



HERITAGE NEW ZEALAND  
POUHERE TAONGA

## New Zealand Heritage List/Rāangi Kōrero – Report for a Historic Place **Cashmere Sanatorium Open Air Shelter, CHRISTCHURCH** **(List No. 1974, Category 1)**

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Cashmere Sanatorium Open Air Shelter and Setting, R. Burgess, 19 January 2022, Heritage New Zealand  
Pouhere Taonga

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Last amended 5 December 2022  
Heritage New Zealand Pouhere Taonga

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## EXECUTIVE SUMMARY

### *Purpose of this report*

The purpose of this report is to provide evidence to support the inclusion of Cashmere Sanatorium Open Air Shelter in the New Zealand Heritage List/Rārangī Kōrero as a Category 1 historic place.

### *Summary*

Constructed around 1913-1915, the Cashmere Sanatorium Open Air Shelter at Coronation Reserve, 29 Major Aitken Drive, Christchurch, has outstanding symbolic value as a rare surviving open-air patient shelter situated on a former tuberculosis sanatorium site. Sitting on one of the remnant terraces of the Cashmere Sanatorium in Christchurch's Port Hills, the lone shelter is representative of numerous small timber structures built to house isolating tuberculosis patients. Its current position is its third within the large hillside complex dedicated to catering for different prevention, isolation, and intervention treatment needs. It provides a poignant insight into the early twentieth century response to the global disease of tuberculosis and of the relevance of isolation and fresh air health responses in our history. It has demonstrated community esteem through its protection history and has high potential to contribute to public education. As such, the Cashmere Sanatorium Open Air Shelter has outstanding significance for its architectural, historical, cultural and social values.

In Ōtautahi/Christchurch, the Ōpāwaho (Heathcote River) meanders around the base of the Ngā Kohatu Whakarakaraka o Tamatea Pōkai Whenua (Port Hills). The Huntsbury spur, not far from where the Cashmere Sanatorium was later developed, was one of the routes taken by Māori when crossing between the Port Hills and the plains. From 1850, colonial Christchurch was essentially built on a wetland site and, due to settlers' poor habits, by the 1870s, it had gained a reputation as New Zealand's unhealthiest town or city. Throughout the country, public health measures were needed to manage diseases including the global killer, pulmonary tuberculosis. After Nurse Maude's initial efforts with tuberculosis camps at New Brighton in the early twentieth century, the Cashmere Sanatorium was established in 1906 and eventually opened in 1910 as part of nationwide health efforts to contain and manage tuberculosis. The original sanatorium had a complex of brick buildings – a central administration and dining block, a small nurses' home and a morgue – and, spaced out on terraces to the east and north of the brick complex, were small timber shelters. These shelters were key components of the sanatorium, providing convalescent accommodation for those with early stages of the disease, for which rest and fresh air treatment was hoped to arrest. The sanatorium, with its rows of open-air shelters, was a place of hope compared to the Coronation Hospital built in 1913-14 further down the hill which, initially at least, was for patients with advanced stages of the disease (the so-

called 'incurables'). There was, however, one single open-air patient shelter erected near the hospital building, identical in design to many of those on the terraces and it was already in place by 1915.

Located at around sixty metres above sea level within Coronation Reserve on Huntsbury Hill, the Cashmere Sanatorium Open Air Shelter sits on a terrace behind residential housing off the end of the private Kimbolton Lane, off Major Aitken Drive. The shelter is a single storeyed timber structure, with a rectangular plan, approximately 3 metres by 3.3 metres, with vertical exterior cladding and a hipped corrugated iron roof. The north, west and east elevations each have half-glazed sliding doors – a characteristic feature as this enabled the structure to be open on three sides to access plenty of fresh air. Glazing is Perspex, a replacement of the original glass.

On its large hillside site, the sanatorium complex developed through the first half of the twentieth century, eventually amalgamating as a single institution with the hospital nearer the bottom of the hill. Further up the hillside, a military sanatorium was built in 1918-1919 for returned soldiers with tuberculosis. To its north-east a fresh air home (or preventorium) for children opened in 1923 and an open-air school was added there in 1926. The military sanatorium site was cleared in 1932 but in 1942 a new Upper Sanatorium (Annex) complex was built above that site, largely in response to the needs of returning soldiers from the Second World War. From this time, the process of patient admission changed, with all being admitted through the Coronation Hospital then being transferred 'up the hill' to the Upper Sanatorium. The original sanatorium had become known as the Middle Sanatorium in 1932, and the movement of a patient to it signalled optimism towards discharge. As medical care improved and cases of tuberculosis declined from the mid twentieth century, the full sanatorium was no longer seen as necessary, though the hospital and Annex remained in use. By 1950 the last patient had left the Middle Sanatorium. The small shelters were easily relocatable and were taken off site in 1960, many for reuse as garden sheds, garages and summer houses. In 1970 the main brick buildings of the Middle Sanatorium were demolished. The timber former children's pavilion was destroyed by fire in 1971 and later, in 1990, the then-empty Nurses' Home suffered the same fate. The hospital, which had refocused on geriatric care, was closed in 1991, and its main buildings (including the Annex higher up on the hill) were demolished in 1993 to make way for Fulton Hogan's new housing development, Broad Oaks. As the hospital complex was being demolished, the surviving open-air patient shelter was shifted by Fulton Hogan to a temporary grassy area near a large broad oak tree on Kenmure Drive. In 1997 Fulton Hogan gifted this surviving shelter to Christchurch City Council so that it could be reinstalled on a surviving terrace of the original Middle Sanatorium, set aside as the Coronation Reserve. This Cashmere Sanatorium Open Air Shelter was restored in 2001-2002.

## **1. IDENTIFICATION<sup>1</sup>**

### **1.1. Name of Place**

#### *Name*

Cashmere Sanatorium Open Air Shelter

#### *Other Names*

Cashmere Sanatorium Open Air Hut

Coronation Reserve Hut

Tuberculosis Shelter

Cashmere Sanatorium Open Air Cabin

Coronation Hospital Open Air Shelter

### **1.2. Location Information**

#### *Address*

29 Major Aitken Drive

Huntsbury

Christchurch

Canterbury

#### *Additional Location Information*

GPS reading: E1571685 N5175559

(Access is either by walking up a track from the entrance to Coronation Reserve at 29 Major Aitken Drive or via the private Kimbolton Lane, where there is an easement right of way).

#### *Local Authority*

Christchurch City Council

### **1.3. Legal Description**

Lot 29 DP 73705 (RT CB42C/696), Canterbury Land District

### **1.4. Extent of List Entry**

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<sup>1</sup> This section is supplemented by visual aids in Appendix 1 of the report.

Extent includes part of the land described as Lot 29 DP 73705 (RT CB CB42C/696), Canterbury Land District and the building known as Cashmere Sanatorium Open Air Shelter thereon. (Refer to map in Appendix 1 of the List entry report for further information).

### 1.5. Eligibility

There is sufficient information included in this report to identify this place. This place is physically eligible for consideration as a historic place. It consists of a combination of land, a building and associated structures fixed to land which lies within the territorial limits of New Zealand.

### 1.6. Existing Heritage Recognition

*Local Authority and Regional Authority Plan Scheduling*

Not scheduled in Christchurch District Plan Operative December 2017.

*Reserve*

This place is part of a recreation reserve, not yet gazetted

## 2. SUPPORTING INFORMATION

### 2.1. Historical Information

*Ōtautahi/Christchurch*

Ōtautahi/Christchurch and the wider area have a long history of Māori occupation. The vast network of wetlands and plains of Kā Pakihi Whakatekateka o Waitaha/Canterbury Plains is inherently important to Ngāi Tahu. A major waterway running through Ōtautahi is the Ōpāwaho (Heathcote River). Kā Huru Manu (Ngāi Tahu Cultural Atlas) summarises information about the river as follows:

*Ōpāwaho (Heathcote River) is a spring-fed river that meanders its way through Christchurch into Te Ihutai (the Avon-Heathcote Estuary). The modern-day suburb of Opawa takes its name from Ōpāwaho. More specifically, Ōpāwaho was a pā on the river banks between what is now Judge Street and Vincent Place in Christchurch that was also used as a resting place for Ngāi Tahu travelling between Kaiapoi and Horomaka/Te Pātaka-a-Rākaihautū (Banks Peninsula). The river was part of the interconnected network of ara tawhito (traditional travel routes) that crossed the once-widespread wetland system of greater Christchurch. The river, and its immediate area, was an important kāinga mahinga kai (food-gathering place) where native fish such as tuna (eels), inaka (whitebait), mata (juvenile whitebait), kōkopu (native*

trout), *koukoupāra* (giant *kōkopu*), and *kanakana* (lampreys) were gathered. Ducks such as *pārera* (grey duck), *pūtakitaki* (paradise duck), *raipo* (New Zealand scaup), *tataa* (brown duck), and *pāteke* (brown teal) were also harvested from the river. *Taura*, *pōra* ('Māori turnip'), *tutu*, and *aruhe* (bracken fernroot) were all gathered from the river banks.<sup>2</sup>

Ōpāwaho meanders around the base of Ngā Kohatu Whakarakaraka o Tamatea Pōkai Whenua (Port Hills).<sup>3</sup> The Huntsbury spur was one of the routes taken by Māori when crossing between the Port Hills and the plains.<sup>4</sup>

From 1849-1850 the Canterbury Association oversaw the systematic European settlement of Canterbury and surveyed the town of Christchurch and rural sections outside of the town boundary.<sup>5</sup> Much of the city was built on a wetland site. Despite it being an important mahinga kai area for Ngāi Tahu, the Pākehā settlers' poor habits of discarding waste directly onto the land and waterways meant that, by the 1870s, Christchurch had gained a reputation as New Zealand's unhealthiest town or city.<sup>6</sup> Hospitals were established but they were far less important than public health measures in improving the health of residents and managing contagious diseases such as bubonic plague, influenza and tuberculosis.<sup>7</sup>

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<sup>2</sup> Kā Huru Manu (Ngāi Tahu Cultural Atlas), referencing the following: *Te Taura Whiri i te Reo Māori* (1989) Ngāi Tahu 1880. H.K. Taiaroa. (Unpublished typescript) Ngāi Tahu Archive. Collection 140. Item D301, Box 102, D. Wai-27. Wai-27 Doc – R30 – Book "Ngāi Tahu 1880." Macmillan Brown Library Archives Collection, p. 14:38; Teihoka, Taare Wi (1880) cited in *Te Taura Whiri i te Reo Māori* (1989) Ngāi Tahu 1880. H.K. Taiaroa. (Unpublished typescript), Ngāi Tahu Archive. Collection 140. Item D301, Box 102, D. Wai-27. Wai-27 Doc – R30 – Book "Ngāi Tahu 1880." Macmillan Brown Library Archives Collection. P42:91; Stack, J.W. (1894) in CH98, S [Survey] Files No.26, 1890-1903, Archives New Zealand, Christchurch; Andersen, J.C. (1927) *Place-names of Banks Peninsula: a topographical history*. pp. 143, 144 & 223; Taylor, W.A. (1952) *Lore and history of the South Island Māori*. p. 49; Cowan, J. (1923) *Māori folk tales of the Port Hills, Canterbury, New Zealand*. p. 21; Beattie, J.H. (1945) pp. 58, 98, 99 & 112; Taylor, W.A. cited in Beattie, J.H. (1945) *Maori place names of Canterbury: including Māori place names of Canterbury: including one thousand hitherto unpublished names collected from Māori sources*. pp. 103 & 109.

<sup>3</sup> This Māori name for the Port Hills references the legendary travels of Tamatea, captain of the Takitimu canoe; Puamiria Parata-Goodall, *A Cultural Narrative for the University of Canterbury Masterplan process 2015*, pp. 11-12.

<sup>4</sup> Gordon Ogilvie, *Port Hills of Christchurch*, 1978 (printed 1991), p. 137. Kā Huru Manu (Ngāi Tahu Cultural Atlas).

<sup>5</sup> Geoffrey Rice, *Christchurch Changing: An illustrated history*, rev. ed., Christchurch: Canterbury University Press, 2008, pp.15-17; Frieda Looser, *Fendall's Legacy: A history of Fendalton and north-west Christchurch*, Christchurch: Canterbury University Press, 2002, pp.18-19.

<sup>6</sup> Malcolm McKinnon (Ed.), *New Zealand Historical Atlas*, 1997, Plate 55; Christine Dann, 'Sewage, water and waste - Dirt and disease', *Te Ara - the Encyclopedia of New Zealand*, <http://www.TeAra.govt.nz/en/sewage-water-and-waste/page-2> (accessed 2 November 2022)

<sup>7</sup> Malcolm McKinnon (Ed.), *New Zealand Historical Atlas*, 1997, Plate 55.

## *Tuberculosis*

Tuberculosis (TB) is a contagious, infectious disease, due to *Mycobacterium tuberculosis* (MT) that has been a permanent challenge over the course of human history.<sup>8</sup> Tuberculosis of the lungs – pulmonary tuberculosis, commonly known as TB – is the bacterial destruction of lung tissue. Bacteria is transmitted from person to person via droplets and in the form of coughing. Patients were described as ‘consumptive’, as it was considered that the body was somehow consuming itself, and for a long time there was no actual cure for tuberculosis. In the eighteenth century, the infectious origin of tuberculosis was conjectured by English physician Benjamin Marten, and the first successful treatments were introduced in the form of sanatorium care.<sup>9</sup> Treatment sought to arrest lung destruction through rest and exposure to sunlight and fresh air.

In the second half of the nineteenth century, dedicated tuberculosis sanatoria were established, some of the earliest being in Poland (then Prussia), Germany and United States of America.<sup>10</sup> They were often set up outside of cities, in natural surroundings, ideally in the dry air of an unspoilt mountain region. By the turn of the twentieth century, the *Lancet* opened with a series of articles espousing that sanatoria were crucial for the management of the disease and by 1904 there were 135 sanatoria in existence for this purpose.<sup>11</sup>

In New Zealand, as in other parts of the world, tuberculosis was a major cause of death in the late nineteenth century.<sup>12</sup> In 1903 the first dedicated open-air treatment places were set up. In mid-1903 the Department of Public Health established Te Waikato, a sanatorium near Cambridge in the North Island for the treatment of tuberculosis through fresh air, sunlight, exercise and good food.<sup>13</sup> In the South Island, District Nurse Sibylla Maude established a consumptive camp in December 1903, housing and caring for patients in tents in the sand

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<sup>8</sup> I. Barberis, N. L. Bragazzi, L. Galluzzo and M. Martini, The history of tuberculosis: from the first historical records to the isolation of Koch’s bacillus, *Journal of Preventive Medicine and Hygiene*, 58(1): E9-E12, Mar. 2017.

<sup>9</sup> I. Barberis, N. L. Bragazzi, L. Galluzzo and M. Martini, The history of tuberculosis: from the first historical records to the isolation of Koch’s bacillus, *Journal of Preventive Medicine and Hygiene*, 58(1): E9-E12, Mar. 2017.

<sup>10</sup> Warren P. The evolution of the sanatorium: the first half-century, 1854-1904. *Can Bull Med Hist*. 2006;23(2):457-76. doi: 10.3138/cbmh.23.2.457. PMID: 17214126.

<sup>11</sup> Warren P. The evolution of the sanatorium: the first half-century, 1854-1904. *Can Bull Med Hist*. 2006;23(2):457-76. doi: 10.3138/cbmh.23.2.457. PMID: 17214126.

<sup>12</sup> Newspaper accounts in the nineteenth century frequently noted tuberculosis as the cause of death (for example, *Westport Times*, 29 Aug. 1876, p. 4); Linda Bryder, 'Hospitals - Spas, sanatoriums and surgery', *Te Ara - the Encyclopedia of New Zealand*, <http://www.TeAra.govt.nz/en/hospitals/page-3> (accessed 6 July 2022)

<sup>13</sup> *Waikato Times*, 23 Jul. 1903, p.2).



hills near New Brighton, on the outskirts of Christchurch.<sup>14</sup> Although insufficient donations meant both this and her later Wainoni camp petered out after a few years, Nurse Maude's work in this sphere was very important for raising awareness of both the tragedy of pulmonary tuberculosis and ways to care for those with it.<sup>15</sup>

### *Cashmere Sanatorium*

Following on from Nurse Maude's good early work, in 1906 the North Canterbury Hospital and Charitable Aid Board decided to build a sanatorium for consumptive patients in the Port Hills of Christchurch.<sup>16</sup> Being out of the smog and with pleasant views, the hills in Christchurch were considered to provide a healthy atmosphere for the sanatorium, and a site was donated for the purpose by the Cracroft Wilson estate.<sup>17</sup> There was some resistance to the location by residents in the wider area, raising concerns about potential health risks or the impact of property values.<sup>18</sup> Nevertheless, planning continued. The architectural partnership of Samuel Hurst Seager, Cecil Wood and Joseph Munnings was engaged to draw up sketch plans and by June 1906 they were advertising for 'tenders for road formation and excavating on the Cashmere Hills for the Consumption Sanatorium Committee'.<sup>19</sup> Around mid-1906, Seager also designed a specimen shelter for Nurse Maude's camp, with the view that it inform the medical members of the Cashmere Sanatorium plans committee.<sup>20</sup>

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<sup>14</sup> *Lyttelton Times*, 9 Dec. 1903, p. 7 and 15 Jul. 1904, p. 4 and p. 6; *Press*, 2 Mar. 1905, p. 10; *Otago Daily Times*, 9 Dec. 1905, p. 8. Vivienne Allan, *Nurse Maude: The First 100 Years*, 1996, pp. 24-25.

<sup>15</sup> *Lyttelton Times*, 15 Mar. 1906, p. 5; E. M. Somers Cocks, *A Friend in Need: Nurse Maude: her Life and Work*, 1950, pp. 70 ff. Nurse Maude's patients were accommodated at the Bottle Lake Hospital until the Cashmere Sanatorium was opened (*Manawatu Standard*, 24 Jul. 1908, p. 5).

<sup>16</sup> *Lyttelton Times*, 26 Nov. 1906, p. 2.

<sup>17</sup> *Lyttelton Times*, 15 Mar. 1906, p. 5 and 4 Apr. 1906, p. 2; *Star*, 7 May 1906, p.3.

<sup>18</sup> *Lyttelton Times*, 26 Jul. 1906, p. 6; *Press*, 1 Aug. 1906, p. 8; *Akaroa Mail and Banks Peninsula Advertiser*, 7 Aug. 1906, p. 2. Just as the experience of having tuberculosis and needing to be separated from family and normal life was generally an unpleasant experience, for many in the wider community, the presence of a congregation of people sick with tuberculosis was not welcomed by many in the general vicinity of what became the Cashmere Sanatorium. This concept of nimbyism ('not in my backyard') can be seen, for example, in letters to the editor 1906-1907 including someone with the nom-de-plume 'Anti-Germ'.

<sup>19</sup> *Press*, 6 Jun. 1906, p. 5; *Lyttelton Times*, 21 Mar. 1907, p. 9.

<sup>20</sup> *Lyttelton Times*, 28 May 1906, p. 2.



Figure 1 Approximate Sketch of Consumptive Sanatorium, Cashmere Hills, Samuel Hurst Seager, 1906<sup>21</sup>

A ceremonial laying of the foundation stone of the 'Canterbury Sanatorium for Consumptives' by Acting Premier, William Hall-Jones, took place on 20 March 1907 but progress on building works was slow.<sup>22</sup> In 1908-1909, a central brick administration and dining building was constructed, and nearby was a disinfecting laundry and morgue.<sup>23</sup> Slightly further up the hill, a brick Nurses' Home was constructed to accommodate the specialist team of nurses required to live and work at the site.<sup>24</sup> The portable patient shelters were the last to be worked on.<sup>25</sup> While Seager, Wood and Munnings had developed early shelter designs, the architects Collins and Harman were also involved at the site from mid-1909. Designs for open-air shelters were being prepared 'by the North Canterbury Hospital Board Architect' in mid-1909 and the successful tenderer for the contract was W.F. Maher.<sup>26</sup> The first group of shelters was under construction in October 1909 when a severe storm badly damaged a retaining wall and the in-progress shelters were destroyed.<sup>27</sup> This sparked

<sup>21</sup> Report of the Department of Public Health, *Appendix to the Journals of the House of Representatives*, 1906 Session II, H-31 [bird's eye concept drawing].

<sup>22</sup> *Lyttelton Times*, 21 Mar. 1907, p. 9.

<sup>23</sup> *Press*, 5 Feb. 1909, p. 6; *Lyttelton Times*, 24 Jul 1909, p. 2.

<sup>24</sup> Photograph of Sanatorium, Cashmere Hill, Alexander Turnbull Library, Ref: 1/1-011708-G.

<sup>25</sup> *Press*, 15 Jan. 1908, p. 5 reported that the portable huts were yet to be built.

<sup>26</sup> *Lyttelton Times*, 5 Feb. 1909, p. 3 and 24 Jul. 1909, p. 2; *Press*, 23 Sep. 1909, p. 8. It is not clear if this would be Hurst Seager or the architectural partnership of Collins and Harman, as they became architects for the North Canterbury Hospital Board's architects for some parts of the Cashmere Sanatorium as well as for a variety of other hospitals in North Canterbury, for example offices (*Press*, 24 Nov. 1910, p. 11) and the Kaikoura Hospital (*Star*, 24 Nov. 1917, p. 7).

<sup>27</sup> *Star*, 27 Oct. 1909, p. 3 and *Press*, 28 Oct. 1909, p. 4.

another round of debate about the suitability of the hillside for the sanatorium.<sup>28</sup> The North Canterbury Hospital Board's architect was on the ground at the height of the storm which damaged the shelters under construction.<sup>29</sup> It was clear further work was required to stabilise the shelters when re-erected.<sup>30</sup>

Funds were tight and much consideration was given to economy. It took several years of fundraising efforts and a subsidy from the government before the first phase, with some patient shelters, was finally completed in early 1910. The sanatorium was reached by a half-mile (800 metres) of winding road from Ōpāwaho/Heathcote River and plains. Flat terraces were excavated for the shelters on the hillside to the north and west below the main block, and to the east towards a large gully. To stabilise the excavated clay walls, tar seal was used on the gentler slopes while the steeper walls were covered in concrete.<sup>31</sup> Pine trees were planted for shelter along the boundaries and the road.<sup>32</sup> Initially the plan was to have 50 'shelters' – those for the men were below the plateau on the western end and those for the women were in the valley on the eastern side of the main brick buildings – and ranging in sizes to accommodate either one, two or three patients.<sup>33</sup>

The first of the sanatorium's open-air shelters were built in late 1909 and more were added in October 1910 and throughout the course of the decade.<sup>34</sup> Women's shelters were on terraces to the east of the central brick building and, separately, the men's shelters were below the central brick building to the west. The first patients were accepted in March 1910.<sup>35</sup> They housed patients with early stages of tuberculosis of the lungs in the expectation that they would benefit from the treatment of regular mild exercise, rest, ample diet and plenty of fresh air.<sup>36</sup> Where possible the doors and windows were kept open and some of the huts could be rotated to catch the sun.<sup>37</sup> Fresh air was a-plenty, but sometimes the winds were so strong that bedding blew from the beds and the occupants had to close

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<sup>28</sup> *Star*, 27 Oct. 1909, p. 3 and *Press*, 28 Oct. 1909, p. 4.

<sup>29</sup> *Press*, 25 Nov. 1909, p. 3.

<sup>30</sup> *Press*, 25 Nov. 1909, p. 3.

<sup>31</sup> T. O. Enticott, *Up the Hill: Cashmere Sanatorium and Coronation Hospital 1910 to 1991*, 1993, p. 4.

<sup>32</sup> Enticott, 1993, p. 25.

<sup>33</sup> *Lyttelton Times*, 21 Mar. 1907, p. 9.

<sup>34</sup> *Press*, 28 Oct. 1910, p. 4 and 27 Feb. 1913, p. 2; *Lyttelton Times*, 24 Apr. 1913, p. 4 and 4 Mar. 1914, p. 7; *Sun*, 30 Apr. 1914, p. 3. The shelters for the first 31 patients appear to have been built in 1910, there were 62 beds by August 1913 and 85 beds in 1917, in three rows and terraces on both the men's and the women's sides (Enticott, 1993, p. 5).

<sup>35</sup> *Lyttelton Times*, 5 Mar. 1910, p. 9.

<sup>36</sup> *Lyttelton Times*, 27 Jan. 1910, p. 6; *Otago Witness*, 20 Apr. 1910, p. 64; Enticott, 1993, p. 1.

<sup>37</sup> Enticott, 1993, p. 5.

their doors.<sup>38</sup> Furniture was sparse and comprised an iron-framed hospital bed, locker, simple wardrobe and chair.



*Figure 2 Second floor & part of top row, women's shelters, Middle Sanatorium, 1913, Christchurch City Libraries, Ref. CCL-Arch887-065 [Note the earlier shelters on the higher terrace have gable slate roofs, while the lower level terrace has shelters with hipped roofs covered in corrugated iron. The closest two shelters are on wheels to allow pivoting towards the sun].*

A pavilion for young tuberculosis children was built in 1915 on the uppermost eastern terrace, immediately above the women's shelters.<sup>39</sup> When it opened in December 1915, it had eight beds and a dining room.<sup>40</sup>

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<sup>38</sup> *Evening Post*, 16 Jun. 1910, p. 8.

<sup>39</sup> *Timaru Herald*, 13 May 1915, p. 3; Enticott, 1993, p. 16. The Children's Pavilion is shown in photographs under heavy snow in 1919, Christchurch City Libraries, Ref. CCL-Arch887-108.

<sup>40</sup> Enticott, 1993, p. 16.





Figure 3. Panorama of women's shelters and children's pavilion, 1 Jan. 1921, CCL-Arch887-063

#### *King George V Coronation Memorial Hospital*

Whereas the open-air shelters were for patients with a degree of self-sufficiency in the earlier stages of the disease, another facility was required for those with advanced cases of tuberculosis and needing prolonged bed-rest and active nursing care.<sup>41</sup> King George V Coronation Memorial Hospital ('Coronation Hospital'), designed by architects Collins and Harman, opened further down on the hillside site in 1914 and had accommodation for 37 beds for the so-called 'incurables'.<sup>42</sup> The North Canterbury Hospital Board took over the running of the hospital before it opened, as private fundraising failed to raise the money necessary to complete the buildings and fit them out. The Coronation Hospital was a north-facing two-storeyed brick structure, with verandahs and plenty of window space for open air exposure. To the west and south-west of the hospital building were other buildings, the smaller of which was a single open-air shelter of the exact same design as many of those higher up on the sanatorium terraces. Until the late 1920s, the hospital was seen as separate from the sanatorium further up the hill and it wasn't until 1932 that the two were fully amalgamated.<sup>43</sup>

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<sup>41</sup> *Lyttelton Times*, 4 Mar. 1914, p. 7.

<sup>42</sup> *Lyttelton Times*, 29 Jan. 1913, p. 3; *Progress*, 1 May 1913, p. 485.

<sup>43</sup> Enticott, 1993, p. 9.





*Figure 4 King George V Coronation Memorial Hospital, Christchurch, Steffano Webb, 1915, National Library, Tiaka Ref: 1/1-005368-G [Note the buildings to the right of the main hospital, including the small open air shelter marked by the red arrow]*

As patient numbers increased, so did the need for more nursing staff. The original brick nurses' accommodation at the sanatorium soon proved inadequate and a new Nurses' Home was built in 1917 a little further up the slope above the original Nurses' Home.<sup>44</sup> A long timber building with deep north-facing verandahs, the new Nurses' Home was originally of two storeys. Another floor was added in 1924 and it was extended again in 1931.<sup>45</sup>

Patients in the open-air treatment shelters were expected to look after their own shelter accommodation and walk to and from the main service areas.<sup>46</sup> A regimen of regulated rest, an ample dairy-rich diet, and eventually graded exercise was a key part of the treatment as well as clinical examination, which involved measuring a patient's temperature, body weight and phlegm. The development of chest x-rays in the 1920s improved diagnosis and assessment of progress but horizontal rest remained the mainstay for patients.

<sup>44</sup> *Lyttelton Times*, 25 May 1916, p. 10; *Press*, 29 Mar. 1917, p. 5; Enticott, 1993, p. 17.

<sup>45</sup> Enticott, 1993, p. 17.

<sup>46</sup> Enticott, 1993, p. 5.

In 1932 the site of the original sanatorium was renamed Middle Sanatorium, as a reflection of further developments higher up the hill.

### *Military Sanatorium*

Between 1914 and 1918, Cashmere Sanatorium felt the impact of World War One through staff change and difficulty in procuring medications. In November 1918, the global influenza epidemic (with the misnomer 'Spanish flu') also began affecting sanatorium patients and staff alike. Towards the end of the war, in 1918-1919, a new set of buildings were constructed higher up on the hillside (approximately 180 metres above sea level, 60 metres above the civilian tuberculosis institution), to cater for the large number of returned servicemen with tuberculosis.<sup>47</sup> Modelled on the existing sanatorium below, it had shelters for patients below an administration and services block, and a staff hostel above.

This Military Sanatorium ('the Soldiers San') opened in July 1919 with shelters containing 50 beds, and this was later expanded to 100 beds.<sup>48</sup> Initially administered by the Defence Department, the military sanatorium was subsequently taken over by the Hospital Board. By 1925, the demand from ex-service patients was decreasing and civilian male tuberculosis patients became the main users. In 1932, the original Military Sanatorium closed and the site was cleared.<sup>49</sup>

However, World War Two saw renewed demand for the sanatorium as part of war emergency measures.<sup>50</sup> Once again, returning servicemen with tuberculosis required a place for treatment and convalescence. A new complex, named the Upper Sanatorium, was built about 45 metres above the site of the earlier military sanatorium, high up on the hill.<sup>51</sup> It began admitting patients in November 1942.<sup>52</sup> From this time, the process of patient admission changed, with all being admitted through the Coronation Hospital then being transferred 'up the hill' to the Upper Sanatorium.<sup>53</sup> A move then to the Middle Sanatorium signalled optimism towards discharge. The Sanatorium was exempt from wartime food

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<sup>47</sup> *Progress*, 1 Jun. 1919, p. 532; *Sun*, 9 Jun. 1919, p. 9.

<sup>48</sup> *Sun*, 9 Jun. 1919, p. 9; Enticott, 1993, p. 19.

<sup>49</sup> Enticott, 1993, p. 21.

<sup>50</sup> *Press*, 27 Aug. 1942, p. 6.

<sup>51</sup> The upper sanatorium was previously entered on the Register of historic places, historic areas, wāhi tapu and wāhi tapu areas (List No. 1940) but that was demolished and so removed from the List in 1994.

<sup>52</sup> *Press*, 3 Nov. 1942, p. 6.

<sup>53</sup> Enticott, 1993, p. 41.

rationing as good quality and quantity food was considered an essential part of the patient's road to recovery. Later, the Upper Sanatorium became known as the Annex, as part of Coronation Hospital facilities.

*Fresh Air Home for Children, and its associated Open-Air School*

In 1923, a Fresh Air Home or 'Preventorium' for children was opened high up on the site (eastward and slightly higher than the military sanatorium).<sup>54</sup> This spacious two-storeyed timber building was designed to take children whose parents had tuberculosis or who were otherwise at risk of the disease and provide them with healthy living conditions. A masonry open-air school building was opened alongside the children's home in August 1926.<sup>55</sup> As well as having balconies for open-air lessons, the roof was flat so that the children could have further lessons and exercise in the sun.<sup>56</sup> Both the home and school were administered and run by the Hospital Board and provided a model for the Health Department's homes and open-air schools. Of the 600 children who lived in the home over its 33 years, only six were diagnosed with tuberculosis.

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<sup>54</sup> *Star*, 19 Oct. 1923, p. 7 and 20 Oct. 1923, p. 9.

<sup>55</sup> *Press*, 12 Aug. 1926, p. 3.

<sup>56</sup> *Press*, 12 Aug. 1926, p. 3.

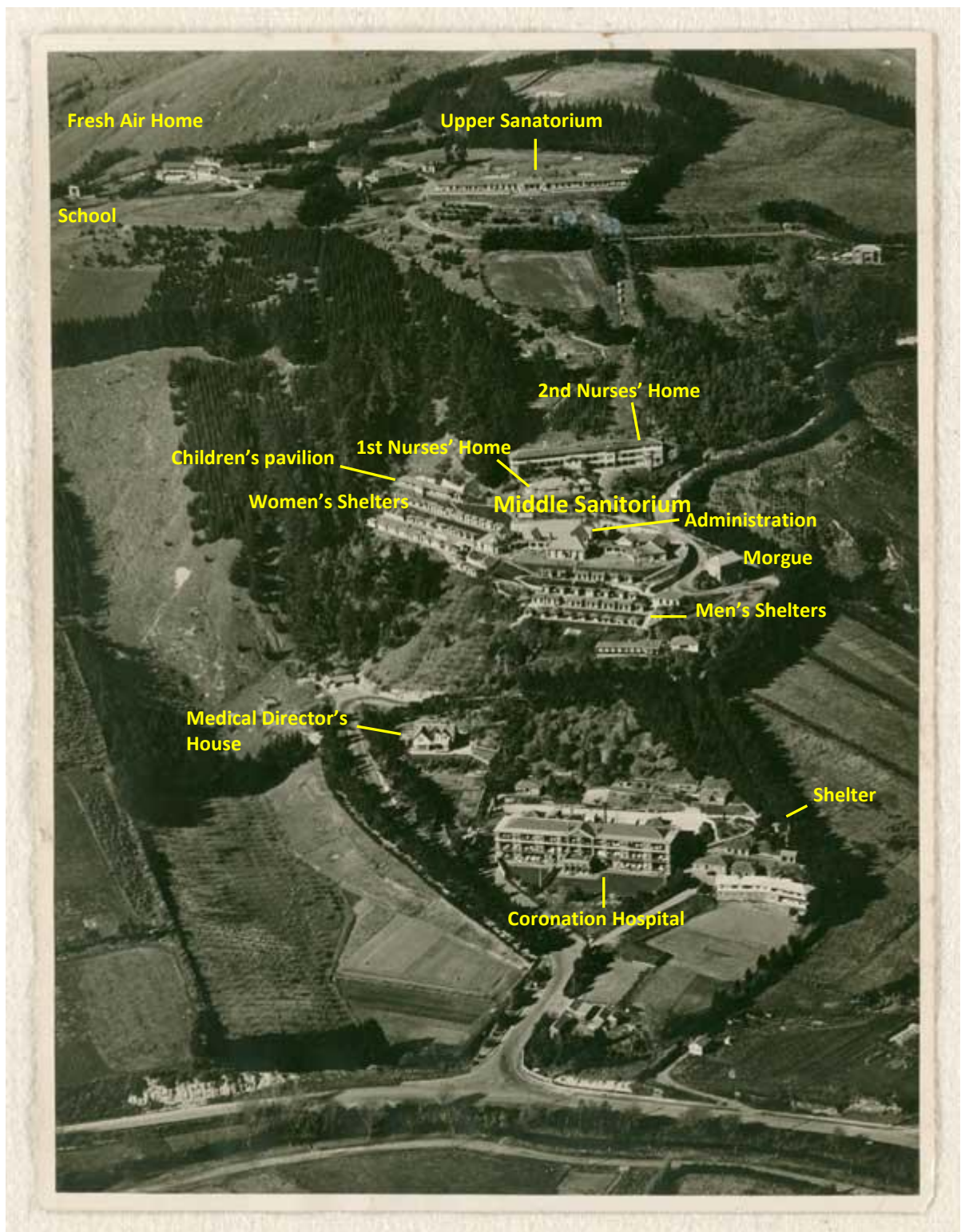


Figure 5. Cashmere Sanatorium, 1940s, Christchurch City Libraries, Ref. CCL-Arch887-066 [Note the single shelter in the trees marked to the right of Coronation Hospital. The Upper Sanatorium shown at the top was the military sanatorium built during the Second World War, in an area just above the site of the first military sanatorium from the First World War]

*People associated with the running of the Cashmere Sanatorium*

Dr George J. Blackmore (1863-1947) was the Medical Superintendent of Cashmere Sanatorium from 1910 until 1929. He had prior experience of tuberculosis management, working in Edinburgh under Sir Robert W. Philip (1857-1939), who from 1880 pioneered isolation and treatment of the disease.<sup>57</sup> Dr Blackmore advocated for the construction of a large hospital (Coronation Hospital) dedicated to the care of advanced cases.

From 1913, Dr Blackmore implemented a special training programme for nurses, recognising them through a special 'tuberculosis nurse's certificate'.<sup>58</sup> Some of these elite 'TB nurses' had started out as patients themselves. The nursing staff was critical to the running of the sanatorium. One notable is Miss Lucy M. Trumble (d. 1955) who gave 20 years' service, first coming to the sanatorium in 1910, then becoming as sister-in-charge at Coronation Hospital from 1915, matron of the military sanatorium after returning from overseas service in 1919, and finally matron from 1929 until her retirement in 1935.<sup>59</sup> The Nurses' Home was the centre of social life for the nurses, as their lives were close-knit and often members of the wider community were reluctant to socialise with anyone from the sanatorium due to (unwarranted) fears of contamination.

Major William Aitken (d. 1958), a returned soldier, was officer commanding at the military sanatorium between 1919 and 1929 and the main road winding up the hill site is named after him, Major Aitken Drive.<sup>60</sup> Dr Iain Macintyre (1892-1971) had been medical assistant to Dr Blackmore years before he became Blackmore's successor in late December 1928.<sup>61</sup> When he retired in May 1959, he reflected on the major changes since he first started at the hospital 43 years earlier and how admission was no longer a death sentence.

Many others were instrumental in sanatorium operations. There were gardeners, a butcher, a driver (who transferred messages, laundry and provisions across the site) and there were a number of porters (working under a head porter). The well-known New Zealand poet, James K. Baxter, was briefly a young porter at the Cashmere Sanatorium in the late 1940s.<sup>62</sup> His

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<sup>57</sup> Enticott, 1993, p. 6; URL: <https://www.nrscotland.gov.uk/research/learning/hall-of-fame/hall-of-fame-a-z/philip-robert-william> (accessed 7 June 2022).

<sup>58</sup> Enticott, 1993, p. 13.

<sup>59</sup> *New Zealand Herald*, 1 Jul. 1935, p. 3; Enticott, 1993, p. 43; Auckland Museum Cenotaph Record: URL: <https://www.aucklandmuseum.com/war-memorial/online-cenotaph/record/C34737?lang=en-nz> (accessed 11 Aug. 2022).

<sup>60</sup> Enticott, 1993, p. 19; New Zealand Register of Medical Practitioners 1882-1920, *New Zealand Gazette*, 8 Jan. 1920, p. 57; *Press*, 6 Dec. 1958, p. 14.

<sup>61</sup> *Star*, 19 Dec. 1928, p. 9.

<sup>62</sup> Paul Millar. 'Baxter, James Keir', *Dictionary of New Zealand Biography*, first published in 2000, updated February 2019. Te



1948 poem, *The Morgue*, refers to his time at the sanatorium, acknowledging this morgue building's sombre history, although in reality its use by that time was only as storage, as there were very few deaths at the Middle Sanatorium then.<sup>63</sup>

### *Sanatorium Patients*

The sanatorium revolved around the patients. After being admitted, a patient would often spend up to six months bedridden, sitting up only to eat or carry out necessary daily functions. Regardless of the weather, their rooms were kept open to the elements. If progression was made, the patient was gradually allowed to spend time out of their bed until eventually they might be allowed home visits. Patient accounts of sanatorium life recall the rhythms and social nature of institutional life and the determination required to regain health in spite of the uncertainty of recovery and the knowledge that, for many, the disease would hang over their lives for years.<sup>64</sup>

Many patients were young and single, and their lives were 'on hold'. Women were separated from men, where possible. As well as undertaking their light duties, patients occupied their time with reading, listening to the radio, writing and handcrafts. Patients also produced the 'Cashmere Sanatorium Chronicle' in the mid-1920s, and later, in the 1930s, the 'Botonian' (renamed the 'Cashmere Sanatorium Magazine').<sup>65</sup>

There was often a waiting list to get into the sanatorium.<sup>66</sup> Treatment time varied but patients would often be at the sanatorium for around a year, with follow-up checks continuing after discharge.<sup>67</sup> In the early decades of the sanatorium, financial contributions towards their stay were required by patients or their families. This was frequently a cause for anxiety prior to the introduction of the invalids benefit in 1938.

A reunion of around 500 former Cashmere Sanatorium patients and staff was held at the Middle Sanatorium site in September 1964.<sup>68</sup> About 50 of the attendees had been

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Ara - the Encyclopedia of New Zealand, <https://teara.govt.nz/en/biographies/5b14/baxter-james-keir> (accessed 18 July 2022)

<sup>63</sup> Enticott, 1993, p. 44.

<sup>64</sup> Deborah Ann Dunsford, *Seeking the Prize of Eradication: A social history of tuberculosis in New Zealand from World War Two to the 1970s*, PhD Thesis, University of Auckland, 2008, p. 248.

<sup>65</sup> Enticott, 1993, p. 50.

<sup>66</sup> Enticott, 1993, p. 40.

<sup>67</sup> Enticott, 1993, p. 40.

<sup>68</sup> *Press*, 7 Sep. 1964, p. 11.

associated with the place, including Coronation Hospital, from its earliest decade of opening, including 73 year old Alfred Arnold, who had entered the middle sanatorium in July 1910 and was in a shelter there for four years.<sup>69</sup> He then transferred to the Coronation Hospital building on its opening and spent nine years in a ward there. When sufficiently 'cured', Mr Arnold joined the staff and remained an employee until his retirement in the late 1950s.<sup>70</sup> Another at the reunion was Mr Arnold's wife who, as Pat McKay, had worked at the Military Sanatorium for around two years before she caught tuberculosis and then spent another three years at the main hospital as a patient.<sup>71</sup>

In her book, *Bread and Roses*, Sonja Davies, née Vile (1923-2005), activist and Member of Parliament, wrote what it was like in the 'middle row of shacks' when she was a patient there in the mid-1940s.<sup>72</sup> She described the rows of little buildings, set in three tiers and how bracing the place was. They slept with their 'shack' fronts wide open, right through winter, and kept warm only by being flanked by hot water bottles.<sup>73</sup>

Another first-hand patient account at Cashmere Sanatorium is that of a teenage woman, Pauline, who developed tuberculosis in the mid-1940s: 'The first 15 months in Coronation Hospital, then when improving, up to the Upper San. and then down to the Middle San. which consisted of shacks in rows on the hillside. These shacks had sliding doors on three sides which were always to be kept open.'<sup>74</sup>

In 1948, newly engaged, 21 year old Esma White spent eight months as a patient in a single open-air shelter in the 'Middle', after Dr McIntyre had discovered a shadow on her lung.<sup>75</sup> Her fiancé came by bus on a Wednesday for one-hour visits. Esma's routine was resting on a recliner twice a day (11am-12 noon) and again for an hour in the afternoon, and she enjoyed the view over the city. When not resting, she would walk down to the Coronation Hospital or up to the Fresh Air Home. Esma enjoyed her time at the sanatorium and was well looked

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<sup>69</sup> *Press*, 7 Sep. 1964, p. 11.

<sup>70</sup> *Press*, 7 Sep. 1964, p. 11.

<sup>71</sup> *Press*, 7 Sep. 1964, p. 11.

<sup>72</sup> Sonja Davies, *Bread and Roses*, 1984, pp.66-67.

<sup>73</sup> Sonja Davies, *Bread and Roses*, 1984, pp. 66-67.

<sup>74</sup> 'Pauline's story', from a recorded interview by Elaine Ellis-Pegler with Pauline, The Immunisation Advisory Centre, URL: <https://www.immune.org.nz/resources/home-truths/paulines-story> (accessed 20 July 2022)

<sup>75</sup> Esma Debenham (née White), pers. comm. 17 Sep. 2022.

after – she had a bed, good food and made lots of friends.<sup>76</sup> Once she was discharged, she married, and has had a healthy life.<sup>77</sup>

There were visitors too. Chaplains visited weekly and there was a close link with nearby St Augustine's Church, built on Cracroft Terrace, Cashmere in 1908. Notable visitors to the site include a royal visit by the Prince of Wales in May 1920, where he visited the buildings and met with patients and staff.<sup>78</sup>

### *Māori and Tuberculosis*

It is widely believed that tuberculosis (mate kōhi in Te Reo Māori) arrived in New Zealand with Pākehā settlement.<sup>79</sup> Like Otaki and Pukeora sanatoria, Cashmere Sanatorium grew to have a sizeable numbers of Māori patients.<sup>80</sup> Dr Blackmore recalled an initiative that started at Tuahiwi in 1912, *'Soon after the sanatorium was opened the Rev. C. A. Fraer, of Tuahiwi, brought and send a good many Maoris [sic] to the sanatorium for advice. On his initiative Dr Finch and I visited the settlement two years ago to enquire into the prevalence of tuberculosis. We found that some 50 per cent of the children attending the school there showed clinical evidence of the disease. We drew up a scheme for dealing with the disease, which involved the provision of a special nurse, and of an open-air school, and the giving of tuberculin. ... The work at Tuahiwi and my own experience with the Maoris [sic] at the sanatorium have convinced me that they are almost as amenable to treatment as Europeans.'*<sup>81</sup> By late 1912, the North Canterbury Hospital and Charitable Aid Board agreed to carry out similar initiatives for Māori population centres at Little River, Akaroa, Port Levy, Rāpaki and Taumutu by retaining a dedicated district nurse to work with 'consumption among Maoris [sic]'.<sup>82</sup>

From the late 1930s, in the North Island, a Māori hutment scheme involved delivering 'hutments' to Māori communities so that a whānau member with tuberculosis could remain

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<sup>76</sup> Esma Debenham (née White), pers. comm. 17 Sep. 2022.

<sup>77</sup> Esma Debenham (née White), aged 95, pers. comm. 17 Sep. 2022.

<sup>78</sup> *Sun*, 17 May 1920, p. 7.

<sup>79</sup> Htin Lin Aung and Tom Devine, Reducing Health Disparities in Māori and Pasifika Populations, *The Lancet Global Health*, July 2019, e845.

<sup>80</sup> *The Weekly News*, 30 Nov. 1938, p. 14; Dunsford, 2008, p. 226.

<sup>81</sup> *Sun*, 30 Apr. 1914, p. 3.

<sup>82</sup> *Lyttelton Times*, 24 Dec. 1912, p. 4.

at their marae or family home in self isolation rather than shift to a sanatorium.<sup>83</sup> This hutment scheme started in Gisborne and was soon in place for other North Island Māori communities.<sup>84</sup> The extent of the hutment scheme in the South Island is less clear but it appears this concept was followed in Māori communities in Canterbury too, where individual isolation huts or shelters were installed.<sup>85</sup>

Tuberculosis remained a major concern for Māori health. In the mid-1940s it was reported that it had become the highest single cause of death among the Māori population, with 305 of the 966 tuberculosis deaths in 1946 being Māori.<sup>86</sup>

Tuberculosis surveys were undertaken around the country. In 1952 a tuberculosis survey of the Māori community at Rāpaki was carried out in a scheme similar to that which had recently been introduced at secondary schools.<sup>87</sup> A similar survey was undertaken at Arahura Marae on the West Coast in 1957.<sup>88</sup> Certainly, tuberculosis remained a point of concern for iwi as well as health officials, as the rate of tuberculosis among Māori continued to be up to ten times that of Pākehā.<sup>89</sup> Many an obituary/poroporoakī has mention of someone spending time having had tuberculosis in their lifetime and some reference time at the Cashmere Sanatorium.<sup>90</sup>

#### *Developments in tuberculosis diagnosis and treatment*

In the first decade of the twentieth century, tuberculosis as the cause of death averaged 730 nationally and 60 to 70 people each year in North Canterbury.<sup>91</sup> In the following three decades the numbers of those dying from tuberculosis in New Zealand fluctuated but remained problematic. Development of X-rays in the 1920s assisted diagnosis and

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<sup>83</sup> This was first trialled on East Coast of the North Island (*New Zealand Herald*, 15 Dec. 1937, p. 12) and was occurring in North Auckland by 1940 (); Dunsford, 2008, p. 228; Nigel Harris, pers. comm. 8 July 2022.

<sup>84</sup> *New Zealand Herald*, 15 Dec. 1937, p. 12 and 15 Dec. 1939, p. 6; *Press*, 13 May 1940, p. 8; *Te Puke Times*, 1 Mar. 1940, p. 3; *Opotiki News*, 19 Feb. 1940, p. 3.

<sup>85</sup> Nigel Harris, pers. comm. 8 July 2022; *Press*, 3 Nov. 1953, p. 2.

<sup>86</sup> *Wanganui Chronicle*, 3 Jul. 1947, p. 4.

<sup>87</sup> *Press*, 30 Jun. 1952, p. 6.

<sup>88</sup> *Press*, 12 Nov. 1957, p. 18.

<sup>89</sup> Catherine Finn, 'The Māori problem': a political ecology of tuberculosis among Māori in Aotearoa/New Zealand between 1918 and 1945, Masters Thesis, University of Auckland, 2006; *Press*, 11 Apr. 1945, p. 2.

<sup>90</sup> *Te Karaka: The Ngai Tahu Magazine*, Raumai/Summer 1999.

<sup>91</sup> Enticott, 1993, p. 1. The Public Health Department reported annually on the number of deaths from tubercular disease – noting some of these were from pulmonary consumption and others from other forms of tubercular disease (for example, *Appendix to the Journals of the House of Representatives*, 1909 Session II, H-31, p. 3; 1910 Session I).

assessment. The Department of Health reported in 1928 that the death rate of 4.86 per 10,000 of the mean population was the lowest so far recorded in the country.<sup>92</sup> In 1945, 603 people died from the disease. From 1945 a vigorous campaign to improve living conditions throughout the country was a direct attempt to attack the problem. From this time X-rays, a combination of new medications and B.C.G. (Bacillus Calmette- Guérin) vaccinations played a major role in early identification and preventing the disease.<sup>93</sup> The death rate began to fall dramatically. In 1955 there were 203 deaths nationally from tuberculosis. More new patients were able to be treated at the very early stages of the disease and developments in thoracic surgery showed success.

From the 1950s the revolution of tuberculosis drugs meant hospital chest wards and a patient's home were favoured and tuberculosis sanatoria were no longer required.<sup>94</sup>

#### *Later Years at the Cashmere site*

The large site in the Cashmere Hills changed over the years. The combination of new drugs such as streptomycin and isoniazid, together with surgery (an operating theatre was opened at the hospital in 1950), saw the number of tuberculosis patients decline dramatically in the years following World War Two. By 1950 the last patient had left the Middle Sanatorium, though the hospital remained in use.<sup>95</sup> In late 1959 the North Canterbury Hospital Board advertised the sale of 51 huts (patient shelters) as follows: *'These huts, which are approximately 10ft by 8ft, are fitted with two half glass sliding doors in front and are suitable as garden sheds, small pavilions for private tennis clubs, overnight motels, single-room baches or could be used to extend existing baches. Iron roofs to all huts in good condition. For sale as a whole or in single units, the successful tenderers to dismantle and remove from site ...'*<sup>96</sup> The shelters were easily relocatable and were taken off site in 1960 to be used in various private properties.<sup>97</sup> The main brick building of the Middle Sanatorium was demolished after cracks were found in 1970.<sup>98</sup> The timber children's pavilion was deliberately

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<sup>92</sup> Department of Health Annual Report of Director-General of Health, *Appendix to the Journals of the House of Representatives*, 1928 Session I, H-31, p. 2.

<sup>93</sup> Internationally, in the late nineteenth century scientist Robert Koch isolated the tubercle bacillus which, over several decades, led to the development of tuberculin skin tests, B.C.G. vaccine and later other anti-tuberculous drugs (I. Barberis, N. L. Bragazzi, L. Galluzzo and M. Martini, The history of tuberculosis: from the first historical records to the isolation of Koch's bacillus, *Journal of Preventive Medicine and Hygiene*, 58(1): E9-E12, Mar. 2017).

<sup>94</sup> Dunsford, 2008, p. 238.

<sup>95</sup> Enticott, 1993, p. 58.

<sup>96</sup> *Press*, 21 Nov. 1959, p. 21.

<sup>97</sup> Enticott, 1993, p. 58.

<sup>98</sup> Enticott, 1993, p. 59.



destroyed by fire as a training exercise in June 1971.<sup>99</sup> The brick morgue was demolished in 1993.<sup>100</sup>

The Fresh Air Home changed its name to the Huntsbury Children's Home in 1956 as tuberculosis cases declined, and it instead functioned as a welfare home and school for children.<sup>101</sup> The home and school were closed in 1971, and the Health Board then leased the property to a variety of welfare agencies, first as an orphanage called Little Acre, run by the Presbyterian Social Services and later as a place for drug and alcohol rehabilitation. The former children's home and school building were removed in 1990.

The Annex (former Upper Sanatorium) maintained its function of caring for patients with chest diseases until it was closed in 1989, while the trend across the rest of the hospital was to focus on care for the elderly.<sup>102</sup> The Annex was demolished some time before 1994. The then empty Nurses' Home above the former Middle Sanatorium was destroyed by a spectacular fire in October 1990.<sup>103</sup>

The remainder of the hospital was closed in 1991, and the main buildings demolished by construction company, Fulton Hogan, in 1993 to make way for a new housing development.<sup>104</sup>

Many of the older trees were retained within the Broad Oaks subdivision and a small part at the eastern side of the original sanatorium area was kept aside and turned into Coronation Reserve, a treed area managed by Christchurch City Council that includes remnants of terracing. Many street names in the new subdivision were named after key sanatorium staff (Major Aitken Drive, Trumble Lane, Enticott Place and Caldwell Lane).<sup>105</sup> In circa 1993 the original single open-air shelter that had stood near the hospital at the end of Caldwell Lane

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<sup>99</sup> 'Fire dying out at the former tuberculosis annex', *Christchurch Star* photograph, 2 Jun. 1971, URL: <https://canterburystories.nz/collections/archives/star/prints/1971/ccl-cs-11968> (accessed 20 Jul. 2022)

<sup>100</sup> Enticott, 1993, p. 45.

<sup>101</sup> Enticott, 1993, pp. 60-61.

<sup>102</sup> Enticott, 1993, p. 60.

<sup>103</sup> Enticott, 1993, p. 87

<sup>104</sup> Fulton Hogan Limited had purchased the site in the early 1990s (Certificates of Title CB466/13, CB38B/879, CB38D/639 and CB39D/1178).

<sup>105</sup> Caldwell Lane was named in 1993 after Dorothy Caldwell (later Johnstone) who had been a pioneer of geriatric nursing at Coronation Hospital between 1956 and 1971. (URL: <https://christchurchcitylibraries.com/Heritage/PlaceNames/ChristchurchStreetNames-C.pdf> accessed 8 Sep. 2022)

for nearly 80 years was shifted to a temporary grassy location near a broad oak tree on Kenmure Drive.<sup>106</sup> Fulton Hogan then gifted it to Christchurch City Council and it was again shifted, in 1997, by crane to a surviving terrace from the Middle Sanatorium.<sup>107</sup> Repair and restoration of the Cashmere Sanatorium Open Air Shelter was undertaken at this terrace site in the early 2000s.

## 2.2. Physical Information

### *Current Description*

Located at around 60 metres above sea level within Coronation Reserve on Huntsbury Hill in Christchurch's Port Hills, the Cashmere Sanatorium Open Air Shelter is tucked in behind residential housing off the end of the private Kimbolton Lane, off Major Aitken Drive, overlooking tall trees, with snippets of views down to the Christchurch city flat and across to the Southern Alps.<sup>108</sup>

The solitary small building sits on an eight-metre-wide gravelled terrace, the second to lowest of four man-made terraces that step up the hill at this location. The terraces have retaining walls of stacked stone and unreinforced concrete. The shelter is a single storeyed timber structure, with a rectangular plan, approximately three metres by 3.3 metres, with vertical exterior cladding and a hipped corrugated iron roof. The north, west and east elevations each have half-glazed sliding doors – a key feature as this enabled the structure to be open on three sides to access plenty of fresh air, as was considered important in the treatment of tuberculosis at the time. Glazing is Perspex, a replacement of the original glass.

Along the terrace, about eight metres to the north-west of the hut, a set of 16 concrete steps lead to the terrace below, the retaining wall of which has fencing and is planted with shrubs and trees. Another set of concrete steps is situated at the eastern end of the terrace. The modern fencing running along the front edge of the terrace, where the shelter sits, is a combination of concrete and metal. Beside the fence, in front of the shelter, is an

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<sup>106</sup> Geoff Ashley, retired Fulton Hogan employee, pers. comm. 8 Sept. 2022.

<sup>107</sup> 'Crane lifting historic TB Hut for re-siting & renovation and use as information centre', Media statement, Christchurch City Council, 16 Jun. 1997; Christchurch City Council agenda April 2002 - Spreydon Heathcote, 'TBShelterReport'.

<sup>108</sup> Trees in the reserve include tall pines and Eucalyptus and the Christchurch City Council has a management programme to remove some and replant with native species. As well as pines planted from 1910 as shelter along the boundary and roadside, other specimens planted over time included walnuts, chestnuts, planes, oaks and silver birches and, an orchard below the Middle Sanatorium which included apricots (Enticott, 1993, p. 32).

information board outlining the history of the sanatorium site. A small bridge was installed at the eastern end of the terrace in 2021.

### *Construction Professionals*

There was some variance in the designs of the shelters.<sup>109</sup> It appears different construction professionals were involved over time. The architectural practice of Seager, Wood and Munnings were architects of the sanatorium's early permanent brick buildings, and they had a hand in designing at least concept plans for the early patient shelters.<sup>110</sup> In early 1909, when the North Canterbury Hospital Board took charge of the sanatorium development project, the architect, Samuel Hurst Seager, discussed the completed permanent central block and that he was satisfied there was a great deal of ground available for shelters although none were yet built.<sup>111</sup> By May 1909 it was reported that the North Canterbury Hospital Board would *'pay Mr Seager £50 in addition to the amount of £358 17s 6d, part of the original commission, without prejudice, on his handing over all plans and specifications and any amended plans used or obtained for use in connection with the erection of the Sanatorium'*.<sup>112</sup> After this time, the Architect J.J. Collins (Collins and Harman) was involved at the site as the primary architect for the North Canterbury Hospital Board.<sup>113</sup> Collins and Harman were advertising for tenders for Shelters at the Consumption Sanatorium in August 1910, and they were subsequently involved in many other designs on the wider site – they were the architects of the Coronation Hospital (1913-14) as well as the Children's Sanatorium (1915 design).<sup>114</sup> Collins and Harman also designed consumption shelters elsewhere, for example in 1914 at Ashburton Hospital.<sup>115</sup>

### **Samuel Hurst Seager (of the partnership Seager, Wood and Munnings)**

– Architect for the brick sanatorium buildings and probably some of the shelters

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<sup>109</sup> *Lyttelton Times*, 4 Mar. 1914, p.7 described that by 1914 there were three different styles of shelters.

<sup>110</sup> A 'Birds-eye' Architect's Sketch of the proposed Consumptive Sanatorium was printed in *The Weekly Press*, 23 May 1906, showing well over a dozen small shelters, spaced a distance apart.

<sup>111</sup> *Lyttelton Times*, 5 Feb. 1909, p. 3; *Press*, 5 Feb. 1909, p. 3.

<sup>112</sup> *Press*, 27 May 1909, p. 8.

<sup>113</sup> *Lyttelton Times*, 4 Mar. 1914, p. 7.

<sup>114</sup> Collins and Harman, Plans, elevations and sections, Children's Sanatorium, Cashmere, Kā Kohika o Macmillan Brown, Ref: 29668, MB1418 – Armson – Collins Architectural Drawing Collection. (Not sighted in the course of writing this report).

<sup>115</sup> *Lyttelton Times*, 16 Oct. 1914, p. 2.

**Collins and Harman** – Architects for at least some of the shelters, the King George V Coronation Memorial Hospital ('Coronation Hospital') and Children's Sanatorium (Fresh Air Home) and other buildings at the sanatorium site.<sup>116</sup>

**W. F. Maher** – builder for the first huts/shelters<sup>117</sup>

**J. Grieg** – builder for the sanatorium brick buildings<sup>118</sup>

**J. Taylor** – builder for King George V Coronation Memorial Hospital<sup>119</sup>

#### *Construction Materials*

Timber, corrugated iron

#### *Key Physical Dates*

1908-1909– construction of sanatorium central administration and dining block, staff/nurses' hostel, morgue

1908-1920 – construction of terraces

1913-1915 – construction of Cashmere Sanatorium Open Air Shelter

1910-1920 – construction of other open-air shelters in the Middle Sanatorium area

1913-1914 – construction of King George V Coronation Memorial Hospital ('Coronation Hospital')

1915 - construction of children's pavilion

1918-1919 – construction of WWI military sanatorium

1923 – construction of fresh air home (preventorium) for children

1926 – construction of open-air school

1932 – clearance of WWI military sanatorium

1942 – construction of Upper Sanatorium (WWII military sanatorium, later Annex)

1960 – removal of shelters from Middle Sanatorium

1970 – demolition of Middle Sanatorium administration and dining building and former staff/nurses' hostel

1971 – destruction of children's pavilion by fire

1990 – Nurses' Home destroyed by fire

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<sup>116</sup> *Lyttelton Times*, 2 Aug. 1910, p. 9; Collins and Harman, Plans, elevations and sections, Children's Sanatorium, Cashmere, Kā Kohika o Macmillan Brown, Ref: 29668, MB1418 – Armson – Collins Architectural Drawing Collection; *Sun*, 7 May 1915, p. 11; *Press*, 5 Oct. 1916, p. 11; 7 Feb. 1923, p. 6; *Lyttelton Times*, 29 Jan. 1913, p. 3.

<sup>117</sup> *Star*, 27 Oct. 1909, p. 3 and *Press*, 28 Oct. 1909, p. 4.

<sup>118</sup> *Lyttelton Times*, 21 Mar. 1907, p. 9.

<sup>119</sup> *Lyttelton Times*, 24 Oct. 1912, p. 9; *Sun*, 3 Jun. 1914, p. 10.

1993 – demolition of morgue, demolition of Coronation Hospital and Annex, and approximate date of shifting of open-air shelter to temporary location on Kenmure Drive  
1997-2002 – relocation of original Cashmere Sanatorium Open Air Shelter to Middle Sanatorium terrace site and restoration

#### *Uses*

Accommodation – Hut/shack

Health – Sanatorium

#### *Contextual Information*

In late nineteenth century New Zealand, efforts to specifically address tuberculosis were through private or charitable institutions, set up by individuals to care for those with lung conditions.<sup>120</sup> In 1900 the Liberal government set up the first Department of Public Health and began a public anti-tuberculosis campaign.<sup>121</sup> The ‘consumption crusade’ eventually included compulsory notification of pulmonary tuberculosis and a public education programme, but its main initial focus was on institutional care so as to treat the patients and to remove them from circulating within the community.<sup>122</sup> At the end of 1903, Nurse Sibylla Maude set up her tuberculosis camp at New Brighton on the outskirts of Christchurch, followed in 1905 by a women’s tuberculosis camp nearby at Wainoni.<sup>123</sup> Hospitals throughout New Zealand were involved in the care of consumptives – for example, from 1908 Auckland Hospital Board provided accommodation for tuberculosis patients at the Costley Home (later Green Lane Hospital), and other hospitals also set up annexes to accommodate tuberculosis patients. However, these were not dedicated tuberculosis sanatoria.

#### *Comparative Analyses – Purpose-built Tuberculosis Sanatoria in New Zealand*

New Zealand has had six purpose-built dedicated tuberculosis sanatoria: Te Waikato (opened 1903); Otaki (opened 1907); Cashmere (opened 1910); Pleasant Valley (opened 1910); Pukeora (opened 1919) and Waipiata (opened 1924). The first dedicated purpose-built sanatorium, Te Waikato Sanatorium, was established in 1903 by the Department of Public

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<sup>120</sup> Susan Haugh, *The Hill of Health: Aspects of Community at the Waipiata Tuberculosis Sanatorium, 1923-1961*, *Health and History*, Vol. 11, No. 2, 2009. The new Department of Public Health was proposed in 1900 and was established later that year – Department of Public Health, report for the year 1900-1901 in *Appendix to the Journals of the House of Representatives*, 1901 Session I, H-31.

<sup>121</sup> Susan Haugh, *The Hill of Health: Aspects of Community at the Waipiata Tuberculosis Sanatorium, 1923-1961*, *Health and History*, Vol. 11, No. 2, 2009. For example, *Poverty Bay Herald*, 27 Aug. 1901, p. 1.

<sup>122</sup> *Otago Daily Times*, 5 Aug. 1910, p. 5.

<sup>123</sup> *Press*, 14 Sep. 1963, p. 8.



Health near Cambridge in the North Island. In 1907 the Otaki Sanatorium opened in the central North Island (it was under construction in 1906). The Cashmere Sanatorium (Cashmere Hills Sanatorium for Consumptives) was established in Christchurch in 1906 but it did not open until 1910.<sup>124</sup> Pleasant Valley Sanatorium in Otago was established in 1910.<sup>125</sup> Pukeora Sanatorium, near Waipukurau in Hawke's Bay opened in 1919 and Waipiata Sanatorium, near Ranfurly in Central Otago, opened in 1924.<sup>126</sup>

The purpose-built sanatoria around the country were complexes with a range of specialist buildings including, in most cases simple purpose-built shelters or huts to accommodate mild and recovering tuberculosis patients. While their designs varied a little, the common features of the tuberculosis shelters were that they were generally small scale and single storeyed and had plenty of openings to allow for fresh air. They would have been relatively inexpensive to construct and were produced as needs arose. When no longer required, they were disposed of easily or were shifted off site for use elsewhere. The small open-air shelters made ideal storage and garden sheds. There is an increasing awareness of the heritage values of former tuberculosis isolation shelters – both in New Zealand and internationally.<sup>127</sup>

**Te Waikato Sanatorium (Cambridge Sanatorium)** – this was the country's first public tuberculosis sanatorium, opened 1903, closed 1922.<sup>128</sup> In September 1902, part of a property with an existing homestead belonging to the Thornton family at Maungakawa Hill was purchased by the government to become part of New Zealand's first public tuberculosis sanatorium.<sup>129</sup> It had 'patient chalets' or 'hutments' aplenty for fresh-air treatment of patients and so picturesque were they that they sometimes appeared on postcards.<sup>130</sup> The sanatorium closed in 1922 and its buildings were auctioned off, including 'a large number of hutments' measuring 11 x 9 feet and 33 x 11 feet.<sup>131</sup> The Russell Ward and four large shelters

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<sup>124</sup> Haugh, 2009; *Press*, 25 Apr. 1906, p. 6.

<sup>125</sup> Haugh, 2009.

<sup>126</sup> Linda Bryder, 'Hospitals - Spas, sanatoriums and surgery', Te Ara - the Encyclopedia of New Zealand, <http://www.TeAra.govt.nz/en/hospitals/page-3> (accessed 6 July 2022).

<sup>127</sup> Anya Grahn, Tuberculosis Sanitariums: Reminders of the White Plague, National Trust for Historic Preservation, Washington, 6 Aug. 2015: URL: <https://savingplaces.org/stories/tuberculosis-sanitariums-reminders-of-the-white-plaque#.Yv7xM3ZByUI> (accessed August 2022).

<sup>128</sup> Cliff Taylor, 'Relic reveals hospital's link with past, *New Zealand Doctor*, 26 Feb. 2014.

<sup>129</sup> URL: <https://cambridgemuseum.org.nz/te-waikato-sanatorium/> (accessed July 2022)

<sup>130</sup> URL: <https://www.waipadc.govt.nz/your-waipaa/about-waipaa/waipaa-history/fresh-air-a-cure-for-tb> (accessed 1 Aug. 2022)

<sup>131</sup> URL: <https://cambridgemuseum.org.nz/te-waikato-sanatorium/> (accessed 1 Aug. 2022)

were removed and re-erected to form the Sunshine Ward at the Waikato Hospital, but this was removed in 1979-80.<sup>132</sup> On the actual sanatorium site, however, now only one small concrete building is all that is left from Te Waikato Sanatorium on the hill.<sup>133</sup>



Figure 6. Te Waikato Sanatorium single patient lodge, circa Nov. 1903, Maunder Family Images, Hamilton City Libraries, Ref HCL\_16647

**Otaki Sanatorium** (also referred to as the Otaki Tuberculosis Sanatorium)<sup>134</sup> – The Otaki Sanatorium was built with public donations, local body and government subsidies and opened in May 1907, housing male and female Tuberculosis patients until 1919. For a few years from 1917, the Sanatorium was used for returned and camp soldiers with tuberculosis. From 1919 the sanatorium only accepted female patients, accepting males again in 1956. The buildings, designed by architect Frederick de Jersey Clere, were renovated in 1926-1927, and extended in 1949-1951. Palmerston North Hospital Board ran the Sanatorium from 1933 until 1944 and 1959 to 1964.<sup>135</sup> Between 1964 and 1985 it used as an annexe of the Kimberley Hospital and Training School. After the annexe closed in 1985, the buildings sat empty until

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<sup>132</sup> Peter Rothwell, email to Waikato Museum, 3 Aug. 2022; URL: <https://cambridgemuseum.org.nz/te-waikato-sanatorium/> (accessed 1 Aug. 2022)

<sup>133</sup> URL: <https://www.waipadc.govt.nz/your-waipaa/about-waipaa/waipaa-history/fresh-air-a-cure-for-tb> (accessed 1 Aug. 2022)

<sup>134</sup> Reference to the Otaki Sanatorium as the Otaki Tuberculosis Sanatorium appears commonly in newspapers from 1933 (for example, *Evening Post*, 4 Apr. 1933, p. 6).

<sup>135</sup> *Manawatu Herald*, 6 Apr. 1933, p. 3.

the complex was demolished in 1997 and as of May 2020 only foundations and concrete ruins remain.<sup>136</sup>



Figure 7. Otaki Sanatorium, circa 1950 to 1959, photographer not known. Palmerston North City Library, ManawatuHeritage.pncc.govt.nz, Ref: 2007P\_Ot4\_RTL\_0844.

**Pleasant Valley Sanatorium, Palmerston, Otago** – this South Island tuberculosis sanatorium opened 1910, starting with a timber house and a few shelters. A large doctor's residence was erected in 1912 and more shelters and improvements were made up until its closure in 1954.<sup>137</sup> In 1948 it was reported that a number of the shelters from Pleasant Valley Sanatorium were to be moved to Wakari to provide hospital beds there for 20 patients.<sup>138</sup> After Pleasant Valley Sanatorium's closure it was used as a church camp and later, until circa 2005, a motor camp. After the motor camp closed, all removeable buildings, including the huts/shelters were sold off for use elsewhere as sleepouts, backpacker accommodation and studios. There is now little trace of what was previously on the site.<sup>139</sup>

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<sup>136</sup> URL: <https://manawatuheritage.pncc.govt.nz/item/e5ecc592-c713-4fb5-955f-f7f330b44feb> (accessed 11 July 2022) and *Heritage Today*, Issue 421 May/June 2020, Wellington Region Heritage Promotion Council.

<sup>137</sup> Deposited Plan 2227, Plan of Sections 19 & 48 Block II Hawksbury District, 1911.

<sup>138</sup> *Otago Daily Times*, 13 Apr. 1948, p. 6.

<sup>139</sup> 'The last post', *Otago Daily Times*, 28 Aug. 2010 (URL: <https://www.odt.co.nz/lifestyle/magazine/last-post> ); URL: [https://www.geocaching.com/geocache/GC2WKKA\\_pleasant-valley-otago?guid=6463e562-ff3c-4918-bc45-a15b1d0a0eb3](https://www.geocaching.com/geocache/GC2WKKA_pleasant-valley-otago?guid=6463e562-ff3c-4918-bc45-a15b1d0a0eb3) (accessed 2 Aug. 2022)



Figure 8. Types of Dwellings in the Pleasant Valley Sanatorium, Guy, *Otago Witness*, 10 Aug. 1910, pp. 47-48.

**Pukeora Sanatorium, Waipukurau, Hawke's Bay** - A sanatorium for soldiers returning home from World War One 'suffering from tubercular trouble' was established at Pukeora, a hill above Waipukurau, in 1919.<sup>140</sup> It later became a tuberculosis hospital and a home for the disabled. The complex was sold in 2000 and reopened as the Pukeora Estate vineyard and winery.<sup>141</sup> None of the little huts survive on the site.<sup>142</sup>



Figure 9. The Pukeora Sanatorium at Waipukurau: A View Showing the Huts where the Patients Sleep, G. Shackelford, *Auckland Weekly News*, 23 Mar. 1922, p. 40.

**Waipiata (Orangapai) Tuberculosis Sanatorium near Ranfury, Central Otago** – The Waipiata Sanatorium at Orangapai on the Maniototo Plains in Central Otago was a large complex constructed in 1923 and 1924 by the combined South Island Hospital Boards.<sup>143</sup> It was the

<sup>140</sup> The Defence Department first proposed to build the consumptive sanatorium near Waipukurau in 1918 (*Auckland Star*, 7 May 1918, p. 3) and this was opened around August 1919 (*Hawera & Normanby Star*, 16 Jul 1919, p. 4).

<sup>141</sup> Kerry Pollock, 'Hawke's Bay places - Waipukurau', Te Ara - the Encyclopedia of New Zealand, <http://www.TeAra.govt.nz/en/photograph/24228/pukeora-near-waipukurau> (accessed 5 July 2022)

<sup>142</sup> Max and Kate Annabell, Pukeora Estate, email to Robyn Burgess, Heritage New Zealand, 22 July 2022.

<sup>143</sup> *Auckland Weekly News*, 16 Oct. 1924, p. 41.



last purpose-built tuberculosis sanatorium built in New Zealand and at its height in the 1940s, the institution housed 152 patients in two open-air accommodation wings.<sup>144</sup>

Whereas most original buildings from New Zealand's former tuberculosis sanatoria were removed or demolished once the sanatorium closed down, much of the former Waipiata Sanatorium complex survives relatively intact.<sup>145</sup> This includes a timber wing which had been used for final rehabilitation of patients who no longer needed day-to-day nursing. The complex did have some rudimentary small shacks or huts, but these have since been relocated to other places in the Maniototo and beyond.<sup>146</sup> The place now operates as En Hakkore Religious Retreat.

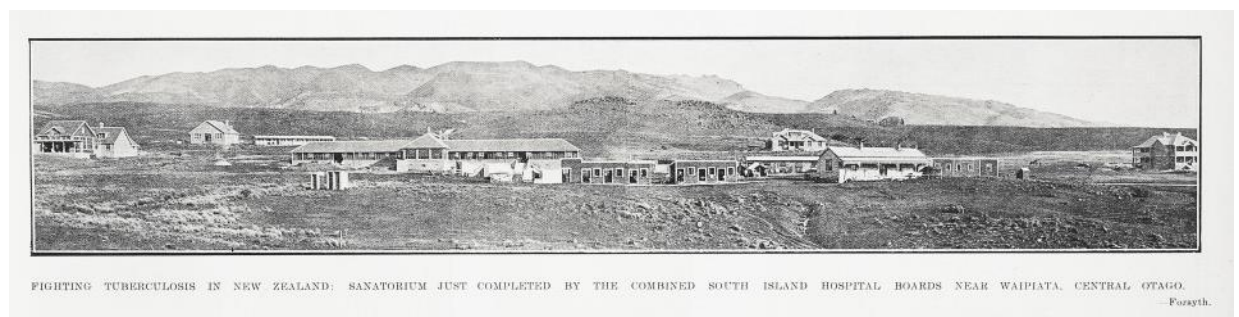


Figure 10. Waipiata Sanatorium, [J. W.?] Forsyth, *Auckland Weekly News*, 16 Oct. 1924, p. 41.

### ***Surviving Open Air Tuberculosis Patient Shelters or Huts***

A small number of relocated former open-air shelters survive around the country. Relocated former sanatorium shelters from Te Waikato Sanatorium are known to survive on two private properties in Cambridge, one being used as an office and another being a single building possibly formed by the merging of two shelters end-on-end.<sup>147</sup>

Two known relocated former tuberculosis shelters in Christchurch sit on land that was formerly part of the Anglican convent of the Community of the Sacred Name, in a central Christchurch block bounded on three sides by St Asaph, Tuam and Barbadoes Streets. Even once relocated to the former convent site, they were shifted to different places within the

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<sup>144</sup> 'In sympathy with the isolated: The TB sanatorium in the back of beyond', Melanie Reid and Jo Galer, Newsroom, Stuff, 18 Sep. 2020.

<sup>145</sup> 'In sympathy with the isolated: The TB sanatorium in the back of beyond', Melanie Reid and Jo Galer, Newsroom, Stuff, 18 Sep. 2020.

<sup>146</sup> Russell Perry, En Hakkore Religious Retreat, email to Robyn Burgess, Heritage New Zealand, 3 Aug. 2022.

<sup>147</sup> Peter Rothwell, email to Waikato Museum, 3 Aug. 2022. In 2020, photographer Lucy Rowden included in her exhibition, *Secret Spaces*, photographs of one of the original shelters from Te Waikato Sanatorium that is now used as an outside office in someone's private back garden (email from Elizabeth Harvey, Cambridge Museum, to Robyn Burgess, Heritage New Zealand, 2 Aug. 2022).



once large complex at different times. One of those shelters is understood to have come from Nurse Maude's New Brighton tuberculosis camp. The gable-roofed shelter now sited to the west of the Chapel was given by Nurse Maude for Sister Eleanor who suffered from tuberculosis.<sup>148</sup>



Figure 11. Relocated tuberculosis shelter from Nurse Maude's New Brighton Camp, at the former Community of the Sacred Name site, 319 St Asaph Street, Christchurch, Robyn Burgess, Heritage New Zealand Pouhere Taonga, 1 August 2022

On another part of the wider former convent site, behind a building fronting 187 Barbadoes Street, is a hipped-roof building which is understood to have come from the Cashmere Sanatorium and had been used on the convent site as a room for novices.<sup>149</sup> This bears similarity to the Cashmere Sanatorium Open-Air Shelter that sits on the original sanatorium site but is rectangular in plan and larger than the single-person shelter on the original site. Its timber cladding differs slightly too, having horizontal rusticated weatherboarding rather than the vertical boards of the Cashmere Sanatorium Open Air Shelter.

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<sup>148</sup> Sister Anne, personal communication with Calum Maclean, February and March 2014 (Calum Maclean, *Community of the Sacred Name Convent, Christchurch, Conservation Plan*, prepared for Home and Family Society/Te Whare Manaaki Tangata, March 2015). Sister Eleanor (Gard'ner) (1879-1951) was professed in 1914 and was the Mother Superior at the Community of the Sacred Name in the 1930s. (Ruth Fry, *Community of the Sacred Name, A Centennial History*, 1993). Jenny May emailed Robyn Burgess (2 Aug. 2022) to say Sister Zoe also contracted tuberculosis and spent her recovery time at the Cashmere Sanatorium - at one stage she did use the former tuberculosis shelter (close to Barbadoes Street), not because of tuberculosis but more as a quiet place, as did many of the convent cats.

<sup>149</sup> Sister Anne, personal communication with Calum Maclean, February and March 2014 (Calum Maclean, *Community of the Sacred Name Convent, Christchurch, Conservation Plan*, prepared for Home and Family Society/Te Whare Manaaki Tangata, March 2015)



Figure 12. Relocated tuberculosis shelter from Cashmere Sanatorium, now located behind 187 Barbadoes Street, Christchurch. Calum Maclean, 18 October 2012, Heritage New Zealand Pouhere Taonga.



Figure 13. The two relocated open-air tuberculosis shelters at the former large site of Community of the Sacred Name are marked by red arrows (the New Brighton one at the north-western part of the land parcel at 319 St Asaph Street and the Cashmere Sanatorium one behind a building at 187 Barbadoes Street, Christchurch).

Former tuberculosis shelters from the Waipiata Sanatorium are located in a number of places. For example, two such relocated shelters were joined together and now function as the Waipiata Community Library.



Figure 14. Waipiata Community Library, Main Street, Waipiata, Joanna Huddleston, 9 August 2022

### 2.3. Chattels

There are no chattels included in this List entry.

### 2.4. Sources

#### *Sources Available and Accessed*

Key sources available and accessed for this report are as follows:

T. O. Enticott's publication, *Up the Hill: Cashmere Sanatorium and Coronation Hospital 1910-1991*, was written by Dr Tom Enticott, who had been Medical Superintendent at Coronation Hospital between 1959 and 1985. It follows on from Dr F. O. Bennett's 20-page history of *Cashmere Sanatorium and Coronation Hospital 1906-1964*, which was published for the occasion of a reunion held in 1964, 50 years after the opening of Coronation Hospital.

A number of plans held at Archives New Zealand in Wigram were accessed and sighted. Included in these is the Coronation Hospital Survey, for the North Canterbury Hospital Board, 1976, by Cutter Pickmere Douglas (Architects), Frederick Sheppard and Partners (Structural Engineers), Powell Fenwick and partners (Mechanical and Electrical Engineers), which

includes plans and elevations of a typical cabin (shelter). That particular cabin (shelter) drawn was situated south-west of the Coronation Hospital building but matches the plans and elevations of ones from the Middle Sanatorium.

Material held by Archives New Zealand pertaining to patient records is generally not publicly available at the time of writing this List proposal report but could be a source of future research if permission is gained to study them.

Some staff or volunteer information is available at National Library, for example Nurse Bidwell records pertaining to voluntary aid detachment at Cashmere Military Sanatorium.

There are many historic photographs of the site. Christchurch City Libraries holds a very good collection of historical photographs of the Cashmere Sanatorium and wider site, especially for the years 1913-1933 and these are available online through their digital collection. Many of the historical images in this List proposal report are derived from this digital collection and are reproduced with the permission of Christchurch City Libraries. In addition, Christchurch City Libraries also has a Blog, written by Simonccl, 7 March 2017: URL: [The Hill of Hope – Cashmere Sanatorium | Christchurch City Libraries](#)

Other historic images have been accessed through Canterbury Maps and Alexander Turnbull Library. There is also a flickr group of postings of historic images from a range of dates relating to the site and these have been sighted (URL: <https://www.flickr.com/photos/kopuru/sets/72157602106649296/> accessed May 2022).

A digitised copy of the 1942 typescript by Winifred Ruth Norris, 'The North Canterbury Hospital Board: Fragments of History, Hospitals – Tuberculosis and Benevolent Institutions and Miscellaneous' was sighted via Christchurch City Libraries.

Documents held by the Christchurch City Council, including Malcolm Kitt's 2005 report on the planned works to the floor and walls of the building, 2011 structural inspection report, 2012 draining works, 2015 work log, were sighted.

For comparative analysis, various sources were accessed and people contacted. Information about New Zealand's various sanatoria and approaches to tuberculosis management was found by looking at a sample of Appendix to the Journals of the House of Representatives, newspaper reports, theses and digital images. Deborah Dunsford's 2008 PhD thesis, *Seeking the Prize of Eradication: A social history of tuberculosis in New Zealand from World War Two*



to the 1970s, was sighted and conveys how the combined drug therapy of the 1950s was viewed by some as a miracle, since it finally set patients free from tuberculosis.

Information about Te Waikato Sanatorium was accessed through Cambridge Museum, including details about relocated tuberculosis shelters known to survive. Information on the Otaki Sanatorium was obtained through Heritage New Zealand Pouhere Taonga and Mō Manawatū Heritage, Palmerston North City Library. The owners of Pukeora Estate, formerly the Pukeora Sanatorium, have shared information regarding the buildings formerly on the site but no longer there. Information about Pleasant Valley Sanatorium is summarised in an Otago Daily Times article, 'The last post', 28 August 2010, and Hocken Library is a key repository of images of the Pleasant Valley buildings – these have been sighted. The Waipiata Sanatorium is the subject of Susan Haugh's honours thesis from Otago University called 'The Hill of Heath: Aspects of Community at Waipiata Sanatorium'. This has been sighted. The owners of the site of the former Waipiata Sanatorium operate the place as En Hakkore retreat and have provided information about buildings on the site and commentary on shelters or huts taken off site. Another informative source is the article and video, 'In sympathy with the isolated: The TB sanatorium in the back of beyond', Melanie Reid and Jo Galer, Newsroom, Stuff, 18 Sep. 2020.

Former Middle Sanatorium patient from 1948, Esma Debenham (née White), was interviewed by Robyn Burgess on 17 September 2022. Also accessed were interviews from a 2001-2002 national oral history project which involved interviewing 16 former tuberculosis patients who had been in sanatoria and hospitals throughout the country provides evidence of the significant life impact that both the disease and the treatment programmes had for many. URL: <https://natlib.govt.nz/records/35854246> (accessed May 2022).

Retired Fulton Hogan employee, Geoff Ashley, provided photographs and recollections about the site as it was being developed for the Broad Oaks subdivision and confirmed its original location as being by Caldwell Lane (around former hospital site) before being temporarily relocated to Kenmure Lane.

#### *Further Reading*

Bennett, F.O., *Cashmere Sanatorium (Now Coronation Hospital), 1906-1964*, North Canterbury Hospital Board, 1964



Cocks, E. M. Somers, *A Friend in Need: Nurse Maude: her Life and Work*, 1950

Dunsford, Deborah Ann, *Seeking the Prize of Eradication: A social history of tuberculosis in New Zealand from World War Two to the 1970s*, PhD Thesis, University of Auckland 2008

Enticott, T.O., *Up the Hill – Cashmere Sanatorium and Coronation Hospital 1910-1991*, Canterbury Area Health Board, 1993

Haugh, Susan, 'The Hill of Health: Aspects of Community at the Waipiata Tuberculosis Sanatorium, 1923-1961', *Health and History*, Vol. 11, No. 2, 2009.

McCauley, Sue, TB sanatorium patients (New Zealand) oral history project, 2001-2002, Alexander Turnbull Library, Ref. OHColl-0837

Ogilvie, Gordon, *The Port Hills of Christchurch*, 1978 (reprinted 1991)

### **3. SIGNIFICANCE ASSESSMENT<sup>150</sup>**

#### **3.1. Section 66 (1) Assessment**

This place has been assessed for, and found to possess architectural, cultural, historical and social significance or value. It is considered that this place qualifies as part of New Zealand's historic and cultural heritage.

##### *Architectural Significance or Value*

The Cashmere Sanatorium Open Air Shelter has architectural significance. As a modest small structure with sliding doors intended to be kept open as much as possible, it reflects a type of open-air design that evolved throughout the first half of the twentieth century in both medical and educational buildings. The shelter is recognisably the same type as shown in 1910s-1920s images of Cashmere Sanatorium, and it retains authenticity in its design and much of its fabric. It is representative of an architecture type - characterised by its small scale, modest construction, and sizeable window and door openings – specifically designed for individual patient convalescence through isolation, rest and exposure to fresh air. Similarly designed modest stand-alone shelters were built for patients in tuberculosis camps

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<sup>150</sup> For the relevant sections of the Heritage New Zealand Pouhere Taonga Act 2014 see Appendix 4: Significance Assessment Information.

and sanatoria in other parts of New Zealand, but few (perhaps none others) survive on actual former sanatorium sites. The Cashmere Sanatorium Open Air Shelter is the sole remaining shelter on the site of the former Cashmere Sanatorium and forms an important example of stand-alone open-air isolation shelters or huts built for patients convalescing from tuberculosis.

#### *Cultural Significance or Value*

The Cashmere Sanatorium Open Air Shelter has cultural significance. It reflects how people worked collaboratively for a common agreed medical approach to contain a serious disease affecting the population. The place is associated with groups of people who were treated or worked at the sanatorium, including Coronation Hospital, in the twentieth century and now, in the twenty-first century, it has cultural significance to the surrounding community and for former sanatorium inhabitants and some descendants.

Living in a somewhat isolated community, and at times stigmatised, patients and staff followed a specific way of living as deemed necessary to contain and manage the life-threatening disease of pulmonary tuberculosis. The patients who stayed in the open-air shelters were generally there for many months or years and so these were their homes, and the patients in the neighbouring shelters and the sanatorium staff were their main regular contact. The quiet restful routine was a way of life for thousands of patients while they sought to improve sufficiently to be allowed discharge. Even if former patients and their families might prefer not to dwell on the enforced time spent at Cashmere Sanatorium, for many this time will have had a profound impact on their lives.

The sole open-air shelter now standing on one of the terraces of what was formerly part of the Middle Sanatorium is directly associated with and representative of the distinct characteristics associated with isolation and fresh air treatment of tuberculosis patients in the first half of the twentieth century.

#### *Historical Significance or Value*

The Cashmere Sanatorium Open Air Shelter has historical significance. It is a tangible reminder of what was formerly a very large complex established at the end of the first decade of the twentieth century, reflecting an important aspect of New Zealand social and medical history, and its part in the global efforts to contain, manage and eventually cure tuberculosis. Tuberculosis sanatoria, and their numerous small open-air huts, played a key

part in the trends and developments of the containment and treatment of patients with the disease which was, until the 1950s, a notable cause of disability and death in New Zealand and internationally.

Following the pioneering efforts of District Nurse Sibylla Maude's early twentieth century tuberculosis camps at New Brighton and Wainoni, Cashmere Sanatorium continued Christchurch's historical importance in demonstrating the open-air treatment of tuberculosis patients. Whereas Nurse Maude's camps relied on private and charitable fundraising, the decision in 1906 to establish the new hillside Cashmere Consumptive Sanatorium involved a direct governmental and hospital board response to the need of an official large scale dedicated funded facility for patients with tuberculosis. Even though it wasn't ready to take its first patients until 1910, it was amongst the first cluster of New Zealand's first official tuberculosis sanatoria, following only a few years after the establishment in 1903 of Te Waikato Sanatorium near Cambridge and the Otaki Sanatorium, both in the North Island. These tuberculosis sanatoria, and the few that were subsequently established over following decades were all critical in the evolution of developing responses to manage what was a serious matter of public health.

#### *Social Significance or Value*

Cashmere Sanatorium Open Air Shelter has social significance. For many past patients, staff and their families, the Cashmere Sanatorium holds a special – albeit peculiar - place in the memories of many New Zealanders. A stay there changed lives and while many would want to forget the ordeal of isolation and a life on hold due to tuberculosis, the place necessitated people forming new bonds. For Christchurch residents, especially those residing nearby in the Broad Oaks/Huntsbury Hill community, the Cashmere Sanatorium Open Air Shelter and its Coronation Reserve setting provides a sense of place. This is reflected in work carried out by community members through the Waihoru Spreydon-Cashmere Community Board, bringing people together through restoration and public education projects associated with the site.

Although a modest building, the Cashmere Sanatorium Open Air Shelter has special characteristics associated with its open-air design for individual patients. Its importance has become more meaningful over time. The thousands of people who 'went up the hill' for treatment between 1910 and 1960 suffered an experience that is becoming appreciated anew as, from late 2019 the world was struck with another pandemic, COVID19 and the

implications of this remain strongly felt at the time of writing this report in 2022. Looking back at the history of the Cashmere Sanatorium, the response our ancestors gave to address and alleviate suffering from tuberculosis, through isolation, rest and fresh air, provides a helpful perspective as we navigate our way through the global COVID19 pandemic of the early 2020s.

Recognition of the social values is demonstrated through the creation of the Coronation Reserve as a remnant of the former sanatorium site, the donation of the surviving original open-air shelters for relocation on the terraced site by developers Fulton Hogan, and the installation of signage and repair, restoration of the shelter by members of the Waihoru Spreydon-Cashmere Community Board.

### **3.2. Section 66 (3) Assessment**

This place was assessed against the Section 66(3) criteria and found to qualify under the following criteria a, b, e, f, h and j. The assessment concludes that this place should be listed as a Category 1 historic place.

#### *(a) The extent to which the place reflects important or representative aspects of New Zealand history*

Tuberculosis was a major killer in New Zealand at the end of the nineteenth century and into the twentieth century. Sanatorium care formed the basis of New Zealand's response in the first half of the twentieth century and focused on the practice of open-air treatment. Central to that practice was the construction of purposefully design shelters or huts that facilitated isolation as well as ample access to fresh air for resting patients.

The Cashmere Sanatorium Open Air Shelter is a rare surviving example that remains within its original context, located on a terrace within the former Cashmere Sanatorium site. The place tells the story of the tuberculosis pandemic and the means by which the medical profession and people in general sought to treat patients and contain the spread of infection. Following on from efforts made by Nurse Maude with her Christchurch tuberculosis camps, and the first official tuberculosis sanatorium - Te Waikato, near Cambridge in the North Island – the Cashmere Sanatorium was established in 1906, around the same time as another official government tuberculosis sanatorium at Otaki.

Cashmere was the first in the South Island when it eventually opened in 1910. At the height of use, New Zealand had six tuberculous Sanatoria complexes across the country.

*(b) The association of the place with events, persons, or ideas of importance in New Zealand history*

The large but few sanatoria in New Zealand mirrored efforts made at the time in other parts of the world. Dedicated tuberculosis sanatoria in New Zealand were pivotal in our health history in the first half of the twentieth century. The Cashmere Sanatorium Open Air Shelter is associated with ideas of treatment and prevention of disease through managed isolation, good food, rest and exposure to fresh air. The concept of containing patients within a specified area was a health management tool used at various times in New Zealand from early days of colonial settlement. Unwell colonial settlers frequently had a period of enforced quarantine upon arrival in New Zealand, at quarantine barracks and hospitals. Another local example of a place of segregation to contain disease is Ōtamahua/Quail Island in Whakaraupō/Lyttelton Harbour which in the early twentieth century had isolation huts erected for people thought to have been suffering from leprosy.

A key figure associated with Cashmere Sanatorium was its first Medical Superintendent, Dr George Blackmore, who had trained in Edinburgh under a pioneer of isolation and treatment of tuberculosis, Sir Robert Philip. As well as promoting open air convalescence at the Cashmere Sanatorium, Dr Blackmore advocated for the construction of a large hospital (Coronation Hospital) dedicated to the care of severe cases of tuberculosis and he implemented a special tuberculosis training programme for sanatorium nurses. Dr Blackmore worked closely with Māori, including at Tuahiwi, to ensure appropriate treatment and prevention, reflecting concerns of the health impact of tuberculosis in the Māori population nationally.

The idea of the importance of fresh air also runs through twentieth century educational institutions, with their open-air schools, children's homes, and hospitals. It reflects the belief in the health-giving properties of fresh air and sunshine, good food and rest, not just for tuberculosis patients but for well-being and recovery generally.

*(e) The community association with, or public esteem for the place*



Community association with the Cashmere Sanatorium Open Air Shelter is demonstrated by Fulton Hogan gifting and returning the building to the site in 1997, its subsequent repair and restoration, installation of an information interpretation panel and strong support by the Waihoru Spreydon-Cashmere Community Board for entry on the New Zealand Heritage List/Rārangi Kōrero. While many people do not know of its existence, there is a small but active group in the community advocating for the care and promotion of the place.

*(f) The potential of the place for public education*

As tuberculosis cases have dropped, and deaths from tuberculosis virtually eliminated in New Zealand, by the late twentieth century the concept of the seriousness and requisite isolation was seen by many as a thing of the past. However, according to the World Health Organisation, tuberculosis is still considered a global pandemic, it is the world's top infectious killer, and it remains among the top ten causes of death in developing nations. The Cashmere Sanatorium Open Air Shelter has strong potential as a place for public education. Situated in the Port Hills, the small building with its sliding doors on three of its four sides provides visitors with a sense of discovery about the isolated open-air treatment implemented at tuberculosis sanatoria. The associated interpretation board provides further educational context about the wider sanatorium.

This story of tuberculosis isolation treatment is pertinent today. The COVID19 pandemic, beginning in late 2019 and the subsequent global disruption, lock-downs and fatalities, has been a strong reminder of ongoing serious health threats of infectious diseases and provides something of an insight into how isolation life might have been like at tuberculosis sanatoria.

*(h) The symbolic or commemorative value of the place*

The Cashmere Sanatorium Open Air Shelter has symbolic value. Although not designed for commemoration, as a lone survivor of a tuberculosis patient shelter on part of the original large sanatorium site, it now has a symbolic function. It has a direct physical and historic connection to the place where many lives were affected.

*(j) The importance of identifying rare types of historic places*

The Cashmere Sanatorium Open Air Shelter is the only on-site survivor of what were previously clusters of small huts or shelters located along the terraces surrounding the

central sanatorium buildings. The Cashmere Sanatorium Open Air Shelter appears to be the only such building type from any of New Zealand's six tuberculosis sanatoria still on an original sanatorium site.

Once a common feature at tuberculosis sanatoria, this type of building was easily relocatable, and many former patient shelters from around the country ended up on private properties as sheds, garages and baches. It is not known how many relocated former open-air huts survive. Two in Christchurch are located at the site formerly occupied by the Community of the Sacred Name (one being from Nurse Maude's tuberculosis camp and the other being from the Cashmere Sanatorium), in Cambridge one is known to have been converted to an outside office and other is an outbuilding made of two huts or shelters joined together. Similarly, two relocated from the Waipiata Sanatorium are conjoined to become a community library. Other huts or shelters will be located elsewhere on private property.

#### *Summary of Significance or Values*

The Cashmere Sanatorium Open Air Shelter has outstanding significance for its architectural, historical, cultural and social values. Its symbolic value as a rare surviving open-air patient shelter situated on a former tuberculosis sanatorium site provides a poignant insight into the early twentieth century response to the global disease of tuberculosis and of the relevance of isolation and fresh air health responses in our history. The Cashmere Sanatorium Open Air Shelter has demonstrated community esteem through its protection history and has high potential to contribute to public education, as people can relate to the concept of isolation health practices due to the COVID19 pandemic of the early 2020s.

While it has been relocated and some of its fabric has been replaced, the building retains a high degree of authenticity in its form and design and is identifiably the same type as those recorded in early photography showing rows of isolation shelters, with their open sliding doors, situated on the sanatorium terraces. Created in an environment when tuberculosis continued to be a major cause of death globally and nationally, the modest building is symbolic of a wider medical and societal response in the nation-wide effort to control and manage the communicable disease in the early twentieth century. While tuberculosis is no longer prevalent in New Zealand, and we no longer have tuberculosis sanatoria, the disease remains a serious health issue in some parts of the world.

## 4. APPENDICES

### 4.1. Appendix 1: Visual Identification Aids

#### *Location Maps*





### Map of Extent



Figure 15. The extent is shown by the yellow polygon below and includes part of the land described as Lot 29 DP 73705 (RT CB CB42C/696), Canterbury Land District and the building known as Cashmere Sanatorium Open Air Shelter thereon. [The full land parcel is shown by the red polygon, Canterbury Maps]



**RECORD OF TITLE  
UNDER LAND TRANSFER ACT 2017  
FREEHOLD  
Search Copy**



**Identifier** CB42C/696  
**Land Registration District** Canterbury  
**Date Issued** 25 October 1996

**Prior References**  
CB39D/1178

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**Estate** Fee Simple  
**Area** 1.0419 hectares more or less  
**Legal Description** Lot 29 Deposited Plan 73705  
**Purpose** recreation reserve

**Registered Owners**  
Christchurch City Council

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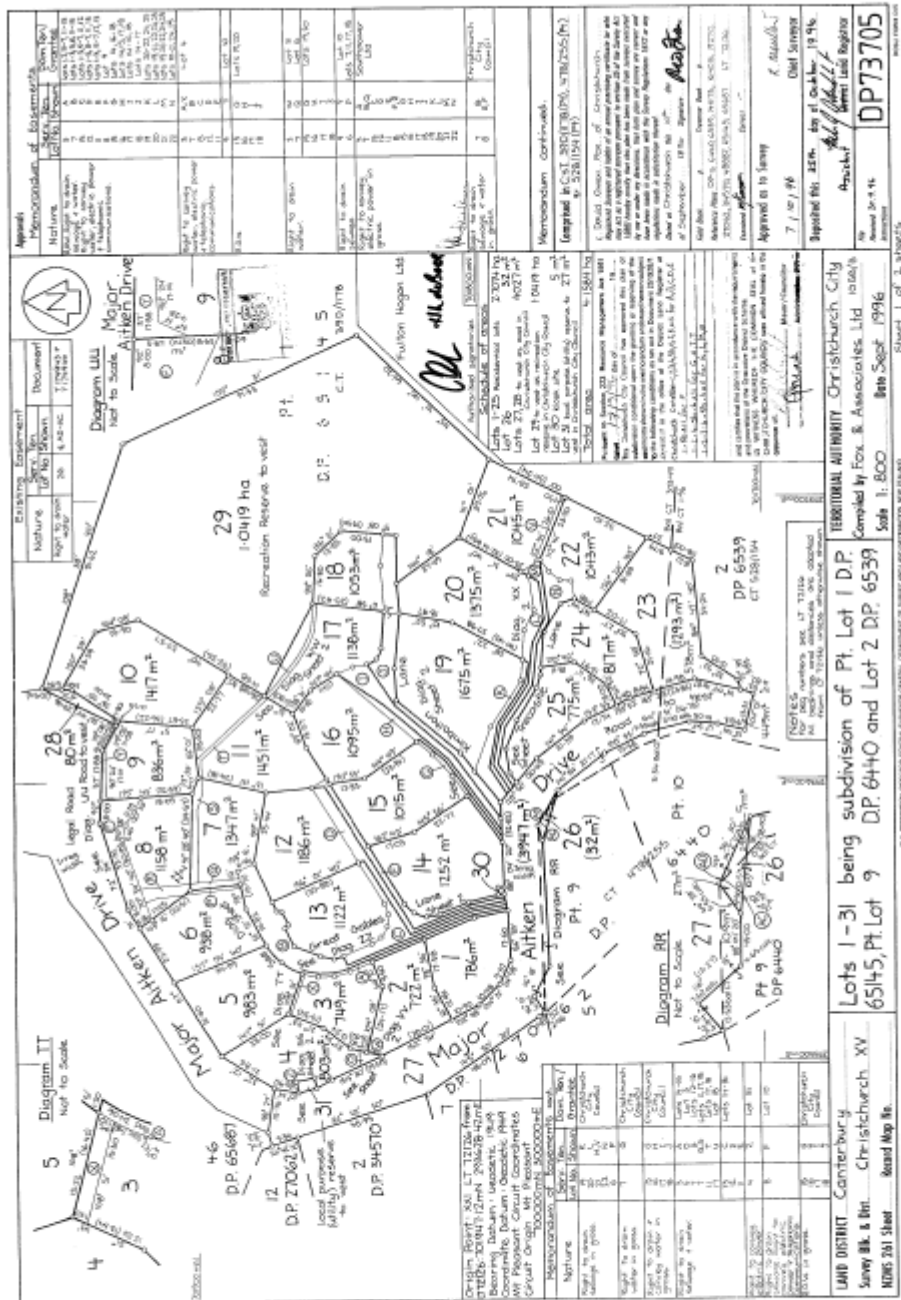
**Interests**

686158 Transfer creating the following easements - 5.7.1966 at 10.10 am

Type	Servient Tenement	Easement Area	Dominant Tenement	Statutory Restriction
Stormwater	Lot 1 Deposited Plan 24256 - CT CB22F/827	Part	Part formerly contained in CT CB466/13 - herein	

Record of Title CB42C/696 (refer also to associated diagrams below)





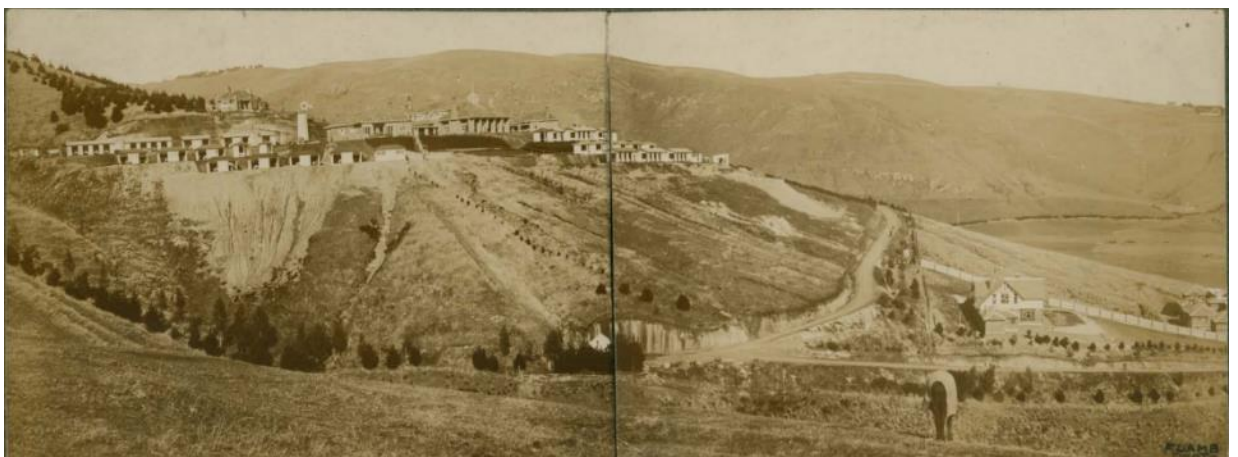
100% Pure

## 4.2. Appendix 2: Visual Aids to Historical Information

### *Historical Photographs*



*Figure 16 Early photograph of the Cashmere Sanatorium by Samuel Anstey, Christchurch City Libraries, Ref: CCL-Arch892-028-004. This early image of the sanatorium is likely to date to 1909 or early 1910 and shows the brick administration and dining building at centre right, the top of the brick nurses' home at top left, at left five timber open-air shelters on a terrace that is still partly under construction, and in the distance at right are further gabled and hip-roofed shelters. The shelters at left are of varying sizes and have hinged doors and slate covered gabled roofs.*



*Figure 17 Cashmere Sanatorium, view from the opposite hillside showing half of the bottom row shelters of women's side completed, and excavations in hand for bottom rows on men's side, F. Lamb, 1913. Christchurch City Libraries, File Ref. CCL-Arch887-046.*

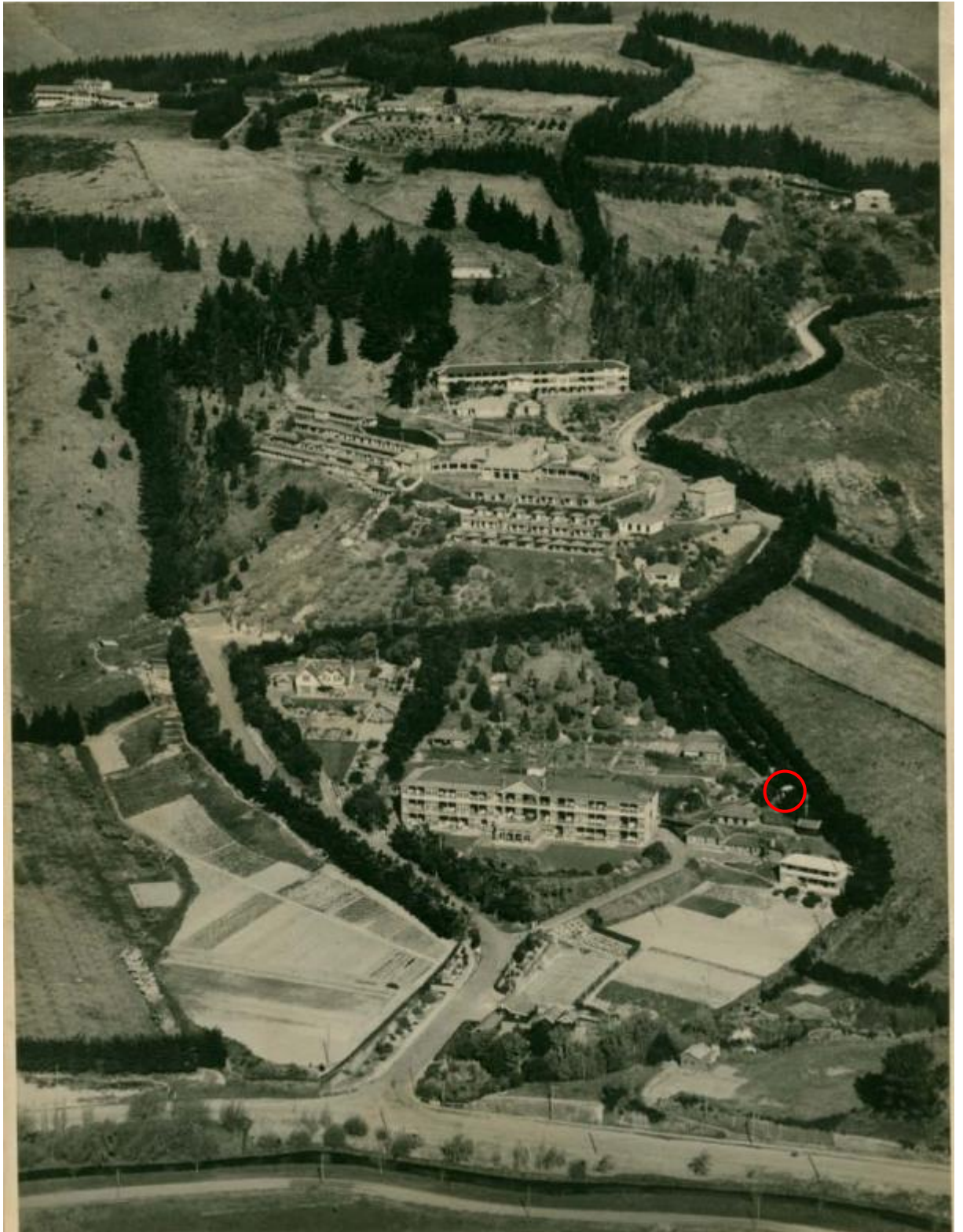




*Figure 18 Christchurch Sanatorium, Cashmere Hill, Alexander Turnbull Library, Ref. 1/1-017816-G9 [note this shows the women's shelters and children's pavilion and is likely dated to 1915]*



*Figure 19 Coronation Hospital and adjacent buildings, 1920s. Christchurch City Libraries, Ref: CCL-Arch887-052. Note the open-air shelter marked by the red arrow.*



*Figure 20 Aerial photograph showing the site, with Coronation Hospital in the foreground and single open-air shelter circled in red, above is the Middle Sanatorium, while the original WWI military sanatorium has been removed, 1938, Christchurch City Libraries, Ref: CCL-Arch887-049.*





*Figure 21 The open air shelter before being moved to its present site, undated, in Malcolm Kitt, Coronation Hospital Isolation Unit (TB Hut) Conservation Project 2005, for the Greenspace Unit, Christchurch City Council. [This image shows the shelter sitting in a temporary location on grass near broad oaks on Kenmure Drive, date likely to be early to mid 1990s]*



*Figure 22 The open air shelter in a temporary relocated position near broad oak trees on Kenmure Drive, 1990s, Geoff Ashley (Fulton Hogan).*





*Figure 23 The building being craned onto the site, 1997, in Malcolm Kitt, Coronation Hospital Isolation Unit (TB Hut) Conservation Project 2005, for the Greenspace Unit, Christchurch City Council.*



*Figure 24 The building during conservation work, circa 2005, in Malcolm Kitt, Coronation Hospital Isolation Unit (TB Hut) Conservation Project 2005, for the Greenspace Unit, Christchurch City Council.*

## Historical Plans

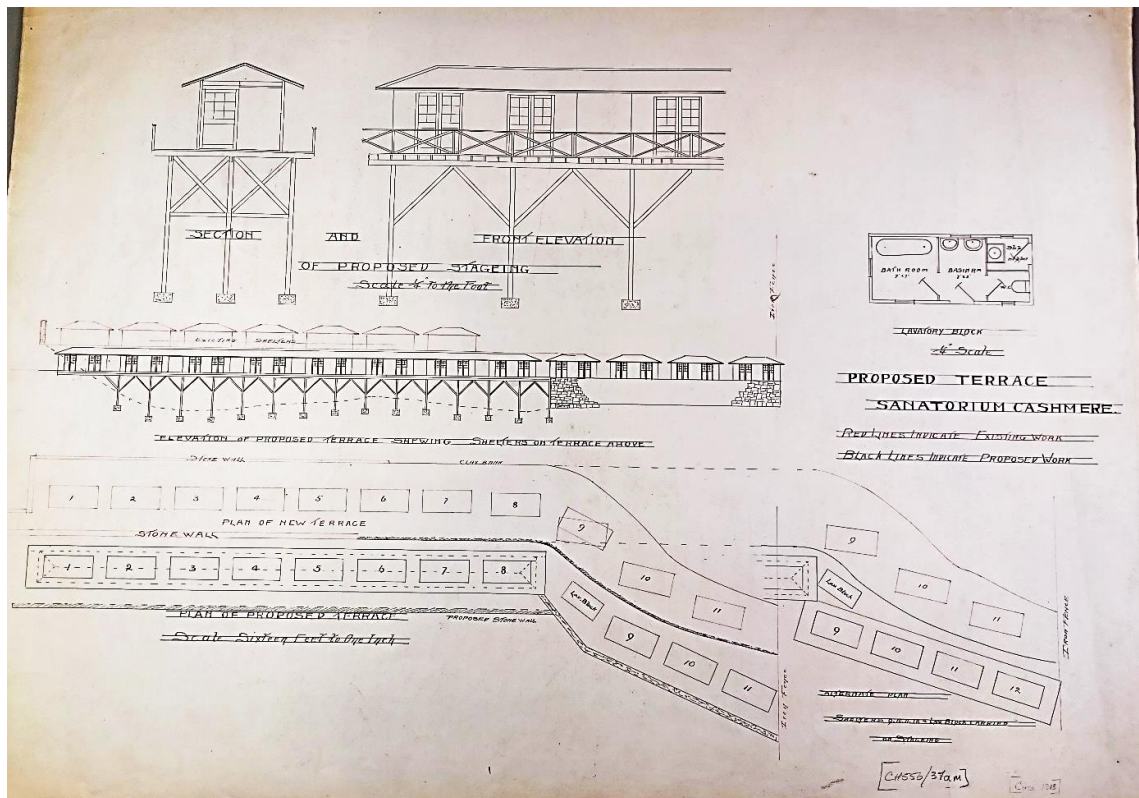


Figure 25 Proposed Terrace, Cashmere Sanatorium, circa 1913, Archives New Zealand, Ref CH556/37am





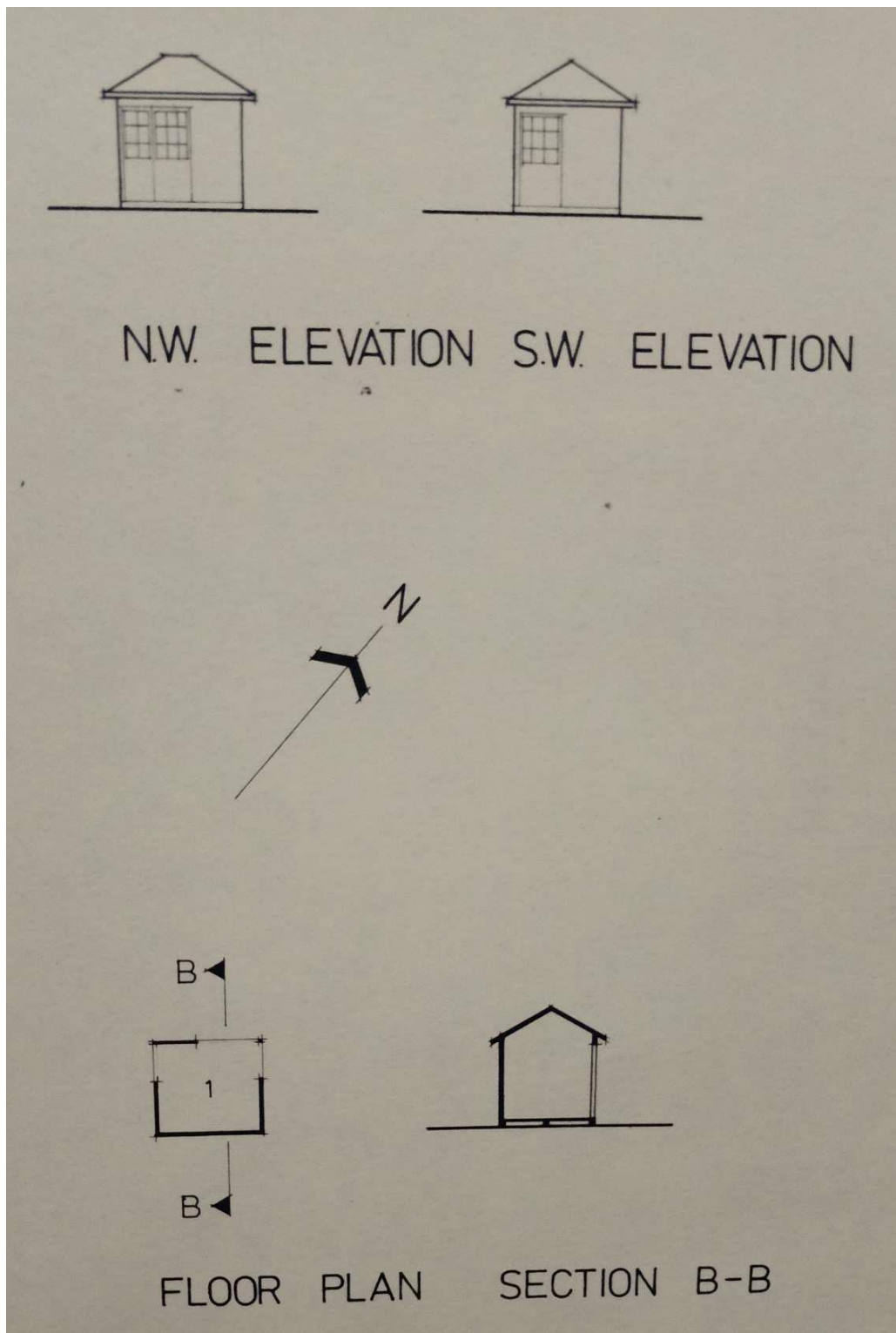


Figure 27 Detail of the building marked 11 on the site plan ('cabin') as part of Coronation Hospital Survey, for the North Canterbury Hospital Board, 1976, by Cutter Pickmere Douglas (Architects), Frederick Sheppard and Partners (Structural Engineers), Powell Fenwick and partners (Mechanical and Electrical Engineers), Archives New Zealand Reference CAWU CH556 38ai. [This 1976 drawing is of the cabin (open-air shelter) located to the south-west of the Coronation Hospital building and matches the designs of many of the shelters at the Middle Sanatorium].

#### 4.3. Appendix 3: Visual Aids to Physical Information

##### *Current Photographs of Place*



*Figure 28 East and North elevations of Cashmere Sanatorium Open Air Shelter, R. Burgess, 19 Jan. 2022 (Heritage New Zealand Pouhere Taonga)*



*Figure 29 South and west elevations of Cashmere Sanatorium Open Air Shelter, R. Burgess, 19 Jan. 2022 (Heritage New Zealand Pouhere Taonga)*





*Figure 30 East elevation of Cashmere Sanatorium Open Air Shelter, showing flat terrace, stone wall at left and modern fencing at right, R. Burgess, 19 Jan. 2022 (Heritage New Zealand Pouhere Taonga)*



*Figure 31 View of Cashmere Sanatorium Open Air Shelter, from terrace below looking past stone retaining wall, R. Burgess, 19 Jan. 2022 (Heritage New Zealand Pouhere Taonga)*





*Figure 32 Concrete steps north-west of Cashmere Sanatorium Open Air Shelter, R. Burgess, 19 Jan. 2022 (Heritage New Zealand Pouhere Taonga)*



*Figure 33 Looking west from a track on Coronation Reserve, over to the Cashmere Sanatorium Open Air Shelter, showing stepped terraces (3 Aug. 2022)*





Figure 34 Retaining wall at terrace formerly occupied by Children's Pavilion, R. Burgess, 3 Aug. 2022 (Heritage New Zealand Pouhere Taonga)

#### 4.4. Appendix 4: Significance Assessment Information

Part 4 of the Heritage New Zealand Pouhere Taonga Act 2014

*Chattels or object or class of chattels or objects (Section 65(6))*

Under Section 65(6) of the Heritage New Zealand Pouhere Taonga Act 2014, an entry on the New Zealand Heritage List/Rārangī Kōrero relating to a historic place may include any chattel or object or class of chattels or objects –

- a) Situated in or on that place; and
- b) Considered by Heritage New Zealand Pouhere Taonga to contribute to the significance of that place; and
- c) Proposed by Heritage New Zealand Pouhere Taonga for inclusion on the New Zealand Heritage List/Rārangī Kōrero.

*Significance or value (Section 66(1))*

Under Section 66(1) of the Heritage New Zealand Pouhere Taonga Act 2014, Heritage New Zealand Pouhere Taonga may enter any historic place or historic area on the New Zealand Heritage List/Rārangī Kōrero if the place possesses aesthetic, archaeological, architectural,

cultural, historical, scientific, social, spiritual, technological, or traditional significance or value.

*Category of historic place (Section 66(3))*

Under Section 66(3) of the Heritage New Zealand Pouhere Taonga Act 2014, Heritage New Zealand Pouhere Taonga may assign Category 1 status or Category 2 status to any historic place, having regard to any of the following criteria:

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

Additional criteria may be prescribed in regulations made under this Act for the purpose of assigning Category 1 or Category 2 status to a historic place, provided they are not inconsistent with the criteria set out in subsection (3)

Additional criteria may be prescribed in regulations made under this Act for entering historic places or historic areas of interest to Māori, wāhi tūpuna, wāhi tapu, or wāhi tapu areas on the New Zealand Heritage List/Rārangi Kōrero, provided they are not inconsistent with the criteria set out in subsection (3) or (5) or in regulations made under subsection (4).

NOTE: Category 1 historic places are ‘places of special or outstanding historical or cultural heritage significance or value.’ Category 2 historic places are ‘places of historical or cultural heritage significance or value.’