time Line.....	167
Introduction to the List of Works.....	171
List of Works.....	172
Illustrations	206

Introduction

In her opening speech for the third Art in the Hospitals Exhibition in 1985, Val Rollo, the Chairwoman of the Dunedin Hospital Art Advisory Committee referred to a recent newspaper article that claimed Dunedin was fast becoming the Florence of New Zealand.¹ Historically, Dunedin was already considered a significant artistic centre in New Zealand. It was home to the country's first art school in 1870 that had produced many of the nation's finest artists. In 1884 William Hodgkins had founded New Zealand's first public art gallery in Dunedin. Over the years the city had supported a flourishing artistic community and many smaller galleries. Another significant initiative occurred in 1972 when the Dunedin Hospital became a leader in the movement to establish fine art collections in New Zealand hospitals.² Rollo took pleasure in acknowledging the Dunedin Hospital as a major repository of fine art in the city.

Frances Hodgkins, one of Dunedin's most loved artists of the early twentieth-century also paid tribute to the city of Florence. In a letter from Verona to her mother Rachel dated April 1941 Hodgkins eloquently expressed her admiration for that inspirational city stating,

¹ Val Rollo, Speech introducing Minister of Labour, Mr Stanley Rodger who opened the Art in the Hospitals Exhibition, 15 September 1985, Private Collection of Barbara Brinsley.

² Val Rollo Chairwoman, Art Advisory Committee, Otago Hospital Board to Professor M. Cooper, 17 February, 1988, Private Collection of Barbara Brinsley.

Florence is a treasure house, so lovely in herself, so full of gems, like a rosary of exquisite prayers in marble, bronze, paint and glass. At every corner of the street there is something to delight the eye and feed the spirit and with every step you drink in deep draughts of beauty and inspiration.³

Rollo's speech alluded to Dunedin being a treasure house of culture and fine arts. This analogy could be further applied to the hospital. The many corridors and spaces of the institution are metaphorically streets and piazzas, full of delightful surprises at every corner. In drawing a parallel between Florence and Dunedin including the hospital, Rollo had inadvertently pointed to an idea that would prove central to the collection that art in hospitals should serve as a cultural resource in the community.

Accordingly, the new Ward Block, which had been designed around the same time that the collection was established in the Dunedin Hospital in the 1970s, became a central repository for the art. This study links the development of the art collection to concerns about modernist hospital architecture and explores the wider relationship between architecture, art and wellbeing in the twentieth-century hospital. The art collection contained in the Ward Block is the particular focus of this thesis and reminds us of the vital role that original works of art have in humanising the clinical and institutional spaces of the modern healthcare facility.

Chapter One will discuss ways in which societal attitudes towards hospitals have significantly changed since the colonisation of New Zealand during the mid-nineteenth century. Hospitals at that time suffered the stigma of being unsanitary

³ Frances Hodgkins, *Letters of Frances Hodgkins*, ed. Linda Gill (Auckland, N.Z. : Auckland University Press, 1993), 281.

centres of cross infection, overcrowding and inadequate care by untrained attendants. The modern hospital of the twentieth-century by contrast, was highly regarded as the cornerstone of a healthy society.⁴ This chapter charts the development of the Dunedin Hospital from a variety of ramshackle, ad-hoc buildings and non-purpose designed structures to the modernist, functional and monumental *machine à soigner* of the Ward Block. Notwithstanding the significance of the modern hospital in promoting quality care, it will be demonstrated that the Ward Block provided an austere hospital environment that lacked humanizing qualities, which are also considered important to wellbeing.

Chapter Two describes how the exhibition of contemporary original art came to be seen to promote a sense of wellbeing, in otherwise clinical and institutional spaces, as a response to criticism of the bare functionalism promoted by modernism, leading to the establishment of the Dunedin Hospital art collection. Ordinary objects such as memorabilia, operating through what psychologists call *contagion* and *performance*, though not initially included and still considered controversial by some, later also came to be viewed as contributing to the wellbeing of patients, visitors and staff.

During the early 1970s developing cultural theories had resulted in a more holistic approach to wellbeing within healthcare facilities and encouraged the display of art.⁵ Modern hospitals however, privileged functionality with no financial commitment to providing an aesthetic environment. Dr Alan Clarke sought to remedy this impoverishment with art. The Dunedin Hospital Art Advisory Committee was

⁴ Cameron Logan, Philip Goad and Julie Willis, "Modern Hospitals as Historic Places," *The Journal of Architecture* 15.5 (2010): 601.

⁵ Susan Francis, Rosemary Glanville, Ann Noble and Peter Scher, *50 Years of Ideas in Healthcare Buildings* (London: The Nuffield Trust, 1999), 55.

established in April 1972 with the approval of the Otago Health Board.⁶ The committee aimed to hang original works of art in corridors, vacant areas and conspicuous places throughout the hospital.⁷ It was believed that original art would contribute beneficially to the wellbeing of staff, visitors and patients. A high standard of work was guaranteed as only selected artists were invited to show their work. Exhibition lists included well-known names such as Ralph Hotere, Russell Moses, Philip Trustrum, Robin White, Elizabeth Stevens, Joanna Paul and Shona MacFarlane.⁸

The introduction of the art collection coincided with the move towards the rehabilitation of ornament in the mid 1960s that opposed the restraint and austerity of modernism.⁹ The idea to place quality, original art in the Dunedin Hospital Ward Block thus was in part a response to the concern of modernist architecture.

During the 1970s the movement to display fine art collections in hospitals also highlighted issues concerning the formal exhibition of art that was no longer confined to official art institutions. Chapter Three explains how art theories justify the display of fine art collections in hospitals claiming art provides an opportunity for aesthetic wellbeing for ordinary people. It will also identify how hospitals are a cultural resource within the communities they serve; however, because a hospital is not a museum or an art gallery, as will be demonstrated in an overview of the work of the Dunedin Hospital Art Advisory Committee over the past four decades, there are

⁶ Alan Clarke, "Art Advisory Committee - Otago Hospital Board: Chairman's Progress Report, 1 June 1978," n.p, Private Collection of Barbara Brinsley.

⁷ "The Otago Hospital Board: Minutes of Art Advisory Committee Meeting." (meeting held on 12 April 1972), 1, Private Collection of Barbara Brinsley.

⁸ Otago Hospital Board Art Advisory Committee, "Exhibition of Works by Otago Artists: Otago Art Society Gallery," Sales Catalogue, (Dunedin, N.Z. 1973).

⁹ Donald Keyes, review of "Ornamentalism: The New Decorativeness in Architecture and Design," by Robert Jensen and Patricia Conway in *Art Journal* 44.2, Art and Science: Part 1, Life Sciences (1984): 193.

challenges in the museological responsibilities of such collections in working environments.

Theories promoted by John Dewey, George Dickie, Jane Macnaughton and Susan Sontag will be used to support the view, which assert that ordinary people should see art in the process of daily life and that art should not always be confined or isolated in galleries for the benefit of art experts. The hospital that displays fine art shares therefore, similar responsibilities to a museum in the care of collections. The International Council of Museums provides important definitions that are useful as a framework to assess the commonalities between the hospital institution and the museum. In this discussion it will also be demonstrated that at times, the Dunedin Hospital Art Advisory Committee has been challenged to fulfill their curatorial obligations regarding the development of their collection.

Chapter Four will argue that the heterogeneity of the visual material to which the art collection substantially contributes, works against the austerity of the building's architecture suggesting that the art collection serves as part of an impulse to personalize the relative anonymity of the structure and space. Notwithstanding the therapeutic function of art to provide a humanizing effect and to promote values associated with pleasurable aesthetic experiences, it is sometimes contested by the practical, functional and scientific demands of the institution.

A thematic analysis of spaces and categories of art includes reflections on how art may potentially transform the experience of space for those seeking care in the hospital or how space contests the value of the art. Examples of ways in which artworks may humanize the modern hospital will be demonstrated to include their

ability to distract from anxiety, to entertain, to provide a welcoming influence and to represent gratitude and quality care.¹⁰

This study focuses on the artworks that adorned the Ward Block during April and May 2012 and is of necessity a “snap shot” in time as the collection is constantly, in a state of flux. The researcher is not a professional photographer and therefore images in some cases indicate this lack of expertise or the limitations of displaying artworks in the working environment such as the close proximity of curtains, reflections of glass and inadequate lighting.

The art collection includes a significant body of regionalist works from the 1970s and 1980s representing the important trends in New Zealand art during this period. It also includes contemporary art, limited edition prints and memorabilia. The collection provides an opportunity to examine the origins of the twentieth-century movement to place original art in hospitals and to consider future directions for art in the therapeutic environment.

¹⁰ Roger Ulrich, “How Design Impacts Wellness,” *The Healthcare Forum Journal* 35 (1992): 23.

Chapter One: Architecture and Wellbeing

Societal attitudes towards hospitals and ideas of wellbeing have changed significantly since the colonisation of New Zealand during the mid-nineteenth century. Hospitals at that time carried the stigma of being unsanitary centres of cross infection, overcrowding and care by untrained attendants.¹ Contrastingly, the modern hospital of the twentieth-century came to be well regarded as the “cornerstone of a healthy society.”² This chapter charts the development of the Dunedin Hospital from ramshackle, ad-hoc buildings, to the modernist, functional and monumental *machine à soigner* of the Ward Block. Notwithstanding the modern hospital’s significant role to promote ideas of quality care it produced an austere hospital environment lacking humanising qualities that are also considered important to wellbeing.

The completion of the innovative Dunedin Hospital Ward Block and integrated Medical School facilities was considered a time of “justifiable satisfaction and rejoicing” for the Otago Health Board and the University of Otago Medical School.³ Officially opened on the 10th of November 1980 by Her Royal Highness the Duchess of Kent the new state-of-the-art hospital was destined to serve the present and future medical needs of the community.⁴ A close working relationship between the Otago Hospital Board, the Otago Medical School, the architects and contractors had resulted in an ideal integration of hospital services with the teaching function of a university,

¹ John Angus, *A History of the Otago Hospital Board and its Predecessors*, (Dunedin, New Zealand: Otago Hospital Board, 1984) 17.

² Cameron Logan, Philip Goad and Julie Willis, “Modern Hospitals as Historic Places,” *The Journal of Architecture* 15.5 (2010): 601.

³ Otago Hospital Board, *The Dunedin Hospital Ward Block with its Medical School Facilities* (Dunedin: Otago Hospital Board, 1981), n.p.

⁴ John Angus, *A History of the Otago Hospital Board and its Predecessors*, (Dunedin, New Zealand: Otago Hospital Board, 1984) 269- 76.

achieved for the first time in Australasia.⁵ The researchers, Logan, Goad and Willis asserted that,

During the twentieth-century hospitals became the cornerstone of a healthy society, symbolic of social progress, the triumph of science in health practice and the role of architecture in promoting the good health of the population.⁶

Accordingly, it is not surprising that the new Dunedin Hospital was welcomed with great enthusiasm. An indifferent public response, in contrast, had met the hospitals humble predecessor in the mid-nineteenth century.

Background

Poor Houses: Places of Extreme Misery and Squalor

During the 1850s early colonists had resisted the establishment of a new hospital in Otago, preferring instead to set aside land for religious and educational purposes.⁷ In the minds of the immigrants, a social stigma was attached to recipients of charity and hospitals.⁸

Although British towns had achieved the height of civilised culture, as centres of learning, industry and progress they were also places characterised by crime,

⁵ Otago Hospital Board, *The Dunedin Hospital Ward Block with its Medical School Facilities* (Dunedin: Otago Hospital Board, 1981), n.p.

⁶ Logan, Philip Goad and Julie Willis, "Modern Hospitals as Historic Places," 601.

⁷ L. E. Barnett, "The Evolution of the Dunedin Hospital and Medical School: *The Australian and New Zealand Journal of Surgery* 3.4 (1934): 307.

⁸ Pamela Wood, *Dirt: Filth and Decay in a New World Arcadia* (Auckland, New Zealand: Auckland University Press, 2005), 17.

extreme greed and dire poverty.⁹ A system provided for the poor and destitute allowing the able bodied to live in workhouses and those who could not work to live in Poor Houses.¹⁰ Such institutions incorporated wards for the sick and were typically unsanitary, disease ridden, overcrowded places of extreme misery and squalor.¹¹ Accordingly, hospitals did not feature in the plans of early settlers for their ideal society.¹²

In 1848, the first immigrants arriving in Dunedin had positive aspirations to build a new culture that would not reflect the “evils of the Old World” they had left behind. Potential immigrants believed that New Zealand was an “Arcadian vision” of natural, unspoiled, landscape. As stated by Pamela Wood in *Dirt: Filth and Decay in a New World Arcadia*, the settlers were intent on transforming the country’s wilderness into their own imagined world.¹³

Hospitals did not feature in the settlers’ plans. It was believed that the provision of public medical and charitable institutions would only encourage the development of a class of people who believed they were entitled to be poor rather than having an attitude of self-help. In view of this cultural perspective, it is therefore not at all surprising that the Otago Settlers’ Association later passed a resolution against the establishment of a hospital, fearing it would “pauperize the population.”

In 1850 when the Governor of New Zealand Sir George Grey visited Dunedin, a grant of 400 pounds was offered for the building of a public hospital despite a general resistance to the idea.¹⁴ At that time, according to A. C. Strode, the resident Magistrate and the most important government official in Dunedin, Grey was

⁹ Wood, *Dirt: Filth and Decay in a New World Arcadia*, 16.

¹⁰ Angus, *A History of the Otago Hospital Board and its Predecessors*, 17.

¹¹ Wood, *Dirt: Filth and Decay in a New World Arcadia*, 16.

¹² Angus, *A History of the Otago Hospital Board and its Predecessors*, 16.

¹³ Wood, *Dirt: Filth and Decay in a New World Arcadia*, 15- 17.

¹⁴ Angus, *A History of the Otago Hospital Board and its Predecessors*, 15 - 20.

particularly concerned about the health of Māori, many of who had been suffering from introduced diseases.

1851- 66: The Dunedin Hospital: Ramshackle Ad-Hoc Structures

The Dunedin Hospital was founded in 1851 in the northwest corner of the Octagon, which is now occupied by the Dunedin Town Hall (fig.1). Clark and Garvie, the successful tenderers for the construction of the new facility, had responded to the following terms as advertised in the local newspaper.

Sealed tenders in duplicate will be received at the Court until Thursday, the 15th day of December next at 11 o'clock in the [F]orenoon for the [E]rection of a Public Hospital near the Cricket Ground, Dunedin, such Hospital to consist of two good Wards, each 40 feet long x 12 feet by 10 feet, with a sweating room adjoining about 10 feet square; a Surgery about 16 feet square x 12 feet; a kitchen 20 feet by 16 feet; two small apartments for the Hospital attendants; each about 12 feet square; 2 Store Rooms; 2 Water Closets; 1 Pump, etc...The Hospital to be built on a plan which admits of enlargement; to be of Wood, Brick, Nogged with Stone Foundations; weatherboarded on [O]utside and Brick Flat, and of neat and ornamental design.¹⁵

As this tender advertisement demonstrates, medical knowledge had not yet reached a level where it asserted significant demands on hospital architecture. A

¹⁵ Angus, *A History of the Otago Hospital Board and its Predecessors*, 18.

comparison can be made to the Ward Block of 1980 that took nearly twenty years from concept design to construction.¹⁶ The description of the first hospital, in terms of its necessary elements and structure, was described for the building contractors in a simple paragraph determining approximate dimensions and aesthetic expectations. According to the historian John Angus,

Because of the state of medical science the best hospital patients could hope for was shelter, food and some alleviation of their symptoms. Diagnosis was crude, treatment haphazard and often speculative. Operations were simple, primarily consisting of bloodletting, removal of foreign bodies, amputations and splinting. Sometimes tumours, cataracts and stones were removed and skulls trephined. In 1850 the practice of anaesthetising patients was only just beginning, using ether or chloroform. Antisepsis was a decade away and the danger from dying from infected wounds was very high. Some drugs were known, but the most commonly used were pain relieving opiates and alcohol. Thus contemporary medical treatment did not require the specialised facilities, which only hospitals can provide today.¹⁷

Regardless of the limitations of medicine at this time, medical oversight for all those in the hospital was initially the responsibility of the Colonial Surgeon Robert Williams who treated police, prisoners and outdoor patients. Economically stable settlers, who could afford the service of doctors, considered the home as the most appropriate and safest environment for healthcare treatment; thus the hospital was rarely used in the first fifteen months. Many settlers were of the opinion that the

¹⁶ Otago Hospital Board, *The Dunedin Hospital Ward Block with its Medical School Facilities*: n.p.

¹⁷ Angus, *A History of the Otago Hospital Board and its Predecessors*, 17.

hospital was a useless and extravagant institution for which there was little use. In 1856 the establishment of a Provincial Surgeon, Edward Hulme MD (Scot), MRCS (London), LM (Dublin) superseded William's position.¹⁸ Hulme served faithfully until his death in 1876, doing the best he could under what eventuated as a constant struggle with substandard hospital facilities.

In 1861 with the discovery of gold in Central Otago, the demand on hospital services rapidly increased as Dunedin grew to be the largest and most important town in New Zealand. The city swelled to a population of more than thirty thousand as fortune seekers arrived from far away places including the goldfields of California and Australia.¹⁹ The hospital was the only option for medical treatment for many of the new residents who were often single men and transients living in tents or small boarding houses usually without money or permanent employment.²⁰ Mining accidents on the gold fields were common and many miners lived in poor conditions that made them prone to illness.²¹

During the gold rush period, ad-hoc extensions to the hospital provided a ramshackle collection of buildings of a poor standard. Public Works Departments administered the building programmes with what appeared to be little regard for the advice of the Provincial Surgeon. Relations between Hulme and building supervisors and engineers were difficult as Hulme frequently complained about the inadequacy of building design and the poor standards of workmanship.²² Several one, two, and

¹⁸ Angus, *A History of the Otago Hospital Board and its Predecessors*, 19- 22.

¹⁹ Barnett, "The Evolution of the Dunedin Hospital and Medical School: A Brief History," 307- 8.

²⁰ Angus, *A History of the Otago Hospital Board and its Predecessors*, 26.

²¹ Angus, *A History of the Otago Hospital Board and its Predecessors*, 42.

²² Angus, *A History of the Otago Hospital Board and its Predecessors*, 24.

three-storey buildings, kitchens and laundries were built to cope with the increasing demands for healthcare.²³

By present day standards conditions for patients in Dunedin Hospital between 1857 and 1866 were unacceptable. The site conditions in the Octagon presented major issues concerning public health. A large open cesspit reported in the *Otago Witness* as a “hazardous abomination,” adjoined the hospital site on the lower side, towards George Street. It was offensive, both to sight and smell and caused “considerable annoyance” to patients.²⁴ Inadequacies of the ad-hoc structures included there being no provision made for wardsmen, no fireplaces, windows without fastenings, outside toilets, and exterior stairs, which patients were forced to use without privacy and in bad weather. Wind and rain blew through the gaps between the roof and the walls creating draughty non-weatherproof interiors.²⁵ Hulme complained about the poor conditions to the Superintendent but obtained minimal practical responses to his requests.

Overcrowding was another serious problem at the hospital. In maintaining an inclusive policy, the institution received all who were maimed, wounded, sick, imbecile and insane. The hospital served Māori, pakeha, men, women, paying and non-paying, public, private, physically and mentally ill cases and therefore acted as a charitable institution, lunatic asylum and public dispensary. Specialist facilities for

²³ Barnett, “The Evolution of the Dunedin Hospital and Medical School: A Brief History,” 307.

²⁴ Author Unknown, “The Dunedin Hospital,” *Otago Witness*, 18 October 1862. accessed 19 March 2013, Papers Past – Otago Witness- 18 October 1862- The Dunedin Hospital Otago Witness Issue 568 18 October 1862, paperspast.natlib.govt.nz.

²⁵ Angus, *A History of the Otago Hospital Board and its Predecessors*, 26-7.

indigent and long-term patients, many of whom were mental cases, were initially non-existent until the Arthur Street asylum opened in 1863.²⁶

Hospital workers were often rough and untrained and were known for their negligence and ill treatment of patients. The turnover of wardsmen was high as some were dismissed for drunkenness or absenteeism and others left for the goldfields. Consequently, able-bodied patients were expected to make their own beds, clean the wards and cut firewood.²⁷ Nevertheless, patients also enjoyed considerable freedom during their convalescence and could visit the local hotel, wardsmen often overlooking the common practice of smuggling liquor back into the hospital.

Hulme complained of an intolerably high workload given the inclusive policy of the Dunedin Hospital and the rising number of patients during the gold rush years. The overall impression of the institution to many settlers was perhaps, that the hospital had come to develop the dreaded characteristics of Poor House Wards in the Old World.

In 1864, a Royal Commission of Inquiry into the conditions of the Dunedin Hospital noted the serious issue of overcrowding.²⁸ Hulme was concerned about the low ceilings that were nearly all less than 10 feet. The need for high ceilinged wards was originally based on the Miasma Theory, which held that disease was caused by poisonous, smelly air from rotten organic matter.²⁹ As reflected in the name pythogenic fever, which means a fever generated in rotteness, foul odours were

²⁶ Angus, *A History of the Otago Hospital Board and its Predecessors*, 23- 43.

²⁷ Angus, *A History of the Otago Hospital Board and its Predecessors*, 30, 36 and 82.

²⁸ Angus, *A History of the Otago Hospital Board and its Predecessors*, 27- 30.

²⁹ Jonathon Hughes, "Matchbox on a Muffin: The Design of Hospitals in the Early NHS," *Medical History* 44.1 (2000): 24.

thought to introduce a harmful substance into the body that would cause sickness.³⁰ It was believed that high ceilings and good ventilation were necessary features in the hospital so that the bad air could rise and escape. Hulme had calculated in his September report in 1863 that most wards were less than 500 cubic feet of space per patient. The Commission recommended the minimum space per person be increased to 1000 cubic feet. The problem of overcrowding and its effect on ill health thus, related to poor air space as well as insufficient floor area.

The lying-in or maternity ward provides a more obvious example of the overcrowding problem. Generally, it was seduced servants, prostitutes and the occasional married woman living in cramped quarters that used the lying-in ward. In the 1860s when illegitimacy rates and prostitution had increased demands in such wards, there were on occasion two patients in a bed. A potential solution to the overcrowding situation at the hospital presented itself when a major event in the city provided an impressive architectural building with an uncertain future.

1866: The Dunedin Hospital: Problems of a Converted New Zealand Exhibition Building

In 1864 a magnificent building in Great King Street was constructed for the New Zealand Exhibition of 1865.³¹ It was erected on flat swampy ground in the northern part of town. Exhibition Buildings were typically elaborate designs, a most famed example being the Eiffel Tower. The architectural firm, Mason and Wales had based the design on Charles Fowler's 1828-30 Flower Market building in Covent

³⁰ Wood, *Dirt: Filth and Decay in a New World Arcadia*, 34.

³¹ Angus, *A History of the Otago Hospital Board and its Predecessors*, 27- 33.

Garden.³² After the exhibition the structure was intended to form the first part of a group of parliamentary buildings for the Government, which was considering its relocation from Auckland to Dunedin.³³ Once the exhibition was over however, the Provincial Council recommended that the Exhibition Building be converted into a hospital. The Provincial Engineer, Hulme and Dr Robert Burns MRCS an Edinburgh educated doctor and an Assistant Surgeon at the hospital provided evidence to support the proposition.

Although the medical profession was involved with the conversion of the Exhibition Building into a hospital, the outcome proved unsatisfactory. The building had been hastily erected and there were many defects.³⁴ The Provincial Surgeon, Hulme, was persistent in making suggestions and complained to officials and government leaders demanding that shortcomings of the structure be attended to before its occupation by patients.³⁵ Hulme advocated thus, for better toilet facilities, full height partitions and basic improvements to ventilation such as opening windows and skylights in the main halls. Later, the Commission of Inquiry in 1890 was to revisit many of Hulme's concerns including his criticism of the bathrooms. As the report at that later date described,

The baths and lavatories are actually in the wards and only separated by a low screen, so that any effluvia arising from them actually mixed with the air of the wards, which was pointed out in the evidence to be an extremely objectionable

³² Archiseek.com/.../1865-exhibition.building.dunedin.otago.new.zealand and www.coventgardentrust.org.uk/resources/...background/history.

³³ New Zealand Parliament Dunedin Hospital Inquiry Commission, *Dunedin Hospital Inquiry Commission (report Of): Presented to Both Houses of the General Assembly by Command of His Excellency* (New Zealand: Government Print, 1891), 4.

³⁴ New Zealand Parliament Dunedin Hospital Inquiry Commission, *Dunedin Hospital Inquiry Commission*, 4.

³⁵ Angus, *A History of the Otago Hospital Board and its Predecessors*, 28- 34.

arrangement, as the steam acting on the size in the walls and ceilings is liable to promote the propagation of pathogenic germs.³⁶

The hospital building was substandard as was the condition of the site. A major issue of the site was an open drain, which made the land prone to saturation of sewage. Nevertheless, towards the end of 1866 Hulme was sufficiently satisfied to transfer 123 of his patients into the converted hospital.³⁷

The new Dunedin Hospital was an impressive building, which had a large central hall with upper and lower galleries and two towers, one of which was a clock tower (fig. 2).³⁸ In the conversion, the main structure was divided into eight wards, six male wards, each with 18 beds, and two female wards with 16 beds. Two small rooms in the tower were dedicated to the treatment of venereal disease.³⁹ There were two lying-in wards both of which had eight beds. Separate apartments were provided for the staff and offices were assigned for the storekeeper and Provincial Surgeon. An annex at the rear of the site was converted into a kitchen, storeroom, waiting room and dispensary. A dead house, straw house, bathrooms, outside toilets and cesspits were constructed in addition to the main building.⁴⁰ Chinese lepers were separated primarily for issues of racial discrimination although they were allowed to visit town until complaints were made about the contagious nature of their disease. The lepers were cared for in a tin shed at the rear of the site where they later died.⁴¹

³⁶ New Zealand Parliament Dunedin Hospital Inquiry Commission, *Dunedin Hospital Inquiry Commission*, 6.

³⁷ Barnett, "The Evolution of the Dunedin Hospital and Medical School: A Brief History," 309.

³⁸ Angus, *A History of the Otago Hospital Board and its Predecessors*, 33- 4.

³⁹ Barnett, "The Evolution of the Dunedin Hospital and Medical School: A Brief History," 310.

⁴⁰ Angus, *A History of the Otago Hospital Board and its Predecessors*, 34.

⁴¹ Barnett, "The Evolution of the Dunedin Hospital and Medical School: A Brief History," 310 and

Initially, the converted Exhibition Building seemed to be an improvement on the original facility in the Octagon; however, it was not long before patient conditions reverted to those experienced in the old hospital.⁴² By 1868 many of the problems that Hulme had identified prior to occupation had re-emerged having developed into more serious issues. The new hospital accordingly, did not usher in a new era of improved patient conditions.

The Medical School 1875

The establishment of the University of Otago Medical School in the mid 1870s led to administrative changes at the Dunedin Hospital and improvements to hospital architecture and healthcare.⁴³ Hulme did not support the move for a Medical School however, as he believed it was too early, and perhaps this was understandable given that Dr M. Coughtrey M.B., C.M., (Edin.), who had come out from England in 1874 to lecture in anatomy soon resigned as he only had one student. The University of Otago had been established in Dunedin in 1869 and although a Medical School had been anticipated from the start, it was not until 1875 that the first lectures were held and the Dunedin Hospital opened its doors to a small number of medical students. The first classes given in the Medical School were in chemistry, zoology and anatomy. Influential men appointed to lecturing positions in the early period of the Medical School's establishment included, Jas. Gow. Black, M.A. D.Sc., Fred. K. W. Hutton, F.R.S., Millen Coughtrey, John Halliday Scott, M.D. (Edin.), M.R.C.S. (Eng.), D. Colquhoun, M.D. (London.), F.R.C.P., Dr Ferdinand Batchelor M.D.,

Angus, *A History of the Otago Hospital Board and its Predecessors*, 49.

⁴² Angus, *A History of the Otago Hospital Board and its Predecessors*, 36.

⁴³ Angus, *A History of the Otago Hospital Board and its Predecessors*, 34- 40.

M.R.C.S., a specialist in gynaecological and obstetrics cases and Henry Lindo Ferguson, C.M.G., M.A., M.D., F.R.C.S.I.

The Medical School was initially located in the Stock Exchange Building formerly the Colonial Bank in Princes Street. In 1880 the school moved to the stone and brick buildings on the banks of the Leith River. Additional buildings on the University grounds were later provided for the Medical, Dental and Mining Schools; however, it became more convenient and practical for the Medical and Dental Schools to be relocated in the immediate vicinity of the hospital in King Street. The Ophthalmic Surgeon H. L. Ferguson was responsible for the establishment of the buildings near the hospital.

A major concern of the Medical School was the great difficulty in obtaining recognition for the course by university or college councils in Great Britain.⁴⁴ The training and clinical experience of doctors was inhibited by the poor conditions at the Dunedin Hospital.⁴⁵ Batchelor claimed that the hospital with a medical school should be “as perfect as possible” for the teaching of up-to-date practice and that it was unacceptable to put patients at extra risk.⁴⁶ Building inadequacies continued to be a problem as well as the lack of a wider range of qualified staff.⁴⁷ Until 1885 the Medical School had offered a two-year course with students finishing their training primarily at Glasgow University.⁴⁸ By the 1930s however, the Medical School had gained a reputation comparable to prestigious schools in other parts of the British Empire.⁴⁹

⁴⁴ Barnett, “The Evolution of the Dunedin Hospital and Medical School: A Brief History,” 311- 5.

⁴⁵ Angus, *A History of the Otago Hospital Board and its Predecessors*, 41.

⁴⁶ New Zealand Parliament Dunedin Hospital Inquiry Commission, *Dunedin Hospital Inquiry Commission*, 18.

⁴⁷ Angus, *A History of the Otago Hospital Board and its Predecessors*, 40.

⁴⁸ Angus, *A History of the Otago Hospital Board and its Predecessors*, 81.

⁴⁹ Barnett, “The Evolution of the Dunedin Hospital and Medical School: A Brief History,” 313- 4.

Medical students were eventually allowed into the Dunedin Hospital in 1878 but their needs were not readily accommodated, an example of the kind of problem that was encountered occurring when the lying-in ward closed in 1887. Doctors at the Medical School came into conflict with the hospital administration over the issue of medical students not being able to obtain sufficient clinical teaching practice.⁵⁰ In 1905 when the new government institution of St Helens Hospital opened for married working class and middle class women who had usually given birth in the home; medical students were banned from the institution. It was believed that the presence of medical students in St Helen's would discourage married women from using the facility and reduce the number of cases available for those training for midwifery. St Helen's was popular and so was its Medical Officer, Dr Emily Siedeberg.⁵¹ Siedeberg, the daughter of a well-known lawyer, was the first woman to graduate from the University of Otago Medical School.⁵²

Government inspectors believed that it was too expensive to have a lying-in ward at the hospital and the public provision of maternity facilities was seen as a charitable rather than medical function. The administration of charitable lying-in cases was given to the Benevolent Institution and women in the poorer classes had their babies at a female refuge. Consequently, the Medical School suggested the medical school students and nurses should be trained in practical midwifery at the refuge.⁵³

Another concern for the Medical School was the problem of untrained nurses. Hulme had not encouraged trained nurses working in the hospital; being of the

⁵⁰ Ibid, 41.

⁵¹ Angus, *A History of the Otago Hospital Board and its Predecessors*, 81- 121.

⁵² Erik Olssen, *A History of Otago* (New Zealand: John McInroe Ltd., 1984), 149.

⁵³ Angus, *A History of the Otago Hospital Board and its Predecessors*, 121.

opinion that respectable women would not present themselves for training.⁵⁴ It was largely through the efforts of Colquhoun, M.D. (London) F. R. C. P who was a Professor of Medicine in 1883, at the Medical School that the old time warders were replaced and the change occurred to employ trained nurses.⁵⁵

The University Council suggested other major reforms to enable the Dunedin Hospital to function better as a teaching institution. Recommendations included the division of the hospital into surgical and medical sections with the appointment of two medical men to each division, an assistant surgeon to reside in the hospital and the official position of a dispenser who would control the use of drugs.⁵⁶

Reforms and Hospital Architecture

In the late nineteenth-century the rapid advancement of medical science and technology continued to create tension between the hospital trustees and medical profession. The medical profession aspired to keep up with the latest developments in the medical discipline, which included making the necessary architectural improvements to the Dunedin Hospital. In the 1870s medicine began to change regarding new methods of treatment in response the development of the Germ Theory, which displaced the Miasma Theory.⁵⁷ The Germ Theory held that certain diseases are caused by the invasion of the body by microorganisms that are too small

⁵⁴ Ibid, 34.

⁵⁵ Barnett, "The Evolution of the Dunedin Hospital and Medical School: A Brief History," 314.

⁵⁶ Angus, *A History of the Otago Hospital Board and its Predecessors*, 34- 40.

⁵⁷ Wood, *Dirt: Filth and Decay in a New World Arcadia*, 35.

to be seen except through a microscope.⁵⁸ The French chemist and microbiologist Louis Pasteur, the English surgeon Joseph Lister and the German Robert Koch all contributed to the acceptance of this theory.

Lister had revolutionised surgical practice by utilising carbolic acid (phenol) to exclude atmospheric germs thus preventing putrefaction in compound fractures of bones.⁵⁹ Listerian methods were first used in the Dunedin Hospital in 1872 after a successful operation on a compound fracture of the arm. Dr Duncan McGregor who had studied medicine at Edinburgh and who had seen Lister at work used antiseptic methods to save a young man's arm from amputation, which had been drawn into machinery at a flax scutching mill.⁶⁰ Prior to 1872 many wounds had become infectious.⁶¹

Dr Wm. John Mullin quoted in Angus, *A History of the Otago Hospital Board and its Predecessors* recalls the carbolic era when all instruments were soaked in a 1 in 20 carbolic solution, including sponges, which were left in the solution overnight. He remembers that the atmosphere of the operating room was charged with carbolic spray. Operators had washed their hands thoroughly and then dipped them into carbolic solution before operations. Horsehair, plucked from a bunch hanging open to "the airs of heaven and dust," was soaked in carbolic solution before being used for suturing.⁶²

The operating theatre up until 1888 was also the casualty room and was equipped with basic equipment; a wooden table and wash hand basins. Poor lighting meant that during some surgeries the patient had to be shifted several times to

⁵⁸ "Germ Theory (medicine)," [Encyclopedia Britannica.com/Www.britannica.com/Ebchecked/topic/230610/germ-theory](http://Encyclopedia.Britannica.com/Www.britannica.com/Ebchecked/topic/230610/germ-theory).

⁵⁹ "Germ Theory (medicine)," [Encyclopedia Britannica.com](http://Encyclopedia.Britannica.com).

⁶⁰ Barnett, "The Evolution of the Dunedin Hospital and Medical School: A Brief History," 309.

⁶¹ Angus, *A History of the Otago Hospital Board and its Predecessors*, 37.

⁶² Barnett, "The Evolution of the Dunedin Hospital and Medical School: A Brief History," 310.

brighter parts of the room.⁶³ Notwithstanding the primitive conditions, Dr Wm. John Mullin recalls several memorable and successful operations. In 1885, Henry Maunsell the Lecturer in Surgery removed a large fibro-myomatous uterus that weighed eighteen and a quarter pounds and in 1886, Dr Batchelor in an exploratory laparotomy found and removed a very putrid extra-uterine foetus. Maunsell's method of performing intestinal resection was later published in the *American Journal of the Medical Sciences* March 1892 and was described in leading textbooks. Maunsell claimed he was inspired to develop the inside-out technique used for this operation after watching his wife sew a sleeve on a garment. Even though anaesthesia was available, ideas about pain and its use, in the late 1880s, were such that tonsils could be removed by Mackenzie's guillotine without anaesthesia, the patient sitting in a chair.

In 1888 a new up-to-date operating theatre was built after the medical profession condemned the old theatre.⁶⁴ The new theatre, designed to promote aseptic rather than antiseptic practices, had foot operated taps and an iron and glass, operating table. Later, in 1903 a new steam sterilizing apparatus was also installed.⁶⁵

Regardless of the modernising of the theatre, Batchelor, known to operate in an empty ward in the days of the old operating room, had also been consistently disturbed about the general unsanitary state of the hospital.⁶⁶ Late in July 1890 when one of his patients died and another became ill because of a post-operative infection Batchelor removed all his other cases from the building. Batchelor and his lawyer

⁶³ Angus, *A History of the Otago Hospital Board and its Predecessors*, 83.

⁶⁴ Barnett, *The Evolution of the Dunedin Hospital and Medical School: A Brief History*, 310- 315.

⁶⁵ Angus, *A History of the Otago Hospital Board and its Predecessors*, 93.

⁶⁶ Barnett, *The Evolution of the Dunedin Hospital and Medical School: A Brief History*, 311.

later presented a case for reforms in the hospital based on the Germ Theory of infection.⁶⁷

The Germ Theory argument provided scientific rationale to support a different kind of hospital architectural design. The Dunedin Hospital at that time consisted of a block system of hospital construction. Sun and ventilation were only provided via the Great Central Hall, which meant that there was a mixing of air from the wards that all opened out into the hall. The hospital layout was believed to contribute to the spreading of contaminated air.⁶⁸

In the 1880s a reform movement led by the Honorary Medical Staff and in particular by the University lecturers such as Ferguson and Batchelor, pushed for improvements to the poor conditions of the hospital resulting in the Royal Commission of Enquiry 1891. The Commission favoured the reformers and the Trustees were then forced to accept the need for major modernisation of the Dunedin Hospital in accordance with the demands of the Honorary Medical Staff.⁶⁹

In the 1891 Inquiry, complaints were made against faulty construction, improper ventilation, overcrowding, inadequate bathrooms and toilets, and the need for better kitchens, wards and separate facilities for special cases.⁷⁰ Dr Maunsell advocated the Pavilion style system where each ward was in a detached building, was well ventilated from three sides and was connected to other buildings.

In the old Exhibition Hospital the architecture did not easily comply with the ideas implicit in the Pavilion concept; however, as a result of the Inquiry, alterations

⁶⁷ Angus, *A History of the Otago Hospital Board and its Predecessors*, 86.

⁶⁸ New Zealand Parliament Dunedin Hospital Inquiry Commission, *Dunedin Hospital Inquiry Commission*, 4.

⁶⁹ Angus, *A History of the Otago Hospital Board and its Predecessors*, 83- 7.

⁷⁰ New Zealand Parliament Dunedin Hospital Inquiry Commission, *Dunedin Hospital Inquiry Commission*, 14.

and additions were proposed that included the removal of the roof over the courtyard, which would promote the benefits of the Pavilion style (figs. 3-7).⁷¹

The Nightingale Ward: The Traditional Ward Layout

The more desirable architecture of the Pavilion style described buildings that were no more than three or four storeys high, which were set out with sufficient distance between them to ensure adequate sunshine and fresh air reached into the lower wards (fig. 8).⁷² In the late nineteenth-century Florence Nightingale was responsible for what became the typical ward configuration of traditional hospitals. The Nightingale Ward was an open room that had approximately thirty beds arranged in two parallel rows with windows and high ceilings to promote cross ventilation. Nightingale Wards were usually accommodated in pavilion buildings (fig. 9).

Nightingale Wards were the dominant form of ward layout prior to 1948 and were based on contemporary knowledge; however, today they are criticised for their limitations and potential risks. Pavilion buildings had architectural height restrictions for instance, that imposed site constraints for compact city plots. Nightingale Wards are also now thought to be a cause of cross infection of surrounding patients. In modern hospitals segregated treatment areas for dressing wounds, and air conditioning have become more effective methods of preventing the spread of bacterially contaminated air associated with open wards.⁷³

⁷¹ New Zealand Parliament Dunedin Hospital Inquiry Commission, *Dunedin Hospital Inquiry Commission*, 9.

⁷² Hughes, "Matchbox on a Muffin," 26.

⁷³ Hughes, "Matchbox on a Muffin," 24- 31.

The Converted New Zealand Exhibition Building Condemned as Unfit for the Sick 1905

Conditions at the Dunedin Hospital did not significantly improve and the converted Exhibition Building, initially praised as being a remarkably perfect building, by 1905 was condemned as being unfit for the sick. According to the *Otago Witness*, a large public meeting was held at the Town hall concerning the need for a new medical wing. Mr Miller, Chairman of the Hospital Board, denounced the Exhibition Hospital stating,

I hope Dunedin will realise thoroughly what a comparatively miserable place you have got for the medical patients at present. It is not worthy of Dunedin. It is not worthy of your important Medical School, the only one in the colony and it is hardly in these modern and up to date times quite a fit place to put the sick. ...“The sooner you get rid of it the better.”⁷⁴

Architectural Developments at the Dunedin Hospital 1880-1980

Despite the emphatic condemnation of the hospital, it was not until 1933 that the Exhibition Building was eventually demolished. The Dunedin Hospital did not

⁷⁴ “The Dunedin Hospital: Proposed New Medical Wing: Large Public Meeting at the Town Hall,” *Otago Witness*, 7 June 1905.

expand very much until the late 1890s. In 1899 the old Miller and Houghton Wards, the Operating Theatres and the Victoria and Jubilee Pavilions were constructed (fig. 8). In 1906, the Plunket Pavilion was built, followed in 1910 by the old X-Ray building, the Nurses home in 1916 and its extension in 1926. Significantly, in 1933, an administration building replaced the iconic Exhibition Building. In 1937 the old Queen Mary Hospital was built and during World War II the northern end of the nurses home was extended. The X-ray building at that time was also demolished to make way for the new X-ray Pavilion and in 1946 construction commenced on the Physiotherapy Building as well as a temporary building for the Out Patients and Eye Departments. In 1957 paediatric patients were transferred to the Wakari Hospital when it opened allowing the Occupational Therapy and Pharmacy Departments to occupy the Victoria and Jubilee Pavilions. The Victoria and Jubilee Pavilions were demolished in the 1970s to make way for the new Ward Block.⁷⁵ According to Stephenson and Turner's concept report, the King Edward and Plunket Pavilions were also demolished at this time.⁷⁶

Historically architectural developments at the Dunedin Hospital, as demonstrated, have often reflected tension between the hospital administration, medical profession, architects and builders associated with hospital design and construction. The major building programme in the late 1940s involving the new secondary hospital facility at Wakari provides a more recent example of this problem. Members of the Otago Hospital Board became disillusioned with local architects Messrs Mandeno and Frazer who were commissioned to begin planning for the Wakari site in 1946 complaining that they did not show detailed plans to medical

⁷⁵ Otago Hospital Board, *The Dunedin Hospital Ward Block with its Medical School Facilities* (Dunedin: Otago Hospital Board, 1981): n.p.

⁷⁶ Stephenson and Turner, "Dunedin Hospital Ward Block: Concept and Report," March 1971, DAHI D272 Box 138 item a DN GB 90g C722518, Archives New Zealand, Dunedin.

staff at critical times, which then led to time-consuming delays. The advice of the Public Works Department had gone unheeded even though they had identified serious inadequacies in the design including for the location of lifts and the lack of utilisation of the basement as a service area.⁷⁷ It was this inexperience of local architectural services in the design of modern hospitals that led to the commissioning of the Australian firm Stephenson and Turner Architects in 1952 to look afresh at the overall redevelopment plan for the Dunedin Hospital. Stephenson and Turner Architects followed a more collaborative inter-disciplinary design process. The architecture of the firm was also influenced by international trends in hospital design during the interwar years. It is therefore important to consider the design of the Ward Block in terms of this wider context.

The Modern Hospital

The Modern Hospital: A Factory for Healing or *Machine à Soigner*

During the interwar years, medical architecture had become a specialist activity as architects endeavored to accommodate the clinical process through efficient, modern hospital design. The increasing efficacy of surgical techniques, which had built on nineteenth-century advances in anesthetics and asepsis, enabled hospitals to provide aseptic operating conditions for modern surgery. Hospitalisation became more effective and attractive for those who had formerly been cared for at home.⁷⁸ The tradition of inpatient hospital care being only for the less fortunate in society,

⁷⁷ Angus, *A History of the Otago Hospital Board and its Predecessors*, 230-3.

⁷⁸ Hughes, "Matchbox on a Muffin," 24- 26.

gave way to the perception that the hospital could now provide professional quality care for all. The hospital developed into what was termed an efficient *machine à soigner* or factory for healing. According to the *Architects Journal* in 1932 the idea that hospitals were effective healing machines translated into an attitude about economics and healing,

Hospitals house sick people. Every sick person costs 8s or 9s per day, is earning nothing, and is a burden on the community. Hospitals exist to put them right and turn them into the world as economically as possible.

In the mid-twentieth century, the machine aesthetic, *Die Neue Sachlichkeit* (the new objectivity) or simply put functionalism, was deemed an emblem for the spirit of scientific and technological progress. Architect Le Corbusier asserted that the house was “a machine for living in.” Jensen and Conway also acknowledged this aesthetic of the age observing that the office came to look like “a machine for working in;” the street, “a machine for driving/parking in” and similarly the hospital, “a machine for recovering and dying in.”⁷⁹

The development of the modern hospital can be explored following four main ideas: monumental architecture, indeterminate architecture, Brutalism and the collaborative design process.

⁷⁹ Robert Jensen and Patricia Conway, *Ornamentalism* (New York: Crown Publishers, 1982), 9- 11.

Monumental Hospital Architecture: External Appearance

In the late 1950s architects endowed hospitals with a monumental form, being an external appearance that was expressive of the “modernity of healthcare to be found within.” Although the Nuffield studies in Britain had avoided suggesting an architectural form for the whole hospital, perhaps alluding to the modernist axiom that “form follows function,” many modernists believed that the “tower on a podium” structure was an ideal marriage of function, science, economics and art. The overt display of architectural modernity attracted many post-war hospital designers who were promoting the modern medical care system. Many of the old hospital structures associated with inadequate services were replaced with modern architecture and technologies.⁸⁰

The ward tower, a break away from the formal coherence of traditional, classicised architectural style, offered a new design solution for hospitals at this time. The tower provided a neat design solution maximising efficiency with standardised ward units stacked over a mat of flexible, extendable, diagnostic, outpatients and centralised ancillary departments. The tower on podium concept was most suited for tight inner city plots, allowed rapid vertical communication, via lifts; had a distribution service to wards rising from a central dispatch centre located in the podium; provided a simplified construction process; and most importantly, was an impressive architectural statement.⁸¹ Variations on the “muffin on a matchbox” design influenced modern hospital typology, including the “muffin without a matchbox” model.

⁸⁰ Hughes, “Matchbox on a Muffin,” 21- 35.

⁸¹ Hughes, “Matchbox on a Muffin,” 35- 41.

Indeterminate Hospital Architecture: Internal Planning

Early in the twentieth-century, hospital architects also addressed problems related to the influence of modern medicine on hospital design. A new hospital could take many years in the planning and construction phases and potentially its design was at risk of becoming obsolete before it was even constructed. The new problem of obsolescence in hospital architecture occurred when certain treatments become redundant. Designing for specialist requirements of the day such as was done in Alva Aato's *Paimio* Sanatorium for the treatment of tuberculosis could potentially jeopardise the future functionality of a hospital.⁸² The balconies of *Paimio*, though attractive, became obsolete details as soon as streptomycin became the post-war treatment for tuberculosis rather than light therapy or surgery.⁸³ The issue of obsolescence of hospital architecture continued to be addressed in the 1950s by architects of modern hospitals including the English architect John Weeks, a progressive hospital designer of the era. In a 1965 article in *Medical Care* Weeks stated,

The design of hospitals for the 1970s is inevitably and primarily concerned with the need to keep obsolescence at bay. To do this they must be able to grow and change. Architects must understand this and not design for finite and static conditions.⁸⁴

⁸² Logan, "Modern Hospitals as Historic Places," 604.

⁸³ Hughes, "Matchbox on a Muffin," 32.

⁸⁴ John Weeks, "Hospitals for the 1970s," *Medical Care* 3.4 (1965): 197.

Flexible architectural design accommodated future needs of a hospital without compromising core services and traffic patterns or structural and mechanical functions.⁸⁵ In 1954 the Nuffield Division for Hospital Studies started to publish literature that was to significantly influence modern hospital design. The Nuffield studies led to conferences and publications that were the only resources for modern hospital designers in Britain throughout the 1950s.⁸⁶ Providing for flexibility, growth and change was a constant theme in many studies, including for workflow and practices.⁸⁷ The analysis of string diagrams to record a nurses walking pattern during a duty for instance, showed that utility rooms should be closer to the beds.⁸⁸ In the 1970s John Weeks referred to the flexible design concept as “indeterminate architecture.”

Indeterminate architecture had three main features, a simple internal street pattern that would ultimately define the form of the hospital, open ended departments in separate zones that could expand independently and thirdly, services and structural systems that were universal and extensible. Designers also considered the relationships of two kinds of spaces threaded through the hospital, one for people and the other for services, including their potential for extension.

The concept of indeterminate architecture was modelled on the hospital being like a series of little villages, as opposed to a linear town, with connections made between spaces as if they were streets. Each department was regarded as a separate building block and was given a form appropriate to the work it performed. The blocks were then attached to the internal street system of the main structure. It was envisaged that departments would be able to develop independently without

⁸⁵ Logan, “Modern Hospitals as Historic Places,” 606.

⁸⁶ Hughes, “Matchbox on a Muffin,” 31.

⁸⁷ Susan Francis, Rosemary Glanville, Anne Noble and Peter Scher, *50years of Ideas in Health Care Buildings*, (London: The Nuffield Trust, 1999), 23.

⁸⁸ Francis, Glanville, Noble and Scher, *50years of Ideas*, 4.

interfering with one another.⁸⁹ The village and street system also included spaces for connection to the outside in an attempt to create a familiar streetscape environment.

A major concern of indeterminate architecture was that it did not produce aesthetically beautiful buildings. In England, the village model was evidenced in hospitals such as the Northwick Park Hospital and Research Centre, that was completed in 1970. Weeks remembered it as his most enjoyable project; however, he readily acknowledged that Northwick Park Hospital was not so pleasant on the eye.

'The client was terrific.' The design was hugely influential but 'it was the wrong time for beautiful architecture', he admits. 'It was popular with users, but is wildly unpopular with everyone who looks at it.'⁹⁰

Modernist Architecture: Brutalism

A persistent aesthetic characteristic of the modern hospital was the influence of Brutalism. Brutalism, a term coined in England in 1954, first described the architecture of Charles-Édouard Jeanneret, 1887-1965, better known as Le Corbusier, at Marseilles and Chandigarh. It was characterised by rough, exposed concrete or *béton brut*, and emphasized big, chunky members that seemed to collide ruthlessly.⁹¹

⁸⁹ Weeks, "Hospitals for the 1970's," 200-1.

⁹⁰ Alastair McLellan, "It was the Wrong Time for Beautiful Architecture," *Health Service Journal* (1998). www.hsj.co.uk/news/it-was-the...architecture/33814.article.

⁹¹ "Brutalism," *The Concise Oxford Dictionary of Art Terms: Oxford Art Online*. Oxford University Press accessed March 19, 2013, <http://www.oxfordartonline.com/subscriber/article/opr/t4/e304>

Honesty in structure and material was one of the basic moral imperatives of the Modern Movement.⁹² Brutalist architecture may appear cold and uninviting; however, when it was in vogue, such monumental buildings symbolised an ethic that positively embraced the future and ideas of the authentic, noble and dignified.⁹³ Many architects now view the Brutalism aesthetic in a derogatory manner believing its “blunt physicality to be socially and urbanistically aggressive.”⁹⁴

Stephenson and Turner Architects: Collaborative Hospital Designers

The Australian, Arthur Stephenson (1890-1967) was one of the most renowned hospital architects of the era who embraced many of the new ideas concerning the design of these institutions. Stephenson had studied at the Architectural Association School, London, becoming an associate of the Royal Institute of British Architects in 1920. On his return home to Melbourne, Stephenson built up, in partnership with P. H. Meldrum, what has been described as “the colossus of Australian architectural practices.” Stephenson specialised from 1924 in institutional and hospital work that, because of the influence of modern medicine, had become a complex branch of architecture. In 1937, with the withdrawal of Meldrum, D. K. Turner, became Stephenson's partner.⁹⁵

In the post-war period of the early 1950s Stephenson and Turner Architects were commissioned by the Otago Hospital Board who sought expert advice on a

⁹² Reyner Banham, 1955 December: ‘The New Brutalism,’ www.architectural-review.com/...brutalism...reynerbhanham/8603840.art.

⁹³ Kubo, “Tough Love: In Defense of Brutalism,” 48.

⁹⁴ Michael Kubo, Mark Pasnik and Chris Grimley, “Tough Love: In Defense of Brutalism,” *Architect* 99.4 (2010): 46.

⁹⁵ J. D. Fisher, “Stephenson, Sir Arthur George (1890–1967).”

number of hospitals in Dunedin.⁹⁶ The architects were asked to report on the condition and future of the Dunedin Hospital's existing buildings and to draw up an overall redevelopment programme for the hospital. As a result of Stephenson and Turner's report, the Otago Hospital Board decided to construct new buildings, and not to modernise the existing inadequate and dispersed structures. The architects advised that the construction of new facilities would provide a more economically viable solution and the opportunity to improve patient care for the public of Otago.⁹⁷

In 1956 Stephenson and Turner Architects opened an office in Wellington to expand the firm's hospital work in New Zealand. At this time, the New Zealand Government were reluctant to use foreign consultants unless they established an office on New Zealand soil.⁹⁸ One of the challenges that the Australians faced in designing for New Zealand conditions that had not applied in Australia was to comply with the country's strict seismic codes. The local partner-in-charge in the New Zealand branch of the firm, architect Maurice Tebbs, visited Melbourne in the late 1960s to study hospitals designed by Stephenson and Turner Architects, including the Woden (ACT) and the Royal North Shore (NSW) hospitals, as part of the early stages of the Dunedin Hospital Ward Block project.⁹⁹

Stephenson and Turner Architects continue to maintain the philosophy that, in order to develop innovative designs allowing for future development, a concerted attempt must be made to integrate the ideals of the client, consultants, advisors and interested parties. Perhaps this is one reason why, since the establishment of the firm in New Zealand, it has grown to be one of the country's most enduring and largest

⁹⁶ Otago Hospital Board, *The Dunedin Hospital Ward Block with its Medical School Facilities* (Dunedin: Otago Hospital Board, 1981): n.p.

⁹⁷ Otago Hospital Board, *The Dunedin Hospital Ward Block with its Medical School Facilities*: n.p.

⁹⁸ Willis, J., "Hospitals and Healthcare" in *Stephenson and Turner*, ed. John Balasoglou (Auckland: Brebner Print Ltd., 2006), 137.

⁹⁹ Willis, "Hospitals and Healthcare," 139-140.

architecturally led teams consisting of both architects and engineers.¹⁰⁰ The company is known for their teamwork approach such that architects have benefited by learning about the detailed engineering needs of buildings and conversely engineers have been given the impetus to be more flexible in their designs. The ability of Stephenson and Turner Architects to work well with others and to resolve difficult planning issues was demonstrated in their management of the new Ward Block project and the satisfaction of the clients.¹⁰¹

The Ward Block

The Dunedin Hospital Ward Block: Included in a Twenty-Year Redevelopment Plan

Stephenson and Turner Architects proposed two stages of work for the redevelopment of the Dunedin Hospital. The first phase was the design of the Clinical Services Centre and the demolition of the many outdated buildings on the site including the Outpatients, Dispensary and Boilerhouse. Construction on the first phase of redevelopment commenced in 1965 and was completed in 1968.

In a letter from the Otago Hospital Board to Stephenson and Turner dated 18 November 1969, the Board confirmed that they had received advice from the Department of Health that the Cabinet Works Committee had approved in principle the construction of a 600 bed Ward Block and Main Kitchen at Dunedin Hospital, together with Medical School teaching accommodation for the University of Otago.

¹⁰⁰ Dennis Chippendale, "Current Practice," in *Stephenson and Turner*, ed. John Balasoglou (Auckland: Brebner Print Ltd., 2006), 10.

¹⁰¹ Otago Hospital Board, *The Dunedin Hospital Ward Block with its Medical School Facilities*: n.p.

The architects then proceeded with the design report, estimate of costs and sketch plans.¹⁰² The Otago Hospital Board approved preliminary sketch plans in 1971 that revealed a domineering modernist structure (fig. 10).

Planning for the second phase of redevelopment had commenced in late 1966 and continued until the Ward Block opened in 1980. Accordingly, the planning and construction phases leading to the completion of the new Ward Block was to take nearly twenty years (fig. 11).¹⁰³

Significance of the Ward Block

As the perspective of the architects demonstrates, the new Dunedin Hospital Ward Block was a state-of-the-art hospital design of the late 1960s (fig. 12). The hospital was to have significance for the local people of Otago. In 1980 the population of the province was around 186,000; however, the facility was designed to accommodate the future development and expansion of the region. Each year around 500,000 visitors, including inpatients, outpatients, blood donors and others, would be received in the institution that was to be staffed by approximately 3000 nurses, doctors, university personnel and other employees, including medical students who would receive much of their training in the hospital.

The Otago Health Board and the Otago University Medical School claimed that the Dunedin Hospital now had the optimal facilities for the care of patients in New

¹⁰² Correspondence with Stephenson and Turner regarding their appointment as architects for the proposed new Ward Block at Dunedin Hospital, 1966-1971, DAHI D272, Box 137 DN GB90g C722517, Archives New Zealand, Dunedin.

¹⁰³ Otago Hospital Board, *The Dunedin Hospital Ward Block with its Medical School Facilities*: n.p.

Zealand. At ten storeys high, the Ward Block incorporated all the disciplines of a modern acute hospital including specialised units such as surgical intensive care, isolation and cardiac units.¹⁰⁴ The estimated cost of the new hospital was around \$22,034,700 making it the largest and most important single community building authorised by any New Zealand Government up to that time.

The Ward Block also had significance beyond the borders of New Zealand. Each discipline of the academic and clinical services teaching wing of the Otago University was conveniently connected to the wards allowing for more efficient service. It was the first time an ideal integration of the hospital with the medical needs of the Medical School had been met in Australasia.

The Ward Block Design: A Collaborative Process

Although the planning stage of the Ward Block was a complex process there was an amenable working relationship between all interested parties including the Otago Hospital Board, the Otago Medical School, Stephenson and Turner Architects and Fletcher Development and Construction Ltd, the contractors.¹⁰⁵ The architect and resident partner in charge of the work in Dunedin, Mr. K. K. Sedgefield, had direct contact with the Board and its committees. A diagram establishing the interactions between the various committees and architect assists in understanding the complex relationships in the collaborative process (fig. 13).

¹⁰⁴ Otago Hospital Board, *The Dunedin Hospital Ward Block with its Medical School Facilities*: n.p.

¹⁰⁵ Otago Hospital Board, *The Dunedin Hospital Ward Block with its Medical School Facilities*: n.p.

The Medical Superintendent-in-Chief of the Board and the Dean of the Medical School chaired their own committees to determine the respective needs of the hospital and university. A brief for the architects, which incorporated the requirements of the Otago Hospital Board and the University of Otago was approved in July 1969, although schedules of accommodation needs continued to be produced until 1986.

It is important to emphasise that in contrast to historical developments, the hospital was being designed collaboratively and that the architects worked closely with the various users of the building to assess their needs. The primary focus for the architects was functionality and flexibility of the building. Modern hospitals such as the Ward Block were, as far as possible, being designed conceptually from the inside out so that the internal planning was allowed to shape the exterior form. In 1980 when the Ward Block was successfully completed to the great satisfaction of the Board and the University it was the culmination of a collaborative teamwork effort.¹⁰⁶

Concept for the Ward Block

As the redevelopment concept for the Dunedin Hospital indicates a significant area of the site was to be occupied by buildings (fig.14). The Ward Block's basic T-shaped plan was in part the result of the limitations of site including the location of existing buildings and also to promote the functional needs of nursing floors.¹⁰⁷ The

¹⁰⁶ Otago Hospital Board, *The Dunedin Hospital Ward Block with its Medical School Facilities*: n.p.

¹⁰⁷ *Ibid.*

simple, geometric form had an internal street pattern that could accommodate systemic extension.¹⁰⁸ The T-shaped design was similar to one that had been used on the Middlemore Hospital in Auckland.¹⁰⁹ The transverse bar of the “T” indicated the ward areas with floors two to eight being occupied by in-patient services. The junction of the T- shape formed the transportation core and contained four public lifts and six services lifts, the floor control room and the rubbish and soiled linen chutes. The vertical bar of the T-shape, on floors two to nine, was the area occupied by the Medical School. A repetitive and standardised layout thus enabled spaces for the needs of building services and people to expand and change. Purposeful and strong connections have also been made between the separate building units of the Clinical Services Block, the Medical Lecture Theatre Block and the Ward Block that act like streets for the users in the hospital, particularly at a horizontal level.

The basic concept for the Ward Block was directed towards the nursing units and their relationship to the academic departments. Planning allowed for eight nursing floors of a maximum of 76 beds divided into three nursing units of varying sizes. Refer to (fig. 15) for a typical layout. Special care and isolation units were considered variations within the standard arrangement. The detailed layout of the nursing units had been based upon the functional needs of the medical and nursing teams.¹¹⁰ Different areas of specialized knowledge, such as surgery and pathology were efficiently linked to other related areas that provided diagnostic procedures and treatment facilities.¹¹¹ In keeping with this modern attitude towards hospital planning,

¹⁰⁸ Weeks, “Hospitals for the 1970s,” 200.

¹⁰⁹ Willis, “Hospitals and Healthcare,” 137.

¹¹⁰ Stephenson and Turner, “Dunedin Hospital Ward Block: Concept and Report,” March 1971, Archives reference number DAHI D272 Box 138 item a DN GB 90g C722518.

¹¹¹ Logan, *Modern Hospitals as Historic Places*, 604.

the brief for the Ward Block required that each discipline in the academic teaching wing be given easy access for doctors to serve patients on their respective wards.¹¹²

1980: The Ward Block: Description

The Ward Block site has boundaries on Frederick, Great King, Hanover and Cumberland Streets (fig. 16). The 1971 concept drawings were developed further by 1980 so that the main entrance to the Ward Block was then on Great King Street instead of the concourse. The main entrance led into a spacious central foyer from which various spaces of the hospital were accessed horizontally along a corridor system or vertically to all floors via the lifts. Service and administrative facilities on the ground floor included an administration office, a shop, an enquiries desk, the orderlies operational centre, access to the General Out Patients Department, a public cafeteria, banking facilities, Post Office and Chapel (fig. 17). The architects and designers sought to create a welcoming appearance in the main foyer that featured warm wood finishes, red carpet, coordinated furnishings, clear lighting and the works of local artists on display. In 2010 David and Beverly Sloane reflected on the de-institutionalisation of the hospital's entry suggesting it was an attempt to normalise the everyday hospital visit as if it is a familiar retail experience like visiting a shopping- arcade.¹¹³ The current plans for this study reflect as-built drawings in 2012 and demonstrate that over the years the building has changed according to the flexible nature of its design (fig. 18- 20).

¹¹² Stephenson and Turner, "Dunedin Hospital Ward Block: Concept and Report," March 1971, Archives reference number DAHI D272 Box 138 item a DN GB 90g C722518.

¹¹³ Logan, *Modern Hospitals as Historic Places*, 609.

The Ward Block Indeterminate Architecture

A significant conceptual idea in the Ward Block design was that it should be as flexible as possible to allow for growth and expansion in the characteristics of indeterminate architecture.¹¹⁴ The Otago Hospital Board later claimed that the decision to use a flexible design had been well justified as during the long planning and construction phases there had been remarkable advances in medical practice that had altered specialist requirements. Accordingly, the final allocation of units to specialties had been left until near the end of construction and the various needs of specialists were generally accommodated by the use of mobile equipment.¹¹⁵

Given the constraints of the urban site, elements of indeterminate architecture are clearly discernible in the design of the Ward Block. The ducted service system on the outside of the building is a feature that also serves as an articulating device to break up the buildings bulk.¹¹⁶ Furthermore, internally, the standardisation of spaces has allowed for maximum flexibility.¹¹⁷ Office and laboratory spaces in the South Wing for instance were intended to be interchangeable to accommodate changes of function or teaching methods. The South Wing had several possible flexible outcomes. The Ward Block's modular construction enabled conversion to bedroom accommodation, extension over the concourse, or connection to a multi-storey structure, should the Administration building need to be replaced in the future.¹¹⁸ Flooring systems, distribution patterns for building services and ventilation and air-conditioning were all considered for their future upgrading and flexibility. The layout

¹¹⁴ Otago Hospital Board, *The Dunedin Hospital Ward Block with its Medical School Facilities*: n.p.

¹¹⁵ Otago Hospital Board, *The Dunedin Hospital Ward Block with its Medical School Facilities*: n.p.

¹¹⁶ Willis, "Hospitals and Healthcare," 140.

¹¹⁷ Otago Hospital Board, *The Dunedin Hospital Ward Block with its Medical School Facilities*: n.p.

¹¹⁸ Stephenson and Turner, "Dunedin Hospital Ward Block: Concept and Report,"

of the hospital today reflects the success of the flexible design in the ability for the hospital to effectively rearrange functional use of spaces.

The Standard Ward Block Nursing Unit: Based on the Race Track Principle

The Ward Block had a standard ward configuration or nursing unit based on what has been termed, the racetrack principle, rather than the traditional Nightingale system. A double corridor allowed patient rooms to be located on the outside walls and the various support facilities to be located in the centre. Most patient rooms faced north and overlooked the city to benefit from sun and views.¹¹⁹

The nurses' station was an important design element in the Ward Block that enabled staff to provide more efficient and effective patient care. The nurses' station was the focal point of the unit, having an open area for cross traffic so that direct communication could be made between the medical, nursing and clerical staff. An office for the Charge Nurse and a medication room were located directly behind the nurses' station. Patients with the greatest dependency were nearest to the nursing station for maximum visual contact and supervision, and those that required less intervention were furthest away (fig. 21).

A typical ward occupied an entire floor, with a twenty-eight-bed unit at each end and a twenty-bed unit in the centre. The large wards were further sub-divided into fourteen, four-bed cubicles and twelve single rooms. A diversity of room arrangements allowed for a range of options regarding patient needs. Each main ward

¹¹⁹ Otago Hospital Board, *The Dunedin Hospital Ward Block with its Medical School Facilities*: n.p.

was provided with two seminar rooms for clinical teaching and most significantly, the smaller units had their own treatment room, and clean and dirty utility rooms. Two dayrooms were located on wards for patients to relax, dine together, to entertain relatives and to watch television or listen to the radio. The incorporation of such domestic features was an important consideration in lessening the impact of having to leave home.¹²⁰

As this description demonstrates a lot of care had been devoted to the internal planning of the hospital, but it was also developing a new form to the traditional pavilion style model.

The Ward Block: Monumental Architecture

The advent of architectural modernism in the beginning of the twentieth-century had been an opportunity to transform the public image of hospitals and healthcare.¹²¹ The design of the Ward Block of the Dunedin Hospital was in keeping with new international trends in hospital architecture in the 1960s. Hospital design had been influenced by European and American developments and the Ward Block was given a monumental appearance to represent ideas about modern hospitals as a *machine à soigner*. At this time, ward towers were considered an orthodox solution for hospitals and had come to symbolise “the modernity of healthcare to be found within.”¹²² Stephenson and Turner Architects were influenced, Cameron Logan has claimed, by a discourse promoting the hospital as a modern monument; as a source of

¹²⁰ Otago Hospital Board, *The Dunedin Hospital Ward Block with its Medical School Facilities*: n.p.

¹²¹ Cameron Logan, “The Modern Hospital as Dream and Machine: Modernism, Publicity and the Transformation of Hospitals, 1932-1952,” *Fabrications: The Journal of the Society of Architectural Historians, Australia and New Zealand* 19.1(2009), 70.

¹²² Hughes, “Matchbox on a Muffin,” 33-5.

light and health; as a productive matrix of healthcare; and as a centre of knowledge and scientific research.¹²³

The new Royal Melbourne Hospital (1938–1942) designed by Stephenson and Turner Architects was publicised as a major emblem epitomising the virtues of the modern hospital. A back cover of the 1937-38 Annual Report for the Royal Melbourne Hospital depicted a nurse praying for the new hospital currently under construction. The nurse is portrayed kneeling beside a table on which a lighted candle and outdated medical supplies provide a distinct contrast to her futuristic vision. She gazes up at an image of the proposed hospital that is an architectural illustration from the office of Stephenson and Turner Architects (fig. 22). It is a large modern building containing the machinery of modern healthcare and appears to light up the surrounding darkness, in answer to the nurse's prayers. According to Logan, the hospital was thus portrayed as a modern monument, source of light, and a harbinger of the modern world.

During the mid-twentieth century the production of promotional pieces, such as the above, were important to architectural practice in Australia. Articles often documented the main characteristics of individual projects and how they would benefit public institutions or firms for which they were designed.¹²⁴ In 1980 Stephenson and Turner Architects reflected this same policy in publications for the new Ward Block.

The Dunedin Hospital Ward Block and its Medical School Facilities

publication supported by Stephenson and Turner Architects and the Otago Health Board, similarly, promoted public trust and confidence in the new hospital. The Ward

¹²³ Logan, "Modern Hospital as Dream and Machine," 86.

¹²⁴ Logan, "Modern Hospital as Dream and Machine," 69- 84.

Block was portrayed to reflect an effective, scientific, *machine à soigner*. Images of modern interiors, plant rooms, graphs, plans, artists' impressions and dramatic close up photography serve to create an impression of the modernity within the hospital. Details relating to the cost of the project, the rationality of the planning and the technical services available were outlined for general readership. Accordingly, interesting building statistics and comparisons were included such as; the length of the electrical wiring in the hospital being 762,000 meters and therefore long enough to reach from Dunedin to Wellington and the weight of concrete required for the Ward Block was 57,750 tonnes, being the equivalent to over half a million wheel barrow loads of cement requiring three-quarters of a million gallons of water for mixing.¹²⁵ The publication was in this way clearly intended to impress the general public with the capability of the new hospital and to promote its potential for quality medical care.

The Ward Block: Brutalism

The exterior aesthetic of the new hospital developed according to trends in architecture that were influenced by the modernist style of Brutalism that advocated the honest expression of materials.¹²⁶ Grey concrete spandrel panels, the deliberate emphasis of formwork patterns, roughly textured ventilation structures, and a cave-like detail to the exterior stair of the lecture theatre pavilion, are typical details of this style. The overall appearance of the Ward Block was that it was unadorned, heavy,

¹²⁵ Otago Hospital Board, *The Dunedin Hospital Ward Block With its Medical School Facilities* (Dunedin: Otago Hospital Board, 1981), n.p.

¹²⁶ "Brutalism: Concretes Ugly Duckling," *Australian Concrete Construction* 25.3, (2012): 26.

and grey and perhaps unwelcoming or beautiful (fig. 23).

The architects were well aware of the potential negative influence of the monumental appearance of their building. In the concept report to the Board, the architects acknowledged the problem of the height of the Ward Block and its mass result in a large structure compared to its surrounding environment in Dunedin. The architects stated they were endeavouring to minimise the bulky effect by incorporating modelling characteristics into the building's façade. It was believed that the appearance could be improved with the use of different materials between the main frame and the ducts, including the use of fair face concrete with vertically moulded formwork on the main structure and precast concrete panels finished with fine marble aggregate for the secondary elements.¹²⁷ Unlike the originators of Brutalism, Stephenson and Turner did not seem to be fully convinced that their design was aesthetically pleasing.

The critic Reyner Banyan has reflected on ideas about beauty and Brutalism. Banyan argued that Thomas Aquinas supposed beauty to be *quod visum placet*, that which seen, pleases; however, in Banyan's opinion images may also be defined as *quod visum perturbat*, that which seen, affects the emotions. Banyan asserted that new Brutalists' interests in image were commonly regarded, by many of themselves as well as their critics, as being anti-art, or anti-beauty in the classical aesthetic sense of the word.¹²⁸ In other words according to Banyan, the ideology of Brutalist architecture purposefully rejected the traditional ideas of beauty.

¹²⁷ Stephenson and Turner, "Dunedin Hospital Ward Block: Concept and Report."

¹²⁸ Reyner Banham, 1955 December: "The New Brutalism," www.architectural-review.com/...brutalism...reynerbanham/8603840.art

Criticism of Monumental Hospitals

Although it may be argued that the Ward Block is an exception, the limited effectiveness of flexible design has been demonstrated in overseas hospitals. Hospitals constructed in the 1960s and 1970s, at a time when the goal of indeterminate architecture was prominent in architectural discourse, have not proven to be as flexible and adaptable to changing institutional environments as was predicted. Despite the belief that hospital buildings could make provision for expansion and adaptation in the hands of competent architects, in reality, hospitals tended to be developed in a somewhat ad-hoc fashion. The Greenwich Hospital in England (1962-74) and the Michael Reese Hospital in Chicago (1946-61) were recently demolished even though they were designed for expansion. The institutional development of hospitals had proven too dynamic, unpredictable and uncoordinated for the established architectural forms to bear. In many twentieth-century hospital buildings, the original architectural form has slowly broken down due to changes required in the evolving facility.¹²⁹

Furthermore, the promotion of the hospital as a *machine à soigner* was criticised for its seeming lack of humanising qualities. In 1960, the British physician Lord Taylor, in his article, *Hospitals of the Future*, opposed the construction of monumental edifices in favour of what he believed were good, quadrangular buildings that had, “compactness, beauty and a human scale.” Taylor took exception to the idea that some people merely thought of hospitals as factories for health inferring that “factories were made to shape inanimate objects, not living human

¹²⁹ Logan, “Modern Hospitals as Historic Places,” 606.

beings.” In Taylor’s opinion it was important that the hospital should be more like a home and that it should cater to all the human needs of the sick as well as be an institute for scientific research and practical therapy.¹³⁰

Conclusion

As this study has demonstrated the background to the establishment of Dunedin Hospital has been steeped in negative perceptions about hospitals including poverty and poor architecture. The modernist hospital as *machine à soigner* contrastingly was associated with the positive characteristics of scientific medical and technological advancement and functional architecture. The brutalism aesthetic of the Ward Block created an interesting contradiction in terms of the hospital’s imperative to promote wellbeing. Modern hospitals, while they were intended to symbolise quality care can perhaps be seen to oppose ideas of wellbeing in maintaining an institutional appearance, as Bevan observed, of cold altruism.¹³¹

The architects of the Ward Block were aware that the hospital needed something more and proposed that significant artworks should be commissioned to contribute a humanising influence in the institutional environment.¹³² As the 1971 Concept Report indicated it was the interior of the hospital that was to provide the more human characteristics.

¹³⁰ Lord Taylor, “Hospitals of the Future,” *British Medical Journal* 2. 2501 (1960): 752-8.

¹³¹ Hughes, “Matchbox on a Muffin,” 21.

¹³² Stephenson and Turner, “Dunedin Hospital: Ward Block Art Works,” report to Detailed Planning Committee of the Otago Hospital Board,” carbon copy (Dunedin, N. Z., 1975), 1, Private Collection of Barbara Brinsley.

It is of major importance in a building of this size and complexity that the most human and acceptable environment compatible with functional requirements be aimed for. This has been considered in basic planning in respect to the opening out of corridors and public spaces where possible to an outside view. This design philosophy would be extended when considering the forms, materials and colours that contribute to the interiors particularly for public spaces and corridors.¹³³

The idea that the hospital should provide a homelike or human environment relates to the role of an art collection in the institution. During the 1970s, the role of the arts in healthcare was to be influenced by the development of cultural theories.¹³⁴ The arts were recognised to have a profoundly beneficial effect, fostering a sense of place, establishing a greater feeling of wellbeing and in confirming ways of life.

Historically, creativity and culture have reflected the human spirit of all individuals in society and are symbolic of the human experience serving to deepen our understanding of living, caring and dying.¹³⁵ Art, whilst not structurally essential to the functioning of a hospital, may therefore contribute in other significant ways to the wellbeing of those in such healthcare institutions.

¹³³ Stephenson and Turner, "Dunedin Hospital Ward Block: Concept and Report."

¹³⁴ Francis, Glanville, Noble and Scher, *50years of Ideas*, 4.

¹³⁵ Peter Senior, "Art and Health," paper presented at the World Conference for Design and Health, WCDH2000, www.designandhealth.com/Media-Publishing/Papers.aspx.

Chapter Two: Art and Wellbeing

This chapter describes how the exhibition of contemporary original art came to be seen to promote a sense of wellbeing in otherwise clinical and institutional spaces as a response to criticism of the bare functionalism promoted by modernism, leading to the establishment of the Dunedin Hospital art collection. Ordinary objects such as memorabilia, operating through what psychologists call *contagion* and *performance*, though not initially included and still considered controversial by some, later also came to be viewed as contributing to the wellbeing of patients, visitors and staff.

Art in Hospitals

The Historical Role of Art in Hospitals

Artworks have been commissioned by hospitals for almost as long as they have existed, but the motivation behind the display of art in health institutions has changed. In the fourteenth-century European hospitals were often based in churches and the art displayed in them was characterised by religious themes. Paintings extolled the virtues of Christian charity, gave consolation and prepared patients for their inevitable death.¹ The idea is demonstrated in Rogier van der Weyden's 1445 polyptych *The Last Judgement*, 1446-52 that portrays the bliss of entering heaven and

¹ Pryle Behrman, "Art in Hospitals: why is it there and what is it for?" *The Lancet* 350.9077 (1997): 584.

the horror of entering hell (fig. 24).² Nicolas Rolin, the wealthy and influential chancellor to the Duke of Burgundy and his wife Guigone de Salins commissioned the artwork for the Hospices de Beaune, which they had founded in 1443.³ *The Last Judgement* provided a backdrop for the last rites of the terminally ill.

The exhibition of fine art in hospitals has also sought to encourage the patronage of the wealthy in the hope that, out of a sense of compassion, people would be led to support the work of the institution. In 1739, Captain Thomas Coram established the first contemporary gallery of British art in the Foundling Hospital, which cared for unwanted children who had been abandoned on the streets of London.⁴ Coram's friend, the painter William Hogarth, contributed his own paintings for exhibition and encouraged other artists to do the same (fig. 25). Handel composed a special anthem for the hospital and in May 1750 performed his *Messiah* in the Chapel, raising £728 3s 6d for hospital funds. The art exhibitions and musical performances although beneficial to the artists were particularly advantageous for the institution as rich benefactors were often generous towards the needs of the orphans.⁵

In the twentieth-century, the role of art in healthcare institutions began to acquire significance for its therapeutic potential.⁶ By the 1990s, a holistic definition of health and disease had recognised that wider environmental issues could influence the cause of ill health. Architects and designers acknowledged people as sentient beings and accepted the emotional impact of space. Accordingly, the therapeutic environment was one that could positively contribute to the healing process.⁷ The

² Behrman, *Art in Hospitals*, 584.

³ Tony Delamothe, "Hospital Art and its Problems," *British Medical Journal* 298 (1989): 1164.

⁴ Jane Macnaughton, "Art in Hospital Spaces: The Role of Hospitals in an Aestheticized Society," *International Journal of Cultural Policy* 13:1 (2007): 91.

⁵ *Ibid.*

⁶ No Author, "Paintings in Hospitals: Notes and News," *The Lancet* 292.7562 (1968): 293.

⁷ Susan Francis, Rosemary Glanville, Ann Noble and Peter Scher, *50 Years of Ideas in Healthcare Buildings* (London: The Nuffield Trust, 1999), 55.

idea to place quality art in hospitals may be considered therefore, in the context of developing cultural theories.

Cultural Theories

The American Planetree model of hospitals established in 1978 by Angelica Theriot, was a more humanistic approach to healthcare that came to influence British health policies in the acceptance of patient-focused and patient-centred care. Patient-focused care was a theory of management aimed at improving the patient experience to offer the least disruption and emphasised teamwork and the decentralisation of support services for diagnosis and treatment. The theory of patient-centred care encouraged continuity, accountability and education so that nurses and clinicians attitudes promoted the self-improvement of patients including more access to information and family support.

Cultural theories relating to the physical therapeutic environment were also influenced by holistic ideology and were classified into three broad groups according to the disciplines of science, psychology and design.⁸ Scientific theories tested whether design affected clinical outcomes. One early example of scientific research is Wilson Larkin's 1972 investigation *Intensive Care Delirium: The Effect of Outside Deprivation in a Windowless Unit* that looked at the effects of sensory deprivation.⁹ Another example is Roger Ullrich's 1984 study, *View Through a Window May*

⁸ Francis, Glanville, Noble and Scher, *50 Years of Ideas*, 57.

⁹ Wilson Larkin, "Intensive Care Delirium: The Effect of Outside Deprivation in a Windowless Unit," *Archives of Internal Medicine* 130.2 (1972): 225–226.

Influence Recovery from Surgery.¹⁰ Ullrich concluded that there was a small but positive influence on the recovery of two groups of surgical patients; one with a view of trees and the other group with a view of a brick wall. Indicators included a reduction in the dosages of analgesics, fewer complaints to staff, lower blood pressure, fewer adverse observations and an earlier discharge. Ullrich's research was significant in that it confirmed that siting decisions of hospital rooms could potentially influence wellbeing and therefore designs should, ideally, take into account the quality of patient window views.

Cultural theories with a psychology basis have looked at the way building features influence psychological wellbeing. In the late 1970s the psychologists David and Sandra Canter published a collection of articles by international specialists on the quality of institutional environments including those for children and young adults, adult psychiatric, geriatric and acute general hospitals. Systematic explorations of "non-institutionalised spaces" that had domestic or homely characteristics were observed in order to establish their affect on ideas such as territoriality, privacy and status.¹¹ It was found for instance, that socialisation was influenced by the arrangement of furniture in institutionalised spaces.¹²

Designers and architects have also generated cultural theories concerning the therapeutic environment. Architects have recognised that environments have positive and negative attributes affecting wellbeing. The architects, Conway and Jensen, for instance, have referred to the sensual characteristics of buildings regarding their

¹⁰ Roger Ullrich, "View Through a Window May Influence Recovery from Surgery," *Science* 224.4647 (1984): 421.

¹¹ Francis, Glanville, Noble and Scher, *50 Years of Ideas*, 59.

¹² David Canter and Sandra Canter, *Designing for Therapeutic Environments: A Review of Research* (New York: John Wiley and Sons Ltd., 1979), 6.

emotional and intellectual presence.¹³ Accordingly, designs that take into account their effect on the senses including the quality of natural light, colour, views and artwork are considered to have a therapeutic affect.¹⁴

According to the Nuffield Foundation, in the 1970s, the trend for arts in health reflected predominant ideas in society that connected art to the creation of a therapeutic environment (fig. 26).¹⁵ The concept was reinforced in publications from Arts for Health in the 1990s that highlighted the cultural potential for arts in health settings and also explored the idea of patient-focused architecture.

Notwithstanding these trends in holistic design, architecture was slow to acknowledge developments in cultural theory that opposed the emphasis on functionalism. The architecture of the modern hospital, for all its intended symbolism in promoting a healthy society, did not support emotional wellbeing.¹⁶ Nuffield researchers claimed that modernist architecture had appeared to disregard the influence of environmental factors on peoples' feelings and emotions.¹⁷ The austere design of the Ward Block may perhaps be accounted for in this context.

The wider context of developing cultural theory that acknowledged a more holistic approach to health and the therapeutic influence of art is perhaps relevant to the establishment of the Dunedin Hospital art collection.¹⁸ In New Zealand the

¹³ Robert Jensen and Patricia Conway, *The New Decorativeness in Architecture and Design: Ornamentalism* (New York: Clarkson N. Potter, Inc., 1982), *xiii*.

¹⁴ Richard Mazuch, Stephen Rona, "Creating Healing Environments: Humanistic Architecture and Therapeutic Design," *Journal of Public Mental Health* 4.4 (2005): 1.
<http://search.proquest.com.ezproxy.otago.ac.nz/docview/212>.

¹⁵ Francis, Glanville, Noble and Scher, *50 Years of Ideas*, 4.

¹⁶ Francis, Glanville, Noble and Scher, *50 Years of Ideas*, 55- 7.

¹⁷ Hasan-Uddin Khan, *International Style Modernist Architecture from 1925-1965* (London: Taschen, 2009), 9.

¹⁸ Gregory Diette, Noah Lechtzin, Edward Haponik, Aline Devrotes and Haya Rubin, "Distraction Therapy with Nature Sights and Sounds Reduces Pain During Flexible Bronchoscopy: A Complementary Approach to Routine Analgesia," *Chest* 123.3 (2003): 941-48.

medical and architectural professions involved in the Dunedin Hospital Ward Block by the mid 1970s had come to accept that the modernist hospital, as the object to be ornamented, required decoration in order to promote a sense of local identity and to promote wellbeing.¹⁹

Dr Alan Clarke: Motivation for the Establishment of the Dunedin Hospital Art Advisory Committee

During the early 1970s, Dr Alan Clarke (1932 – 2007) initiated the movement to display original works of art in New Zealand hospitals (fig. 27). At that time, Clarke, was Professor of Surgery at the University of Otago in Dunedin (1971-1986). Clarke later became the Dean of the University of Otago, Christchurch (1986-1994).²⁰ No stranger to hospitals as a practitioner, he also had a patient's perspective. In 1991, after falling from a roof, Clarke became paraplegic, recovering from the injury to resume work confined to a wheelchair. In 1994 Clarke was appointed Clinical Director of the Spinal Unit at Burwood, becoming Senior Rehabilitation Advisor to the General Manager at Burwood Hospital in 2000. Highly motivated in many fields of endeavour Clarke continued to enjoy his love of flying in a modified aircraft. Clarke's interest in art and his belief that art could influence psychological wellbeing had led to the initiation of a fine art collection at the Dunedin Hospital.

¹⁹ Stephenson and Turner, "Dunedin Hospital: Ward Block Art Works," report to Detailed Planning Committee of the Otago Hospital Board," carbon copy (Dunedin, N. Z., 1975), 1, Private Collection of Barbara Brinsley.

²⁰ The Burwood Academy of Independent Living, "The Alan Clarke Memorial Lecture: Burwood Academy," www.burwood.org.nz/node/41.

The idea had two primary sources: one having a British and the other an American origin.

The Paintings in Hospitals Scheme 1959: The Nuffield Foundation

In Britain during the 1960s, the role of original art in hospitals was becoming recognised by the medical profession to have therapeutic potential. Clarke stated in a report to the Otago Hospital Board, that he had become aware of published research on the subject in premier British medical journals such as *The Lancet*.²¹ Clarke's initiative at the Dunedin Hospital in the acknowledgement of the British Paintings in Hospitals movement was to influence other hospitals in New Zealand to establish fine art collections including the Christchurch Hospital.²² A 1968 article in *The Lancet*, briefly referred to the success of the Paintings in Hospitals scheme in London, however a more in depth description of the programme was provided in other medical literature. Lord Croft's comprehensive article describing the Paintings in Hospitals scheme was published in the 1971 *British Hospital Journal and Social Service Review* 81 (BHJSS).²³

According to Croft in the late 1950s the movement to place original works of art in hospitals in Britain had been pioneered at the National Hospital for Nervous Diseases in Queen's Square, London.²⁴ Sheridan Russell (1900-1991), the Head

²¹ Alan Clarke, "Dunedin Hospital Art Committee General Statement of Aims and Objectives, 1-3, Private Collection of Barbara Brinsley.

²² Val Rollo carbon copy of letter to Professor M. Cooper, 17 February 1988, Private Collection of Barbara Brinsley.

²³ Lord Croft, "Paintings' for Hospitals," *British Hospital Journal and Social Service Review* 81.4229 (1971): 876-7.

²⁴ Croft, "Paintings' for Hospitals," 876.

Almoner of the hospital and a well-known cellist, had observed that the paintings of contemporary artists were far more effective than the existing reproductions, in brightening up the corridors and waiting rooms of the hospital.²⁵ Russell initiated a program in 1959, which was later formalised into the Paintings in Hospitals scheme. It gained significant financial support from the Nuffield Foundation and grew to include forty hospitals within ten years.²⁶

William Richard Morris, (1877-1963) the founder of Morris Motors, had established the Nuffield Foundation in 1943. Morris later became known as Lord Nuffield and was a benefactor who sought to improve areas of social wellbeing. Nuffield funded the advancement of education, health, architecture and scientific research and generously supported the Paintings in Hospitals scheme from 1960.²⁷

Russell was able to purchase and loan high quality artwork from prominent artists, collectors and high profile galleries in London, for display in participating hospitals. Hospitals could borrow art for a small sum of only ten shillings a year.²⁸ Artists who came to be represented in the collection pool included, Edward Ardizzone, Gillian Ayres, Mark Lancaster, Kenneth Rowntree, Prunella Clough, Alan Lowndes, Douglas Portway, Sandra Blow and Ethelbert White.²⁹ The prestigious Paintings in Hospitals collection comprised a wide range of modern works including representational artwork such as flower paintings, still life and holiday pictures of landscapes and sea scenes, many of which were painted from

²⁵ Ibid.

²⁶ No Author, "Paintings in Hospitals: Notes and News," *The Lancet* 292.7562 (1968): 293.

²⁷ Nuffield Foundation, "About the Nuffield Foundation," accessed 8 July 2013, www.nuffieldfoundation.org/about-the-foundation.

²⁸ No Author, "Paintings in Hospitals: Notes and News," 293.

²⁹ Croft, *Paintings for Hospitals*, 876-7.

memories of Spain, Portugal, Italy or Greece as well as every sort of abstraction, including Op and Pop art.³⁰

A voluntary team of art experts managed the Paintings in Hospitals scheme. Initially the administration was through an advisory committee, established under the leadership of Sir Dennis Proctor KCB, (1953 – 1959), the former chairman of the Tate Gallery, and then in 1971, when the scheme registered as a charity, a board of trustees administered the programme. Board members at that time included Sir Dennis Proctor, Lawrence Gowing, and Eric Newton, who were later joined by Roger de Grey, President of the Royal Academy (1984-1993) and Lord Croft.³¹

The Paintings in Hospitals charity aimed to create hospital environments that would improve the health, wellbeing and healthcare experience for service users their families and staff.³² A prominent supporter of the scheme, Lord Croft, who lent paintings from his private collection, claimed that good contemporary paintings would significantly improve the hospital environment and would provide a fresh focus of interest for patients and staff alike.³³ Art was thus seen to create a more humanising environment within the hospital that would potentially influence wellbeing.

Accordingly, strict criteria guided the selection of works for the Paintings in Hospitals art collection. Artworks were chosen to benefit people who were sick in hospital and not all paintings were considered acceptable.³⁴ Paintings that were excessively sombre in colour or of a gloomy content were excluded from the

³⁰ Croft, *Paintings for Hospitals*, 877.

³¹ Paintings in Hospitals, "About Us: Paintings in Hospitals," <http://www.paintingsinhospitals.org.uk/about-us/about-us>.

³² Paintings in Hospitals, "About Us: Paintings in Hospitals."

³³ Croft, *Paintings for Hospitals*, 876-7.

³⁴ Croft, *Paintings for Hospitals*, 877.

collection as they may conceivably disturb or depress patients. Alternatively, humorous themes in paintings and drawings were considered acceptable inclusions in the collection.³⁵ In the case of abstract art or non-objective art, care was taken, especially in rare cases where a painting may have evoked an unfavourable response, to exchange or replace the painting immediately. The advice given to all those involved in the selection of art was that artworks should be chosen for their ability to enhance the psychological well being of sick people.³⁶ It was important that the aesthetic characteristics of original artworks remained positive influences in the hospital environment.

Another important idea regarding the management of the Paintings in Hospitals scheme was that the art should be regularly refreshed. Paintings, it was recognised, could become too familiar and lose value as objects of interest for hospital users. Clarke highlighted this concern in his report to the Board regarding the proposed new Dunedin Hospital Art Committee.³⁷

In London hospitals the opportunity to refresh artworks was made possible by regular Paintings in Hospitals Exhibitions. The exhibitions enabled participating hospitals to buy new works or to exchange their loaned artworks. The popular exhibitions were often opened by important dignitaries, such as the Right Honourable Kenneth Robinson at the Royal College of Art in 1968 and Sir Thomas Mornington, the President of the Royal Academy, at the Diploma Galleries of the Royal Academy

³⁵ No Author, "Paintings in Hospitals-Notes and News," 293.

³⁶ Croft, *Paintings for Hospitals*, 877.

³⁷ Clarke, "Dunedin Hospital Art Committee General Statement of Aims and Objectives," 1-3.

in 1970.³⁸ The Paintings in Hospitals Exhibition became an annual event that has continued to the present day.³⁹

During the 1960s and 1970s the Paintings in Hospitals scheme gained international recognition. Articles were written in premier medical journals as previously mentioned, including the *British Medical Journal*, and advocated the benefits of displaying original works of art in the hospital environment.⁴⁰ According to Susan Barclay and Dr Pamela James in their article published in a 2009 issue of the *Australasian Journal of Arts Health*, the new Westmead Hospital in Sydney, Australia that opened in 1978, had also responded to medical literature promoting the Paintings in Hospitals scheme. The Westmead Hospital Board and Desmond Freeman, the interior designer, initiated an art competition, the Westmead Print Prize, as a means to procure original print works for the Westmead Hospital. The artworks were donated to the hospital as no interior design budget had been allowed for in the building contract.⁴¹ The Westmead Hospital's collection is largely representative of Australian printmakers from the 1960s and 1970s. Barclay and James claimed that it is now considered a rare body of work that is of major interest to Australian art historians and museological scholars.⁴²

³⁸ Croft, *Paintings for Hospitals*, 877.

³⁹ *Paintings in Hospitals*, "About Us: Paintings in Hospitals."

⁴⁰ Jeremy Hugh Baron and Lesley Greene, "Art in Hospitals: Funding Works of Art in Hospitals," *British Medical Journal* 289 (1984): 1731.

⁴¹ Susan Barclay and Pamela James, "Not the Main Game: Art Collections in Hospital Spaces: The Westmead Experience," *Australasian Journal of Arts Health* 1 (2009): 79.

⁴² Barclay and James, "Not the Main Game," 80.

Art in the San Francisco General Hospital, ca. 1968: Dr. Thomas Hunt

The success of the British Paintings in Hospitals scheme was only partially responsible for Clarke's motivation to establish an art collection at the Dunedin Hospital. Clarke explained that engaging with original art displayed in American hospitals had also influenced his initiation of the collection.⁴³ In the 1970s, the significance of art in health was an emerging field of research in America as well as Britain. John D. Rockefeller had established the Rockefeller Foundation in 1913, which aimed to promote the wellbeing of humanity by supporting work in social, economic, health and environmental areas. The Rockefeller Foundation was influential in advocating the role of the arts in healthcare.⁴⁴

In 1977 the Rockefeller Foundation hosted a first of its kind symposium looking at the role of art and art therapies in rehabilitation. Key national foundations, corporations and other public agencies involved in the arts or health including members from the White House and Department of Health Education and Welfare, attended the symposium.⁴⁵ One important outcome of the conference was an agreement to further the research of art and its connection to health in order to gather empirical data that would overcome a perception of art and art therapies as being either irrelevant or mere "decorative frills."⁴⁶ Perhaps, Clarke's observations indicate this developing trend in America.

⁴³ Clarke, "Dunedin Hospital Art Committee General Statement of Aims and Objectives, 1.

⁴⁴ The Rockefeller Foundation, "The Rockefeller Foundation," www.rockefellerfoundation.org.

⁴⁵ Michael Jon Spencer, "The Healing Roles of the Arts II: An Agenda for Action," *Art Psychotherapy* 5 (1978): 19.

⁴⁶ Spencer, *The Healing Roles of the Arts: An Agenda for Action*, 20.

During visits to America in the late 1960s and early 1970s Clarke had been highly impressed by the standard of art displayed in American hospitals.⁴⁷ Clarke had visited several healthcare facilities, including the San Francisco General Hospital and the Saroni Clinic.⁴⁸ Clarke observed that in these hospitals the morale of patients, staff and visitors was positively affected by the display of original art.⁴⁹ Clarke identified the significant role of such art in contributing to ideas of psychological wellbeing.

Dr Thomas Hunt, Head of Surgery in the San Francisco General Hospital in 1971, was an influential person who promoted the display of original art in his hospital. Hunt was a personal friend and colleague of Alan Clarke and recollected the memory of his experiences with Clarke at this time. In a personal email to the researcher he explains,

I distinctly remember proudly showing him (Clarke) our humbly remodeled nurses' dormitory at the San Francisco General Hospital that we had just turned into our first real outpatient facility. The hospital, that might in your parlance have been the San Francisco Infirmary, had grown up from a stable about 80 years before. There had been no (zero) effort to decorate it in that time. There is still very little. In addition to my surgical duties, I was charged with directing, remodeling and administering the 6 or 8 thousand square foot, three floor, old nursing dormitory with a subterranean cellar that was rarely visited and somewhat "romantic," no skeletons though. The floors squeaked and were

⁴⁷ Clarke, "Dunedin Hospital Art Committee General Statement of Aims and Objects," 1.

⁴⁸ Clarke, "Dunedin Hospital Art Committee General Statement of Aims and Objects," 5.

⁴⁹ Clarke, "Dunedin Hospital Art Committee General Statement of Aims and Objects," 1.

never refurbished until the next remodeling about 20 years later. The windows were small, the doors and trim were dark oak.⁵⁰

Negative impressions of hospitals are not uncommon.⁵¹ One significant reason for this perhaps, is that hospitals have not always been purpose built for the welfare of the sick. The hospital that Hunt described for instance, was originally a stable, in other words a building designed for horses, not people.

Hunt's idea to transform the dark interior of the old building using colourful and lively children's art was initially a budget solution to this problem. Hunt discovered however, that children's art was in fact most effective in providing positive relief from the negative environmental features of the hospital.⁵² The personal, colourful, original art of children had thus, transformed and humanised, dreary hospital spaces. As Hunt asserts,

The result was stunning:

Sensing the age and darkness of the building (even after the redo), I went to the San Francisco School Department, and asked them for the entries in a recent art contest for students of all ages. I knew of it because my children had participated. The Department was happy to get rid of the paintings. (That was a little painful for me since I remember Picasso's words to the effect that he had spent his younger years learning to paint like an adult but fortunately a lifetime learning to paint like a child.) Anyway, we taped them to the walls, everywhere, too close together (deliberately), and in odd spots as well. There

⁵⁰ Thomas Hunt, e-mail message to author, July 10, 2012.

⁵¹ Otago Hospital Board, *The Dunedin Hospital Ward Block With its Medical School Facilities* (Dunedin: Otago Hospital Board, 1981), n.p.

⁵² Thomas Hunt, e-mail message to author, July 10, 2012.

were several hundred. Some places looked like a schoolroom. We had no budget for frames, so I made a few. The result was amazing! We had color! We got many comments, and now, I am so happy to hear that Alan got the message.⁵³

Hunt goes on to say,

As time went on, the use of art in SF hospitals increased, and the University Hospital has some smashing sculpture in addition to wall art and now a wonderful research building projecting from a steep hill. However, the children's exhibit, now long gone, was special. To me it symbolized health and vigor, a new beginning. It gave the place cheer and hope. "Good art," when put to a utilitarian purpose often becomes lifeless. Whereas children paint life! In an atmosphere of pain and sickness, a little naiveté is useful... We talked about children's art. I hope your collection is not just "good art." Please remember Alan with at least a little nod to the children.⁵⁴

Hunt compared the colourful children's exhibits in the San Francisco General hospital with the artwork in a local San Francisco Catholic hospital. The Catholic hospital, he believed, had a sombre atmosphere because it emphasised the theme of death.⁵⁵ One possible reason for this may have been that Hunt regarded the theme unnecessary in a contemporary context where people often do get better, compared to fourteenth-century expectations regarding the hospital and inevitable death. Although

⁵³ Thomas Hunt, e-mail message to author, July 10, 2012.

⁵⁴ Thomas Hunt, e-mail message to author, July 10, 2012.

⁵⁵ Thomas Hunt, e-mail message to author, July 10, 2012.

the colour and vitality of children's art made an impression on Clarke, he nevertheless, sought to acquire original works of fine art quality for the Dunedin Hospital art collection.

Art in the Dunedin Hospital

The Establishment of the Dunedin Hospital Art Advisory Committee in 1972

Prior to the establishment of the Dunedin Hospital Art Advisory Committee in 1972 there had been sincere efforts to brighten up the spaces of the Dunedin Hospital; people had contributed flower arrangements, some Ward Sisters had provided pictures for their own wards and the Red Cross had also hung many reproductions in wards and reception areas. Clarke acknowledged the efforts of these individuals and organisations; however, he asserted that research was supporting a more effective and beneficial solution to hospital decoration.⁵⁶

Instead of the ad-hoc efforts of individuals, Clarke proposed a solution to the drab interior décor in the hospital based on research concerning the display of contemporary art in hospitals. Clarke asserted that original artworks would provide more interest and more colour than reproductions and that such works would also potentially influence the wellbeing of visitors, staff and patients in the hospital.⁵⁷

Clarke argued the case for original works by professional artists. Clarke claimed that because "the hospital had custody of the lives, hopes and fears of many families in the community, it should reflect a strong sense of local identity." He

⁵⁶ Alan Clarke, copy of letter to T. Paine, 17 April 1972, Private Collection of Barbara Brinsley.

⁵⁷ Clarke, "Dunedin Hospital Art Committee General Statement of Aims and Objects," 3.

believed it was appropriate therefore, that members of the community who were “most experienced in portraying life and nature in visual form should be given the responsibility for the hospital’s decoration.”⁵⁸ Furthermore, Clarke indicated a preference for contemporary, perhaps non-representational art as the following letter to Barry Berkley, who had requested artwork for the Pathology Department suggests.

I am sure we can find some suitable visual art to hang in the waiting room of the vampire facility of the laboratories. Something calculated not to interfere with the erythrocyte sedimentation rate would seem to be appropriate. However provided you are not too upset if the Committee doesn’t come up with soporific chocolate box scenes of Central Otago, Lake Hayes, Glendhu Bay and that sort of thing calculated to put your patient’s [sic] to sleep, then we will be delighted to serve you.⁵⁹

Clarke’s emphasis on original contemporary artwork by professional artists to provide the needed humanising influence in the hospital recalls a similar priority in the British scheme. In 1975 Stephenson and Turner Architects reinforced this preference for quality original work by local artists in their advice regarding the completion of the Ward Block.⁶⁰

Clarke set into motion his plan for obtaining a high standard of art in the hospital by contacting people who would be able to contribute to the successful

⁵⁸ Clarke, “Dunedin Hospital Art Committee General Statement of Aims and Objects,” 3- 4.

⁵⁹ Alan Clarke, copy of letter to Dr. Barry Berkley, Pathology Department, University of Otago, 15 March 1982, Private Collection of Barbara Brinsley.

⁶⁰ Stephenson and Turner, “Dunedin Hospital: Ward Block Art Works,” report to Detailed Planning Committee of the Otago Hospital Board,” carbon copy (Dunedin, N. Z., 1975), 3, Private Collection of Barbara Brinsley.

administration of such a collection. The Matron of the Dunedin Hospital, Miss Duke, who nominated three nursing staff to act on the proposed art committee and the Medical Superintendent of the Dunedin Hospital, Dr Chapman, were both kept fully informed of Clarke's progress regarding these interactions. Clarke discussed the project with various artists and at the same time sought the assistance of the Otago Art Society and Mr Charlton Edgar, the Director of the Dunedin Public Art Gallery.⁶¹ It was envisaged that a rich mixture of interested parties and experts would maintain a high standard of art in the collection and assist with the selection and placement of artworks.⁶²

Clarke suggested the acquisition of original artworks for the Dunedin Hospital art collection had four possible avenues. The purchase of artwork was not yet a practical option as there was no financial backing for the project and Clarke also claimed the disadvantage of purchased works was that they would become well known within the hospital. Clarke implies an understanding of the therapeutic potential of art as a means for distraction as this effect would perhaps diminish over time in static long-term displays. The second option for acquiring art was that it could be hired; however, once again, the financial limitations of the committee made this pathway unfeasible. Clarke's preference for acquiring art was the third option, which was to loan fine artwork for varying periods of time and thus relied on artists and galleries assisting in the programme. Clarke's fourth suggestion derived from the example of the Saroni Clinic in San Francisco where an allocated area in the hospital enabled artists to exhibit and sell their paintings.⁶³ Clarke favoured the freshness of

⁶¹ Alan Clarke, copy of letter to Chalton Edgar, 8 Setember 1970, Private Collection of Barbara Brinsley.

⁶² Clarke, "Dunedin Hospital Art Committee General Statement of Aims and Objects," 4.

⁶³ Clarke, "Dunedin Hospital Art Committee General Statement of Aims and Objects," 5.

changing exhibitions, which was also a feature of the London Paintings in Hospitals scheme.

Clarke outlined his ideas in a report that he intended to use for discussion with interested groups, which was later submitted to the Otago Health Board. The Board approved the project at which point the Dunedin Hospital Art Committee was officially established, this name soon replaced by the Dunedin Hospital Art Advisory Committee. The committee had the specific aim to hang original works of art in the corridors, waiting rooms and the wards of Dunedin and Wakari Hospitals.⁶⁴ The Wakari Hospital, also under the control of the Otago Hospital Board, had been built in 1956 in Dunedin as a major secondary hospital to complement the Dunedin Hospital.⁶⁵

At the time of the establishment of the art committee a major change in the development of the Dunedin Hospital was being anticipated by the Otago Hospital Board and the Medical School that was to have significance for the art collection. The design of the new Ward Block revealed an austere building that lacked humanising qualities. The therapeutic potential of the art collection can thus be seen to have had more significance in the context of modernist hospital architecture.

⁶⁴ Clarke, "Dunedin Hospital Art Committee General Statement of Aims and Objects," 2.

⁶⁵ John Angus, *A History of the Otago Hospital Board and its Predecessors* (Dunedin: The Otago Hospital Board, 1984), 232 - 4.

Ornament, Architecture and Beauty: Adornment of the Modernist Hospital with Art as a Signifier of Cultural Meaning

Stephenson and Turner's design of the Ward Block was completed to the final sketch plan stage in 1971. Hospitals having a modernist aesthetic while serving the practical and structural needs of the institution may also appear cold, uninviting and impersonal.⁶⁶ The idea to place quality, original art in Ward Block was in part, a response to that concern. As Rollo explained to the Executive Officer of the Southern regional Arts Council, the committee saw the need for many works of art to grace the large areas of empty space of the new Ward Block.⁶⁷ In so far as the collection strove for original works of art, it remained in keeping with modernist ideals regarding integrity. Original art, being the unique, creative act of an artist, has an inner truth, or genuine characteristic that opposes the deception of a reproduction.⁶⁸ The art collection, however, suggested that unadorned modernism was not enough and this opened the door for decoration.

During the period of modernism, ornament, which had from the Renaissance period been integral to architecture, became separated from essential structure and even ideas of beauty. The industrial revolution and machine age had ushered in the use of mass reproduced objects, and ornament had thus acquired negative connotations as meaningless embellishment.⁶⁹ Perhaps this is also why mass reproduction of original artworks acquired negative associations. The central platform of modernism became the doctrine of functionalism; consequently because

⁶⁶ "Brutalism: Concretes Ugly Duckling," *Australian Concrete Construction* 25.3, (2012): 26.

⁶⁷ Val Rollo, copy of letter to Mr. Gorton, 14 May 1981, Private Collection of Barbara Brinsley.

⁶⁸ George E. Newman and Paul Bloom, "Art and Authenticity: The Importance of Originals in Judgments of Value," *Journal of Experimental Psychology. General* 141.3 (2012): 559.

⁶⁹ Robert Jensen and Patricia Conway, *The New Decorativeness in Architecture and Design Ornamentality*, (New York: Clarkson N. Potter, Inc., 1982): 4-6.

ornament did not contribute to, or enhance the practical utility of an object, it was considered an unnecessary excrescence.⁷⁰

Particularly within the field of architecture and design, modernist theory dismissed ornament, as superficial embellishment, and an effort was made to distinguish the modernist aesthetic from mere decoration.⁷¹ Ornament came to be stripped of its communicative role, being seen as meaningless arabesque superfluous to the function of objects. Purity, universality, simplicity, geometry and standardisation were linked to modernist rhetoric in their ability to transcend and confront the essence.⁷² According to Llewellyn Negrin, during the period of modernism, ornament was much maligned as inessential, superficial, deceptive and irrational. The doctrine of functionalism that was central to modernist design philosophy, regarded all that did not contribute to or enhance the practical utility of an object, as unnecessary. Modernists espoused the maxim, “ornament is a crime.”⁷³

Le Corbusier (1887-1965), a most influential modernist architect, upheld purist values glorifying order, logic, culture and technological progress, believing that mathematics could be used to unlock the mysteries of the universe.⁷⁴ Le Corbusier’s *Le Modulor* was a measure for ease of manufacture that would lead to the standardisation of objects in domestic, industrial and commercial enterprise. The

⁷⁰ Llewellyn Negrin, “Ornament and the Feminine,” *Feminist Theory* 7.2 (2006): 219.

⁷¹ Elissa Auther, “The Decorative Abstraction and the Hierarchy of Art and Craft in the Criticism of Clement Greenberg,” *Oxford Art Journal* 27.3 (2004): 341.

⁷² Negrin, “Ornament and the Feminine,” 224- 6.

⁷³ Gerard Rey A Lico, “Architecture and Sexuality: The Politics of Gendered Space.” *Humanities Diliman* 2.1 (2001): 34.

⁷⁴ Le Corbusier, *The Modulor: A Harmonious Measure to the Human Scale Universally Applicable to Architecture and Mechanics* translated by Peter De Francia and Anna Bostock (London: Faber and Faber Limited, 1956), 71.

device Le Corbusier asserted had the potential for being crowned with harmony and would bring order as its primary *raison d'être*.⁷⁵

In the 1950s and 1970s, architecture was influenced by modernist styles and architects were maligned for their apparent disregard for place and culture.⁷⁶ According to Kenneth Frampton modern architecture failed to contribute to the public values of society, providing no more than an aesthetic skin to the function of the building.⁷⁷ People unfamiliar with Le Corbusier's Convent of *La Tourette* for instance, cannot discern its function from its form, the absence of ornament being a part of the problem. The building's purpose is not clearly identifiable and is therefore not recognised to serve any particular function such as; a religious building; a library; an office building; a university or even a car parking building.⁷⁸ Hence, a common complaint about modernist buildings was; people can't tell what they are, how to get in them, or where to go once they are inside.⁷⁹ In this sense, the modernist building was inarticulate concerning the particular needs of its clients.⁸⁰ American Architect Robert Venturi claimed modern architecture seemed to have "lost touch with life," and opposed functionalism's austerity with another dictum, "less is a bore."⁸¹

Historically, ornament has had an important function as a carrier of cultural meaning serving to complete an object and to make it culturally legible. According to the art historian Robert Nelson, ornament was not just a device for soaking up

⁷⁵ Le Corbusier, *The Modulor*, 21.

⁷⁶ Hasan-Uddin, Khan, *International Style Modernist Architecture from 1925-1965* (London: Taschen, 2009), 7.

⁷⁷ Kenneth, Frampton, "Ten Points on Architecture of Regionalism: A Provisional Polemic," in *Architectural Regionalism: Collected Writings on Place, Identity, Modernity, and Tradition*, ed. Vincent B. Canizaro (New York: Princeton Architectural Press, 2007), 375-6.

⁷⁸ Wendy Steiner, *Venus in Exile: The Rejection of Beauty in 20th Century Art* (New York: The Free Press, 2001), 118.

⁷⁹ Jensen and Conway, *Ornamentalism*, 4.

⁸⁰ Wendy Steiner, *Venus in Exile: The Rejection of Beauty in 20th Century Art* (New York: The Free Press, 2001), 117.

⁸¹ Robert Jensen and Patricia Conway, *Ornamentalism* (New York: Crown Publishers, 1982) 16.

meaningless space but an artifice for claiming space as meaningful. The anthropologist and ethnologist, Claude Levi Strauss observed that ornamentation could also be applied to the human body as well as artefacts. Strauss cites the example of the decoration of the face, which was attributed spiritual meaning in the painting rituals of the American Indian. Ornament has importance in its ability to identify and contextualize a particular historical and geographical setting as well as values and beliefs. An example of this type of ornamentation can be demonstrated in the way aboriginal tribes have adorned everyday items such as boomerangs, spears, and shields. The abstract designs on the items transmit important ideas about the aboriginal culture. Ornament can also be an integral part of the function of an object challenging the concern that it is merely superficial embellishment. As Massimo Carboni, the art writer pointed out in 1991, the ornamental stitching of animal hide clothing of some Native American peoples served both a functional and decorative purpose.⁸²

One significant idea concerning ornament and how this may relate to the Dunedin Hospital is that ornamental decoration is a marker of social value, traditionally used to endow an object with dignity. Examples of such ornamented objects include the decoration of sacred items for use in church rituals such as sceptres, papal robes and altarpieces. Accordingly, as Nelson pointed out, to ornament something, was to honour it, to give it elevated status. Ornament, in other words, made the object to be adorned, special.⁸³ The idea to ornament, thus while it has traditional value for primitive cultures, also has cultural significance for people in contemporary society and particularly for hospital buildings. Ornament respectfully adorns the environment of the hospital in honour of the people who pass through it

⁸² Negrin, "Ornament and the Feminine," 221.

⁸³ Negrin, "Ornament and the Feminine," 222.

often at the most critical moments in their lives. It is the potential of the artwork as ornament in the modernist hospital that relates to this study in providing the needed humanizing qualities.

Perhaps, the value of ornament in society is why modernism did not remain pure for very long becoming regionalised as it confronted the idiosyncrasies of local culture.⁸⁴ In the late twentieth-century Jensen and Conway observed that there was an impulse to decorate and to elaborate architecture and design work, in response to the puritanical and harsh limits of modernism.⁸⁵ *Ornamentalism* was the term used to describe the phenomenon. Conway claimed,

Ornament is essentially free: free to move the eye, to intrigue the mind, to rest the soul: free simply to delight us.⁸⁶

Commissioned Art and the Ward Block: Stephenson and Turner Architects

On the one hand architectural modernism was viewed as an asset in transforming the public image of hospitals and on the other hand, without decoration, it contradicted cultural values regarding wellbeing.⁸⁷ Stephenson and Turner Architects recognised that their modernist design was inadequate on its own and needed refinement with artwork. In 1975 they proposed that artworks be

⁸⁴ Khan, *Modernist Architecture*, 9.

⁸⁵ Jensen and Conway, *Ornamentalism*, xiii.

⁸⁶ Llewellyn Negrin, "Ornament and the Feminine," 226.

⁸⁷ Cameron Logan, "The Modern Hospital as Dream and Machine: Modernism, Publicity and the Transformation of Hospitals, 1932-1952," *Fabrications: The Journal of the Society of Architectural Historians, Australia and New Zealand* 19.1(2009), 70.

commissioned to complete the Ward Block.⁸⁸ The architects' interpretation of modernist values was their promotion of original fine art.⁸⁹

In the architects' report to the Detailed Planning Committee, Stephenson and Turner claimed that finishes and refinements such as artworks would impart the distinctive Dunedin Hospital character to the building.⁹⁰ The architects also stated the completed hospital would reflect the spirit and enthusiasm of the community to this challenge as there was no government money to provide refinements.⁹¹ The architects advised on the type of art that would enhance their building.

Stephenson and Turner recommended that only first class professional artists should be commissioned for the artwork in the Ward Block.⁹² It was suggested that an artistic advisor, who was familiar with the New Zealand art scene both at a local and national level, should be retained to suggest suitable artists for the various commissioned works. Stephenson and Turner recommended Shona McFarlane take this role as she lived in Dunedin, was widely known for her painting of architectural subjects, had achieved recognition as a writer and a painter and had won a major prize for a stained glass design.⁹³

The Otago Hospital Board commissioned Shona McFarlane M. B. E. to be the art consultant to the architects, a position that was supported by Clarke. The architects also recommended the establishment of a small advisory committee of three people; a representative from the hospital, the appointed artistic advisor and the

⁸⁸ Stephenson and Turner, "Dunedin Hospital: Ward Block Art Works," report to Detailed Planning Committee of the Otago Hospital Board," carbon copy (Dunedin, N. Z., 1975), 1, Private Collection of Barbara Brinsley.

⁸⁹ George E. Newman and Paul Bloom, "Art and Authenticity: The Importance of Originals in Judgments of Value," 559.

⁹⁰ Stephenson and Turner, "Dunedin Hospital: Ward Block Art Works," 1.

⁹¹ Ibid.

⁹² Stephenson and Turner, "Dunedin Hospital: Ward Block Art Works," 3.

⁹³ Ibid.

architect. The architects asserted that art was a matter of personal emotion and therefore it would be difficult to direct and agree on works of art through a large committee.⁹⁴ The small advisory committee for the commissioned works was responsible for examining and evaluating the possibilities for artwork relating to the total building environment, nominating locations and media for the works, setting priorities in relation to finance, recommending appointments of artists to the Board and selecting and approving the final works. The architects suggested that this committee could be responsible to either the Detailed Planning Committee or directly to the Board.⁹⁵

Many spaces in the Ward Block were identified for the display of major artworks including large sculptures, murals, paintings and other types of art that would be hung on walls. Areas for works included the entrances, the main assembly foyers, outside spaces that could be viewed through windows, street frontages, lift lobbies, corridors, waiting rooms, day rooms and the wards themselves.⁹⁶

Stephenson and Turner Architects advised that the estimated cost of artwork was normally scaled to the volume of building projects. An allowance for artwork would generally fall between 0.5% and 1% of the contract amount and in this regard 0.5% of the Ward Block contract represented \$130,000. The architects claimed that it was worth providing important public buildings like the Ward Block with quality artwork, as they became a yardstick by which to gauge the community.⁹⁷

The architects proposed that a fund raising committee be set up to raise money for the Ward Block artwork. Prominent citizens, the news media as well as members

⁹⁴ Ibid.

⁹⁵ Ibid.

⁹⁶ Stephenson and Turner, "Dunedin Hospital: Ward Block Art Works," 2-3.

⁹⁷ Ibid.

of the Health Department and the University of Otago could then be approached to assist with funding. The Government in the form of the Queen Elizabeth II Arts Council or the Minister of Internal Affairs could also be approached for a subsidy on a dollar for dollar basis when money was raised.⁹⁸

At a meeting to discuss Stephenson and Turner Architects' report further, it was decided to carry out many of the architects' recommendations including the fund raising committee, which was to be chaired by a well-known personality who it was assumed would make a major donation. The proposed committee would also include members of the Otago Health Board, the existing Art Advisory Committee, and top-level news media and businessmen.⁹⁹ Clarke volunteered to research possible fund raising methods concerning the St. John's Ambulance, in anticipation of a door-to-door campaign aimed at the small contributor.

At this time, Stephenson and Turner Architects were primarily interested in the artworks that related to the fabric of the building, or that were an integral part of external landscaping. The architects were not concerned with works of art such as paintings and wall hangings that could be accumulated over the years and that did not affect the structure.¹⁰⁰ The role of the Art Advisory Committee and the small committee established to decide on the commissioned artworks, were thus complementary. The commissioned works in the Ward Block are considered to be part of the Dunedin Hospital art collection and are under the oversight of the Art

⁹⁸ Stephenson and Turner, "Dunedin Hospital: Ward Block Art Works," 4.

⁹⁹ Stephenson and Turner Architects, Minutes of Meeting for Dunedin Hospital: Ward Block Art Works, Meeting of 22 December 1975, Private Collection of Barbara Brinsley.

¹⁰⁰ Stephenson and Turner Architects, Minutes of Meeting for Dunedin Hospital: Ward Block Art Works, Meeting of 22 December 1975, Private Collection of Barbara Brinsley.

Advisory Committee who advises the Otago Health Board on matters concerning the collection.¹⁰¹

As demonstrated, the movement in the twentieth-century to promote wellbeing in hospitals had a significant emphasis on the display of original contemporary works. Historically, the designing of the Ward Block had coincided with a movement in the late 1960s to display original contemporary works of art in hospitals, the consequence of which was the establishment of the Dunedin Hospital art collection that came to be viewed as a means of offsetting the building's architectural severity. The idea to place quality original art in the Dunedin Hospital Ward Block was in part, a response to that concern. In so far as the collection strove for original works of art, it remained in keeping with modernist ideals regarding integrity. Original art, being the unique, creative act of an artist, has an inner truth, or genuine characteristic that opposes the deception of a reproduction.¹⁰²

The Significance of Originals (Performance and Contagion)

Notwithstanding this emphasis on quality works of art and wellbeing, the Dunedin Hospital art collection has developed to include reproductions and original works by non-professional artists. In 1989 Val Rollo, Chairman of the Art Advisory Committee at that time, wrote to the Chairman of the Otago Area Health Board, Professor Cooper concerning the many artworks appearing in the hospital that had not been selected by the committee and whose provenance details were also not being

¹⁰¹ Art Advisory Committee, Terms of Reference: Draft for Endorsement, 14 June 2012.

¹⁰² George E. Newman and Paul Bloom, "Art and Authenticity: The Importance of Originals in Judgments of Value," *Journal of Experimental Psychology. General* 141.3 (2012): 559.

recorded. Rollo claimed there were escalating numbers of reproduction prints, which had been donated and she suggested that each ward might have a book to record existing and future presentations. In the hospital, donated works and reproductions are categorised as memorabilia and represent relationships and acquire value because of their attachment to significant relationships between staff and patients. Walter Foote's tapestry is an example of this type of memorabilia (fig. 28).

Memorabilia was not anticipated from the start, but Rollo recognised the significance of such works in the hospital having a sentimental worth. Rollo advised the Board that the committee preferred original art in the hospital and suggested Charge nurses could gently inform a prospective donor that an Art Advisory Committee monitored all displays.¹⁰³

Psychologists have looked at ideas surrounding the value of different kinds of original objects that may elucidate on the value of artworks associated with memorabilia. George Newman and Paul Bloom from Yale University have explored two psychological mechanisms; the assessment of the art object as a unique creative act or *performance* and the degree of physical contact with the original artist otherwise known as the *contagion*.¹⁰⁴ The results of this research now support assessments of *performance* and *contagion* as key factors underlying the value of original work. Memorabilia thus, become significant as acts of *performance* and *contagion* having sentimental associations with particular people.

Artwork, even static artwork such as a painting, is valued as the end point of a performance. According to Denis Dutton, an original artwork is different from a forgery because it is the end point of a different and unique performance. Dutton

¹⁰³ Val Rollo, Letter to M. Cooper 4 October 1989.

¹⁰⁴ George E. Newman and Paul Bloom, "Art and Authenticity: The Importance of Originals in Judgments of Value," *Journal of Experimental Psychology. General* 141.3 (2012): 558.

explained that however pleasant and skilful a modern forgery of a sixteenth century master painting may be, it can never be a sixteenth-century achievement, and therefore it can never be admired in the same way.¹⁰⁵ Accordingly, a “Vermeer” is simply perceived as better than a “van Meegeren,” even if the latter is a faithful copy of the first painting. The original is a unique, creative work whereas the forgery is not a creative work.¹⁰⁶

Forgeries, even exact duplicates of famous works, are not valued as much as the originals. When *The Disciples at Emmaus* was discovered to have been painted, not by Vermeer, but by the master forger van Meegeren, it went from being one of the most valuable paintings in Holland to a mere curiosity. Learning that a work of art is by a great artist, will change how it is perceived. The only thing that had changed was a belief about its history.¹⁰⁷ It was in other words, no longer valued as a unique performance but a copy of the same.

The phenomenon of the law of *contagion* is another concept that relates to the value placed on an original artwork. Relatively ordinary objects have been presented as works of art by contemporary artists, and are valued as contagions. Marcel Duchamp’s urinal, a pile of broken glass by Robert Smithson and a vacuum cleaner by Jeff Koons, are all items valued at millions of dollars. An identical object such as a commercial vacuum cleaner that did not come into contact with a famed artist would have no aesthetic interest and be worth substantially less.¹⁰⁸ The law of *contagion* is apparent when objects associated with the famous; however, the law also operates at a common level.

¹⁰⁵ Denis Dutton, “Authenticity in Art,” in *The Oxford Handbook of Aesthetics*, ed. Jerrold Levinson (Oxford University Press: New York, 2003): 263.

¹⁰⁶ Newman, “Art and Authenticity,” 559.

¹⁰⁷ *Ibid.*

¹⁰⁸ *Ibid.*

An object has value as a contagion if it is associated with personal memories. If a child's first pair of shoes or a wedding ring is lost, they are often not replaced with duplicates even if the difference cannot be detected. If a child loses a transitional object such as a blanket or soft toy, that is held when stressed or when going to sleep, they would be miserable. An original worn blanket would tend to be preferred over a similar but new blanket.¹⁰⁹ Memorabilia in the hospital art collection is associated with memories and interactions between certain staff and patients and therefore acquires a similar sentimental value.

In the law of *contagion* there is a belief that through physical contact, objects, even the mundane, can take on a special quality or essence. Researchers have considered the examples of objects such as a tape measure owned by President Kennedy, an autograph by Neil Armstrong, and Britney Spears chewed-up bubble gum, all of which might be bought for a considerable amount of money. The objects were given a high value because of where they had come from and the people they had come into contact with, not because of their tangible properties. If the buyer of the tape measure discovered that it did not belong to the Kennedy household after all, they would probably want the \$48, 875 back, even though no tangible feature of the tape measure had changed. In art, an original Picasso accordingly, has value in terms of the law of contagion because it was actually touched by the famed Picasso.¹¹⁰ Accordingly, the fact that Hotere has touched the canvas, or the memory of having observed Walter Foote painstakingly stitch a tapestry makes relevant the concept of contagion regarding their works.

¹⁰⁹ Richard H. Passman, "Attachments to Inanimate Objects: Are Children Who Have Security Blankets Insecure?" *Journal of Consulting and Clinical Psychology* 55.6 (1987): 825-6.

¹¹⁰ Newman, "Art and Authenticity," 558- 9.

Conclusion

This chapter identified the way in which, from the early 1970s in New Zealand the medical profession, specifically Dr Alan Clarke, acknowledged the international movement to display contemporary original art in the therapeutic environment as a means to contribute to the wellbeing of patients, visitors and staff in such environments. In this way he was moving towards the new concepts of holistic health that were to affect patient care in the 1980s. Although the art collection has not maintained strict adherence to the objective of original art, through what psychologists call the laws of *contagion* and *performance* we may understand and justify the inclusion of memorabilia. Stories attached to memorabilia include the posters in the neonatal unit, Walter Foote's tapestry and the framed poster of *Scarfie Flats: Student Accommodation of Dunedin* that Therese Duncan donated to the Charge Nurse on Ward 8 in 2001. Associated nameplates for this type of work indicate human values of gratitude, thanks, caregiving and staff expertise. Staff, fondly relate their memories of patients with regard to memorabilia and often during the research on the wards have stated that they do not want such works to be removed from their ward.

The Dunedin Hospital art collection comprises many original works of art by professional artists, in New Zealand, and in particular, of the Otago region. The artworks have therefore, special significance to people particularly in the area the hospital serves. Artists such as Ralph Hotere and Robin White are very well known in New Zealand and their works take pride of place in the Ward Block. Such artworks have both a *performance* and *contagion* value attributed by the professional

artist. As this study has demonstrated however, both the valued original works and memorabilia contribute to ideas of wellbeing and are thus influential in the humanising of clinical environments.

Chapter Three: The Relationship between Hospitals and Museums

During the 1970s the movement to display fine art collections in hospitals highlighted issues concerning the formal display of art that was no longer confined to official art institutions. This chapter explains how the justification of fine art collections in hospitals provides an opportunity for aesthetic wellbeing for ordinary people and is a cultural resource within the community served; however, because a hospital is not a museum or an art gallery there are challenges in the museological responsibilities of such collections.

Fine Arts in Hospitals

Justification for Fine Art in Hospitals

No longer confined to museums and galleries, the display of fine art in hospital environments has provided an opportunity for quality art to be presented to ordinary people. The trend to bring canonised art into working environments such as hospitals has been promoted in various theories including George Dickie's Institutional Theory of Art.¹ Dickie's theory is based on five definitions that are paraphrased as follows:

- A work of art is an artifact of a kind created to be presented to an art world public.
- An artist is a person who participates with understanding in the making of a work

¹ George Dickie, *Introduction to Aesthetics: An Analytic Approach* (New York: Oxford University Press, 1997): 97.

of art.

- A public is a set of persons the members of which are prepared in some degree to understand an object that is presented to them.
- The art world system is the totality of all art world systems.
- An art world system is a framework for the presentation of a work of art by an artist to the art world public.

Dickie's theory argued that an artist always created work for a public who had some measure of artistic knowledge. The art world public of stage plays for instance would have had an understanding of acting and the theatre. Similarly, the art world public in relation to visual art suggested a group of people who attended art galleries and respected the skills of an artist. Dickie opposed the fundamental way that museums and galleries were isolated buildings for primary use by members of the elite art world, as he believed that ordinary people could also appreciate fine art.²

The American philosopher John Dewey (1859-1952) had expressed a similar view and also disapproved of theories, which he believed placed art in a separate realm of its own, to be appreciated in isolation.³ In seeking a recovery of the continuity of aesthetic experience within the normal processes of daily living Dewey asserted,

When artistic objects are separated from both conditions of origin and operation in experience, a wall is built around them that render[s] almost opaque their general significance, with which aesthetic theory deals. Art is

² Dickie, *Introduction To Aesthetics*, 89.

³ John Dewey, *Art as Experience* (New York: The Berkley Publishing Group, 1934), 9.

remitted to a separate realm, where it is cut off from that association with the materials and aims of every other form of human effort, undergoing, and achievement.⁴

In spite of the opinion of such philosophers to bring fine art back into daily life situations, the display of fine art since the mid-eighteenth century has been restricted primarily to museums and galleries for the purpose of philosophical contemplation. In her essay *The Art Museum as Ritual*, Carol Duncan explained that philosophers, such as Hume, Burke, Rousseau and later Kant, once assumed aesthetic experience required a state of withdrawal from the everyday world. It was believed that such experiences were only possible if the normal business of life was suspended or separated, an idea that is evidenced in early writings about museums.⁵

Dickie claimed that the isolation of art in galleries had led ordinary people to assume they would not know how to respond to the art. The American writer and philosopher Susan Sontag has added weight to this assertion in suggesting that some art criticism may be an obstacle for ordinary viewers. Sontag claimed that art criticism should not be overly complex rather it should aim to, “show how it is, what it is, even that, it is, but not necessarily show what the art means.”⁶

The justification for displaying fine art in places such as hospitals according to these art experts reflects the attitude that ordinary people are part of the legitimate

⁴ John Dewey, *Art As Experience* (New York: The Berkley Publishing Group, 1934), 9.

⁵ Carol Duncan, “The Art Museum as Ritual,” *The Art Bulletin* 77.1 (1998): 11.

⁶ Cited in Jane Macnaughton, “Art in Hospital Spaces: The Role of Hospitals in an Aestheticized Society,” *International Journal of Cultural Policy* 13:1 (2007): 94.

art world public and would therefore benefit from arts' potential aesthetic influence.⁷

Dewey implied that the isolation of art from daily life was detrimental to wellbeing:

As I have already indicated, it deeply affects the practice of living, driving away aesthetic perceptions that are necessary ingredients of happiness, or reducing them to the level of compensating transient pleasurable excitations.⁸

Dewey advocated a recovery of aesthetic experiences within the normal processes of daily living, believing the general public should be able to access art as part of their daily life experience.⁹ Dewey elaborated further, stating that in order to appreciate the aesthetic one must begin with natural events and scenes that hold one's attention and that afford enjoyment. Dewey also considered the aesthetic experience of art was aided in an understanding of its contextual conditions, which is why there is value attributed to providing an explanation of artworks.

In his book *Art as Experience*, Dewey discussed the historical origins of the display of art in public places claiming the Athenian Greeks would not have separated the interests of ordinary life and art. The Greeks viewed art as more than the imitation of nature; rather, it reflected the emotions and ideas that were associated with important aspects of the culture. The arts brought color, grace and dignity to collective life that was manifested in war, worship and gatherings in the forum. Furthermore, the arts celebrated and enforced traditions of "race" and "group"

⁷ Macnaughton, "Art in Hospital Spaces," 93.

⁸ Dewey, *Art As Experience*, 9.

⁹ Ibid.

instructing the people, commemorating glories and strengthening civic pride.¹⁰ In fact, art had so closely resembled everyday life that, in *The Republic*, Plato called for the censorship of poets, dramatists and musicians.¹¹ Accordingly, the aesthetic experience of art in public places contributes to meaningful ideas about life and worth. Dewey's theory thus supports the idea that the public hospital is an appropriate and legitimate site for the display of fine art.¹²

The Relationship between Museums and Hospitals with Fine Art Collections

The display of fine art in hospitals means the hospital becomes an aesthetic and cultural resource within the community it serves. Jane Macnaughton, Professor of Medical Humanities at Durham University suggests that members of the public are invited to view art in hospitals just as they would art in any gallery.¹³ Macnaughton has identified similarities between hospitals that display art and the display of visual art in other openly accessible public spaces, such as city squares, parks and shopping malls. Macnaughton found that the conception, display and consumption of museum displays had political, social, cultural and aesthetic implications, which could be transferred directly to art displays in the hospital context. Art in hospitals thus provided a basis for an analysis in various areas of social and cultural interest including the museological responsibilities of hospitals with art collections.¹⁴

¹⁰ Dewey, *Art As Experience*, 6.

¹¹ Christopher Colmo, "Exile or Transcendence? Ramona A. Naddaff: Exiling the Poets: The Production of Censorship in Plato's Republic," *The Review of Politics* 69. 4 (2004): 460.

¹² Macnaughton, "Art in Hospital Spaces," 86- 91.

¹³ Ibid.

¹⁴ Ibid.

Hospitals with fine art collections, such as the Dunedin Hospital, can be guided in their responsibilities by examining the codes for museum collections.¹⁵ The following three definitions regarding collections in museums relate to the International Council of Museums (ICOM) Statutes that were adopted during the twenty first General Conference in Vienna, Austria, in 2007:

A museum is a non-profit, permanent institution in the service of society and its development, open to the public, which acquires, conserves, researches, communicates and exhibits the tangible and intangible heritage of humanity and its environment for the purposes of education, study and enjoyment.¹⁶

ICOM further defines a collection as,

[a] set of material or intangible objects (works, artefacts, mentefacts, specimens, archive documents, testimonies etc.), which an individual or an establishment has assembled, classified, selected, and preserved in a safe setting and usually displays to a smaller or larger audience, according to whether the collection is public or private.¹⁷

A third definition for a collection states that it is “the collected objects of a museum, acquired and preserved because of their potential value as examples, as reference material, or as objects of aesthetic or educational importance.”¹⁸ The three definitions can be applied to the hospital as a non-profit, permanent public institution

¹⁵ André Desvallées and François Mairesse, *Key Concepts of Museology* (Paris: Armand and Colin, 2010), 20.

¹⁶ The International Council of Museums, “ICOM Definition of a Museum,” last modified 7 October 2008, <http://archives.icom.museum/definition.html>.

¹⁷ ICOM in Desvallées and Mairesse, *Key Concepts of Museology*, 26.

¹⁸ George E. Burcaw, *Introduction to Museum Work* (California: Altamira Press, 1997), 14.

in the service of society and its development; however, the degree to which art collections are displayed for education, study and enjoyment purposes may not appear as substantial compared to the museum context. Nevertheless, the imperative to maintain the art collection is still important to the hospital as an institution in the promotion of ideas of quality care and wellbeing.

While hospitals are not museums they do have museological obligations regarding the care of art in their possession. A major difference between a museum and a hospital collection complicates this obligation in that the artworks in the hospital are displayed within a working environment and are therefore at greater risk of damage. In contrast, the isolated characteristic of museums or galleries where artworks' are often so precious they cannot be unnecessarily put at risk, reduces an artwork's susceptibility to damage.

In 1971, John Borrie cautioned about the potential risk to valued art in a letter to Clarke concerning the establishment an art collection in the Dunedin Hospital. According to Borrie, a large series of prints in the Chest Clinic area that had been donated by a local philanthropist was taken down each night and placed in a storeroom for security.¹⁹ The Art Advisory Committee did not mention any damage to artworks until 1978 when committee minutes noted that the artists themselves had restored works that had been vandalised. It was decided not to draw public attention to the matter as the problem was anticipated to be an ongoing issue and the committee were relieved that at least no works had been stolen.²⁰ Another incident in 1991 involved Robin White's seven-panel mural, *Seven Hills* (1980) that was fractured and badly marked during alteration work. An unreported accident involved

¹⁹ John Borrie, copy of letter to Alan Clarke, 28 July 1971, Private collection of Barbara Brinsley.

²⁰ Art Advisory Committee: Otago Hospital Board Chairman's Progress Report, 1 June 1978, 3, Private Collection of Barbara Brinsley.

Russell Moses *Candelabrum*, which had been broken and anonymously repaired.²¹

During this study the researcher noted broken glass on Angela Burns *Bush Fire* (2002) and its subsequent repair. The Otago Hospital Board accepts that there are issues regarding the safety and security of the art collection in the working environment of the hospital and therefore insures all works accordingly.²²

The hospital has protected several significant works with Perspex sheets, including Margery Blackman's *Otago Banners* (1986) (fig. 29) and Hinemoa Harrison's *Te Karimako*, bower bird, (1987) (fig. 30), tuktuku panels at the front entrance, de Maistre's *Crucifixion* (n.d) (fig. 31) and Gay Eaton's *Creation Banners* (1986) (fig. 32). Protection of the artworks is one of the many museological concerns.

Museological responsibilities of institutions caring for art collections not only involve the preservation and assembly of artworks, but also their appropriate display for the public audience. The Art Advisory Committee is concerned about matters such as the illumination of artworks. The Dunedin Hospital have many significant artworks particularly those in prominent public spaces that are very well illuminated such as Piera McArthur's colourful and energetic flower painting (fig. 33) and James Ranalph Jackson's peaceful boat scene *Waiting*, (ca. 1916) (fig. 34), both located in the main foyer. Other works in less public areas could perhaps benefit from improved lighting.²³

Labelling of artworks is another important aspect of museological care for the art collection. The Art Advisory Committee has provided brass nameplates for a considerable number of art works indicating basic provenance details such as the title

²¹ Val Rollo to Jim McGee, copy of letter in Arts Advisory Committee Files, 18 March 1991, Private Collection of Barbara Brinsley.

²² Art Advisory Committee: Otago Hospital Board Chairman's Progress Report, 1.

²³ Art Advisory Committee: Otago Hospital Board Chairman's Progress Report, 3.

and year of completion of the work and the name of the artist. It is unfortunate that many works have no identification plates including valued artworks such as Mark Lander's expansive collage in G 203 on the ground floor corridor (fig. 35) and Ian Scott's lattice painting in 4302 (fig. 36). An exception is Josephine Regan's conceptual sculpture *Unremarkable Moments* (2007), which is provided with a comprehensive explanation (fig. 37). *Unremarkable Moments* is located on the Medical Lecture Theatre rooftop and is visible from several floors of the Ward Block. It is a collection of bisque fired clay pieces laid in a spiral like formation that together symbolise moments of time. Each component has a unique but similar appearance. Regan has explained her work accordingly,

Each moment of lived experience is fresh immediate and real. The present overflows our senses as we receive and respond through bodies, emotions and thoughts. The immediate moment has barely begun before it is replaced by another each quickly becoming the past, a memory or forgotten forever. Most of the time it is hard to put a value on what you are doing and it is difficult to say that one moment is more important than the next. I have tried to make all my moments in this work important. Each small piece develops its own character, but all are equally valued."²⁴

In some ways, the detailed description of *Unremarkable Moments* may be considered overly complex, in terms of Sontag's views on art criticism. In spite of this, for some the conceptual work may still contribute to wellbeing in the hospital in providing an opportunity for distraction. The anthropologist Victor Turner has used

²⁴ Katie Ellwood, "*Unremarkable Moments* at Dunedin Hospital," submitted 13 August 2007, www.thebigidea.co.nz/news/industry.

the idea of liminality as a mode of consciousness outside of, or betwixt and between, normal day-to-day cultural and social states and processes that may be interpreted at this point within the context of the art world.²⁵ Contemplation of an artwork such as *Unremarkable Moments* could perhaps provide a liminal type of aesthetic experience allowing an individual to step aside from their concerns in the hospital, and to look at themselves and their world, or at some aspect of it, with different thoughts and feelings.

An art collection, ICOM suggests can function to influence the range of people's emotions, to entertain and to teach.²⁶ An example of art's ability to entertain people in the hospital is Derek Ball's *Kinetic Sculpture* (1982) in the main foyer (fig. 38). This colourful structure was designed to hide an ugly concrete column and the four sides have objects that create a spinning carousel like effect. The artist hoped his work would help people to "keep their mind off things."²⁷ Ball thus alluded to the idea that looking at his sculpture would provide a pleasant diversion from anxiety in the hospital environment.²⁸ Initially a painter, he had been awarded the Frances Hodgkins Fellowship at Otago University 1968, later studying at the San Francisco Art Institute and returning to the Otago Polytechnic School of Art where he became the Head of the Sculpture Department.²⁹ Ball's sculpture has entertainment appeal and has impact in a busy public foyer space nonetheless it is possible to be more contemplative regarding the art in the hospital.

Hospitals are working environments and do not seek to imitate the ceremonial aspects of museum spaces; however, some overseas studies have noted that gallery

²⁵ Carol Duncan, *Civilizing Rituals: Inside Public Art Museums*, 11.

²⁶ Desvallées and Mairesse, *Key Concepts of Museology*, 62.

²⁷ Katrina Megget, "You Can't Keep a Good Sculpture Down," *Otago Daily Times*, 12 August, 2005.

²⁸ U. Nanda, S. Eisen, R. S. Zadeh and D. Owen, "Effect of Visual Art on Patient Anxiety and Agitation in a Mental Health Facility and Implications for the Business Case," *Journal of Psychiatric and Mental Health Nursing Health* 18.5 (2011): 386- 393.

²⁹ Derek Ball, "Derek Ball: Home," www.derekbball.co.nz.

use of circulation areas in hospitals often occurs at quieter times of the day, such as evenings and weekends.³⁰ In patients, who are ambulant or in wheelchairs, benefit from looking at art in the hospital street. The analogy of the street engenders ideas of the familiar community environment outside of the hospital. Gallery strolls in the hospital are recognised as an important element of healthcare because they provide a measure of distraction as well as physical exercise.³¹ Jude Ansbacher's experience provides one example of a patient appreciating art in the gallery stroll as identified later in the discussion concerning memorabilia.

Artworks in museums and hospitals provide an important emotional influence. In the context of the hospital, symbols of domesticity such as artworks assist people to feel more at home and less like strangers. Even the origins of the word hospital link back to Greek and Roman times and ideas of the host and guest suggesting the hospital should provide a sense of domestic familiarity.³² If a visitor or patient identifies symbols from home they are less likely to feel the anxiety of being in an alien environment and surrounded by sickness.³³ Art, thus, can effectively lessen the feeling of being separated from the outside world.³⁴ In this way a hospital art collection can be seen to generate an aesthetically charged environment that some doctors believe has a positive effect on wellbeing.³⁵

The hospital with a fine art collection has a similar role to a museum in being a cultural resource for the community. The Dunedin Hospital was mentioned in the

³⁰ Peter Scher, "The Exeter Evaluation: A Basis for Hospital Design and Art in the Millennium" 323 (WCDH2000 paper presented at the World Conference for Design and Health, Stockholm, June, 2000). www.designandhealth.com/uploaded/.../Peter-Scher-WCDH2000.pdf.

³¹ Scher, "The Exeter Evaluation," 323.

³² David A. Bennahum, "The Historical Development of Hospice and Palliative Care," in *Hospice and Palliative Care, Concepts and Practice*, ed. Walter B. Forman (Canada: Jones and Bartlett Publishers, Inc., 2003), 2.

³³ Otago Hospital Board, *The Dunedin Hospital Ward Block: With its Medical Facilities* (Dunedin: Otago Hospital Board, 1981), n.p.

³⁴ Pryle Behrman, "Art in Hospitals: Why is it there and what is it there for?," *The Lancet* 350. 9077 (1997): 584.

³⁵ Behrman, "Art in Hospitals," 584.

second edition of the *Otago Sculpture Trails* booklet, 2005, which was endorsed by Linda Tyler, the curator of the Pictorial Collections, University of Otago (fig. 39). Tyler encouraged people to celebrate the rich diversity of the sculptural inheritance in the Otago region. Tyler compared the experience of following the trail to a Sunday drive or on an adventure of cultural orienteering. Dunedin Hospital was cited as one destination point where people could view several sculptures including, John Middleditch's, *Water Fountain*, (1980) (fig. 40), Derek Ball's *Kinetic Infinity Sculpture* (fig. 38), Peter Nicholls,' *Wooden Cross*, (1984) (fig. 41) and Philippa Wilson's *The Juggler* (1990) (fig. 42).³⁶ Another cultural event in the hospital was the organized tour of the Ward Block in 1998 that took participants up through public spaces to the eighth floor.³⁷ Booklets were produced for this tour so that people could engage with the artworks as they would in a museum or gallery (fig. 43).

A recent example of the Dunedin Hospital being used as a centre for cultural activity was the musical event *The Darkroom Project*. The artist Jesse O'Brien held a concert in the Chapel in December 2011, providing an evening of entertainment organized to raise money through donation, for the Otago Healthcare Chaplaincy Support Trust. *The Darkroom Project* was advertised in the *Otago Daily Times* and extended an invitation to all interested people from the wider public.³⁸ Accordingly, in all these various ways, it is demonstrated, that the hospital has an important influence as a cultural resource in the community.

When hospitals display fine art, they share similar responsibilities to museums in the classification and cataloguing of artworks. Minutes of committee meetings from the late 1970s however, have indicated that maintaining the cataloguing system has

³⁶ Otago Sculpture Trust, *The Otago Sculpture Trails: Dunedin City and Beyond*, (Dunedin: Otago Sculpture Trust, 2005).

³⁷ No author, "Dunedin Hospital: Art Tour, March 1998," Private Collection of Barbara Brinsley.

³⁸ Anna Barham, "The Darkroom Project: Jesse O'Brien," *Otago Daily Times*, Friday 9 December 2011.

been an issue for many years due to an expanding collection and the commitments of time involved in its management. At that time, the committee realised it would soon require more than the voluntary assistance of a secretary who had other duties.³⁹

Even so, the Dunedin Hospital art collection has always been managed on a voluntary basis and the cataloguing and classification of artworks continues to be a concern. The existing management system seems overly complex for those who need to readily access information in order to update records. Provenance details, as this study has discovered, are often unknown and information is not accompanied by visual identification or location details. According to Greene, the author of *Art in Hospitals*, a hospital should maintain up to date checklists of all works including their location and images, which would assist in the monitoring of an artworks condition.⁴⁰

As this brief discussion has identified, there are commonalities between the hospital and the museum as a cultural resource for the wider community beyond the hospital environment. In the sense that fine art provides an opportunity for experiencing the aesthetic it also promotes a sense of wellbeing in the hospital milieu. The problem for the hospital as an institution, however, is that it is not primarily a museum and sometimes the ensuing museological obligations required of a fine art collection are not prioritised. The management of the collection has been challenging as demonstrated in the following brief review of this work over the years.

³⁹ Art Advisory Committee: Otago Hospital Board Chairman's Progress Report, (1 June 1978), 3.

⁴⁰ Lesley Greene, *Art in Hospitals* (London: White Quill Press, 1989), 15.

The Dunedin Hospital Art Advisory Committee

The 1970s

The process to establish an art collection at the Dunedin Hospital began in September 1970 with the formation of a committee of interested persons and hospital staff, at that time called the Dunedin Hospital Art Committee.⁴¹ The first official meeting of the Art Advisory Committee was held some time later, on the 12 April 1972. Six people were present; Professor A. M. Clarke, Miss V. A. Hayward, a Board member, Mrs R. W. Medlicott, the wife of the Professor of Psychiatry at Ashburn Hall, Miss M. Michaelis and Mrs R. G. Robinson, a potter, whose husband was a neurosurgeon. Clarke was nominated as the Chairman of the Committee by Hayward and this motion was agreed to unanimously.⁴² Two members of the Art Society and one member from the Red Cross Society (including Mrs V. Rollo) joined the group soon after this significant inaugural meeting.⁴³ It was decided to approach the Board for financial support, possibly through Bequest Funds, and to make a press release about the formation of the new committee.⁴⁴

The acquisition of art by what was now known as the Dunedin Hospital Art Advisory Committee appeared to be modelled on the British Paintings in Hospitals scheme. Russell gained support from the local art community in London and similarly, Clarke gained the support of the Otago Art Society and the people of

⁴¹ Alan Clarke, "Dunedin Hospital Art Committee General Statement of Aims and Objects," 1, Private Collection of Barbara Brinsley.

⁴² Alan Clarke, 18 May 1972, Minutes of the Art Advisory Committee Meeting held on 12 April 1972, The Otago Hospital Board, 1, Private Collection of Barbara Brinsley.

⁴³ K. J. Thomson to The Nurse Maude District Nursing Team, 18 June 1973, copy of letter, Private Collection of Barbara Brinsley.

⁴⁴ Clarke, Minutes of the Art Advisory Committee Meeting held on 12 April 1972, 2.

Dunedin. The idea to hold special hospital art exhibitions to enable members of the public to purchase artworks for the hospital was also emulated.

In 1973, from 16-30 March, the Art Advisory Committee held its first hospital art exhibition. It was an important event that was enthusiastically supported by the Dunedin public. Fifteen paintings were bought at the first exhibition and donated to the hospital.⁴⁵ The Otago Art Society had welcomed the use of their gallery for the exhibition. During the first week, the Art Advisory Committee or any person purchasing for donation to the hospital had the first option on buying artworks. In the second week the unsold paintings were made available for private purchases.

Selected artists were invited to exhibit two of their artworks for the inaugural show. The artists were: Rita Blakely, Anna Caselberg, Rona Dyer, Douglas Charlton Edgar, Tom Esplin, Tom Field, Ralph Hotere, John Middleditch, Shona McFarlane, Bill McKay, Eileen Mayo, Angela Meeson, Ken Nelson, Bill Reed, Elizabeth Stevens and Hubert Struyk. A special artwork, the *Fairground* (n.d.) mural was included in the exhibition. Angela Meeson supervised the making of this work by seven to nine year olds during the Art Gallery's Children's Summer Art Class and *Fairground* was later donated to the hospital for one of the children's wards.⁴⁶

The vision of the Art Advisory Committee was expanded in the late 1970s with the building of the new Ward Block. At that time their role paralleled and supplemented the concerns of the architectural discipline that had formed a separate small art committee to select commissioned works, which will be discussed later in this chapter. The Art Advisory Committee was to concentrate on all other areas of the

⁴⁵ No Author, "Exhibition of Works by Otago Artists Otago Art Society Gallery, March 16th -30th 1973," Private Collection of Barbara Brinsley.

⁴⁶ No Author, "Exhibition of Works by Otago Artists Otago Art Society Gallery."

hospital environment. In his book *Art in Hospitals*, Lesley Greene acknowledged the value of artworks in ancillary spaces asserting,

A beautifully decorated entrance foyer means little to patients when the waiting room in which they might have to spend some considerable time is bleak and unwelcoming.⁴⁷

The committee was under pressure to not only provide artwork for the existing hospital but also for the many waiting rooms and ward corridors of the new Ward Block. According to Clarke's report in June 1978 the art collection was becoming increasingly more demanding in terms of time, space and money while his increasing academic commitments towards the end of 1976 had slowed the progress of the committee.⁴⁸ Clarke advised that he would need to relinquish his role as Chairman in order to take up a new position in Christchurch and suggested Val Rollo was a suitable replacement as she had been responsible for many of the Red Cross works on the walls of the hospital and was herself an artist. Three colourful and organic-like abstract works of Rollo's, all *Untitled* (1973) are displayed in corridor G625 on the ground floor (fig. 44).

Clarke's report highlighted some of the curatorial problems that had been developing concerning the management of the collection. During the previous six years, the committee had gradually acquired nearly seventy quality pictures, the

⁴⁷ Greene, *Art in Hospitals*, 3.

⁴⁸ Art Advisory Committee: Otago Hospital Board Chairman's Progress Report, 1 June 1978, 1.

majority being original artworks and prints.⁴⁹ Artworks had been acquired following the approval of the whole committee on recommendations of the Chairman or some members. Clarke suggested that the time had come to create a smaller mobile sub-committee to take care of acquisitions, to supervise the rotation of works and to carry out requests from the various hospital departments. Noeleen Richardson from the Department of Surgery was responsible for the provision of proper name plates for paintings and the cataloguing of the collection; however, it was becoming apparent that this voluntary duty would require a more formal arrangement.⁵⁰

Another problem for the committee was the lack of storage space for “works in transit.” Clarke accumulated paintings in his office and at that time had eight paintings stacked against the wall. Clarke suggested that the committee find a small, secure and well-ventilated room for surplus works.⁵¹ Today a basement room, which is accessible from Hansen Street, is used for the storage of all surplus paintings from the Wakari and Dunedin Hospitals, including lost property and old plaques that have been removed from demolished buildings. The plaques have been carefully polished and photographed by committee member and biomedical engineer, Ken Foley.⁵²

Clarke was also becoming concerned about the need to furnish the new Ward Block with quality artworks on a limited budget. Clarke proposed that the Art Advisory Committee’s annual allocation of \$250 from the Otago Hospital Board’s Trust Funds should be increased to \$500. The committee recommended a staged programme with a manageable budget to assist with their duties that had included the illumination of significant paintings.⁵³

⁴⁹ K. I. Thompson, Secretary Art Advisory Committee to D. C. J. Pearce, Chief Executive Otago Hospital Board, copy of letter 6 June 1978. Private Collection of Barbara Brinsley.

⁵⁰ Chairman’s Progress Report 1 June 1978, Art Advisory Committee, 2.

⁵¹ Ibid.

⁵² Ken Foley, interview by Christine Mulligan, Dunedin, New Zealand, 2012.

⁵³ Chairman’s Progress Report 1 June 1978 Art Advisory Committee, 1- 3.

The display of fine art in working environments means they are susceptible to risk of damage or theft. The vandalism of artworks in 1978 had highlighted the vulnerability of artworks to such damage in the hospital.⁵⁴ The loan of artwork from the Dunedin Public Art Gallery was considered unfeasible due to associated risks of safety and security. Clarke's initial suggestion that original artworks could be obtained on loan from galleries was now rejected. Accordingly, the committee acknowledged the importance of maintaining adequate insurance cover for artworks.⁵⁵

The need to rotate works had been an important concept in the London hospitals and one that Clarke had tried to implement in the Dunedin Hospital. The risk of theft led however, to a decision to screw fix all art to the walls; in this regard, the committee much appreciated the support of Roy Wassell who was the hospital's carpenter.⁵⁶

The 1980s

In the 1980s communication difficulties developed between the Art Advisory Committee, the Otago Health Board and Stephenson and Turner architects involving the selection of artworks. Although the Ward Block had been officially opened in 1980 the architects had oversight of the commissioned works. Despite good intentions, sometimes the communication between the Board, the architects, and the art committee was strained. In 1980 Clarke wrote to the Superintendent in Chief of

⁵⁴ Ibid, 3.

⁵⁵ Ibid, 3.

⁵⁶ Ibid, 3.

the Dunedin Hospital expressing his disappointment that he had not been notified about a meeting to discuss the furnishing of the new Chapel. Clarke accused the Board of being “hell bent” on accepting benefactions of any kind, whatever the costs in artistic terms. He did not support the selection of the stained glass window design by a patron simply because the patron had made a significant financial contribution to the project. Clarke thought that the advice of the Art Advisory Committee could have been helpful and asserted that until the Art Advisory Committee had highlighted the need for quality art in the Ward Block, “nothing had been done about it.” The Art Advisory Committee believed it was a matter of courtesy that they should have been included in discussions with the Detailed Planning Committee regarding the window in the new chapel and hoped that this kind of oversight would not be repeated.⁵⁷

In 1981 the Art Advisory Committee looked at alternative options for providing contemporary works for the Ward Block other than through the Hospital Art Exhibitions. Assistance was sought and obtained from the Southern Regional Arts Council for a grant to cover the shortfall between the committee’s own resources and the price of Gretchen Albrecht’s, *Ceremonial*. Albrecht was the Frances Hodgkins Fellow in 1981.

One of the problems with a collection that has developed in an ad-hoc way is that the paintings may be acquired unexpectedly and without knowledge of provenance details. The experience of discovery is therefore inevitable such as when the Art Advisory Committee found they were caring for an artwork that was admired by the Dunedin Public Art Gallery. The painting *Waiting* ca.1916, (fig. 34) by James Ranalph Jackson had come into the hospital collection when Parkville Hospital was

⁵⁷ Alan Clarke, letter to Dr. K. Berendsen, Medical Superintendent in Chief, 4 August 1980, Private Collection of Barbara Brinsley.

in the process of being relocated to Wakari Hospital.⁵⁸ In October 1980, Rollo had sent five paintings to the Dunedin Public Art Gallery (DPAG) for conservation. The Director at that time was F. H. Dickinson, who observed that one of these works, *Waiting*, was a charming oil of high quality. Dickinson claimed *Waiting* had more true, impressionistic quality than many of the DPAG's conventional landscapes. Dickinson advised that the painting should be hung in a secure place so that it could be preserved from strong light and fluctuations in temperature and humidity.⁵⁹

Several months later Peter Entwistle, Deputy Director of the DPAG, wrote back to the Chairman of the Art Advisory Committee asking if there was any possibility that *Waiting* could be given on long term loan to the DPAG as it would make an attractive and interesting addition to their exhibition of Australian paintings.⁶⁰ The Art Advisory Committee agreed to loan *Waiting* to the DPAG for five years.⁶¹

Waiting was to become the favourite artwork of one of the committee members. The artwork is now displayed in the reception area of the hospital and has a memorial plaque that reads:

Dedicated by the Arts Advisory Committee in fond memory of Glenis Cochrane in recognition of all her hard work for this Committee over many years and because she was so enamoured by this painting.

⁵⁸ H. Lynch, House Manager, Dunedin Hospital to F. R. Lobb, Acting Principal Nurse, Parkside Hospital, letter 9 February 1982. Private Collection Barbara Brinsley.

⁵⁹ F. H. Dickinson, Letter to Mr Keith Thompson, 29 October 1980, Private Collection of Barbara Brinsley.

⁶⁰ Peter Entwistle, Letter to Val Rollo Hospital Art Advisory Committee, 17 March 1981, Private Collection of Barbara Brinsley.

⁶¹ F. H. Dickinson, letter to Val Rollo Hospital Art Advisory Committee, 12 February 1982, Private Collection of Barbara Brinsley.

The Dunedin Public Art Gallery's association with the artwork in the hospital draws attention to the fact that the hospital was now becoming a respected cultural resource. In 1982, the Art Advisory Committee held a one-person exhibition by a young Dunedin artist Nicola Jackson, in the new hospital. *An Art Anatomy Room* included etchings and paper mache models that reflected the artist's interest in anatomy as decoration. Jackson had researched in the Anatomy Museum using anatomy books, models and specimens for inspiration (fig. 45).⁶²

Another significant event occurred in the late 1980s when the Dunedin Hospital art collection developed a high public profile nationally. In 1986, the collection was featured on a television documentary, *Kaleidoscope*.⁶³ Clarke wrote to Rollo and congratulated her on this occasion suggesting that it might be a good time to consider organizing an art in hospitals conference.⁶⁴

The success of the paintings in hospitals project and ensuing publicity at the Dunedin Hospital encouraged emulation.⁶⁵ According to Chairwoman Val Rollo, visiting Hospital Board members and academics in New Zealand were now recognizing the value of art in hospitals, and seriously considered following the lead of the Dunedin Hospital. Christchurch Hospital for instance, had sought assistance on how to go about managing an art collection.⁶⁶

Since others were following the lead of the Dunedin Hospital model, the committee used this as leverage to try to extract more funding from the Otago Health Board. The Arts Advisory Committee sought to maintain the high quality of art in the hospital. Rollo appealed to the Board for more financial assistance arguing that

⁶² "Art Exhibition At Hospital," The Star Community Newspaper, Midweek Edition, 2 March 1982.

⁶³ TVNZ Arts Unit, *Kaleidoscope*, "Art in Hospitals; Rangimoana Taylor; Sculptor 2," 31 October 1986. Moving Image, 1986: F98759.

⁶⁴ Alan Clarke, Letter to Val Rollo, 4 November 1986. Private Collection Barbara Brinsley.

⁶⁵ M., Gibson, Letter to Mrs V. Rollo, 26 December 1986, Private Collection of Barbara Brinsley.

⁶⁶ Val Rollo, Chairman, Art Advisory Committee, carbon copy of letter to Professor M. Cooper, Chairman Otago Hospital Board, 17 February 1988. Private Collection of Barbara Brinsley.

because the Dunedin Hospital had a position as a forerunner of art in New Zealand hospitals, it required an improved financial base.⁶⁷ Rollo claimed the Dunedin Hospital was the leading Dunedin gallery after the Dunedin Public Art Gallery and the Hocken Library since it boasted approximately two hundred works.⁶⁸ Rollo's speech, introducing the Minister of Labour, Stan Rodgers, for the opening of the third Art in Hospitals Exhibition in the Otago Art Society Gallery in 1985, referenced a recent comment in the *Otago Daily Times* where Dunedin was referred to as the "Florence of New Zealand."⁶⁹

One of the many challenges that the Art Advisory Committee has encountered in their quest to build up and manage a fine art collection has been maintaining a high standard of quality artworks. The common practice of pictures being donated to wards has meant that in many cases artwork did not measure up to the expectations of the committee. The display of contemporary original works it seems has been difficult to control for many years. Despite the problem of donated works that they may be reproductions, or of a non-professional standard, as this study will demonstrate, such memorabilia have an important role in the life of the hospital.

In the past, the committee had addressed the problem of inappropriate donated artwork. One idea proposed a letter be given to patients after admission, suggesting they donate money towards the purchase of artworks by the Art Advisory Committee, instead of gifting their own artworks, chocolates or other "goodies."⁷⁰ Another idea proposed a novel style of donation box on each ward. Murray Ball, who had built the

⁶⁷ Val Rollo, Letter to Professor Cooper, Chairman of the Otago Hospital Board, 17 February 1988, Private Collection of Barbara Brinsley.

⁶⁸ Val Rollo, Letter to John Leuthart, Visual Arts Manager Queen Elizabeth II Arts Council, 12 July 1990, Private Collection of Barbara Brinsley.

⁶⁹ Val Rollo, "Copy of introductory Speech to introduce Minister of Labour Mr Stan Rodgers who opened the Art in the Hospitals Exhibition, 15-29 September 1985," Private Collection of Barbara Brinsley.

⁷⁰ Dunedin Hospital Art Advisory Committee, "Minutes of Art Advisory Committee meeting, 10 May 1984," 1, Private Collection of Barbara Brinsley.

kinetic sculpture, was considered as a suitable person to come up with a creative idea for this type of container.⁷¹

The Art Advisory Committee was also outspoken about the overall aesthetic ambience of the hospital. In a letter to the Superintendent of the Dunedin Hospital, Clarke pointed out the committee's concern about "unauthorised posters, notices and other things" that were going up on the walls of the hospital. In their opinion, for instance, the anti-smoking posters on the walls of the main foyer were not appropriate.⁷² Clarke explained that anxious friends and relatives sat and waited in a waiting area nearby while "things happened" to loved ones upstairs and the cancer posters, which portrayed ghastly apparitions, should be removed.⁷³

The 1990s

During the late 1980s and 1990s the virtues of displaying contemporary original art in hospitals, continued to be promoted widely in New Zealand and overseas. Dunedin Hospital was identified as being responsible for blazing a trail concerning the value of hospital art. In late 1989, the Queen Elizabeth II Arts Council brought out the English expert Peter Senior from Manchester, to talk to Health Boards around the country. It was hoped that Senior could persuade those who may have been sceptical to accept the benefits of displaying fine art in hospitals. In 1992 the council

⁷¹ Dunedin Hospital, Minutes of Arts Advisory Committee Meeting, 10 May 1984, Private Collection of Barbara Brinsley.

⁷² Dunedin Hospital, Minutes of Arts Advisory Committee Meeting, 8 September 1983, Private Collection of Barbara Brinsley.

⁷³ Alan Clarke, Letter to Dr. K. Poutasi, Deputy Medical Superintendent Dunedin Hospital, 8 September 1983, Private Collection of Barbara Brinsley.

produced *Partners In Health: Arts Access In Hospitals*, a video recording on using arts to improve the physical environment.⁷⁴

The September issue of the *Listener* in 1992 identified the flourishing of a trend that fostered placing art in hospitals in this country. An article claimed Health Boards had received the appeal for art in New Zealand hospitals enthusiastically across the country and were introducing arts programmes of all sorts, from therapeutic role-playing in psychiatric wards to the display of contemporary paintings by well-known artists on corridor walls.⁷⁵

The *Listener* article focussed attention on the Christchurch Hospital Art Collection, which had been initiated by Don Beaven, a former Professor of Medicine. A photograph of the arts administrator Marcy Craigie portrayed her in front of a commissioned glass mural by Rena Jarosewitsch, in the hospital's Emergency Department. Jarosewitsch claimed that the regular grid pattern of the tiles and their soft colours, in soothing shades of cream, pink, purple and grey, had been chosen for their potential effect to calm distressed people. Jarosewitsch believed the artwork was appropriate in the emergency department because of its hygienic and indestructible nature.⁷⁶

Some comments about hospital art were humorous although they highlighted serious museological issues. In her report to the Otago Health Board, Maureen Wood, a representative of the Board on the Art Advisory Committee referred to the 24 December 1995 issue of the British newspaper *Guardian Weekly* concerning the therapeutic benefits of art. The author amusingly suggested that artworks in hospitals rather than fish in tanks would be a cheaper option for distraction and entertainment

⁷⁴ Alan Wise and Queen Elizabeth II Arts Council of New Zealand, *Partners in health: Arts access in hospitals* (Wellington, New Zealand: Queen Elizabeth II Arts Council of New Zealand, 1992), video recording. [Http://trove.nla.gov.au/version/37950580](http://trove.nla.gov.au/version/37950580).

⁷⁵ Brett Riley, "Healing Art," *The Listener & TV Times* (September 5, 1992): 44.

⁷⁶ Brett Riley, *Healing Art*, 44.

purposes, as they did not need feeding.⁷⁷ Safety and security issues nonetheless, continued to be problem for artworks in the Dunedin Hospital. Although the artworks did not need to be fed fish food, they sometimes required costly restoration.

In 1991 alterations were carried out on the ground floor foyer area to accommodate a security office necessitating the removal of a section of Robin White's mural, *Seven Hills* (1980) (fig. 46). The hospital's carpenter was not available in preliminary demolition work and consequently the art treasure was badly damaged by inexperienced workmen who handled it carelessly.⁷⁸ On another occasion the same mural suffered damage by a patient. The repair of *Seven Hills* was successfully completed by February 1996 and as it was a highly valuable artwork the Art Advisory Committee suggested the mural be protected.⁷⁹

Another issue related to safety and security of artworks around this time was the mysterious reappearance of a stolen painting. Early in 1997 an artwork, *Hibiscus In The Wild* (n.d) by Lady Heather Francis, was stolen from the foyer of the Queen Mary maternity unit only to be found one month later in a back corridor on the seventh floor of the Dunedin Hospital (fig. 47).⁸⁰ The Wellington based artist, Lady Francis, assisted in the investigation, sending the Art Advisory Committee a photograph of the painting that she had taken previously. The secretary of the committee, Glenis Cochrane, was thrilled to see the gouache-style water colour returned and believed that either someone's conscience had simply been pricked

⁷⁷ Maureen Wood, "Art Works Collection," copy of report to Trustees of Healthcare Otago Charitable Trust, 28 February 1996, Private Collection of Mrs Barbara Brinsley.

⁷⁸ Val Rollo Chairman of the Art Advisory Committee copy of letter to Jim McGee, 18 March 1991, Private Collection of Barbara Brinsley.

⁷⁹ Val Rollo, Letter to The Chairman of the Trust Committee Healthcare Otago, 16 November 1994, Private Collection of Mrs Barbara Brinsley.

⁸⁰ Dave Cannan, "Painting Mysteriously Returned," *Otago Daily Times*, June 19, 1997.

enough to bring it back or that the publicity about the work being stolen had made it too hot to sell.⁸¹

The 2000s

The Arts Advisory Committee was disbanded in 2000 and was reinstated in 2002.⁸² During the period of time where there was no dedicated oversight of the collection unfortunate events occurred regarding the management of the art works. In 2001, the John Middleditch's *Water Fountain* sculpture was relocated from the outdoor site, brought into the foyer and installed behind a glass barrier. Later, during a refurbishment of the hospital's foyer, it was inadvertently polished, which resulted in the removal of the original patina. The artist had not intended his work to be cleaned, and the issue created much protest (fig. 40).

The writer Lesley Greene seems to have anticipated this kind of adverse situation. Greene implies the important role of a curator for hospital art and advises that the artist or craftsperson should always provide a detailed maintenance schedule for their artwork and that no artwork should be moved without the knowledge and permission of the art committee or hospital administrator in charge role of the art.⁸³

Although the writer and critic, Richard Dingwall, sympathized with the Dunedin Hospital administration, suggesting they could not be expected to understand the quirks of eccentric artists, he did point out that health services managers, in key

⁸¹ Cannan, *Otago Daily Times*, June 19, 1997.

⁸² Richard Dingwell, *Water Sculpture (Dunedin Hospital: 1980-Otago Sculpture Trust)* www.ost-sculpture.org.nz/press/water-sculpture-dunedin-hospital-1980.

⁸³ Lesley Greene, *Art in Hospitals*, 15.

positions, often, maintained a utilitarian philosophy. Dingwell claimed that such people did not express the same community spirit that had encouraged architects and administrators to introduce artwork into public spaces in the 1980s. Furthermore, Dingwell believed that managers are often indifferent to the opinions of art experts and the potential assistance of the long-standing Arts Advisory Committee that would have had the expertise to guide the artwork through refurbishment.⁸⁴

The Arts Advisory Committee was reconstituted in January 2002 after the incident concerning the Middleditch fountain. Art and conservation experts were invited sit on the committee under the chairmanship of Judith Medlicott. Despite continued misgivings about the state of the hospital's collection, the new committee has set about its tasks with enthusiasm. A Master's student proposed making a proper catalogue of the collection. Many works were properly refurbished and rehung and other vulnerable works on paper were given into the care of skilled art conservators.⁸⁵ The committee agreed on a new site for the Middleditch fountain and began investigating ways to fund the estimated \$30,000 that refurbishment and re-siting would cost.

On a brighter note, in 2005, another artwork became the centre of attention in the Dunedin Hospital. Derek Ball's kinetic sculpture was returned to the main foyer space after being removed for repairs, five years earlier. The Chairwoman of the Art Advisory Committee at this time, Judith Medlicott, was delighted with the installation calling it "funky, clever and fun."⁸⁶

⁸⁴ Dingwell, "Water Sculpture."

⁸⁵ Ibid.

⁸⁶ Katrina Megget, "You Can't Keep a Good Sculpture Down," *Otago Daily Times*, August 12, 2005. derekball.co.nz/press.

2010 onwards

The Dunedin Hospital Art Advisory Committee of 2012 have terms of reference set out in a draft for endorsement document. The introduction to the document acknowledges the considerable artwork either owned or under the care of the Dunedin and Wakari Hospitals. The Southern District Health Board, the Healthcare Otago Charitable Trust, who own some of the artwork and the Southern District Health Board recognise the important role of the Art Advisory Committee to offer expert advice regarding the protection and display of artwork to best effect.⁸⁷

The Art Advisory Committee manage the collection on a voluntary basis and comprise a dedicated group of people from various backgrounds and vocations related to the arts and health including hospital staff such as doctors, nurses and administrators, and also those in the business and artistic community. Members of the Art Advisory Committee in 2012 include: the Chairman, Gordon Sanderson, an Associate Professor of the Department of Ophthalmology; Barbara Brinsley, the Aesthetics Co-ordinator who is also a retired theatre nurse; Carole Heatly, Chief Executive Officer of the Southern District Health Board; Ashley Day, Master of Colleges, who for his many outstanding attributes has been awarded the New Zealand Queen's Service Medal and is a French Knight of the Order of Academic Palms;⁸⁸ Len Foley, biomedical engineer; Wendi Raumati, J.P., cervical and breast screening advisor, Maori of Ngai Tahu descent, skilled in raranga, the weaving of flax; Nichola McClymont, registered nurse; Daphne Henderson, retired psychiatric nurse; Angela Burns, artist and former curator of the Settler's Museum; Cara Paterson, community

⁸⁷ Art Advisory Committee: Terms of Reference, draft for endorsement, 14 June 2012.

⁸⁸ "Southern Honours: Ashley Day," *Otago Daily Times Online Edition*, Wednesday 31 December 2008. www.odt.co.nz > On Campus University of Otago.

arts advisor, Murray Bell, administrator and accountant at the Healthcare Otago Charitable Trust and Tracey Brandham who takes the minutes.

The terms of reference of the Art Advisory Committee state that their role is to,

[p]rovide expert advice on the care and maintenance of artworks; positioning and re-positioning of artworks; and matters as they arise in respect of artworks.

Furthermore the document also defines what the Healthcare Otago Trust and the Southern District Health Board believe to be the purpose of artwork in hospitals. It is significant that the motivation for the Dunedin Hospital art collection promotes the belief that fine art in hospitals is beneficial to wellbeing.

The purpose of artwork in hospitals is to improve the milieu so as to enhance the wellbeing of patients, their associates and the staff. Public hospitals are not designed to be art galleries; therefore the artworks provided to Dunedin and Wakari Hospitals need to be displayed to their best advantage for their purpose, even though this may lead to risk of damage or loss.⁸⁹

The Art Advisory Committee has purchased quality original works as well as limited edition prints and colourful reproductions. Art works are bought at affordable prices through auction houses within the allocated budget and at other times have

⁸⁹ Dunedin Hospital, Minutes of Meeting of the Arts Advisory Committee, Meeting of 12 June 2012. Private Collection of Mrs Barbara Brinsley.

been purchased after successful and novel fund raising activities. One such fund raising idea has seen Barbara Brinsley sitting at a table in the hospital foyer selling photocopied squares of *Your Health Is Your Wealth* (1972) by Robin White (fig. 48). The original artwork, being above the committee's budget was purchased largely through the determined efforts of Brinsley.⁹⁰

Brinsley has served on the Art Advisory Committee for many years and is largely responsible for the purchase of new work and the relocation of artwork as required. Brinsley endeavours to create a sense of vitality throughout the Dunedin Hospital holding much knowledge of the artworks in the collection, including their location, in her memory. Brinsley associates her passion for art with the philosophical phrase "*ars longa, vita brevis,*" art is long but life is short.⁹¹

Today the works are screw-fixed to walls for security reasons, which means they cannot be easily rotated. In the London Paintings in Hospitals scheme representatives from hospitals had surrendered and replaced works at an annual exhibition in order to avoid this static nature.⁹² Clarke had suggested that young artists from schools or the Polytechnic might have a limited area in the Dunedin Hospital set aside to exhibit their works as part of a changing display.⁹³ A suitable space was made available for such exhibitions for artists in the "Artsenta" group, which is a shared arts studio for people within the mental health community. The display area comprises of six large glazed frames and is in the corridor leading to the Frederick Street entrance. A current display focuses on the works of Justin Morshuis (fig. 49). The artworks

⁹⁰ Barbara Brinsley, Conversation with author, 1 June 2012.

⁹¹ Ibid.

⁹² Croft, "Paintings for Hospitals." 877.

⁹³ Clarke, "Art Advisory Committee Chairman's Progress Report," 3.

displayed in this area are also for sale, another idea promoted by Clarke after visiting the Saroni Clinic in San Francisco.⁹⁴

The initial vision for the collection was to focus on original works; however, today valued artworks are intermingled with less valued pieces in a heterogeneous collection that are less able to be monitored and have therefore been difficult to catalogue. Accordingly, there are concerns regarding the management of an appropriate catalogue system. Valuable artworks have also been discovered per chance in unusual places, which perhaps indicates that works may have been taken off the walls by staff. In 2008 a Doris Lusk painting was found glued to a piece of cardboard and a lost work by Rudi Gopas was discovered behind a filing cabinet. It was reported that some “highly valued” artworks had been lost in an office for twenty-two years.⁹⁵

Rollo claimed that all works bought by the committee were catalogued; however today, up-to-date information regarding the identification and location of all works in the collection is currently unavailable. Although the committee have a computerised record of artworks the process of updating it regularly is unwieldy. In the hospital environment, which is prone to change it is important to have a reliable cataloguing system so that artworks are not unnecessarily put at risk of being unaccounted for, damaged, or lost. Although photographs of artworks exist they are not catalogued in association with location and provenance details. In a recent meeting of the Art Advisory Committee it was agreed that the issue of cataloguing the Dunedin Hospital art collection should be revisited; however, there was no budget set aside for its updating and maintenance.⁹⁶

⁹⁴ Clarke, “Dunedin Hospital Art Committee General Statement of Aims and Objects,” 5.

⁹⁵ “Hospitals Artworks to be Catalogued.” *Otago Daily Times*, August 16, 2008.

⁹⁶ Minutes of Dunedin Hospital Art Advisory Committee Meeting, 12 June 2012.

In terms of their museological obligations, over the years since its formation in 1972, the Art Advisory Committee have found it necessary to contest the functional requirements of the larger institution with regard to the art collection. An example of this is *Seven Hills* by Robyn White, the most valuable work in the Dunedin Hospital Art Collection now located in a narrow corridor having been relocated from the main foyer after architectural alterations. Recent discussions regarding this work seem to have been motivated by structural and practical concerns. The placement of the artwork was considered only belatedly as an afterthought. Weight was not given to the way in which the foyer serves as a welcoming area in which the identity of “place” might hold an important function as exemplified in the planners’ disregard for this important work. An acceptable solution was reached; however, the committee members would have preferred timely consultation.

Another recent incident demonstrates the casual overlooking of other valued artworks in the collection. A recent article in the *Otago Daily Times* newspaper concerns the response of Barbara Brinsley, the acting Chairwoman of the Art Advisory Committee, to the proposed location of two fast food vending machines in front of Philippa Blair’s artwork *Shiprock*.⁹⁷ Brinsley had expressed dissatisfaction to the Southern District Health Board about the placement of the vending machines claiming they would have completely obscured the artwork in the main foyer. The outcome of the situation was to “sandwich” a different artwork between the two vending machines (fig. 50). Brinsley asserted that the lack of respect for the collection was very distressing. A Dunedin Hospital oncologist Dr David Perez defended Brinsley’s view, agreeing that the quality of the art collection needed to be preserved, as it was a distinctive feature of the Dunedin Hospital. Today the Art

⁹⁷ Eileen Goodwin, “Vending Machines Before Art,” *Otago Daily Times*, 18 December 2012.

Advisory Committee and medical profession continue to advocate for the art collection; however it seems that when there is an absence of communication between designers and other others this has led to disappointing aesthetic and therapeutic decisions.

Conclusion

As this study has demonstrated the hospital with an art collection is challenged to provide museological responsibilities that are similar to a gallery or museum collection. Regardless of the difficulties, the hospital accepts these obligations and recognises the significance of such a collection in providing an important cultural resource for the community it serves and in promoting wellbeing within the spaces of the institution. As Dickie and Dewey maintain, art in ordinary places provides opportunities for all members of the general public to have pleasurable aesthetic experiences that give meaning and worth to life. The Dunedin Hospital art collection has been promoted to the wider community through tours, television and in a recent concert that raised funds for the Chapel. Devoted members of the Art Advisory Committee continue to advocate for the collection in those times when larger institutional mechanisms inadvertently overlook the significance of its presence.

Chapter Four: Art and the Ward Block

This chapter will argue that the heterogeneity of the visual material to which the art collection substantially contributes, works against the austerity of the building's architecture, suggesting that the art collection serves as part of an impulse to personalise the relative anonymity of the structure and space. This desire, and even necessity, to provide a more welcoming environment is often at odds with the practical, functional and scientific demands of the hospital as an institution.

In the twentieth-century modern hospital architecture lacked a sense that it related well to local culture and place, providing instead, an austere environment that reflected institutional anonymity.¹ In the West, art was recognised, among hospital administrators to have an important humanising effect as demonstrated in the following 1984 *British Medical Journal*,

Art is able to provide solace, exhilaration, and satisfaction in a huge variety of different forms. Above all it is able to humanise a building, infusing an often soulless and impersonal environment with affirmation . . . many critical moments in our lives occur there, from birth through to death and they ought to take place in surroundings which honour their true significance.²

¹ Hasan, Uddin Khan, *International Style: Modernist Architecture from 1925-1965* (London: Taschen, 2009), 9.

² Jeremy Baron, Lesley Greene, "Art in Hospitals," *British Medical Journal* 289, (1984): 1737.

Art was viewed as having the ability to transform the hospital into a warm friendly, stimulating and an enriching environment.³ In the context of the modernist Ward Block, this idea was perhaps even more significant. The extensive Dunedin Hospital art collection that has evolved over the years demonstrates the enthusiasm of the Art Advisory Committees and the community of Otago towards the humanising of their hospital.

The Ward Block alone contains approximately 500 valued works by predominantly Otago artists or artists associated with Dunedin through the Frances Hodgson Fellowship. The emphasis on original contemporary art has gradually fallen away and the current collection now includes many reproductions, augmented by donated works that are often of sentimental rather than aesthetic value. Artworks have come into the hospital collection through commission, purchase, donation or loan, many donated art works comprising the category of memorabilia rather than art. Artworks can be divided into three main categories: originals, limited editions and reproductions. A significant body of original works from the 1970s - 1990s, represent the important trends in New Zealand art during this period particularly the development of Regionalist art in the various interpretations of the landscape.

A tension exists between certain trends in twentieth-century art and the function that ideally, it would have in a hospital. Ben Webb's donated artwork, *Study*, has inspired controversy for its thematic content and provides an example of one of the unexpected difficulties of donated artworks (fig. 51). *Study*, is a photographic based, portrait that is disturbing in its engendering of melancholic pathos. Viewers seem to stand over the head of a young man lying helplessly on a bed, with a vacant

³ Otago Hospital Board, *The Dunedin Hospital Ward Block*, n.p.

stare and a hand clenched near his mouth. *Study* does not promote a sense of solace or comfort that is expected of therapeutic art in hospitals rather, the subject appears to be emotionally and physically traumatised. David Eggleton has described the angst of Webb's *Glory* series.

Look hard at Webb's chosen ones and you see distress: It is because they are figures from fables of adolescent angst; they are expressions of moral ambiguity. They are haunted by loss, by grief, by psychoanalytic knowledge. They are, then about what it is to be human, taken to one extreme.⁴

According to a local art critic, Peter Entwisle, former director of the Dunedin Public Art Gallery, Webb, a local artist, derives much of his art from appropriated imagery. Webb treats the photographs using various procedures involving oils, metallic pigments, dyes and inks, which may serve to distance the viewer from the suffering of the photographic subjects.⁵ The presence of *Study* in the Dunedin Hospital art collection indicates that such emotionally challenging contemporary twentieth-century art, which openly confronts the harsher realities of the human condition, may be more acceptable in today's society. *Study* seems to challenge the criteria of the Paintings and Hospitals' scheme and initial concept for this collection as well as the pleasurable aesthetic experience and raises questions about what

⁴ David Eggleton, "Glory: Studies by Ben Webb," www.studioxxberlin.de/roteshaus/webb/Glory-Webb.

⁵ Peter Entwisle, "Webb's Dispassionate Treatment Unusual," *Otago Daily Times*, 4 March 2008, accessed 27 May 2013, <http://www.odt.co.nz/opinion/opinion/1497/webb039s-dispassionate-treatment-unusual>.

constitutes a positive and uplifting discourse that may contribute to wellbeing rather than to the anxiety of people in hospital.⁶

Types of Works

Commissioned Works: Indigenous, Regionalist, Devotional and Entertainment Themes

The Otago Health Board had more control over the selection of commissioned works in terms of their subject matter. When the new Ward Block was opened in 1980, the Otago Hospital Board and the architects selected commissioned works of art to contribute a welcoming influence in the hospital. The works comply with conservative ideas regarding the purpose of hospital art in providing a sense of local identity, culture, entertainment and emotional and spiritual comfort. Initially, the architects considered six major original artworks for the main public spaces of the Ward Block.⁷ The first commissioned works included Derek Ball's (1944-) *Kinetic Sculpture* (1982), which is now located in the main foyer (fig. 38), *Otago Banner's* (1986) by the prominent New Zealand weaver Margery Blackman that is located in the main entrance G902 (fig. 29), John Middleditch's (1908-87) *Water Sculpture* (1980) (fig. 40), Robin White's (1946-) *Seven Hills* (1980) in corridor space G725 (fig. 46), Mary Middleditch's (1910-1994) mosaic panel *Holy City* (1980) (fig. 52), and Neil Grant's ceramic mural, *Otago Peninsula* (1984) (fig. 53).

Otago Peninsula was perhaps the most significant commissioned work in that it served the important function of welcoming the visitor into the hospital at the main

⁶ Lord Croft, "Paintings for Hospitals," *British Hospital Journal and Social Service Review* 81. 4229 (1971): 877.

⁷ Otago Hospital Board, *Art and the Ward Block* (Dunedin, N.Z.: Otago Hospital Board, n.d.), n.p.

Great King Street entrance. *Otago Peninsula* has a strong regionalist theme that appropriately promotes a sense of cultural identity and place. The incised ceramic forms have been glazed in natural colours to evoke the familiar landscape of the Dunedin peninsula beyond the walls of the hospital. Details of organic forms of nature and wild life such as the albatross, for which the region is well known, are included in the murals depiction of panoramic harbour views and a skyline of historic spires and modern buildings.⁸ The artist, who was a foundation member of the New Zealand Potters, in 1980, was head of the Ceramic Department at the Otago Polytechnic School of Art. Grant could make stoneware slabs up to four feet square and was probably the only potter in the country at that time working on such a large scale.⁹ Today, Grant is the Programme Co-ordinator of the Diploma Ceramic Arts (distance) at the Otago Polytechnic.¹⁰ *Otago Peninsula* was not the only artwork that the architects approved and built into the fabric of the building structure.

Another important commissioned work provides a devotional theme and has been integrated into the structure of the Ward Block in the Chapel. As mentioned earlier, the hospital is a place where people pass through critical moments in life from birth to death. Accordingly, the Chapel is a special environment set aside for reflection and obtaining spiritual solace.

The Chapel emanates an air of calm within the hospital.¹¹ Many fine artworks are located in this space including those with soft fabrics that have been handcrafted by women, however, Elizabeth Stevens' (1923 – 2008) two stained-glass Chapel

⁸ Linda Tyler, "Otago Sculpture Trails: Dunedin City and Beyond," dcc.squiz.net.nz/_data/assets/.../otago-sculpture-trail-brochure.pdf.

⁹ Otago Hospital Board, *Art and the Ward Block*, n.p.

¹⁰ Otago Polytechnic, "Neil Grant- Otago Polytechnic," www.otagopolytechnic.ac.nz/index.php.

¹¹ James Dignan, "Art Seen," *Otago Daily Times*, 17 January 2013, 28.

windows that together form the artwork *Signs and Messages*, has been built into the exterior wall (fig. 54).¹²

The Chapel window project provides an excellent example of the way the community has contributed to the purchase of large commissioned works. The Russell Henderson Trust contributed an initial gift of \$5,000 to enable *Signs and Messages* to be commissioned. In 1982, the women's professional service organisation, Zonta Club launched a public appeal in collaboration with the Dunedin Amenities Society to complete the estimated cost of \$10,000 for the windows and the Arai Te Uru Marae Council, based in Wakari, Dunedin gifted the final donation.¹³

Miller Studios of Dunedin made *Signs and Messages*.¹⁴ Slab-glass was especially imported from England for the primary window, which incorporates thick jewel-like studs of coloured glass that have enhanced reflective qualities. The secondary window, which is less ornate design, is primarily of industrial, bronze "Cotswold" glass with six, horizontal strips of pot-metal coloured glass.¹⁵

The Chapel provides many opportunities to reflect on the meaning behind certain symbols and alludes to the way classical rhetoric and memory systems developed.¹⁶ Accordingly, the primary window of *Signs And Messages* can be enjoyed for its effect of light as well as for contemplation. Stevens' work also references an era when stained-glass windows in churches and cathedrals communicated stories from scripture. *Signs and Messages* utilises Christian iconography, including the Jerusalem cross, which represents faith and healing and the zigzag lines that stand for flowing

¹² Miller Studios Ltd., "Inward and Outward Letters Relating to Windows and Other Business, 1964-1974," MS-3275/256, Hocken Collections, Uare Taoka o Hakena, University of Otago.

¹³ Interpretation of symbols is provided near *Signs and Messages* in the Dunedin Hospital Chapel.

¹⁴ Miller Studios Ltd., "Inward and Outward Letters Relating to Windows and Other Business, 1964-1974," MS-3275/256, Hocken Collections, Uare Taoka o Hakena, University of Otago.

¹⁵ Ibid.

¹⁶ Frances A. Yates, *The Art of Memory* (Great Britain: Routledge and Kegan Paul, 1966), 22.

water, cleansing and baptism, as indicated in explanatory text near the work.

Spiritually themed art is also found in other spaces of the hospital.

Spiritual significance is also attributed to the commissioned artwork, *Holy City* by the ceramic artist Mary Middleditch, (1910- 1994) (fig. 52). This work is located on the first floor in a large open waiting area. Middleditch was one of the few people in New Zealand of the day working with traditional glass tiles from Italy.¹⁷ She lived in Dunedin with her artist sculptor husband John Middleditch until 1981 when they moved to the Hawkes Bay.¹⁸ Travels in Italy had inspired the artist to make *Holy City* as described in her letter in the Art Advisory Committee files:

The background of many shades of blue set in a circle, and with a circular movement round the city and symbols was suggested to me by a vivid memory of my first mosaic experience in Ravenna. The incredible beauty of the tomb of *Gallea Placidia* lit by the bright Italian sun muted through narrow alabaster windows and catching the colors and mingling them into a fantastic night sky effect will remain with me forever. The rich blues of the cupola shimmering with stars and melting into a seemingly vast distance gave the impression of floating in the sky.¹⁹

Holy City has potential for additional aesthetic appreciation and interest for viewers. *Holy City* is a dramatic visual presence despite not being illuminated to maximise the effect of what the artist describes as its, “shimmering tessellations.”

¹⁷ Otago Hospital Board, *Art and the Ward Block*, n.p.

¹⁸ The Community Archive, “John Middleditch,” thecommunityarchive.org.nz/node/92591/description

¹⁹ Mary Middleditch, Letter in Art Advisory Committee Files (n.d.), Private Collection of Barbara Brinsley.

Middleditch's inspiration could be beneficial as an explanation to provide a deeper devotional aspect to the work.

Non-Commissioned Works: An Eclectic Group Including Abstract, Regionalist, Devotional, Indigenous, Holiday and Domestic Themes

Non-commissioned original works displayed in the Ward Block form an eclectic group of diverse themes that promote ideas of cultural identity, home and a sense of place. Artists represented in this category include Annie Baird (1932- 99), Matheson Beaumont (1926-), Rita Blakeley (1926-), Pamela Brown (1953-), Anna Caselberg (1942- 2004), Wallace Crossman (1930-), Heather Francis (1925-), Ralph Hotere (1931- 2013), Mark Lander (1955-), John Noakes (1938- 2006), Shona McFarlane (1929- 2001), Mary Raad (1948-), John Robinson (1953-), Val Rollo (1924- 2012), Hubert Struyk (1923-), and Colin Wheeler (1919- 2012).

A striking regionalist work by Brian Strong (1945-), *Peninsula* in space 1404A incorporates paper as collage with mixed media, to evoke the various contrasts of light and shapes found in the sky, water and land (fig. 55).²⁰ Strong uses collage to provide a three dimensional textural effect for the sharp, abstract representations of landscape. Strong limits his genre to natural themes asserting, “[o]ur New Zealand landscape is the constant provocation and inspiration behind my paintings.”²¹ The visitor to the hospital is perhaps reminded of personal experiences in the mountains or simply, of the spectacular South Island landscape. *Peninsula* adds to the

²⁰ Kate McGahey *The Concise Dictionary of New Zealand Artists: Painters, Printmakers, Sculptors*, (Wellington, N.Z.: Gilt Edge Publishing, 2000), 235.

²¹ Brian Strong, “Brian Strong: Artist,” www.brianstrong.co.nz.

humanizing of this institutional space by allowing people to identify with the geographical beauty of New Zealand.

The regionalist theme has been represented in different styles and mediums. The vibrant triptych *Blue Valley* by Angela Burns for instance, is a painterly, expressionist evocation of rolling landscape, swirling clouds and sky (fig. 56). The three non-representational works capture the sense of a wind swept valley in washes of blue and black acrylic. As Franky Strachan has noticed,

Glancing at her paintings will provide an impression of the various landscapes described, but it is meditation over her brushwork that will reveal the more ephemeral elements our landscapes comprise.²²

Burns, who is a well-known Dunedin artist, derives inspiration from the local landscape and nature. She is a member of the Dunedin Hospital Art Advisory Committee and has a background in painting, ceramics and sculpture from the Dunedin School of Art at Otago Polytechnic, and Museum Studies and Art History at Otago and Canterbury Universities.²³ Burns' *Blue Valley* adds vitality of colour to the lift area in the busy space of the public main foyer. It can be compared to other smaller realist landscapes in quieter and less prominent spaces of the hospital.

The Canadian James Douglas Charlton Edgar (1903-1976) has provided two treasures of the collection that are presently located on the second floor in the lift area. Edgar was the Director of the Dunedin Public Art Gallery in 1965 and was

²² Franky Strachan, "Art Seen," *Otago Daily Times Online News*, 16 February 2012. www.odt.co.nz.

²³ Gallery De Novo, "Angela Burns," www.gallerydenovo.co.nz.

instrumental in growing that collection to include many contemporary Australian and New Zealand works.²⁴ An accomplished regionalist painter, Edgar was greatly inspired by the landscapes of Central Otago as demonstrated in the painting (fig. 57a). The autumn colours and dramatic snow-peaked mountains in this ornately framed painting provide a visual delight for all passers-by. Another work by Edgar, *Lake in Queenstown*, (n.d), *Boats In Portugal*, (fig. 57b) is displayed alongside *Lake in Queenstown*. The display of the two works near one another reflects a careful decision by the Art Advisory Committee to occasionally group works by the same artist together. Possibly *Boats In Portugal* was painted from the memory of Edgar's travels abroad during 1938-39 to America, Europe and Scotland.²⁵ If time were available to peruse the work closely, the hospital visitor may find *Boats In Portugal* reminds them of their own enjoyable European holiday and as such, Edgar's lively realist paintings are opportunities to dwell on happier times and life outside of the concerns of the clinical environment of the hospital.

In the hospital art collection realist works are often located alongside paintings that have abstract characteristics and conceptual themes that also contribute to the humanising of hospital spaces. Gretchen Albrecht's (1943-) *Ceremonial* (1981) is a bold abstract artwork that is uplifting for its brightness of colour and depicts fanlike blocks of green, red, yellow and black (fig. 58). Albrecht claimed there was great freedom in being an abstract painter as it was possible to imply the richness of meaning and emotion in the universal human experience.²⁶ Albrecht's paintings have a childlike quality, according to Linda Gill, and speak directly to the child we all

²⁴ "Edgar, James Douglas Charlton - Biography," The Dictionary of New Zealand Biography, Te Ara – The Encyclopedia of New Zealand, www.teara.govt.nz/en/biographies/4e3.

²⁵ Edgar, James Douglas Charlton- Biography-Te Ara

²⁶ Gill, *Gretchen Albrecht*, 17

carry within us as the language of shape and colour reaches back to preverbal times.²⁷ Although *Ceremonial* has a vibrant colour field evoking the playfulness of childhood, the name of the work suggests a sense of solemnity. Perhaps, in the context of the operating theatre, *Ceremonial* provides an affirming optimistic presence particularly for those feeling vulnerable before or after surgery. Another delightful artwork in the pre-operative recovery theatre, *Girl In White Dress* (1980), provides a calming effect (fig. 59).

The theme of domestic portraiture is portrayed in *Girl In White Dress*, which is a conte drawing by Paul Tulloch (1948-). Space 5505 is where patients wait for surgery and is perhaps one of the more isolated and clinical, non-public areas of the hospital. In this work, a girl is posed in a moment of quiet reflection. It is a delicate image that evokes a sense of the fragility of life as expressed in the translucent qualities of fabric. In a recent discussion with the artist, Tulloch recalled how he had sold *Girl In White Dress* to the Art Advisory Committee in 1980 and that many years later, in 1998, when he had accompanied his daughter to theatre, he had been pleasantly surprised when asked to stop and wait, directly beneath the artwork in the pre-operative waiting room. Perhaps, anecdotally, this happy coincidence supports the way an art object may offer emotional reassurance as it did to father and daughter at this time. Tulloch, a local artist and teacher, was born in Ashburton and had studied at the University of Canterbury School of Fine Arts 1967- 69. Tulloch's *Girl In A White Dress* is a quality original artwork that offers a quiet and humanising influence in this space where people are passing through vulnerable moments in their lives.

²⁷ Linda Gill, *Gretchen Albrecht* (New Zealand: Random Century 1991), 17.

Another space, of quite a different nature, is the long and winding corridor that links the main foyer to the Cumberland Street entrance. The corridor is punctuated with many fine artworks including Joanna Margaret Paul's domestic-themed still life paintings that the Art Advisory Committee purchased in the 1970s. Paul's soft impressionist works provide an opportunity to rest the eye and are like windows into the home, and familiar domestic space. *Flowers In A White Jug*, *Flowers In A Glass Vase* and *White Jug And Flowers* are all relatively small still life depictions in acrylic (fig. 60). Still life objects such as glass jars, plates, baskets, bowls and glasses are basic forms that do not change over long periods of time and are understood across all cultures. As Norman Bryson asserts,

The abiding and ancient forms chosen by still life speak of cultural pressures as vast as those, which in nature carve valleys from rivers and canyons from glaciers. Even their names seem demeaned – jug, jar bowl pitcher- yet the forms of still life have enormous force. As human time flows around the forms, smoothing them and tending them through countless acts of attention across countless centuries, time secretes a priceless product; familiarity. It creates an abiding world where the subject of culture is naturally at ease and at home.²⁸

Still life paintings such as those depicted by Paul can be appreciated for their familiar themes however other works of an abstract minimalist characteristic also provide visual and aesthetic pleasure in the hospital as demonstrated in *Red On Black* by Ralph Hotere (fig. 61). Ralph Hotere was one of New Zealand's most loved

²⁸ Norman Bryson, *Looking at the Overlooked: Four Essays on Still Life Painting*, (London: Reaktion Books, 1990), 138.

indigenous artists, the first Māori to be written into the history of New Zealand art.²⁹ It is a privilege to have a work by Hotere in the hospital as he has been the recipient of many awards including, in 2011, the Order of New Zealand, a title that is limited to only twenty living people at any time; in 2006, the Te Waka Toi Te Taumata Award, for outstanding leadership and service to Māori arts and culture; and in 1994, an Honorary Doctorate by the University of Otago.³⁰ Hotere was known for his minimalist style of art, which he claimed enabled him to express the sorrow and the joy of humanity.³¹ Accordingly, it is perhaps beneficial to consider what ideas Hotere may have represented in the abstract work *Red On Black*.

Red On Black depicts a solid, black background with striated bands of red, diagonal lines. Significantly, the painting was made as part of a test series for the *Godwit/Kuaka* mural, which was commissioned for the Auckland International Airport terminal lounge in 1977.³² The test series was an exploration of combinations of line, texture and colour, including written words of traditional Māori poetry referring to the hauntingly beautiful call Karanga, a traditional greeting of Māori culture.³³ Although *Red On Black* was not commissioned specifically for the hospital foyer, in this work, Hotere as demonstrated was exploring ideas in his art related to welcome, of kindness and hospitality towards people and therefore it is appropriate, that *Red On Black* is displayed in the foyer space of the hospital.

The Māori artist, James York has also addressed the theme of welcome in the hospital. York, who is of Rakiura, Kai Tahu and Ngāpuhi whakapapa, created a

²⁹ Jonathon Mane-Wheoki, "The Black Light Paradox: The Sumptuous Austerity of Ralph Hotere's Art," *Art New Zealand* 98 (2001): 72-77.

³⁰ The Arts Foundation, "Ralph Hotere-Biography," www.thearts.co.nz/artist_page.php&aid=17&type=biography

³¹ Clarke, "Dunedin Hospital Art Committee General Statement of Aims and Objects," 4, Private Collection of Barbara Brinsley.

³² Kriselle Baker, "He Kuaka Marangaranga, A Godwit that Hovers," in *Hotere* by Kriselle Baker and Vincent O'Sullivan (Auckland, New Zealand: Ron Sang Publications, 2008), 124.

³³ Kriselle Baker and Vincent O'Sullivan, *Ralph Hotere*, 96.

carving for the entrance to the Whanau Room (fig. 62).³⁴ York was formally trained in mahi whakairo, or carving, through the Rotorua Arts Institute. York claimed the carver had a responsibility to identify the story of the community the carving will represent.

It's like writing a book. The design is constantly evolving as the stories unfold. The challenge is to ensure the stories told are linked together, the whānau family agree they are the right ones and the tīpuna or ancestors are honored. As a master carver, it is a privilege to interpret those stories.³⁵

Accordingly, York has described the carving for the Dunedin Hospital as follows:

On the left half of the Pou [pole] we have a profile of a head representing whanau, bringing their sick whanau, on the right, into the hospital for help. In the figure on the right half of the Pou, you can see the wounded member grasping their leg and holding on to their whanau for support, with the outstretched beak showing the mamae [pain] they are experiencing. The second Pou around the corner is a representation of the Otago District Health Board and the staff in the hospital. When looking at the two Pou together you can see both forms coming together to form one head, this is symbolic of both

³⁴ S. Wereta, "Engaging with Māori Art and Identity: A Conversation with Māori Artists in Otepoti," in MAI Review 2007." www.review.mai.ac.nz/index.php/MR/article/viewFile/40/40

³⁵ Toi Ake, www.tpk.govt.nz/en/in-print/kokiri-06-2007/toi-ake/

whanau and hospital working together with one objective and that is to provide quality health care for all whanau.³⁶

Although the carved entrance to the Whanau Room carries this important meaning, it remains nevertheless, elusive to viewers. An interpretation of the carving, displayed inside this waiting area, would perhaps benefit visitors in the hospital.

Limited Edition Prints: Indigenous, Regionalist, Pacifica, Domestic, Conceptual, Nature Themes

There are many valued limited edition prints in the Dunedin Hospital art collection. Limited edition prints are reproductions from an original artwork and are identical prints that are numbered sequentially; state limits to the quantity produced and are signed by the artist. Approximately one hundred quality limited edition prints are displayed in the Ward Block. The category comprises various types of prints including lithographs, woodcuts, etchings, aquatints, colour silkscreen prints and photographs on paper and canvas. Artists represented include, Barry Cleavin (1939-), Roy Cowan (1918-2006), Lindsay Crooks (1957- 2005), Irene Ferguson (1970-), Roger Hall (1939-), Nora Hazeldine (1920 - 2003), Clive Humphreys (1949-), Richard Killeen (1946-), Vivian Lynn (1931-), Jo Ogier (1967-), Kathryn Madill (1951-), Wendy Masters (1943-), Guy Ngan (1926-), Elizabeth Noordoff (1924-), Jenna Packer (1967-), Juliet Peters (1915 -2010), Bonnie Quirk (1932-), Susan Skerman (1928-), Eoin Stevens (1952-), Penny Stotter and Marilyn Webb (1937-).

³⁶ Dunedin Hospital – Southern District Health Board
www.southerndhb.govt.nz/nzfiles/20091025155016-1256439016-1.pdf

Dame Eileen Mayo is one of the many exceptional artists whose limited edition works grace the walls of the hospital. The British born artist was an extraordinary person of her time and was accomplished in various artistic endeavours. Mayo studied at the Slade School of Art, Chelsea Polytechnic, the Tubord atelier and at the Academy Montmartre.³⁷ A beautiful woman known for her golden hair, a lock of which is preserved in the archives of the Tate Gallery, Mayo was often the object of art, modelling in her youth for artists such as Laura Knight and Duncan Grant.³⁸ Mayo was a prominent print maker working in Canterbury during the mid 1950s. She had been delighted at the invitation to submit designs for the reverses of New Zealand decimal coins. According to Mark Stocker, Mayo wrote in her diary, “Instead of being a hollow shell, I have some heart in me again.”³⁹ Perhaps the artist was happiest when engaged in creativity, which is why the six lithographs by Mayo, that are displayed in the Ward Block, can be viewed to have an uplifting essence. Mayo’s works have mainly nature themes. *Moths On A Window* 1/30 and *Mantis* 5/30, *Pigeon In Winter* are located in the Executive Suite waiting area on floor one (fig. 63). *Ginger Cat* 16/50 and *Young Sunflower* 12/20 are on the maternity ward in corridor 2204 and *Town Belt* 20/25 is in corridor space 7204 on the seventh floor. The works show meticulous attention to detail and lively colour and add a sense of intimacy to bland institutional space.

Other works in the Ward Block attract attention because of their relatively small size, in pared down black and white images of metaphorical themes. Inge Doesburg’s (1965-) *Fish Out Of Water II*, 13/30 for instance, is located on the Ground Floor in a major arterial corridor G 625 and is part of a large collection of

³⁷ British Council, “Dame Eileen Mayo,” visualarts.britishcouncil.org/artist/artist/5/18696

³⁸ Tate Archive 40/1991 Eileen Mayo ‘Lock of Golden Hair’/ Tate www.tate.org.uk/.../tate-archive-40-1991-eileen-mayo-lock-golden-hair

³⁹ Mark Stocker, ‘Coins of the people’: The 1967 New Zealand Decimal Coin Reverses, 130. www.britnumsoc.org/publications/Digital%20BNJ/.../2000_BNJ_70_13...

similar sized prints by Dunedin print makers (fig. 64). A painter and a printmaker, Doesburg introduces themes into her work relating to the environment and often includes a literary reference. *Fish Out Of Water II* for instance, according to Solopova, who has translated Chaucer's use of the metaphor in Canterbury Tales, a monk without a cloister was compared to the unpleasant situation of a fish being out of water.⁴⁰ In the context of the hospital, this analogy perhaps could have relevance to those who are experiencing psychological and physical discomfort associated with being in the unnatural and unfamiliar hospital environment.

Several etchings by the local Dunedin print maker Audrey Bascand identify with a different sense; the familiar setting of home. Bascand is a graduate of the Canterbury School of Fine Art. Although her realist images of the everyday world of home and the natural outdoors can be understood for this alone, Bascand hoped to point to more transcendent values.⁴¹ *A Fine Outlook 17/25* is located in the corridor of Ward 6 (fig. 65). It depicts a table and chair within what is a tidy, cool interior. The outlook is a view through glass sliding doors to a veranda and trees immediately beyond, suggesting a rural context and possibly a holiday cottage. It alludes to memories of long, hot summers and perhaps ideas of peace, happiness or even longing. Bascand has other works in the hospital including *Fern Patterns Series II* and *Fern Patterns Series III 24/40* (fig. 66). Bascand's nature themed artworks are in G138, the Whanau Room of the Breast-Screening Unit. Illuminated under soft lighting, in this space, the subtly defined fern prints provide a calming influence for patients and family who wait anxiously for results of diagnostic examinations.

⁴⁰ Chaucer, Geoffrey, *The General Prologue* on CD-Rom Chaucer; [edited by Elizabeth Solopova]. Cambridge, UK: Cambridge University Press, Format: Computer File/ Electronic Resource, 1 CD-ROM.

⁴¹ Kate McGahey, *The Concise Dictionary of New Zealand Artists*, 16.

Conversely, Pat Hanly's, *Bride, Groom And Vacation* 14/25, is a colourful, abstract representational image (fig. 67). *Bride, Groom And Vacation* belongs to a series of works Hanly made between 1990-94 on the same theme.⁴² Hanly had graduated in 1956 with a Diploma of Fine Arts from the University of Canterbury School of Fine Arts and was known for his colourful and positively uplifting works. Hamish Keith once commented, "Hanly is energy, so are we all, so is the universe."⁴³ Keith identifies the joyful quality of Hanly's art, and the sense of optimism that Hanly had in dealing with issues of the human condition and cultural values.

Limited edition prints also have spiritual themes with a bi-cultural perspective. Michel Tuffery is a New Zealander of Samoan, Tahitian and Cook Island descent. Tuffery's work *Tigaina*, is a woodcut print on tapa cloth depicting the crucifixion and is located in corridor G801 near the Chapel (fig. 68). *Tigaina*, which means pain, incorporates Samoan and Christian imagery and was inspired by traditional tattoo patterns and stained glass windows. The shape of the triquetra is the ancient symbol of the Trinity. It also references the petals of the sweet smelling, frangipani flower. The centipede pattern on the legs of Christ denotes the courage and endurance of a warrior; the same image tattooed on a warrior's body, in Pacific culture, is considered as a living being.⁴⁴ Tuffery attended Otago Polytechnic School of Art and in 1988 having obtained a Diploma of Fine Arts (Hons) and winning the David Con Hutton Award Scholarship he then studied at the University of Hawai'i. In 2008 Tuffery was named on the 2008 Queen's Birthday Honours List becoming a Member of the New Zealand Order of Merit in recognition of his contribution to the Arts.⁴⁵

⁴² The Arts Foundation, "Pat Hanly- Biography," www.thearts.co.nz/artist_page.php&aid=94&type=bio

⁴³ Russell Haley, *Hanly: A New Zealand Artist* (Auckland, New Zealand: Everbest Printing Co. Ltd., Hong Kong), 165.

⁴⁴ Pam Walker, "On View," *New Zealand Listener* (1989): 64.

The Arts Advisory Committee have acquired a diverse range of quality original works including artists such as Hotere, White and Tuffery who have received significant awards. Quality art promotes a sense of quality care in the hospital as Clarke stated in his proposal, “It adds a touch of class.”⁴⁶ Clarke suggested that the display of quality art in the hospital is reassuring for patients and family who expect to receive a high standard of healthcare.

Reproductions: New Zealand and International Artists, Traditional and Contemporary Art Including Abstract, Domestic, Cultural and Landscape Themes

Over the years, the emphasis on acquiring original artwork has given way to the inclusion of many reproductions in the hospital art collection. Reproductions are mass produced copies of well-known artworks. The collection includes many reproductions by famed New Zealand artists, European masters from the seventeenth century to contemporary international Modern artists. In this category are such works as *The Green Violinist* (1923-4) by Mark Chagall (1887-1985), *Mother And Child* by Frances Hodgkins (1869-1947), *The Virgins* (1913) by Klimt Gustav (1862-1918), *The Nurse* (1964) by Roy Lichenstein (1923-97), *Maternité* (1905) by Pablo Picasso (1881- 1973), *Flower Beds In Holland* (1883) by Vincent Van Gogh (1853- 1890), *Kahukura* (1968) by Gordon Walters (1919- 95), *Dreaming On The Windowsill* by August Fredrich Seigert (1820- 83) and *Red, White And Brown* (1957) by Mark Rothko (1903-70). Reproductions comprise a group of artworks that include New Zealand and international influences and that come from different eras.

⁴⁵ Michel Tuffery, www.micheltuffery.co.nz

⁴⁶ Alan Clarke, “Dunedin Hospital Art Committee General Statement of Aims and Objectives, 3, Private Collection of Barbara Brinsley.

An artwork by the famed New Zealand artist Frances Hodgkins, (1869-1947), is featured in space 2.102. The lovely reproduction, *Summer* ca. 1912, is located in the maternity ward where the art promotes positive images of motherhood (fig. 69). Interestingly, very few artworks are in the rooms where mothers can enjoy them. Hodgkins was known for her maternity themed works. In the period 1906-1912 she painted an important series related to women and children including *Summer*. *Summer* depicts a baby at the centre of attention of two women. The faces of the women are out of focus compared to the baby's face that is clearly defined. Apparently Hodgkin's wanted to convey the women being immensely preoccupied with the child. The work was intended to celebrate the maternal and domestic side of life and also to give the impression that being outdoors in the sunshine was beneficial to maternal health, wellbeing and the future of society.⁴⁷ Other ideas related to the feminine experience are contributed by another reproduction on the maternity ward from an earlier era.

Johannes Vermeer's (1632-75) *Woman In Blue Reading A Letter* (1663- 4) located in space 2102 portrays a young woman, of the mid seventeenth-century, standing near an unseen window, engrossed in reading a letter (fig. 70). During the seventeenth century, Dutch painters associated the letter-writing theme with love or intrigue.⁴⁸ In contemporary culture, Vermeer has been popularised through the movie *Girl With A Pearl Earring* that features another one of his famed paintings of the same name as the movie. It is possible that Vermeer's current popularity derives from this association with romance and mystery. In *Woman In Blue Reading A Letter* it is morning and the woman is still dressed in her night attire. Although some scholars

⁴⁷ Iain Buchanan, Elizabeth Eastmond and Michael Dunn, *Frances Hodgkins Paintings and Drawings* (Auckland: Auckland University Press, 1994), 25.

⁴⁸ "Johannes Vermeer, Woman in Blue Reading a Letter," www.essentialvermeer.com/.../Woman_in_Blue-Reading_a_Letter.html

believe the woman might simply be dressed in the fashion of the day, her appearance suggests she could be pregnant.⁴⁹ *Woman In Blue Reading A Letter* therefore seems suited to the maternity ward. The international artist theme is continued in the post-operative recovery room where the French have an influence.

La Meridienne, Ou La Sieste (1889- 90) by Vincent Van Gogh (1853-1890) portrays a couple sleeping in the hot afternoon beneath the shade of a large haystack (fig. 71). Van Gogh made *La Meridienne, Ou La Sieste* while he was in hospital and by memory had based it on Millet's black and white drawing *Four Moments In The Day*.⁵⁰ In this highly technological and specialised area of the hospital, which has no windows, artworks bring visual relief and nature views that have been attributed therapeutic significance. It is also apparent that the positioning of art sometimes conflicts with the furnishings and or technology.

Memorabilia: Donated Artworks Reflecting Themes of Gratitude, Humour, Loss and Hope

Artworks that have come into the collection without expert oversight have sometimes created conflict regarding aesthetic standards but nevertheless they represent important relationships that promote wellbeing. Such artworks are classified as memorabilia. Donations of memorabilia while they may not necessarily have the aesthetic qualities of professional artworks do contribute significantly to

⁴⁹ "Johannes Vermeer, Woman in Blue Reading a Letter."

⁵⁰ Paris-Musée d'Orsay, "Van Gogh's *La Méridienne Ou La Sieste*," www.flickr.com/photos/wallyg/1390554578/

wellbeing in the hospital.⁵¹ Memorabilia have been donated by families, individuals and staff, and include the works of professional artists. Memorabilia are significant as they symbolise the close relationships formed between members of the community and members of the institution.

The older persons wards provide examples of memorabilia that demonstrate the significance of such works in the hospital. During old age the sense of mortality becomes more undeniable and many people seek to assure they will leave some aspect of themselves behind that will extend beyond their deaths. Lifton suggests several ways in which this kind of extension may occur, including through one's children, a belief in life after death, through identification with nature, which will continue and through one's works including artistic, literary and scholarly. Accordingly, possessions may be given to live on through heirs or in museums especially where it is believed the artefacts would be cared for and where the donor would be remembered and honoured.⁵² Memorabilia in the hospital suggests a similar attitude whereby patients and staff who donate such works, believe they will be remembered, that the art will be respected and that it will remain on a particular ward where the associated memories have meaning.

Colin Emslie (1942-2011) was a keen photographer and a patient in Ward 8. *Maya* is a photographic portrait of a sea lion that is located in corridor space 8104 (fig. 72). The nurses remember Colin fondly describing his hobby of photographing sea lions and their families, around the Otago Peninsula. Apparently Emslie had given all his subjects names and although there is no brass plate denoting this fact

⁵¹ Clarke, "Dunedin Hospital Art Committee General Statement of Aims and Objects," 3, Private Collection of Barbara Brinsley.

⁵² R. W Belk, "Possessions and the Extended Self," *Journal of Consumer Research* 15 (1988): 148.

alongside the artwork, the sea lion in the photograph, according to one of the nurses, was called Maya.

Memorabilia can be found on all types of wards in the hospital. The musician Marius Minaar, who was once a patient in Ward 4, donated a framed musical score to the ward. *4 Notes of Thanks In A Major To Ward 4A* is located in corridor 4302 (fig. 73). The composition is based on the number four and the letter A, representing Ward 4A. It is in the key of A major. It uses only 4 pitches, A, C sharp, D and E and is intended to be played by only four groups of instruments. The strings section plays a pedal point on the A triad, only four dynamic markings are used and the music is written in four time. The memorabilia provides an interesting dimension of creativity in the arts and would intrigue another musically minded visitor who may attempt to hum its otherwise audial mysteries.

Inspirational text is another common form of memorabilia. Words of comfort, gratitude, prayer and humour are portrayed in various ways. Framed poems, posters, engravings or embroidery portray anything from humorous distraction to solace in grief. A framed poem in the Neonatal Intensive Care Unit waiting room, for instance, expresses sorrow over the loss of a child. An example of humour is the framed rules for Nurses and other Members of the hospital from the standing orders of St Thomas' Hospital 1699-1752, displayed in the Nurses Station on Ward 3B (fig. 74). Val Steele, the Charge Nurse of the ward had donated the work in 1995. Today, Rule 8, which states that, "every tenth bed is to be left empty to air and not more than one patient is to be put into each bed," is an idea that would probably amuse staff, visitors and patients. Other forms of memorabilia text express the gratitude of patients. The Seyb family donated a wooden plaque engraved with the following inspirational story;

As an old man walked down a Spanish beach at dawn, he saw ahead of him what he thought to be a dancer. The young man was running across the sand, rhythmically bending down to pick up a stranded starfish and throw it back into the sea. The old man gazed in wonder as the young soul again and again threw the small starfish from the sand to the water. The old man approached him and asked him why he spent so much energy doing what seemed to be a waste of time. The young man explained that the stranded starfish would die if left to the morning sun. "But there must be thousands of miles of beach and millions of starfish. How can you ever make any difference?" The young man looked down at the small starfish in his hand and as he threw it to safety in the sea said, "It makes a difference to this one." Thanks for making a difference to Jacob Seyb's life, 1910-2003.

Patients not only want to express gratitude or solace but they may also want to contribute artworks to encourage other patients in hospital. Jude Ansbacher's, *Emerald Pool* (2008) is located in G 131, and was donated to the Breast Care Services by the artist (fig. 75). Ansbacher has a short explanatory note displayed alongside the work. In her handwritten letter, Ansbacher writes,

I chose this painting, because, I hoped it might be soothing for others to look at. I appreciated wandering around the hugely varied and interesting collection of artworks. It helped to remove one temporarily from concerns within illness, progress and treatment and provided a 'pool' of normality.

Ansbacher had enjoyed the idea of gallery strolling, meaning she liked to look at the art displayed on the corridor walls in the hospital, which she found very helpful as a distraction. Ansbacher is a professional artist and has been a member of the Otago Art Society since 2006, having had several solo exhibitions. Born in Aberdeen, she had gained a B.A. (Hons) Fine Art in the United Kingdom and now lives in Dunedin. *Emerald Pool* is a prominent work in the highly technological environment, where patients are exposed to uncomfortable treatments. Ansbacher's hand written letter provides an informal, personal touch that may soften the experience of women in this unit.

Memorabilia as these few examples have described define personal relationships in the institution and therefore reflect wellbeing at a personal level. The formal art collection in the hospital can also be demonstrated to communicate ideas about the institution and wellbeing. Art can be seen to have themed characteristics in certain spaces.

Space and Art

The Main Foyer- The Nurse Portraits

The main entrance foyer offers a striking example of the display of themed art concerning the role of the nurse (fig. 76). The three nurse portraits communicate a strong message regarding the feminine "ethic of care" in the historical and cultural representations of the nurse as a woman wearing a starched white dress and cap, who is dedicated to service, compassion and professional care. Nursing portraits in this area are complemented by a framed Graduation Certificate from the 1971 School of

Nursing that explains the ethical and moral code of conduct, which is represented in the five-pointed star of the nurses medal and an inspirational quotation by Florence Nightingale. Displayed together, these works promote the hospital as a trusted, caring and professional institution.

Significantly, it is the nurse, not the doctor, associating the hospital with caregiving rather than science, which greets the building's guests. A highlight of the trio is *A Lamp Still Burns* by Roy Dickison who was a well-known and respected artist in his time (fig. 77). Dickison was born in Dunedin, and was only twenty-three when he painted *A Lamp Still Burns*. Dickison was a long time member of the Otago Art Society, having joined when he was only fourteen, and had to "boil the billy for the Sketch Club on their trips into the countryside."⁵³ *A Lamp Still Burns* portrays a nurse, seated in a formal pose. She is wearing a white starched uniform and cap, and has a red cape folded over her lap. Although this painting is not one of the many landscapes that Dickison loved to paint, *en plein air*, it has a significant role to play in communicating ideas of quality care within the wide, open spaces of this clinical and institutional environment.

The Maternity Ward

The maternity ward provides another example of where themed art supports the function of the space. The maternity ward caters for the needs of women in the process of giving birth. The art on the maternity ward thus, openly promotes the good health of mother and baby although it is mainly displayed in corridors and not rooms, where they may be of most benefit to women. Artworks on the Maternity Ward

⁵³ Andrena Hall, "Obituary- Roy Dickison," *The Otago Art Society Inc: Newsletter* (May, 2012): 3.

depict the nurturing of babies by mothers, breastfeeding, images of children in domestic scenes, and other activities related to birthing, some of which have been previously mentioned.

Robyn Kahukiwa's (1941-) *Earth Formed Mother And Child* is a limited edition print that provides a cultural perspective on motherhood (fig. 78). Kahukiwa often addresses themes and images of Māori female experience, motherhood and empowerment. The Māori woman, in the image, is portrayed lying with a baby nestled on her breast. At the foot of the print are the words, *He tapu te tinana o te wahine no te mea ko ia he whare tangata*.⁵⁴ The literal interpretation is, "The woman is the sacred home for humankind." According to concepts of Māori health and wellbeing there is an inter-relationship of the physical, mental, spiritual and whānau or family. In *Earth Formed Mother And Child*, traditional Māori cultural views align women with the land. Mythological belief asserts the world was born from Papatūānuku, just as humankind is born from women. A woman's womb, called te tangata, the house of humanity, and is thus, likened to the womb of the earth.⁵⁵

The Day Surgery Unit: The Dilemma of Indeterminate Space

The Day Surgery Unit does not serve a specific group of people and seems to reflect an underlying contradiction. The art does not overtly communicate a similar affirming message about women and children using the facility. Children recover from surgical procedures embraced by parents in the same space that on another day

⁵⁴ Te Hotu Manawa Māori, "Getting to the Heart of Māori Health," www.tehotumanawa.org.nz

⁵⁵ Te Ahukaramū Charles Royal, "Papatūānuku – the land - Women and land," Te Ara - The Encyclopedia of New Zealand, last modified 22 September 2012, <http://www.TeAra.govt.nz/en/papatuanuku-the-land/page-3>

in the week, women recover from having abortions. Bob Talbot's photograph *Delphinus Delphis*, portrays a dolphin leaping out of the sea, perhaps an emotionally cold and isolating scene (fig. 79). Another framed poster titled *Crashing Waves* may also appear harsh in post-operative circumstances. The images while they may have an exhilarating quality lack a sense of warmth and comfort that could be offered by other gentler, nature based scenes. The tension regarding art and the function of the Day Surgery Unit highlights the possible ambiguity in social attitudes towards terminating pregnancy as a medical procedure and produces a characterless, indeterminate space.

The Medical Displays: Wellbeing and Contradictions of Space

Another contradiction that contests wellbeing in the hospital relates to the Medical displays. Medical displays emphasise the scientific and clinical nature of the hospital's activities providing visual and educational interest; however, they do not always contribute to wellbeing and emotional comfort. Professor Borrie, his family and Professor Alan Clarke had established the Otago Medical School/Dunedin Hospital Museum Trust in 1985. The aim of the Trust was to fund the displaying of items of medical interest within the buildings comprising the Dunedin Hospital and Otago Medical School complex.⁵⁶ It was intended that the displays would foster medical history by preserving and displaying suitable artefacts. The visual displays would identify key moments in medical thought and discovery and would be of particular interest to the medical student. Displays were envisaged for the new Ward Block and Clinical Services Building on the related floors of the various disciplines.

⁵⁶ Otago Medical School Alumnus Association, Annual Report 1985, n.p.

It was expected that such displays would enliven uninteresting bare spaces of the Ward Block.⁵⁷

An example of a medical display is in the waiting area for orthopaedic patients (fig. 80). Notably absent from this waiting area are familiar, domestic themes that might be considered more appropriate especially for those feeling vulnerable because of their potential need for surgery. The cabinet display includes Robert Jones' Bone Gouges, a total knee replacement prosthesis from around the 1980s that was donated by Keith Jeffery in 2003, various hip replacement prostheses, an amputation set that was donated by I.J.A. MacFarlane, an Orthopaedic Surgeon and 1950s unused calf bone for bone grafting.

The medical displays on the general surgery floor provoke similar notions of emotional discomfort: a bowel crushing clamp, a non-crushing clamp for colostomies, Moynahan's stomach clamps, and a 1951 choleodoscope, which was once used for viewing bile ducts and that was donated by Professor Alan Clarke. Such items are perhaps educational and interesting for medical students, however, a patient may not be so objective.

Medical students also have access to attractive historical displays near the lecture theatres. In this area display cases include items such as a stomach pump used for forced feeding, an expanding urethral sound for dilating urethra strictures in men, which was used during the eighteenth, nineteenth and early twentieth centuries, a post mortem set brought to New Zealand by Professor John Malcolm, the first Professor of Physiology in 1905 and the surgical scissors of Mr Borrie. Historical displays chart the progress of medical techniques and procedures nevertheless the

⁵⁷ Otago Medical School Alumnus Association, Annual Report 1985, 4- 5.

sight of some instruments is disconcerting and contradictory to psychological wellbeing.

The Neonatal Unit: The Dilemmas of Memorabilia

The themed nature of art has created an aesthetic dilemma in the Neonatal Intensive Care Unit, which is one of the most highly specialised and technological areas of the hospital in the support of newborn babies. The art in this area reflects minimal input from professional artists and a significant contribution in terms of memorabilia donated by families.

Donated memorabilia take the form of a multitude of cardboard posters made by parents showing photographs of babies on the journey to recovery. *Framed Wall Plate*. 1983. 300 x 300 x 60 (fig. 81a). Donated, by the Hazlett family when the quadruplets were born, New Zealand, 26 August 1983. The birth and early life of the quadruplets was recorded in several articles in the *Otago Daily Times* 29 August 1, 10, 17 September and 22 November 1983. Katrina, Melissa and Rochelle and one boy Derek, were delivered by Caesarean section, in the Queen Mary Hospital.⁵⁸ The decorative, gold-edged plate has the names and birth weights of each baby printed in gold, in the centre, and indicates the lightest baby, weighed only 1.130 kg. Edged with pink and blue flowers, the plate portrays three of the babies with their heads peeping out of pink booties and the fourth baby tucked inside a blue bootie. Alongside the plate is a framed picture of the same children as young adults. The memorabilia thus, is a celebration of the birth of the premature babies and proves

⁵⁸ Marie M. Clay, *Quadruplets, ' and Higher Multiple Births'* (London: Mac Keith Press, 1989): 168.

their growth to maturity. New parents to the neonatal unit are encouraged by such memorabilia, which contributes an atmosphere of hope at a time when their own babies are on the brink of life and death.

Although such memorabilia promotes emotional wellbeing it can create problems for the Art Advisory Committee and the Ward staff. At a recent meeting on October 23, 2012, the charge nurse of the Neonatal Intensive Care Unit who is supervising the interior decoration for this ward expressed her concern about what to do with memorabilia items when the unit relocates in the near future. Her belief is that the posters are a significant source of encouragement to new families coming in for care; however they take up a lot of wall space and some of them are very old (fig. 81b). The attitude of the charge nurse reflects ideas related to a feminine “ethic of care” as she wants to make sure that her ward is a supportive environment.⁵⁹ In this situation, it is neither the aesthetic or monetary value of the object that is at stake.

Perhaps the issue of memorabilia in the Neonatal Intensive Care Unit is an area that can be addressed in digital form. Today, technology provides new solutions that may be appropriate to such dilemmas, which may be a more aesthetically acceptable, less space consuming and hygienic. Digital media and flat screen devices can accommodate a variety of photographic images in a time based slide presentation, which would allow any number of families to continue to contribute into the future.

⁵⁹ Karen Franck, *A Feminist Approach to Architecture: Acknowledging Women’s Ways of Knowing* from Ellen Perry Berkley, *Architecture: A Place For Women* 1989, in *Gender Space and Architecture; An Interdisciplinary Introduction* (New York: E and F.N. Spon, 2000), 300.

The Main Foyer- Identity and Space

The Main Foyer is another area that has been the site of controversy regarding the role of art. Robin White's *Seven Hills* is the most valuable work in the hospital collection, insured at a quarter of a million dollars (fig. 46). *Seven Hills* was originally a major commission for the opening of the Ward Block in 1980 and was intended to take pride of place in the main foyer; however it has since been relocated to a corridor. Recent discussions regarding this work seem to have been motivated by structural and practical concerns. Notwithstanding the priority given to this work by the architects when the Ward Block was opened in 1980, in recent times, weight was not given to the way in which the foyer serves as a welcoming area in which the identity of "place" might hold an important function.

The current controversy about the foyer mirrors debates over functionality and humanization: the in-house design team, is worried about the fire hose reel; the Art Advisory Committee about the experience of the prospective patient and the way he or she identifies and understands the nature of the hospital. The tension highlights another conflict in the hospital concerning the potential influence of the artwork and the practical priorities of the institution.

Seven Hills is a magnificent Regionalist work that, some recognise, has Mc Cahon like qualities, in the strong contrasts of light and dark, the stylized realism of green hills, brooding skies and the inclusion of text. White claimed she took great liberties with the environment, using it to her own ends.

I've always been conscious that painting is fundamentally an abstract thing. At Portobello I've done very many paintings of Harbor Cone - it's like an icon in

the landscape and seems to take on a sort of spiritual significance. I suppose when I'm contemplating this land, I get the same sense of reverence for this creation and I'm conscious of what I feel to be the Creator's hand. The beauty of it all, the infinite variety, what a miracle it is! These are the things that really move me, and I hope some of that respect for the land comes through in my paintings.⁶⁰

The words, 'Clouds weep over them,' are painted on the top edge of the fourth panel with drooping text as if falling like tears. Appropriately there is ambiguity in the sense that it is unknown if the tears are of joy or if they are tears of sorrow, nevertheless, White conceptually, like Shakespeare, always connected environmental distress to problems within society.⁶¹ White's work as a focal point for the foyer of the main hospital has significance as a major work infused with special meaning relating to the human experience in this hospital.

Conclusion

From this initial analysis it would appear that, in hospital environments, the art and, by extension, other forms of visual ornamentation, plays a significant role in giving character to the interior hospital space; however, its transformative potential is inhibited by a number of factors, some practical and others ideological. In this sense the visual nature of the hospital reflects a number of conflicting ideas about the role

⁶⁰ Robin White, "Art and Conservation are Synonymous" *Art New Zealand* 7 (1977): 40.

⁶¹ White, "Art and Conservation are Synonymous," *Art New Zealand*, 40.

of medicine. In some spaces of the hospital it is apparent that the presence of art is contested regarding the priorities of the institution or the perception of aesthetic standards. While the art collection is the focus of my project, art, as this brief intervention suggests, is only one way through which the space communicates with those who use it.

Conclusion

This study has identified how art came to have a significant role in humanising the architecture of the modern twentieth-century hospital. The movement to display contemporary original art in hospitals was intended to promote wellbeing and became even more imperative within modernist-style architecture. Architecture of the 1950s had been guided by ideological concerns including modernism, the promotion of medical advancement and thus a healthier society, and the need for indeterminate design to accommodate growth and change. The new era of optimism produced architecture with an austere aesthetic, which celebrated functionalism and monumentalism and that lacked important humanising attributes.

In the late 1950s the “Paintings in Hospitals” scheme in Britain, initiated at London’s National Hospital for Nervous Diseases by Sheridan Russell in 1960 was formalised into an official charity that was championed by the Nuffield Foundation. Over the next ten years the scheme gained international repute in prominent medical journals being acknowledged in New Zealand by Alan Clarke at the Dunedin Hospital. Clarke’s visits to America had also alerted him to the important effect of original art in hospitals and its potential influence on the wellbeing of patients, visitors and staff, which led to the establishment of the Dunedin Hospital Art Advisory Committee in 1972.

The movement to display paintings in hospitals appears to have been a type of renaissance such that, instead of being confined to museums and galleries, fine art was brought back into the working environment where ordinary people could enjoy its benefits. The Dunedin Hospital has significance as the first hospital in New Zealand to respond to the British “Paintings in Hospitals” scheme.

At that time cultural and medical advancements were leading to the emergence of new theories in the areas of science, psychology and design that encompassed a more holistic approach to wellbeing. Wilson Larkin's 1972 study on sensory deprivation in hospitals, "Intensive Care Delirium: The Effect of Outside Deprivation in a Windowless Unit," is an early example of research concerning the influence of the environment on health.¹ Cultural theories developed during the 1980s that resulted in vast improvements to the quality of care offered in hospitals including the role and place of art to offer solace and a healing influence.²

Historically, the development of the Dunedin Hospital has been affected by societal perceptions of hospitals and ideas of wellbeing. In the 1850s it was believed that the physician visiting in the home could better meet a person's healthcare needs. By 1980 the functional hospital as a factory for healing or *machine à soigner* had created an environment in which the physician could effectively practice the arts of healing. Even so, the modern hospital, which symbolised the cornerstone of a healthy society, lacked homely characteristics that would contribute to emotional, psychological and aesthetic wellbeing in the institution. Symbols of the domestic environment such as art were then brought into the hospital to make it appear more homely.

Modern hospital architectural design had lagged behind current views on the role of culture, which recognized holistic concepts of health and people as sentient beings. Humanising architecture through art, in the modern hospital, evolved as an afterthought in later phases of construction due to the long periods of design and

¹ Larkin, "Intensive Care Delirium: The Effect of Outside Deprivation in a Windowless Unit," *Archives of Internal Medicine* 130.2 (1972): 225-226.

² Behrman, Pryle. "Art in Hospitals: Why is it there and what is it there for?" *The Lancet* 350.9077, (1997): 584.

construction. Accordingly, the movement to display paintings in hospitals within New Zealand had even more significance for the modernist Ward Block

The Dunedin Hospital art collection was officially established around the same time as completion of the final sketch plans for the Ward Block. A confluence of events has provided the impetus for a discussion of the role of art in the modernist therapeutic environment and its relevance to wellbeing in terms of acknowledged connections between the arts, healthcare and architecture. This study has identified for instance the rejection of ornamentation in the modernist movement by some architects and the rehabilitation of ornament in 1980s building on American Architect Robert Venturi's early observation that 'less is a bore' claiming modern architecture seemed to have 'lost touch with life.'³ Ornament as art gave meaning to functional spaces of the hospital imbuing the institution with an important sense of local identity and at the same time promoting wellbeing. The Dunedin Hospital art collection represents the work of professional artists who are experts in portraying human life in all its various spheres. Thus, the philosophical and cultural significance of art has bestowed dignity to this public institution.

Over the years, the challenge for the Art Advisory Committee at the Dunedin Hospital has been to continue to provide quality art for the Ward Block and to maintain the collection. The primary focus of the collection is on valued original works; however, the presence of memorabilia contests the idea of quality art being the only valued contributor to wellbeing in the therapeutic environment.

Current trends in contemporary culture indicate a move towards digital technology. Since the 1990s a new generation of artists that had benefitted from advances in information technology and the familiarity of computing have been

³ Robert Jensen and Patricia Conway, *Ornamentalism* (New York: Crown Publishers, 1982) 16.

drawn to new media art.⁴ In adapting to contemporary culture perhaps the hospital could begin to include the work of digital media artists in the art collection. Flat-screen TVs displaying multi-media art may better serve the therapeutic requirements for distraction or entertainment in patient rooms or waiting rooms. Digital media includes time-based art that has the advantage of engaging the viewer for longer periods of time. The need for proper lighting would be eliminated with digital media and slide shows with many different images mean there would be no need for rotation of artworks or indeed conservation. Such devices may also provide a solution to the issue of memorabilia as many donated posters could be incorporated the programme. An interactive screen based game designed for Holland Bloorview Hospital in Toronto, is one example of the use of digital art in a hospital (fig. 82). The game is located in a paediatric waiting room and through sensors on the floor allows children to grow a forest of trees on the large screen.⁵

The study of the Dunedin Hospital art collection has provided insight into current trends and challenges concerning art in hospitals and possible directions for future consideration about therapeutic space and the management of the art collection. While art provides a humanising influence in the therapeutic environment, the functional institutional environment does not always prioritise and support its inclusion, which is why the Art Advisory Committee has an important advocacy role in promoting the therapeutic and cultural value of the arts within the hospital.

Art theorists and psychologists have demonstrated the value of art in promoting ideas of wellbeing therefore the role of art should not be overlooked. The legitimate function of art to influence the emotional atmosphere of space in

⁴ Mark Tribe, Reena Jana and Uta Grosenik, *New Media Art (Taschen Basic Art Series)* edited by (London: Taschen, 2006), 10.

⁵ Ken Leung, Screenplay: Enchanted Forest
www.kenleung.ca/_portfolioassets/PDF/Screenplay_KenLeung2.pdf

therapeutic environments should be acknowledged. Contemporary qualitative and quantitative research regarding art in hospitals is continuing to be explored internationally. The Hospital and Art Exhibition 2011 in the Saitama Citizens Medical Centre, Japan, displayed artworks by artists connected to Saitama Prefecture and artworks by Swedish artists. It was followed by the seminar “Hospitals and Art in Sweden,” which provided an opportunity for those knowledgeable in both medicine and art to discuss the future role of art in hospitals.⁶

In the Dunedin Hospital, the heterogeneous nature of the collection suggests art has proven to personalise the anonymity of space and to make a vital contribution towards wellbeing within modernist twentieth-century architecture. Accordingly, Conway and Jenson’s reflection on ornament if viewed in terms of the art collection seems highly relevant when considering the benefits of wellbeing in the Dunedin Hospital,

Ornament is essentially free: free to move the eye, to intrigue the mind, to rest the soul: free simply to delight us.⁷

⁶ Embassy of Sweden, Tokyo, “Hospitals and Art Comes Together,” [http://www.swedenabroad.com/en-GB/Embassies/Tokyo/.../Hospitals and Art](http://www.swedenabroad.com/en-GB/Embassies/Tokyo/.../Hospitals%20and%20Art).

⁷ Llewellyn Negrin, “Ornament and the Feminine.” *Feminist Theory* 7.2 (2006): 226.

Bibliography

Unpublished Sources: Private Collection of Barbara Brinsley, Dunedin

- Borrie, John. Copy of letter to Alan Clarke, 28 July 1971.
- Brinsley, Barbara. Conversation with author. 1 June 2012.
- Clarke, Alan. "Dunedin Hospital Art Committee General Statement of Aims and Objects."
- Clarke, Alan. Copy of letter to Dr. K. Berendsen, Medical Superintendent in Chief, 4 August 1980.
- Clarke, Alan. Copy of letter to Dr. Barry Berkley Pathology Department, University of Otago. 15 March 1982.
- Clarke, Alan. Copy of letter to Chalton Edgar. 8 September 1970.
- Clarke, Alan. Copy of letter to Dr. K. Poutasi, Deputy Medical Superintendent Dunedin Hospital. 8 September 1983.
- Clarke, Alan. Copy of letter to T. Paine. 17 April 1972.
- Clarke, Alan. "Art Advisory Committee - Otago Hospital Board: Chairman's Progress Report, 1 June 1978." Copy.
- Clarke, Alan. Letter to Val Rollo, 4 November 1986.
- Clarke, Alan. "Minutes of the Art Advisory Committee Meeting held on 12 April 1972." 18 May 1972.
- Dickinson, F. H. Letter to Val Rollo, Hospital Art Advisory Committee, 12 February 1982.
- Dickinson, F. H. Letter to Mr Keith Thompson. 29 October 1980
- Dunedin Hospital Art Advisory Committee. "Minutes of Arts Advisory Committee. Meeting of 8 September 1983."
- Dunedin Hospital Art Advisory Committee. "Minutes of Arts Advisory Committee. Meeting of 10 May 1984."
- Dunedin Hospital Art Advisory Committee. "Art Advisory Committee Terms of Reference." Draft for Endorsement. Dunedin, N. Z., 2012.

- “Dunedin Hospital Art Advisory Committee. “Minutes of Art Advisory Committee. Meeting of 14 June 2012.”
- Entwhistle, Peter. Letter to Val Rollo, Hospital Art Advisory Committee. 17 March 1981.
- Gibson, M. Letter to Mrs V. Rollo, 26 December 1986.
- Lynch, H. House Manager, Dunedin Hospital to F. R. Lobb, Acting Principal Nurse, Parkside Hospital. Letter 9 February 1982.
- Middleditch, Mary. Letter. n.d. Art Advisory Committee Files.
- No Author. “Dunedin Hospital: Art Tour, March 1998.”
- No Author. “Exhibition of Works by Otago Artists Otago Art Society Gallery, March 16th -30th 1973.”
- No Author, Copy of Introductory Speech for Rollo to Introduce Minister of Labour Mr Stanley Rodger for the Art in the Hospitals Exhibition, 15-29 September 1985.
- Otago Hospital Board Art Advisory Committee, “Exhibition of Works by Otago Artists: Otago Art Society Gallery, Sales Catalogue,” Dunedin, N.Z. 1973.
- Otago Hospital Board, *The Dunedin Hospital Ward Block with its Medical School Facilities* (Dunedin: Otago Hospital Board, 1981), n.p.
- Rollo, Val. Chairman, Art Advisory Committee, Otago Hospital Board. Carbon copy of letter to Professor M. Cooper, Chairman of the Otago Hospital Board, 17 February 1988.
- Rollo, Val. Copy of letter to Jim Gorton. 14 May 1981.
- Rollo, Val. Copy of letter to Jim McGee. 18 March 1991.
- Rollo, Val. Letter to The Chairman of the Trust Committee Healthcare Otago, 16 November 1994.
- Rollo, Val. Letter to John Leuthart, Visual Arts Manager Queen Elizabeth II Arts Council, 12 July 1990.
- Stephenson and Turner Architects. Minutes of Meeting for Dunedin Hospital: Ward Block Art Works. Meeting of 22 December 1975.
- Stephenson and Turner, “Dunedin Hospital: Ward Block Art Works.” Report to Detailed Planning Committee of the Otago Hospital Board.” Carbon copy Dunedin, N. Z., 1975.

“The Otago Hospital Board: Minutes of Art Advisory Committee Meeting.”
Meeting of 12 April 1972.

Thompson, K. I. Secretary Art Advisory Committee to D. C. J. Pearce, Chief
Executive Otago Hospital Board. Copy of letter 6 June 1978.

Wood, Maureen. “Art Works Collection.” Copy of report to Trustees of
Healthcare Otago Charitable Trust, 28 February 1996.

Primary Sources

DAHI/D272, Box 137-C722517, Correspondence with Stephenson and Turner
regarding their appointment as architects for the proposed new Ward
Block at Dunedin Hospital, 1966-1971 [Archives New Zealand/Te
Rua Mahara o te kāwanatanga, Dunedin Regional Office].

DAHI/D272 Box 138 item a C722518, Dunedin Hospital Ward Block:
Concept and Report: Stephenson and Turner, March 1971 [Archives
New Zealand/ Te Rua Mahara o te kāwanatanga, Dunedin Regional
Office].

Foley, Ken. Conversation with Christine Mulligan. Dunedin, New Zealand,
2012.

Miller Studios Ltd. “Inward and Outward Letters Relating to Windows and
other Business. 1964-1974.” MS-3275/256. Hocken Collections, Uare
Taoka o Hakana, University of Otago.

Stephenson and Turner to the Manager of Miller Studios Ltd., 27 November
1981 Dunedin Hospital Ward Block Chapel Window. Hocken Library,
University of Otago, Dunedin.

Thomas Hunt. E-mail Message to Author. 10 July 2012.

Published Sources

Angus, John. *A History of the Otago Hospital Board and its Predecessors:
1941 - 1976*. Dunedin, New Zealand: Otago Hospital Board, 1984.

Archiseek.com/.../1865-exhibition.building.dunedin.otago.new.zealand and
www.coventgardentrust.org.uk/resources/...background/history.

“Art Exhibition At Hospital,” *The Star Community Newspaper*, Midweek
Edition, 3 March 1982.

Auther, Elissa. “The Decorative Abstraction and the Hierarchy of Art and
Craft in the Criticism of Clement Greenberg.” *Oxford Art Journal* 27.3
(2004): 339- 364.

- Author Unknown. "The Dunedin Hospital," *Otago Witness* 18 October 1862. Accessed 19 March 2013, Papers Past – Otago Witness - 18 October 1862- The Dunedin Hospital, Otago Witness Issue 568, 18 October 1862, paperspast.natlib.govt.nz.
- Baker, Kriselle. "He Kuaka Marangaranga, A Godwit that Hovers." In *Hotere* by Kriselle Baker and Vincent O'Sullivan, Auckland, New Zealand: Ron Sang Publications, 2008.
- Ball, Derek. "Derek Ball: Home." www.derekbll.co.nz.
- Banham, Reyner. 1955 December: "The New Brutalism," [Www.architectural-review.com/...brutalism...reynerbaham/8603840.art](http://www.architectural-review.com/...brutalism...reynerbaham/8603840.art).
- Barclay, Susan and Pamela James. "Not the Main Game: Art Collections in Hospital Spaces: The Westmead Experience." *Australasian Journal of Arts Health* 1 (2009): 78- 89.
- Barnett, L. E. "The Evolution of the Dunedin Hospital and Medical School: *The Australian and New Zealand Journal of Surgery* 3.4 (1934): 307-17.
- Baron, Jeremy Hugh and Lesley Greene. "Art in Hospitals: Funding Works of Art in Hospitals." *British Medical Journal* 289 (1984): 1731- 6.
- Balasoglou, John. *Stephenson and Turner*. Auckland: Brebner Print Ltd., 2006.
- Behrman, Pryle. "Art in Hospitals: Why is it there and what is it there for?" *The Lancet* 350.9077, (1997): 584.
- Belk, R. W. "Possessions and the Extended Self." *Journal of Consumer Research* 15 (1988): 139-68.
- Bennahum, David A. "The Historical Development of Hospice and Palliative Care." In *Hospice and Palliative Care, Concepts and Practice*, edited by Walter B. Forman Canada: Jones and Bartlett Publishers, Inc., 2003.
- British Council, "Dame Eileen Mayo," visualarts.britishcouncil.org/artist/artist/5/18696.
- "Brutalism: Concretes Ugly Duckling." *Australian Concrete Construction* 25.3 (2012): 26- 28.
- "Brutalism." *The Concise Oxford Dictionary of Art Terms: Oxford Art Online*. Oxford University Press accessed March 19, 2013, <http://www.oxfordartonline.com/subscriber/article/opr/t4/e304>

- Buchanan, Iain. Elizabeth Eastmond and Michael Dunn, *Frances Hodgkins Paintings and Drawings* Auckland: Auckland University Press, 1994.
- Burcaw, George E. *Introduction to Museum Work* California: Altamira Press, 1997.
- Cannan, Dave. "Painting Mysteriously Returned." *Otago Daily Times*, June 19, 1997.
- Canter, David and Sandra Canter. *Designing for Therapeutic Environments: A Review of Research* New York: John Wiley and Sons Ltd., 1979: 6.
- Chippendale, Dennis. "Current Practice." In *Stephenson and Turner*, ed. John Balasoglou. Auckland: Brebner Print Ltd., 2006.
- Clay, Marie M. *Quadruplets and Higher Multiple Births* London: Mac Keith Press, 1989.
- Colmo, Christopher. "Exile or Transcendence? Ramona A. Naddaff: Exiling the Poets: The Production of Censorship in Plato's Republic." *The Review of Politics* 69. 4 (2004): 460- 1.
- Cook, William. "A Bit of Rough," *New Statesman* 15.712 (2002): 37-9.
- Croft, Lord. "Paintings' for Hospitals." *British Hospital Journal and Social Service Review* 81. 4229 (1971): 876-7.
- Delamothe, Tony. "Hospital Art and its Problems." *British Medical Journal* 298 (1989): 1164.
- Desvallées, André and François Mairesse. *Key Concepts of Museology* Paris: Armand and Colin, 2010. The International Council of Museums, "ICOM Definition of a Museum." Last modified 7 October 2008. <http://archives.icom.museum/definition.html>.
- Dewey, John. *Art As Experience* New York: The Berkley Publishing Group, 1934.
- Dickie, George. *Introduction to Aesthetics: An Analytic Approach* New York: Oxford University Press, 1997.
- Diette, Gregory, Noah Lechtzin, Edward Haponik, Aline Devrotes and Haya Rubin. "Distraction Therapy with Nature Sights and Sounds Reduces Pain During Flexible Bronchoscopy: A Complementary Approach to Routine Analgesia." *Chest* 123.3 (2003): 941-48.
- Dignan, James. "Art Seen." *Otago Daily Times*, 17 January 2013.

- Dingwell, Richard. "Water Sculpture Dunedin Hospital: 1980-Otago Sculpture Trust." www.ost-sculpture.org.nz/press/water-sculpture-dunedin-hospital-1980.
- Duncan, Carol. "The Art Museum as Ritual." *The Art Bulletin* 77.1 (1998): 10- 3.
- Duncan, Carol. *Civilizing Rituals: Inside Public Art Museums* London: Routledge, 1995.
- Dunedin Hospital – Southern District Health Board
www.southerndhb.govt.nz/nzfiles/20091025155016-1256439016-1.pdf.
- Dutton, Denis. "Authenticity in Art." In *The Oxford Handbook of Aesthetics*, ed. Jerrold Levinson Oxford University Press: New York, 2003.
- "Edgar, James Douglas Charlton – Biography." The Dictionary of New Zealand Biography, Te Ara – The Encyclopedia of New Zealand.
www.teara.govt.nz/en/biographies/4e3/edgar-james-douglas-charlton.
- Eggleton, David. "Glory: Studies by Ben Webb,"
www.studioxxberlin.de/roteshaus/webb/Glory-Webb
- Ellwood, Katie. "Unremarkable Moments at Dunedin Hospital." Submitted 13 August 2007. www.thebigidea.co.nz/news/industry.
- Entwisle, Peter. "Webb's Dispassionate Treatment Unusual." *Otago Daily Times*, 4 March 2008.
<http://www.odt.co.nz/opinion/opinion/1497/webb039s-dispassionate-treatment-unusual>.
- Fisher, J. D. "Stephenson, Sir Arthur George (1890–1967)," Australian Dictionary of Biography, National Centre of Biography, Australian National University, <http://adb.anu.edu.au/biography/stephenson-sir-arthur-george-8646/text15117>, accessed 11 February 2013.
- Frampton, Kenneth. "Ten Points on Architecture of Regionalism: A Provisional Polemic." In *Architectural Regionalism: Collected Writings on Place, Identity, Modernity, and Tradition*, edited by Vincent B. Canizaro New York: Princeton Architectural Press, 2007.
- Francis, Susan, Rosemary Glanville, Ann Noble and Peter Scher. *50 Years of Ideas in Healthcare Buildings*. London: The Nuffield Trust, 1999.
- Germ Theory (medicine), Encyclopedia Britannica,
www.britannica.com/EBchecked/topic/230610/germtheory.
- Gill, Linda. *Gretchen Albrecht*. New Zealand: Random Century 1991.

- Goodwin, Eileen. "Vending Machines Before Art." *Otago Daily Times* 18 December 2012.
- Grant, Neil. Otago Polytechnic. www.otagopolytechnic.ac.nz/index.php?id=434&clientref=152.
- Greene, Lesley. *Art in Hospitals* London: White Quill Press, 1989.
- Haley, Russell. *Hanly: A New Zealand Artist*. Auckland, New Zealand: Everbest Printing Co. Ltd., Hong Kong.
- Hall, Andrena. "Obituary- Roy Dickison." *The Otago Art Society Inc: Newsletter* (May, 2012): 3.
- Hodgkins, Frances. *Letters of Frances Hodgkins*, edited by Linda Gill. Auckland, N.Z.: Auckland University Press, 1993.
- Hughes, Jonathon. "The Matchbox on a Muffin: The Design of Hospitals in the Early NHS." *Medical History* 44.1 (2000): 21-56.
- Janson, Jonathan. "Johannes Vermeer, Woman in Blue Reading a Letter." www.essentialvermeer.com/...Woman_in_Blue-Reading_a_Letter.html.
- Jensen, Robert and Patricia Conway, *Ornamentalism*. New York: Crown Publishers, 1982.
- Keyes, Donald. Review of "Ornamentalism: The New Decorativeness in Architecture and Design," by Robert Jensen and Patricia Conway. In *Art Journal* 44.2, Art and Science: Part 1, Life Sciences (1984): 193 - 5.
- Khan, Hasan-Uddin. *International Style Modernist Architecture from 1925-1965*. London: Taschen, 2009.
- Kubo, Michael, Mark Pasnik and Chris Grimley. "Tough Love: In Defense of Brutalism." *Architect* 99.4 (2010): 46-8.
- Larkin, Wilson M. "Intensive Care Delirium: The Effect of Outside Deprivation in a Windowless Unit." *Archives of Internal Medicine* 130.2 (1972): 225-226.
- Le Corbusier. *The Modulor: A Harmonious Measure to the Human Scale Universally Applicable to Architecture and Mechanics* translated by Peter De Francia and Anna Bostock. London: Faber and Faber Limited, 1956.
- Lico, Gerard Rey A. "Architecture and Sexuality: The Politics of Gendered Space." *Humanities Diliman* 2.1 (2001): 30- 44.

- Logan, Cameron, Philip Goad and Julie Willis. "Modern Hospitals as Historic Places." *The Journal of Architecture* 15.5 (2010): 601- 19.
- Logan, Cameron. "The Modern Hospital as Dream and Machine: Modernism, Publicity and the Transformation of Hospitals, 1932-1952." *Fabrications: The Journal of the Society of Architectural Historians, Australia and New Zealand* 19.1(2009): 68-95.
- Macnaughton, Jane. "Art in Hospital Spaces: The Role of Hospitals in an Aestheticized Society," *International Journal of Cultural Policy* 13:1 (2007): 85-101.
- Mazuch, Richard and Stephen Rona. "Creating Healing Environments: Humanistic Architecture and Therapeutic Design." *Journal of Public Mental Health* 4.4 (2005): 1.
- McGahey, Kate. *The Concise Dictionary of New Zealand Artists: Painters, Printmakers, Sculptors*. Wellington, N.Z.: Gilt Edge Publishing, 2000.
- McLellan, Alastair. "It was the Wrong Time for Beautiful Architecture." *Health Service Journal* (1998). www.hsj.co.uk/news/it-was-the...architecture/33814.article.
- Megget, Katrina. "You Can't Keep a Good Sculpture Down." *Otago Daily Times*, 12 August 2005. derekball.co.nz/press.
- Nanda, U. S. Eisen, R. S. Zadeh and D. Owen. "Effect of Visual Art on Patient Anxiety and Agitation in a Mental Health Facility and Implications for the Business Case." *Journal of Psychiatric and Mental Health Nursing Health* 18.5 (2011): 386- 393.
- Negrin, Llewellyn. "Ornament and the Feminine." *Feminist Theory* 7.2 (2006): 219- 235.
- Newman, George E. and Paul Bloom. "Art and Authenticity: The Importance of Originals in Judgments of Value." *Journal of Experimental Psychology: General* 141.3 (2012): 558 -69.
- New Zealand Parliament Dunedin Hospital Inquiry Commission, *Dunedin Hospital Inquiry Commission (report Of): Presented to Both Houses of the General Assembly by Command of His Excellency*. New Zealand: Government Print, 1891.
- No Author. "Hospitals Artworks to be Catalogued." *Otago Daily Times*, August 16, 2008. www.odt.co.nz.
- No Author. "Paintings in Hospitals: Notes and News." *The Lancet* 292.7562 (1968): 293.

- Nuffield Foundation. "About the Nuffield Foundation." Accessed 8 July 2013.
www.nuffieldfoundation.org/about-the-foundation
- O'Brien, Gregory. *Hotere: Out the Black Window* Auckland: Godwit Publishing, 1997.
- Olsen, Erik. *A History of Otago*. New Zealand: John McInroe Ltd., 1984.
- Otago Hospital Board. *The Dunedin Hospital Ward Block With its Medical School Facilities*. Dunedin: Otago Hospital Board, 1981.
- Otago Sculpture Trust. *The Otago Sculpture Trails: Dunedin City and Beyond*, Dunedin: Otago Sculpture Trust, 2005.
- Paintings in Hospitals, "About Us: Paintings in Hospitals,"
<http://www.paintingsinhospitals.org.uk/about-us/about-us>.
- Paris-Musée d'Orsay. "Van Gogh's La Méridienne ou La Sieste."
www.flickr.com/photos/wallyg/1390554578/
- Passman, Richard H. "Attachments to Inanimate Objects: Are Children Who Have Security Blankets Insecure?" *Journal of Consulting and Clinical Psychology* 55.6 (1987): 825-6.
- Riley, Brett. "Healing Art." *The Listener & TV Times* September 5, 1992.
- Scher, Peter. "The Exeter Evaluation: A Basis for Hospital Design and Art in the Millennium." Paper presented at the World Conference for Design and Health, WCDH2000, Stockholm, June 2000.
www.designandhealth.com.
- Senior, Peter. "Art and Health." Paper presented at the World Conference for Design and Health, WCDH2000. www.designandhealth.com/Media-Publishing/Papers.aspx.
- "Southern Honours: Ashley Day," *Otago Daily Times Online Edition*, Wednesday 31 December 2008. www.odt.co.nz > On Campus University of Otago
- Spencer, Michael Jon. "The Healing Roles of the Arts II: An Agenda for Action." *Art Psychotherapy* 5 (1978): 19.
- Steiner, Wendy. *Venus in Exile: The Rejection of Beauty in 20th Century Art* New York: The Free Press, 2001.
- Stocker, Mark. 'Coins of the people': The 1967 New Zealand Decimal Coin Reverses. www.britnumsoc.org/publications/Digital%20BNJ/.../2000_BNJ_70_13.

- Strachan, Franky. "Art Seen: Waterside, Angela Burns, Moray Gallery." *Otago Daily Times*, 16 February 2012.
- Strong, Brian. "Nelson Artist Contemporary New Zealand." www.brianstrong.co.nz.
- Tate Archive. 40/1991 "Eileen Mayo Lock of Golden Hair." www.tate.org.uk/.../tate-archive-40-1991-eileen-mayo-lock-golden-hair.
- Taylor, Lord. "Hospitals of the Future," *British Medical Journal* 2. 2501 (1960): 752- 8.
- Te Ahukaramū Charles Royal. "Papatūānuku – the land - Women and land." Te Ara - The Encyclopedia of New Zealand. Last modified 22 September 2012. <http://www.TeAra.govt.nz/en/papatuanuku-the-land/page-3>
- Te Hotu Manawa Māori. "Getting to the Heart of Māori Health." www.tehotumanawa.org.nz.
- The Arts Foundation. "Ralph Hotere-Biography." www.thearts.co.nz/artist_page.php&aid=17&type=bio
- The Arts Foundation, "Pat Hanly- Biography," www.thearts.co.nz/artist_page.php&aid=94&type=bio
- The Burwood Academy of Independent Living. "The Alan Clarke Memorial Lecture: Burwood Academy." www.burwood.org.nz/node/41.
- The Community Archive. "John Middleditch." thecommunityarchive.org.nz/node/92591/description
- "The Dunedin Hospital: Proposed New Medical Wing: Large Public Meeting at the Town Hall," *Otago Witness*, 7 June 1905. Accessed 19 March 2013, Papers Past – Otago Witness - 7 June 1905 - The Dunedin Hospital, Otago Witness Issue 2673, 7 June 1905, paperspast.natlib.govt.nz.
- The Rockerfeller Foundation. "The Rockerfeller Foundation." www.rockerfellerfoundation.org/
- Toi Ake, www.tpk.govt.nz/en/in-print/kokiri-06-2007/toi-ake/
- Tuffery, Michel. www.micheltuffer.co.nz
- TVNZ Arts Unit, BCNZ. *Kaleidoscope*. "Art in Hospitals; Rangimoana Taylor 2." 31 October 1986. Moving Image, 1986: F98759.

- Tyler, Linda. "Otago Sculpture Trails: Dunedin City and Beyond." dcc.squiz.net.nz/_data/assets/.../otago-sculpture-trail-brochure.pdf.
- Ulrich, Roger. "How Design Impacts Wellness." *The Healthcare Forum Journal* 35 (1992): 20-5.
- Ullrich, Roger. "View Through a Window May Influence Recovery from Surgery." *Science* 224.4647 (1984): 420- 1.
- Walker, Pam. "On View," *New Zealand Listener* (1989): 64.
- Weeks, John. "Hospitals for the 1970s," *Medical Care* 3.4 (1965): 197- 203.
- Wellington Sculpture Trust Gallery. "Nga Kina." www.sculpture.org.nz/engine/SID/10007.htm
- Wereta, S. "Engaging with Māori Art and Identity: A Conversation with Māori Artists in Otepoti," in MAI Review 2007." www.review.mai.ac.nz/index.php/MR/article/viewFi
- White, Robin. "Art and Conservation are Synonymous." *Art New Zealand* 7 (1977): 40.
- Willis, Victoria. "Review of Designing for Therapeutic Environments: A Review of Research by D. and S. Canter." *Journal of Interior Design* 6 September 1980: 56.
- Wise, Alan and Queen Elizabeth II Arts Council of New Zealand. *Partners in health: Arts access in hospitals* Wellington, New Zealand: Queen Elizabeth II Arts Council of New Zealand, 1992. Video Recording. <http://trove.nla.gov.au/version/37950580>.
- Wood, Pamela. *Dirt: Filth and Decay in a New World Arcadia*. Auckland, New Zealand: Auckland University Press, 2005.
- Woman in Blue Reading A Letter by Johannes Vermeer. www.essentialvermeer.com/.../woman_in_blue_reading_a_letter.html
- Yates, Frances. *The Art of Memory*. Great Britain: Routledge and Kegan Paul, 1966.

Appendices

Time Line

1851	Dunedin Hospital founded in the Octagon
1861	Discovery of Gold in Otago
1864	The Royal Commission of Inquiry (Dunedin Hospital)
1865	The New Zealand Exhibition in Dunedin
1866	Dunedin Hospital transferred to the Exhibition Building
1869	Establishment of the Otago of University
1870s	The Germ Theory
1875	Establishment of the University of Otago Medical School
1880s	The Reform Movement concerning better conditions at the Dunedin Hospital
1891	The Royal Commission of Inquiry (Dunedin Hospital)
1905	Dunedin Hospital is condemned as unfit for the care of the sick
1914–18	World War I
1916	The Nurses' Home Constructed
1930s	The development of the modern hospital as a factory for healing
1933	The Exhibition Building is demolished
1939 - 45	World War II
1946	Planning for Wakari Hospital
1950s	Functionalism represented the spirit of scientific and technological progress

- Developing problems of obsolescence
- Monumental Architecture
- Modernist aesthetic in architecture includes Brutalism
- 1952 Stephenson and Turner commissioned to make a Redevelopment Plan for the Dunedin Hospital
- 1956 Stephenson and Turner open an office in Wellington
- 1957 Wakari serves as the General Hospital
- 1960 The Paintings in Hospital Scheme is formalised and supported by the Nuffield Foundation
- 1960 Lord Taylor responded to functionalism with the comment, “A hospital is not a factory as some people think; it is nearer a school or a little town.”
- 1966 American architect Robert Venturi observed, “less is a bore” in response to the bare modernist aesthetic
- 1965- 68 Clinical Services Centre
- 1968 Paintings in Hospitals scheme article published in the British medical journal, *The Lancet* 292. 7562 (1968): 293.
- Alan Clarke visits America and is impressed by art in the San Francisco General Hospital and the work of his friend and colleague Thomas Hunt
- 1969 Stephenson and Turner commissioned for the Ward Block
- 1970s Art in Hospitals is recognised as a movement by Nuffield Foundation
- John Weeks coined the term, Indeterminate Architecture
- 1971 Completion of Final Sketch Plans for the Ward Block (Brutalism)

- 1972 The establishment of the Dunedin Hospital Art Advisory Committee - Alan Clarke Chairman CMG MBChB ChM FRACS
- 1972 Wilson Larkin- "Intensive Care Delirium: The Effect of Outside Deprivation in a Windowless Unit," (indicates that emerging research recognizes the significance of the environment on health opening the door for the role of art)
- 1973 First, "Exhibition By Dunedin Artists For Dunedin Public Hospitals," 16- 30 March
- 1975 Stephenson and Turner proposed that artworks be commissioned to complete the Ward Block
- 1977 Rockefeller Foundation Symposium, the first of its kind in America, looks at the role of art and art therapies in rehabilitation
- 1978 Planetree organization founded by Angelica Thieriot, which advocated a more humanistic approach to healthcare
Clarke resigns and Val Rollo becomes Chairwoman of Art Advisory Committee
- 1979 Second "Exhibition By Otago Artists For Dunedin Public Hospitals," April 9- 22
- 1980 The Opening of the Ward Block and The Medical School Facilities
- 1980s Cultural Theories - Patient Focussed and Patient Centred Care
- 1980s The Rehabilitation of "Ornament" as indicated by Jenson and Patricia Conway (that had begun in the mid-1960s)
- 1982 Art exhibition in the Dunedin Hospital: "An Art Anatomy Room" by Nicola Jackson

- 1984 Roger Ullrich's Study, "View Through a Window May Influence Recovery from Surgery," *Science* 224, no. 4647 (1984): 420- 421.
- 1985 Third "Art In The Hospitals Exhibition," 15-29 September
- 1986 The Dunedin Hospital art collection is featured on the television documentary *Kaleidoscope*
- 1989 Rollo writes to the Board of the committees concern about donated works
- 1989 Queen Elizabeth II Arts Council invites Peter Senior (Arts for Health Manchester) to New Zealand to talk to Health Boards about art in hospitals
- 1990s Emergence of new digital media
- 1991-1996 *Seven Hills* repaired after being damaged
- 1992 The Queen Elizabeth II Arts Council produced *Partners In Health: Arts Access In Hospitals*, a video recording on using arts to improve the physical environment.
- 1998 Art Tour, March
- 2000 The disbanding of the Art Advisory Committee
- 2001 Relocation and refurbishment of the Middleditch fountain resulted in the copper being stripped of its patina
- 2002 The re-establishment of the Arts Advisory Committee
- 2002 - 2012 Chairman, Judith Medlicott CNZM MA LLB Hon LLD
- 2013 Chairman, Gordon Sanderson MNZM JP BSc (Manc) FBOA PGDip TertT FRANZCO (Hon) Associate Professor and Associate Dean PG Education Dunedin School of Medicine

Introduction to the List of Works

My study focuses on the artworks displayed in the Ward Block during April and May 2012 and is of necessity a “snap shot” in time as the collection is constantly in a state of flux. The catalogue is not intended as a comprehensive survey and contains primarily original works reflecting the scope of this study. As such, this list of works may not necessarily do justice to the heterogeneous nature of the collection. Details of provenance have been limited as indicated and demonstrate the challenges to comprehending the collection as a whole.

List of Works

- | | |
|---|--|
| <p>Aanensen, Albert
 <i>Toi Toi Grass</i>
 1988
 Photograph
 440 x 565</p> | <p><i>Head Of Lake Wakatipu</i>
 <i>From Bennet's Bluff</i>
 1965
 Oil on board</p> |
| <p>Abernethy, Joseph
 <i>A Series of 9 Cartoon Works</i>
 <i>Pregnancy and Birth</i>
 Drawings on paper</p> | <p>Baird, Annie
 <i>Brighton</i>
 1979
 Watercolour on paper
 750 x 9350
 Donated by Geoff Mehrtens' Tyre
 Specialists and the Art Advisory
 Committee</p> |
| <p>Albrecht, Gretchen
 <i>Ceremonial</i>
 1981
 Oil on beeswax on paper
 1165 x 752
 Purchased by Art Advisory Committee
 with the assistance of the Southern
 Regional Arts Council from the
 Bosshard Gallery</p> | <p>—————
 <i>Child At Gate</i>
 1979
 Watercolour on paper
 660 x 890
 Donated 1979 by Dunedin Medical
 Wives Group 1979</p> |
| <p>Ansan, Ed
 <i>Untitled</i>
 2004
 Mixed media
 600 x 610</p> | <p>—————
 <i>Untitled</i>
 1985
 Watercolour on paper
 760 x 950</p> |
| <p>Ansbacher, Jude
 <i>Emerald Pool</i>
 2005
 Oil on canvas
 1040 x 1000
 Donated 2008 to Breast Care Services
 by the artist Jude Ansbacher</p> | <p>—————
 <i>Untitled</i>
 1997
 Watercolour on paper
 620 x 975</p> |
| <p>Atwell, R.G.
 <i>Untitled</i>
 Acrylic on canvas</p> | <p>—————
 <i>Jenni And Violet Baird</i>
 Watercolour on paper
 965 x 780
 Donated to Queen Mary by the past
 and present staff to commemorate the
 50th Jubilee 1937-1987</p> |
| <p>Badcock, Douglas</p> | |

Barbara

Paint on paper

775 x 590

Donated 2001 by Mrs Barbara
Brinsley

Ball, Derek

Kinetic Sculpture

1982

Kinetic sculpture

2029 x 1300

Commissioned/ Donated

Donated by Stevenson and Turner

Architects and Engineers, Hallam

Eames and Partners Quantity

Surveyors, Brickell Moss and Partners

Structural Engineers

Bang, Elizabeth

Untitled

1991

Pencil drawing on paper

340 x 310

Donated by the artist who was
Manager of the Otago Southland
Breast Screening Program

Bascand, Audrey

Estuary

1992

Etching with aquatint

570 x 770

Donated 1994 by L. D. Bascand

Fern Patterns Series II

2003

Limited edition screen print 24/40

473 x 385

Donated to the Breast Screen Unit by

Sally Chartres, The Clinical Director

Breast Screening 2000 - 2004

Fern Patterns Series III

2003

Limited edition screen print

473 x 385

Donated to the Breast Screen Unit by

Sally Chartres, The Clinical Director

Breast Screening 2000 - 2004

A Fine Outlook

2005

Print 17/25

385 x 420

Donated 2006

Daisies

Watercolour on paper

485 x 660

Donated by Vera Hayward and the Art
Advisory Committee

Bates, Patrick

Untitled

2003

Mixed media, paint, glitter, canvas

1180 x 580

Donated 2007 by Dr Leo Celi

Baxter, J.

Untitled

1980

Acrylic on board

585 x 750

Beadle, Peter

Ann Crawford

Oil on canvas

680 x 535

Donated 1989 by her mother and
father

Beaumont, Matheson

Entwined

2002

Photograph

400 x 515

-
- Autumn At Glendhu Bay*
2004
Photograph
510 x 650
-
- Anchorage*
2004
Photograph
550 x 430
Donated 2011 by the artist, Matheson
Beaumont
- Bell, Margaret
Untitled
Painting on paper
525 x 400
Donated by artist to Ward 3A
- Beynon, Claire
Untitled
1998
Acrylic on paper
1010 x 2020
-
- Untitled*
1999
Mixed media on paper
1940 x 455
- Bircham, Deric
Duke of Kent
1980
Photograph printed onto canvas
625 x 530
-
- Duchess of Kent*
1980
Photograph printed onto canvas
625 x 530
- Blackman, Margery
Otago Banners
- 1986
Decorative art, textile, weaving in
wool, silk and hair, each 1925 x 1090
(2- works). Commissioned and
Donated from Ward Block Art Fund
1986
- Blair, Phillipa
Shiprock
1992
Acrylic on canvas
1380 x 1855
Purchased 1994 by the Art Advisory
Committee
- Blakeley, Rita
Sunflower III
Mixed media on paper
605 x 510
-
- Untitled*
Donated 20007, by the Otago Medical
Graduates, 1968
-
- Untitled*
Painting on board
725 x 530
-
- Untitled*
550 x 615
- Brinsley, Graham
Untitled
Oil on board
495 x 600
Donated 1993 by Jenny and Graham
Brinsley parents of Eleanor
- Brookes, Dave
Sunset Over Tomahawk Beach
Painting
555 x 450
Donated in 2010 at the Reunion of the

April 1965 Class of the Dunedin
School of Nursing

Brown, Pamela

Untitled

1990

Watercolour on paper

605 x 740

Donated to Queen Mary by past and
present staff to commemorate the 50th
Jubilee 1937-87

—————
Woman III

1991

Acrylic on paper

920 x 615

Purchased by the Art Advisory
Committee

—————
Untitled

1992

Watercolour on paper

935 x 735

Donated 2009 to the women and staff
of the Queen Mary Centre from
Dr Susan Flemming

—————
Untitled

1993

Watercolor on paper

945 x 745

—————
Land Girl

1996

Watercolour on paper

710 x 920

Donated 1996 by Jim Wilson

Bryan, James

Boy Reading

1978

Relief print 6/18

720 x 435

Donated by Otago Heritage Books

Bryan, John Richard

Memorial To A Stillborn Child

Reproduction of a poem

320 x 215

Bulleid, George

Untitled

Paint on board

570 x 665

Donated 1995 by patient/artist

Burdon, Shaun

Genesis

1982

Paint on fabric

1690 x 1070

Purchased by Art Committee

Burke, D

For Freedom

1991

Lithograph print

600 x 400

—————
Untitled

1991

Colour pencil on paper

528 x 705

Burnett, Tom

Kingfish Lodge

1993

Silkscreen print

760 x 625

Burns, Angela

*Blue Valley (1 of 3 Works in a
Triptych)*

1987

Acrylic on paper

1045 x 780

Purchased 1987 by Art Advisory
Committee

-
- Blue Valley (2 of 3 Works in a Triptych)*
1987
Acrylic on paper
1045 x 780
Purchased 1987 by Art Advisory Committee
-
- Blue Valley (3 of 3 Works in a Triptych)*
1987
Acrylic on paper
1045 x 780
Purchased 1987 by Art Advisory Committee
-
- Bush Walk - St Martin's Island*
2002
Acrylic on paper
1275 x 955
Donated 2009 by artist
- Burns, Glen
Carrying Joshua
Screen print
1/5
445 x 330
- C, Lloyd
Brighton Beach, 80 Degrees E. 6 am Christchurch, NZ.
1988
Photograph
585 x 585
- Carter, M.
Untitled
Painting on board
250 x 300
- Caselberg, Anna
Untitled
Watercolour on paper
- 720 x 520
Donated 2002 to Ward 3C by artist
-
- Seacliff*
1976
Watercolour on paper
455 x 935
- Cavanagh, Justine
Untitled
2007
Injection Butterflies Sculpture
300 x 300
Donated
-
- Untitled*
2007
Injection Butterflies Sculpture
300 x 300
- Cave, Barbara
Polyanthus II
Watercolour on paper
695 x 510
Purchased 1988 by the Art Advisory Committee
- Chagall, Marc
The Green Violinist
Ca. 1932-4
Reproduction
1035 x 620
- Chittock, Bianca
Untitled
Acrylic on canvas
455 x 610
Donated to Fracture Clinic by the artist who was a patient
-
- Untitled*
Acrylic on canvas
455 x 455
Donated to Fracture Clinic by the artist

who was a patient

Untitled

Acrylic on canvas

300 x 600

Donated to Fracture Clinic by the artist
who was a patient

Clarke, Ivan

Untitled

Oil on canvas

970 x 820

Clarkson, George

Untitled

Paint on canvas

575 x 465

Mitre Peak, Milford Sound

Paint on board

525 x 710

Donated 1997 by George Clarkson

Clayton, Nadine

Orchid

2008

Acrylic on paper

240 x 350

Donated 2008 to the Breast Screen
Clinic by Nadine Clayton Staff MRT
BSC

Cleavin, Barry

A ----Is for Apteryx

1993

Limited edition screen print

13 / 30

440 x 370

Donated 2011 by the Cleveland Living
Arts Trust

Cleverley, Peter

Kakanui

1987

Painting on paper

950 x 740

Clouston, Tania

Whakatipuranga 2

2007

Acrylic on board

350 x 260

Cole, Herbert

Untitled

Watercolour on paper

650 x 815

Cole, Herbert R

Untitled

Watercolour on paper

650 x 815

Cooke, Alan, N.

Untitled

1975

Oil on board

550 x 730

Cooke, Alan D

Untitled

1975

Oil on canvas

510 x 610

Corkin, Warren

Untitled

1991

Paint on canvas

1400 x 915

Kotuku

1992

Paint on board

457 x 690

Cowan, Roy
The Last Of The Continents
 c. 1970
 Print
 610 x 755
 Donated by Armstrong and Springhall Ltd.

Earth Artifact
 Print
 660 x 810
 Donated by City Motors Service Ltd.

Triangular Forms
 Print, 5/6
 665 x 820
 Donated by V. C. Preen Ltd.

Cox, O. Gordon
Kawarau
 Paint on canvas
 590 x 500
 Donated 1983 by the Cox Family

Crooks, Lindsay
St. Clair
 Screen print 203/450
 910 x 665
 Donated by patient/artist Lindsay Crooks

Untitled
 Screen print
 540 x 370
 Donated to Dunedin Hospital by Lindsay Crooks

Crossman, Wallace
From Opoho II
 1983
 Paint on paper
 990 x 780
 Purchased by the Art Advisory

Committee

D, Margaret
Purakaunui Falls
 Oil on board
 660 x 760

D.M.A.
Black Head
 2001
 Screen print
 325 x 380
 Donated by Chris Schmielz

De Jong, C.
Untitled
 1985
 Silk screen print 2/20
 920 x 670
 Donated by the Red Cross

de Maistre, Leroy
The Crucifixion
 690 x 530
 On loan

de Wagt, Janet
Untitled
 2010
 Paint on board
 1060 x 1450
 Donated to the Breast Screen Unit in memory of Haley de Wagt

Deans, Austen
Kaikoura's
 1961
 Painting on hardboard
 625 x 792
 Donated by a very grateful patient

Demente, Donna
Untitled
 2005

Mixed media
500 x 600

Dickie, Ethel
Sunflowers
2002
Painting on paper
Donated by the artist

Dickinson, Frank
Untitled
Painting on canvas
Purchased by Art Advisory Committee
of O.A.H.B. Dunedin

—————
Red Gum Series
Oil on canvas
1025 x 878
Purchased by the Art Advisory
Committee

Dickison, Roy, J.
The Lamp Still Burns
Ca. 1946
Oil on canvas
915 x 765
Donated 1946 by M. J. Hope, Funeral
Directors as a tribute to nurses at
Dunedin Hospital

—————
Untitled
Watercolour on paper
425 x 5

—————
Untitled
Oil on board
590 x 730

—————
Untitled
Watercolour on paper
62.5 x 74.0cm

Diver, Edward
Untitled
2008
Drawing on paper
670 x 560
Donated by Edward Diver, the artist,
for 2009 Breast Care Study Day

Doesburg, Inge
Untitled
1994
Print
540 x 490

—————
Fish Out Of Water II
1995
Limited edition screen print
13 / 30
440 x 370
Donated 2011 by the Cleveland Living
Arts Trust

Done, Ken
Aristocrat Celebrating 50years
1953-2003
Reproduction, poster
850 x 970

Douglas, Adam and members of the
420 Centre *Life, The Universe And The*
420 Centre
2007
Acrylic on board
2460 x 7675
Donated

Douglas, C.
Untitled
1993
Limited edition print
21/380

D.P. Initials name unknown
Flowers By The Lake

- 1997
Print
- D.P. Initials name unknown
Kowhai Flowers Wanaka
1997
Print
- du Plessis, M.
Namibia
2001
Photograph
460 x 360
-
- Bush Babes*
2001
Photograph
470 x 360
Dunedin, J. Swan and Co.
To the Glory of God
Bronze plaque on wood
235 x 335
- Dyer, Rona
View from Hermitage
Oil on board
510 x 640
-
- Untitled*
Painting on board
520 x 670
- E, S. Initials, name unknown
Cheshire Farmhouse
1993
Needlework
330 x 455
- E., J. Initials name unknown
Untitled
Painting on board
570 x 670
- Eaton, Betty
Untitled
Painting on board
540 x 440
- Eaton, Gay, (Eaton designed this banner which was worked by the Otago Embroidery Guild).
Creation Banners - 1
"Light Will Shine On Your Ways".
1986
Craft - embroidery.
1510 x 580 o/a including Perspex frame
Donated. The materials were provided by the Nurses Chapel Fund
-
- Creation Banners - 2*
Thy Mercy Is Great Above The Heavens.
1986
Craft - embroidery
1510 x 580 o/a including Perspex frame
Donated. The materials were provided by the Nurses Chapel Fund.
-
- Creation Banners - 3*
The Earth Is The Lord's.
1986
Craft - embroidery
1510 x 580 o/a including Perspex frame
Donated. The materials were provided by the Nurses Chapel Fund.
-
- Creation Banners - 4*
Sun, Moon And Stars Praise Him.
1986
Craft - embroidery
1510 x 580 o/a including Perspex frame
Donated. The materials were provided by the Nurses Chapel Fund

-
- Creation Banners - 5*
The Birds Of The Air And The Fish Of The Sea.
 1986
 Craft - embroidery
 1510 x 580 o/a including Perspex frame
 Donated. The materials were provided by the Nurses Chapel Fund
-
- Creation Banners - 6*
Thou Hast Crowned Man With Glory And Majesty
 1986
 Craft - embroidery
 1510 x 580 o/a including Perspex frame
 Donated. The materials were provided by the Nurses Chapel Fund
-
- Creation Banners- 7*
And God Saw That It Was Good
 1986
 Craft - embroidery.
 1510 x 580 o/a including Perspex frame
 Donated. The materials were provided by the Nurses Chapel Fund
-
- Edgar, James Douglas Charlton
Small Lake, Queenstown
 Oil on board
 350 x 400
 Donated by Mr. L. Lloyd
-
- Boats In Portugal*
 Oil painting
 595 x 700
 Purchased 1973 by the Art Advisory Committee
-
- Elliot, Betty
Untitled
 1991
-
- Watercolour on paper
 525 x 410
- Esplin, Tom
The Theme Of Rugby
 Oil on board
 880 x 1025
 Donated by artist
-
- Jazz*
 Oil on board
 925 x 1230
 Donated by Artist
- Evans, Jane
Under The Pergola
 c.1985
 Gouache on paper
 647 x 825
 Donated by artist
- F, E. C. Initials name unknown
Untitled
 Painting on board
 740 x 525
- Ferguson, Dorothy
Inventory III
 1985
 Watercolour / ink collage on paper
 635 x 830
 Donated by Mr. and Mrs. J. D. Moore
 Art in Hospital Exhibition September 1985
-
- Untitled*
 1987
 Mixed media
 858 x 530
- Ferguson, Irene
Bail Out
 1994

Print
380 x 345
Donated 2011 by the Cleveland Living
Arts Trust

For Margaret
Screen print
5 / 7
1150 x 525

French, Di
Bird
1986
Cibachrome
1160 x 890
Donated 1999 by the artist

Field, Tom
Landing
Acrylic on metal
1225 x 905
Purchased by Art Advisory Committee
Hospital Art Exhibition

Lenticular Cloud
Acrylic on metal
1235 x 930
Donated by the artist Tom Field from
Hospital Art Exhibition
Fitzpatrick, Mike
Untitled
Screen print
1070 x 810

Fletcher, Mary
Farmyard Fun
Patchwork quilt textile
1150 x 980
Donated by Shirley Wright

Foote, Walter
Untitled
Tapestry

450 x 530
Donated to Ward A by Walter Foote
who was a patient

Untitled
Tapestry
665 x 395
Donated 2008 to 8B by artist/patient

Forrest, F. R.
Untitled
1985
Pastel on paper
540 x 650
Donated.

Forrest, Pauline
Unknown
1983
Watercolour on paper
620 x 555
Donated by the Blampied Family
Invercargill

Forsyth, Hine
Untitled
Acrylic on canvas
585 x 685

Francis, Heather
Rhododendrons
1984
Gouache on paper
920 x 720

Hibiscus In The Wild
Gouache on paper
990 x 750
Donated by Trust Bank Otago
Community Trust Inc.

French, Kaye
Untitled

Pastel on paper
498 x 590

Friedman, Britt
Forest Clearing Light
2007
Painting on canvas
350 x 1015

Garrett, Catharine
Untitled
2006
Acrylic on paper
935 x 360
Donated by the Swindells-Kelly
family in memory of David Swindells,
Communications Manager Dunedin
Hospital 1994 - 1996

Gaskin, Chris
Mount Aspiring
Paint on board
1235 x 830
Donated in memory of Bruce W.
Clarke 1951-84 by the Otago Section
of the New Zealand Alpine Club and
Friends

Godman, Llyod
Untitled
1992
Photograph
505 760

Goertzen, Mary - Lou
Untitled
Watercolour and ink
410 x 320

Gorham, Anna, and Wendi Raumati
Kawe (Waha Kura) Safe Bed For Baby
Flax weaving
360 x 865 x 510 display case
Donated 2010 to Maternity Ward

Graf, Charlotte
Coral Reef
2007
Oil on canvas
1005 x 1005
Donated to the NICU by the artist

Grant, Neil
Otago Peninsula
1984
Ceramic mural
Approximately 5510 x 2235
Donated 1984 by Fletcher
Development and Construction, main
contractors of the Ward Block.
Commissioned by Naylor Love
Construction

—————
Untitled
Ceramic plate
460 diameter
Donated by patient/artist Neil Grant

Grayson, F.
Untitled
1973
Watercolour on paper
750 x 940
Donated 1985 to Ward 5A by Mrs
Joan Robinson with grateful thanks to
the kindness shown to the late Kevin
Robinson

Greathead, Aston
Untitled
Paint on board
512 x 795

Guild, Otago Embroiderers
Kneelers (35-Off)
1966
Craft, tapestry
250 x 400
Donated

- Hall, P. G.
Unknown
1987
Paint on canvas on board
510 x 612
Donated to Ward B in memory of
A. G. Milner
- Hall, Roger, and writer
Glide Time
1994
Limited edition screen print
12 / 30
440 x 370
Donated 2011 by the Cleveland Living
Arts Trust
- Halliday, Brian
Untitled
1970
Oil on canvas on board
550 x 730
- *Untitled*
Oil on canvas on board
550 x 730
- Hands, Tony
The Meeting
1999
Paint on paper
645 x 545
Donated 2000 by the artist
- Hanly, Pat
Bride, Groom, Vacation
1991
Screen print
14 / 25
715 x 890
Donated by Professor Richard
Robinson and Family in memory of
Flo Robinson who was a Foundation
Member
- of the Art Advisory Committee,
O.A.H.B.
- Hannah, M. G.
Untitled
Painting on canvas
595 x 520
- Harris, Jeffrey
Untitled
1969
Pastel on paper
640 x 890
- *Two Figures By The Harbour*
1979
Pastel on paper
500 x 560
Purchased by the Art Advisory
Committee from the Bosshard Gallery
- Harris, Seth
Tree, Mountains And West Coast
1985
Oil on paper
420 x 510
Donated by the artist Seth Harris
- *Matai River, Nelson*
Oil on board
418 x 570
Donated 1985 by artist Seth Harris
- Harrison, Hinemoa
Te Karimako (Bower Bird)
1987
Decorative art, textile, tukutuku panel
in wood/ flax/ feathers
1935 x 1110
Purchased by the Art Advisory
Committee of the O.H.B. at the Māori
Contemporary Art Exhibition at the
Dunedin Art Gallery January 1987

Hawkins, Cundall
Untitled
 1992
 Painting on board
 770 x 620

Hazeldine, Nora
Bridge Players
 1977
 Screen print
 595 x 480

—————
Crocus
 410 X 335
 1978
 Relief print
 1/8
 410 x 335
 Donated by Dr and Mrs Beaumont-
 Fitzgerald from Hospital Art
 Exhibition

—————
Lilies
 1979
 Relief print
 2/4
 710 x 560
 Donated by the artist

—————
The Indian Shawl
 1985
 Relief print
 7/14
 530 x 465
 Donated by Mrs Munroe from Art in
 Hospitals Exhibition 1985

Heenan, Lynlee
Bex And Baby Lili
 Paint on canvas
 610 x 460
 Donated 2011 by Lynlee M Heenan
 artist and midwife

Hellendoorn, Miriam
Untitled
 1999
 Painting on paper
 530 x 430

Hodgkins, Frances
Mother And Child
 Reproduction
 600 x 555

—————
Self-Portrait: Still Life
 1941
 Reproduction
 650 x 500

—————
Amsterdam
 c. 1903
 Reproduction
 370 x 250

—————
Summer
 c. 1912
 Reproduction
 505 x 435

Hodgson, Bruce
Castlewood
 2004
 Watercolour on paper
 515 x 720
 Donated to Ward 3B by Gaynor
 Irvine. The artist is an orthopedic
 surgeon working in the Dunedin
 Hospital

Hogarty, T.M.
Blue Lake-St Bathans
 2001
 Photograph
 420 x 520

Holland, J.
Untitled
 Paint on board
 435 x 635

Hotere, Ralph
Red On Black
 1977
 Acrylic on board
 870 x 670
 Purchased by Art Advisory Committee
 from the Bosshard Gallery

Winter Solstice
 1995
 Limited edition screen print
 13 / 30
 440 x 370
 Donated 2011 by the Cleveland Living
 Arts Trust

Aramoana Vivre Series
 Acrylic on paper
 995 x 760
 Donated 1984 by Mr Rodney Kennedy
 1954

Howard, Joyce
Campbell House
 1974
 Watercolour on paper
 460 x 575
 Donated by Mrs J. Howard

King Edward Technical College
 Watercolour on paper
 620 x 775
 Donated by Mrs J. Howard

Humphreys, Clive
Figures By The Pool II
 1977
 Silkscreen print
 952 x 780

Purchased by the Art Advisory
 Committee from the Bosshard Gallery

Metric I
 1979
 Silkscreen print 8/10
 700 x 800
 Donated by Mr and Mrs G. T. Rollo

Egyptian Moon
 1994
 Limited edition screen print
 13 / 30
 440 x 370
 Donated 2011 by the Cleveland Living
 Arts Trust

Hunt, T.
 Lake Wanaka
 Photograph
 336 x 414
 Donated 2004 in memory of Sue
 Garden by her Wanaka friends

I.J.M
Untitled
 2009
 Painting on board
 405 x 405

Irvine, Irene
Peter's Pool- Franz Josef
 Paint on board
 740 x 635

J.R.C.
 Screen print
 4 / 12
 585 x 682

Jackson, James Ranalph.
Waiting
 c. 1916

Oil on canvas
600 x 675
Donated 2005 by the Arts Advisory
Committee

Jackson, Nicola
Digesting A Sandwich
1982

Colour pencil drawing
530 x 355
Purchased by the Art Advisory
Committee

Impersonation
1993
Lithograph
750 x 910
Donated 2009 by artist, Nicola
Jackson

Joyce, P.
Untitled
Paint on canvas
472 x 563

Kahukiwa, Robin
Untitled
1998
Screen print
711/ 750
730 x 590

Kaown, Horace
Untitled
Oil on canvas
545 x 720

Kerr, Maurice
Near Gaston
Oil on board
470 x 570
Purchased by the Art Advisory
Committee

Untitled
Oil on canvas
725 x 725
Donated 2006 by Chris James to Ward
5A staff in appreciation for their
devoted care

Killeen, Richard
Reap What You Sow
1979
Silkscreen print 18/50
770 x 617

Kirkpatrick, Myra
Old Miller and Houghton Wards
Watercolour on paper
660 x 520

Klimt, Gustav
The Virgins
1912-1913
Reproduction
970 x 970

Kriegler-Smith
*Maori Couple With Greenstone
Objects*
1978
Mixed media
46.5 x 350

L, T. Initials name unknown
Blushing Mountain
1984
Screen print
422 x 455

Lacey, Paul
Pride Of Place
1991
Screen print
890 x 730

- Ladies from Otakou Marae,
Flax ornament
870 x 560
Donated
-
- Untitled*
Maori weaving, flax and paua shell
900 x 1800
Donated by the women of Otakau
Marae
- Lander, Mark
Untitled
Mixed media
1210 x 2645
- Lawry, Billy
Organics Have Few Straight Lines
1990
Photograph
350 x 425
Donated by the University of
Canterbury
- Leith, Lawrence
Mitre Peak, Milford Sound, N.Z.
Screen print 64/130
595 x 835
- Lichtenstein, Roy
Spray
1962
Reproduction
630 x 830
-
- The Nurse*
Reproduction
285 x 285
-
- Girl With Hair Ribbon*
1965
Reproduction
- 795 x 595
Donated by Nevill Studios Ltd 2007
- Lusk, Doris
Untitled
1977
Watercolour on paper
690 x 825
-
- Head Of A Girl*
1989
Watercolour and charcoal on paper
562 x 430
Purchased at auction 1990
- Luxford
Sutton Salt Lake
2001
Photograph
365 x 460
- Lynn, Vivian
Apparatus For Continuous Culture
1969
Screen print
20 / 50
695 x 490
- Madill, Kathryn
Untitled
Screen print
440 x 370
Donated 2011 by the Cleveland Living
Arts Trust
- Masters, Wendy
Respite From Winter
Limited edition print
15/ 3000
- Maxwell, Heather
Untitled
Painting on hardboard

3 works each 520 x 400
The artist was an Area Health Board
Member (1989-1991)

Maxwell, Philip
A Dog Called Pepper
2003
Painting on canvas
1060 x 1060
Donated to Ward 4A by Jim Wilson as
a mark of appreciation 2003

Mayo, Eileen
Moths On The Window
Lithograph
1 / 30
760 x 550

—————
Mantis
5 / 30
Screen print
760 x 550

—————
Pigeon In Winter
Screen print
705 x 580

—————
Ginger Cat
Relief print
16/ 50
425 x 635
Donated by Dr and Mrs A. Mark and
Family

—————
Young Sunflower
Relief print
12/ 20
765 x 425
Donated by Cynthia Greesill from
Hospital Art Exhibition

—————
Town Belt
Silk screen print 20/25

685 x 420

McArthur, Piera
Untitled
Painting on paper
1485 x 1055
Purchased by Art Committee

McDonald, Enoka
Untitled
Painting on paper
615 x 815
Donated by Enoka McDonald with all
my heart-felt thanks for the care
received

McDonald, Roslind
Quarry
1987
Oil on board
890 x 1225
Purchased by the Art Advisory
Committee. Winner of Penrose's
(Department Store)
Otago Daily Times Art Award

McDougall, Ewan
The Angels In The Landscape
1997
Oil on board
700 x 1310

McDowell, Robert
Untitled
1988
Paint on canvas
695 x 1065

McDowell, Rob
Untitled
Paint on canvas
1050 x 820
McFarlane, Shona
Untitled

1971
 Ink and wash drawing
 540 x 645
 Donated by the *Otago Daily Times*
 Newspaper

Untitled
 Ink drawing on paper
 420 x 580

Otago University
 Ink drawing on paper
 410 x 550

Waikouaiti
 Ink and wash
 615 x 785

Otago Harbour From Highcliff
 Acrylic on hard board
 690 x 920
 Donated by Otago Stock Agents and
 Wool Brokers from Hospital Art
 Exhibition

Untitled
 Watercolour on paper
 765 x 950

The Octagon
 Reproduction
 510 x 630
 Donated by Cooke Howlison Ltd.
 1971

McGlashen, Royce
Untitled
 1987
 Reproduction
 635 x 890

McGregor, Verona
Brown St. From Cannongate, Dunedin

Watercolour and Ink on paper
 532 x 430

Untitled
 Watercolour on paper
 605 x 680

Untitled
 Watercolour on paper
 432 x 536

McIntyre, Peter
Rangitikei River
 Reproduction
 710 x 835

McKenzie, S.
Sand Dunes In The Sahara
 2001
 Photograph
 365 x 460

McTaggart
Untitled
 1993
 Cross-stitch
 570 x 430
 Donated 1993 to Ward 7A by Mr.
 McTaggart

Michael, Irving
Untitled
 Sculpture. Wood carving
 595 x 625

Middleditch, John
Jerusalem
 1966
 Acrylic on paper
 705 x 880
 Purchased at hospital exhibition

-
- Untitled*
1970
Print on paper
-
- Water Sculpture*
1980
Water sculpture
Approximately 3m x 3m
Donated 1980
by Arthur Barnett Ltd,
Commissioned by Shona McFarlane to
celebrate the opening of the Dunedin
Hospital Ward Block.
- Middleditch, Mary
Peace Mosaic
1970
Mosaic tiles
600 x 965
-
- Holy City*
1980
Mosaic tiles
1200 diameter on 2015 x 2590 mount
Donated by the National Insurance
Company of N.Z. Ltd.
-
- Pax Cross - Peace Mosaic*
Ceramic tiles
600 x 965
Purchased
- Mieson, Angela
Untitled
Painting on canvas
480 x 515
- Miller, H. V.
Albatross Colony
1972
Watercolour on paper
475 x 790
- Donated to Ward 4A by Mr. and Mrs.
C. M. Cole
- Miller, Prue
Fruit And Flowers
1991
Paint on paper
680 x 860
- Minaar, Marius
*4 Notes of Thanks In A Major To Ward
4A*
Framed Musical Score
Donated to Ward 4A by the patient
and musician Marius Minaar
- Modigliani, Amadeo
Alice
1915
Reproduction
825 x 495
Purchased
- Moffatt, Fiona
Untitled
Screen print 1/6
515 x 480
- Mollet, A
Untitled
1976
Paint on canvas
835 x 1145
- Monet, Claude
Meadow With Poplars
c.1875
Reproduction
770 x 860
- Morris, Gwen
Adagio
Screen print 12/15

825 x 540
 Donated by Art Advisory Committee

Ceramic Sculpture
 Purchased Art Advisory Committee
 1971 from the Bosshard Gallery

Morshuis, Justin
Landscape Over The Otago Harbour
 Acrylic on paper
 1270 x 870 including display frame
 size
 For sale

Unknown
Untitled
 2001
 Garment
 870 x 830

Carey's Bay
 Acrylic on paper
 1270 x 870 including display frame
 size
 For sale

Untitled
 Memorial plaque
 1250 x 335
 Donated in memory of Dunedin
 Hospital trained nurses who died in
 active service. Presented for this
 chapel by Nursing Class 1952 at their
 Reunion

Man In A Boat
 Acrylic on paper
 1270 x 870 including display frame
 size
 For sale

Nelson, Kenneth
Evening Glow Wanaka
 1972
 Acrylic on board
 595 x 770
 Donated by Mr and Mrs Miller and
 Family

Milford Sound
 Acrylic on paper
 1270 x 870 including display frame
 size
 For sale

Untitled
 Oil
 550 x 767
 Donated to Ward 4B by Dr J and Mrs
 E. Clayton 1983

Sunset Tairi Plains
 Acrylic on paper
 1270 x 870 including display frame
 size
 For sale

Ngan, Guy
Untitled
 1976
 Screen print
 (Series 27) 1 / 16
 865 x 665
 Donated 1980 by the architect and
 contractor to mark the occasion of the
 opening of the Ward Block by H.R.H.,
 the Duchess of Kent, 10 November
 1980

Morwood, Mary
Millenium Sunrise
 2001
 Photograph
 450 x 570

Moses, Russell
Candelabrum

Untitled
1976
Screen print
(Series 32) 8 / 20
665 x 865
Donated 1980

Untitled
1976
Screen print
(Series 30) 11 / 21
665 x 865
Donated 1980

Untitled
Screen print
665 x 865
Donated 1980.

Nicholls, Peter
Wisconsin #1 Series 2008
1978
Sculpture, American White Cedar,
Rope and Stone. Wisconsin #1
1170 x 890 x 1460
Purchased by the Art Advisory
Committee O.A.H.B. Dunedin from an
exhibition at the Public Art Gallery,
1984

Nightingale, Florence
Untitled
Reproduction of text
435 x 495
Purchased 2012 by the Art Advisory
Committee

Nisbott, G
View From Ward 4A Room 10
Dunedin Public Hospital 1/08
Pencil on paper
380 x 460
Donated by artist G Nisbott and
framed by staff
Noakes, John

Untitled
1180 x 880

Untitled
1850 x 1220

Untitled
Wall Mural
2030 x 800

Noordhof, Eizabeth (Els)

Untitled
1980
Acrylic on paper
575 x 472

Untitled
2003
Pastel on paper
440 x 520

Untitled
Screen Print
455 x 600

Bertrand Russell
Limited edition screen print
400 x 370
Donated 2011 by the Cleveland Living
Arts Trust

Untitled
Oil on Canvas

Ogier, Jo
Tetraphaca (Pasaflora) Tetranda
Limited edition print 13/ 30
440 x 370
Donated 2011 by the Cleveland Living
Arts Trust

Oxborough, John

Untitled

1988

Mixed media on paper
650 x 770

Stone House

1989

Mixed media on paper
1015 x 1320

Purchased by the Art Advisory
Committee

P, Roger

Untitled

1983

Linocut relief print 1/4

Packer, Jenna

Nawahi, The Middle Daughter

1995

Limited edition screen print
13 / 30

440 x 370

Donated 2011 by the Cleveland Living
Arts Trust

Parker, Anna

Untitled

1992

Pastel on paper
1005 x 790

Parker, John, Shotton

Lyric Journey

1985

Oil on board
1550 x 3070

Fields

Oil

745 x 1230

Purchased by the Art Advisory
Committee.

Patterson, Donald

Evening Light: Coronet Peak

1997

Watercolour on paper

420 x 522

Donated to the staff Ward 5B Dunedin
Hospital. May-June 1997 by Martin
Pharazyn

Paul, Frances

Supporting Breast Feeding

2001

Mixed media

575 x 475

Paul, Helen

Untitled

Reproduction

620 x 770

Donated 1988 by patients to Ward 2C

Paul, Joanna Margaret

Flowers In A White Jug (and Chair)

1975

Acrylic on paper

400 x 330

Purchased by the Art Advisory
Committee

Flowers In Glass Vase

1975

Acrylic on paper

470 x 405

Donated to the Art Advisory
Committee

White Jug And Flowers

1975

Acrylic on paper

495 x 410

Donated to Art Advisory Committee

Peter, Juliet

The Gardener

1968

Original print

540 x 995

Donated by the Red Cross Society

Donated 1979 to the staff and patients
of Ward 5 from Karen Magorian, Staff
Nurse

Circles in Space

1970

Screen print 8/20

600 x 750

Property of the Art Advisory
Committee*Maternity*

1905

Reproduction

755 x 630

Summer

1970

Original print 6/20

825 x 605

Donated 1971 by the Altrusa Club of
Dunedin*The Lovers*

1923

Reproduction

765 x 610

Dove

1949

495 x 640

Mamaku, Moth And Aeroplane

1971

Original print 2/20

600 x 760

Donated to the Art Advisory
Committee

Pilkington, Betty

Untitled

Painting on board

455 x 560

Peter, Nicholls.

Cross

1984

Sculpture. Wooden cross, hewn in
Southland beech, brass and forged
steel

1525 x 895

Commissioned by Chapel Committee.

Funded by Nurses Chapel Fund.

Purchased 1984

Pollard, Margaret

Sleep While You Can

Acrylic on canvas

830 x 930

Purchased by the Art Advisory
Committee.*Low Water At Mahinerangi*

Acrylic on canvas

945 x 642

Purchased by the Art Advisory
Committee

Picasso, Pablo

Bullfighting Scene (the Victims)

1901

Reproduction

545 x 735

Porteous, Gwenda

Naseby Cottage

Oil on board

665 x 515

Donated by Bayfield Jaycee Wives

- Presbyterian Church, Kurow*
Oil on board
770 x 770
Purchased by the Art Advisory
Committee from Hospital Art
Exhibition
- Posmyk, Ilsa
Untitled
1997
Paint on board
620 x 620
- Pouston, Gypsy
Interior
Paint on paper
565 x 680
Donated by the artist Gypsy Poulson
in Ward A who was a patient of Mr
Bishara
- Prasad, Pamela
Tapa
Print on paper 4/7
325 x 275
Donated 2008 to Ward 7A by artist
Pam Prasad
- Quirk, Bonnie
City Sprawl
Screen print
475 x 720
Donated to the Art Advisory
Committee
- Raad, Mary
Untitled
1996
Gouache on paper
41.0 x 44.0cm
- *Untitled*
Watercolor on paper
- 325 x 400
- Reed, William
Genesis
Oil on board
640 x 790
Donated by Donald Reid and
Company Ltd. from Hospital Art
Exhibition
- Regan, Josephine
Unremarkable Moments
2007
Sculpture, Bisque fired clay pieces
- Rivers, Hilda
Untitled
Watercolour on paper
530 x 430
- *Untitled*
Paint on board
417 x 485
Donated in memory of David
Welsford
- Robertson, John, Trevor
Sailors Cutting - Lake Benmore N.Z.
1996
Oil on canvas
437 x 600
- Robinson, John
Colosseum
1987
Acrylic on paper
760 x 1000
- *Untitled*
1997
Acrylic on canvas
610 x 760

-
- Untitled*
 1997
 Acrylic on canvas
 610 x 760
- Rocklitt, Robert
N.Z. Sheep Station
 Paint on board
 470 x 492
 Donated by Andre Reid Dunedin
- Rollo, Valerie, M.
Untitled
 1973
 Painting
 915 x 615
-
- Untitled*
 1973
 Painting
 1.220 x 835
-
- Untitled*
 1973
 Painting
 915 x 615
- Ross, Margot
Untitled
 Painting on canvas
 450 x 555
- S, Hubert
Untitled
 1960
 Pen and ink sketch
- Sawrey, Hugh
Untitled
 Reproduction
 770 x 520
- Scott, Ian
Lattice Painting
 Acrylic on paper
 770 x 565
 Purchased by the Art Advisory
- Seccombe, Richard J.
Untitled
 1999
 Painting on canvas
 590 x 692
 Donated by Richard Seccombe, a patient
- Shannon
Untitled
 Watercolour on paper
 285 x 235
 Donated 1997 to all those aboard the Queen Mary with great thanks from Shannon
- Siegert, August Fredrich
Dreaming On The Windowsill
 Reproduction
 715 x 565
- Skerman, Susan
Umbrella Fern
 Ca.1971
 Silkscreen print
 2 / 20
 612 x 819
 Donated by Barton's Butchery in 1971.
-
- Untitled*
 Ca. 1971
 Silkscreen print
 812 x 600
 Donated by Gardener Motors Ltd 1971.
-
- Ferns*

Ca.1971
 Silkscreen print
 2 / 20
 605 x 805
 Donated by the Evening Star in 1971

Stevens, Eion
Ladder for Riemke
 Screen print
 440 x 370
 Donated 2011 by the Cleveland Living
 Arts Trust

Untitled
 Painting
 1250 x 1245
 Donated 1992 by Charles Abraham
 and Monica Mc Entyre

Stevens, Elizabeth (designer), and
 Made by Miller Studios Limited of
 Dunedin.
Signs And Messages
 Stained Glass Windows
 2660 x 2040
 Commissioned

Stevenson, and Turner Architects
Dunedin Hospital Ward Block
 Acrylic on paper
 630 x 800

Stoddart, Margaret
Old House, Diamond River 1913
 Reproduction
 620 x 745

Stotter, Penny
Kiwi Dolls II
 2009
 Screen print on fabriano (350 gsm)
 20/50
 495 x 895

Strong, Brian
Peninsula
 1992
 Mixed media
 1245 x 985
 Purchased 1992 by the Art Advisory
 Committee.

Migration
 2008
 Mixed media on canvas
 750 x 750
 Donated by Siemens 2009.

Struyk, Hubert
Untitled
 1960
 Pen and ink sketch

The River
 1973
 Acrylic on board
 642 x 765
 Donated by Roslyn Gallery from
 Hospital Art Exhibition

Coastal Triptych
 1973
 Acrylic on board
 635 x 1170
 Donated by Hospital Medical staff
 from
 Hospital Art Exhibition

Sea And Hills
 1973 or '76
 Acrylic on board
 642 x 765
 Donated by artist

Stuart, Mark
Untitled

Painting
320 x 320

Sydney, Graeme

Untitled

1975

Reproduction

643 x 1100

My Daughter

1984

Etching

470 x 490

Property of the Red Cross

Untitled

1996

Reproduction

770 x 1090

Untitled

Reproduction

640 x 985

Untitled

Reproduction

760 x 1110

Untitled

Reproduction

686 x 950

Tait, Doris

Untitled

Paint on board

320 x 405

Untitled

Paint on board

315 x 415

Tait, Graham

Untitled

Paint on board

715 x 905

Donated to Queen Mary Hospital in loving memory of Dr Hugh Stevely by his wife and family

Shag River Estuary

Acrylic on board

885 x 680

Donated Fletcher Development and Construction Ltd from Hospital Art Exhibition

Talbot, Bob

Delphinus Delphis

1987

Poster

485 x 625

Taylor, Mary E.

Celebration

1991

Print 51/95

575 x 552

Donated with grateful thanks from the family of Tanya Hall

Templeton, Robina

Untitled

Paint on board

325 x 285

Thompson, Keith

1971

Watercolour on paper

466 x 378

Donated 1985 by the Conroy Family

Thompson, Myra

Off For A Sail, Penrith Bay, Wanaka

1969

Oil on board

378 x 478

Donated by A. A. Richmond.

Thomson, Nancy
Untitled
 1984
 Paint on paper
 500 x 586

Tjupurrula, Turkey Tolson
Tilpakin
 1980
 Reproduction
 915 x 645
 Donated by John and Mary Mudie in
 memory of Alex

Tocker, A. C.
*Nurses: Bath Time At Christchurch
 Hospital*
 1920
 Photograph
 150 x 215

Todd
Untitled
 Painting on board
 985 x 685

Todd, Barbara
Dusky Dolphins
 Poster
 480 x 630

Sperm Whale
 Poster
 480 x 630

Toomer, John
*Lake Wakatipu Looking Towards The
 Bayonet Peaks*
 Painting on canvas
 585 x 585
 Donated to the surgical and nursing
 teams on Ward 4A in appreciation of
 your skills, dedication, care and

encouragement, by Richard Wallis,
 Mayor 2002

Tough, Patricia
Harbour Cone From Portobello Road
 Watercolour on paper
 586 x 760
 Donated to Breast Screening by the
 artist Patricia Tough 1995

Trautman, Marc
Welcome Home
 Poster
 815 x 620

Trusttun, Philip
Riko
 1975
 Mixed media
 470 x 410
 Purchased by Art Advisory Committee
 from the Bosshard Gallery

Tuffery, Michel
Tigaina
 1988
 Woodcut print on tapa cloth and
 Hand made paper
 870 x 715
 Purchased 1988

Tulloch, Paul
Girl In White Dress
 1980
 Conte drawing
 740 x 610
 Purchased by the Art Advisory
 Committee from the Moray Gallery

Unknown
Breakfast At Tiffany's
 Poster
 830 x 635

Untitled Poem

308 x 260
 Donated, Thank you for making a
 difference in Jacob Seyb's life Oct 11,
 1910-Aug 8, 2003

*Opening of the King Edward VII
 Pavilion*
 1914
 Photograph
 240 x 305

*Opening of the King Edward VII
 Pavilion*
 1914
 Photograph
 240 x 305

King Edward VII Pavilion
 1914
 Photograph
 240 x 305

Untitled
 1968
 Ceramic tile
 Donated 2007 by patient

*Portrait of the Queen and Prince
 Philip*
 1970
 Black and white photograph
 515 x 375
 Donated by the Queen and Prince
 Philip

Letter from the Queen
 1970
 Framed letter
 260 x 210
 Donated

Learning To Read
 1978

Silkscreen print 6/18
 720 x 435

Untitled
 1985
 Pastel on paper
 852 x 760

Untitled
 1989
 Watercolour on paper
 755 x 1040

Rhopalostylis Sapida/Nikau
 1993
 Screen print
 800 x 565

Flowers By The Lake
 Print

Kowhai Flowers At Wanaka
 1997
 Print

Untitled
 2000
 Paint on canvas
 330 x 240
 Donated by patient, the artist,
 Halcyone

*Rules for Nurses and Other Members
 of the Hospital* from the Standing
 Orders of St Thomas' Hospital 1699 –
 1752
 Framed Text
 730 x 445mm
 Donated to the 3B Staff by Val Steele
 Charge Nurse 1995

Untitled

Watercolour on paper 700 x 500 Donated by Mrs. Barbara Brinsley, 2001	————— <i>Untitled</i> Paint on canvas 325 x 430
————— <i>The Five Pointed Star</i> Reproduction of Text 430 x 360 Donated to the Dunedin Hospital in May 2011 from the April 1971 Dunedin School of Nursing	————— <i>Untitled</i> Paint on canvas 480 x 540
————— <i>Untitled</i> Ceramic tile 280 x 22.5 Donated by a Chinese Delegation.	————— <i>Untitled</i> Flax ornament 870 x 560
————— <i>Untitled</i> Wood cut 420 x 380	————— <i>Untitled</i> Print 440 x 370 Donated
————— <i>Untitled</i> Photograph 790 x 865	————— <i>Untitled</i> Painting on Board 1250 x 1105
————— <i>Altar Cloth</i> Craft - patchwork and embroidery	————— <i>Untitled</i> Photograph on Canvas 340 x 460
————— <i>St Margaret Blessing A Patient</i> Stained glass window 815 x 295 Donated 1964 in memory of Isabel Reed	————— <i>Untitled</i> Photograph 400 x 495
————— <i>The Last Supper</i> Wood carving	————— <i>Untitled</i> Photograph 875 x 780 Donated 1999 by Staff MRT.
————— <i>Untitled</i> Mixed media, paint and flax 600 x 1220 Donated 2011 by Kylie Duncan	————— <i>Untitled</i> 725 x 710
	————— <i>Untitled</i> Screen Print

Donated 1994, by Alison Dixon.

Untitled

Tapa cloth
725 x 783

Untitled

Patchwork quilt wall hanging
1130 x 735.

Untitled

Photograph
600 x 475

Untitled

Tapestry
447 x 360
Donated

Untitled

Paint on board
555 x 730

Cromwell Township

Unknown
Photograph
x 575 475
Donated 1986 in appreciation for care
and attention by Phil Denton.

Untitled

Photograph
582 x 685
Donated by Mr John Turnbull to 3C

Endangered Species- Seal Pup

Poster
520 x 425

Endangered Species- Seal Otter

Poster
525 x 430

Acrobat Of The Sea

Poster
405 x 505

Crashing Waves

Poster

Untitled

Reproduction
725 x 710

*Reinforcement Troops and Nurses
Waving Farewell from the Deck of a
Troop Ship on the Way to Europe and
the Middle East*

Photograph
150 x 215

Aerial View Dunedin Hospital

Photograph
435 x 540

Aerial View of Wakari Hospital

Photograph
435 x 540

Untitled

Patchwork quilt wall hanging
1130 x 735

Untitled

Paint on board
480 x 750

Untitled

Paint on board
480 x 750

Queen Mary
Photograph

Untitled
Photograph
337 x 415
Donated by patient

Untitled
Tapestry
447 x 860
Donated by patient

Untitled
Photograph
275 x 325
Donated

Untitled
Reproduction
700 x 540
Donated by the Peddie Family in
memory of Russell Peddie 1948-2007.

Thanks 4a
Crayon on paper
245 x 300
Donated

Untitled
Painting on paper
510 x 410

Buying Cloth
Screen print 32/75
560 x 445

The Wattle Cottage
Long stitch
413 x 413

Donated by Margaret Everest

Untitled
Reproduction
770 x 670

Van Gogh, Vincent
Flower Beds In Holland
1883
Reproduction
320 x 370
Property of the Red Cross.

*Encampment Of Gypsies With A
Caravan*
1888
Reproduction
585 x 670

Vermeer, Johannes
Woman In Blue Reading A Letter
1663- 4
Reproduction
530 x 455

Walker, Maria
Untitled
Watercolour on Paper
1030 x 820

Wallis, R.
Untitled
1988
Paint on canvas
1480 x 1250

Walters, Gordon
Kahukura
1968
Reproduction
550 x 700

Ward, J. H.

- Untitled*
 Unknown
 Painting on paper
 795 x 700
 1913
 Photograph
 150 x 215
- Ward, J. H.
Peppers
 1993
 Watercolour on paper
 450 x 500
 Webb,
Study
 2011
 Treated photographic image
 980 x 780
 Donated
- Watson, Trevor
Bus Stop
 1988
 Poster
 720 x 520
 Wedlock, Sandra
Untitled
 1973
 Painting on canvas
 790 x 815
 Donated by the family of Miriam
 Murray 2008 who was a sister in the
 Batchelor Ward until 1979, Supervisor
 1980-86 and Deputy Principal Nurse
 1986-89
- Wayne, S.
Untitled
 Oil on Canvas
 675 x 875

Untitled
 Oil on canvas
 615 x 820
- Webb, Marilyn
Goodbye Clutha Blue
 1983
 Monoprint
 790 x 585
 Purchased Art Advisory Committee
 1983

Mataura Site
 1995
 Limited edition screen print 13 / 30
 440 x 370
 Donated 2011 by the Cleveland Living
 Arts Trust

Hills Of Hindon
 1985
 Oil Painting on canvas on board
 850 x 1090
 Donated by artist from Art in
 Hospitals Exhibition 1985
- _____
Easter, Lake Mahinerangi 4pm
 Print
 440 x 510
 Donated to Ward 5B by Karina
 Varians
 Webb, Steffano Francis
Nurses at Christchurch Hospital 1913
 1972
 White, Robin
Your Health Is Your Wealth.
 1972

Painting on board
1055 x 755
Donated 2009 by public subscription
from the people of Otago and
Southland

Cross's Barn Peninsula
1972
Screen Print
23 / 25
650 x 800

Mere And Siulolovao
1978
Screen print
1350 x 770
Purchased by the Art Advisory
Committee from the Bosshard Gallery

Seven Hills
1980
Oil on board
1860 x 8570
Commissioned, Purchased

Self Portrait with Conrad and Shells
1985
Screen print
778 x 545
Donated to the Queen Mary Hospital
by past and present staff to
commemorate the 50th Jubilee 1937-
87

Wilson, Philippa
Juggler
1990
Sculpture in steel, polished brass,
mirror and patinated copper
1300 x 900
Donated by Trust Bank Otago
Community Trust Inc.

Worsley, Charles Nathaniel

Queenstown and the Remarkables
Watercolour on paper
460 x 705
Donated 1938 by the Department of
Internal Affairs.

Dunedin
Watercolour on paper
465 x 675
Donated 1938 by the Department of
Internal Affairs.

York, James
Untitled
Wood carvings – 2 works
2435 x 1145, and 2435 x 635