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185 Fox Valley Road, Wahroonga

Interpretation Strategy



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# Introduction

# 1.0

## 1.1 Background

Interpretation of heritage places and items of significance is a way to facilitate the dissemination of information into communities and cultures, and allows the values and physical fabric of items, buildings, or landscapes to be explored, understood and appreciated in an appropriate and respectful way by both the local community and by visitors. Interpretation can be expressed in a variety of forms that enables the significance of the item or place, and its role within a wider context, to be handed on to future generations. Interpretive devices not only address the fabric of the place, but endeavour to explore and transmit historical, social, aesthetic, spiritual and scientific elements that may not be readily visible to the audience. An Interpretation Plan or Strategy is defined by the NSW Heritage Office as:

*A document that provides the policies, strategies and detailed advice for interpreting a heritage item. It is based on research and analysis and plans to communicate the significance of the item, both during a conservation project and in the ongoing life of the item. The plan identifies key themes, storylines and audiences and provides recommendations about interpretation media. It includes practical and specific advice about how to implement the plan.*

A forecast of the potential audience helps to direct the media choices for the interpretative message. This audience assessment guides the use of the interpretive resource material. Successful interpretation of appropriate material increases accessibility, reinforces cultural significance, and promotes a sense of respect and appreciation.

A vital tenet of heritage principles relating to conservation and interpretation is access to the cultural significance of the places we seek to protect. Physical access to such places is not always possible or practicable. As an outcome of such limitations, publicly accessible interpretation of the cultural heritage significance of the site is crucial to providing an understanding of, and access to, the place.

## 1.2 Context of the Report

This Interpretation Strategy addresses the following item of the Draft Statement of Commitments for Major Project (MP) 07\_0166 Concept Plan for Wahroonga Estate, as noted in the Wahroonga Estate Redevelopment Incorporating Sydney Adventist Hospital Final Preferred Project Report and Concept Plan, January 2010. The commitment states:

*An interpretation strategy is to be prepared for the Sydney Adventist Hospital and associated buildings. It is to refer to identified historic themes and provide guidance in the development of a meaningful interpretation of the site. Contributing interpretive elements, including archival photographic recording and recovered relics, are to be housed on site, preferably in the 'Bethel' Museum.*

The Minister for Planning declared the proposal to be a Major Project under Part 3A of the *Environmental Planning and Assessment Act 1979* on 12th December 2007 and authorised the submission of a Concept Plan and State Significant Site study. The proponent, Johnson Property Group, prepared a State Significant Site study and Environmental Assessment (EA) to support the Concept Plan and submitted the Major Project application (MP07\_0166) to the NSW Department of Planning. This was approved by the Director General on 14 May 2010.

The overall proposal comprises upgrading and expansion of the hospital, private dwellings, senior's housing, student accommodation, and educational facilities, commercial and retail development and roadworks/infrastructure upgrade.

This Interpretation Strategy, comprising a framework that incorporates both Plan and Strategy, has been prepared in relation to the main hospital precinct, which includes the Shannon Wing, Bethel House and the Maternity Wing. A separate Interpretation Strategy is to be prepared at a later stage for the remaining site and buildings including the residences and buildings along Fox Valley Road and the heritage listed Administration Block.

This Interpretation Strategy has been undertaken in accordance with heritage best practice. It provides a foundation for the preparation of interpretive devices, including selection of appropriate media, siting of devices, material specification

and suggested image and text content. It takes into consideration the contextual history and development of the overall site and hospital buildings, the cultural significance of specific buildings and associated historical themes.

## 1.3 Principles and Processes

### 1.3.1 Application of The Burra Charter

The Australia ICOMOS Charter for the Conservation of Places of Cultural Significance (known as *The Burra Charter*) is widely accepted in Australia as the underlying methodology by which all works to any sites/buildings, which have been identified as having national, state, regional or local significance are undertaken.

### 1.3.2 Consistent Terminology

In order to achieve a consistency in approach and understanding of the meaning of conservation by all those involved a standardised terminology for conservation processes and related actions should be adopted. The terminology in *The Burra Charter* is a suitable basis for this.

The following terms apply to the historic fabric of the site and are included here to assist in understanding of the intent of the conservation requirements in this section.

**Place** means site, area, land, landscape, building or other work, group of buildings or other works, and may include components, contents, spaces and views.

**Cultural significance** means aesthetic, historic, scientific, social or spiritual value for past, present or future generations.

**Fabric** means all the physical material of the place including components, fixtures, contents, and objects.

**Conservation** means all the processes of looking after a place so as to retain its cultural significance.

**Maintenance** means the continuous protective care of the fabric and setting of a place, and is to be distinguished from repair. Repair involves restoration or reconstruction.

**Preservation** means maintaining the fabric of a place in its existing state and retarding deterioration.



**Restoration** means returning the existing fabric of a place to a known earlier state by removing accretions or by reassembling existing components without the introduction of new material.

**Reconstruction** means returning the place to a known earlier state and is distinguished from restoration by the introduction of new material into the fabric.

**Adaptation** means modifying a place to suit the existing use or a proposed use.

**Use** means the functions of a place, as well as the activities and practices that may occur at the place.

**Compatible use** means a use, which respects the cultural significance of a place. Such a use involves no, or minimal, impact on cultural significance.

**Setting** means the area around a place, which may include the visual catchment.

**Related place** means a place that contributes to the cultural significance of another place.

**Interpretation** means all the ways of presenting the cultural significance of a place.

## 1.4 Site Identification

The hospital site is located within the Wahroonga Estate, which is a 62.4 hectare site managed by the Australasian Conference Association (as property trustees of the Seventh Day Adventist Church).

It is known as 185 Fox Valley Road and is identified by the NSW Department of Lands as Lot 62 DP 10175814.



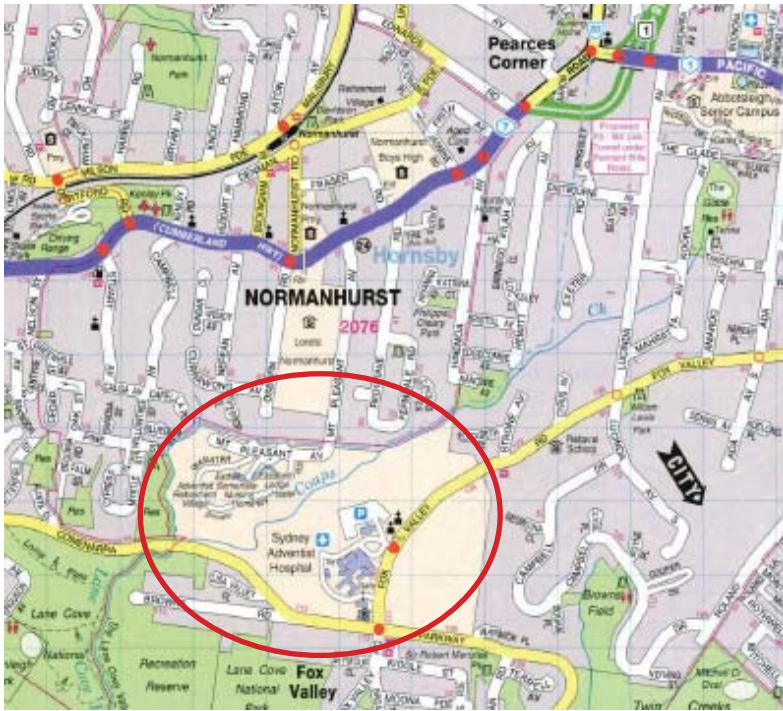


Figure 1.1: Location of the Sydney Adventist Hospital  
Source: UBD 2009

## 1.5 Heritage Management

The proposed development, being a Major Project (Part 3A), is not subject to the heritage provisions of the local Council's statutory framework and controls. A heritage impact statement was prepared for the Wahroonga Estate Redevelopment by Australian Museum Business Services in February 2009. In relation to the current proposal, Graham Brooks and Associates Pty Ltd have been engaged to prepare heritage impact statements, archival recordings and interpretation strategies for individual precincts and affected historic buildings on the Sydney Adventist Hospital site.

## 1.6 Methodology and Structure

This Interpretation Strategy has been based on the guidelines determined by the NSW Department of Planning's Heritage Branch for the production of Interpretation documentation.

Methodology for this Strategy involved determining significance of the site, fabric and context, identifying available historical material and synthesizing these aspects into core strategies for interpretation.

## 1.7 Documentary and Photographic Sources

Documentary material for this report has been sourced principally from

- A. Patrick, *The San: 100 years of Christian Caring, 1903-2003* (2003)
- R. Numbers, *Prophetess of Health: Ellen G. White and the Origins of Seventh-day Adventist Health Reform* (1992)
- Australian Museum Business Services, Wahroonga Estate Redevelopment Heritage Impact Assessment (February 2009)

Unless otherwise specified, images of interpretive elements have been sourced from the GBA Interpretation Collection. Contemporary images of the site were taken during site inspections by Graham Brooks and Associates in June 2010, unless otherwise specified. Historical images, maps and/or plans have been reproduced from existing reports and publications relating to the Sydney Adventist Hospital, or from agencies including the State Library of New South Wales and the New South Wales Department of Land and Property Information.

## 1.8 Limitations

The information and historical images in this Strategy have been principally sourced from existing reports and published material relating to the Sydney Adventist Hospital and the Seventh Day movement. Additional primary historical research has not been carried out for the purposes of this Interpretation Strategy.

Given the lack of aboriginal artefacts directly associated with the site, this Interpretation Strategy is limited to consideration of the European phases of use. Similarly, as site excavation works have not yet commenced, discussion of archaeological artefacts is necessarily limited.

Due to time constraints, there was limited opportunity to assess the historical artefacts, documents and ephemera stored at Bethel Cottage in the Merritt Kellogg Museum Collection.

## 1.9 Authorship

This Interpretation Strategy has been prepared by Dr Christina Amiet, senior heritage consultant, of Graham Brooks and Associates, Pty Ltd.

# Historical Outline

# 2.0

*The following historical context (sections 2.1 - 2.2) has been reproduced and where appropriate condensed from the Wahroonga Estate Redevelopment Heritage Impact Assessment, prepared by Australian Museum Business Services (AMBS) for the Johnson Property Group.*

## 2.1 Background

Shortly after the land of the First Fleet in 1788, Captain John Hunter and Captain Arthur Phillip led expeditions north of Sydney into the tribal lands of the Guringai people searching for fresh water and land suitable for agriculture. Initially, the Ku-ring-gai area was exploited for timber by both land grantees and timber contractors. Timber contractors and timber-getters leased large tracts of land and cleared the area of timber suitable for building purposes; often using convict labour. William Henry was the first white settler in the area, occupying land called Millwood Farm on Blue Gum Creek by 1814. By the 1820s, Joseph Fidden had become a ferryman rowing sawn timber from government sawpits on the Lane Cove River to Sydney and dropped off supplies to settlements on his way back. Fidden established a wharf (Fidden's Wharf) on the Lane Cove River which was known as a supply source for sly grog and other provisions.

The earliest defined roads in the area were the Lane Cove Road (later Gordon Road then the Pacific Highway) and the road to Pittwater, now Mona Vale Road. The Lane Cove Road was a track formed along a known Aboriginal route along the ridge identified as the 'spine' between the main waterways of Middle Harbour and the Lane Cove River. From 1805 when the first land grants in the area were surveyed they were located to either side of the spine.

After land in the area was cleared of timber, some permanent settlements were established where grantees planted orchards. Settlement then focussed on locales such as Pymble, where Robert Pymble, one of the first and most influential settlers, had taken up permanent residence on his land grant of 600 acres in what is now the suburb of Pymble, and Gordon where John Brown who was known as the Squire and had been a successful timber-getter, resided on his holdings as an orchardist.

Much of the land remained as large grant portions until 1876, when smaller holdings were subdivided into Lots of 10-40 acres and farmed as orchards or market gardens. The arrival of the railway in 1890 saw further subdivisions of the larger holdings. Townships developed along the railway alignment with a proliferation of subdivisions encouraging urban development clustering around the stations. Subdivided blocks tended to be half acre lots close to the stations, allotments of one to four acres were further from the railway line and larger blocks, featuring large residences, on the periphery. By 1893, the railway line efficiently connected these northern settlements to the city via Milsons Point. Businesspeople and professionals, keen to escape the congestion and relatively unhealthy living conditions of inner city suburbs, were attracted to the area. Townships developed their own infrastructure, including schools, shops and churches. Each subdivision created a massive increase in population.

A feature of the Ku-ring-gai district is that it has designated space for parkland bordering on residential development; these include the Ku-ring-gai Chase Parkland reserved in 1896, Fiddens Wharf Reserve on the Lane Cove River and Davidson Park at Middle Harbour. By 1953, Ku-ring-gai Council had adopted a proposal that no land in the area should be zoned industrial and that corridors of bush should be retained along creek routes. The housing styles characterising the area include examples of Federation, Georgian Revival, Californian Bungalow, Spanish Mission and Stockbroker Tudor in the inter war period of the 1920s and 30s. The post war period saw the continued expansion of the area with further population increases, although the subdivision had slowed. The general pattern of residential development of the area is that of large single dwellings with leafy gardens on large blocks of land surrounded by areas of native bushland.

## 2.2 Fox Valley, Wahroonga

The Fox Valley Road lies within the Parish of Gordon in the Fox Valley area of Wahroonga. In the Aboriginal (Guringai) language Wahroonga means “our home” and Fox Valley Road was named for John Brown’s Fox Ground estate.<sup>1</sup> Fox Valley Road is one of the earliest roads in the area as shown on Mitchell’s 1835 Parish of Gordon map and the Wells county of Cumberland map of 1840, and was well defined by 1859 when allotments were sold in the area.

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1 I. Ramage, *Wahroonga, Our Home*, p. 166.

One of the earliest landholders in the vicinity was the emancipist, Thomas Hyndes. From 1803, Thomas Hyndes was squatting on an area of land at Lane Cove, which he was exploiting for timber-getting. Hyndes was forced to move from the land, as it had been granted to Robert Pymble, but was subsequently granted 640 acres in 1838, in what is now known as Wahroonga. By the 1840s, he had increased his holdings to 3,000 acres by leasing 2,000 acres, which was later granted to John Terry Hughes. Fox Valley Road passed through Hyndes' leasehold, cutting through to the Lane Cove Road. Other grantees and landholders in the area included John Terry Hughes, Frederick Wright Unwin, Samuel Henry Horne, Aaron Pierce and John Brown. In 1857, John Brown purchased more land in the vicinity and eventually acquired Hyndes' original grant of 640 acres. On the 1893 Parish map, this parcel of 640 acres was named the Fox Ground Estate. By the 1850s timber-getter John "Squire" Brown, had established a sawmill on Browns Road (now the Comenarra Parkway) adjacent to his holdings. Timber-getting, as well as being a lucrative source of income, was a common means of opening up and preparing land for settlement, with bullock drays transporting timber to wharfs, such as Fidden's or Hyndes, on the Lane Cove River to be transported to Sydney. The remains of Brown's timber business were demolished in 1980.

To the north of Fox Valley Road in 1857, Charles Leek purchased land and started fruit growing on land previously owned by Samuel Horne. Part of this property later formed the Leeks Orchard Estate Subdivision, which included the establishment of Elizabeth Street and Strone Avenue adjacent to the [Wahroonga Estate Redevelopment] study area.

By the 1860s, settlement in the area had developed around Pearce's Corner where two roads intersected (modern day Pennant Hills Road and the Pacific Highway). The coming of the railway in 1890 further encouraged settlement with the Census of 1891 showing 57 residents in the area, and by 1911 this had increased to 350 residents.<sup>2</sup>

In the early 1900s, residential settlement at Wahroonga comprised large houses, with extensive gardens, on blocks of three to twenty acres with half-acre residential blocks developing along main thoroughfares. Some of the very large estates were eventually acquired by churches and schools whilst others were subdivided.<sup>3</sup> Some of these grant estates survive, albeit in a modified form, such as Mahratta and Puru-

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2 Ramage, *Wahroonga*, p.17.

3 Ramage, *Wahroonga*, p.17.



lia. Mahratta is located at the corner of Fox Valley Road and the Pacific Highway and Purulia is at 16 Fox Valley Road.

By 1917, subdivision along the east side of the Fox Valley Road appears in the Gordon parish map, indicating that the Leek's Orchard Estate was subdivided and sold in the early twentieth century.

The Fox Valley area south of Browns Road remained largely bush and farmland until the late 1950s but was well developed into a residential area by 1974, when the Comenarra Parkway was completed.

### 2.3 Ellen White and the Seventh Day Adventist Church

Ellen Gould White (1827-1915), regarded as “*one of the more important and colourful figures in the history of American religion*”; and “*one of the most fascinating and controversial personages ever to appear on the horizon of religious history*”, was a key co-founder of the Seventh Day Adventist Church, an offshoot of the Sabbatarian Adventist Movement. As a Seventh Day prophet, White advocated Christian values and became an influential figure through both her preaching and her prolific writing and publications, which addressed topics ranging from vegetarianism, theology, Christian lifestyle, health, the temperance movement, and education.

Raised within a Methodist family, Ellen Harmon was introduced to the Millerite movement in 1840. She became an adherent of William Miller who preached of a “world in decay” and the Second Coming of Christ in “about the year 1843.”<sup>4</sup> Whilst an active member of the Millerite congregation, Ellen was introduced to her future husband and Seventh Day co-founder James Springer White. In 1844, after the Second Advent had failed to materialise as predicted by Miller (known as the “Millerite Great Disappointment”), White reportedly experienced her first prophetic vision, and throughout the next two decades White became revered for her visions and publications that reinforced the messages underpinning her prophetic ministry.

In 1863, James and Ellen White, together with a small number of co-founders, broke away from the Millerite movement and established the Seventh Day Adventist Church. They diverged owing to a different interpretation of the message to be

<sup>4</sup> R. Numbers, *Prophetess of Health: Ellen G. White and the Origins of Seventh-day Adventist Health Reform*, p.5.



Figure 2.1: Ellen Gould White

Source: Numbers, *Prophetess of Health*

read from the 'Great Disappointment,' the 'Pre-Advent Divine Investigative Judgement', which taught that the judgement of God's professed people began on October 22, 1844, formed the basis of the Seventh Day Adventist doctrine. A vision that White had in 1863, which occurred during a visit by James and Ellen White to Michigan workers,<sup>5</sup> showed the group the appropriate spiritual path to God. As the group prayed, Ellen White reportedly experienced a vision showing the attainment of spirituality through physical health and purity, of the importance of following right principles in diet, in the care of the body, and of the benefits of nature's remedies—clean and unpolluted air, sunshine, regular exercise and pure water.

In the months that followed, as health was seen to be a part of the message of Seventh-day Adventists, a health educational program was inaugurated. An introductory step in this effort was the publishing of six pamphlets of 64 pages each, entitled, *Health, or How to Live*, compiled by James and Ellen White. Rather than aiming at a simple reform of nineteenth century health and hygiene, the Whites promoted personal hygiene and purity principally as a requirement for entry into heaven, and only secondly as a means of living a more enjoyable life on earth.<sup>6</sup>

White's idea of health reform included shunning 'stimulating' foods such as meat, and advocating vegetarianism in an age where meat formed the basis of all meals, championing the practice on spiritual and moral grounds.<sup>7</sup> Other substances to be avoided included tobacco, alcohol and the ministrations of drug-dispensing doctors, relying on prayers rather than physicians. White also extolled the benefits gained from hydropathy, and the adoption of "short" skirts and pantaloons for women.<sup>8</sup>

White campaigned steadily throughout her life for the improvement of health and nutrition, as well as healthy eating and a balanced diet; in other areas, such as medicine, she gradually moderated her stance. Her views were shared by many reformist organisations, such as the Temperance Society<sup>9</sup> and various health movements led by crusaders including Sylvester Graham. When White began campaigning for proper nutrition and healthy lifestyles in 1864, the average life expectancy in the United States of America was 32 years of age. Typically, meals were served three, four, and even five times a day; they were heavily spiced, contained

5 E. White, *Counsels on Diet and Foods*, p.481.

6 Numbers, *Prophetess of Health*, p.61.

7 E. White, *Ministry of Healing*, p.315.

8 Numbers, *Prophetess of Health*, p. xiv; 33..

9 Numbers, *Prophetess of Health*, p.37.



gargantuan amounts of meat, were laden with rich gravies, fried foods saturated in butter and lard, and finished off with pastries which contained high amounts of sugars and fats. Fruits and green vegetables, by contrast, were ranked low in dietary considerations.<sup>10</sup> In *Counsels on Diet & Foods*, White denounced these eating habits, on the basis that such foods created “a feverish condition in the system, and inflame[d] the animal passions.”<sup>11</sup>

Like Sylvester Graham, White abhorred these ‘irritating substances’ on the domestic table, and ruled out consumption of spices and condiments including pepper, mustard, salt, tea and coffee.<sup>12</sup> With numerous reform societies espousing some or all of these values, it was often difficult for mainstream society to distinguish between the various religious and non-religious groups; “the vegetarians, phrenologists, water-cure doctors, and anti-tobacco, anti-corset, and temperance people” so frequently crossed paths that “they began to look like participants in a single reform movement.”<sup>13</sup>

Early in 1866, responding to the divine directive given to Ellen White on Christmas Day in 1865 that Seventh Day Adventists should establish a health institute for the care of the sick and the imparting of health instruction, plans were laid for the Western Health Reform Institute, constructed at Battle Creek. This opened in September 1866, fulfilling White’s goal of founding an Adventist water cure where Sabbath-keeping invalids could be treated in an environment that was compatible with their faith.<sup>14</sup> The Battle Creek facility also served as a training ground for nurses, who were taught Adventist principles and practices in the hopes of their serving as missionaries in the future, disseminating the Adventist message throughout the wider community. The Battle Creek Sanitarium promoted holistic methods, with a focus on nutrition and exercise, and included treatments such as hydropathy (which was a reflection of the wider “American water-cure craze”);<sup>15</sup> the facility was managed by superintendent and fellow Seventh Day Adventist, Dr John Harvey Kellogg, who became a household name with his Corn Flakes. The founding of the Sanitarium Health Food Company, similarly, arose from Adventist health principles.



Figure 2.2: The early Battle Creek Sanitarium

Source: Numbers, *Prophetess of Health*

10 Numbers, *Prophetess of Health*, p.48.

11 E. White, *An Appeal to Mothers*, pp.19-20

12 Numbers, *Prophetess of Health*, p.53.

13 S. Ditzion, *Marriage, morals, and sex in America*, p.328.

14 Numbers, *Prophetess of Health*, p.102.

15 Numbers, *Prophetess of Health*, p.64.

As part of her later ministry, the widowed Ellen White spent time in Europe and the South Pacific as a missionary, and based herself in Australia and New Zealand from 1891 to 1900.<sup>16</sup> The force of her personality evidently left a deep impression on the Australian colonies; in 1899 the *Hobart Mercury* described her as a “*voluminous writer... a constant speaker, and she must be accounted an extraordinary woman.*” Her success was reflected in the fact that even as far away as Tasmania, the Battle Creek Sanitarium was a well known institution, as “*the largest hydropathic and vegetarian sanitorium in the world, and this is a monument of her foresight and energy.*”<sup>17</sup>

After returning to America in 1900, she continued her publication and ministry work until her death in 1915.

## 2.4 The Seventh Day Adventists in Australia

In 1865, a group of Seventh Day Adventists led by Stephen Haskell sailed from America to Australia, ostensibly visiting Melbourne for a short period before advancing the Adventist cause in New Zealand and England. A contingent settled in Melbourne, establishing a publication company to help circulation of their tracts, and from 1886 producing a monthly periodical, *The Bible Echo and Signs of the Times*.<sup>18</sup>

By 1890 the Adventists had a second base, initially a modest enterprise at Ashfield in Sydney. As part of the promotion of their Christian lifestyle in the Australian context, the Adventists established schools and after some years of discussion, formed the Sanitarium Health Food Company, enticing an American baker to Australia in 1897 to produce the first ready-to-eat breakfast cereal and officially forming the company in 1898.<sup>19</sup> A Bible training school was also established in rural Cooranbong, north of Sydney, where Ellen White temporarily served as a “medical missionary.”<sup>20</sup>

The first Sydney premises at Ashfield were managed by Alfred and Emma Semmens, who had been trained in nursing and health practices at the Battle Creek Sanitarium. They were joined by Dr Merritt Kellogg, protege of Ellen White and half-brother of John Harvey Kellogg;<sup>21</sup> prior to his arrival in

16 Numbers, *Prophetess of Health*, p.183.

17 *The Mercury*, 27 September 1899.

18 A. Patrick, *The San: 100 Years of Christian caring 1903-2003*, p.11.

19 <http://www.sanitarium.com.au/about-us/moments-that-made-us>

20 Numbers, *Prophetess of Health*, p.183.

21 Numbers, *Prophetess of Health* p.121.

Sydney, Merritt Kellogg had been serving as a missionary in the South Pacific region.

From the initial base at “Beechwood,” a seven-roomed house at Ashfield, the Semmens operated “The Health Home”, a hydropathic clinic. In 1897, they relocated to larger premises, renting three houses in Summer Hill and renaming The Health Home “The Sydney Medical and Surgical Sanitarium.”<sup>22</sup> As part of the day-to-day operations, the business trained nursing staff in accordance with their medical, ethical and religious principles; by 1898 there were fifteen nurses in training at the Summer Hill facility.

Upon reviewing the early clinics, White observed in the last decade of her life that the health and medical approach had proven to be an effective method of eroding prejudice against the Seventh Day Adventist cause. Once the health clinics were up and running, their success generated a positive image of the Adventist movement; the health work served as “*an entering wedge, making a way for other truths to reach the heart.*”<sup>23</sup>

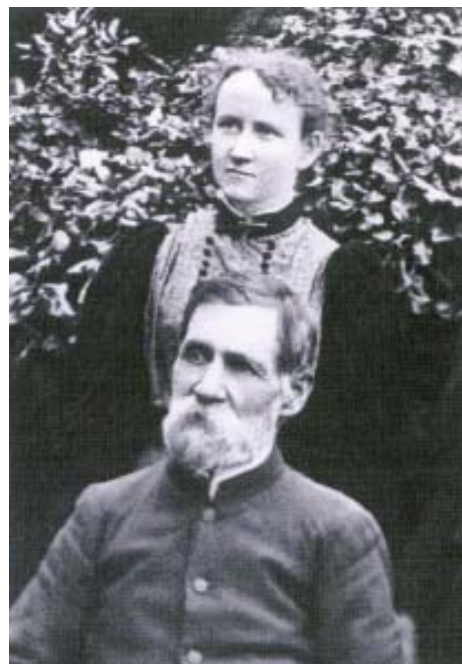


Figure 2.3: Dr Merritt Kellogg with his wife, Eleanor

Source: Patrick, *The San: 100 years of Caring*

## 2.5 Establishment of the Sydney Sanitarium and Hospital

By 1899, the success of the first Sydney facility was such that the Adventist Church decided to construct a purpose-built medical and surgical sanitarium in the Sydney suburbs rather than rely on makeshift rental premises. A recent Adventist convert, John Radley, was delegated the task of locating a suitable site for the proposed new sanitarium,<sup>24</sup> whilst responsibility for the architectural design and the eventual supervision of the construction of his ‘healthful living’ holistic facility fell to Dr Merritt Kellogg.

Radley proposed the acquisition of land in Wahroonga that formed part of two early land grants. Lot 31 had originally been a portion of a grant made to free settler Alexander Bowman in 1821, while Lots 29 and 30 had been granted to Thomas Rothwell. By the 1890s, the land was in the ownership of Mr and Mrs Richard Evans.<sup>25</sup>

22 AMBS, Wahroonga Estate Redevelopment, p.22.

23 E. White, *Christian Temperance and Bible Hygiene*, p.121.

24 AMBS, Wahroonga Estate Redevelopment, p.22

25 AMBS, Wahroonga Estate Redevelopment, p.22



Figure 2.4: Detail of the 1917 Parish map, showing the land selected for the Wahroonga Sanitarium on Lots 29-31

Source: NSW Department of Land and Property Information

Once the site had been proposed, Adventist Church founder Ellen White, together with her son, Pastor W.C. White, visited Sydney in order to inspect the property. Located on Fox Valley Road, it was a large parcel that had been planted as an orchard. The property was ideal, as it was situated in an open, undeveloped area and boasted the fresh clean air and natural landscape setting that White advocated as part of her holistic doctrine. Upon White's approval, the land was purchased over a twelve month period by the Sydney Adventist Church community, and the construction of the 70-bed Sanitarium proceeded, at a projected cost of £8,000.<sup>26</sup> Kellogg's timber building was constructed principally with volunteer labour, and owing to funding shortages<sup>27</sup> was far from complete when it was formally opened on 1st January 1903 as the Sydney Sanitarium and Hospital.

The timber building (timber being considered "healthier" than brick) was the centrepiece of the Adventist goal for holistic lifestyles, and followed the principles promulgated by its Summer Hill forerunner:

*The remedial agencies employed in this Institution shall be in harmony with the true principles of rational medicine given by the Creator. We believe that God's remedies are the simple agencies of nature, such as pure air, pure water, electricity, cleanliness, proper diet, purity of life, suitable exercise, recreation, rest and a firm trust in God. The adoption of these principles necessarily leads us to discard the use of poisonous drugs.*<sup>28</sup>

26 I. Ramage, *Wahroonga, Our Home*, p.165.

27 Patrick, *The San*, p.16.

28 By-Laws, Article V, 1898, cited in Patrick, *The San*, p.19.



Rather than a place where patients enjoyed a brief stay, the Sanitarium -more familiarly known as 'The San' - was promoted as a 'place where people learn to stay well'. After its first three years of operation, a review of the facility showed that the average patient numbers was forty-nine per month, with the average stay of each patient lasting between two and three weeks. These early patients were cared for by up to forty staff employed in nine departments. Its emphasis on 'wellness' was reinforced by its surrounds, with the initial Sanitarium building soon supplemented by croquet and tennis courts, set amongst land used for crop production, grazing land for dairy cows, a vineyard, the orchards, and gardens. It was a serene environment, with its landscape guaranteed to divert patients during their daily walks. By promoting the capacity to get away from the polluted city and get back 'in touch' with natural landscapes, The San capitalised on the social trends of bushwalking and 'rambles' aimed at appreciating the natural environment.<sup>29</sup> The Reverend Hugh Jones, a Presbyterian minister from Victoria, wrote in glowing terms, commenting that:

*The surroundings of the Sydney Sanitarium are exceedingly beautiful. There are some lovely walks in the vicinity, along tree-embowered roads or through sylvan glades. I know, as I must have averaged about five miles a day walking, and I never grew tired of the scenery. While I was at the Sanitarium the waratah was in gorgeous bloom, and there were lovely wild flowers everywhere carpeting the ground, the exquisite native rose being particularly striking. The large estate of the Sanitarium is really a sanctuary for native birds.*"<sup>30</sup>



Figure 2.5: View of the Sanitarium within its setting, 1904

Source: Patrick, *The San*

29 M. Harper, *The Way of the Bushwalker: On Foot in Australia*, pp.45-48

30 Rev. Hugh Jones, cited in Patrick, *The San*, p.22.



Figure 2.6: 1910 colour postcard of the Sydney Sanitarium

Source: Patrick, *The San*

In addition to bushwalking, tennis and croquet, The San promoted Adventist principles, such as vegetarianism and Christian living, all of which were heartily recommended to the patients. By way of example, the nursing staff at The San were obliged to follow the same practices, attend the regular prayer meetings and other spiritual sessions including 'world missionary study' and partake of regular exercise. This supplemented their nursing training and patient care aimed at furthering a 'thorough knowledge of the human body.'<sup>31</sup> The Sanitarium also engaged male as well as female trainee nurses, being the first in Australia to do so. However, state registration of male nurses was not implemented for some years, well behind that for female nursing staff, which fell under the 1926 *Nurses Registration Act*.<sup>32</sup> From its earliest years, the Sanitarium also sought to educate the young, with a small room at the rear of the Sanitarium used as a school; its core pupils were the children of the Sanitarium staff.<sup>33</sup>

## 2.6 Site Expansion

Throughout the course of the twentieth century, The San underwent periodic expansion to continue its role within the local community, and to accommodate the growing diversity in medical fields of knowledge. Its reputation as a high quality holistic facility meant that new accommodation had to be found for patients on a regular basis, which also required additional accommodation for the increasing numbers of nurs-

31 Cited in Patrick, *The San*, p.75.

32 Patrick, *The San*, p.86.

33 AMBS Wahroonga Estate Redevelopment, p.35.



Figure 2.7: The Sanitarium staff also took regular exercise for the sake of their health

Source: Patrick, *The San*



Figure 2.8: The Sanitarium's orchards, 1920s

Source: Patrick, *The San*

ing staff required to care for these patients. Improvement in medical technology also demanded purpose-built amenities, and specialist staff had to be found to keep abreast of developments.

As part of the early twentieth century phase of expansion, the original 1903 Sanitarium was followed by the construction of other buildings regarded as key to the everyday functioning of the facility; together, this group of buildings formed a core hospital precinct.

### Bethel Museum

In 1915, a small weatherboard cottage was constructed. Named “Bethel” (“house of God”) it served as a maternity wing or birthing centre until a new maternity wing was erected in 1933. Bethel was converted for use as a staff residence before its third phase of use from 2003 as the Merritt Kellogg Museum.

### Shannon Wing

The present-day Shannon Wing was constructed in 1920 in order to alleviate the growing pressure on patient accommodation in the 1903 timber building designed by Merritt Kellogg. The initial proposal for the new building was controversial, as some parties supported Ellen White’s view that many institutions were a preferred action rather than the addition of more buildings to any one institution.<sup>34</sup>

Built to the west of the Sanitarium, this “splendid new wing” was a three storeyed brick building, complete with a rooftop terrace and designed to accommodate thirty-one patients. In addition to patient wards, the new building boasted a lounge room and an operating theatre, built to the most modern standards of the time.

In the mid-1950s, the building was extensively renovated, an action made possible by a substantial donation of £7,000 made by Arthur Shannon. Subsequently, the building was named ‘Shannon’ in acknowledgment of his generosity.

Later changes to the building included the addition of a concrete block to its southern end, intended to house oncology and radiotherapy. The Shannon Wing’s current uses are for administration offices and the morgue.



Figure 2.9: Bethel Cottage, constructed in 1915 as the Sanitarium’s maternity ward

Source: Patrick, *The San*

34 Patrick, *The San*, p.84.





Figure 2.10: The "splendid new wing", 1920. In the mid-twentieth century it was renamed the Shannon Wing

Source: Patrick, *The San*

### Maternity/South Wing

In 1933, a purpose-built Maternity Wing was constructed; at the time it was described as an *"addition to the Sanitarium replete with every modern device for the treatment of disease"*. Designed in the inter war Georgian Revival style, the brick building had a terracotta tiled roof and fan-light windows, and was intended to accommodate fifteen medical beds and ten obstetric beds, in areas that were segregated for men and women respectively. In the weeks prior to its opening, the new building received favourable advance publicity on the basis of the Sanitarium's standing as *"probably the best institution of its kind in Australia. By many persons it has become to be regarded as Australia's Home of Health."*

The new brick wing, *"embodying the latest features in hospital architecture, will be opened. The medical staff...specialises in massage, hydrotherapy, electric baths, diathermy, Bergonic chair and ultra violet ray treatments. ...Special attention is given to diet and the application of treatments which assist Nature in restoring the patient to health."*<sup>35</sup>

In keeping with the original Sanitarium's opening in 1903, at the opening of this new building in 1933 the wing was unfinished, taking a further decade before it was completed. Whilst promoted as the first stage in a larger building programme, its lengthy construction period emphasised long running funding stresses which hindered the rolling out of the building programme.

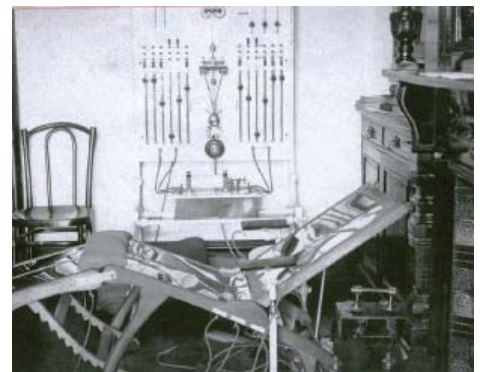


Figure 2.11: Bergonic chair, "a most valuable method of treatment for nervous and muscular affections and obesity."

Source: Patrick, *The San*



Figure 2.12: The 1933 Maternity Wing

Source: Patrick, *The San*

35 *Sydney Morning Herald*, 3 April, 1933.



Figure 2.13: "Australia's Home of Health"  
Source: Patrick, *The Sun*

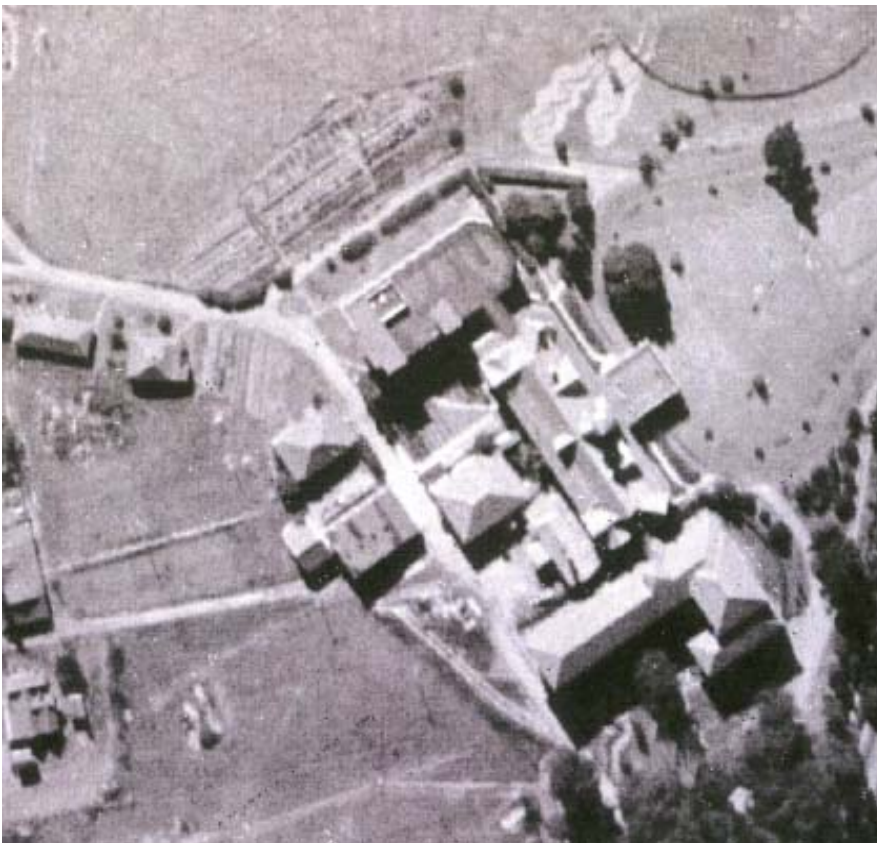


Figure 2.14: 1943 aerial photograph of the Sydney Adventist Sanitarium

Source: NSW Department of Land and Property Information





Figure 2.15: View of the Sanitarium, c.1950, showing the principal buildings that had been constructed in the first half of the twentieth century

Source: Reproduced from AMBS, Wahroonga Estate Redevelopment Heritage Impact Assessment

In 1989-1990, work was carried out on the Maternity Wing, with an extension providing accommodation for physiotherapy and hydrotherapy on the ground floor, together with upgrade of the maternity wing costing \$8.7 million.

## 2.7 Evolution and Rationalisation

With the Sanitarium's evolution and changing outlook, the time came for its name to be updated in order for the facility to stay relevant within the modern community; in the 1970s the Sanitarium became the Sydney Adventist Hospital, and was the first private hospital in New South Wales to be accredited by Australian Council of Hospital Standards.<sup>36</sup>

As part of this modernisation, the original 1903 timber building designed by Dr Merritt Kellogg was demolished in 1973, to be replaced by a ten storey tower block, the HE Clifford Tower. This reflected the change in direction to embrace a more contemporary medical approach to health care. The central holistic principles and practices remained intact, with the Sydney Adventist Hospital continuing to offer some of the same treatments (albeit modernised) as when the Sanitarium first opened at the beginning of the twentieth century.

36 AMBS, Wahroonga Estate Redevelopment, p.24.



Figure 2.16: Construction of the H.E. Clifford Tower, 1973, with the 1903 Sanitarium overshadowed by the new ten storey building

Source: Reproduced from AMBS, Wahroonga Estate Redevelopment Heritage Impact Assessment

# Description of the Site

# 3.0

## 3.1 Urban Context

The following information is reproduced from Clause 6 Ministerial Request and Preliminary Environmental Assessment Alterations and Additions to Sydney Adventist Hospital, Wahroonga (the PEA).<sup>1</sup> The Sydney Adventist Hospital is located on Sydney's upper North Shore, approximately eighteen kilometres from the Sydney Central Business District and approximately three kilometres south of the Hornsby Town Centre. The hospital site is within the Ku-ring-gai local government area, in close proximity to its border with the Hornsby local government area. It is located on the corner of Fox Valley Road and The Comenarra Parkway.

The hospital site is located within the Wahroonga Estate, which is a 62.4 hectare site comprising 59 separate property titles managed by the Australasian Conference Association (as property trustees of the Seventh Day Adventist Church) and two titles in private ownership.

Approximately 60% of the Wahroonga Estate is currently developed and comprises:

- Residential aged care and retirement accommodation to the west of Coups Creek
- The hospital, a school, churches, residential accommodation and car parking between Coups Creek and Fox Valley Road
- Commercial and residential development to the east of Fox Valley Road.

The Seventh Day Adventist Church fronts Fox Valley Road, immediately north of the Hospital entrance and the Administrative Headquarters of the Church, is located to its north east on the other side of road, at 148 Fox Valley Road.

## 3.2 Site Description

The main entrance to the Hospital site is via the signalised intersection on fox Valley Road, with a further access point further to the south on fox Valley Road. The Hospital buildings, set in landscaped grounds, include the following facilities: 352 inpatient beds, 12 intensive care unit beds, 11 coronary care unit beds, 96 day beds, 14 renal dialysis chairs, 8

<sup>1</sup> Clause 6 Ministerial Request and Preliminary Environmental Assessment Alterations and Additions to Sydney Adventist Hospital, Wahroonga, Urbis, May 2010, page 5



Figure 3.1: Shows the Sydney Adventist Hospital viewed from Fox Valley road with the Church on the right of the picture



Figure 3.2: The Hospital's main entrance from Fox Valley Road



Figure 3.3: Sydney Adventist Church, immediately north of the Hospital on Fox Valley Road



birthing suites, 3 cardiac catheter laboratories, 2 endoscopy theatres, 12 operating theatres, clinical services, a Faculty of Nursing, Australasian research unit, Nurses residence, Child care centre, Chapel, cafeteria, staff amenities, workshops and warehouse.

The lawn in front of the main hospital tower building features a sundial, set in a rose garden adjacent to the entrance gates. The sundial was presented to the San by a patient in 1931, and placed in its present location in 1978, as part of the Hospital's 75th Anniversary celebrations.<sup>2</sup>



Figure 3.4: Aerial photograph of the Hospital site, showing the location of the key Hospital buildings

Source: Clause 6 Ministerial Request and Preliminary Environmental Assessment Alterations and Additions to Sydney Adventist Hospital, Wahroonga, Urbis, May 2010

### 3.3 Bethel House

'Bethel' House was constructed in 1915 as the Maternity Labour and Delivery cottage, and later used as staff accommodation. It is located at the rear of the hospital buildings, in the vicinity of the staff tennis court. The north facing, timber cottage has a metal roof, simple timber detailing and timber framed windows. The west and east portions of its wrap around verandah have been enclosed, as has part of the northern verandah.

<sup>2</sup> Patrick, *The San*



Figure 3.5: The Hospital tower block viewed from the vicinity of the Church



Figure 3.6: The rose garden and sundial in front of the Hospital



Figure 3.7: "Bethel" House showing the Nurses' Memorial Fountain and flag pole on the left and the north and east verandah enclosures and eastern addition



Figure 3.8: "Bethel" House showing the location of the interpretive shrubbery and the western addition

Additions, clad with fibrous cement sheeting, have been made to the west, south and east of the building. A demountable structure added on the western side of the building provides office space for the museum staff.

The cottage contains the Hospital's Merritt Kellogg Museum collection, named after Merritt Kellogg who drew up the plans, and was the building supervisor, of the 1903 San building. The museum collection includes framed photos, surgical instruments, medical equipment, and 2 mannequins in nurses' uniforms from the past. There are also clocks, carpentry tools, nursing certificates, Patients' Lounge fireplace, Dining Room cutlery and crockery. In storage are 6,000 photos and archival material from every San department including the School of Nursing.<sup>3</sup> On display are also stained and etched glass windows salvaged from early hospital buildings that have been demolished.

Interpretive elements at the front of 'Bethel' House are the Nurses' Memorial Fountain, the flagpole from the original SAN building,<sup>4</sup> and some low shrubbery forming the letters "SAN". The Memorial Fountain was an initiative of the Sydney Sanitarium Class of 1964 and was dedicated in 2004 to the memory of nursing graduates and trainees who have died while actively working for the Seventh Day Adventist Church.<sup>5</sup>



Figures 3.9 (left) and 3.10(right)  
Salvaged windows on display in the museum



Figure 3.11: The Nurses' Memorial Fountain at the front of Bethel House



Figure 3.12: Interpretive shrubbery forming the letters "SAN" at the front of "Bethel" House



Figure 3.13: "Bethel" House showing the west elevation, addition and demountable office



Figure 3.14: "Bethel" House showing the south elevation addition



Figure 3.15: "Bethel" House showing the south and east elevations and additions

3 <http://www.sah.org.au/SAH-Museum>

4 Patrick, *The San*, p. 74

5 AMBS, Wahroonga Estate Redevelopment, p. 48



### 3.4 Shannon Wing

The Shannon Wing was the second Hospital building to be constructed on this site. It is located to the south west of the tower building and is surrounded by the late twentieth century development of the site. Immediately to its east is the tower building, to its south is the services building and to the west, wrapping around to the north is an addition containing the Hospital's Oncology and Radiation facilities.

The northern facade of the once handsome building is now the only one able to be readily viewed, and it is partially obscured by the 1977 Oncology / Radiation addition at the southern end and a portico added at the northern end.

The three storey brick building has timber framed windows and doors, timber balconies with pressed metal ceilings on the upper floors and a flat trafficable roof. Modifications to the building include the removal of the balcony wrapping around the eastern facade, to allow construction of the tower block, the removal of the roof level, replacement roofing, the portico and Radiation / Oncology additions, and covered links to the other hospital buildings.

The building is currently used for administration and clinical purposes. The interiors are in good condition and it is understood they were refurbished in 2002. There are original decorative plaster ceilings, timber staircase, joinery and parquet flooring visible on all floors. Evidence of the building's modifications / upgrades includes: removal of internal walls, insertion of partition walls, removal of bathroom fittings, lowered and replacement ceilings, replacement fire doors and inclusion of modern services. There are issues with maintenance at the current time, particularly in relation to the management of pigeons. Despite efforts to control infestations the problem with bird lice remains.



Figures 3.16 and 3.17 (left and right) :  
Timber framed doors and windows in the east and south facades



Figure 3.18: View of the northern facade of the Shannon Wing available between the Nursing Faculty and a services building



Figure 3.18: View of the northern facade of the Shannon Wing showing the Radiation/Oncology addition



Figure 3.20: Shows the eastern end of the northern facade and the portico addition, and the close proximity to the tower building



Figure 3.21: Shows the east and north facades where the wrap around verandah has been removed



Figure 3.22: The view to the Shannon Wing from the north west is obscured by the Radiology/Oncology addition



Figure 3.23: Shows the western facade obscured by the Radiation/Oncology addition. It is not known when the roof level was removed from this end of the building



Figure 3.24: Modified internal space used for reception and administration purposes



Figure 3.25: Consultation/conference room on the northern side of the building. Note original decorative plaster ceiling, timber skirting and joinery

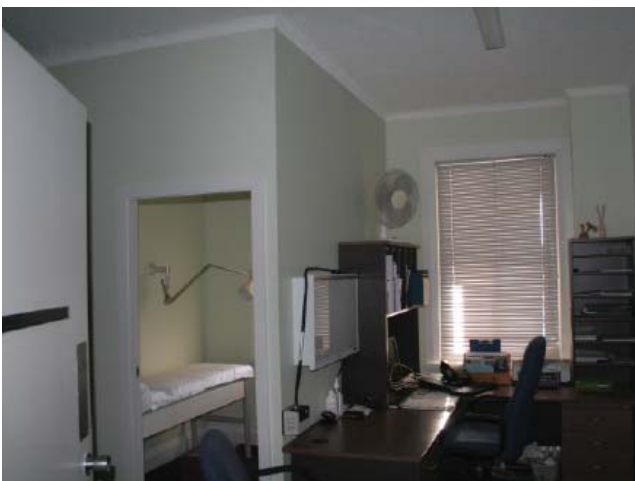


Figure 3.26: Modified clinical consultation space on the southern side of the building



Figure 3.27: The original timber staircase

# Assessment of Cultural Significance

# 4.0

## 4.1 Introduction

Heritage, or “cultural” value is a term used to describe an item’s value or importance to our current society and is defined as follows in *The Australia ICOMOS Burra Charter*, 1999, published by Australia ICOMOS (Article 1.0):

Cultural significance means aesthetic, historic, scientific or social or spiritual value for past, present or future generations.<sup>1</sup>

Significance may be contained within, and demonstrated by, the fabric or an item: its setting and relationship with other items: historical records that allow us to understand it in terms of its contemporary context, and in response that the item stimulates in those who value it.<sup>2</sup>

An historical analysis and understanding of the physical evidence provides the context for assessing the significance. This analysis has been used as the basis for the summary of the Statement of Cultural Significance below.

The following assessment of heritage significance has been prepared utilising the current evaluation criteria established by the New South Wales Heritage Council. Cultural heritage values may be contained within the fabric of an item, its setting and its relationship to other items, the response that the item stimulates in those who value it now and in the historical records that allow us to understand it in its own context. Cultural significance may change as a result of new information.

Determining the cultural value is the basis of all planning for places of historic value. A clear determination of significance permits informed decisions for future planning that would ensure that the expressions of significance are retained, enhanced, interpreted or, at least, minimally impacted upon. A clear understanding of the nature and degree of significance determines the parameters for heritage interpretation of the site.

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1 *The Burra Charter: The Australia ICOMOS Charter for Places of Cultural Significance*, (1999), p.2.

2 ie “social”, or community, value



## 4.2 Assessment of Significance

The following assessment of heritage significance has been prepared using the current evaluation criteria established by the New South Wales Heritage Office:

***Criterion (a) – An item is important in the course, or pattern, of NSW's cultural or natural history (or the cultural or natural history of the local area)***

The establishment of the Sydney Adventist Sanitarium played an economic, medical and social role in the development of Wahroonga. It is reflective of the early life of the Seventh Day Adventist Church in Australia, and the establishment of the religious community in this area. It is representative of the early health care industry in the northern Sydney suburbs, with the Shannon Wing, Maternity Wing and Bethel serving as examples of the early phases of expansion in the twentieth century.

***Criterion (b) - An item has strong or special association with the life or works of a person, or group of persons, of importance in NSW's cultural or natural history (or the cultural or natural history of the local area)***

The Sydney Adventist Hospital site was inspected and approved by Seventh Day Adventist Church founder and prophet, Ellen G. White, together with her son Pastor W.C. White.

The Sanitarium was associated with Dr Merritt Kellogg, Adventist missionary and designer of the original 1903 timber building and overseer of its construction. Bethel Cottage now houses the Merritt Kellogg Museum collection.

The Seventh Day Adventist Church managed and staffed the Sanitarium and its associated health care facilities including the Shannon, Bethel and the Maternity Wing.

***Criterion (c) - An item is important in demonstrating aesthetic characteristics and/or a high degree of creative or technical achievement in NSW (or the local area)***

The early Hospital buildings form part of a group which demonstrate the standard architectural styles in vogue at the time of their respective construction periods. They display aesthet-

ic characteristics which are not common in the Wahroonga area but which are typical across hospital sites throughout the wider Metropolitan area.

***Criterion (d) - 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 Sanitarium was founded on Seventh Day Adventist principles, reflecting their emphasis on healthy living and holistic wellbeing.

The Hospital has associations with the Adventist community in the Wahroonga area, and has socio-cultural links within the nursing and health care practitioner community.

***Criterion (e) - An item has potential to yield information that will contribute to an understanding of NSW's cultural or natural history (or the cultural or natural history of the local area)***

Generally, the lack of significant development of large areas of the Sydney Adventist Hospital site indicates that the archaeological resource may be largely intact with a high degree of integrity and consequently a high degree of research potential.

Archaeological relics associated with Bethel, the Shannon and the Maternity Wing have the potential to provide an insight into the medical care of Sanitarium and hospital patients from the early twentieth century.

***Criterion (f) - An item possesses uncommon, rare or endangered aspects of NSW's cultural or natural history (or the cultural or natural history of the local area)***

The Sydney Adventist Hospital has had a long established connection with the Seventh Day Adventist Church.

***Criterion (g) - An item is important in demonstrating the principal characteristics of a class of NSW's cultural or natural places; or cultural or natural environments (or a class of the local area's cultural or natural places; or cultural or natural environments)***

The built elements that make up the early phase of the Sydney Adventist Hospital are characteristic of early health care sites, and as such are not rare or uncommon. The long-established Adventist connection has not been severed.

### 4.3 Statement of Cultural Heritage Significance

The Sydney Adventist Hospital, formerly the Sydney Sanitarium, was an early twentieth century institution established in the northern Sydney suburbs. The site was personally endorsed by Seventh Day Adventist prophet Ellen White, and the original Sanitarium designed by Dr Merritt Kellogg. Its location was determined on the basis of its proximity to the clean air found outside the cities, in pastoral and natural landscapes. Established in 1903, the Sanitarium played a role in the provision of health and medicine in the northern suburbs.

Constructed under the Adventist 'medical missionary' philosophy, the Sanitarium promoted health care and nutrition, through holistic practices popular in the early twentieth century including hydrotherapy and recreational walking. It actively trained nursing staff in medical and patient care and Adventist approaches to wellbeing, and was the first hospital in Australia to train male nurses.

The extant buildings reflect the expansion of the facility throughout the first half of the twentieth century, with Bethel (1915), Shannon Wing (1920) and the Maternity Wing (1933) constructed to meet the growing demand for patient accommodation, particularly in the interwar period. These buildings display aesthetic architectural influences that were typical for their period of construction. As a group, these buildings are uncommon in the local area, but stylistically can frequently be identified on Hospital sites throughout Sydney.

The Sydney Adventist Hospital site has associations with the Adventist Church community, with the existing private hospital regarded as the flagship of the Seventh Day Adventist health care network in the South Pacific. As a primary health care provider, it also has links with the nursing fraternity and the broader Wahroonga community.

As there has been relatively little soil disturbance, the site has archaeological research potential to provide insight into the activities of the early Sanitarium and the daily lives of those who lived and worked at the hospital.

## Themes

# 5.0

The Australian Heritage Council and the New South Wales Heritage Branch guidelines have identified a series of themes, from which key historical activities or events can be grouped to better contextualise their role in the cultural development of Australia. Themes have been classified according to National and State themes. The Sydney Adventist Hospital site on Fox Valley Road, Wahroonga, has been assessed to determine pertinent themes that have emerged since its establishment, and which provide potential areas to explore using interpretive devices. These have been identified as:

Australian Theme	NSW Theme	Site/Local Theme
Developing Australia's cultural life	Religion	Establishing the Seventh-day Adventist Church in Wahroonga
Developing local, regional and national economies	Health	Establishing the Sanitarium (now Sydney Adventist Hospital)
Building Settlements, towns and cities	Towns, suburbs and villages	Establishing a community based around the church and Sanitarium
Educating	Education	Establishing nurses' training facility

### Developing Australia's Cultural Life - Religion

The Hospital site in the Wahroonga Estate Redevelopment area is centred on the religious community of the Seventh Day Adventist Church, and reflects the early life of the Church in Australia. The Sanitarium was established and staffed by the Church to care for the spiritual and physical well-being of the community. The emphasis on mission is reflected in the Church training facilities. The size reflects the establishment of the religious community in Wahroonga, and the maintenance of their traditions. The site is therefore an uncommon example of an area established by a religious community.



## **Developing local, regional and national economies - Health**

The development of the Sydney Adventist Hospital has proven to be a significant economic benefit for the Wahroonga area as a major local employer. The Sanitarium was founded on the Seventh Day Adventist Church's philosophy of healthy living and holistic wellbeing, and was developed as a self-sufficient environment providing healthy sustenance and accommodation for staff and patients. In its early history it played an important role in developing alternative approaches to good health, and also in providing maternity hospital facilities at the Bethel cottage and later, the 1933 maternity wing. The Sydney Adventist Hospital represents the beginnings of the health industry in the northern suburbs of Sydney, and the first major European settlement in the Wahroonga area. The Wahroonga Estate remains as a reflection of the early stages of health care in the district. The advent of the Hospital was the beginning of an important commercial industry that also brought urban development to the local area. Its main role today is in providing hospital (including maternity) services, and also in providing care for the aged and infirm.

## **Building settlements, towns and cities - towns, suburbs and villages**

The development of the suburb of Wahroonga is associated with the development of the Seventh-day Adventist community and its work centred on the health services of the Sanitarium. The opening of the Sanitarium to accommodate staff, students and their families was a contributing factor in the establishment of the township of Wahroonga. The Administrative Headquarters and Sanitarium buildings are associated with the business and health work of the church.

The site's archaeological resources also have the potential to yield information about the early life of the Seventh Day Adventists in Wahroonga.

## **Educating - Education**

the development of education facilities on site is reflected in the emphasis on training nurses, in accordance with the philosophies of the Church. It is significant that the Sanitarium was the first hospital in Australia to train men as student nurses. The site was also utilised as an Adventist School, to educate the children of the Sanitarium staff.

# Potential Target Audiences

# 6.0

## 6.1 Introduction

Effective interpretation of cultural significance of a place or item is dependent upon accurate identification of target audiences. Identification of a particular audience will influence the choice of media for interpretation of a place/item, and the content of the information provided. Identifying multiple audiences may necessitate multiple strategies, which may or may not be effective across one or more of the target groups.

Given a number of possible activities may be carried out on the Sydney Adventist Hospital site in future years, an exhaustive list of target audiences cannot be identified without resorting to prediction. On the basis of current and proposed uses, however, the potential audiences for the site can be generally identified.

Briefly, it is anticipated that the key target audiences for the place would comprise:

- Patients and Visitors
- Hospital staff
- Site managers, Services and Trades
- Future owners/retail lessees/ stakeholders
- Local community

## 6.2 Discussion

### 1. Patients and Visitors

This group will comprise the largest group and may be regarded as a core target. As a population group, this source will be constantly renewed, therefore posing less risk of indifference bred through familiarity and long-term exposure that normally occurs in situations where the primary target audience is typically permanent or stable. Periodic attempts to 'freshen' the site will consequently not be required.

During the early period of occupancy in the Hospital, this group may show interest in interpretive material provided in public spaces as part of their mental orientation and desire to understand their surrounding. An initial phase of settling into new surroundings will be the most important in terms of opportunity, raising awareness and engaging the audience in taking an active interest.

Careful selection and placement of a plaque, interpretive panels with both images and text, a naming strategy, mural/ mosaic, book, landscaping details, archaeological displays and a brochure, will be the most successful strategems with this group. Locating items in key points within the site will encourage this group to linger and closely examine interpretive material during moments of leisure.

However, with this audience is a sub-group of chronic care patients, which run the risk of long-term exposure and indifference bred through familiarity with the place. The daily activities within the building will lead to loss of interest, unless periodic attempts are made to 'freshen' the site with appropriate material to maintain interest levels.

## **2. Hospital Staff**

This group is not anticipated to exhibit more than a superficial interest in the history of the place given their on-site responsibilities. Generally, this audience is not expected to be a key target group for an interpretive scheme. Their appreciation of the site is likely to be negligible, and attention more usually focussed on their destination. Interpretive devices implanted in the pavement or corridors catch the eye and can steer the individual to the building for further information. A plaque mounted in the pavement or in an obvious position with maximum visual exposure will provide a succinct comment on the property and its historical roles.

However, one sub-group within this audience that may demonstrate a greater degree of interest is the nursing fraternity, which may identify with the long-established history of training and education. A combination of both straightforward, abbreviated devices (such as pavers/brochures) and media that addresses the history in greater detail, will prove successful.

## **3. Site Managers, Services and Trades**

This audience is not expected to demonstrate sustained or particular interest and is unlikely to absorb more than minimal information about the Sanitarium's history due to the nature of their role within the immediate environment and, typically, having responsibility for attending to a number of buildings. This audience group includes estate agents, property managers, caretakers and building supervisors, postmen, cleaners, electricians, plumbers and other construction/maintenance groups. With multiple buildings to handle, members of this

group generally respond to interpretive formats that take little time to read or understand. It will be essential to impress on involved parties such as gardeners and maintenance staff that there are reasons why the interpretive material has been incorporated, and the need to keep it in good condition.

There is a proportion within this group who will seek out more detailed information through an interest in history or a proprietorial attitude to the building, and will engage with more detailed material.

#### **4. Future owners/ retail lessees and stakeholders**

While there is little merit in conjecturing the future audiences and interest groups that are guaranteed to use the site following redevelopment and occupation, it is anticipated that this group will want to know what has happened on the site, particularly prior to any contracts being undertaken. Future stakeholders will wish to be fully informed to enable them to make decisions, and what limitations may exist given the history and significance of the property. Concise summaries of the site's history and heritage status will be necessary information. Devices such as 3-fold brochures with the key information, to be handed out as part of an introductory package, would be advantageous.

#### **5. Local community**

This potential audience affords a genuine opportunity for interpretation given their interest in the history and happenings of the Wahroonga area and the changes to their local landscape. Interpretive material would be expected to simultaneously educate, reinforce and illustrate the meaning of the site to the public. Older members of the community in particular would be expected to examine and critically evaluate photographs and more conventional interpretive devices. The core plaque can be supplemented by the historical book which may be re-printed and which will more fully inform this audience about the site.



## 6.3 Analysis

Two of these proposed audiences are likely to be active, receptive candidates for an interpretation of the site. That is, the class of the 'informed visitor' enthusiastically and actively seeking information. Two groups, comprising audiences that work on, or routinely pass through, the site, are expected to pay negligible attention to interpretive media as the result of over-familiarity. The remainder would be expected to show a moderate degree of curiosity and, provided the opportunity is made available, investigate what the site has to offer.

Visitors experiencing short-term exposure to the site are likely to absorb interpretative material when presented in an appropriate fashion, but not likely to actively seek out more in-depth information. Media that uses colour, light and/or three-dimensional or shaped elements serve to attract attention and draw the target audience in for closer inspection or explanation of the interpretive feature.

The main risk to interpretive installations relates to the extent whereby degrees of curiosity wane through repeated experiences. This risk is seconded by eventual damage or destruction that may happen to plaques or panels, sited in the public domain.

The locations providing maximum exposure to the target audiences would be in proximity to high-traffic areas, open interior and exterior spaces, or addressing large expanses of exterior walls (see section 9.0: Siting for Interpretation).

## Interpretation of the Site

### 7.1 Introduction

Good interpretation is based on a detailed knowledge of the needs and desires of our many audiences, a sophisticated understanding of the significance of the site and sound communication skills. Interpretation seeks to be:

- *Entertaining* - it seeks to hold the audience's attention
- *Relevant* - it seeks to make connections with the audience's knowledge, interests, concerns and experience
- *Organised* - it will be structured in a way that makes it easy for the audience to follow it
- *Thematic* - it will be structured around a central message or messages
- *Best practice* - it will be based on the best contemporary research in interpretation and scholarship
- *Consultative* - it will involve staff, community interest groups and other stakeholders in planning and delivering interpretation
- *Audience focussed* - ongoing audience research and evaluation will contribute to planning and delivery of interpretation

Interpretation of the subject site should focus on the variety of uses of the land and link into the wider historical context of the area.

### 7.2 Interpretive Approach

Typically, interpretation generally falls into one of two categories. These can be summed up as:

#### 1) Primary Interpretation Sites

These may include heritage buildings, residence-based museums, relics, memorials, or sites of significant natural history where the heritage item or landscape is the reason for visitation. Such sites may contain interpretive centres, education units, or exhibition spaces where diverse interpretive strategies may engage the audience, e.g. multi-media, signage, printed materials and public programmes. Equally, they may be simply interpreted with signage or a plaque. The key factor is that the built, movable or natural heritage element is interpreted for its significance with no other purpose associated with it.

## 2) Secondary Interpretation Sites

This comprises sites where new or adaptive reuse developments occur. While there are significant layers of history which require interpretation, the primary purpose of visitation is for purposes not usually associated with the history of the site. For this reason, interpretation should be uncomplicated, without high maintenance requirements nor too many themes and stories which result in an overload of information and waste of resources.

The subject site is both a primary and a secondary interpretive site, which incorporates some early functional elements and is representative of the evolution and development of the Wahroonga area. Interpretation of the site should highlight its role and significance and place it within its historical context.

### 7.3 Guidelines for Interpretation

The interpretation for the site should be guided by the draft statement of commitment outlined in the approved concept plan for Wahroonga Estate Redevelopment:

*An interpretation strategy is to be prepared for the Sydney Adventist Hospital and associated buildings. It is to refer to identified historic themes and provide guidance in the development of a meaningful interpretation of the site. Contributing interpretive elements, including archival photographic recording and recovered relics, are to be housed on site, preferably in the 'Bethel Museum'.*

It should take into account the key periods of development and occupation in the context of the site's history, and be presented in an accurate and insightful manner.

Site interpretation is also to be driven by the principles and guidelines endorsed by the Heritage Branch of the NSW Department of Planning.

### 7.4 Considerations for interpretation

The selection of Interpretive devices is influenced by the eventual use of the site, as specific uses open or restrict possibilities for understanding the place. A strategy for interpretation of the Sydney Adventist Hospital, Wahroonga, would consequently hinge on the identified target audiences, which in turn would be derived from the kinds of activities carried out

on site following full activation of the place, together with the historical themes.

Given that Interpretive media and devices rely upon working within the specific parameters and roles of the place, it is prudent to opt for an interpretation of the site that will be effective, pragmatic economically viable, and readily maintained/ repaired.

As the core target audience comprises patients and the general public, elaborate interpretive devices are not considered as appropriate for the site; instead, the emphasis should be on visual strategies, and with textual information limited to a small number of interpretive devices. These could include interpretive plaques or panels, mosaics, and murals.

The majority of the patient/visitor audience is not expected to be pressed for time but will be at leisure to closely examine interpretive material. In contrast, hospital staff are not expected to have sufficient time to peruse material, so that the most likely success may be from visual or graphic installations. Interpretive material may be designed in accordance with the expectations of the key groups and can where necessary include more detailed information in the form of text and imagery.



An Interpretation Strategy for the subject site entails selection of the most likely effective methods with which to convey information about the history or meaning of the place. Effective interpretive devices act as positive marketing and public relations tools, with more deliberate and dramatic devices commonly becoming a popular talking point and even serving as a reference point by which people identify the site. Strategic investment in interpretive elements both enhance the visual and cultural aesthetics of the site, as well as reinforcing commitment to heritage principles and policies.

From an evaluation of the historical development and themes, key target audiences and an analysis of the proposed redevelopment of the site, a range of media and a series of interpretive devices have emerged as likely to be the most effective in the Sydney Adventist Hospital context. The future redevelopment of the place affords opportunities for interpretation, allowing interpretation to become an integral component within the existing development scenarios.

These selected options have been outlined below to demonstrate the way in which they could be applied, either in singular or in combination, to the site. Where practicable, sample texts have been supplied that could be used for the production and implementation phase.

Examples of these kinds of forms of interpretation, as incorporated across a range of sites, have been used to illustrate the effectiveness of devices. Examples are not intended as proscriptive designs and formats for the Wahroonga site. Final design layouts and selection of text and materials relies on the engagement of graphic designers with experience in the production of interpretive elements, using the information supplied by heritage consultancies as a base.

Copyright of historical images would need to be granted from the respective agencies, such as the State Library of New South Wales, before historical photographs and visual material can be legitimately used.

It is recommended that following the design resolution for the site and the consequent selection and style of interpretive elements, the proposed text for media such as plaques and panels should be reviewed by the curator of the Merritt Kel-

logg Museum Collection and/or representative of historical societies connected with the site. Once this is endorsed by the appropriate parties, the selected text and images should be submitted to an experienced graphic designer for design production and implementation.

Potential options for interpretive devices on the Sydney Adventist Hospital include:<sup>1</sup>

### 8.1 Reprinting of the Sydney Adventist Hospital History

In 2003, the Sydney Adventist Hospital released a publication commemorating their centenary year. It encompassed the establishment and evolution of the hospital, and encapsulated the social history of the place and its key personalities, providing an important window into the significance and role of the Hospital within the development of the surrounding locality.

This publication is no longer available, as subsequent print runs of this publication have not been undertaken. Given this provides a valuable insight into the history of the place, a new issue of this book should be released.

### 8.2 Graphic Material

The history and significance of the site can be incorporated into the public relation programme for the site redevelopment, so that prospective clients/owners and those with vested interests are made aware of the special or particular aspects of the place that make it distinctive. The material that may be utilised includes small factual or evocative statements, old or contemporary photographs or images that illustrate or represent natural or built features of the site. In this manner, the various stages in the formulation, sales and subsequent long term occupancy of a residential development (for example) can be recognised.

This device targets potential and incoming patients/visitors/ residents and assists in their forming a connection with the place.

- **Graphic design element**

A graphic design that taps into an historical aspect or activity of the site is an effective medium. By drawing the eye to a design, image or emblem, a graphic decal, etched glass panel timber insert or similar is low maintenance and visually appealing.

<sup>1</sup> This is not intended as a list of mandatory installations. Rather, it presents possibilities with the expectation that several (not all) will be implemented across the site.

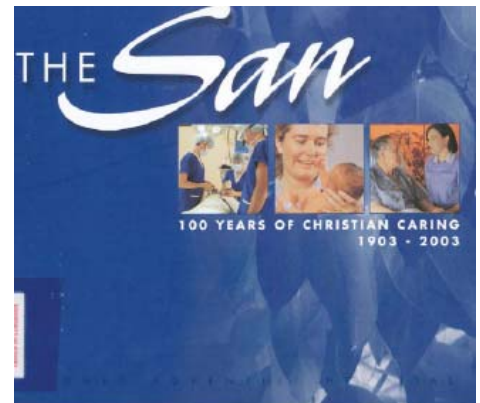


Figure 8.1: Frontispiece of Patrick's *The San: 100 Years of Christian Caring 1903-2003*



Figure 8.2: Timber inlay interpreting the Hull Fish Trail  
Source: Aspect Studios



Figure 8.3: Etched glass tree design, St Michael's Cathedral, Wollongong  
Source: GBA Interpretation Collection

## • Brochure

One of the most effective and pragmatic means by which this can be communicated is by production of a double-sided three-fold brochure which may comprise part of any promotional literature. A three-fold brochure is a readily accessible, convenient and viable way in which to present information. This can outline the history and significance of the site, using the presentation of both textual and visual information. The brochure expands on, and links into, the other interpretive material by outlining the role of the Sydney Adventist Hospital within the broader context of Wahroonga.

A brochure encapsulating the history of the site should:

- include no more than 3-4 historical images
- be of approx 220mm x 300mm, when fully unfolded
- have a clearly legible font
- be printed on medium-weight paper or lightweight card suitable for folding
- not exceed a word count of approximately 500 words, to avoid clumping and saturation of information
- comment briefly on the themes of health care and education as well as the site's connection to the Adventist community
- comprise part of information packages and be readily available as a flyer

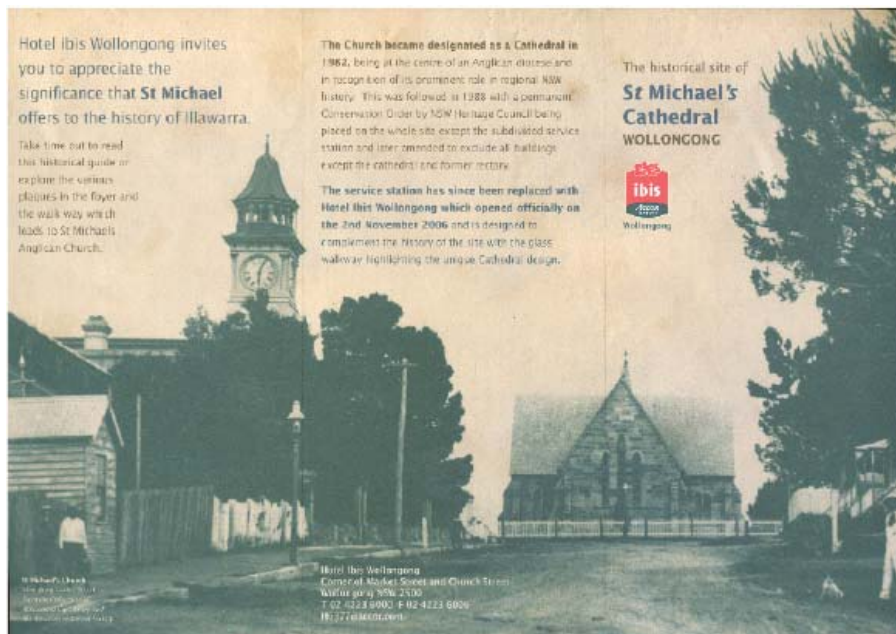


Figure 8.4: Example of 3 fold Interpretative brochure for St Michael's Cathedral, Wollongong  
Source: GBA Interpretation Collection



### 8.3 Plaque/s

Plaques, which usually incorporate small sections of text combined with photographs or plans, are a typical interpretive technique when historical sites are redeveloped or re-used. They are useful if there is a high degree of new pedestrian traffic to the precinct, or people who are unfamiliar with the place and who will take an interest in the signage.

The plaque should convey simply and succinctly the core information about the site, such as its varying phases of growth, and its role within the wider Wahroonga context. The plaque itself:

- Should be flush with the pavement or cobblestones
- Should convey this information in not more than thirty words
- May, if desired, include one historical image that is expressive of the previous activities of the site
- Should be clearly legible, with text of appropriate font and size, and audience-appropriate
- Should be of suitable size (approx. 400mm x 600mm if rectangular, or of a diameter not exceeding 400mm if circular)
- Should have a metallic finish (bronze/etched/brushed metal)
- Should be durable, resistant to corrosive materials and resistant to vandalism
- Should be securely and permanently fixed into position, with fixings flush with the face of the plaque and sealed.

By way of example, a plaque for the overall orientation of the site could conceivably and briefly state:

***In c.1899, this land was chosen by Ellen White, founder and prophet of the Seventh Day Adventist Church, as the site of the Sydney Sanitarium and Hospital. Since its opening in 1903, the Sydney Adventist Hospital has been dedicated to providing holistic health care and education to the wider Sydney community.***



Figure 8.5: Circular bronze plaque, George Street, Sydney  
Source: GBA Interpretation Collection

## 8.4 Interpretive Panel/s

Interpretive material should be provided in public areas of the site, either as internal or external fixtures. Graphic panels will explore the themes such as the establishment of the Sanitarium, key personalities, the emergence of the Seventh Day Adventist Church in the nineteenth century, and a broad outline of the role of the Sanitarium in the life of the Wahroonga community. It is intended that:

- The panels will contain text and images. The images will be historic images including photographs and maps that explain the themes.
- The panels should be designed by an experienced graphic designer in the area of heritage interpretation and are to be integrated into the thematic treatment of the chosen locations.
- Should convey this information in approx 250-500 words
- May, if desired, include two or three historical images and/or maps/plans that are expressive of the previous activities of the site
- Should be clearly legible, with text of appropriate font and size, and audience-appropriate
- Should be of suitable size
- Should be durable, resistant to corrosive materials and resistant to vandalism
- Should be securely and permanently fixed into position, with fixings flush with the face of the plaque and sealed.
- The panels are to be situated in accessible locations to allow a wide range of visitors to be reached
- The panel/s should be screen printed metallic finish
- Should 2 or more panels be intended, one panel should contain a site plan with the present buildings overlaid on the original site layout, accompanied by text and limited images.

In the event that freestanding or plinth panels with signage be selected as the most appropriate media to convey interpretive messages, the following should be considered:

- Focus of the signage must be visual, using plans/photographs relating to the theme or significance of the site, and describe the core information required for the passerby to understand the heritage value of the site.
- The mounting system and material should be uniform for each of the freestanding signs/plinths and should be securely fixed to a concrete footing
- A contemporary style and type of sign is appropriate. The bulk of the information should be located at the average eye level (1500-1600 mm) and no lower than 800mm from the finished ground level
- Freestanding signs and plinths may also be double-sided if required.



Figure 8.6: Plinth panel, St Michael's Cathedral, Woollongong  
Source: GBA Interpretation Collection



Figure 8.7: Interpretive panels, located in the Ibis Hotel foyer of the St Michael's Cathedral site, Woollongong  
Source: GBA Interpretation Collection

## 8.5 Interpretive text

Interpretive text is a versatile interpretive form that readily adapts to a wide variety of sites. Appropriate text selections would include consideration of:

- Text that illustrates or describes important aspects of the site history or key philosophies of significant personalities associated with the site.
- The selected font should be of an appropriate size and style to ensure readability.

Interpretive text can be used on landscape pavers, seats, mounted onto pathways, and other internal and external elements. This method can stimulate curiosity about the site and encourage audiences to examine additional, strategically placed, historical information to get a more detailed view of the overall story. They can be implemented as single items, or as a group of words or phrases relevant to the site.

Examples of appropriate texts may readily be identified in Patrick's 2003 publication *The San*, or sourced from Adventist principles, or institutional handbook (should one exist). Should this avenue prove viable, an alternative primary source that may be consulted would be Dr Merritt Kellogg's *The hygienic family physician : a complete guide for the preservation of health, and the treatment of the sick without medicine*, published in 1873.

Examples of different sorts of interpretive information that could potentially be implemented on the site include:

*"It was built in an orchard. Around the building were trees of every kind of fruit - peaches, plums, persimmons, apricots, pomegranates, oranges, lemons, mulberries and nectarines. It was a beautiful sight when they were in full fruitage."*  
*Dr Daniel Kress (Sanitarium staff 1903-1907)*

Caring  
Uniting  
Educating  
Sharing  
Healing

*The following is to serve by way of example only. The quotes below have been sourced from the “Medlow Bath Book,” produced c.1904 for the Blue Mountains-based Hydro-Majestic Hotel, which was then a hydropathic establishment:*

• **“Avoid eggs as a rule, cheese entirely, and alcoholic liquors of all sorts, strong tea likewise and coffee.”**

**“Sleep as much as possible and at all hours.”**

**“Discussing maladies one with another is a foolish practice. It never did mortal any good and has been an injury to many.”**



Figure 8.8: Interpretive text incorporated into former industrial fabric, Ballast Point  
Source: GBA Interpretation Collection



Figure 8.9: Parramatta Justice Precinct entry stairs  
Source: GBA Interpretation Collection



Figure 8.10: Interpretive paver, St Michael's Cathedral, Wollongong  
Source: GBA Interpretation Collection



Figure 8.11: Etched metal and glass pavement insert, George Street, Sydney  
Source: GBA Interpretation Collection



## 8.6 Themed booklets/handbook

The information provided in the 2003 Sydney Adventist Hospital publication could be drawn upon to produce modest-sized booklets that are directed at specific parts of the site, or highlight a particular facet of the Hospital's development, such as its social history, nursing staff, Merrit Kellogg and the Bethel Museum collection, health movement etc.

Alternatively, the Sanitarium handbook (should a copy still exist) could be reproduced in booklet form and made available to illustrate the activities and procedures that once occurred on the site

The booklet/s could be distributed to waiting rooms and reception areas across the hospital, local schools, and the Local Historical Society. This approach will allow for a greater coverage of subject matter than is possible with plaques or signage. It can be distributed to a wide audience across the whole of the population of Wahroonga, and beyond.

As a device to convey information about the site, this has a high degree of potential to achieve an excellent communication of the whole span of the significance of the place to a wide audience. The booklet should:

- be generally expected to be 10-20 pages but may even-tuate as of greater or lesser length depending upon the outcome of the writing process
- cover the key phases of use, outlining the orchards and the establishment and activities of the Adventist Sanitarium.
- be privately printed, with an initial print run of approx. 500 copies

## 8.7 Website

Currently, the Sydney Adventist Hospital includes a brief overview of the general history of the site but does not include detailed information on its historical, aesthetic or social significance. Given that websites can be an effective medium to reach an audience on an international scale, it is recommended that a new component be introduced to the existing website, or that the existing "About Us" link be updated to include a comprehensive history of the site in the form of text and

images. Links could also connect to primary source materials such as early Sanitarium reports, handbooks, nineteenth century health reform, or excerpts of Ellen White's published works and articles.

## 8.8 Naming Strategy

This interpretive form is a means by which the historical components and associations of the place can be clearly linked to the present-day site. The actual name of a new development or structure can be chosen to reflect or celebrate some aspect of the significance of the place. This could be an historical figure, or a name that reflected the historical use of the place.

As part of the hospital redevelopment it has been proposed to name the new Ward 3 the Shannon Building, in keeping with the name of the existing structure.



Figure 8.12: "St Michael's Walk" naming strategy, Wollongong  
Source: GBA Interpretation Collection



Figure 8.13: Street naming strategy  
Source: GBA Interpretation Collection

## 8.9 Mural/mosaic

Murals and mosaics are typically effective media to convey information about, or impressions of, elements that are no longer extant, such as buildings or machinery, or are representative of intangible values or elements.

On the Wahroonga Estate Redevelopment site, there is the potential to install a:

- simple interpretive mosaic to outline the building footprint of the original 1903 Sanitarium. It is assumed that its location is known given its relatively recent (1973) demolition. This can be applicable in either indoor or outdoor settings, and placed into existing floors/corridors/pavement/courtyard/driveways, etc.
- mural with imagery depicting early Sanitarium features, activities or landscapes



Figure 8.14: Interpretive mosaic, Circular Quay  
Source: GBA Interpretation Collection

Figure 8.15: Footprint of former convict hut, Parramatta Justice Precinct  
Source: GBA Interpretation Collection



Figure 8.16: Mural depicting the historical themes of the A.C.I site  
Source: John Wells

## 8.10 Bethel House

As part of the proposed works for the Wahroonga Estate Re-development, it is intended to relocate 'Bethel' and the Merritt Kellogg Museum Collection. This should include the "SAN" landscape feature, fountain and its 2004 dedication to deceased nursing staff and students.

## 8.11 Archival Photographic Recording

As part of the proposed works for the Wahroonga Estate Re-development, an archival recording is to be carried out prior to the commencement of site works.

Once completed, a copy of the archival recordings should be placed with the relocated Bethel Museum for research and display purposes.

## 8.12 Archaeological Artefacts

In the event that Aboriginal or European archaeological artefacts are revealed during the proposed redevelopment of the site, and subsequent to the normal procedures to be carried out in accordance with the statutory legislative requirements and the guidelines of the NSW Heritage Branch, archaeological relics should form part of the site interpretation. Should artefacts be found during site works, this Interpretation Strategy should be revised to include specific strategies for the interpretation and display of such items.

Generally, artefacts should be deposited with the Bethel Museum, together with associated documentation and keyed maps identifying the location of each artefact.

Where appropriate and viable, artefacts may be displayed in buildings or public places relative to their location when uncovered. This could include secure displays within building foyers.



Figure 8.17: Wall display of archaeological artefacts in a residential foyer, The Rocks. The black square in the floor is a viewing panel similar in function to Figure 8.18 below.  
Source: Peter Tonkin 3D Design



Figure 8.18: Archaeological display with a viewing panel mounted at floor level, Brighton Museum  
Source: GBA interpretation Collection



Figure 8.19: Wall display of archaeological artefacts, The Rocks Museum  
Source: Peter Tonkin 3D Design

### 8.13 Interpretive landscaping

Reference can be made to the original function of the site through landscape planning. These might be through the installation of features associated with the hospital, with details or stylized elements representative of the former activities carried out on the site.

Options for this interpretive device range from straightforward re-use of original elements, to artistic or creative embellishments and installations that project a more abstract representation of the site's history. Possible examples include:

- replanting the 'San' that currently exists on site, near Bethel, following the cottage's relocation
- planting of orchard trees that were known to have been grown on site
- returning items that have been removed from the property



Generally, the content of all of the viable interpretation media for the site is to relate to either tangible or intangible aspects of the Hospital's evolution. This can address a wide range of topics, from the site's pre-Hospital use as an orchard and explorations of various aspects of the Hospital's growth, to intangible values such as its strong tradition of nursing education and sense of community.

The chosen messages to be conveyed should be presented using media that will best transmit the message to the audience. Some topics, such as the overall development of the site or a summary of key personalities (eg Ellen White/Merritt Kellogg/ Daniel Kress) can be readily used within a variety of media. These topics are just as easily transmitted on an interpretive panel as they are in a 3-fold brochure or booklet. However, there are other aspects to the Hospital's history which could only be presented in one or two formats; for example, an overview of the early medical practices and equipment would probably be most appropriate in a 3-fold brochure and would only be required to relate to items within the Merritt Kellogg Museum Collection's holdings of old 'tools of the trade.'

Where required, specific textual requirements relating to the delivery of information within particular formats have been outlined in Section 8.

## 9.1 Text

Irrespective of the form of media used, text should:

- Address key historic themes, which would form the backbone of the message of interpretive media
- Address topics that are conveyed through a range of media
- Include both tangible and intangible cultural heritage
- Be presented in a clearly legible and consistent font across all printed forms of media
- Draw on information and materials available from the Merritt Kellogg Museum, or Patrick's *The San: 100 Years of Caring*.

## 9.2 Images

Images that are to be used in association with text should reflect the diverse historical, social, spiritual and technical values identified across the site.

The following are a selection of images that may be used to accompany interpretive text in a range of media and implemented across the Hospital site. These are not intended to be proscriptive, but merely seek to identify some of the cultural heritage values inherent on the Sydney Adventist Hospital site.



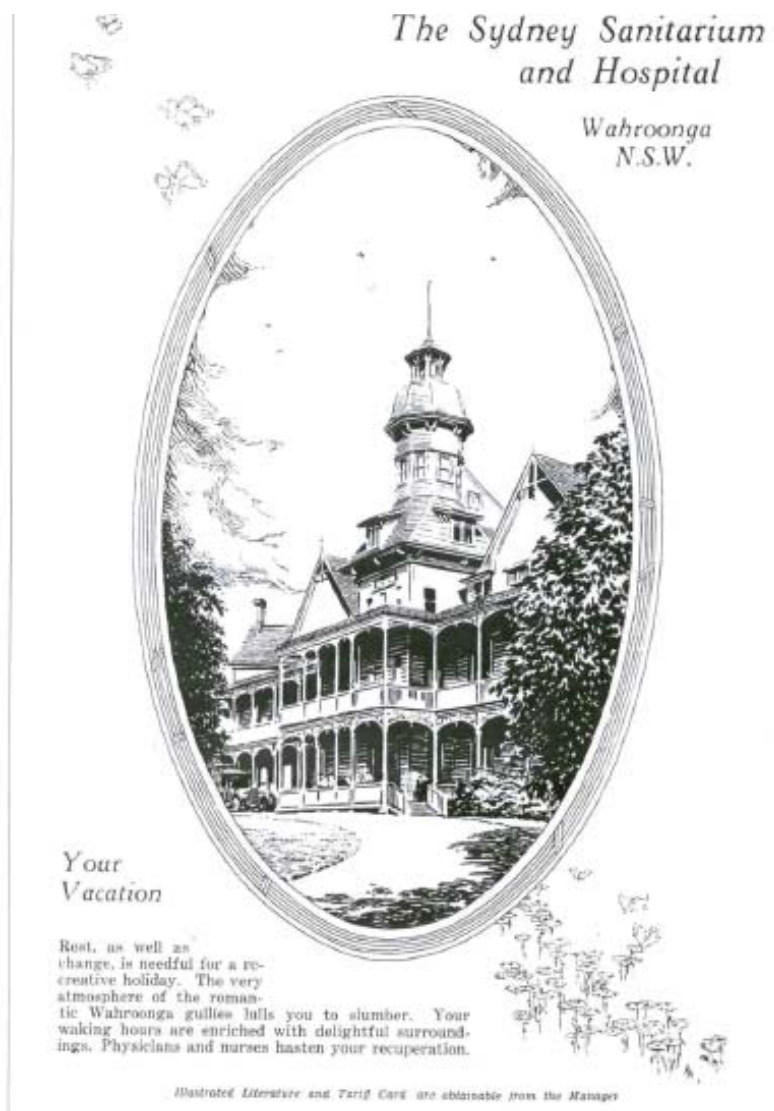
Figures 9.1 and 9.2: 1920s (top) and 1956 (above) photographs of the Sydney Adventist Hospital. These images simultaneously illustrate the nineteenth and twentieth century activities carried out on the site. When the Seventh Day Adventist Church purchased the site at the end of the nineteenth century, the land boasted a large orchard. From the early days of the Hospital's operation, the land also produced crops and boasted dairy herds.

Source: Patrick, *The San*



Figures 9.3-9.6: Images showing four different aspects of nursing life at the Sanitarium  
Source: Patrick, *The San*

Sydney Adventist Hospital  
Interpretation Strategy  
June 2010  
Graham Brooks & Associates Pty Ltd



Figures 9.7: Advertisement for the Sydney Sanitarium, 1930.  
Source: Patrick, *The San*



Figures 9.8: Sanitarium staff wait on the verandah for arriving patients  
Source: Patrick, *The San*

# Siting for Interpretation

# 10.0

## 10.1 General Considerations

In order to be effective, the location of interpretive devices should be selected with a view to reaching the maximum possible number of the target group/s. Often, one location can be potentially used for any one device selected from a range of different media.

In general terms, it is expected that the most effective locations for proposed interpretation of the site would be public places and open spaces, and areas that are exposed to the greatest volume of passing and general foot traffic, and those spaces which have the best opportunities to present important aspects of the significance of the site. These include foyers, principal buildings, pedestrian walkway/concourse, walls, routes to/from carparks, etc.

## 10.2 Signage Siting Considerations

Generally, it is recommended that in relation to placement of signs, panels and plaques:

- Low level signage, such as interpretive text pavers or plaques mounted in the pavement, should be located in areas of greater foot traffic, such as along the concourse towards the principal hospital buildings, and in pedestrian flow areas leading to and from carparks
- Signage should be oriented in such a way that they face visitors and approaching pedestrian traffic
- Any signage close to the main pathways would probably receive indirect illumination, and ideally should be sited in such a way as to be legible at night
- Freestanding signs should be located in areas where seating and passive recreation is encouraged
- Freestanding signs or plinth panels should be illuminated at night either directly or indirectly by means of landscape light in any garden beds in close proximity.



### 10.3 Proposed Locations

In considering the proposed redevelopment of the Sydney Adventist Hospital, there are identifiable areas that would be appropriate for interpretive use. These areas have been marked on the PA Control Staging Plan No 1, prepared by Morris Bray Architects (see Figure 10.1).

It is anticipated that as detailed plans for the proposed hospital buildings and principal floor arrangements in the Wahroonga Estate Redevelopment are resolved, specific locations for interpretation may be identified. To date, recommendations showing examples of suitable locations can only be made based on the available preliminary documentation for the overall site and that of the proposed buildings. A more detailed Interpretation Strategy will be required which specifies the final selection and location of devices in both exterior and interior spaces.

At this stage, interpretive media may potentially entail (but not be limited to) a combination of any of the below:

- 1) Interpretive text: affixed to mesh at the southern facade of the Stage 1B New carpark structure
- 2) Interpretive panels, pavers, mosaic, mural or text: to be installed along the Stage 2 New Concourse
- 3) Naming Strategy: “Shannon” for the Stage 3 Ward Building
- 4) Graphic etching/decal of orchard trees (or other stylised element relating in some way to the historical development or themes of the site) to large glass panels (or other suitable fabric) located on the ground floor level of one of the new buildings. This should be installed near the main public entrance to the nominated building, or along the length of a building exterior that is exposed to frequent pedestrian traffic.
- 5) Plaque or paver explanation linking the graphic with the history of the site
- 6) Interpretive panels or pavers: foyer or exterior of Stage 2 Faculty of Nursing and proposed Stage 3 “Shannon” building
- 7) Relocated Bethel House, with Merritt Kellogg Museum, fountain, etc



8) Brochures: to be made readily available in the reception/foyer area of the Administration Building, and key hospital buildings

9) Displays of archaeological artefacts: to be placed in secure, publicly accessible areas e.g. proposed Ward 3 Building or Bethel House

10) Mural depicting Sanitarium activities/landscape: could be located on any large exterior wall but may be best suited to a carpark (such as Stage 3 Shannon Carpark)

11) Re-issue of *The San*: to be available for sale from the hospital shop

12) Online historical material: to be linked through the existing Sydney Adventist Hospital website.

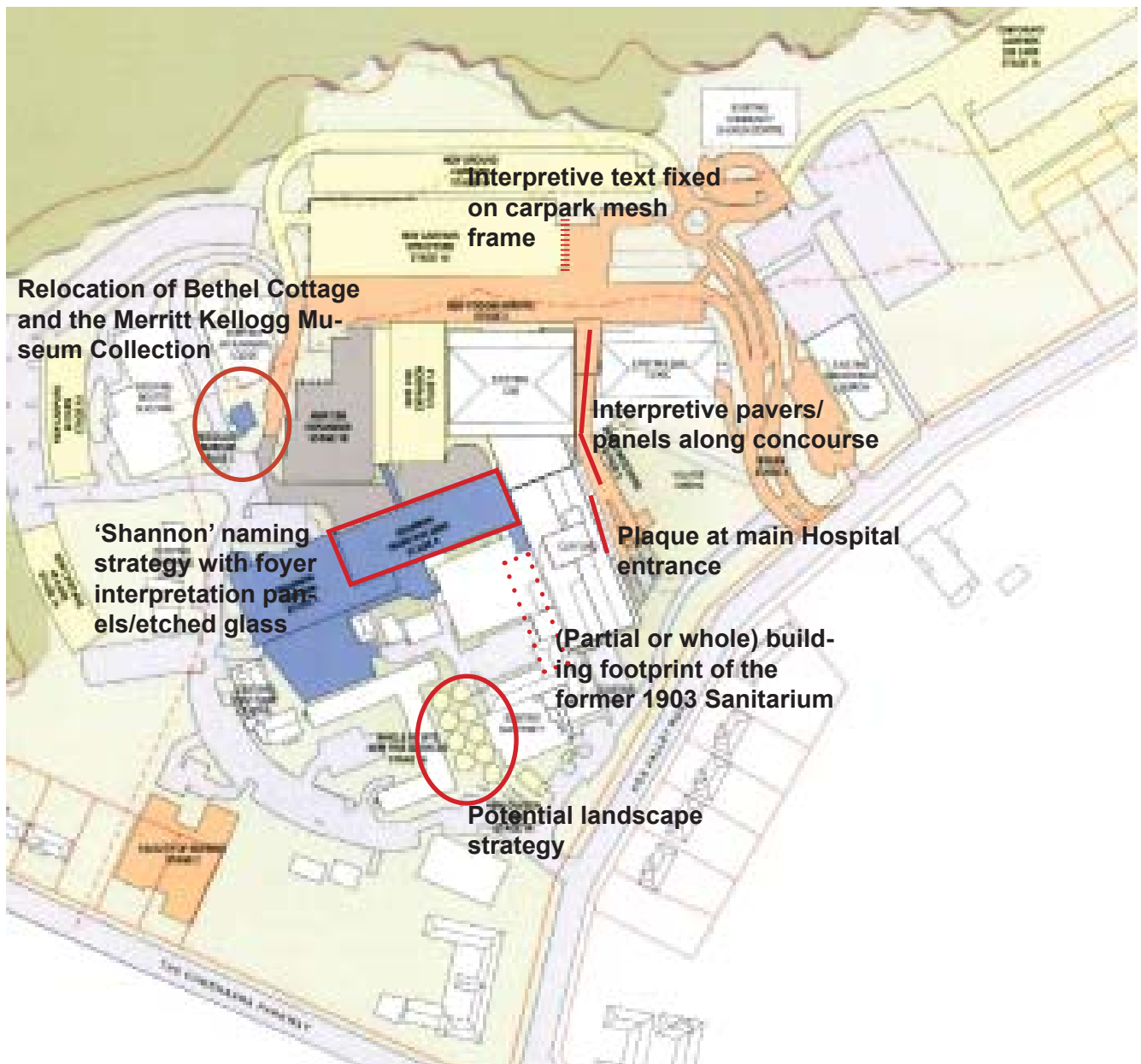


Figure 10.1: Staging Siteplan for the Sydney Adventist Hospital, showing the potential locations of some of the appropriate forms of interpretation across the site. This is intended as a preliminary guide only, as interpretation cannot be finalised until the final design is resolved and detailed architectural plans prepared.

Source: Masterplan Staging Siteplan supplied by Morris Bray Architects

# Maintenance and Evaluation

# 11.0

Interpretation of an item or place can inform the audience about its significance, but it is essential to assess the success of the interpretive methods used and to initiate new strategies should opportunities arise, or building activities and audiences change. This process can aid in reaching new audiences that may have emerged since the initial development of the interpretation policies, and update the information presented to the audience.

The points below demonstrate this assessment process in relation to the recommended devices in the Interpretation Strategy for the subject site.

## **Maintenance**

- Repair and maintenance of plaque/pavers/panels
- Reprinting of brochures and *The San*
- Maintenance of landscaped “SAN” feature
- Repair and maintenance of Bethel

## **Evaluation**

- Survey for target audience feedback, carried out in vicinity of site, to determine success of interpretive signage, naming strategy, booklet and brochure
- Updating of historical information as additional details become available
- Carry out inspection of physical fabric of the site to determine changes required in information presented
- Ensure captioning and presentation of material remains culturally appropriate and target-oriented.

## Recommendations

# 12.0

This Interpretation Strategy serves as a framework incorporating both an Interpretation Plan and Strategy, and has been shaped as a means by which interpretive concepts applicable to the subject site can be guided towards implementation. The subsequent Implementation stage, following endorsement of this Strategy, will entail the final selection and production of specific historical data and images, and provide details as to the graphics, materials, dimensions, fixings, etc., of installations to be tailored for the site.

As part of this process, it is recommended that:

- Key aspects of future interpretive devices should include the integration of interpretation into the future use and activities carried out on the site, and maximizing the sustainability of interpretive devices in the subject environment.
- Should Aboriginal or European archaeological material be revealed in site work, a revised Interpretation Strategy should be prepared in order to present and analyze themes and topics pertinent to the site and which include new archaeological information.
- The selection of locations for interpretive devices, and appropriate media, should be resolved once the final design and details for the Redevelopment are complete
- Interpretation of the site should address the site as both an individual place, and within the broader context as part of the Wahroonga area
- At minimum, interpretation of the place should consist of: heritage plaque/s, interpretive panels and interpretive text, relocation of 'Bethel' and its curtilage elements, and the housing of the archival photographic recording as part of the Merritt Kellogg Collection.

## Conclusions

# 13.0

This Interpretation Strategy forms part of the wider Master-Plan submission to the NSW Department of Planning for the proposal for the Part 3A Wahroonga Estate Redevelopment.

Having defined its significance, fabric and presence in the Wahroonga area, it captures the thematic development of the land, identifies potential audiences and details possible Interpretation devices in which information about the site can be appropriately conveyed based on the existing conditions of the site.

This Interpretation Strategy responds to the draft statement of commitment for the Wahroonga Estate Redevelopment, stating that:

*An interpretation strategy is to be prepared for the Sydney Adventist Hospital and associated buildings. It is to refer to identified historic themes and provide guidance in the development of a meaningful interpretation of the site. Contributing interpretive elements, including archival photographic recording and recovered relics, are to be housed on site, preferably in the 'Bethel' Museum.*

This Interpretation Strategy addresses these components and is submitted for endorsement.



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