

Appendix 1, Attachment 16 – 29 Major Aitken Drive Heritage Assessment

Council Submission on PC14

**CHRISTCHURCH DISTRICT PLAN – SCHEDULED HERITAGE PLACE
HERITAGE ASSESSMENT – STATEMENT OF SIGNIFICANCE
HERITAGE ITEM NUMBER 1456
FORMER CASHMERE SANATORIUM OPEN AIR SHELTER AND
SETTING - 29 MAJOR AITKEN DRIVE, CHRISTCHURCH**



PHOTOGRAPH: CHRISTCHURCH CITY COUNCIL 2019

HISTORICAL AND SOCIAL SIGNIFICANCE

Historical and social values that demonstrate or are associated with: a particular person, group, organisation, institution, event, phase or activity; the continuity and/or change of a phase or activity; social, historical, traditional, economic, political or other patterns.

The Former Cashmere Sanatorium Open Air Shelter and setting are of high historical and social significance for their association with the Cashmere Sanatorium, which was opened in 1910 to care for patients with pulmonary tuberculosis (TB). The disease had a significant impact on the Canterbury community, and approximately 10,000 patients were treated there between 1910 and 1960. The building is also associated with the medical professionals who worked and resided there, including the first doctor - Dr George Blackmore and medical officers, nurses and porters (orderlies).

In the late 19th century the disease was a major killer in New Zealand. Sanatoria were set up around the country from the turn of the century to provide specialist care. (Te Ara) The Cashmere Sanatorium was the first to be opened in the South Island. The disease peaked during WWII with 2603 cases recorded in 1943. Control measures were legislated in the Tuberculosis Act of 1948.

Although Nurse Sibylla Maude had initially established a tent based tuberculosis sanatorium in Wainoni in the early years of the twentieth century, the disease was deadly and prevalent enough to

warrant the need for a permanent facility in Christchurch. There were 506 cases and 160 deaths noted in Canterbury in 1907 (Bennett). Large numbers of people caught the disease. Before the 1960s the main form of treatment was rest and exposure to sunlight and fresh air. The Cashmere Sanatorium was established with assistance from fundraising, and 12 acres of land donated for the purpose by the Cracroft Wilson estate. The foundation stone for the main building was laid in 1907 by the Acting Prime Minister the Hon. W. Hall-Jones. The North Canterbury Hospital Board took over the 35 bed hospital before it opened in 1910. The sanatorium was initially managed by Dr. George Blackmore, who lived in a grand brick house situated on the hillside below the main building.

Coronation Hospital (for advanced cases of TB) opened on the same site in 1914 and a Military Sanatorium was built in 1918 to care from WWI returned servicemen with the disease. All of these institutions came to be known collectively as Coronation Hospital. The part of the complex where the shelters were situated became known as the Middle Sanatorium. Upon its opening, there were 31 beds, with 27 of these located in the shelters on the hillside. To the north and west of the main block, and to the east towards a gully, flat terraces were excavated for the shelters. Over the years more terraces were formed, lower down the slopes, to site more shelters. The shelters were set side by side in rows along the terraces. A few special shelters could be rotated to catch the sun. By 1917 there were 85 beds in the shelters ('Up the Hill', Canterbury Area. Health Board). Governor-General Lord Bledisloe and Lady Bledisloe visited the Sanatorium in 1930, and Lord Bledisloe was reported as being very impressed with the shelters. <https://www.stuff.co.nz/the-press/christchurch-life/124587082/1930-a-visit-to-the-sanatorium>

As medical care improved and cases of the disease reduced from the 1950s, along with recovery time from the disease, Coronation Hospital changed focus to care for the elderly over time. The last TB patient left the hospital in 1960 – fifty years after the hospital opened to patients. The shelters stood empty at this time, and most were relocated off site. The elderly persons facilities were closed in 1991 and the remaining sanatorium buildings were demolished in 1993 to make way for a new housing development (Broadoaks). At this time Fulton Hogan donated the last remaining shelter to the City Council, which was relocated to Council reserve land in Coronation Reserve in the late 1990s. Street and place names in the area reflect the past history of the site (eg Coronation Reserve, Major Aitken Drive).

CULTURAL AND SPIRITUAL SIGNIFICANCE

Cultural and spiritual values that demonstrate or are associated with the distinctive characteristics of a way of life, philosophy, tradition, religion, or other belief, including: the symbolic or commemorative value of the place; significance to Tangata Whenua; and/or associations with an identifiable group and esteemed by this group for its cultural values.

The Former Cashmere Sanatorium Open Air Shelter and setting are of high cultural significance as they reflect the way of life of patients at the sanatorium – isolated, with only the basic needs met. The site of the former sanatorium complex reflects the provision of care for members of society who are unwell, and the needs of particular groups such as returned servicemen and children. The sanatorium complex was largely avoided by the general public, to the extent that people were unwilling to build houses nearby, or send their children to play with the doctor's children, for fear of catching the disease. (Christchurch City Libraries). Although the sanatorium was seen by the general public as a place of death and despair, Dr Blackmore was adamant that the sanatorium would be 'an atmosphere of cheerfulness and hope'. Despite his stern and reserved demeanour, he cared strongly for his patients, and was an advocate for their right to return to society as contributing members,

not outcasts. At a time when there was no proven cure for tuberculosis, hope was all the patients had. Former patients struggled to reintegrate into society and employment due to the stigma of beliefs around the disease at the time. The longest resident patient stayed for 21 years. The last patient to recover was discharged in 1960. Following this, the open air shelters where the patients had lived were removed and many found a new purpose as garden sheds or sleep outs in the backyards of Christchurch. (Christchurch City Libraries). Various charitable bodies were set up to support the more personal needs of patients and their families.

ARCHITECTURAL AND AESTHETIC SIGNIFICANCE

Architectural and aesthetic values that demonstrate or are associated with: a particular style, period or designer, design values, form, scale, colour, texture and material of the place.

The Former Cashmere Sanatorium Open Air Shelter and setting are of architectural and aesthetic significance for the design of the shelter (possibly by architect Samuel Hurst Seager) which reflects medical treatments of the period and it is the last remaining shelter on the original Sanatorium site.

The Isolation Unit building or shelter is approximately 9 metres squared with three sliding glazed doors which enabled the structure to be open on three sides to provide the fresh air considered necessary at the time for treatment of tuberculosis. The shelter is of weatherboard construction with a corrugated iron roof. The windows have been replaced with perspex. The shelter is lined in timber board and batten. The isolation units were oriented towards the sun and away from cold easterly and southerly winds. The original scheme sketch for the complex was designed by well-known Christchurch architect Samuel Hurst Segar. Terraces and retaining walls were built enabling the units to be constructed on timber skids for flexibility of siting. The single units had a single standard hospital metal bed, a bedside locker, wardrobe, chair, and a privacy curtain on rails. The units were supplied with overhead electricity for lighting and heating. Ablutions were performed in separate buildings. Fences divided male and female areas of the facility. The units were a mix of one and two bed capacity. Windows are six paned and top hung, cladding is vertical timber tongue and groove, doors are nine pane sliding doors. Windows originally had a mix of clear and obscure glazing.

The whole interior contributes to the significance of the heritage item because of its form and materials, and the extent of heritage fabric that remains throughout. Interior features include the layout and space, structure and linings, fixtures, hardware, materials and finishes.

TECHNOLOGICAL AND CRAFTSMANSHIP SIGNIFICANCE

Technological and craftsmanship values that demonstrate or are associated with: the nature and use of materials, finishes and/or technological or constructional methods which were innovative, or of notable quality for the period.

The Former Cashmere Sanatorium Open Air Shelter and setting are of technological and craftsmanship significance for the construction materials and methods of the shelter. The shelters were a specific rather than standard design in terms of the particular requirements for patients. This included the windows, ability to be relocated easily, and in terms of the sliding door mechanisms.

CONTEXTUAL SIGNIFICANCE

Contextual values that demonstrate or are associated with: a relationship to the environment (constructed and natural), a landscape, setting, group, precinct or streetscape; a degree of consistency in terms of type, scale, form, materials, texture, colour, style and/or detail; recognised landmarks and landscape which are recognised and contribute to the unique identity of the environment.

The Former Cashmere Sanatorium Open Air Shelter and setting are of high contextual significance for their location in the Coronation Reserve which contains mature trees and plantings. Dr Blackmore took an interest in tree planting and encouraged a wide variety of specimen and plantation trees on the site. The shelter is located near its original site. It sits on a gravelled terrace, one of the four terraces constructed for the sanatorium at this location. To the north-west and east of the shelter are sets of steps that run between the terraces. The broader residential area still contains evidence of the former Sanatorium complex in landscaping features in the form of concrete terraces. These would have housed similar shelters. The location of the sanatorium provided a remote rural setting, which responded to how contagious the disease was, as well as providing the fresh air and sunshine considered necessary for patients' recovery.

ARCHAEOLOGICAL AND SCIENTIFIC SIGNIFICANCE

Archaeological or scientific values that demonstrate or are associated with: the potential to provide information through physical or scientific evidence and understanding about social historical, cultural, spiritual, technological or other values of past events, activities, structures or people.

The Former Cashmere Sanatorium Open Air Shelter and setting are of archaeological significance for their potential to provide evidence of human activity, particularly that related to provision of healthcare from 1910.

ASSESSMENT STATEMENT

The Former Cashmere Sanatorium Open Air Shelter and setting, including the interior, is of overall Significance to Christchurch and Banks Peninsula.

The Former Cashmere Sanatorium Open Air Shelter and setting are of high historical and social significance for their association with the Cashmere Sanatorium, which was opened in 1910 to care for patients with pulmonary tuberculosis (TB). The Former Cashmere Sanatorium Open Air Shelter and setting are of high cultural significance as they reflect the way of life of patients at the sanatorium. The Former Cashmere Sanatorium Open Air Shelter and setting are of architectural and aesthetic significance for the design of the shelter (possibly by architect Samuel Hurst Seager) which reflects medical treatments of the period and it is the last remaining shelter on the original Sanatorium site. The Former Cashmere Sanatorium Open Air Shelter and setting are of technological and craftsmanship significance for the construction materials and methods of the shelter. The Former Cashmere Sanatorium Open Air Shelter and setting are of high contextual significance for their location in the Coronation reserve. The Former Cashmere Sanatorium Open Air Shelter and setting are of archaeological significance for their potential to provide evidence of human activity, particularly that related to provision of healthcare from 1910.

REFERENCES:

Christchurch City Council Heritage Files; HNZPT Nomination form, Cashmere Sanatorium Open Air Shelter (former); Canterbury Maps Historical website; Te Ara 'Spas, Sanatoriums and surgery' [Spas, sanatoriums and surgery – Te Ara Encyclopedia of New Zealand](#); Cashmere Sanatorium (Now Coronation Hospital) 1906-1964, F.O. Bennett; The Hill of Hope – Cashmere Sanatorium <https://my.christchurchcitylibraries.com/blogs/post/the-hill-of-hope-cashmere-sanatorium/> ; Up the Hill. Cashmere Sanatorium and Coronation Hospital 1910-1991, Canterbury Area Health Board, 1993.

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PLEASE NOTE THIS ASSESSMENT IS BASED ON INFORMATION AVAILABLE AT THE TIME OF WRITING. DUE TO THE ONGOING NATURE OF HERITAGE RESEARCH, FUTURE REASSESSMENT OF THIS HERITAGE ITEM MAY BE NECESSARY TO REFLECT ANY CHANGES IN KNOWLEDGE AND UNDERSTANDING OF ITS HERITAGE SIGNIFICANCE.

PLEASE USE IN CONJUNCTION WITH THE CHRISTCHURCH CITY COUNCIL HERITAGE FILES.