ROYAL HISTORICAL SOCIETY OF VICTORIA
The Royal Historical Society of Victoria is a community organisation comprising people from many fields committed to collecting, researching and sharing an understanding of the history of Victoria.

The Victorian Historical Journal is a fully refereed journal dedicated to Australian, and especially Victorian, history produced twice yearly by the Publications Committee, Royal Historical Society of Victoria.

PUBLICATIONS COMMITTEE

Judith Smart and Richard Broome (Editors, Victorian Historical Journal)
Jill Barnard
Rozzi Bazzani
Sharon Betridge
Marilyn Bowler
Richard Broome (Convenor) (Editor, History News)
Marie Clark
Jonathan Craig (Review Editor)
Don Garden (President, RHSV)
John Rickard
Judith Smart
Lee Sulkowska
Noel Turner
Carole Woods

BECOME A MEMBER
Membership of the Royal Historical Society of Victoria is open. All those with an interest in history are welcome to join.

Subscriptions can be purchased at:
Royal Historical Society of Victoria
239 A’Beckett Street
Melbourne, Victoria 3000, Australia
Telephone: 03 9326 9288
Email: office@historyvictoria.org.au
www.historyvictoria.org.au

Journals are also available for purchase online:

VICTORIAN HISTORICAL JOURNAL

ISSUE 289
VOLUME 89, NUMBER 1
JUNE 2018
VICTORIAN HISTORICAL JOURNAL

VOLUME 89, NUMBER 1
JUNE 2018

ARTICLES

Introduction
Judith Smart and Richard Broome

Twists and Turns: The Origins and Transformations of Melbourne’s Metropolitan Press in the Nineteenth Century
David Dunstan

Police Use or Misuse? Police Agency and The Neglected and Criminal Children’s Act 1864
Elizabeth Offer

McKay’s 1891 Journey: A Window into the Victorian Mallee Back Country
John Burch

More than just ‘Peaceful and Picturesque’: How Tuberculosis Control Measures Have Preserved Ecologically Significant Land in Melbourne
Rebecca Le Get

Soldier Settlement at Yanakie: The Making of a Model Post-war Rural Community
Cheryl Glowrey

Rights, Reconciliation, and the Restoration of Djawwurrung and Jardwadjali Names to Grampians-Gariwerl
Ben Wilkie

HISTORICAL NOTES

Li James Cook on the Coast of Victoria 1770
Trevor Lipscombe

J.T. Gellibrand and the Naming of Gellibrand Hill
John Daniels

The Maldon Panorama
David Oldfield and Peter Cuffley

THE ROYAL HISTORICAL SOCIETY OF VICTORIA

PROFESSIONAL HISTORICAL SOCIETY OF VICTORIA

Copyright © the authors and the Royal Historical Society of Victoria 2018

All material appearing in this publication is copyright and cannot be reproduced without the written permission of the publisher and the relevant author.

Design: Janet Boschen, Boschen Design
Desktop Production: Centreforce
Printer: Focus Print Group
Print Post Approved: PP349181/00159

ISSN 1030 7710

The Royal Historical Society of Victoria acknowledges the support of the Victorian Government through Creative Victoria—Department of Economic Development, Jobs, Transport and Resources.

Front cover: ‘The Balconies, Grampians National Park’ (now commonly known as Grampians [Gariwerl] National Park), c. 1950 (Courtesy State Library of Victoria, H91.50/1001)’
REVIEWS

The Enigmatic Mr Deakin. By Judith Brett
Carole Woods

179

Passions of a Mighty Heart: Selected Letters of G.W.L. Marshall-Hall.
Edited by Suzanne Robinson
Joe Rich

181

The Interior of Our Memories: A History of Melbourne’s Jewish
Holocaust Centre. By Steven Cooke and Donna-Lee Frieze
Andrew Markus

184

Breaking Out: Memories of Melbourne in the 1970s. Edited by
Susan Blackburn
Seamus O’Hanlon

187

Reckoning: A Memoir. By Magda Szubanski
Sharon Bettridge

189

Acland Street: The Grand Lady of St Kilda. By Judith Buckrich
David Dunstane

191

The Good Country: The Dja Dja Wurrung, the Settlers and the
Protectors. By Bain Attwood
Fiona Davis

193

The Vandenomian Trail: Convicts and Bushrangers in Early Victoria,
By Patrick Morgan
Doug Morrissey

195

The Life of John Sadler and his Role in the Capture of Ned Kelly.
By Richard M.F. Sadler
Doug Morrissey

197

Notes on Contributors

200

About the Royal Historical Society of Victoria

203

Guidelines for Contributors

204

How to become a Patron of the Victorian Historical Journal

The RHSV invites you to become a patron of the
journal to guarantee its future for the next 100 years.

<table>
<thead>
<tr>
<th>Annually:</th>
<th>$250</th>
<th>$500</th>
<th>$1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annually for the following periods</td>
<td>1 year</td>
<td>3 years</td>
<td>5 years</td>
</tr>
</tbody>
</table>

(The RHSV is a tax-deductible entity and all contributions from patrons will be tax deductible.)

Please reply with your preferred pledge to Richard Broome,
Chair of the Publications Committee, on r.broome@latrobe.edu.au and
you will be contacted regarding payment.

If you are unable to become a patron at this time, please consider an RHSV membership, see
http://www.historyvictoria.org.au/ and choose the 'support us' button on the service bar.

CURRENT PATRONS
Emeritus Professor Richard Broome, La Trobe University FRHVS;
Emeritus Professor Grainne Davison, Monash University; Jonathan Craig; Dr John Dyer QC;
Dr Murray Johns; His Honour Paul R. Mallet QC; Emeritus Professor John Richard FRHVS;
Professor Lynetto Russell, Monash University; Adjunct Professor Judith Smart FRHVS;
Carole Woods FRHVS

Enhance your next book with an Index
by Terri Mackenzie

Professional Back of Book Indexer
Member of Australian and New Zealand Society of Indexers
Honorary Victorian Historical Journal Indexer
terrianne@bigpond.com

terrianne@bigpond.com
More than just ‘Peaceful and Picturesque’: How Tuberculosis Control Measures Have Preserved Ecologically Significant Land in Melbourne

Rebecca Le Get

Abstract
Four government-run tuberculosis sanatoria, located within grassy eucalypt woodlands, once operated in the northern suburbs of Melbourne. Their landholdings have been partially retained as bushland reserves because of their biodiversity. Yet the reasons for these four properties sharing similar ecology and institutional purposes are largely unknown. This article aims to investigate if the placement of these sanatoria in eucalypt woodlands was a deliberate action, even though it was not directly attributable to floristic considerations by the state and federal governments at the time of their decisions.

Introduction
The cultural impact of the disease tuberculosis upon urbanised landscapes has been little explored. Architectural historians have paid attention to the development of hygienic building designs and landscaping as a means to control and treat disease, but the wider physical environment that surrounded such medical institutions has been largely ignored. Three publically accessible reserves containing grassy eucalypt woodlands found in an arc across the northern suburbs of Melbourne may at first appear to have little in common historically, but all of them originated as locations of former government-operated tuberculosis (TB) sanatoria. The similar landscapes, flora and therapeutic uses of these sites between 1905 and 1970 make them a valuable resource for environmental historians and ecologists alike. This article aims to investigate whether these properties were chosen to become sanatorium grounds because of their similar environmental values; it also examines whether their preservation today is directly attributable to their role in the treatment of disease.

The lack of discussion about sanatorium placement in the twentieth century is not unique to Australian studies. Much of the environmental historiography of tuberculosis is dominated by analyses of nineteenth-
century institutions and processes, particularly the movement of tubercular individuals to localities and countries where the climate was considered beneficial. On the other hand, architectural historians have tended to focus on the formal gardens that surrounded sanatorium buildings. Both approaches overlook the histories of specific sanatoria, their landholdings, and what lay behind decisions by government agencies to treat tuberculous patients in particular locations.

Tuberculosis control became a public health issue early in the twentieth century when the state and federal governments recognised the disease as an "issue of population health" and took steps to establish and operate large-scale sanatoria. These government-run institutions, rather than the charitable and private sanatoria that operated throughout the state of Victoria in the nineteenth and twentieth centuries, are the focus of this article. There are two reasons for this.

First, portions of these institutional properties have remained crown land and have been gazetted as reserves for nature conservation purposes. The general public can therefore freely visit these locations for diverse activities such as walking or nature appreciation, while also appreciating the "cultural heritage, a sense of place and spiritual value." The reserves contain remnants of the grassy eucalypt woodlands that were once widespread across the volcanic soils of northern and western Melbourne. Because these remnant woodlands have been identified as ecologically significant, they have been preserved by the state government to form local, regional and national parks. However, they are also remnants of historic attempts to control tuberculosis infection, prior to the development of effective chemotherapies, and this aspect of the reserves has been neglected in their recent history. The medical history of these parklands and their association with the treatment of TB is not mentioned in information made available by Parks Victoria to the public, although reference is made to other historic structures within the reserves' boundaries such as remnants of nineteenth-century colonial farming heritage and early twentieth-century engineering. This emphasis inadvertently discounts the importance of the former sanatoria and denies the experiences of the many patients who lived and died surrounded by these woodlands.

The second reason to focus on these select sanatoria is that they were overseen by the Melbourne-based Board of Public Health (later the Department of Health) or the Commonwealth Repatriation Department. As government agencies, they were—unlike private and charitable organisations—required to provide annual reports and to preserve and archive documentary evidence regarding the institutions and their operation. Furthermore, centralised planning would tend to result in the selection of suitable sanatoria sites according to population-centred criteria. Hence, it is possible to highlight similarities between these four sanatoria. Known as Greenvale, Janefield, Gresswell and Macleod, they were established in rural areas that have since been absorbed into suburban Melbourne (Figure 1, Table 1). Portions of these former institutional landholdings, which include patches of remnant indigenous bushland, have now been incorporated into three larger conservation reserves known as Woodlands Historic Park, Plenty Gorge Park, and the Gresswell Nature Conservation Reserves.

The process of reserving the land for conservation purposes, before incorporating the remnant woodlands into a larger park, occurred progressively from 1978 with the gazetting of portions of the Gresswell and Macleod sanatoria. These later became the Gresswell Nature Conservation Reserves in 2000. The former Janefield woodlands, managed previously by a predecessor of Parks Victoria, were gazetted as a natural interest reserve in 1995 and incorporated into the Plenty Gorge Parklands in 1997. The former landholdings of the Greenvale sanatorium were managed by Parks Victoria by 1997, and were incorporated into the Woodlands Historic Park in 2004 (Figure 1).
By examining the three consolidated landholdings of these four former sanatoria sites it may be possible to determine the reasons government agencies considered these locations to be appropriate places for tuberculosis treatment, and to test whether their association with TB ultimately led to the conservation of their landholdings for environmental purposes after the sanatoria closed.

Treating Tuberculosis in Twentieth-century Victoria

The epidemiology of tuberculosis can be directly linked to the development of isolation methods employed by the sanatoria system in treating the disease. From the late nineteenth century, large landholdings outside of urban areas were used to confine contagious individuals within medical facilities and thus prevent its spread. In Victoria, agencies of both state and federal governments operated these specialised institutions, commencing with the opening of the Greenvale sanatorium in 1905.

Tuberculosis is caused by Mycobacterium tuberculosis and primarily affects the lungs, giving rise to pulmonary tuberculosis. More rarely, other parts of the body can be involved, including the skin, joints, bones, lymph nodes or other organs, grouped under the catch-all term of extrapulmonary tuberculosis.9 The bacteria are spread between humans via coughing, sneezing or speaking.9 Once infected, an individual’s immune system can successfully contain the bacteria within a structure called a granuloma. Such an individual is non-contagious but has a latent TB infection.11 If the immune system cannot prevent the bacteria from multiplying, the disease progresses to active tuberculosis and the individual can spread the illness to others. Between 1917 and 1950, 10 per cent of all deaths in Australia were attributed to TB, and 4,000 new cases were notified annually.12 Prior to the development of effective antibiotics in the mid-twentieth century, the symptoms of tuberculosis could only be managed, not cured.13 Isolation was a form of management that enabled contagious individuals to be trained in methods to limit their risk of infecting family members and other contacts.14

Long-term studies on the natural history of tuberculosis have shown that approximately half of all people with a latent TB infection will develop an active infection within two years if not treated with antibiotics.15 Multi-drug chemotherapy, developed in 1952, can render a patient non-contagious and this ‘antibiotic revolution’ changed how TB was treated.16 From this time, chemotherapies could be administered within private homes, in outpatient clinics and in general hospitals, making the sanatoria superfluous.17 The woodlands surrounding the sanatoria were therefore no longer necessary as a barrier between patients and the outside world. Yet, after the sanatoria were closed and their infrastructure used for other public health purposes, these woodlands remained.

The term ‘sanatorium’ could describe a range of specialised institutions for treating TB patients. Those with active disease, but considered to have a good chance of remission, were treated in ‘early stage’ sanatoria with extensive grounds, such as those found at Greenvale and Gresswell. Within these institutions, they learned to modify their behaviour to reduce the risk of infecting others, and undertook graduated exercise to recover their strength before discharge.18 Over time, treatment at these sites came to include surgical interventions and drug regimens.19 Patients who were infectious and at a later stage of the disease requiring palliative care were placed within ‘late stage’ sanatoria. These facilities were similar to small hospital wards and generally lacked the large landholdings of the early-stage institutions, or they were part of larger, established hospitals such as the Kronheimer Wing at the Austin Hospital for Incurables in Heidelberg.20 An exception to this was the Janefield sanatorium, which was intended for female patients with late-stage TB. Janefield operated between 1925 and 1935 on a property of 826 acres (334 hectares) with 36 beds.21 This sanatorium re-used the infrastructure erected by the Red Cross Society as part of a training farm for returning soldiers who had recovered from tuberculosis and wanted to work on the land; it was closed by 1925.22 This pattern of re-using properties so that they remained crown land even as the intended purpose of the institution changed is a shared feature of these former sanatoria sites. None remained specialised institutions for the treatment of TB for the entirety of their usage by the Health Department. Properties were repurposed for other needs, including mental health, intellectual disability, drug addiction, aged care, and, in one case, as a general hospital (Table 1). The re-purposing, however, did not result in the clearing of vegetation seen at other hospital sites in Australia and overseas.23 On the contrary, the eucalypt woodlands remained on these properties, even as the institutional buildings themselves were renovated, repurposed or demolished.
<table>
<thead>
<tr>
<th>Sanatorium Name</th>
<th>Year Sanatorium Opened</th>
<th>Year Sanatorium Closed</th>
<th>Successor Institutions</th>
<th>Year Opened</th>
<th>Year Closed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greenvale Sanatorium</td>
<td>1905</td>
<td>1956</td>
<td>Greenvale Village (Special Hospital for the Aged)</td>
<td>1955</td>
<td>1972</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Greenvale Geriatric Centre</td>
<td>1972</td>
<td>1986</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>The Greenvale Centre</td>
<td>1986</td>
<td>1991</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>North-West Hospital</td>
<td>1991</td>
<td>1998</td>
</tr>
<tr>
<td>Heatherton Sanatorium</td>
<td>1913</td>
<td>1976</td>
<td>Heatherton Hospital</td>
<td>1976</td>
<td>1998</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Heatherton Psychiatric Hospital</td>
<td>1987</td>
<td>1998</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Kingston Centre</td>
<td>1998</td>
<td>—</td>
</tr>
<tr>
<td>Number 1 Military Sanatorium, Macleod</td>
<td>1916</td>
<td>Beginning in 1960</td>
<td>Macleod Repatriation Hospital</td>
<td>1960s</td>
<td>1993</td>
</tr>
<tr>
<td>Janefield ANZAC Red Cross Communal Farm</td>
<td>1920</td>
<td>1925</td>
<td>Janefield Sanatorium</td>
<td>1925</td>
<td>1937</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Janefield Colony</td>
<td>1937</td>
<td>1962</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Janefield Training Centre</td>
<td>1962</td>
<td>1996</td>
</tr>
<tr>
<td>Gresswell Sanatorium</td>
<td>1933</td>
<td>1970</td>
<td>Gresswell Drug and Alcohol Rehabilitation Centre</td>
<td>1970</td>
<td>Circa 1995</td>
</tr>
</tbody>
</table>

Table 1: The five government-run sanatoria surrounding Melbourne, with dates when they changed their focus, and names. Heatherton sanatorium, which continues to operate as a hospital, has not retained any significant wooded landscape, so is not considered in this article.

Sites Selected for Accessibility, Isolation and Economics

It is pertinent to ask why these four sanatoria were placed within river red gum woodlands in the first place. These locations are now considered worthy of protection primarily because of their floristic diversity, a diversity mostly lost in other areas of Victoria as a result of land clearing. This would not, however, appear to be the reason these locations were considered to be suitable places to erect sanatoria in the early twentieth century. No formal published criteria are available to explain the selection of sanatorium sites in Victoria. But the similarities between these four institutions in terms of the process of site selection for medical purposes and the means by which their landholdings became conservation reserves can provide insights into the Board of Health and Repatriation Department’s reasoning.

The Melbourne Metropolitan Planning Scheme of 1954 suggests possible early selection criteria for sanatorium sites. Even in 1954, two years before the Greenvale sanatorium was converted into a geriatric hospital, the planning scheme noted that sanatoria were ‘special hospitals’ that should continue to be located in Melbourne’s ‘rural zone in convenient proximity to the urban area’. The Hospital and Charities Commission, which at the time administered hospitals throughout Victoria, also listed its ‘locational requirements’ for general hospitals, and these may have been applied to sanatoria too. These criteria included:

1. Accessibility, particularly by public transport,
2. Economical establishment costs, and
3. Isolation from urban areas.

A fourth aspect that was not stipulated by the commission and remains unexplored in the literature was also clearly important in practice:

4. The sharing of resources between institutions located close to each other.

The selection of properties for sanatoria so they were in proximity to other government-run health services and institutions facilitated the generation of economic benefits through the sharing of resources and skilled employees.

Access to the Sanatoria

The need to balance the accessibility of a sanatorium with the isolation of contagious patients was an important issue in sanatorium planning in Victoria. As private motorcar ownership was not widely adopted in Australia until after World War II, transporting goods and people to and from these institutions depended on public transport. In Germany this infrastructure would generally only be developed after the sanatorium was founded. As historian Flurin Condraz has noted, ‘the erection of a sanatorium often jump-started other regional infrastructure by

Rebecca Le Get—More than just ‘Peaceful and Picturesque’: How Tuberculosis Control Measures Have Preserved Ecologically Significant Land in Melbourne
putting a village or small town on the map and requiring railway connections.\textsuperscript{32} However, in Victoria the preference was to erect sanatoria in locations with pre-existing rail access; railway lines spreading radially from Melbourne appear to have been a significant factor in determining possible locations for sanatoria, thus enabling access while simultaneously ensuring relative isolation from urban areas.

Other Australian states took a similar approach. Westwood sanatorium in central Queensland, the multiple sanatoria of the Blue Mountains, and the sanatoria of the Adelaide Hills were all near railway lines.\textsuperscript{34} The four Victorian sanatoria were outside the urban boundaries of Melbourne in the first half of the twentieth century, but all were constructed within a distance of 6.5 kilometres or less from an established railway line, with local transport available for the final leg from station to sanatorium (Table 2).\textsuperscript{35} While accessibility was not the sole factor in determining where a sanatorium could be located, a site would be considered unsuitable if patients, staff, visitors and goods could not easily reach it.

Victorian government ministers inspected the Mount Macedon branch of the charitable Victorian Sanatorium for Consumptives after the institution was transferred to the state in 1910. The difficulty of access to the property was the stated reason why the institution would not be re-opened as a government sanatorium.\textsuperscript{36} Although it was less than six kilometres distance ‘as the crow flies’ from the Macedon railway station, the route took the ministers along steep roads and a narrow track cut into the mountainside. While the ‘disadvantages as regards the conveyance of patients to such a site’ as Macedon were not elaborated upon any further in the ministers’ response, the terms in which it was reported strongly imply that accessibility was a significant deciding factor.\textsuperscript{37} Macedon itself was a 60-kilometre journey from the city of Melbourne. Newspaper reports that mentioned the most isolated of the Melbourne-adjacent government-run sanatoria, Greenvale, also criticised its distance from the city. The disadvantages specified included the excessive cost of carting water to the site and the difficulties faced by friends and family wanting to visit patients by public transport alone.\textsuperscript{38}

<table>
<thead>
<tr>
<th>Victorian Sanatorium Name</th>
<th>Year Sanatorium Opened</th>
<th>Railway Station Name (and Current Line Name)</th>
<th>Year Railway Station Opened</th>
<th>Approximate distance as the crow flies, between sanatorium and railway station (m)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greenvale</td>
<td>1905</td>
<td>Broadmeadows (Craigieburn)</td>
<td>1872\textsuperscript{39}</td>
<td>6,500 m</td>
</tr>
<tr>
<td>Number 1 Military Sanatorium, Macleod</td>
<td>1916</td>
<td>Watsonia (Hurstbridge)</td>
<td>1902\textsuperscript{40}</td>
<td>1,500 m</td>
</tr>
<tr>
<td>Janefield</td>
<td>1920</td>
<td>Reservoir (Whittlesea)</td>
<td>1885\textsuperscript{41}</td>
<td>5,000 m</td>
</tr>
<tr>
<td>Gresswell</td>
<td>1933</td>
<td>Watsonia (Hurstbridge)</td>
<td>1902\textsuperscript{42}</td>
<td>1,500 m</td>
</tr>
</tbody>
</table>

Table 2: The four sanatoria with large landholdings in Victoria, their year of opening, the year of opening of nearby railway lines, and approximate distance of each sanatorium from the nearest railway station (in metres)

\textbf{Economy in the Founding, Construction and Maintenance of the Sanatoria}

A traditional tuberculosis sanatorium, with its emphasis on work in the open air instead of surgical interventions, was a relatively cheap institution to operate.\textsuperscript{43} Further pressure to reduce the costs incurred by government departments in providing these services was keenly felt at institutions such as Greenvale. Here, the health minister encouraged raising cows and sheep on the property to ‘effect economy’.\textsuperscript{44} Patients deemed to be at the ‘early’ stage of tuberculosis were by definition ambulant and could dress and feed themselves, and hence required less nursing, thus reducing the cost of hiring experienced staff.\textsuperscript{45} Such economic considerations also extended to the acquisition of the sanatoria properties themselves. None of the Melbourne-area sanatoria were originally acquired by the government for TB treatment; all were repurposed from pre-existing crown land holdings.

Greenvale sanatorium’s land was originally a timber reserve that had been gazetted in 1875.\textsuperscript{46} Gresswell and Macleod sanatoria were located on a block of land that had been intended for the use of the
Mont Park asylum. The Janefield property was first acquired for the Lunacy Department to develop ‘a training farm for wayward boys’ that did not come to fruition. This preference for using existing crown land holdings, when combined with the need for transport links, further limited the number of sites suitable for sanatoria. This may also explain why none of these sanatoria conform to the stereotype of a TB institution built on a mountain or hill. Greenvale sanatorium was built at the base of a hill, and the Janefield sanatorium was placed above a gorge and river terraces. While Macleod and Gresswell sanatoria were on a hill slope, they were a mere 120 metres above sea level.

Supplies could travel easily to and from the site. By the early twentieth century in Germany, sanatoria were no longer confined to the Alpine regions as they had been in the previous century. The ‘sanatorium’s increasing independence from a specific location’, according to architect Eva Eylers, encouraged civic planners to place them at points determined by ... distance from certain cities, their population density and other statistical or measurable indicators. Victoria appears to have adopted a similar approach. Sanatoria were placed in ‘convenient proximity’ to Melbourne, and not in more distant mountainous areas such as the Macedon, Kinglake, or Dandenong ranges. While locating sanatoria near an urban centre that was accessible via an already established rail network was essentially an economic measure to reduce operating costs, it was also a matter of convenience for staff, patients and families. But nearness had to be tempered by the obvious need to isolate patients.

**Isolation from Tuberculosis Patients**

Distance from industrial and residential areas and proximity to public transport were not the only factors in determining locality, and the *Metropolitan Planning Scheme* preference for the ‘rural zone’ did not necessarily mean forested areas. It was possible for locations to be rural but inappropriate, as evinced by the unsuccessful attempt to convert the former Rutherglen Viticultural College into a sanatorium. The former Mount Macedon site was similarly in a ‘peaceful and picturesque’ location but was not sufficiently isolated from residences. At both Macedon and Rutherglen locals protested against the proposal to operate sanatoria in the local area, and in both instances they were motivated by fear regarding the risk of contagion.

The government’s reliance upon previously gazetted crown lands as possible sanatorium sites was driven not just by economy but also by their large forested landholdings, which could provide a natural barrier against the outside world. This also ensured that land in the immediate vicinity would not be subdivided and thus attract denser housing development and an enlarged population. The role of these forests as barriers also explains the positioning of buildings within the Janefield, Macleod and Gresswell sites. For example, Janefield’s sanatorium structures were located away from the eastern boundary of the property where the Plenty River ran. This may have been due to a common concern that such institutions ‘risked contaminating the waterways of the community through the leaching of disease-causing
agents through the soil after the disposal of excreta, such as tuberculous sputum 'into the ground'. Macleod and Gresswell were located in the southern area of the sanatorium reserve to ensure they were distant from neighbouring properties that were not part of the Health Department. Their southern boundary was, however, shared with another planned facility, the Mont Park psychiatric hospital.

Isolation needed to be balanced with accessibility in terms of transport via rail and also with proximity to other government and charitable institutions. Since the establishment of the earliest Victorian government sanatorium at Greenvale, there has been evidence of institutions sharing resources with their neighbours thus enabling them to introduce a wider range of activities. Agricultural work, for instance, became an important part of patient life, on small and large scales. Resource sharing as a factor in choice of location has not been mentioned in the research of Condrau, or that of Julius Wilson, Stephanie Kirby and Wendy Madsen. It may be a fruitful area for further investigation.

**Resource Sharing and Neighbouring Institutions**

Resource sharing between institutions is discussed in contemporary records relating to the Victorian sanatoria, such as the 1918 Greenvale Sanatorium Royal Commission, and records in the Red Cross archives relating to the Janefield farm. This was an important consideration, not only for reasons of economy, but because it allowed for specialised expertise in the education, rehabilitation and treatment of tubercular patients to be utilised across institutions. A poultry expert, who primarily worked at the nearby Bundoora Convalescent Farm to the east of the sanatorium, was, for example, also utilised by the Janefield colony in training returned tubercular servicemen.

The practice of institutional clustering and placement of sanatoria near major urban centres was not universally adopted by the Australian states or federal government, even where public health departments were centrally administered. For instance, the federal Department of Repatriation oversaw the recruitment of patients to the Red Cross War Chest Farm Colony at Beelbangera from the pool of returned servicemen recovering at the Bodington sanatorium in the Blue Mountains. Yet Beelbangera was located in the Murrumbidgee Irrigation Area, approximately 400 kilometres away from its partner institution. The planning rationale and criteria for Victorian sanatoria also differed from those underpinning the Queensland government’s sanatorium system. Queensland’s Westwood sanatorium was located in the centre of the state ‘on the rationale that [it] would then be equally accessible to all the state’s inhabitants, but it was also therefore isolated from other institutions. While the Victorian government’s sanatoria locations did disadvantage people living outside of the city of Melbourne environs, they enabled staff easy access to the city for amenities and facilitated regular visits to patients by friends and family.

**Resilience and Re-use of the Sanatoria Properties**

The former state and federally operated sanatoria within the river red gum forests of northern Melbourne were all eventually repurposed for non-tubercular public health uses. This re-purposing and re-use inadvertently obscures any links between the location of the sites and their prior selection as places for the treatment of TB. When these woodlands were incorporated into nature reserves, their relationship with a once-feared contagious disease was also hidden. In the second half of the twentieth century, they were no longer associated with tuberculosis and were instead perceived by the state government as possessing flora that was worth preserving. From 1978 to 2004, these wooded areas were excised from lands managed by the Health Department and were gazetted as public parklands.

This gradual process of reserving land for conservation purposes was made possible by the creation of the Land Conservation Council in 1971. This was an advisory body charged with surveying the public lands in the state and recommending areas that should not be developed for commercial purposes. William Borthwick, minister for lands, soldier settlement and conservation in the Hamer government, ‘promoted the concept of a differentiated system of parks’ for conservation purposes throughout the state. The Land Conservation Council’s goal became the preservation of the state’s diversity of flora and fauna through the development and enrichment of a ‘representative reserve system’ of public lands set aside for conservation purposes. This system aimed to reserve examples of lands that together would contain examples of every major terrestrial plant community in Victoria within a national park or other conservation reserve. In the late 1980s, the Victorian National Parks Service (predecessor of Parks Victoria) realised that examples of grassy river red gum woodlands were lacking in the Victorian Volcanic Plains bioregion, for the woodlands were cleared for agricultural
purposes soon after European occupation. Remaining stands of the trees were predominantly on land held in private ownership. Exceptions to this trend were the crown lands to the north and west of Melbourne, formerly the sites of the sanatoria discussed here.

Retention of sites as crown land, however, does not necessarily ensure preservation. As these institutions evolved over the decades, the surrounding natural environment was changed by building works, agricultural activities and forestry plantations. Yet these sites retained locally and nationally significant areas of biodiversity. In the second half of the twentieth century, planning for hospital construction and expansion tended to favour the development of a large central block, rather than a series of smaller, specialised buildings across the site. In 1947 the Greenvale sanatorium had a new central ward built, seen as an improvement on the traditional 'scattered pavilions' on the property because it ameliorated 'the problems of servicing from a central depot to the more distant groups' of patients' cottages. This trend discouraged the spread of new facilities, thereby leaving the woodlands uncleared. Thus, when these institutions were permanently closed or being considered for residential redevelopment, the sites were re-evaluated and considered for inclusion in the conservation reserve system.

The introduction of the Crown Lands (Reserves) Act 1978 had a significant impact on the former sanatoria properties. The Act provides for the reservation of crown lands for specific purposes, including nature study and education as well as recreation. When the Gresswell and Macleod site was subdivided, the area now known as Gresswell Forest was excised and reserved. The sanatorium buildings were demolished and the remaining land sold as part of the larger Springthorpe housing development, advertised as having 'a tranquil bushland setting' that echoed the original rationale for building sanatoria on the site at the beginning of the century. As public pressure in the later twentieth century grew for areas of ecological and biological significance to be protected from development, the other former sanatoria sites also became part of the reserve system. Their long association with TB treatment had ensured the retention of biologically significant stands of river red gum woodlands. Greenvale sanatorium was divided into four sections: privately owned land encompassing the hospital buildings; a cemetery; a 'bushland buffer' to the cemetery managed by the local council; and the remainder incorporated into Woodlands Historic Park by 2004. The Janefield site was subdivided in a manner similar to Gresswell. Housing was constructed on the previously developed portions of the site, with the remaining bushland divided between an area maintained by the local council and a larger portion incorporated into the Plenty Gorge Regional Park in 1995.

The redevelopment of crown land with significant bushland remnants as sites of flora conservation seems to be unique to the former sanatoria. Other portions of nearby crown lands that were redeveloped in the later twentieth century as part of the deinstitutionalisation of mental health services were not retained and managed for their biodiversity. While both types of institution—psychiatric and tuberculous—had similar emphases upon isolation and large landholdings for agricultural work, the extensive tracts of land managed by mental health services were not transferred over to the state's statutory authority responsible for managing many of Victoria's parks. For example, the heritage-listed former Mont Park Lunatic Asylum has been repurposed for housing and educational facilities without large areas of parkland reserved, a common fate for these institutions in Australia. This adaptive re-use of psychiatric institution buildings for housing and education necessitated the provision of open recreational spaces, such as sporting ovals. This contrasts with the recreational activities encouraged at Greenvale, Gresswell and Janefield, such as walking, and bicycle or horse riding through bushland. While further research is necessary to see if these trends in sanatorium placement and their role in conserving remnant bushland occur outside the area of eucalypt woodlands to the north of Melbourne, it is clear that tuberculosis treatment has, albeit inadvertently, done much for environmental conservation in this region.

Conclusions

Architectural historians have noted that the built environment of the sanatorium was deliberately designed in order to expose patients to fresh air and sunlight, using windows and ventilation systems. With this emphasis on fresh air, sanatorium buildings generally needed to be outside of urbanised and industrial areas. The rural zone to the north of Melbourne was chosen, at least in part, for its air quality, resulting in the location of sanatoria within pre-existing eucalypt woodlands. Where sanatorium design focused on the accommodation and treatment of people with pulmonary tuberculosis, it also needed to include transport links between the institution and those built-up areas from which the
bulk of TB patients came. The balancing of accessibility, isolation, and economy limited the number of locations where the state could construct these institutions. The river red gum woodlands that survived on the northern outskirts of the city of Melbourne at the time were already crown land, and were also relatively isolated in a rural landscape. This made them an attractive choice for the Victorian Board of Public Health and the federal Repatriation Department as places to construct specialised hospitals for tuberculosis patients.

None of the sanatorium sites discussed here was selected for an ecologically significant type of eucalypt forest or a particular geology, but the land—or significant parts of it—was nevertheless preserved as a result of these planning decisions. Were it not for these forests being selected for sanatoria in the first place and then preserved by the Health Department, it is unlikely that they would have been kept as bushland. Hence, it is possible to conclude that the historic requirements for the treatment of tuberculosis are inadvertently responsible for the preservation of remnant vegetation in the suburbs of northern Melbourne, a factor overlooked in current-day guides to the reserves.

Notes

The research underpinning this manuscript was undertaken while completing a PhD at La Trobe University, Melbourne, Victoria. This work was supported by an Australian Government Research Training Program Scholarship, and a La Trobe University Research Postgraduate Scholarship. I wish to thank my supervisors, Dr Charles Fahey and Dr Jennifer Jones, and the anonymous VHC reviewers for their sage advice and comments. I also wish to thank the librarians of the National Library of Australia’s Trove Service, archivists at the Public Record Office Victoria, archivists at the Melbourne repository of the Australian Red Cross Heritage Collection, and the Department of Environment, Land, Water and Planning.


13 Flurin Cordua, 'Beyond the Total Institution: Towards a Reinterpretation of the Tuberculosis Sanatorium', in Flurin Cordua and Michael Worboys (eds), Tuberculosis...
44 'Greenvale Sanatorium, Geelong Advertiser, 29 April 1912, p. 4.
51 Fiorina Condrea, 'Urban Tuberculosis Patients', pp. 197–9, 201–02.
53 Melbourne Metropolitan Board of Works.
54 Melbourne Metropolitan Board of Works.
55 'Great White Scourge'; 'Rutherglen Sanatorium', Yackandandah Times, 8 April 1904, p. 2.
56 'Great White Scourge'.
57 'Rutherglen Sanatorium'; 'Macedon Sanatorium, Age, 13 June 1907, p. 6.
60 My Macdonald of the Repatriation Department worked at the Bundooora Convalescent Farm, but also instructed patients at the Epping farm. Minutes, ANZAC Red Cross Farm Committee 1920–1925, 27 July 1923, Red Cross Archives, Melbourne. The Greenvale sanatorium, in the absence of nearby government institutions, would give excess vegetables to the Broadmeadows Foundlings Home. Greenvale Sanatorium Commission: Evidence and Index, pp. 135, 372, 383, VPRS 00122/P/0000, Unit 000110, Public Record Office Victoria (PROV).
61 Wilson, pp. 515–16; Condrea, 'Urban Tuberculosis Patients'; Kirby and Madsen, pp. 122–32.
63 Minutes, ANZAC Red Cross Farm Committee 1920–1925, 27 July 1923.
64 'Information Concerning the Red Cross Farm Colony', Mountain Mist, no. 18, June 1921, pp. 5–6.
65 Kirby and Madsen, pp. 122–32.
66 Kirby and Madsen, p. 125.
67 'Nurses Come to City for Bath', Herald, 19 May 1927, p. 1; 'The Angel of Durban Visits Bundooora Convalescent Farm for Soldiers', Table Talk, 12 July 1923, p. 9.
69 Clode, pp. 24–5.
71 Wescott, p. 214.
72 Wescott, p. 214.
73 Department of Sustainability, Environment, Water, Population and Communities, Nationally Threatened Ecological Communities of the Victorian Volcanic Plain.
74 Department of Sustainability, Environment, Water, Population and Communities, Nationally Threatened Ecological Communities of the Victorian Volcanic Plain.
76 'Greenvale Sanatorium, Broadmeadows, Victoria', pp. 28–9.
79 Department of Infrastructure, Mont Park/Plenty: Call for Expressions of Interest, [brochure], 1996, p. 10.
84 Campbell, pp. 463–88.
Notes on Contributors

Sharon Betridge has a B.Ed. in librarianship and history, and has worked as a teacher–librarian for over thirty years at a range of Victorian state secondary schools. During that time she also authored several chapters in Pearson school history texts. Currently she is employed as a reference librarian with the City of Boroondara Libraries and as a speaker for the libraries’ history talks. Sharon is a member of the RHSV Publications Committee.

John Burch graduated from Melbourne University with a degree in history before undertaking further studies and a career in the public service. Now retired, he is pursuing a number of personal projects relating to the history of the Mallee and restoration of its natural environment. In 2017 he published Returning the Kalkyne, which explored both those interests and won the Victorian Premier’s History Award for 2017. John is currently a PhD candidate at Federation University researching Aboriginal land use in the Mallee.

Peter Cuffley is an author and historian who settled in Maldon in 2004. He has been a volunteer at Maldon Museum and Archives since 2007. After creating the Wedderburn General Store Museum in 1970/71, he was appointed the first Curator of History at Sovereign Hill, Ballarat, in May 1972. Since 1976 he has been an independent author and heritage advisor. In 1988 he was employed to prepare the first draft and framework of a Heritage Standards Manual for the Puffing Billy Railway. In 2006 his history of the Sovereign Hill Museums was published.

John Daniels has an interest in undiscovered, untold early Melbourne history. After contributing to the Victorian Historical Journal in June 2014 with ‘Bateman’s Route Revisited,’ he saw that examining Gellibrand’s route would be a logical progression. This tied in with an unanswered question about the origin of the naming of Gellibrand Hill, a feature that had long loomed large in John Daniels’ life.

Fiona Davis is a postdoctoral fellow at Australian Catholic University, investigating how public inquiries in Australia have collected and used evidence about past social welfare practices, and how this process may be improved. She completed a PhD thesis at the University of Melbourne in 2010 on the Cummeragunja Aboriginal station, which formed the basis of her 2014 book, Australian Settler Colonialism and the Cummeragunja Aboriginal Station: Redrawing Boundaries.

David Dunstan is a senior research associate with the School of Philosophical, Historical and International Studies at Monash University. He has a special interest in Melbourne’s history and contributed to the RHSV publication Remembering Melbourne. He lives in St Kilda.

Cheryl Glowrey is a regional historian living in South Gippsland and completed her PhD on the environmental history of Corner Inlet. Publications include Snake Island and the Cattlemen of the Sea, and chapters in Prom Country: A History and Earth and Industry: Stories of Gippsland. In 2015 she curated the exhibition Road to the Prom at the Foster and District Museum, which included the story of the soldier and land settlers of Yanakie. Recently, she wrote the revised entry for Angus McMillan in the Australian Dictionary of Biography. Cheryl is a lecturer in the School of Education, Federation University.

Rebecca Le Get is an environmental historian and ecologist, currently focusing on the history of the land use of remnant eucalyptus woodlands to the north of Melbourne that have shared a medical history associated with the treatment of tuberculosis. She is particularly interested in how these diverse woodlands survived until the present time to be incorporated into parks and reserves for environmental conservation. She is currently completing a PhD in history at La Trobe.

Trevor Lipscombe is a retired management consultant with an interest in the history of Australia’s European coastal exploration and charting. He is the author of On Austral Shores: A Modern Traveller’s Guide to the European Exploration of the Coasts of Victoria and New South Wales (2005) and several articles on the early maritime history of the coasts of Victoria and New South Wales. More recently his focus has been on correcting the historical record with regard to place names bestowed by Lt James Cook in 1770.

Andrew Markus holds the Pratt Foundation Research Chair of Jewish Civilisation. He is a Fellow of the Academy of the Social Sciences in Australia and is a past Head of Monash University’s School of Historical Studies. He has published extensively in the field of Australian race relations and immigration history. He is tracking changes in Australian attitudes towards immigrants and asylum seekers through a series of national surveys. His research is part of the Scanlon Foundation’s Mapping Social Cohesion project.

Elizabeth Offer is a current PhD student studying history at La Trobe University. She won the RHSV prize in Australian History in 2015 awarded to the La Trobe University student ‘who received the highest mark in the subject Australian History’. In 2016 she completed an honours thesis that examined the interactions between police and parents of Industrial School children in the colony of Victoria, including ways they manipulated provisions of The Neglected and Criminal Children’s Act 1864.

David Oldfield received an Award of Merit from the RHSV in May 2011 in recognition of his work as a volunteer in the Images Collection. During his time at the RHSV he assisted Amanda Lourie in her work, which resulted in ‘Walter Woodbury’s 1855 Panorama of Melbourne’ (Victorian Historical Journal, vol. 81,
David moved to Maldon in 2011 and joined the Maldon Museum where he volunteers in their Images Collection.


Seamus O'Hanlon teaches contemporary and urban history at Monash University. His research focuses on the impacts of economic, demographic and social change on the culture of the twentieth-century city. His latest book City Life: The New Urban Australia will be published by NewSouth in 2018.


Ben Wilkie is a historian and honorary fellow at Deakin University. His broad research interests are the social and environmental histories of Australia and its region in the nineteenth and twentieth centuries. His first book was The Scots in Australia 1788–1938, Boydell Press, 2017, and he is currently writing a history of the Grampians–Gariwerd national park, in addition to researching intersections of the environment and war in the twentieth century.

Carole Woods, FRHSV, is honorary secretary of the RHSV, a member of the society's Publications Committee, and long-term chair of the judges panel for the annual Victorian Community History Awards. In 2014 she curated a successful exhibition on the Australian Red Cross in the Great War and another exhibition, 'Vera Deakin's World of Humanity', is now on display at RHSV. Her biography of Vera Deakin will be published by the society later in 2018.

About the Royal Historical Society of Victoria

The Royal Historical Society of Victoria is a community organisation comprising people from many fields committed to collecting, researching and sharing an understanding of the history of Victoria. Founded in 1909, the Society continues the founders' vision that knowing the individual stories of past inhabitants gives present and future generations links with local place and local community, bolstering a sense of identity and belonging, and enriching our cultural heritage.

The RHSV is located in the heritage-listed Drill Hall at 239 A'Beckett Street Melbourne built in 1939 on a site devoted to defence installations since the construction of the West Melbourne Orderly Room in 1866 for the Victorian Volunteer Corps. The 1939 building was designed to be used by the Army Medical Corps as a training and research facility. It passed into the hands of the Victorian government, which has leased it to the Society since 1999.

The RHSV conducts lectures, exhibitions, excursions and workshops for the benefit of members and the general public. It publishes the bi-annual Victorian Historical Journal, a bi-monthly newsletter, History News, and monographs. It is committed to collecting and making accessible the history of Melbourne and Victoria. It holds a significant collection of the history of Victoria including books, manuscripts, photographs, prints and drawings, ephemera and maps. The Society's library is considered one of Australia's richest in its focus on Victorian history. Catalogues are accessible online.

The RHSV acts as the umbrella body for over 320 historical societies throughout Victoria and actively promotes their collections, which are accessible via the Victorian Local History Database identified on the RHSV website. The Society also sponsors the History Victoria Support Group, which runs quarterly meetings throughout the state to increase the skills and knowledge of historical societies. The RHSV also has an active online presence and runs the History Victoria bookshop—online and on-site.

More information:
Royal Historical Society of Victoria
239 A'Beckett Street
Melbourne, Victoria 3000, Australia
Telephone: 03 9326 9288
www.historyvictoria.org.au
office@historyvictoria.org.au