

Paling himself initiated the works in 1888 by proposing an existing building on the site, Alpha Cottage, be used as the first 'cottage hospital', and Mrs Paling donated its furnishings.⁷⁸ The exact location of the Cottage is unknown however it was valued in stock books at £142.6.4. Alpha Cottage was made available for convalescent patients prior to the construction of the hospital. Four Sydney hospitals were offered the use of this cottage on a three-month rotating basis⁷⁹ however only St Vincent's Hospital took up the offer and only for 3 months. In December 1888 the Government Railways were offered the cottage but this contract was cancelled in November 1889 and the cottage came under the management of the hospital committee with its furniture taken over by the Matron for use in the Hospital.⁸⁰ Nothing further is recorded of the history of this cottage, though Nixon suggests that the cottage may have been standing as late as 1917.⁸¹ It has however long since been demolished.

In August 1891 the Railway Employees association wrote asking the committee about the possibility of erecting a Cottage Hospital near the main building but no such cottage was ever built.

Plans for a cottage to be known as "Redman's Cottage" to be funded from the estate of John Redman, were put in progress however the Trustees wrote putting a halt to the plans as the estate had not yet been realised.⁸²

3.2.13 Masonic Cottage Hospital

The only convalescent cottage hospital ever constructed in the grounds of the Carrington Hospital was the Masonic Cottage Hospital, which was officially opened at the same time as the main Carrington Hospital in 1890. The cottage was constructed to provide accommodation for Freemasons recovering from major illness or surgery and was the first venture of the Freemasons of NSW into the building and financing of a health care unit.

The Masonic architect, Herbert S. Thompson, designed the cottage in conjunction with the hospital's architect Harry Chambers Kent.

When the union of Masonry took place in NSW in 1888 and the United Grand Lodge of NSW was formed with Lord Carrington as their Grand Master, the former District Grand Lodge, English Constitution, had a sum of money at its disposal for benevolent purposes and the sum of £1000 was set apart for the erection of a convalescent home for Masons. The Grand United Lodge voted £200 to suitably furnish the building.⁸³

⁷⁸ Ibid, p 18

⁷⁹ Carrington Hospital Committee Meeting dated 24 April 1888

⁸⁰ Nixon op.cit., p 21

⁸¹ Ibid, p18

⁸² Minutes from the Meeting of the Carrington Hospital Board dated Aug 20 1888

⁸³ Cumming G.H., *The Masonic Hospitals of NSW*, p10-12

On 28 September 1888 the Honorary Secretaries of the Carrington were advised of the Freemasons decision and informed that the cottage was to be a Memorial of English Freemasonry.⁸⁴

On 30 January 1889 the agreement, proposed for the Erection of the Cottage Hospital by the Masonic Body, had been approved.⁸⁵ The "Items of Deed of Agreement: made between the Masonic Body and the Committee of the Carrington Centennial Hospital for Convalescents" included the following provisions;

- [1] *That such cottages should become the absolute property of the Institution and be subject to the control of the Committee in all respects.*
- [2] *That Mr Herbert Thompson of Pitt Street, Sydney... shall act as Architect for the Masonic Cottage Hospital and in conjunction with Mr HC Kent the Architect for the said Carrington Hospital, prepare the necessary plans and specifications of the intended Masonic Cottage Hospital at a cost not to exceed one thousand pounds...*
- [5] *That all furniture fittings and effects which may from time to time be purchased and placed in the said Masonic Cottage Hospital shall be the exclusive property of the Trustees of the Carrington Centennial Hospital...*
- [11] *That all patients nominated by the said Board of Benevolence of the said United Grand Lodge shall be subject to the Rules and Regulations of the said Carrington Centennial Hospital.*⁸⁶

The foundation stone of the Freemason's Cottage was laid by Governor Carrington, on 18 February 1889, the same day as the foundation stone for the Carrington Hospital.⁸⁷ The cottage, containing seven beds, was completed at a total cost of £1472.7.6.⁸⁸

The Daily Telegraph Saturday April 19, 1890 recorded that - *Near the Centennial Hospital, and in the course of erection, is the Masonic Cottage Hospital, which is being built for the Masons and which, it is intended, will be included in the jurisdiction of the Carrington.*

The Illustrated Sydney News dated 24 May 1890

In the grounds, away to the right we see the cottage erected by the Freemasons as a Masonic Convalescent Home. ...It is a pretty little building and sufficiently near the larger one to be under the Matron's supervision. It contains two wards, sitting room with large bay window, kitchen, nurse's room bathroom etc and a good verandah, seven feet wide runs along the whole

⁸⁴ Ibid, p 25

⁸⁵ Ibid, p 25

⁸⁶ Nixon op.cit., p 27

⁸⁷ Ibid, p 28

⁸⁸ Carrington Centennial Home for Convalescents, Annual Reports, 1890

length of the building. It is the first edifice erected by the masons of NSW for a charitable object..."

A description of the cottage and its operation were published in the *NSW Freemason* in August 1925:

Situate about one and a half miles from Camden, it stands on an elevated site overlooking the little historic town. The cottage contains a living room comfortably furnished and provided with a library of excellent books, games etc., two dormitories with three beds each and a single room, providing all the accommodation for seven Brethren. There is also a small kitchen where any little extras can be prepared; a splendid bathroom with hot and cold water, linen cupboard and lavatories complete the cottage, ...The cottage inmates have their meals with those of the main hospital.⁸⁹



MASONIC CONVALESCENT COTTAGE, CAMDEN

Figure 21 Early view of the Masonic Cottage Hospital

Source: Carrington Archives

The maintenance and repairs of the Masonic Cottage (shown in Figure 23) were part of the general maintenance program of the Hospital. The Grand Lodge of freemasons and individual Lodges and Brethren made annual donations to the Hospital and patients paid, if possible, for their care. Many donations in "kind" were received from Lodges and members, such as an organ given by Camden Lodge in 1903 for use in the Cottage.

Repairs and maintenance to the cottage are recorded in the various annual reports however no major structural change has been made. In 1896 the

⁸⁹ Cumming G., H., p 10-11

cottage was painted⁹⁰ then in 1898 the cottage was painted and renovated throughout.⁹¹ In 1901 both the main hospital and the Masonic Cottage were fitted with electric lights.⁹² The cottage was painted and repaired inside and out in 1904 and in 1917 it was refurnished and two bath heaters added to bathroom. This refurbishment came as a result of £200 received from the Masonic Grand Lodge for this purpose.⁹³ A gift of £100 in 1925 allowed the cottage to be repainted and renovated and new linoleum provided.⁹⁴ The toilet system was updated in 1945. In 1953 the roof was re-slatted⁹⁵ and in 1957 extensive repairs to the structure of the Masonic Cottage were made. In 1962 a new roof to the verandah of the Masonic Cottage was constructed.

Records over the years show that the cottage was often under utilised and at times empty. By 1965 the committee were having difficulty finding a caretaker for the cottage and as a result, the cottage had no patients.⁹⁶ Finally in 1968 it was decided to cease using the Masonic Cottage as a Convalescent Home and it was converted for accommodation for live-in female domestic staff⁹⁷, and in 1974 it was adapted for administration purposes, housing the Chief Executive Officer and his clerical staff.⁹⁸ The Masonic cottage is currently used as the Community Care Office for the hospital complex.

3.2.14 The Gardener's Cottage

The Gardener's Cottage is now known as River Cottage.

The 1892 Annual Report confirms a "...substantial gardeners cottage was erected between the garden and the lake engine house at an expense of £450". (See Figure 24)

The following changes are noted in various Annual Reports:

- 1897 The Gardeners Cottage was painted
- 1901 Increased tank accommodation at the Gardeners cottage
- 1904 A shed was erected at the Gardeners Cottage
- 1907 The Gardeners Cottage painted and renovated
- 1944 Gardeners Cottage was renovated
- 1970 Gardeners Cottage in terrible state of repair

In recent years this cottage has been used as office space, for community programmes and is at present unoccupied.

90 Carrington Centennial Home for Convalescents, Annual Reports, 1896

91 Nixon, op cit, p 28.,

92 Carrington Centennial Home for Convalescents Annual Report 1902

93 Nixon op.cit., p 28

94 Cumming G.H p13

95 Carrington Centennial Home for Convalescents Annual Report 1953

96 Carrington Centennial Hospital for Convalescents Board Minutes dated 18th Nov 1965.

97 Carrington Centennial Home for Convalescents Annual Reports 1968 & 9

98 Carrington Centennial Home for Convalescents Annual Report 1974-5

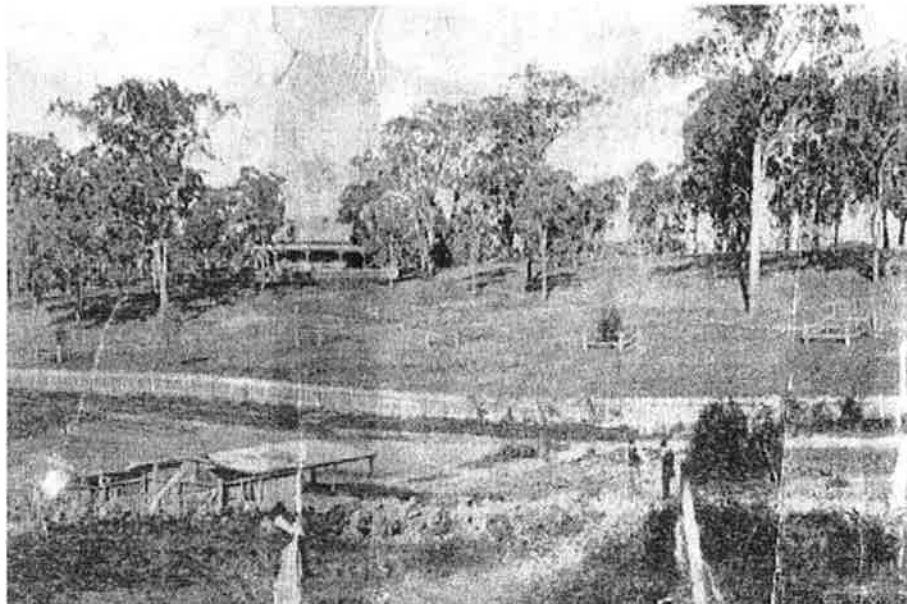


Figure 22 The Gardeners Cottage c1900

Source: Carrington Archives

3.2.15 The Original Mortuary

This building is shown on the original linen plans with the main building, and was originally used to house the deceased prior to their collection for burial. By 1965 the mortuary was being used as a shed. In the Board Minutes of the Carrington Centennial Hospital for Convalescents dated 8th July 1965 it states, *it was agreed that the mortuary could be made into a very satisfactory workshop and that the old workshop could be demolished.*

Wiltshire Hodges Weyland & Partners drew plans in 1976 to adapt the old Mortuary to an "Arbour"⁹⁹ In 1987 the mortuary was refurbished and a viewing area created.¹⁰⁰ It is now in use as a sheltered outdoor entertaining area, called 'Rotary Grove'.

3.2.16 The Grounds of the Carrington Hospital

The 1888 Plan of the Grasmere Estate and early estate records show the extent of development on the property at the time of sale. Paling had established a vineyard, dairy and orchard on his land and constructed numerous building. He had cleared much of the land where he was growing maize and 'Planters Friend', a type of grass, and constructed dams and water holes.

⁹⁹ Original Plans held at the Carrington Hospital.

¹⁰⁰ Annual Report 1987

In an article in the Illustrated Sydney News 24 May 1890 the journalist commented:

*On our way to the hospital we pass the orchard vinery and farm... The farm is let to a farmer who works it and keeps it in order and gives half of the profit made by it to the institution (the Carrington Hospital) by way of rent.*¹⁰¹

The Hospital was opened in 1890, and early photographs indicate the garden setting immediately surrounding it was laid out soon after the opening. Mr Ferguson a local nurseryman and owner of Ferguson's Nurseries, was called on to give advice about the layout of the grounds and the planting of trees and shrubs. Nixon quotes the following references in his book *Carrington 1890-1990*

"Mr Ferguson had chosen a site suitable for the Kitchen Garden, so situated as to be able to utilise the waste water from the hospital. He had also advised on the removal, planting, trenching, etc. and indicated that he would contribute some young trees towards the formation of avenues or orchards. A gardener was to be employed in the Kitchen Garden and fencing was to be erected 'to protect equally the site from the cattle and the cattle from injury by wandering on to the site during progress of the work.'"¹⁰²

*"An entrance road was established 3 metres wide leaving a strip about 5 metres wide either side of the road, for planting trees, each to be 8 metres apart and 3 metres from the roadway. A ploughed strip was to be left along each side and Mr Ferguson was advising suitable trees. Trees were also planted along the Brownlow Hill Road, now known as Werombi Road."*¹⁰³

*"Trees of various sorts had been set up from the botanical gardens in Sydney and arrangements had been made for Mr Ferguson to supply and supervise their plating. It was resolved to employ a reliable man... to look after the grounds."*¹⁰⁴

*"...it was agreed that a new fence of two split rails be erected along Brownlow Hill Road. New gates were also to be erected, at the main entrance to the Hospital, consisting of a double gate and a foot passenger gate."*¹⁰⁵ (See Figure 25)

101 The Illustrated Sydney News, May24 1890 p8

102 RE Nixon, op cit, p 36

103 Ibid, p 37

104 Nixon, op cit., p 38

105 Ibid, p 38



Figure 23 The original entrance to Carrington showing the original post and rail fence.

Source: Carrington Archives

In 1892 an ornamental garden was constructed in the front of the hospital and the vegetable garden and orchard were improved. Stumps were cleared from the grounds and the Gardeners' cottage erected. The poultry farm at this stage was described as "substantial."¹⁰⁶ Trees, which blocked wind to a windmill were removed and in the period 1891 to 1910 there was regular reporting of the clearing of stumps and scrub.¹⁰⁷

The architect Harry Kent selected sites for two tennis courts¹⁰⁸ in the early 1890s. One of the early tennis courts is shown in Figure 26 below dated c1895. A skittles lawn was also established around this time in the grounds (shown in Figure 27). A description of the Masonic Cottage in the NSW Freemason in August 1925 states – *a fine tennis court has lately been laid down*, however the location of this second court is unknown.

¹⁰⁶ Carrington Centennial Home for Convalescents Annual Reports 1892

¹⁰⁷ Carrington Centennial Home for Convalescents, Annual Reports, 1891-1911 [Mitchell Library]

¹⁰⁸ Nixon, p 40

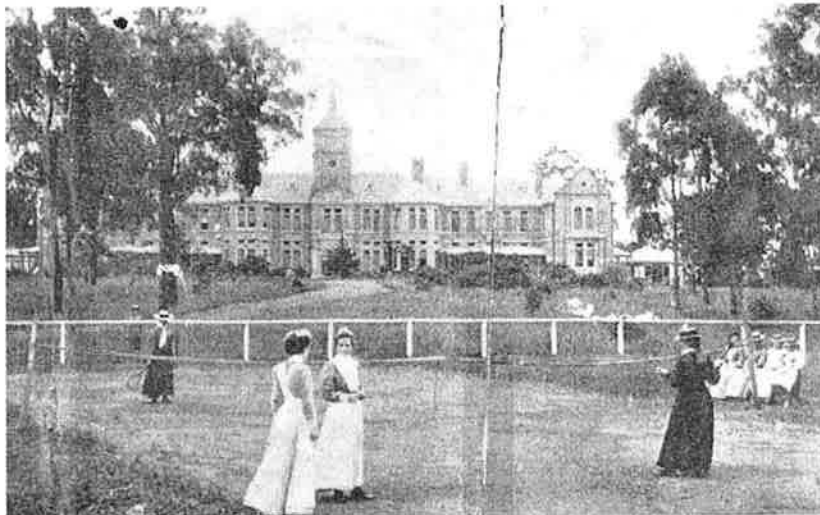


Figure 24 Tennis Court Carrington c1895

Source Carrington Archives



Figure 25 Skittles lawn Carrington c1895

Source Carrington Archives

During its first decades the Hospital received many small donations from the public, often given “in kind”. The *Annual Reports* for the years 1891-1922 invariably provided information as to the nature of such gifts. Hence it can be known that, over the years, the Hospital was given multitudes of shrubs, flowering plants, and both fruit and ornamental trees.¹⁰⁹

¹⁰⁹ Carrington Centennial Home for Convalescents, *Annual Reports*, 1891 – 1922 [Mitchell Library]

The Matron's Report to the Hospital Committee of 1920 states that pines were planted "again" in the drive.¹¹⁰

For many years the Hospital grounds boasted a piggery, dairy and poultry farm, which were consistently profitable. The poultry farm (see Figure 28) and piggery were located not too far from the main hospital building while the dairy operated from farm 12. The poultry farm was by 1966 uneconomical and was discontinued.¹¹¹ At this time the piggery was modified and contained only pigs for sale.



Figure 26 *The Poultry Farm at the Carrington*

Source: Carrington Archives

The Hospital's Gardener, under the Matron's supervision, tended a kitchen garden and a vegetable garden, but these were frequently less successful ventures. The gardener was seconded for military service during World War 2 and the garden went into a state of disuse. In 1944 he was discharged from Military Service and returning to Carrington, managed to rejuvenate the garden to some extent but by the late 1950s it had become obsolete and was discontinued in 1960.¹¹²

A memorial Shelter Shed was constructed near Grasmere in 1931 to commemorate long serving maintenance man Peter Simonsen, who with his family occupied Grasmere for many years (Figure 29).

110 Ibid, 1920, p 11

111 Carrington Centennial Home for Convalescents Annual Report 1966

112 Annual Report 1960



Figure 27 Opening of Simonsen's Memorial Shelter Shed 1931.

Source: Carrington Archives

3.2.17 Late 20th Century Expansion

The Board of Trustees proposed a retirement village in the grounds of the Carrington Hospital in the early 1970s, however the original Deed of Gift needed amendment to allow the Trustees to proceed with the development. In 1978 the Equity Court approved of a variation of the Trust Deed to permit the retirement Village Development to proceed and in 1981 some of the land was sold to raise funds for the construction of the retirement village. The remaining land was brought under the Real Properties Act and subdivided with titles issued at Volume 14808 Folios 67 to 69. Construction of the first phase of the retirement Village, Paling Court, which would contain 58 self-care units began in 1981 and was opened in August 1983.

The next construction was Rothbury House and Rose House, which were opened in November 1985, and the Mary McKillop Hostel opened on 3rd December 1994.

In 1995 the service courtyard at the rear of the main building was enclosed and adapted as a new entrance, with additional administration and support areas for the complex. The original dining room was divided in half to create a new kitchen and the Parry Ward (Figure 30) was demolished and Parry House constructed on its site. The opening ceremony for these two projects took place on 25th November 1995.

In October 1998 the Recreation Centre opened and Self Care North, containing 60 self-care units was opened in stages between 2000 and 2002.



Figure 28 The Original Parry Ward taken in 1994 just prior to its demolition for the construction of Parry House.

Source: Hospital Archives

3.2.18 Recent Land Sales & Acquisitions

In May 1943 the Defence Department notified the board of the Carrington Hospital that 13 acres of the hospital estate (part of Farm 45 fronting Werombi Road) had been deemed requisite for defence purposes and had been occupied. This land was to remain under the Department of Defence for the duration of the war. Following the war however the equipment installed in the site was transferred to the CSIRO Radio Research Laboratories and an extensive establishment set up. In 1959 the Carrington Hospital were informed that because of the development in this field and the valuable equipment already installed on the leased land, the government had compulsorily acquired the 13 acres in question. This land was converted to Torrens Title (PA 41575) and a Certificate of Title issued at Vol 8055 Folio 130 in the name of the CSIRO. In 1981 the title was transferred to the Commonwealth of Australia the current owner.

In April 1978, Water Road, which ran from Werombi Road to the Nepean River between Farms 45 and 46, (i.e. between the Carrington Hospital and Grasmere Villa) was granted to the Trustees of the Carrington Centennial Hospital for Convalescents and a certificate of Title issued at Vol 13465 Folio 102.

In August 1981 Primary Application No. 56165 was issued for parts of farms 45,46,47 and 62. This land was then divided in three and Certificates of title issued at Volume 14808 Folios 67-69. These titles were issued under the names of the Trustees of the Carrington Convalescent Hospital.

Lot 1 contained most of the original Farms 45 & 46, Lot 3 contained most of the original Farm 47 and Lot 2 contained most of the original Farm 62.

Farms 12 & 13, which formed part of the original 1888 hospital holdings continued in hospital ownership throughout most of the 20th century and were disposed of following the determination regarding the provisions of the original Trust. This land is now occupied by an equestrian centre and a sewerage treatment plant (Sydney Water West Camden STP), and no longer forms part of the hospital site.

3.3 Outline Chronology of the Site

Date	Event
1788	Cattle escape from Sydney and made their way to the Camden Area
1805	Grant of 5000 acres "Camden" at the Cowpastures to John Macarthur
1812	Establishment of the Village of Cawdor
1825	Grant of 5400 acres to John Macarthur, at Cawdor, dated 5 th October
1836	Survey and plan for the town of Camden by Thomas Mitchell
1841	Establishment of the Village of Camden
c1870	Construction of Grasmere Cottage
1881	Contract of Sale dated 6 th September to the syndicate - WH Paling, AH McCulloch, Benjamin James Jnr and W. Stimson, containing 5100 acres, including the North Cawdor Farms and the remaining Camden Town Lots
1882-1887	Development of the Palings Grasmere Farm
1888	Conveyance dated 18 th April Elizabeth Onslow, Philip Godley King & the Anglo Australian Land Company Ltd to William Henry Paling
1888	Conveyance dated 18 th April William Henry Paling to William Bede Dalley, Arthur Renwick, John Hay Goodlet (Trustees for the Carrington Centennial Hospital for Convalescents
1890	Construction of the Carrington Hospital, the Masonic Cottage Hospital and the Mortuary. Hospital opened By Lord Carrington on 20 th April
1891	Lease of the Grasmere Farm to Mr H Greigg

1892	Construction of the Gardeners Cottage Construction of ornamental Garden in the front of the hospital
1943	Defence department occupied 13 acres of the Hospital's land fronting Werombi Road
1959	Commonwealth Government compulsory acquired the 13 acres they had been leasing since 1943
1960	Vegetable Garden discontinued
1966	Poultry farm discontinued
1978	Trustees of the Carrington Hospital purchase Water Road which ran between the hospital and Grasmere Villa
1981	Farms 12 and 13 are sold Remainder of the land including most of farms 45,46,47 and 62 converted to Torrens Title and divided into three lots with a Certificate of Title issues at Vol 14808 Folios 67-69
1983	Opening of Paling Court – 58 self care units
1985	Construction of Rothbury House and Rose House
1994	Construction of the Mary McKillop Hostel
1995	The service courtyard at the rear of the main building was enclosed and adapted as administration and support areas for the nursing home. The kitchen was upgraded and a new vehicle entrance constructed at what was previously the rear of the building. The old Parry Ward was demolished and Parry House constructed on the site. Opening ceremony for these two projects took place on 25 th November 1995
1998	Construction of the Recreation Centre
2000-2002	Construction of Self Care North
2004	The Carrington Centennial Trust commissioned Noel Bell Ridley Smith & Partners to prepare a Conservation Management Plan, Historic Curtilage Assessment, Asset Management Plan and a Master Plan for the Carrington Nursing Home.

4.0 DESCRIPTION OF PHYSICAL EVIDENCE

4.1 Physical context

Carrington Nursing Home is situated approximately three kilometres north of Camden, and located on two separate blocks of land, divided by Werombi Road. The subject (eastern) site is currently zoned for special uses and rural land use, and is used by the Carrington Centennial Trust as an aged care facility.

The site contains a number of cultural heritage elements, including:

- Carrington Nursing Home (formerly Carrington Convalescent Hospital)
- Former Morgue
- Masonic Cottage Hospital
- Main section of landscaped garden, contemporary with the Hospital
- Remnant of avenue planting, indicating the location of the original entrance drive
- Grasmere Villa
- River Cottage (former Gardener's Cottage)

In addition, Camden Council¹¹³ have identified items of natural significance within the boundary including:

- Remnant indigenous woodland
- Riparian landscape
- Nepean River

It should be noted that much of the vegetation designated as 'remnant indigenous woodland' by Camden Council appears to be regenerated growth, dating from about 1940.

The main historic buildings and elements within the boundary are summarised below, and a full set of inventory sheets is located in Section 9.0 of this report.

4.2 Garden Setting

4.2.1 Generally

The formal garden to the east of the former main entrance to Carrington Nursing Home was designed and constructed in the early 1890s and was an integral part of the hospital complex, intended to assist in the recuperative process. Grassed areas and additional trees were planted following the extinguishment of Paling's lease and the resumption of the former road running through the site.

The formal garden contains a circular garden with quadrant shaped flowerbeds laid out symmetrically around a flagpole. Below the circular garden is a sloping

¹¹³ *Camden Significant Tree & Vegetated Landscape Study*, prepared for Camden Council by Landarc Landscape Architects (June 1993), p.134-37.

area of grass, dotted with flowerbeds and mature trees, and a level area originally set out for skittles.

The setting of Carrington has changed over time, and particularly since the 1970s when the vegetable garden and farming activities were scaled down or abandoned altogether, and the function of the place changed from convalescent hospital to aged care facilities.

Photographic evidence indicates the early twentieth century landscape was divided into separate functions, including, formal garden and recreational area, vegetable garden, poultry farm and a number of separate farming activities (dairy, vineyard, etc), divided by post and rail fences.

The setting of Carrington includes grassed areas, wooded areas and a historic formal garden associated with the original hospital buildings.

The landscaped setting includes gazebos, street furniture, garden furniture and signage. These elements generally date from after 1980, although Simonsen's Memorial Shelter was constructed in 1931.

4.2.2 Indigenous Woodland

The large site conserves large tracts of indigenous eucalypt woodland growing to a height of up to 25 metres, giving the site a distinctive bushland character, particularly when contrasted to the surrounding open pasture. Much of this woodland is regrowth, having been cleared in the middle of the nineteenth century for farming activities and orchards. Individual eucalypts of the woodland generally range up to 60 years of age, but a number are estimated to be over 100 years old.

The indigenous woodland provides a unifying element throughout the site and partially screens recent residential development within the boundary of the site. The main species identified on the site consists of:

- Grey Box (*Eucalyptus molluccana*),
- Narrow Leaf Ironbark (*Eucalyptus crebra*)
- Forest Red Gum (*Eucalyptus tereticornis*)
- Ribbon Gum (*Eucalyptus viminalis*) and
- Angophora (*Angophora floribunda*).

The last two species are more characteristic of the area adjacent to the banks of the Nepean River.

4.2.3 The Late Victorian period layout

The surviving landscape elements from the Victorian period include the immediate setting of the original buildings, specifically the eastern garden area with spacious lawns and carriage loop, the lake at the bottom of the site, and the surviving Victorian tree planting. These trees include Bunya Pines (approximately 20 metres in height), Hoop Pines (up to 20 metres high), olives and Irish Strawberry trees, and include remnants of the avenue planting from

Werombi Road into Carrington Convalescent Hospital and adjacent to Water Road.

Photographic evidence indicates the formal landscaped garden and carriage loop were set out soon after the completion of the main hospital building, and about the same time as the Gardener's Cottage was constructed (1890-92). The flowerbeds were originally edged in brick, although these edges have been replaced with a variety of materials including brick, stone and timber and mowing strips have been installed around a number of the beds. Many of the original or early plantings have been replaced or become overgrown. The original configuration of the rose garden has slightly been altered, although the present geometric arrangement is sympathetic to the Victorian garden layout. The annual and perennial flowers are well maintained. It is understood that none of the original rose bushes remain.

The lower section of garden appears to have been landscaped at a later date to the circular drive and upper garden. It originally contained recreational facilities for both residents and staff, including a tennis court and level area for skittles or croquet and garden areas. The area has been modified and now consists of a large grassed area, garden beds, a number of mature trees and shrubs and the former skittle ground.



Figure 29 – View of the carriage loop at Carrington Nursing Home, showing the formal arrangement of the garden beds (former rose garden) in the circular lawn.

The original entrance gates (shown in Figure 23) to Carrington from Werombi Road have been demolished, and a new entrance formed at the former intersection of Water Road and Werombi Road. A number of mature trees do, however, remain as evidence of the former entrance drive.

4.2.4 Post-Victorian planting

Most of the eastern garden has been replanted, probably in the last twenty to thirty years. However, the Bunya Pine (around 15 metres high) north east of the main building along with the group of unidentified shrubs north of the croquet lawn, possibly date from the 1930s, or a little earlier.

Recent sympathetic planting includes palms, Crepe Myrtle, Spirea, Camellias, Wisteria, Viburnum, Oleander, Salvia and Plumbago. On the lawn to the north west of the main building is a semi mature Black Bean tree, about 8 metres high

and approximately 20 years old. The former mortuary is partially screened by recent plantings of bottlebrush.

4.2.5 Roads and pathways

The original approach to Carrington was from Werombi Road, formerly known as Brownlow Hill Road and Mulgoa Forrest Road, and shown in Figure 23. The original driveway appears to be formed from either earth or a stabilised gravel finish, and the perimeter boundary of the site was a post, rail and wire strand fence with a timber picket gate. Several surviving mature trees mark the location of the original entry road. Photographs take about 1900 indicate the roads within the site were edged with two- or three- brick open drains.

The main roads through the site are generally finished with asphalt, and new pedestrian paths are concrete. These finishes have been selected to meet functional and safety concerns.

4.2.6 Water features

The site contains three water features, which act as aesthetic as well as functional components of the landscape. The dams are linked to the natural hydrologic system and all are located within the 100-year flood level.

The main water feature is a man-made lake located in the southeast section of the site, and documentary evidence indicates it was created before 1888 by forming a dam near its entrance to the Nepean River. Grasmere Villa was originally site on a rise near the corner of Werombi Road and the former Water Lane, with views over the lake. During Paling's occupancy of Grasmere Villa, there was a boat staging and a boathouse constructed adjacent to the western side of the lake, and an island located at its southern end. The perimeter of the lake is free form, and is an important element contributing to the overall 'picturesqueness' of Carrington.

Two new dams were created in the late 1990s in the northwest section of the site. They provide a focus in the landscape, and are bridged by a road linking a group of independent residential units and the Gardener's Cottage.

4.3 Historic Buildings

4.3.1 Construction Phases

This section contains a summary of each of the historic elements located within the boundary of the Carrington Nursing Home. Further detailed information is contained in the Conservation Management Plan for Carrington Nursing Home, prepared by Noel Bell Ridley Smith & Partners (December 2004).

Carrington is accessible from Werombi Road, Grasmere, and located on a level section of land falling away on the eastern side to the Nepean River. The buildings on the site generally date from the main construction phases set out below:

PHASE 1 c1880-1889 Original construction of Grasmere Villa by William Henry Paling, evidence of rural landuse.

PHASE 2	c1889-1892	Original construction of Carrington Convalescent Hospital, and Morgue, Masonic Cottage Hospital, River Cottage (Gardener's Cottage). Formal garden laid out to the east of the main hospital building.
PHASE 3	1892-1978	General consolidation of hospital facilities, construction of minor temporary buildings and some modification of garden setting.
PHASE 4	1978 to present day	Construction of extensive new facilities including hostel accommodation, self-care units, recreational facilities.

4.3.2 Carrington Convalescent Hospital

The hospital was purpose built for the Carrington Convalescent Hospital in 1889-90. The hospital is constructed of a double skin of brickwork with a cavity between, and a ventilation system to aid in controlling the temperature of the building, and providing a fairly constant temperature to assist in the convalescence process.

The roof of the building is finished in slate, with decorative lead clad louvred dormers, decorative iron finials and a viewing platform located at the ridge height of the main wing with a cast iron balustrade. The brick chimneys together with the tower are important architectural features of the roofscape, the tower being the focus of development within the site, and marking the location of the main entrance at ground floor level.

The building is laid out in a T-shape, the main façade facing east with expansive views over pastures to the Nepean River, contains the dormitories, nurses' rooms and dispensary. The main façade is laid out symmetrically about the main entrance and central tower.

The east-west wing originally contained the dining room, kitchen and service areas. This western section of the building has been adapted to provide additional accommodation for day-care patients and support areas for staff.

4.3.3 Former Morgue

The Morgue was contemporary with the main hospital building, and constructed of face brick. The building was octagonal with an octagonal roof and central lantern. The building has clerestory windows and two louvred ventilators in the east and west walls. The door leaf has been removed, but the original door opening remains in the north wall.

The building fulfilled an important role in the operation of the hospital. Bodies were laid out in this separate building, awaiting collection by an undertaker. Morgues were generally separated from the main hospital to both reduce the spread of contagious disease and odours.



Figure 30 - Original mortuary, extensively modified as an entertaining area

The Morgue was adapted in 1987 as a picnic shelter with cooking facilities. Despite the additions carried out, much of the original fabric has been retained. The building has exceptional heritage significance as physical evidence of the day-to-day operation of a late Victorian hospital.

4.3.4 Former Masonic Cottage Hospital

The former Masonic Cottage Hospital is now used as an administration building for the complex. It was originally constructed in 1889, as part of the initial concept of a series of cottage hospitals grouped around the main hospital building.

The former Masonic cottage hospital is situated to the north of the main building. Herbert Thompson designed the cottage hospital, in conjunction with Harry Chambers Kent, in the Queen Anne Revival style. The main entry to the building is in the centre of the west façade. The eaves drop to form a small gabled porch roof, supported on a pair of timber posts and a brick balustrade. A Masonic symbol and the date “1889” are cut into the timber gable and a marble tablet in the foyer records the opening of the building. On the eastern side of the building there is a verandah with a striped corrugated iron roof.

The building is a single storey brick building with a slate roof and terracotta tile capping and boxed eaves. The central section of the roof is hipped with two chimneys, while the north and south wings terminate in gables.



Figure 31 – The Masonic Cottage Hospital, west elevation showing the main entrance and the northwest corner.

The exterior walls are face brick with a rendered base course and double-hung windows with segmental arch heads.

Documentary evidence indicates the cottage hospital was adapted in about 1968 as residential quarters for female domestic staff, and again in 1974, as administrative offices. The building has been well maintained, and is generally in good physical condition.

4.3.5 The Gardeners Cottage

This cottage, also known as River Cottage, was constructed in 1892. The building was face brickwork, which has now been partially painted. The roof is a simple gable form, with decorative barges of timber boards at both east and west gables of the house. There is a covered verandah wrapping around the east, north and west elevations of the building. The northern elevation faces over the area where the vegetable garden was originally located.



Figure 32 – The Gardener's Cottage, formerly known as River Cottage.

The building has exceptional significance as part of the Carrington Hospital Group, demonstrating the reliance of the Hospital on small scale farming for part self-sufficiency and part for activities for patients. The landscaped garden setting of the Hospital was constructed following the completion of the Hospital building, and appears to have been laid out by 1892, at the same time the Gardener's Cottage was constructed. The vegetable garden was also constructed at about the same time, although its size and configuration changed from time to time. The vegetable garden remained a feature of the landscape until the 1960s.

4.3.6 Grasmere Villa

Grasmere Villa, also known as Grasmere Cottage is the oldest surviving structure on the site. It was constructed as a detached house, with a series of outbuildings and annexes associated with it. The building was constructed by 1882, but may have been constructed to house the previous tenant farmer in c1875. The building is a single storey brick building with a simple hipped roof finished in corrugated iron. The verandahs have been extended and partially enclosed, and sections of the original face brick walls have been painted.

After 1901, when the lease on the Villa was surrendered to the Carrington Centennial Trust, the building configuration was modified to accommodate a

cottage hospital for children, a tearoom, staff quarters and recently as residential accommodation for residents' visitors.

Documentary and physical evidence indicates the building has been extended and adapted on a number of occasions.



Figure 33 - Grasmere Villa, showing its east (main entrance) and west (service courtyard) elevations.

4.4 Archaeological Potential

4.4.1 Historical Archaeology

Casey & Lowe Pty Ltd, Consultant Archaeologists prepared a preliminary archaeological assessment of the site in September 2004. Their assessment identified potential archaeological deposits within a localised area on the allotment known as 5 Smalls Road, Grasmere, primarily associated with the former cottage and vineyard. Any surviving remains of the cottage would have low to medium archaeological potential if it were contemporary with Palings occupation of the site, although it may have greater archaeological potential if it were to pre-date Paling's occupation.

In relation to the subject site (90 Werombi Road) Casey & Lowe state:

The hospital has a high level of heritage significance as the first major convalescent hospital in the colony, and due to its connection with William Paling and Lord Carrington, and the nature of its institutional architecture. Any archaeological remains would be expected to have a similar level of heritage significance as they would contribute to a greater understanding of the place and its development. Pre-hospital period remains have the potential to inform about the rural uses of the site and farming and dairying practices in the 1880s.

Generally, the NSW Heritage Act 1977 provides automatic statutory protection for "relics" which prevent the excavation or disturbance of land for the purposes of discovering, exposing, or moving a relic not subject to a conservation instrument, except in accordance with an excavation permit.

The term "relic" is defined under the Act as:
any deposit, object or material evidence

- (a) *which relates to the settlement of the area that encompasses New South Wales, not being Aboriginal settlement; and*
- (b) *which is not more than 50 years old.*

4.4.2 Indigenous Archaeology

Archaeological & Heritage Management Solutions Pty Ltd, Consultant Archaeologists prepared an Aboriginal Heritage Assessment Report for the site by in November 2004. It identified four open artefact scatters (open camp sites) and five isolated artefacts (isolated finds) within the land currently occupied by the Carrington Centennial Trust, that demonstrated Cultural (Aboriginal), Public and Scientific archaeological significance.

The findings of the Aboriginal Heritage Assessment Report include:

- The study area is part of an important cultural landscape. Any evidence of Aboriginal occupation in the area is considered to be culturally significant to the Aboriginal community. Site CR2 should be preserved in situ and protected for future generations.
- Further archaeological investigation of some of the identified sites may yield further information about Aboriginal lifestyles and culture in the Camden region prior to European occupation.
- The site may yield additional items or deposits that were obscured by vegetation during the inspection.
- Land below the 100-year flood level has the potential to contain deeper archaeological deposits sealed by alluvium.

Refer to the separate report, Aboriginal Heritage Assessment: Camden NSW, prepared by Archaeological & Heritage Management Solutions Pty Ltd in November 2004, for the full text of the assessment and recommendations.

5.0 ASSESSMENT OF CULTURAL SIGNIFICANCE OF CARRINGTON

5.1 Stylistic Context

5.1.1 Development of the modern hospital

Our concept of a modern hospital dates from eighteenth century England, when medical hospitals, as distinct from rest houses and almshouses, were introduced. Until this time, the sick had been treated at home. The development of institutions specifically for the cure of the sick paralleled the growth of a qualified medical profession.

Medieval hospitals were not medical institutions, rather they were places of 'hospitality' for the poor, for travellers and for pilgrims, and were usually associated with monastic activity. Following the Dissolution of the monastic orders by Henry VIII, monastic hospitals were disbanded and wealthy benefactors and charitable foundations assumed some of their activities. In more recent times there has been a gradual shift from individual to charitable to corporate authorities, reflecting a growth in civic responsibility. However the link between charity and the civic community was maintained.

A report published in *The Lancet* in the 1860s, classified the basic designs of hospitals and attempted to relate 'healthiness' to the pattern of construction. Dr Bristowe, physician to St Thomas's Hospital, and Mr Holmes, assistant surgeon to St George's Hospital, carried out the investigation. They spent a year visiting 103 hospitals in the United Kingdom and 15 in Paris, and their report included the ground plans of the hospitals they visited, discussion of the influence of construction upon mortality, the causes of 'unhealthiness', the advantages of town and country locations, how fever cases should be distributed within a hospital and the importance of accurate records. Their findings included:

- Pavilion plans with entirely separate blocks were costly to construct, required much space, and the distances between departments were considerable. Nevertheless the blocks were well ventilated from all sides and the plan was probably ideal from the sanitary point of view.
- Corridor-hospitals, in which wards opened off connecting corridors, resembled the pavilion hospitals in as much as the pavilions were regularly arranged along a corridor. They were often several stories high, but were considered satisfactory provided the wards were large, the corridors well ventilated and there was adequate spacing between the blocks.
- H-shaped hospitals, with the wards in the side limbs, built around a pattern of corridors, had much to commend them, but were difficult to extend.

The first general hospital in the Colony of New South Wales was located in the area known as The Rocks¹¹⁴. It was a pre-fabricated military hospital, and was

¹¹⁴ The site of the First General Hospital in Australia (1788-1816) is commemorated in a plaque located at 127-129 George Street by the Royal Australian Historical Society.

used until the construction of the Rum Hospital in Macquarie Street in 1816. During the middle of the nineteenth century, there was a substantial increase in the population of Sydney, with consequent demand for essential services, including public health requirements. Despite the construction of several hospitals, it was widely recognised that significant numbers of hospital beds were being occupied by 'incurables', convalescent and disabled patients, rather than the "sick".

5.1.2 Convalescent Hospitals Generally

The first hospital in England devoted to the care of convalescents was the Metropolitan Convalescent Institution at Carshalton, opening about 1841 in a vacant workhouse. In 1853 the Institution was re-housed in a purpose built building near Walton-on-Thames in Surrey¹¹⁵. The building was designed in the Italianate style by Joseph Clarke, and differed from general hospitals by providing dayrooms and a dining-hall in addition to the wards. A second convalescent hospital was proposed for Manchester, incorporating planning suggestions made by Florence Nightingale, but this did not proceed.

By 1863 Nightingale was advocating... *The best arrangement of buildings for convalescents is, however, doubtless, that of a series of cottages.*¹¹⁶

After 1870 the construction of convalescent homes increased, with the majority of English examples owing their existence to private philanthropy¹¹⁷. The design of convalescent hospitals reflected the mobility of patients, and generally included dayrooms, dining-rooms and attractive grounds, and by the late Victorian and early Edwardian era the English hospitals often also included billiard rooms, libraries, smoking-rooms and entertainment halls.

The appearance of the early convalescent hospitals did not differ greatly from other hospitals. Although latter convalescent hospitals were influenced by the appearance of the Cookridge Convalescent Hospital (1869-9) designed by Richard Norman Shaw, and the Ida Hospital designed by Chorley and Connon (1887-8) at Cookridge near Leeds.

5.1.3 Carrington Convalescent Hospital

A number of prominent Sydney businessmen were associated with philanthropic activities in the 1880s, particularly in relation to the development of convalescent hospitals and hospitals for consumptives. This circle included Thomas Walker, Thomas Goodlet, James Fairfax and William Paling, and many others whose names appear on the benefactors list in the entrance to Carrington Convalescent Hospital.

Paling purchased several allotments of land near Camden in 1881, and on the 1st January 1888 he donated some 450 acres to the Colony of New South Wales along with £10,000- towards the construction of a convalescent hospital. Construction started later in 1888. The haste with which the plans were drawn

¹¹⁵ Richardson, et al, *English Hospitals 1660-1948; a survey of their architecture and design*. Royal Commission on the Historical Monuments of England: London, p.182.

¹¹⁶ Florence Nightingale, *Notes on Hospitals*, 1863, p112.

¹¹⁷ Richardson, et al, loc cit., p.183.

and the building subsequently commenced suggests that Paling had given considerable thought to the proposed hospital before January 1888. Paling's original scheme included two main buildings, one for convalescing patients and one for 'incurables', surrounded by a number of separate cottages catering to the needs of special groups.

The Carrington Convalescent Hospital is a two-storey building, T-shaped in plan, with the main elevation facing east, and overlooking the garden and the Nepean River. The main entrance is centrally located, dividing the eastern wing into two sections, which originally segregated male and female patients, a separate Cottage Hospital and a morgue. The cottage hospital and the siting of the hospital were in keeping with Nightingale's recommendation that:

... convalescent establishments should be placed in healthy, cheerful positions, varying in local climate according to the class of cases for which they are intended...a large class of convalescents suffering from general constitutional debility are benefited by certain inland climates...there are many places...on dry, comparatively elevated, gravelly soils, which would afford excellent sites for convalescent institutions¹¹⁸.

Although the Carrington Convalescent Hospital was the first purpose-built convalescent hospital in New South Wales, temporary accommodation had been provided for convalescents at the Coast Hospital (1881) and a convalescent hospital had been constructed at Callan Park Asylum. A second purpose-built convalescent hospital, the Thomas Walker Convalescent Hospital, had been the subject of an architectural competition in 1886, which had been widely published at the time. The plan of Carrington Convalescent Hospital bears a strong resemblance to John Sulman's original competition entry for the Thomas Walker Convalescent Hospital Competition prepared in 1888, and some similarity to the plan of that subsequently built.

The original garden setting of Carrington was far more extensive than is now evident. The garden contained a formal garden immediately adjacent to the hospital and Masonic Cottage Hospital, a lower garden containing recreational facilities for patients and staff, and a third precinct containing utilitarian areas such as vegetable garden and small scale farming activities. The garden setting was designed, in part, to complement the buildings and to provide activities for the patients.

The indispensable hospital rule, that no patient should be sent or admitted into a kitchen or ward scullery, is also reversed in a convalescent home, where the more the patients are occupied, the better. The men who are able for it should be employed in the garden, which is better for them than their in-door trades. The women who are able for it should do nearly all household work, at least on their own side; and a little sick cookery may well be taught them in the kitchen, but on a hot-plate, as convalescents should not be called upon to stand at a hot kitchen fire¹¹⁹.

¹¹⁸ Nightingale, p.113.

¹¹⁹ Nightingale, op cit, p.108.

The importance of the garden is reflected in the construction of the Gardener's Cottage (formerly known as River Cottage), as a residence for a full-time gardener.

The Morgue is a rare surviving example of its type in New South Wales. The building, while compromised by recent changes, demonstrates the operation of a late nineteenth century hospital as a place to house human remains prior to collection by an undertaker. Up until the late nineteenth century it was desirable to have a freestanding building located some distance from the hospital to reduce the spread of germs and odours before refrigeration was commonplace in New South Wales.

5.2 Comparative Institutional Buildings in NSW

The earliest purpose-built convalescent home in Australia is believed to have been the Convalescent Hospital for Women, Clayton Road Melbourne, constructed in about 1886, although the Carrington Hospital for Convalescents and Invalids appears to have been the first hospital devoted entirely to convalescents in NSW.

A number of large-scale institutional hospitals were built in NSW during the late nineteenth century¹²⁰, namely:

- The Coast Hospital, Little Bay, initially a camp to cater for the smallpox epidemic of 1881. The convalescent patients were accommodated some distance from the isolation and infectious wards. Substantial development of the site has taken place in the twentieth century, and little evidence of the original hospital layout has survived.
- The Callan Park Asylum, within the grounds of Garry Owen House, designed by Colonial Architect James Barnet 1880-1884. The Asylum was a symmetrical arrangement of buildings, with segregated facilities for males and females. Three convalescent cottages were built for female patients and one for male patients. The grounds were extensively landscaped, and gardening was undertaken as a form of occupational therapy by the patients.
- Gladesville Asylum (Gladesville Hospital). A female convalescent wing was design by Walter Liberty Vernon and constructed in 1892. The internal layout of the wing, and the quality of detailing are comparable with the Carrington Convalescent Hospital.
- Thomas Walker Convalescent Hospital. A competition was held for the design of the Hospital in 1886, and the building opened in 1893. The complex contained a central administration block, a morgue and laundry, the Joanna Walker Memorial Children's Hospital and extensive landscaped gardens.

¹²⁰ DPWS Heritage Group, July 1997, *Draft Comparative Analysis; Late Nineteenth Century Convalescent Hospitals*. Section 5.0.

- Newington Hospital (now Silverwater Gaol), originally constructed in 1832, and adapted as a psychiatric hospital in the late nineteenth century.
- Rydalmere Hospital (formerly the Female Orphanage). This building was originally constructed between 1813 and 1820, and adapted and extended as a Hospital by the Government Architect, Walter Liberty Vernon in the late nineteenth century. The building has been conserved and refurbished for the University of Western Sydney, and the garden setting compromised during the twentieth century.
- Kenmore Asylum, Goulburn, constructed between 1894 and 1900. Designed by Walter Liberty Vernon, this complex is physical evidence of the layout of an institutional hospital with separate convalescent cottages, mortuary, cemetery and landscaped gardens.

Carrington Convalescent Hospital is a rare example of a purpose-built convalescent hospital constructed in New South Wales in the late nineteenth century, being comparable with the Thomas Walker Convalescent Hospital. Both Hospitals were designed to reflect contemporary thinking on the siting, layout and treatment of convalescing patients and the role of gardens as a form of occupational therapy for patients, especially as espoused by Florence Nightingale.

5.3 Harry Chambers Kent

Kent was born in Braunton, Devon, England in 1853, the second son of the Rev. Samuel Chambers Kent and Emily Kent (nee Deacon). The family migrated to Australia, arriving in 1854 on the *Royal Pacific*. The Rev. Kent, a Congregational minister, was appointed the first minister at Newtown, Sydney, joining a circle of important Congregationalists that included John Fairfax, David Jones and Thomas Holt.

Kent received his formal education at Camden College, Newtown, where his father was headmaster, before matriculating in 1870. In 1872 he graduated from the University of Sydney with a Bachelor of Arts, and in 1874 he was conferred with a Master of Arts.

Prior to his matriculation, Kent was articled to James Barnet, the Colonial Architect, and it was about this time he came in contact with the builder John Young, who was an important source of work when Kent later established his own practice. From 1873 he worked for (John) Horbury Hunt, finally establishing his own practice in 1882.

Kent's early practice was sustained by work garnered from his Congregationalist ties, in the first place designing an office building for Josiah Mullens, treasurer of Camden College, and later designing *Caerleon*, a house for Charles B. Fairfax, the grandson of John Fairfax.

Fairfax commissioned Kent to design a new residence to be located at 15 Gingaghulla Road, Bellevue Hill in 1886. Fairfax subsequently took Kent's preliminary drawings to London, where he sought the advice of Maurice

Bingham Adams, a prominent English architect and editor of *Building News*. Adams worked over the external appearance of the house design in the Queen Anne style. Kent subsequently supervised the construction of the building, was incensed when Adams was attributed with sole credit for its design, writing to the editor of *The Australasian Builder and Contractors' News* that a published article had given

*...a false impression, inasmuch as only the details are Mr Adams' work, the original plans and design being entirely my work, as can be seen by a glance at the drawings which were prepared before Mr Adams was consulted at all. Mr CB Fairfax when he was at Home consulted Mr Adams as to the details, this being done with my full concurrence and consent, as I was only too glad to place myself in direct contact with a senior who has made the details of this style his special study. Mr Adams, I am sure, will not grudge to a junior member of the profession his fair share of credit in the work.*¹²¹

Kent designed and oversaw the construction of a number of residential and institutional buildings in the Strathfield area including his own home, Woodstock, extensions to the Presbyterian Ladies College Croydon, the Industrial Home for Blind Women and Mount Royal in Albert Road. He also prepared a design for a new Camden College in Homebush Road, which was in the Gothic Revival style.

Kent was appointed architect for the Carrington Convalescent Hospital in 1888, again employing the Queen Anne style for the exterior treatment of the building. The Carrington was constructed of face brickwork with stone and render decoration, and a slate roof. The verandah details, in particular the timber columns and brackets, are similar to the details established by Maurice Adams.

In 1889 Kent joined with Henry Budden, forming an architectural partnership that lasted some 30 years. Despite the economic depression of the 1890s, the firm was renowned for its commercial and institutional buildings, believed to amount to more than two hundred structures.

In 1919 Kent entered into partnership with one of his former students, HHI Massie, undertaking a number of large commissions for the Commercial Banking Company of Sydney in the 1920s. The firm designed new branches of the Bank in Newcastle, Cessnock, Parkes, Scone as well as the headquarters building in George Street, facing Martin Place.

Kent was known for his involvement in local government and charitable activities, and was a member of the NSW Institute of Architects, serving as its President in the period from 1906-08. He died in 1938, aged 86.

¹²¹ Trevor Howells and Michael Nicholson, *Towards the Dawn: Federation Architecture in Australia 1890-1915*. p28, Chapter 3, A controlled near-chaos: New South Wales, by Richard Dapperly, citing Bela Hatossy, Harry Chambers Kent, up Research Paper, SAUNSW, 1974, pp1-2

5.4 Basis of Cultural Heritage Assessment

This assessment of heritage is based on the methodology and guidelines set down by the NSW Heritage Office and considers the standard values or criteria which arise from the history, construction and use of the building and its site as well as any levels of esteem by recognised groups for the site.

5.4.1 Evaluation Criteria

Heritage significance, cultural significance and cultural value are all terms used to describe an item's value or importance to our own society. This value may be contained in the fabric of an item, its setting and its relationship to other items, the response that the item stimulates to those who value it now and in the historical record that allow us to understand it in its own context. An assessment of what is significant is not static. Significance may increase as more is learnt about the past and as items become rare, endangered or are found to document or illustrate aspects that achieve a new recognition of importance.

Determining cultural value is the basis of all planning for places of historic value. Determination of significance permits informed decisions on future planning that ensures that the expressions of significance are retained, enhanced or at least minimally impacted upon. A clear understanding of the nature and degree of significance will determine the parameters for flexibility of future planning and development.

The historical analysis provides the context for assessing significance, which is made by applying standard evaluation criteria to the development and associations of an item. The NSW Heritage Manual has produced standard evaluation criteria that are compatible with the criteria used by the Australian Heritage Commission in assessing items for the Register of the National Estate, and with those included in The Burra Charter.

<i>Criterion (a) Historical Evolution</i>	<i>An item is important in the course, or pattern, of NSW or the local area's cultural or natural history.</i>
<i>Criterion (b) Historical Associations</i>	<i>An item has strong or special association with the life or works of a person, or group of persons, of importance in the cultural or natural history of NSW or the local area.</i>
<i>Criterion (c) Aesthetic Values</i>	<i>An item is important in demonstrating aesthetic characteristics and/or a high degree of creative or technical achievement in NSW or the local area.</i>
<i>Criterion (d) Technical / Research Value</i>	<i>An item has strong or special association with a particular community or cultural group in NSW or the local area for social, cultural or spiritual reasons.</i>
<i>Criterion (e) Social Value</i>	<i>An item has potential to yield information that will contribute to an understanding of NSW or the local area's cultural or natural history.</i>

<i>Criterion (f) Rarity</i>	<i>An item possesses uncommon, rare or endangered aspects of NSW or the local area's cultural or natural history.</i>
<i>Criterion (g) Representativeness</i>	<i>An item is important in demonstrating the principal characteristics of a class of NSW or the local area's</i> - <i>cultural or natural places; or</i> - <i>cultural or natural environments.</i>

5.5 Assessment of Cultural Significance

<i>Criterion (a) Historical Evolution</i>	<i>An item is important in the course, or pattern, of NSW or the local area's cultural or natural history.</i> Carrington Nursing Home demonstrates a high level of historic significance at a State level, being purpose-built in 1890 as the first major convalescent hospital in NSW. The heritage precinct, including the main hospital, the morgue, the Masonic cottage Hospital and the Gardeners Cottage, together with the garden demonstrate the principles of late nineteenth hospital design, and the importance of garden setting in the convalescence process. The establishment of Carrington Nursing Home at Camden was a direct result of the late nineteenth century philanthropic activities of William Henry Paling a businessman and distinguished citizen, and the development of welfare activities undertaken by Freemasonry in NSW. The site indicates evidence of significant human activity with continued use as a convalescent hospital or nursing home since its' opening in 1890. It was in use as a convalescent hospital until 1973 when it was registered as a nursing home for 53 beds.
<i>Criterion (b) Historical Associations</i>	<i>An item has strong or special association with the life or works of a person, or group of persons, of importance in the cultural or natural history of NSW or the local area.</i> The building has strong historical associations, at State level, with its founding benefactor, William Henry Paling, and then Governor and patron, Lord Carrington, and architect Harry Chambers Kent. William Henry Paling has special significance with the place, having donated 450 acres of land and £10,000-towards the construction of Carrington Convalescent Hospital. Carrington Nursing Home has continuing associations

with Freemasonry in NSW, both WH Paling and Lord Carrington being Freemasons. The Masonic Cottage Hospital demonstrates the role of Freemasonry in the development of welfare institutions in Australia, and its continuing association with the Hospital is demonstrated in recent times with its donation of a window to Carrington Nursing Home in 1997 commemorating the Freemasons of District No. 108.

Carrington Nursing Home is also strongly associated with the notable Sydney architect, Harry Chambers Kent. Kent designed Carrington Nursing Home, Morgue and the layout of the carriage loop and driveway, and was the Honorary Architect for the building for the thirty years following its completion in 1890. Kent also worked with another architect, Herbert Thompson, in the design of the Masonic Cottage Hospital.

*Criterion (c)
Aesthetic Values*

An item is important in demonstrating aesthetic characteristics and/or a high degree of creative or technical achievement in NSW or the local area.

Carrington Nursing Home demonstrates a high level of aesthetic significance at a state level being an early example of an institutional building in NSW designed in the Queen Anne Revival style.

The long eastern front is the major façade of the building. It features short, gabled, end-fronting wings with octagonal bays. At the centre is an arched entrance surmounted by a central tower, both richly detailed. The eastern and other facades of the building are distinguished by the original fine quality face brickwork, render and stone detail, covered verandahs and windows. The interior of the Hospital incorporates some fine examples of late nineteenth century joinery, and wall and ceiling finishes. The Masonic Cottage Hospital is a rare example of its type, and is physical evidence of the original cottage hospital concept proposed for Carrington, but which was not completed.

The setting of the buildings is enhanced by the spacious gardens, notable for their general late Victorian layout. This includes the carriage loop drive with central lawn, extensive surrounding lawn, and mature trees, including Bunya and Hoop pines. The site also conserves surrounding stands of indigenous eucalypt woodland, providing a striking contrast and buffer to the historic buildings and cultural landscape.

Grasmere Villa, although altered, demonstrates the design and construction of late Victorian domestic-scale architecture, and its siting in relation to the man-made lake demonstrate the principles of the picturesque movement in landscape design.

*Criterion (d)
Technical /
Research Value*

An item has strong or special association with a particular community or cultural group in NSW or the local area for social, cultural or spiritual reasons.

The Carrington Nursing Home demonstrates a moderate level of technical/ research value at a state level as a relatively intact convalescent hospital, which is still in use as a health facility with some spaces still used for their original function.

The Hospital building incorporates advanced building science concepts, including the use of cavity walls and the 'Latoban' ventilation system, to ameliorate internal temperature conditions. Contemporary descriptions of the building indicate the system of jack-arches used in the construction of ceilings throughout the building was "...we believe, the first of its kind used in the construction of any building in the colony, with the exception, perhaps of the new goal at Bathurst.

The original main building is largely intact which includes the exterior and interior spaces, many still serving their original functions. They provide a valuable insight into the changing technology and practice of institutionalised health and aged care over a period of over 100 years. The design of the building influenced the improvement of ventilation techniques in hospitals in NSW.

*Criterion (e) Social
Value*

An item has potential to yield information that will contribute to an understanding of NSW or the local area's cultural or natural history.

The Carrington Nursing Home demonstrates a social value at a state level as an example of late 19th century philanthropy in NSW, and the development of welfare institutions in NSW.

Criterion (f) Rarity

An item possesses uncommon, rare or endangered aspects of NSW or the local area's cultural or natural history.

The Carrington Nursing Home has state significance as the oldest purpose built convalescent hospital in NSW, and one of two surviving from the late nineteenth century, the other being the Thomas Walker Convalescent Hospital at Concord.

The relationship of the Hospital with the associated historic buildings and garden setting, demonstrate the importance of the garden setting in the recuperative process and the importance of the garden both in providing employment for recuperating patients and in producing food for consumption by patients. Furthermore, the Hospital building incorporates advanced architectural science concepts to control temperature and ventilation throughout the building.

The Carrington Nursing Home, with its associated structures, carriage loop trail and flower beds, is rare major institution to have survived and still in use as a health care facility in New South Wales.

<i>Criterion (g)</i> <i>Representativeness</i>	<i>An item is important in demonstrating the principal characteristics of a class of NSW or the local area's</i> <i>- cultural or natural places; or</i> <i>- cultural or natural environments.</i> Carrington Nursing Home is an example of the evolving health care and an aged care facility type hospital although is not significant at a representative level.
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5.6 Statement of Cultural Heritage Significance

Carrington Convalescent Hospital and its setting has historical, associative, and aesthetic significance at state level. The following statement of heritage significance is adapted from the Conservation Management Plan prepared by Perumal Murphy Wu Pty Ltd (1994). That Conservation Management Plan is currently being revised and expanded by Noel Bell Ridley Smith & Partners.

Carrington Convalescent Hospital was constructed as the first purpose-built convalescent hospital in New South Wales, and has been in continuous use as a convalescent or nursing home since its' opening in 1890. The original hospital building has survived largely intact, with substantial additions to its west. The exterior, and interior spaces, many still serving their original functions, provide a valuable insight into the changing technology and practice of institutionalised health and aged care, over a period of some 115 years.

The hospital has important historical associations with its founding benefactor, William Henry Paling, and then Governor of New South Wales, Lord Carrington, who was Patron of the Carrington Centennial Trust. It remains an outstanding reminder of the role of philanthropy in the Victorian age. The institution has continuing associations with Freemasonry in New South Wales.

The original hospital building is located a level rise near Werombi Road, with the administration building (former Masonic Cottage Hospital) and former Mortuary nearby. Grasmere Villa, William Paling's original residence, is located directly to the south of the Main Hospital Building. The layout of the site, and

the spatial relationships between the buildings, continue to demonstrate the organising principles that determined the foundation of the hospital.

The setting of the buildings is enhanced by the spacious cultural gardens, notable for their general Victorian layout. This includes the carriage loop drive with central lawn, extensive surrounding lawn, and mature exotic trees. These include Bunya and Hoop pines. The site also conserves surrounding stands of indigenous eucalypt woodland, providing a striking contrast and buffer to the historic buildings and cultural landscape.

The main building is a magnificent example of a large, late Victorian Free Classical Style building. The long eastern front is the major façade of the building. It features short, gabled, end-fronting wings with octagonal bays. At the centre is an arched entrance surmounted by a central tower, both richly detailed. The eastern and other facades of the building are distinguished by the original fine quality face brickwork, render and stone detail, covered verandahs and windows.

The interior of the main building is an outstanding example of a purpose built late Victorian hospital interior. The building is largely intact, although it has been compromised by alterations to the kitchen/dining area and extensions to the western section. Much of the original joinery, and most of the wall finishes and ceilings survive. The ventilation system is unusual, and there are many other individual elements of significance.

The administration building (originally the Masonic Cottage Hospital) and Grasmere Villa are intact and fine examples of late Victorian domestic-scale architecture. The interior of the former mortuary has been considerably altered, but the building retains its original roof, an important architectural feature of the site.

5.7 Significance of Landscape Components

Different components of a place may make a different relative contribution to its heritage value. Loss of integrity or condition may diminish significance. In some cases it may be useful to specify the relative contribution of an item or its components.

GRADING	JUSTIFICATION	STATUS
Exceptional	Rare or outstanding item of local or State significance. High degree of intactness. Item can be interpreted relatively easily.	Fulfil criteria for local or State listing.
High	High degree of original fabric. Demonstrates a key element of the item's significance. Alterations do not detract from significance.	Fulfil criteria for local or State listing.
Moderate	Altered or modified elements. Elements with little heritage value, but which contribute to the overall significance	Fulfil criteria for local listing.

	of the item.	
Little	Alterations detract from significance. Difficult to interpret.	Does not fulfil criteria for local or State listing.
Intrusive	Damaging to the item's heritage significance.	Does not fulfil criteria for local or State listing.

5.7.1 Identification of Landscape Components

The following buildings have been assessed as contributing to the heritage significance of Carrington (see Inventory Sheets – Section 9.0).

Items of exceptional significance

- Carrington Convalescent Hospital
- The former Morgue (Rotary Grove)
- The Masonic Cottage Hospital
- Surviving Victorian garden setting including the Circular garden and remnant avenue plantings
- Grasmere Villa

Items of high significance

- The Gardener's Cottage

Items of moderate significance

No landscape components have been designated as having moderate significance.

Items of little significance

- Paling Court
- Mary MacKillop Hostel
- Recreation Building
- Self Care North
- Self Care South
- Gazebo
- Kitchen / Maintenance Building
- Children's Play Equipment
- Simonsen's Memorial Shelter Shed

Intrusive items

- Carports within the proposed reduced heritage curtilage
- Rothbury House and Rose House
- Parry House

6.0 DEFINING A HISTORIC CURTILAGE FOR CARRINGTON

6.1 Introduction

Heritage curtilages are essential for our ability to interpret the significance of heritage items. A curtilage should contain evidence of any cultural associations as well as providing a visual and aesthetic context for the item.

In the case of Carrington, the existing physical fabric of the site demonstrates a number of historic themes. The following historic themes have generally been identified in the analysis of documentary and physical evidence of the site:

- Development of welfare institutions in New South Wales
- Philanthropy in New South Wales
- Association with Freemasonry in NSW
- Association with prominent persons including
 - William Henry Paling, Philanthropist
 - Harry Chambers Kent, Architect
 - The Macarthur Family, early settlers of the Camden area and the development of the wool and dairying industries in the Camden
- Queen Anne Revival style of architecture in New South Wales
- Tenant farms, and the operation of large Estates in nineteenth century New South Wales

While some of these historic themes are discernable from existing fabric, the cultural significance of some abstract themes is not readily apparent, and will need to be explained by interpretation. The central group of buildings forming Carrington Convalescent Hospital are a cohesive group demonstrating the main features of a late nineteenth century hospital. The following analysis looks at the existing fabric and history of the site to identify relationships between elements that are essential to the understanding and interpretation of the history of Carrington.

6.2 Definition of Heritage Curtilage

Heritage curtilage is defined as the area surrounding a heritage item that is essential for retaining and interpreting its heritage significance. The curtilage should contain all the elements contributing to the heritage significance, conservation and interpretation of the heritage item, and may not necessarily coincide with the property boundary.

The NSW Heritage Office has identified the following four types of heritage curtilage:

- Lot Boundary Heritage Curtilage
The most common type of heritage curtilage comprises the boundary of the property containing the heritage item, or items. The property may also contain associated buildings, gardens and other significant features, including walls, fences, driveways or tennis courts, all which may contribute to the heritage significance of the property.

- **Reduced Heritage Curtilage**
This type of heritage curtilage is less than the lot boundary of the property. It arises where the significance of the item may not relate to the total lot, but to a lesser area, and is often only defined when development occurs.
- **Expanded Heritage Curtilage**
There may be circumstances where the heritage curtilage may need to be greater than the property boundary. Depending on the topography, an expanded curtilage may be required to protect the landscape setting or visual catchment of a heritage item.
- **Composite Heritage Curtilage**
This type of curtilage applies to heritage conservation areas and defines the boundaries of land required to identify and maintain the heritage significance of an historic district, village or suburban precinct. The curtilage will encompass heritage items, which have a distinctive homogenous character.

This type of curtilage is generally applied to a precinct or conservation area, and is not applicable to the subject site, Carrington.

6.2 Considerations in establishing a heritage curtilage

6.2.1 Generally

This report generally follows the format set out in the document titled *Heritage Curtilages*, published in 1996 by the NSW Heritage Office, NSW Department of Urban Affairs and Planning. This process involves research to ascertain the significance of the site and its elements and an analysis of the existing site, including the following considerations:

- Historical allotments
- Design, style and taste
- Functional uses and interrelationships
- Visual links
- Scale
- Significant features
- Vegetation
- Archaeological features

6.2.2 Historical Allotments

It may be important for historical reasons to display a heritage item in its relationship to its original allotment. In such cases, the retention of the allotment is necessary to demonstrate the visual setting and functional relationships of the structures on it, because they are integral to the heritage significance of the property.

The subject site was originally contained within the area known by the early European inhabitants as the Cowpastures and later as the Cawdor Farms. The

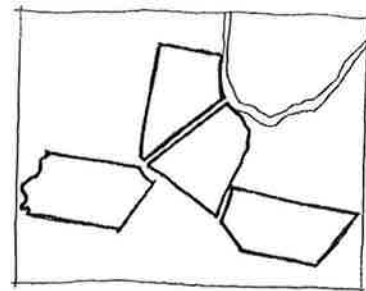
subject site formed part of the 5,400 acres of land granted to John Macarthur by the Crown in 1825, increasing his landholdings in the Camden area to over 60,000 acres by 1830. By the 1840s large tracts of land had been cleared for cultivation, and the area subdivided and taken up by tenant farmers.

The land remained in the Macarthur Family until 1882, when Elizabeth Macarthur Onslow offered the farm allotments for sale by auction. William Henry Paling purchased Lots 12, 13, 45, 46 and 62 (see Figure 8), forming three discrete parcels of land separated by Werombi Road and Fergusson Lane.

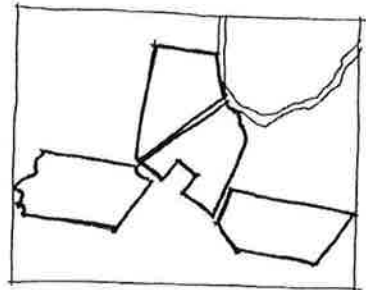
On the 1st January 1888 Paling gave the land, in Trust to the Colony of New South Wales, together with £10,000- towards the construction of Carrington Hospital for Incurables and Convalescents. Paling then leased Grasmere Villa and a small parcel of land back from the Carrington Centennial Trust for his family, until 1901.

From 1901 until the late 1970s, the boundary of the site remained largely unchanged, although the uses of the land within the boundary changed. Up until 1888, the land was divided into small tenant farms. Following the construction of Carrington, sections of the land remained as small-scale farming and other areas were developed as utilitarian areas (such as kitchen gardens) and landscaped areas to support the running of the hospital and to meet the needs of patients.

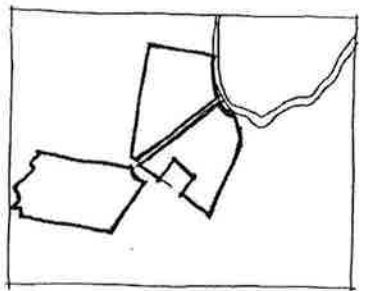
Under the terms of the original Deed of Gift the land had to be used as a hospital, and the site could not be subdivided until the original terms of the Deed were challenged in the Equity Court in 1978. Following the legal challenge the Convalescent Hospital was classified as aged accommodation, and several tracts of land within the original boundary were subdivided and sold. Part of the moneys raised by this venture were used to construct hostel accommodation and independent living units to enable Carrington to continue to function. By 1985 the land under the control of the Carrington Centennial Trust was reduced to two separate parcels of land, shown in Figure 1. The Carrington Convalescent Hospital and its immediate garden setting are contained in the northeast allotment.



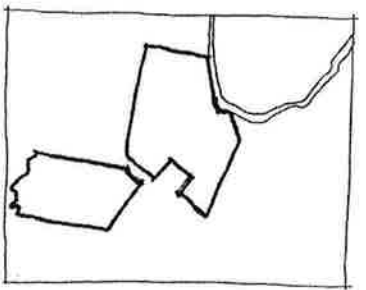
The boundary of Carrington in 1888. This boundary coincides with the land donated by WH Paling. Note a section of the land was leased by Paling for his family.



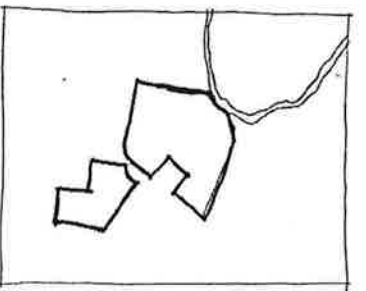
The boundary of Carrington in 1943, following the acquisition of a section of land by the Department of Defence for an aerial.



The boundary of Carrington in 1959, following the sale of a section of the land for sewerage treatment works.



The boundary of Carrington in 1978, following the resumption of Water Road.



The boundary of Carrington in 2004, following the sale of sections of land for residential development.



Figure 34 Plans showing the evolution of the site

6.2.3 Design style and taste

The design of a heritage item and its grounds can reveal much information about the architectural ideas, style and taste of its historical period. It can also be an essential part of the heritage significance of the item. Associated elements such as driveways, visual axes, plantings and fencing can provide valuable additional interpretive information.

The Queen Anne style of architecture developed in England in the second half of the nineteenth century. The style was utilised for a number of public building types including hospitals, swimming-baths, low income housing and libraries. Mark Girouard describes several 'Queen Anne' hospitals¹²² that were described in contemporary publications including Ingham Infirmary (1871-3) by Robert James Johnson and St Peter's Hospital (1881) in King Street, Covent Garden.



Figure 35 Illustration of St Peter's Hospital, Covent Garden, designed by JM Bryden in 1881.

The Queen Anne style was particularly associated with the late nineteenth century phenomenon of 'cottage hospitals', endeavouring "to secure the home-like character so desirable". It was selected as the architectural style for the Carrington Convalescent Hospital as well as the Thomas Walker Convalescent Hospital at Concord.

The original setting of Carrington Convalescent Hospital has been altered by construction of new structures, the adaptation of existing features such as roads

¹²² Mark Girouard, 1984, *Sweetness and Light; the Queen Anne Movement 1860-1900*, p84.

and paths, and changes to the planting layout. Despite these changes the surviving setting retains a number of important elements that demonstrate:

- The design philosophy of the hospital, and the importance of gardens in the recuperation of patients.
- The siting of the main building within the site. Carrington is set on a level area of land, with land sloping down to the Nepean River and natural riparian landscape
- Characteristics of institutional gardens in late Victorian NSW, including garden beds, layout of the garden, circular garden.

Although the changes to the formal landscaped area have included the removal or replacement of some original elements, such as the garden edges and there is sufficient evidence to reconstruct missing fabric and to interpret the landscaped area immediately around the Carrington Convalescent Hospital and the Masonic Cottage Hospital.

The layout of the site in 1888 is shown in the plan held by the Mitchell Library (SLNSW), and indicates the location of fences, cottages and outbuildings, especially that associated with Grasmere Villa. At the time the land was given to the People of NSW, it was a working farm, with fields under cultivation, an orchard and separate vineyard, together with cottages and outbuildings including piggeries and chicken runs. The current site was divided in half by Water Lane, which was eventually resumed and the site landscaped as a single entity. The garden area that has survived at Carrington was contemporary with the construction of the Hospital, and was designed to provide an area for convalescent patients to use or view from one of the covered verandahs. The layout, and plantings of the garden, was integral with the hospital, and was designed to play an important role in the convalescence process.

The main surviving historic garden areas are:

- The remnant avenue plantings
- The formal circular garden immediately in front of the main entrance to Carrington, and
- The lower garden, originally intended to be the focus of a series of hospital cottages.

With the exception of the formal circular garden, the remaining landscaping is laid out informally in the Victorian picturesque style, with sweeping paths and drives. The historic garden plantings include a number of exotic species characterised by colourful and perfumed varieties, laid out in beds adjacent to paths for easy inspection by patients in wheelchairs.

Aside from the historic garden, the site contained a major kitchen garden as part of the small scale farming activities. The kitchen garden provided fresh fruit and vegetables for the residents, the excess being sold when necessary to benefit the Hospital. The importance of the garden in the running of Carrington is underlined by the construction of the Gardener's Cottage.

6.2.4 Functional Uses and Relationships

The significance of heritage items often involves their wider setting. This may provide evidence of historical, social and cultural associations and uses, which are integral to the heritage significance of the item. It is often the interaction of a heritage item with its surroundings through activities, functions and visual links that enable its heritage significance to be fully appreciated.

The Carrington Convalescent Hospital group comprises a number of historic buildings, together with the remnant garden and some landscape elements. The historic buildings are shown in Figure 36, and include:

- Carrington Convalescent Hospital - 1890
- Surviving remnant garden area – 1890s
- Masonic Cottage Hospital - 1890
- The Mortuary – c1890
- Gardeners Cottage (River Cottage) - 1892
- Grassmere Villa – c1865

The group demonstrates the approach to the treatment of patients in the late nineteenth century including the layout of the building, the construction type, the relationship between the hospital and the mortuary, the importance of the kitchen garden and small scale farming to provide both food and activities for patients.

Grassmere Villa

Grassmere Villa pre-dates the other buildings on the site. It is physical evidence of several historic themes, including:

- Tenant farms established by the Macarthur Family and early rural land use in the area.
- Association with WH Paling and Family - It retains the name of the former estate belonging to William Paling, that is, Grassmere, and was an alternate home to Paling's family until 1901.
- Part of the Carrington Hospital Group - The building was used as a cottage hospital to accommodate children between 1902 and 1908. Grassmere Villa has been used for a number of different functions associated with the Hospital, most recently to provide residential accommodation to visitors to Carrington.

The remaining buildings in the group have strong functional relationships, and demonstrate the design and running of a late nineteenth century institutional hospital. The location of the hospital near Camden, the layout of the building and its relationship to garden areas, and its operation reflect the principles outlined by Florence Nightingale in her treatise *'Notes on Hospitals'* (London: Parker; 3rd edition 1863). Nightingale's comments were made in the context of the nineteenth century debate between 'contagionists' and 'noncontagionists' about the causes of hospital deaths. In her view, poor sanitation and miasmas or noxious vapours were responsible for the spreading of disease, rather than 'germ theory', which was at that time gaining acceptance.

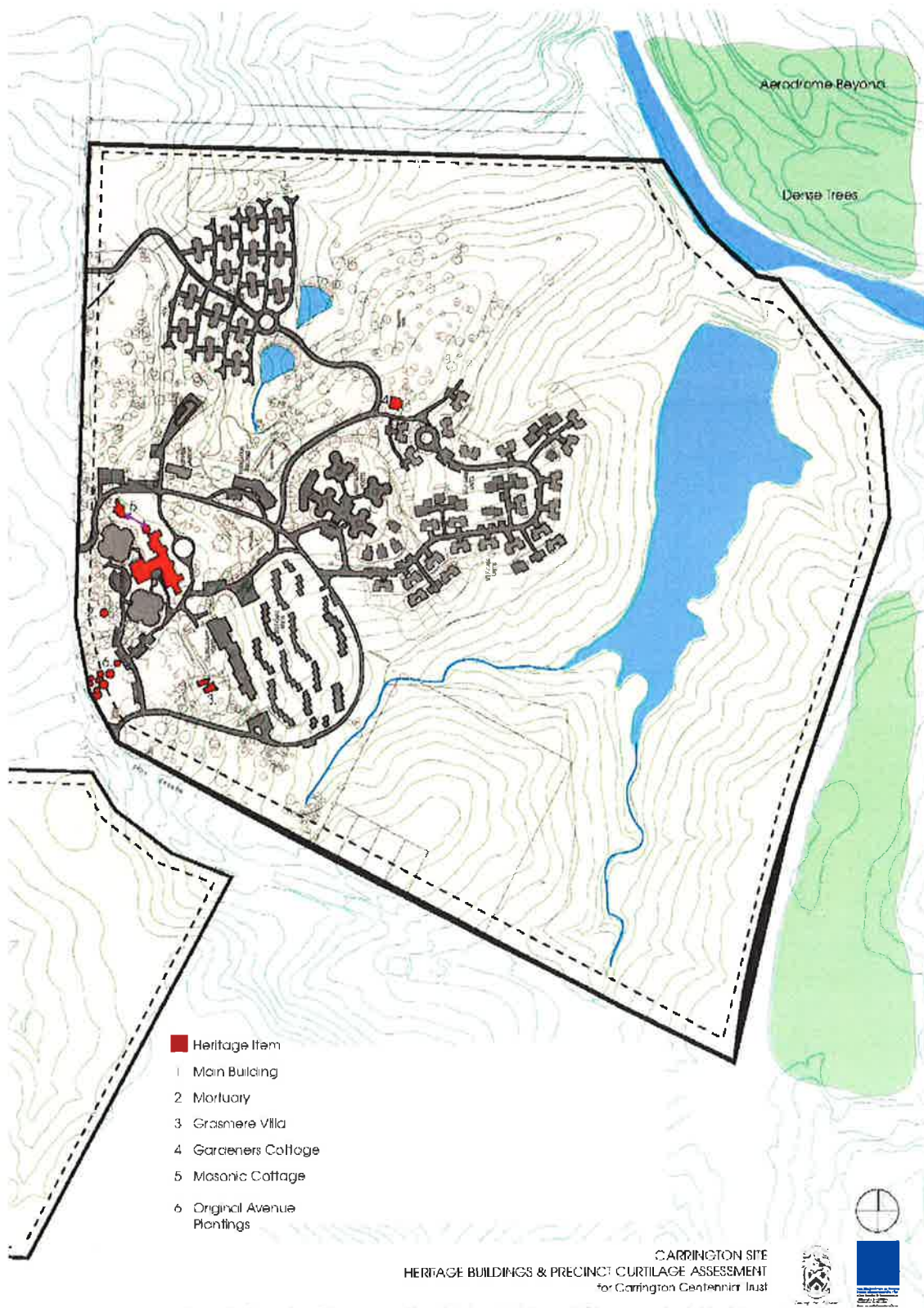


Figure 36 The location of the historic buildings and landscape elements within the boundaries of Carrington.

In 1863 Nightingale had argued that London hospitals were dangerous compared to provincial facilities, claiming that 24 London hospitals had mortality rates exceeding 90%, whereas rural hospitals had an average mortality rate of 13%. Although the calculation for comparing mortality rates has now been disputed, her recommendations for architectural changes to allow more air circulation and shifting hospital sites to fresher outlying environments as a way to reduce the number of deaths, and changing ward configuration were widely adopted, and demonstrated in Carrington Convalescent Hospital.

Main Building, Garden and Mortuary

These three elements were designed and constructed as the first stage of the Carrington Convalescent Hospital. The hospital is the main building on the site, and is situated on a rise, overlooking a formal garden area and grassland sloping down to the Nepean River. Its scale and position make the Hospital the focus of all development on the site. The buildings are designed in the Queen Anne style, and the garden exhibits characteristics of institutional gardens of that time.

The Hospital is a two-storey building, the main wing (garden front) being symmetrical about the central tower and entrance, with a rear section that houses the original dining room and service areas. The main wards are located at ground floor with access to covered verandahs, and views overlooking the garden and River setting. The wide verandahs are designed so that patients' beds could be wheeled out, and the gardens were designed and located to contribute to the 'restorative ambience' of the place.

The original Deed of Gift from Paling to the Colony of New South Wales stated the land and moneys were to be used for a hospital '*for convalescents and incurables*'. The Mortuary is physical evidence of this life/death cycle and a reminder of the original intention of the hospital as a place providing palliative care. It was usual practice to separate the mortuary from other buildings to reduce the spread of disease to patients, staff and visitors.

Masonic Cottage Hospital

The Masonic Cottage Hospital was constructed in 1889-90, and was originally intended as one of a group of cottage hospitals intended to surround the main hospital. The building was purpose built and is physical evidence of the approach to the treatment of convalescing patients in the late nineteenth century.

Gardener's Cottage

The Gardener's Cottage or River Cottage was constructed in 1892-93, and is evidence of the early operation of the Carrington Convalescent Hospital and the importance of garden and rural activities or small scale farming in ensuring the viability of the Hospital, as well as providing activities for patients. The Gardener's Cottage is located some distance from the main buildings, and was located near the original hospital garden.

6.2.5 Visual Links-Significant views and vistas

The heritage significance of some properties includes a visual link between them and a harbour, river, transport node, topographic feature, area of work or recreational area. The ability to interpret heritage significance is increased if the heritage curtilage can also maintain these links.

Grasmere Villa, and later Carrington and the Masonic Cottage Hospital, are located on a section of level ground near Werombi Road. The buildings are each constructed with their main elevations facing east, with expansive views over the Nepean River to the areas of woodland and pastoral land. The setting of Carrington Convalescent Hospital has changed over time, particularly the vegetation on and near the site and its impact on views from Carrington.

The siting of Carrington in the 1890s on an elevated location facilitated long-distance views to the woodlands adjacent to the Nepean River and partially obscured views to the spire of St John's Anglican Church at Camden.

The significant short –distance views on the site relate to visual links between buildings and views between buildings and the historic garden setting, and reinforce functional links. For example, the visual links between the main hospital building and the historic garden, and the views from the Masonic Cottage Hospital and the garden.

6.2.6 Scale

Care is needed to ensure that there is a satisfying proportional relationship between heritage items and the area of land proposed as a curtilage.

Carrington Convalescent Hospital was designed as a major building in a large rural landscape. The original setting of the Hospital doubled following the resumption of Water Lane and the expiration of the lease of Grasmere Villa to the Paling Family.

Carrington Convalescent Hospital was designed to be, both physically and symbolically, the focus of the site. The importance of the main building is reinforced by its size and configuration, the layout of the roads, paths and garden and its elevated position within the site. Its tower dominates the historic precinct and is visible from other locations within the boundary of 90 Werombi Road, and is also visible from the newly developed residential areas of Grasmere. With the exception of the main hospital building, all other structures were built as a single storey.

Recent buildings within the boundary of Carrington have been constructed as single- or two-storey buildings, where the second floor is accommodated by the existing fall of the land.

6.2.7 Significant Features

Significant features may have historical, aesthetic, scientific, or social importance that contributes to the heritage significance of the property.

The site contains a number of items that have heritage significance, either individually, or as an assemblage. The main heritage items on the site are shown on Figure 2, and include:

- Carrington Convalescent Hospital
- Former Mortuary
- Masonic Cottage Hospital
- Gardener's Cottage
- Grasmere Villa
- Historic garden, remnant driveway and avenue plantings

6.2.8 Significant Vegetation and Topography

Trees or shrubs may be the sole remnants of original gardens, avenues or perimeter and feature planting. They may have historical, aesthetic and scientific value for such reasons and may be significant in their own right. It may be necessary to retain plantings to frame or screen heritage items.

The site of Carrington Convalescent Hospital contains a number of trees and landscape elements that are contemporary with the main buildings, dating from the 1890s. While the road and pedestrian path network has been altered, resulting in the partial loss of original access routes, some original plantings have survived. These trees, which have been identified as cultural plantings by Camden Council¹²³, contribute to the character of the Carrington Convalescent Hospital and assist in the interpretation of its original setting, include:

- Hoop Pines (*Araucaria cunninghamii*)
- Bunya Pines (*Araucaria bidwillii*)
- Pepper Trees (*Schinus areira*)
- Jacarandas (*Jacaranda mimosifolia*)
- Kurrajongs (*Brachychiton populneum*)
- Washington Palm (*Washingtonia robusta*)

The site contains areas of indigenous woodland and riparian landscapes that are to be retained in keeping with the Camden Council Natural Assets Policy. These woodland, herbaceous marsh grasses and riparian landscapes are likely to provide a diverse range of wildlife habitats. The indigenous woodland present on the site acts as a 'green corridor' enabling wildlife to move from site to site (including across Werombi Road).

The existing mature trees can be seen in the short-, medium- and long-distance views to and from the Carrington Convalescent Hospital and contribute to the local amenity of the area, particularly the recent residential development in the

¹²³ Camden Significant Tree and Vegetated Landscape Study. Prepared by Landarc Landscape Architects, June 1993 for Camden Council. P.134-137. (Note the reference to Carrington Hospital & Retirement Village gives the address incorrectly as Ellis Lane)

vicinity. In addition, the woodland areas provide attractive pedestrian routes, especially for elderly residents, as they are free of traffic.

The woodland vegetation at Carrington has generally regenerated as secondary woodland as documentary evidence indicates large sections of the site were cleared by the 1840s when the land was used for the cultivation of crops, such as corn, by tenant farmers. Photographs of the grounds of the Carrington Convalescent Hospital taken around 1900 show the early plantings associated with the historic landscaped setting, and as early as 1892, the Annual Report for the Hospital noted the *"flower garden has been extended and forms a pleasing ornamental feature in front of the hospital. The grounds in the neighbourhood of the hospital have been largely cleared of stumps and otherwise improved."*

The configuration of the historic garden has survived largely intact, although some of the architectural detail, such as stone retaining walls, gutters and edging, has been replaced rather than being repaired in the past. Shrubs and trees have matured and are larger than intended in the original garden design concept. The main entrance to Carrington from Werombi Road changed in 1978, when Water Lane was resumed and incorporated into the site. The main entrance was relocated to the former intersection of Water Lane and Werombi Road.

6.2.9 Archaeological Features

A number of potential archaeological deposits were identified in reports prepared by

- Case & Lowe Pty Ltd – Historical archaeology
- Archaeological & Heritage Management Solutions Pty Ltd – Indigenous archaeology

Consultant Archaeologists carried out a preliminary archaeological assessment of both 90 Werombi Road and 5 Smalls Road, Grasmere, in September 2004.

That preliminary assessment identified potential archaeological deposits within a localised area on the southern allotment (5 Smalls Road, Grasmere), primarily associated with the former cottage and vineyard.

The subfloor areas of Carrington, the Masonic Cottage Hospital, the Gardner's Cottage and Grasmere Villa may also contain some limited deposits. As the Carrington Group generally demonstrate historic, associative and social significance sufficient to warrant inclusion in the NSW State Heritage Register, it is assumed that any sub-floor deposits will be assigned the same level of significance.

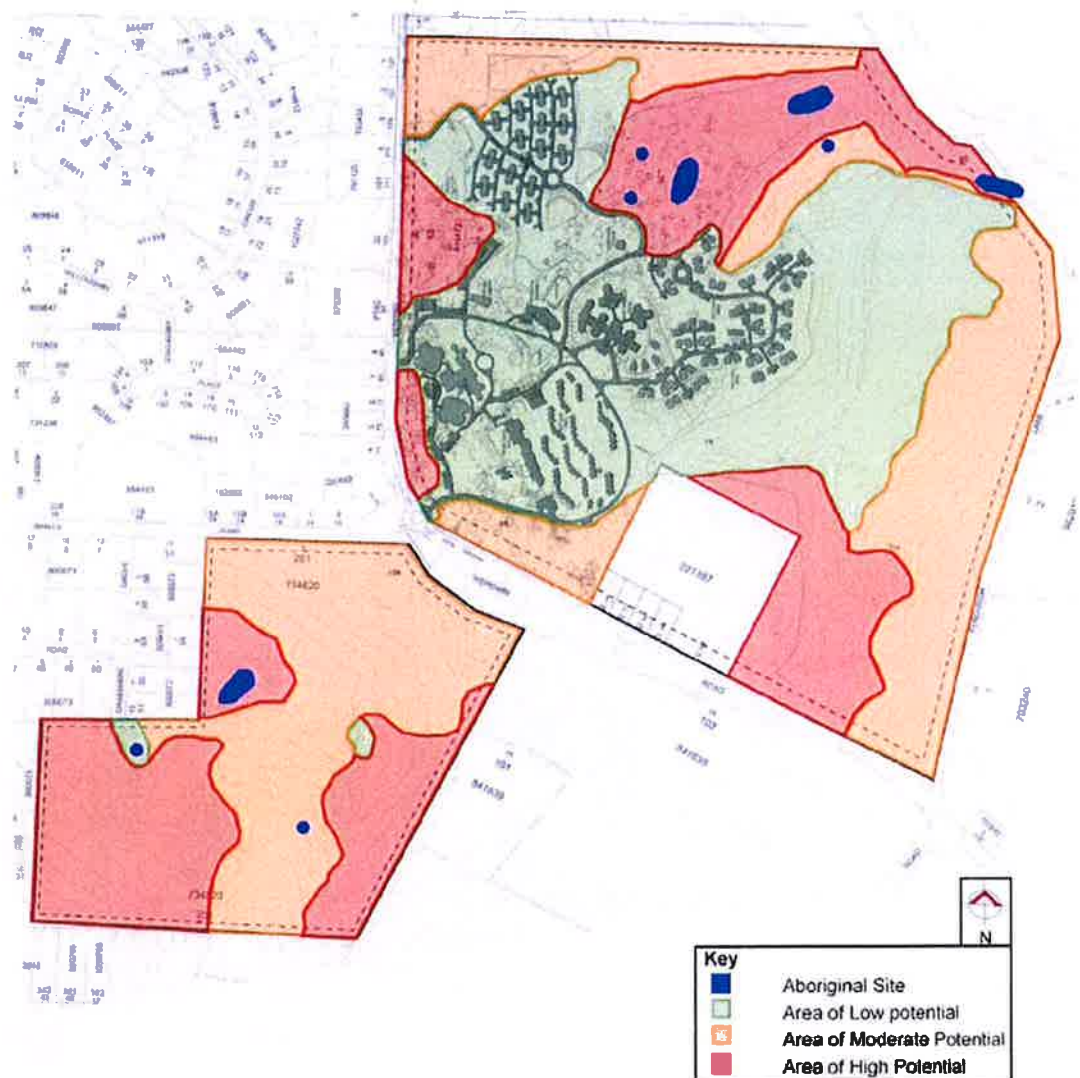


Figure 37 Plan showing the various zones of archaeological potential across within the boundary of Carrington Nursing Home.

Source: Archaeological & Heritage Management Solutions Pty Ltd, March 2005.

7.0 RECOMMENDATIONS

7.1 General

The Carrington Convalescent Hospital has state significance as the first purpose built convalescent hospital in New South Wales. Together with the Thomas Walker Convalescent Hospital it is one of two extant late nineteenth century convalescent hospitals in New South Wales. The Carrington Convalescent Hospital group, including the buildings and garden setting demonstrate the design and operation of a late nineteenth century convalescent hospital in New South Wales.

Following a legal challenge to the original terms of the Deed of Gift, much of the original 450-acre property was subdivided and subsequent development within the boundary has compromised the historical integrity and setting of Carrington.

It is proposed that a core historic precinct be established containing key heritage items. Where other heritage items have been isolated from the main precinct by physical distance and the construction of new buildings, it is recommended that a zone be established to protect the heritage significance of those elements.

7.2 Recommended Reduced Heritage Curtilage

This Heritage Curtilage Assessment has assessed the cultural heritage significance of all the buildings with the boundary of Lot 10 of DP 845472 Parish of Camden, County of Cumberland, taking into account the recommendations made by specialist landscape consultants and the Camden Council Register of Significant Trees.

The primary significance of the site is that it contains the first purpose-built convalescent home in NSW. The main evidence of this activity is embodied in three buildings, namely:

- Carrington Convalescent Hospital
- Masonic Cottage Hospital
- The former Morgue

River Cottage was built on the site to complement the Hospital function of the site, and is evidence of the self-sufficiency of the Hospital, as well as the importance of gardening activities in the recuperative process. River Cottage has been physically and visually isolated from the main hospital buildings and no longer forms part of the immediate setting of Carrington Hospital. The original setting of the Cottage has been altered, and the functional requirement for partial self-sufficiency, in terms of providing fruit and vegetables, no longer exists.

Grasmere Villa was not designed as part of the Carrington Convalescent Hospital Group, but was utilised by the Hospital following the Paling family's occupation. This building predates the hospital, and was used by the hospital

for patients, and later as staff accommodation. Grasmere Villa has historical and associative significance at the local level as a representative example of a small late nineteenth century residence. The immediate setting of Grasmere Villa has been altered, and the building now stands separate from all other buildings in a grassed area, with no defined heritage curtilage.

Heritage curtilages should contain evidence of any cultural associations as well as providing a visual and aesthetic context for the item. Given this, the existing pattern of development on the site, and that the primary significance of the Hospital Group is that it was constructed as the first purpose-built convalescent hospital in New South Wales, the inclusion of Grasmere Villa and River Cottage is not essential to understanding the significance of the Hospital, or its visual or aesthetic context.

It is recommended that the reduced historic curtilage shown in Figure 38 be adopted, to ensure the heritage significance of the Carrington Convalescent Hospital is retained and that the impact of any future development within the boundary of the site is minimised. A six-metre wide 'buffer' zone of vegetation is recommended around the reduced heritage curtilage to protect the immediate setting of the road defining part of the heritage curtilage.

The area nominated as the reduced heritage curtilage retains the Carrington Convalescent Hospital, the Masonic Cottage Hospital, former Mortuary, remnant driveway and garden setting, being the landscaped area associated with the original Carrington Hospital for Incurables and Convalescents.

The proposed reduced heritage curtilage will:

- Preserve the heritage significance of the buildings and setting in keeping with the principles contained in the Burra Charter.
- Preserve important historic landscape elements.
- Preserve existing visual links between the historic buildings and its garden setting.
- Allow the heritage significance of the site to be interpreted.

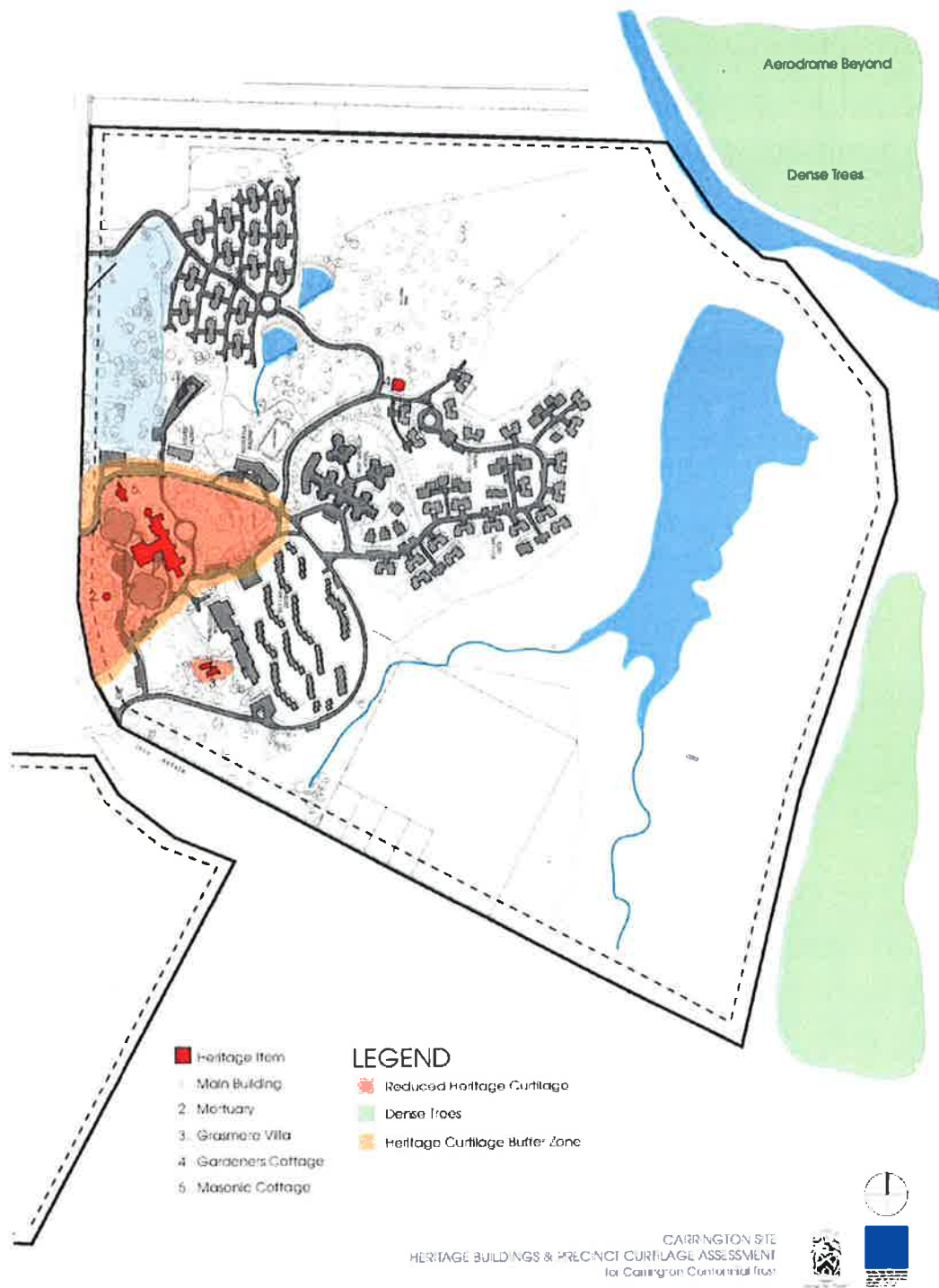


Figure 38 Plan showing the recommended reduced heritage curtilage for Carrington Convalescent Hospital, Camden NSW.

7.3 Planning Principles and Implementation

7.3.1 Generally

The following section sets out the main planning principles for each of the major assemblages within the boundary of the Carrington Convalescent Hospital, and a list of objective to be considered in achieving the principles.

7.3.2 Historic Buildings

Planning principle and objectives

- Retain and re-use heritage buildings.
- Adapt the historic buildings to meet current Building Code of Australia requirements.
- Ensure compatible uses for existing heritage buildings and spaces.
- Interpret significant periods of development within the site, demonstrating historic themes outlined in the Conservation Management Plan prepared for the Carrington Convalescent Hospital.

Implementation

Prepare a Conservation Management Plan for the Main Hospital Building and Conservation Management Strategy for the Cottage Hospital building to guide:

1. Acceptable adaptation of internal spaces
2. Removal of intrusive elements
3. Future maintenance provisions

Prepare and implement an interpretation plan for the site in coordination with existing interpretation programs located within the Hospital and other buildings within the grounds

7.3.3 Historic landscape

Planning principles and objectives

- Protect the original garden setting to the north east of Carrington Convalescent Hospital by removing intrusive structures and vegetation.
- Reinforce the character of the landscape by new plantings, repair of original retaining walls, garden beds garden edges and kerbs.
- Replace exiting garden furniture with new family of furniture
- Upgrade croquet lawn
- Provide new planting where appropriate to screen visually intrusive structures and elements on the site.
- New plantings in the historic precinct should be in keeping with the original landscape design.
- Retain the formal garden area adjacent to the Carrington Convalescent Hospital as a pedestrian precinct.
- Screen parking areas from important vistas from Carrington Convalescent Hospital.
- Relocate existing carports from existing heritage precinct.
- Assess archaeological impact prior to works being undertaken, particularly where excavation is to occur.

Implementation

New plantings within the reduced heritage curtilage should be in keeping with the historic landscape design including the siting of trees and shrubs, and chosen species and forms, and features like paths, hedges and borders.

Where necessary, cuttings should be taken from historically important trees and shrubs to grow identical replacements.

Problem plant species, or those that become invasive, may need to be controlled or eradicated to preserve the historic importance or improve the general appearance of the immediate historic setting.

7.3.4 New Development

Planning principles and objectives

- New low scale development should be permitted within the boundary of the site, but should not be allowed in the landscaped area to the northeast of Carrington Convalescent Hospital, provided its height and location take into account important views to and from heritage items.
- New infill development can be located in compromised section of the heritage precinct, provided it takes into account the scale, massing, materials, form and details of the original buildings and landscape. The appearance of new buildings should be appropriate to the time of development; mere replication of buildings is not encouraged.

Implementation

Prepare a Masterplan for the site, taking into consideration the recommended reduced heritage curtilage, to determine the location of potential development within the boundary of Carrington Convalescent Hospital.

7.3.5 Access, circulation and parking

Planning principles and objectives

- Retain the existing entrance to the site, and maintain a major address relating to all forms of transport.
- Retain evidence of original circulation in the heritage precinct and repair, restore, reinstate and interpret the layout where possible.
- Prepare the detailed design of car parking areas adjacent to, or within, the reduced heritage curtilage in consultation with heritage and landscape specialists when required under the staged Mastreplan.
- Provide adequate car parking consistent with the needs, location and planning policies.
- Establish an on-site movement system that provides for:
 - Optimum pedestrian movements
 - User vehicles access, egress and parking
 - Service vehicles
 - Disabled access
 - Safety and security

Implementation

Prepare a Landscape Management Plan as part of the Masterplan for the site, and landscape new and existing car parking areas in compliance with it.