The former Greenvale tuberculosis sanatorium, opened May 1905, is of State significance as the first purpose-built public tuberculosis institution established in Victoria. While there were some previous small private sanatoria for consumptives, this institution was particularly important in providing for sufferers in “reduced circumstances,” whose nutritional and living conditions made them particularly prone to this highly contagious, deadly and much-feared disease which was known colloquially as the “white death”. It also expressive of the new medical regimen of isolation, fresh air and healthy food, which were the only weapons with which the disease could be fought in the pre-drug era, and of the popular desire to quarantine sufferers of the disease.

The complex retains an early pavilion-style ‘chalet’ building, lightly built, with a rare external frame, and with the wide verandahs which characterised the contemporary understanding of the importance of climate, in particular fresh air, in treatment of the disease.

The complex also contains some major institutional buildings of c.1940 and 1950, built in the modern style, combining rounded, elliptical and flat surfaces, and the use of glass walls. The 1950 building was one of the richer and more important of the works of noted Public Works Department Chief Architect Percy Everett, and although altered (its verandahs having been glazed) it remains one of the most intact of his hospital buildings, and is of State architectural significance. The 1950 ward building, with its prominent verandahs and solaria, was designed to maximise exposure to both fresh-air and sunlight. These use of these climatic treatments effectively became superfluous with advances in TB identification, treatment (in particular the use of streptomycin) and vaccination in the 1950s. At this time the complex became redundant for tuberculosis treatment, and was converted into a geriatric hospital.
The general setting of the complex, in a large elevated isolated area, is a significant part of the site. It retains the open woodland character which at its opening was described as particularly beautiful. The pine and eucalyptus plantations, including the main entrance avenue, and shelter plantings within the site, are a significant feature of the complex. Other contributory elements include the large plantation of sugar gums, which provided fuel as well as shelter; the weatherboard, and later brick, staff housing and other recreation facilities such as halls and the tennis court, which express the institution’s original isolation and the need to provide a self-contained living environment.

Further examination of the complex is required, in particular the two timber buildings, Blocks 2 and 3, which flank the main ward building. Apart from the small pavilion-style chalet building, these are the only other timber institutional buildings remaining in the complex.

Description:

The southern end of the complex is the site of the original sanatorium buildings. The post-war buildings of the complex are at the northern end of the complex. Further north again are the wards associated with the aged-care hospital.

While most of the original buildings associated with the sanatorium have been removed, the general layout of the place appears to remain intact, and includes the roadways and shelter plantings. The plantings of *pinus radiata* around the complex, on its western boundary, and on the former northern boundary of the complex, on the north side of the entrance drive, are of particular significance as they were an integral part of the climate management which was fundamental to the early treatment of tuberculosis. There is also a fairly intact remains of a pine plantation along both sides of the entrance drive, which would have been ornamental. There are also plantations of sugar gums, some of which appear to be shelter belts, while other stands were apparently planted for fuel to be used in the steam engines, and cooking and heating of the early institution.

One of the early timber pavilion-type buildings has also been retained as a momento of the origins of the institution. It consists of a single room, a few metres square, with a wide verandah on all sides. It is built without external cladding of its external frame, in the manner of a former style of light Queensland dwellings. It has a distinctive diaper shaped pattern on the lower part of the building. There is a substantial louvered gap above all four walls, providing extraordinary ventilation to the building by way of a central vent in the ceiling. This gap is protected from the weather by extraordinarily deep eaves of the hipped roof, on all four sides of the building. There is no verandah under this extensive shelter, but it is presumed that the shelter of the standard type used in the complex, to enable patients to sit, and sometimes to sleep, out in the fresh air. It has three windows, two of which may have been added at a later date.

This is highly significant building. It is not known whether there is another similar building of this type surviving elsewhere in Victoria. There does not appear to be any such building remaining at the Heatherton or Gresswell institutions, which were the later Government tuberculosis sanatoria. There is evidence of minor vandalism on the building, apparently very recent, including the breaking of a door panel, apparently to obtain unauthorised access.

There are numerous other buildings and works remaining which were associated with the sanatorium. These include:-

The Administration building and Nurses Home (c.1940, 1948). This is a two storey red-brick building which was constructed on foundations capable of its extension to four stories. It is built in the modern style, with cubic forms, and a few rounded glass-ended rooms as features, added later.

The modern Percy Everett buildings, especially the 1950 ward building, are of architectural interest. The multi-storied, boomerang shaped Ward building is the dominating building of the complex. It was a notable example of Everett’s work, with its use of horizontal lines, the sweeping curves of the elliptical chimney stack and rounded ends, the horizontal...
verandah mullions (removed when the original fly-wire was replaced by glazing), and use of glazing. It was a strong and rich version of Everett’s sanatoria type of design, designed just after the architect returned from a study tour of hospitals in the USA, and probably the most intact of the group of major sanatoria he designed (others were at Heatherton and Greswell). An important part of this building is the large concert hall which was attached to the western side of the building. The provision of entertainment and recreation was an essential part of counteracting the isolation of the sanatorium and maintaining the well-being and morale of patients.

Almost all of the detached timber staff houses which was on the site in 1940 remain on the site. This again is an interpretative feature of the institution, expressing the isolation of the site, and the consequent difficulty of obtaining staff for the hospital. It was necessary to provide housing to overcome these disadvantages.

Other features of the site which relate to the TB phase of development include some large timber buildings, the tennis court, the hall, the morgue, and numerous plantings of exotic species, including palms, and eucalyptus around the site.

The site requires a Conservation Analysis, Policy and Management Plan.

History

Tuberculosis and its Early Treatment in Victoria

Until the introduction of new medical treatments in the 1940s and 1950s, the communicable disease tuberculosis of the lungs, also known as “TB”, “consumption”, “phthisis” (phthisis pulmonalis) and (in the early twentieth century) the “white death”, was prevalent and greatly feared in Australia, particularly among young adults whom it most affected.

As with many diseases in the nineteenth century, there was a belief (or more, a hope, in the absence of any better treatments) that a mild climate and pure air would be beneficial to TB sufferers. For example, a 1864 Queensland publication indicates the type of remedy available, at least to those who were able to afford it:-

“Moreton Bay is now regarded....in southern colonies, exactly as Madeira and the South of France is in England, as a sanitarium for invalids of a consumptive tendency who, it is to be much regretted are not infrequently sent thither from Sydney, Melbourne and Hobart Town, when too far gone for the recuperative influence of the milder climate to arrest the fatal progress of the disease.”

By the 1870s the increasing trend in the disease was manifest Australia-wide, with the highest incidence in young adults. Prior to 1882 when Robert Koch discovered the tuberculosis organism, it was generally believed that the disease was hereditary, as there were so many instances in which several members of the one family succumbed to the infection. It had thus been believed that any attempt to prevent the disease was useless.

The 1889 Health Act in Victoria provided for Department of Public Health. Dr D Astley Gresswell was appointed Medical Inspector to the Department, and from 1894 to 1904 acted as Chairman of the Board of Public Health and Permanent Head of the Department. The highly capable and energetic Dr Gresswell drew attention to defects in all areas of public health, particularly communicable diseases and sanitation issues. His public address on tuberculosis in 1893 marked the beginning of the official campaign against the disease in Victoria. He issued a series of pamphlets and posters on the subject between the years 1893 and 1902, providing the public with information as to the causes and means of treatment and prevention (with special warnings against the dangers of spitting). His 1902 report was able to chart the decline of the disease from, in 1889, 27.9 and 21.6 per 10,000 respectively for the whole State and the metropolitan area, to 19.8 and 15.4 per 10,000 respectively for the whole State and the metropolitan area in 1902. There were still 1888 victims of the disease in Victoria in that year however, and Gresswell exhorted the public and government bodies to maintain the campaign -

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2 Richard Swansson, pers. conv.
3 Ross, P, A History of Health and Medicine in Queensland 1824-1960 (UQP, St Lucia, 1987), p 213
“in the face of what still remains the most fatal plague on man and beast, the White Death, the great scourge of civilised life, and in Victoria the cause of one death in nine.”4

It is notable from Gresswell’s figures that the incidence of the disease was higher in the country, probably due to poor living conditions, in spite of the continuing faith in pure air and temperate climate in treating the disease. Part of the improvement in the death rate was no doubt due to overall improvement in living conditions from the late nineteenth century.5

As the communicable nature of the disease came to be better understood, it was realised that those suffering poor living conditions and diet were more susceptible to the disease. In the last years of the nineteenth century some basic identification, treatment and prevention strategies began to be formulated for the feared “white death.” The key recommendations of an important international conference on tuberculosis held in London in 1901 were:-

- voluntary notification of the disease;
- disinfection of premises occupied by TB patients;
- the establishment of sanatoria for patients in the early stages of the disease; and
- hospital provision for advanced cases.6

With the addition of Dr Gresswell’s education campaign, these recommendations formed the basis of the Victoria’s emerging tuberculosis strategy. The other exception was that notification of the disease was soon made compulsory.

In a later article on Gresswell, Trathen reported that:-

“In 1903 a sum of money was placed in Dr Gresswell’s hands by a private donor for use in connection with the treatment of consumptives, and arrangements were made with the authorities of certain country hospitals for the open air treatment under special conditions of a number of consumptive patients. This was the origin in Victoria of the official Sanatorium movement, which was so extensively developed by his successor, Dr W Perris Norris.”7

Currently the history, particularly the early history, of tuberculosis treatment in Victoria has not been written, and the locations and dates of early sanatoria are not known. While it is possible that the private bequest referred to above contributed to the establishment of the Greenvale Sanatorium in 1905, there is sketchy evidence of a few other sanatoria which pre-dated Greenvale, and these may have been the beneficiaries of the private donation.

The first “official” sanatoria, meaning, presumably, Government funded or endorsed sanatoria, were established at Echuca and Macedon by 1905. There was a total of 113 beds in these institutions. The statistics for the two institutions were amalgamated, making it likely that they were the “certain country hospitals” which were the beneficiaries of the single private bequest received by Dr Gresswell. Their income figures support this conclusion. While the State government provided £300, municipalities £136, “private contributions” £551, “Hospital Sunday” (an annual collection taken up in all churches and distributed amongst hospitals) £318, and fundraising £8, a massive £5,341 was contributed by “legacies, bequests etc.” 8

The Macedon hospital referred to in the 1905 Victorian Year Book was possibly the Victorian Sanatorium at Mount Macedon which is briefly referred to in a 1904 book by a Dr Duncan Turner, its consulting physician. (Dr Turner advocated lengthy and energetic twice-daily whole-body massage using liberal quantities of warm cod-liver oil for the treatment of consumptives.9) Alternatively the Victorian Sanatorium may have been a small private sanatorium. Numerous such sanatoria are known to have dotted the NSW Blue Mountains, a

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5 As occurred in Queensland, Ross, op cit, p.214.
6 Ross, op cit, p 215
7 Trathen, op cit, p. 6
8 Victorian Year-Book, 1905, pp 243-6, 259.
similar environment to Mt Macedon, in the early twentieth century. The mountainous location was no doubt evidence of the contemporary faith in the restorative qualities of the “pellucid” atmosphere of elevated country.

“The Sanatorium for Consumptives, Greenvale” was the first TB sanatorium to appear in the main Melbourne directory of hospitals. Greenvale Sanatorium was the first purpose-built Government, or “official” sanatorium in Victoria, the few other early sanatoria having been attached to local hospitals in country regions, and short-lived.

The “Greenvale Sanatorium for Consumptives”, with accommodation for “about 40” patients in “canvas-walled structures” appears in the Victorian Year-Book for the first time in 1905. Its first financial statistics (1906) show that, unlike the Echuca and Macedon sanatoria, it was totally Government funded (£6,601), compared with the others which still received over 90% of their funding from “other sources.” However by 1909-10 the only Consumption Sanatorium mentioned in the Victorian Year Book is Greenvale, whose accommodation had been increased to 90 beds. Echuca and Macedon do not appear in the Year Book by this stage, so it appears that either they had been closed, or state funding to them ceased. Greenvale was designated for “cases of consumption in the early stages.”

Later Tuberculosis Sanatoria; Developments in TB Identification and Treatment

In 1911-12 the Year Book stated that, apart from Greenvale, “there are two other consumption sanatoria in the State...at Amherst and Daylesford. Both of these are administered by the local hospital authorities under the direction of the Public Health Department, are for the use of females only, and are maintained by the Government.” Although this is the first mention of these two hospitals, it appears that Amherst at least had been in operation for some time, as it is noted that “30 beds have been recently added” to that institution. Amherst had a capacity for 62 patients, and Daylesford 12 patients. At Greenvale, Amherst and Daylesford patients in reduced circumstances were admitted free.

The 1912-13 Year Book records that the sanatorium accommodation at the Daylesford Hospital had been rendered unnecessary as a result of the recent provision of the extra 30 beds at Amherst, and that it had been closed in November 1912.

The next major sanatorium to be erected in Victoria, at Heatherton, first appears in the 1912-13 edition of the Victorian Year Book. This was opened in 1913, “near Cheltenham Benevolent Asylum” (from which the Sanatorium was administered; it later became the Kingston Centre), and contained 100 beds. It was to be for the treatment of “intermediate and advanced cases”, whereas Greenvale (by this time also with 100 beds) was designated for the “cases of consumption in the early stages.” There was also another new development in 1912-13, with 130 beds now provided for cases of “advanced consumption” at the Austin Hospital. In 1910 a directory had described the Austin Hospital as being “for incurables.”

The Commonwealth Government became increasingly active in the tuberculosis campaign, most noticeably at the cessation of both world wars, when special provisions were made for repatriated servicemen who had contracted the disease. At Bendigo the plague of tuberculosis was compounded by silicosis contracted by the quartz miners, and a sanatorium

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10 Proust, op cit, p 32
11 As is usual, there was a delay in the entry being recorded: Sands and McDougalls Directory, 1910.
12 Victorian Year-Book, 1905, p 259
13 Victorian Year-Book, 1906, p 274
14 Victorian Year-Book, 1906, p 432
15 Victorian Year-Book, 1911-12, p 580
16 Victorian Year-Book, 1912-13, p 584.
17 Mr Bill Smith, Secretary (Administrator) of Heatherton Hospital 1947-64, pers. conv, 17/11/97.
18 Victorian Year-Book, 1912-13, p 583-4; Victorian Year-Book, 1909-10, p 432.
19 Victorian Year-Book, 1912-13, p 584.
20 Sands And McDougalls Directory, 1910.
21 Ross, op cit, p. 216
had been proposed there as early as 1911. However the First World War intervened, and it was not until 1922 that the Commonwealth Health Laboratory was opened there. In 1927 the first TB chest clinic outside Melbourne is said to have been established there, and in 1933 it had a 24 bed annex for TB patients built in the grounds of the Bendigo Hospital.  

In 1927 the Federal Health Council, consisting of senior medical administrators of both Commonwealth and State health departments, was established with the object of developing more definite and co-ordinated action. This seems to have prompted State governments to developing a greater role in planning different strategies to combat the disease. In 1927 a State Director of Tuberculosis was appointed in order to obtain improvements in the prevention and cure of tuberculosis. Following the appointment of Dr John Bell Ferguson as its first Director, a new feature in control of the disease was the establishment of tuberculosis bureaux in the metropolis and in Victorian provincial centres. With the assistance of the Bureaux a larger proportion of cases in the early stages of the disease were admitted to the sanatoria. In Melbourne a Central bureaux opened in 1927, and a branch at Prahan in 1930. Elsewhere State bureaux were instituted at Bendigo (1931), Geelong (1932) and Ballarat (1935).

In addition to the bureaux a new Sanatorium was opened at Gresswell (Bundoora-Greensborough) in 1933. A history of the institution written by former patient and staff member provides a first-hand insight into the contemporary treatment of the diseases. The curative principle was still as it had been when Greenvale was opened:-

"rest, both mental and physical, followed by a long period of graduated exercise and work .... always with the idea that the purpose of treatment was to return to the community individuals able and prepared to take an active part in family life, recreation and work and so educated that they would not be a source of infection for others." Gresswell sanatorium was still built on the “open-air” principle, with pavilion type wards and verandahs. The discipline was strict and the atmosphere paternalistic, with lighter moments provided by a social club, cinema shows, library and a musical program. A modest amount of surgery was done. About 60 thoracoplasties were performed at Gresswell during the period 1933-40, the patients being temporarily transferred to the Austin Hospital. About 10% of patients were treated by artificial pneumothorax. Hence the vast majority of TB patients took the “rest cure” until about 1950, when chemotherapy and more active surgical treatment were undertaken.

A number of other smaller sanatoria, described as “chalets” (no doubt after their self-contained, detached plans), were opened during these years, mainly attached to country Base Hospitals. By 1946 two had been attached to the Royal Park institution (Dunstan Chalet and Eleanor Shaw Chalet), with others at Bendigo, Ballarat and Hamilton. At that time others were being built at Horsham, Mildura, Sale and Wangaratta. It was proposed to provide accommodation at Geelong, Mooroopna and Warrnambool.

At the same time there were also some major expansions of the existing city sanatoria:- a new 144-bed block at Greenvale (existing capacity 96), and two new 72-bed blocks at Heatherton (existing capacity 124). (By this time both of these sanatoria catered exclusively for females.) A new 400-bed sanatorium for males was planned at Watsonia (probably Gresswell). In addition to these, 675 Commonwealth Repatriation beds and 25 private sanatorium beds were available.

This spate of new sanatoria building was instigated by a major new role of the Commonwealth Government in the battle against TB in the period of post-war reconstruction. The Commonwealth decided to fund the TB campaign, and immediately after the war financial

22 Proust, op cit, p 20-22
23 Ross, op cit, p. 216
25 Victorian Year-Book, 1946-47, pp 389-90
26 Proust, op cit, p 51; O’Neill and Taylor, op cit, p 35.
27 ibid
28 Victorian Year-Book, 1946-47, p 388
29 ibid
and administrative arrangements were instituted which saw the construction of these major new sanatorium buildings.30

Apart from buildings, the post-war period witnessed the beginning of some much more significant developments in the identification, cure and prevention of TB. The first development, miniature radiography, occurred in conjunction with the establishment of bureaux prior to the war.31 From the 1940s chemotherapy was introduced, and the first cautious use of streptomycin began. Around 1950 another new drug, PAS (para-aminosalicylic acid), came into use. “The 1950s were exciting years, with a great upsurge of case-finding and also witnessing the recovery of patients with advanced disease whose prognosis would have been very poor in previous decades.”32 Further advances were made in case-finding and prevention. In addition to the mass X-ray campaign, early screening and prevention were assisted by skin testing (Mantoux testing with BCG vaccination of the negative reactors) of school-children.33

From July 1950 the Commonwealth Government paid a tuberculosis allowance to patients who were undergoing active treatment. It helped to maintain a family in which a breadwinner was incapacitated by the disease. Economic needs had previously disqualified many people from the “rest” cure provided by sanatoria. Ironically, this occurred as the new drugs enabled a much shorter stay in hospital, and began to reduce the death-rate. The death-rate from tuberculosis in Australia fell from 19.9 per 100,000 population in 1950 to 5.7 in 1960 to 0.5 in 1979.34

The Greenvale Sanatorium

In 1905 the Victorian Government, under the administration of the Health Department, established the Greenvale Sanatorium for the treatment of consumptives. It was opened by the Minister of Health, the Hon. E.H.Cameron, a month later on 10 May 1905; on 11 May there were ten patients.35 When the Premier of Victoria visited the site of the Sanatorium in April 1905, he found that the patient accommodation and auxiliary buildings were almost completed.36

The choice of location of the new sanatorium seems to have been determined at least in part by the traditional nineteenth century criterion of elevation, which provided access to the necessary fresh air and temperate climate. The description of the institution in the 1908 Parliamentary Papers notes the situation of the 300 acre property: “on the wooded uplands near Broadmeadows ... over 500 feet above sea-level.”37 The *Essendon Gazette* description of the site prior to its opening described its position as “an ideal one, from the standpoint of beauty, cleanliness, fresh air, fair shelter, proximity to the city etc.” In terms of beauty it noted that “the locality chosen by Mr Bent [the Premier] for the Consumptive Home is one of the most charming positions for many miles around Melbourne.” It went on to a classically romantic description of the approach to the sanatorium:- of being “suddenly confronted by a large granite outcrop, looking like a natural fortress to guard the beauty spot beyond”; followed by a gentle descent through the “beautiful park-like country, with red-gum and grey-box trees.”38

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30 Mr Bill Smith, who was instituted as manager of the Heatherton Sanatorium in 1947 as a result of this development, states that Commonwealth-State financial agreement was developed in 1945, and the administrative machinery was instituted in 1947 (Smith, pers. conv. *op cit*). Proust (*op cit*, p. 217) notes that the Tuberculosis Act 1948 empowered the commonwealth to finance the states’ campaign against the disease.
33 Ross, *op cit*, p 218
34 ibid, p 219.
36 *The Sunbury News*, 8 April, p.2.
37 *VPP, op cit*.
38 *The Essendon Gazette*, 13 April 1905, last page.
It might also be that the “famous Back Section” on which it was built was also appropriately isolated from the general populace which, until the introduction of modern treatments from the 1940s, treated TB sufferers somewhat like lepers, to be generally avoided.\(^\text{39}\)

The 1908 Parliamentary report describes the rationale of this new “special hospital” at Greenvale in the contemporary treatment of consumption. The moral injunctions hint at the strict regimen which would have awaited patients at the sanatorium:-

“The primary purpose of such an institution is, by means of generous and selected food, open-air life, and other forms of recuperative treatment, to develop the resistance of the body to the disease, and to arrest the progress of the disease, and to restore the patient to his normal condition. Consumption, however, is a disease that usually requires treatment for a considerable time, often for one or two years, and under the present conditions it is generally impracticable for patients to remain in an institution for such an extended time. Further, consumption is a disease which the patient, if he desires to recover, must take a large share in his own treatment, and the conditions of the disease are such that if the patient will not help himself, other persons can assist him but little.

It is within the power of the patient by very simple means to render himself largely independent of help of others (who are thus set free as wage-earners), and, even though he may have a crippled lung, be of very little burden to his friends. He may indeed become very helpful in the family group.”

The Greenvale Sanatorium was established primarily for patients in reduced circumstances - those who were not able to pay fees, and whose living conditions prevented the improvement of their health, or could lead to the infection of others. Patients were expected to contribute as much as they could afford. Patients were admitted for a month trial; if they responded well, they were retained for a longer period, generally up to three months.

Preventative measures fell exclusively to local government. Immediately after the patient was removed to the sanatorium, notice of the fact was forwarded to the municipal Council of the district where the patient lived. An officer was sent by the Council to carry out the disinfection of the rooms which had been occupied by the patient. “The abolition of such centres of infection is a matter of the highest importance, and Councils are urged to spare no effort in immediately rendering the dwelling clean and uninfective,” said the Parliamentary report. There was also a considerable emphasis placed upon educational activities, so that patients knew how to minimise infecting other people upon their release.\(^\text{40}\)

In the beginning, seven 'huts' or framed tents, specially designed for the treatment of patients in the early stages of the disease, were used to house up to 6 patients in each structure. The tents were built for a cost of some £80 each and consisted of a timber frame lined with canvas for the walling; the roof was extended on all sides to form a verandah. The ventilation was so designed as to prevent draughts while ensuring a plentiful supply of fresh air. Sliding canvas shutters formed the upper part of all the walls, allowing air and sunshine to penetrate; folding canvas doors at each end of the tent also allowed ventilation, and a louvered lantern in the roof acted as an outlet. Other buildings, constructed of weatherboard, were also part of the complex; they housed the kitchen, the dining hall, the surgery and dispensary, and accommodation for the doctor and attendants.\(^\text{41}\)

Ventilation features, of the type which remain on the surviving early-style timber building, were important:- “Verandahs are provided around the wards, so that it is possible to run out beds under cover from the wards, folding doors between the wards being provided to facilitate this. Air perfilation has been provided for by means of the numerous doors, fanlights, and valved ventilators above and below each bed, while in the ceiling are many outlet vents.”\(^\text{42}\)

In 1905 photographs of the complex appeared in the *Weekly Times*.\(^\text{43}\) They show pavilion style buildings similar to that single example which remains on the site. In 1906, patient accommodation was increased with the opening of two permanent weatherboard

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\(^{39}\) Smith, *op cit*.
\(^{40}\) Victorian Parliamentary Papers, 1908, Appendix III; [Gross, pp.32-33].
\(^{41}\) *The Sunbury News*, 8 April, p.2; *The Essendon Gazette*, 13 April 1905, last page.
\(^{42}\) VPP, *op cit*.
\(^{43}\) *The Weekly Times*, 6/5/1905
buildings, capable of housing 18 patients each, called the Bent and Gresswell Wards. The former name was that of the current premier, the latter was that of the late Dr. D.A. Gresswell and was given in recognition of his invaluable work in fighting the disease. By 1910, the erection of more framed tents enabled the number of beds to be increased to about 90.

Between 1906-8 half of the grounds were planted with ornamental trees and shrubs, “many of which came from the State nursery, while a number were kindly supplied by Mr Guilfoyle, of the Botanical Gardens.” A vegetable and fruit garden had also been partly laid out.

In 1928 a long range plan of re-afforestation was commenced by Dr Bell Ferguson, the result of which was that by 1950 the Hospital was drawing on it for its wood supply. Over the years the Sanatorium went from using its own water supply, taken from a dam constructed in the grounds, to the laying on of a water supply from Yan Yean in 1928; septic tank and sewerage was installed in 1929; and electricity was supplied from Yallourn in 1936.44

Around 1929, the original patients' dining room became the concert hall, and then the craft room. In about 1933 an iron hut was relocated from Coode Island on the Yarra River to serve as a 'temporary' concert hall. (This building was probably taken from the Asylum, or the Melbourne Harbor Trust workshops, which were situated on the Coode Island wasteland at the time.) Seventeen years later it was replaced by a four-storey building housing wards and a large recreation hall.

The new boomerang shaped ward building was built as a result of the new Commonwealth funding for tuberculosis, along with other new buildings at Heathmont and Gresswell. It was designed by notable Public Works Department Chief Architect Percy Edgar Everett, and opened by the Minister for Health on 29 March 1950.45 The theatre had been designed to hold up to 400 people and was also to be used by the medical staff for demonstrations and lectures, as well as meetings and post-graduate teaching. At the time the building with its 'wide expanse of window space' was considered quite 'modern'; by then the 'old tents and primitive accommodation' had been demolished.46

Some ten years earlier a new Administration Block had also been designed. It was constructed with expansion in mind - in order to provide for a future increase in staff the footings were laid to allow one or two storeys to be added at a later stage.47

Both of these buildings are in the new modern style, with flat massed elevations and features such as use of glass walls, sometimes rounded at the ends. A feature of the 1950 building is its sweeping curves, especially the elliptical chimney stack, with some contrasting flat surfaces. The fly-wire mullions on the verandahs added a strong horizontal appearance. The 1950 ward building originally had open verandahs (encompassed with fly-wire) onto which TB patients would be wheeled out during the day. Its ends were glassed “solaria”, common in hospitals of the time, enabling the beneficial ultra-violet rays of sunlight to contribute to the treatment, especially important in the pre-antibiotic days. The solaria on the Administration Building were added later, about 1948.48

There remains on the site approximately a dozen detached houses, some timber (maybe dating from the 1920s), and some brick (maybe built in the 1940s and 50s). These were considered necessary, in view of the isolation of the complex, to attract workers. They accommodated maintenance personnel, such as engineers, laundry, groundstaff etc. Also associated with the self-contained living environment which was created are the tennis court, the hall, and exotic decorative plantings of palms and eucalyptus around the grounds.

Developments in Tuberculosis Treatment; the Greenvale Geriatric Village

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44 The Essendon Gazette, 13 April 1905, last page.
45 See Richard Swansson’s Major Investigation Project, Department of Agriculture, “Percy Edgar Everett” (1988), photographs by former nurse Mrs D McCluskey, Niddrie; see also Smith, op cit; see also The Essendon Gazette, op cit.
46 The Essendon Gazette, 13 April 1905, last page.
47 The Essendon Gazette, 13 April 1905, last page.
48 See PWD Drawings:- MHG 7/10/46 (Everett); 44/42 (2.52); Everett 3/56/1 (15/3/48).
In 1950 it was considered that 'in its treatment of tuberculosis, Victoria was in the forefront of the Australian States, and compared favourably with other parts of the world'.\(^\text{49}\) The success achieved in the treatment of consumptives led to Greenvale Sanatorium's obsolescence. Other sanatoria that had been established near Melbourne - such as Gresswell and Heatherton - were enough to cope with the reducing numbers of patients, and Greenvale was transferred to the Hospitals and Charities Commission in February 1956.\(^\text{50}\)

Greenvale was turned to the accommodation of elderly people, and in July 1962 it was registered with the Commission as a special hospital for the elderly. The objectives of this 'new' institution were twofold. The first was to provide care for the elderly; the second was to establish a geriatric centre for both the study of the disabilities of aged people, enabling their treatment and rehabilitation, and the study of the social and medical problems associated with such disabilities.

Since the closure of the sanatorium the complex has been known as the Greenvale Village for the Aged, the Greenvale Geriatric Centre, the Greenvale Centre, and the Greenvale Campus of the North-West Hospital. It is now part of the newly created North Western Health Care Network. In 1998 this will move to the Broadmeadows Hospital, and the Greenvale campus will close, ending its 93 year history as a public health facility.

*Other Surviving Tuberculosis Sanatoria; other Similar Buildings*

No other buildings similar to the early outside-framed timber pavilion building which remains at Greenvale are known to survive in Victoria. There is a similar sized weatherboard building at Royal Park, but it is different, without the distinctive ventilation features, and appears to have been an ornamental garden building of some sort. Although none is known at present, it is possible that a building of this type may survive at the sites of the other very early sanatoria wards in Victoria - at Macedon, Echuca, Amherst or Daylesford.

There is one tuberculosis “chalet” on the Victorian Heritage Register. The Hamilton chalet (1944-45) was selected, on architectural criteria, as the best of the surviving chalets, attached to country base hospitals, of this period. The other two are at the Horsham and Wangaratta Base Hospitals.\(^\text{51}\) These are masonry buildings distinctive as much for their Percy Everett architecture as their historical associations with TB. They are much later, feature different materials and design features, and do not compare with the as yet undated, but early style, timber pavilion at Greenvale.

The contemporary Peel Island Lazaret in Queensland (for lepers) was perhaps something of a similar institution in its deliberate isolation of the sufferers of a feared disease, and in its use of small timber hut accommodation. Some of its buildings feature an external-frame style of building of the type which survives at Greenvale, although they are not directly comparable. As at Greenvale, the walls of these were originally calico, and were regularly burned.\(^\text{52}\)

There may be an example of an external-frame school building remaining in Victoria, and the records of Victorian state school buildings should also be examined.\(^\text{53}\) The classroom from Freshwater Creek at Deakin University Geelong campus may also have an external frame.

The modern Percy Everett building, especially the ward building, is architecturally significant as a moderne building in Victoria. It is possibly the most impressive example of notable architect Percy Everett’s institutional/hospital buildings.\(^\text{54}\)

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\(^\text{49}\) *The Essendon Gazette*, 13 April 1905, last page.  
\(^\text{50}\) Gross, *op cit*, pp.32-33.  
\(^\text{51}\) Heritage Victoria, File No. 605120, Registration No. H1006  
\(^\text{53}\) Richard Peterson’s study of Victorian Schools designed by the Public Works Department has not been consulted.  
\(^\text{54}\) Richard Swansson, pers.conv.
Recommendations:

It is recommended that the Greenvale Sanitarium complex be excluded from the Heritage Overlay of the Hume Planning Scheme.

It is recommended that the State Government work with the owners to develop and implement an interpretation program for Greenvale.

Early timber pavilion building.

Percy Everett designed chalet.