

# MOUNT ELIZA CENTRE

33 JACKSONS ROAD  
MOUNT ELIZA



CONSERVATION MANAGEMENT PLAN  
MAY 2016

PETER ANDREW BARRETT

# 1.0 INTRODUCTION

## 1.1 PREAMBLE

The Mount Eliza Centre is a complex of hospital buildings situated on an elevated site, overlooking Port Phillip Bay, in Jacksons Road, Mount Eliza. The 3.4 hectares site is approximately 40 kilometres south of Melbourne. Initially the site was developed from the late-nineteenth century as the private residence *Beachleigh*, and from the Inter-war years the house and the broader site became the Orthopaedic Branch of the (Royal) Children's Hospital. In more recent years the site and its buildings have been used for the care of the aged, and currently they are used for administrative purposes.

Peninsula Health, the owner of this site, has commissioned this conservation management plan. Peninsula Health is one of 15 metropolitan agencies within Victoria that provide a broad range of health services. Peninsula Health provides health services throughout the Mornington Peninsula, Frankston and in parts of the City of Kingston. Peninsula Health is accountable to the following State Government ministries:

- Minister for Health and Minister for Ambulance Services;
- Minister for Housing, Disability and Aging;
- Minister for Mental Health.

Peninsula Health is administered through the Department of Health and Human Services.<sup>1</sup>

The Mount Eliza Centre facilities and infrastructure pose ongoing and increasing safety compliance and condition liabilities that cannot be cost-effectively mitigated. As a result of the condition of many of its buildings, the site utilisation is low and does not meet the justification requirements for retention under the Government Landholding Policy. The Mount Eliza Centre has been determined by Peninsula Health as surplus to its operational requirements and is being prepared for divestment.

In light of this proposal by Peninsula Health to dispose of the Mount Eliza Centre, this conservation management plan is prepared to identify the key heritage values of this site, to put in place conservation policies to protect these values, and to develop strategies to put these policies into action.

This conservation management plan is prepared by Peter Andrew Barrett Architectural Conservation Consultant.

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1 Department of Health & Human Services, '2015-16 Statement of Priorities. Agreement between the Minister for Health and Peninsula Health', pp 3 & 7. Peninsula Health, 'Strategic Plan 2013-18', p 11.

Location of the Mount  
Eliza Centre (Source of  
Map: Melways Online).



## 1.2 ACKNOWLEDGEMENTS

The following people have provided assistance in the preparation of this conservation management plan:

Deanne Leaver, Department of Health and Human Services  
Fiona Jeffries, Picture Collection, State Library of Victoria  
Mary Lewis, Picture Collection, State Library of Victoria  
Travis Reid, Spiire  
Brian Still, Peninsula Health  
Diane White, Mornington & District Historical Society

## 1.3 METHODOLOGY

This conservation management plan is prepared with regard to *The Burra Charter The Australia ICOMOS Charter for Places of Cultural Significance, 2013*; hereon referred to as the *Australia ICOMOS Burra Charter, 2013* or the *Burra Charter*.

This conservation management plan is prepared using the guidelines prepared by the Heritage Council of Victoria, 'Conservation Management Plans: Managing Heritage Places. A Guide', June 2010.

This site has been known by several place names over the years, and these include *Beachleigh*, and the Orthopaedic Branch/Section of the Children's Hospital, and the Mount Eliza Geriatric Centre. This conservation management plan uses the existing name of the site, the Mount Eliza Centre, except where the site is discussed in an historical context or quoted in historical sources.

## 2.0 HISTORY

### 2.1 EARLY HISTORY OF THIS SITE

The site of the Mount Eliza Centre forms part of the Crown Grant of James Davey. His landholding of 640 acres (258 hectares) extended north from this site along the shore of Port Phillip Bay to Kackeraboite Creek. A 20 acre (8 hectares) portion of Davey's land was later sold to the eminent Melbourne architect, Thomas Watts.<sup>2</sup>

Thomas Watts (1827-1915) was a prolific architect in Melbourne in the second-half of the nineteenth century and in the early twentieth century. Educated at University College, London, Watts arrived in Victoria in 1853. He was one of the founders of the Victorian Institute of Architects, and President of the institute between 1884-85.<sup>3</sup> Notable examples of Thomas Watt's work include Baptist Church House, East Melbourne (1858-59), and the mansion *Valentines*, Glen Iris (1891-92); both of which are included on the Heritage Council of Victoria *Victorian Heritage Register*, as buildings of State significance.<sup>4</sup>

On this site at Mount Eliza, Watts designed the house *Beachleigh*, which was built in 1878. The contractor of the works was named Freeman, and the bricks for the house made on site using local clay.<sup>5</sup> Early photographs of *Beachleigh* show it to be an imposing two-storey mansion with a gable roof clad in slate tiles, with verandahs skirting its ground floor.

The primary residence of Thomas Watts was at Caulfield,<sup>6</sup> and *Beachleigh* was used as a seaside holiday home for his family. In 1927 a later owner of the site sold *Beachleigh* and its grounds to the Children's Hospital of Carlton. The former site of this mansion was on the elevated land to the east of Building A, now occupied by a car park.

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2 Mount Eliza Progress Association, *The Early History of Mount Eliza on the Mornington Peninsula*, pp 18, 20 and 21.

3 *Prahran Telegraph*, 30 January 1915, p 3. *Malvern News*, 20 February 1915, p 2.

4 Heritage Council of Victoria, *Victorian Heritage Register*, entries for Malvern House (*Valentines*) and Baptist Church House, <http://vhd.heritagecouncil.vic.gov.au/places/551> and <http://vhd.heritagecouncil.vic.gov.au/places/352>, retrieved 24 February 2016.

5 Mount Eliza Progress Association, *The Early History of Mount Eliza on the Mornington Peninsula*, p 21.

6 *Prahran Telegraph*, 30 January 1915, p 3. *Malvern News*, 20 February 1915, p 2.

*Beachleigh, the former house on the site of the Mount Eliza Centre. The house was built in 1878, and designed by the architect, Thomas Watts. Source of Photograph: Mornington & District Historical Society.*



## 2.2 CHILDREN'S HOSPITAL

Dr William Smith and Dr John Singleton were founders of the Children's Hospital established in 1870, the first paediatric hospital in the southern hemisphere. Known then as the Melbourne Free Hospital for Sick Children, it initially ran from a small terrace house at 49 Exhibition Street, Melbourne; later moving to premises nearby at 13 Spring Street.<sup>7</sup> The former house of Sir Redmond Barry (1813-1880) in Rathdowne Street, Carlton was later purchased, and the hospital relocated there in 1875.<sup>8</sup>

The hospital served the children of families with limited income,<sup>9</sup> with Peter Yule noting that the majority of patients treated at the Children's Hospital came from just six of Melbourne's industrial suburbs: North Melbourne, Carlton, Fitzroy, Collingwood, South Melbourne and Port Melbourne.<sup>10</sup>

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- 7 The Royal Children's Hospital website, 'History', 1870, [http://www.rch.org.au/rch/about\\_us/history/#1870](http://www.rch.org.au/rch/about_us/history/#1870), retrieved 24 February 2016.
- 8 Peter Yule (ed), *Carlton: A History*, p 337.
- 9 'Orthopaedic Section, Annual Report, 1933-34, in the *Sixty-Fifth Annual Report of The Children's Hospital, Melbourne, 1933-34*, p 49.
- 10 Peter Yule (ed), *Carlton: A History*, p 337.

*The Children's Hospital, Carlton, at the corner of Rathdowne and Pelham Streets (Source of photograph: State Library of Victoria Picture Collection).*



In the early twentieth century the Children's Hospital became the most progressive and research orientated of Melbourne's hospitals. However, Yule notes that the significant fall in child mortality between 1870 and 1940 was almost entirely due to improved public health, cleaner milk supply, and the baby health movement, rather than better hospital care.<sup>11</sup>

The former Redmond Barry residence was extended in 1887, but even with this additional space it was unable to accommodate the growing numbers of patients using the Children's Hospital. New buildings were built on the site and the Barry house demolished in 1911.<sup>12</sup> The new hospital buildings still did not adequately accommodate the number of patients, and by the early twentieth century branches of the Children's Hospital had been established at Brighton (Convalescent Cottage [1884]), Hampton (Convalescent Home [1911]) and Mount Eliza (Orthopaedic Branch [1930]).

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11 Peter Yule, *Carlton: A History*, p 341.

12 Peter Yule, *Carlton: A History*, p 337.

In 1937 the Children's Hospital Administration and the State Government of Victoria agreed a new hospital on a new site was needed. A site in Royal Park, with a frontage to Flemington Road, was provided to the hospital in 1948.<sup>13</sup> However, the new hospital at Parkville took several years to complete, and it was not until 1963 that the last of the patients were transferred from the Rathdowne Street hospital.<sup>14</sup> The Carlton site became St Nicholas Hospital for mentally handicapped children. St Nicholas Hospital was closed in 1985, and the site in recent years has been redeveloped for commercial and residential uses. The Royal Children's Hospital has since relocated to an adjacent site at 50 Flemington Road, Parkville.

## 2.3 ORTHOPAEDIC BRANCH, MOUNT ELIZA

The Orthopaedic Branch of the Children's Hospital was established as a response to what was described as an 'epidemic' in infantile paralysis within Victoria during the Inter-war years.<sup>15</sup> The limitations of space at the Carlton campus of the Children's Hospital, and combined with a belief of the benefits of fresh air and sunshine in the treatment and recovery of infantile paralysis, led to the establishment of the Orthopaedic Branch at Mount Eliza.

The initial proposal for the Orthopaedic Branch was for it to be a 60-bed facility, to be contained within timber (jarrah) buildings. This was soon revised to a larger hospital of 100 beds to be built within concrete and brick buildings.<sup>16</sup> The foundation stone for the new hospital was laid by His Excellency the Governor Lord Somers on 26 March 1929.<sup>17</sup>

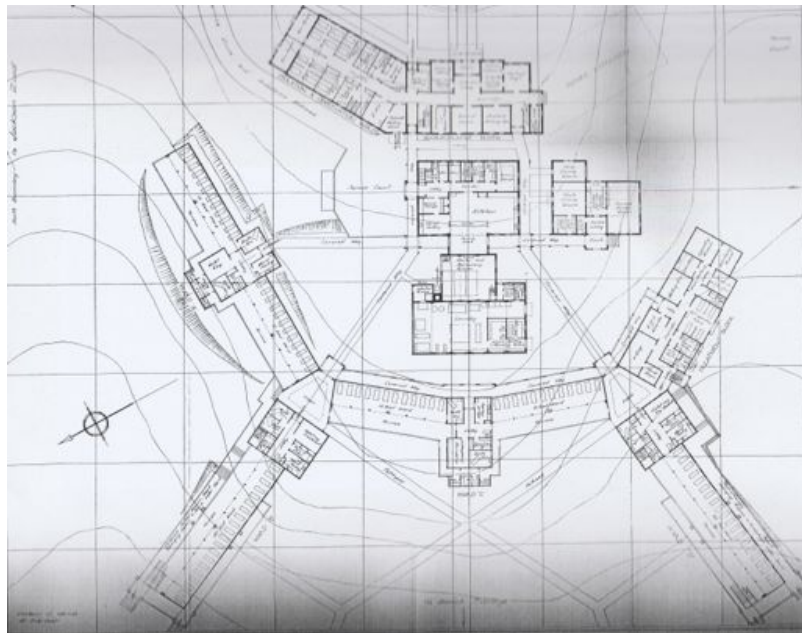
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- 13 The Royal Children's Hospital website, 'History', 1948  
[http://www.rch.org.au/rch/about\\_us/history/#1948](http://www.rch.org.au/rch/about_us/history/#1948), retrieved 24 February 2016.
- 14 Peter Yule, *Carlton: A History*, p 342.
- 15 'Medical Superintendent's Report for the Year ended 30th June 1931, Orthopaedic Section, Frankston' in the *Sixty-first Annual Report of the Committee of Management of the Children's Hospital for the Year ended 30th June 1930*, p 25.
- 16 'Minutes of the Seventh Annual Meeting of the Children's Hospital Auxiliary held at the Hospital on Tuesday, 15th October 1929' in the *Sixtieth Annual Report of the Committee of Management. The Children's Hospital for the year ended 30th June 1929*, p 24.
- 17 *Seventh Annual Report of the Children's Hospital Auxiliary for the year ended 31 August 1929*, p 25. Stone on Administration Block.



*A pencil render of the proposed Orthopaedic Branch prepared by Stephenson & Meldrum c1927 (Source: State Library of Victoria Picture Collection).*

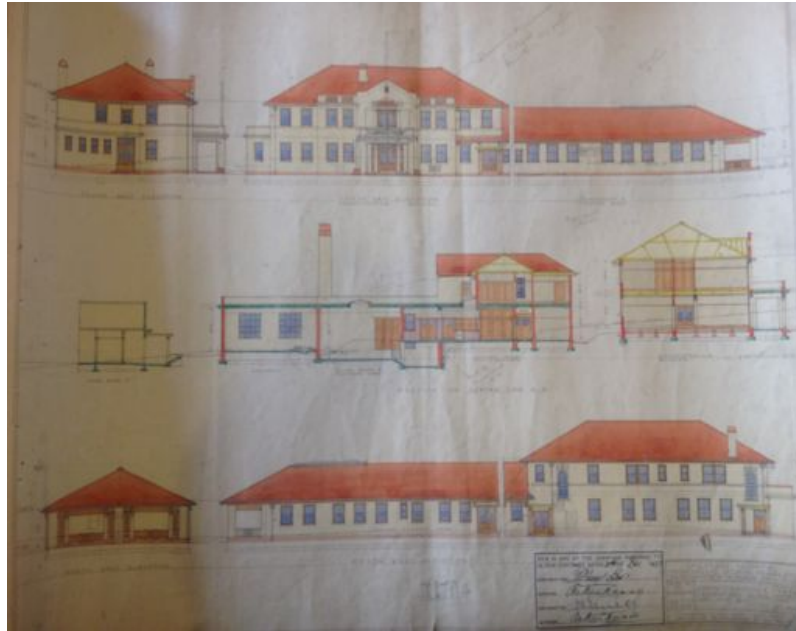


*Site plan of the design by Stephenson & Meldrum, at the time the centre opened in 1930. Note the absence of one wing of the Administrative Block, the footprint of the wing noted as 'future extension'.*





*Architectural drawing of the Administrative Block in the 1927 contract drawings for the Orthopaedic Branch (Source: State Library of Victoria Picture Collection).*



*Architectural drawing of former Ward D (Building G) from the 1927 contract drawings. The swimming pool on the lower level was built later, as part of alterations in 1932-33 (Source: State Library of Victoria Picture Collection).*



The Melbourne architectural firm, Stephenson & Meldrum, was commissioned to design the Orthopaedic Hospital. The existing house on the site, *Beachleigh*, was retained and adapted for use as Nurses' Quarters. Stephenson & Meldrum designed a complex of buildings sited around an axis containing three buildings: an Administrative Block, a Services Block containing a kitchen and laundry facilities, and a rear block containing a ward (Ward C). Radiating out from this rear ward was four blocks, three of which contained wards and the other a treatment block. The contractor for the works was Pollard Bros, and the contract for the works was signed on 22 December 1927.<sup>18</sup>

Apart from an Isolation and Observation Ward, which formed a wing to the Administrative Block, the wards were orientated towards Port Phillip Bay. The buildings were of a single and double-storey scale, incorporated terraces for the use of patients undertaking heliotherapy. Covered walkways linked the complex of buildings.

Prior to the opening of the hospital, Dr John Colquhoun of Edinburgh, who had extensive orthopaedic experience, was appointed Medical Superintendent of the Orthopaedic Branch.<sup>19</sup> Miss Laidlaw, who had been Assistant Matron at Carlton, was appointed Matron.<sup>20</sup>

The first patients of the Orthopaedic Branch were admitted on 3 March 1930, transferred from the Convalescent Cottage at Hampton. Due to the opening coinciding with the Great Depression, funds were only available to operate the hospital at half-capacity.<sup>21</sup> By 1933-34 all of the remaining beds at the hospital were available for use.<sup>22</sup>

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- 18 Contract drawings titled 'Children's Hospital, Frankston' held by the State Library of Victoria Picture Collection.
- 19 *Sixtieth Annual Report of the Committee of Management. The Children's Hospital for the year ended 30th June 1929*, p 14.
- 20 *Sixty-First Annual Report of the Committee of Management of The Children's Hospital for the year ended 30th June 1930*, p 17.
- 21 *Argus*, 28 February 1930, p 11. 'Medical Superintendent's Report for the year ended 30th June 1930, Orthopaedic Section, Frankston', in the *Sixty-First Annual Report of the Committee of Management of the Children's Hospital for the year ended 30th June 1930*, p 41.
- 22 'Orthopaedic Section, Annual Report 1933-34', in the *Sixty-Fifth Annual Report of The Children's Hospital Melbourne, 1933-34*, p 46.

*Orthopaedic  
Branch shortly  
after its opening  
(Source of  
photograph:  
Mornington &  
District  
Historical  
Society).*



*The rear wards of the  
Orthopaedic Branch, at  
the time of their  
completion in 1930.  
Source of photograph:  
Argus, 26 February  
1930, (TROVE – Online  
Newspapers).*



*Beachleigh, which was adapted to use as Nurses' accommodation, was remodelled to reflect the Mediterranean-style of the new hospital buildings on the site (Source of Photograph: Mornington & District Historical Society).*



A donation from the estate of Marie Krecklow in 1932-33 funded the building of the hospital's gymnasium and its Physiotherapy Department. The gymnasium included a saltwater swimming pool for the treatment of paralysed children: its saltwater piped from Port Phillip Bay.<sup>23</sup>

At the time of its opening the Orthopaedic Branch was claimed to be the only institution of this kind in the Commonwealth,<sup>24</sup> and visits from orthopaedic surgeons from overseas claimed that the hospital was at least equal to any abroad.<sup>25</sup> Dr Colquhoun observed on a study tour abroad that overseas hospitals were:

*...perhaps more elaborate in design, but none combined the buildings with site and climatic conditions nearly so well as the Orthopaedic Section at Frankston.<sup>26</sup>*

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- 23 'Orthopaedic Section, Frankston', in the *Sixty-Fourth Annual Report of The Children's Hospital, Melbourne, 1932-33*, p 50.
- 24 'Minutes of the Fifty-Ninth Annual Meeting of the Children's Hospital, Carlton, held at the Hospital, Wednesday, 28th August 1929', in the *Seventh Annual Report of the Children's Hospital Auxiliary for the year ended 31 August 1929*, p 9.
- 25 *Sixty-First Annual Report of the Committee of Management of The Children's Hospital for the year ended 30th June 1930*, p 17.
- 26 'Orthopaedic Section, Frankston', in the *Sixty-Fourth Annual Report of The Children's Hospital, Melbourne, 1932-33*, p 49.

*The wards at the rear of the complex, radiated out at diagonals to maximise views of Port Phillip Bay (Source of photograph: State Library of Victoria Picture Collection).*



*The saltwater swimming pool for hydrotherapy of patients was built in the years immediately after the hospital opened (Source of photograph: State Library of Victoria Picture Collection).*



Wards of the hospital  
incorporated broad  
terraces for heliotherapy  
treatment of patients  
(Source of photograph  
State Library of Victoria  
Picture Collection).



The visiting English medical professional, Dr Edith Summerhill M.P. declared it to be the most beautifully situated hospital that she had seen in any part of the world.<sup>27</sup>

As the children were required to stay at the hospital for periods of up to 12 months, schooling was provided by the Education Department of Victoria. There was also a kindergarten for younger patients.<sup>28</sup> The Royal Children's Hospital State School, School No 4290, catered for student from Grade 1 to Intermediate Level.<sup>29</sup> The school was on the lower level of Ward B. A Craft Hostel for occupational therapy was established in the late 1930s through the efforts of Ella Latham (1878-1964), President of the Children's Hospital (1933-54).<sup>30</sup> The hostel was run as an adjunct to the Children's Hospital State School. The craft hostel ceased operation in the early 1960s, but was soon re-opened as a Day Special School for handicapped children of the Frankston and Dandenong region.<sup>31</sup> The craft hostel was situated between the Administration Block and Jacksons Road, and has since been demolished.

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27 *Standard*, 29 June 1944, p 3.

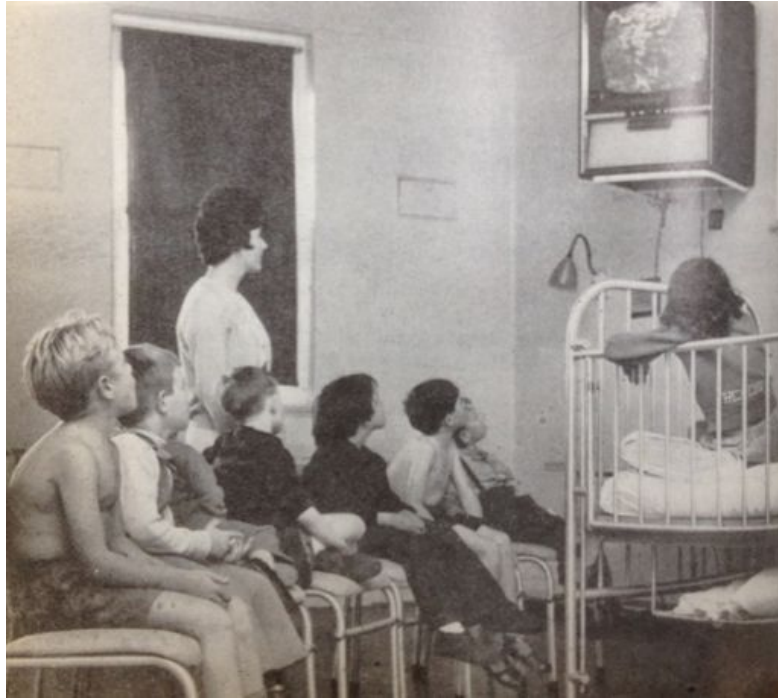
28 'Orthopaedic Section, Annual Report 1933-34', in the *Sixty-Fifth Annual Report of The Children's Hospital, Melbourne, 1933-34*, p 48.

29 L J Blake, *Vision and Realisation*, vol 3, pp 464-465.

30 Howard Williams, *From Charity to Teaching Hospital*, p 1.

31 L J Blake, *Vision and Realisation*, vol 3, pp 465.

*Pupils and their teacher watching a television telecast at the Children's Hospital State School SS4290 (Source of Photograph: Vision and Realisation).*



Entertainment was also provided to the patients and this included concerts in the purpose-built Winifred Grimwade Hall, erected in c1939,<sup>32</sup> and the Girl Guide Movement formed a Brownies group for patients of the hospital.<sup>33</sup> For staff a tennis court was built in the early 1930s.<sup>34</sup>

By the late 1930s various alterations and additions had occurred to the complex. Concern was raised by the Committee of Management that the general beauty of the site would be lost if care was not taken to manage new works. In response to this, Edna Walling (1895-1973), the eminent landscape designer, was commissioned to prepare a landscape plan for the site.<sup>35</sup> Walling had earlier designed a garden at *Beachleigh* for the Watts family.<sup>36</sup> Members of the local community were also involved in working bees to maintain the extensive gardens of the hospital.<sup>37</sup>

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- 32 'Orthopaedic Section, Frankston', in the *Seventy-First Annual Report, The Children's Hospital, Melbourne, 1939-40*, p 32.
- 33 'Medical Superintendent's Report, Orthopaedic Section, Frankston, for the year ended 30th June 1932', p 30.
- 34 'Orthopaedic Section, Frankston, Annual Report, 1934-35', in the *Sixty-Sixth Annual Report of The Children's Hospital, Melbourne, 1934-35*, p 45.
- 35 'Orthopaedic Section, Annual Report 1933-34' in the *Sixty-Fifth Annual Report of The Children's Hospital, Melbourne, 1933-34*, p 47.
- 36 Trisha Dixon, *Edna Walling: garden plans*, p 144,
- 37 *Argus*, 28 February 1930, p 11. *Frankston and Somerville Standard*, 8 February 1930, p 4.



Fund raising by auxiliaries throughout the metropolis contributed to improving facilities at the Orthopaedic Branch.<sup>38</sup> Large companies and their proprietors, including Theodore Fink of the Herald & Weekly Times, and Sidney Myer of the Myer Emporium, donated money to fund improvements to the hospital.<sup>39</sup>

Around 1941-1942 the hospital was acquired for military purposes. Patients were either sent home or relocated to facilities in the country, and the hospital's State School was relocated to Burnham Beeches in the Dandenong Ranges.<sup>40</sup> The military's use of the site was short lived, and within approximately one year the site had been re-instated as the Orthopaedic Branch.<sup>41</sup> A new Nurses' Home was built at the hospital in 1948. It was described as an attractive two-storey building, accommodating 25 nurses each with their own room.<sup>42</sup> Both the nurses home and *Beachleigh* (also used as a Nurse's home) were demolished in recent decades.

The site remained in the ownership of the Children's Hospital until the 1970s,<sup>43</sup> from then a special school operated from this site.<sup>44</sup> In the mid 1970s, works were undertaken to remodel, adapt and enlarge buildings for use as an aged care facility.<sup>45</sup> It was around this time that the Lotus Lodge for the Aged, at Rosebud, was amalgamated with what was then known as the Mount Eliza Geriatric Centre.<sup>46</sup>

Later works to the Mount Eliza Centre include an addition to the rear of Building N (chapel) in c1980, and the replacement in 1994/95 of the original pool with a new pool in Building G.<sup>47</sup> The centre is no longer used as a health care facility, and is now used for administration purposes by its owner, Peninsula Health.

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- 38 *Argus*, 1 June 1934, p 4, 22 March 1949, p 6.  
39 *Table Talk*, 28 July 1938, p 35. *The Australasian*, 21 December 1929, p 9.  
40 L J Blake, *Vision and Realisation*, p 464.  
41 'Orthopaedic Section, Frankston', in the *Seventy-Third Annual Report. The Children's Hospital, 1941-42*, p 27.  
42 *Standard*, 25 November 1948, p 1.  
43 Letter from E Wilder, Chairman, Hospitals and Charities Commission to Acting Secretary, Department of Health, dated 2 July 1974, in Central Administration File titled 'Aged and Infirm.Homes and Institutions. The Mount Eliza Geriatric Centre', No 1867, VPRS 6345/8/0000, Unit 000512.  
44 Document titled 'Mt Eliza Geriatric Centre', dated 1 August 1973, in Central Administration File titled 'Aged and Infirm.Homes and Institutions. The Mount Eliza Geriatric Centre', No 1867, VPRS 6345/P/0000, Unit 000512.  
45 *Ibid.*  
46 *Ibid.*  
47 Deanne Leaver, Manager, Property/Infrastructure Planning and Delivery, Department of Health & Human Services, pers com to Peter Barrett on 4 April 2016.

## 3.0 SITE ANALYSIS

### 3.1 INTRODUCTION

This physical analysis of the Mount Eliza Centre is based upon a site inspection undertaken on 15 January 2016, and a review of known and accessible documentary resources about this site. These documentary resources include photographs, architectural plans, hospital records, reports, and newspaper articles. A list of these resources is included in the Bibliography in this conservation management plan.

In addition to the above documentary resources, a condition report titled 'Facility Condition Inspection Mount Eliza Centre', prepared in 2013, by Johnstaff (structural assessment) and Waterman (mechanical services assessment) has assisted in the preparation of this conservation management plan in understanding constraints in the long term retention of some buildings on this site. This report identified significant problems on some buildings, including dangerous materials (asbestos) and structural problems.

### 3.2 CONSTRAINTS

The large scale of the Mount Eliza Centre, and the number of buildings, internal spaces, and landscaping on the site, prevent an exhaustive assessment of the complex. The inspection of this site, assisted with historical research undertaken in the preparation of this report, has provided a good understanding of the history of the Mount Eliza Centre and assisted in identifying its heritage values.

### 3.3 SITE & ITS ENVIRONS

The Mount Eliza Centre is situated on a large elevated site overlooking Port Phillip Bay, at the northwest end of Jacksons Road, Mount Eliza. Pelican Place, a no through road, extends from Williams Road towards the southwest boundary of the site. The environs of the site are predominantly residential in use. An exception to this is a reserve containing the Baden Powell Park Scout Group Beach Hall and a walking path adjacent to the northwest boundary of the site, and beyond this is the foreshore of Port Phillip Bay.

### 3.4 PHASES OF DEVELOPMENT

The Mount Eliza Centre has three significant phases of Post-Contact development. Little, if any, of the initial phase of development of this site is extant, when the mansion, *Beachleigh*, occupied this site. *Beachleigh*, built in 1878, and designed by its architect owner Thomas Watts, was demolished in the Post-war period. The garden of *Beachleigh*, designed by Edna Walling, was most probably removed in later works on the site.

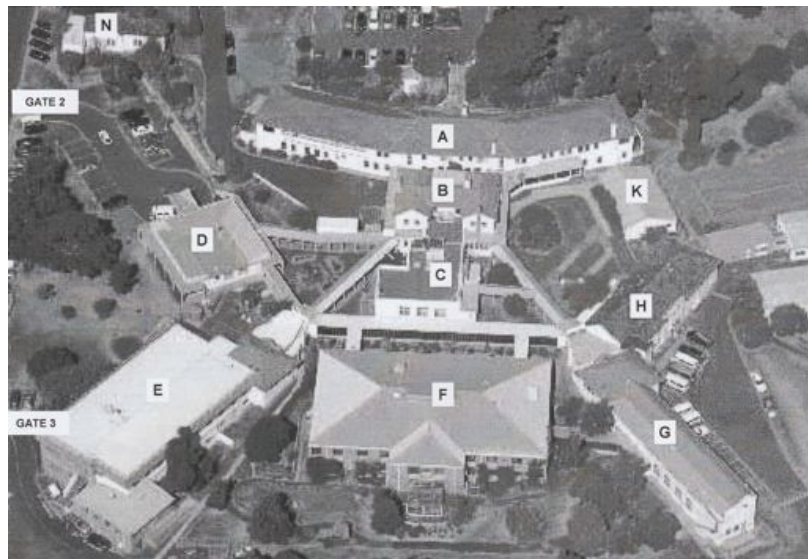
The development of the Orthopaedic Branch of the Children's Hospital from the late 1920s is the most significant phase of development of this site. To the northwest of *Beachleigh* an expansive complex of hospital buildings were erected for the Children's Hospital for the treatment of children with muscular-skeletal conditions. The eminent hospital architects Stephenson & Meldrum designed these hospital buildings, which were sited around an axis of three buildings that contained an Administrative Block, Services Block and a rear block containing a ward. Radiating out from this rear ward was three other wards and a Treatment Block. The buildings were built of brick, timber and concrete and designed in a Mediterranean-style. The buildings were set in a landscaped setting designed by Edna Walling, and the ward buildings orientated north and west to maximise sunlight, for heliotherapy, and to capture views of Port Phillip Bay.

The final stage of development involved various additions undertaken in the Post-war period, both during the site's use as the Orthopaedic Branch of the Children's Hospital, and later when the site became the Mount Eliza Centre aged care facility. These additions detract from the original design of the complex, disrupting the radial site planning of its original buildings, and in terms of style and materials the newer buildings differ from the rendered brick Mediterranean buildings of the 1929 design.

### 3.5 BUILDINGS

The following is a description of the buildings at the Mount Eliza Centre. Buildings on the site are currently designated a letter eg Building A, Building B etc, and this report identifies each using this system.

*Aerial view of the Mount Eliza Centre, showing its buildings and their designated letter. Source of image: Mount Eliza Centre.*



Where the original/earlier name of the building is known, this is identified in the following descriptions. An image showing the complex and each building and its assigned letter is on the previous page.

*Building A*

Building A, the former Administrative Block of the Orthopaedic Branch, was erected in 1929-30. It is a two-storey rendered brick building, with a terracotta tile roof. It is approached by a flight of concrete stairs that descend down from an elevated car park (formerly the site of *Beachleigh*). As with other buildings from the 1929-30 hospital, it is designed in a restrained Mediterranean style. Detailing includes a recessed porch, with a pair of Tuscan columns, which supports a balcony on the upper level. The balcony is reached via a doorway within a Palladian-motif arch.

*Central portion of  
Building A containing  
the main entrance.*



*Hugh V McKay  
Memorial Block on  
Building A, extending  
to the northeast of  
the central portion of  
the building (partially  
visible at left).*



*Wing to the southeast  
of the central portion  
of Building A. The  
wing was built in two  
stages from the  
1930s.*



The central portion of Building A is flanked by two-storey wings. The ground level of the Hugh V McKay Memorial Block, to the northeast of the central portion, was built as an Observation Block, and was built in 1929-30. The upper level of the wing is a lightweight timber addition, with a terracotta tile roof. The other wing, to the southwest of the central portion, is an addition that has been built in at least two stages. The first stage (lower level) was built in 1933, and contained a nurses dining room, lecture room and screened terrace at its end. It was designed by Stephenson & Meldrum, and the contractor of the works was W Whitehills.<sup>48</sup> The upper level addition is lightweight timber construction. These two upper level additions of the wings detract from the character of the earlier, better architecturally resolved, central portion of the building.

Internally, Building A retains some of its original planning and detailing, and this includes its ground floor foyer, boardroom and stairs.

The central portion of the building retains much of its original character, and is of contributory heritage value to the site as one of the main buildings of the 1929-30 complex. The wings, which have been altered, are mostly of a later origin, and are of a low level of heritage value.

The Johnstaff and Waterman 'Facility Condition Inspection Mount Eliza Centre' identified a number of structural problems and maintenance issues with the building, many relating to water penetration – see page 11 of their report.

#### *Buildings B & C*

Both Building B & C were built as part of the 1929-30 works, and served as the kitchen and laundry of the hospital. The two buildings are located to the rear of Building A (former Administrative Block). Building B is two-storey and is rendered brick with a terracotta tile gable roof. It is designed in a restrained Mediterranean style, however its architectural character is compromised by unsympathetic alterations and additions. Building C, to its rear, is relatively austere in architectural detailing. The buildings are of a low level of heritage value to this site, due to their ancillary role in the running of the hospital.

The Johnstaff and Waterman 'Facility Condition Inspection Mount Eliza Centre' identified a number of structural problems with Buildings B & C, see page 11 of their report.

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48 Stephenson & Meldrum, Drawing titled 'New Dining Block, Drawing No 4564, dated 31 March 1933, contract signed 16 May 1933, held by the State Library of Victoria Picture Collection.



*Building B viewed from the southwest. The rear of Building A is partially visible at right.*



#### *Building D*

A Post-war administration building situated towards the northeast boundary of the site, near Jacksons Road. The building was built in 1996, when the site had become the Mount Eliza Centre. Building D is of a low level of heritage value.

The Johnstaff and Waterman 'Facility Condition Inspection Mount Eliza Centre' identified this building to be relatively structural sound and required only general maintenance - see page 12 of their report.

#### *Building E*

A substantial two-storey Modernist building with various alterations and additions. The diagonal siting of this building is consistent with the former Ward B on this part of the site, which indicates that the earlier building may form part of this Post-war building (some 1929/30 detailing exists at the east end of the building). Any early fabric that is extant is altered and/or obliterated, and Building E is of a low level of heritage value to the complex.

The Johnstaff and Waterman 'Facility Condition Inspection Mount Eliza Centre' identified a number of structural problems and maintenance issues with Building E, see page 12 of their report.



### *Building F*

A substantial two-storey concrete block Post-war building, with a large hip roof. The building is situated towards the northwest boundary of the site, on a former lawn area of the complex, and oriented towards Port Phillip Bay. The building is of a low level of heritage value.

The Johnstaff and Waterman 'Facility Condition Inspection Mount Eliza Centre' identified a number of structural problems and maintenance issues with Building F, see page 13 of their report.

### *Building G*

One of the former wards of the 1929-30 hospital complex. It is two-storey, built of rendered brick with a gable roof clad in terracotta tiles, and still retains some of its Mediterranean-style detailing. It contains a former balcony (now enclosed) for the treatment of heliotherapy; and on the lower level a gymnasium, and a swimming pool for hydrotherapy (see photographs in the History section of this conservation management plan).

*Building G is part of the 1929-30 complex, and contains the former saltwater swimming pool for hydrotherapy, and a balcony (now enclosed) for heliotherapy.*



*Swimming pool on  
the ground floor of  
Building G.*



The original swimming pool was replaced with this existing pool in 1994/95.<sup>49</sup> Despite alterations (many reversible) it provides a high-level of interpretative value into the earlier use of the hospital and its treatments for children with muscular-skeletal conditions. Consequently, it has contributory heritage value to understanding the history of this site.

The Johnstaff and Waterman 'Facility Condition Inspection Mount Eliza Centre' identified a number of structural problems and maintenance issues with Building G, see page 13 of their report, which should be addressed without delay to prevent further deterioration of heritage fabric.

#### *Building H*

Is part of the 1929-30 complex, and served as the Treatment Block. It is two-storey and built of rendered brick, and has a hip and gable roof that is clad in terracotta tiles. As with other buildings built as part of the 1929-30 complex, it is designed in a Mediterranean style, albeit less expressive of the style than other early buildings in this complex. It is physically linked to Building G.

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49 Deanne Leaver, Manager, Property/Infrastructure Planning and Delivery, Department of Health & Human Services, pers com to Peter Barrett on 4 April 2016.

*Building H viewed from the northwest, was formerly the Treatment Block of the hospital.*



Building H contains a conventional operating theatre and auxiliary spaces. These have a lesser degree of interpretative value than elements on the adjacent ward, Building G, which demonstrate the specific treatments (heliotherapy and hydrotherapy) given to patients at this hospital (see also Building G in this section). In the absence of this level of interpretative value, Building H is considered to be of a low-modest level of heritage value to this complex.

The Johnstaff and Waterman 'Facility Condition Inspection Mount Eliza Centre' identified a number of structural problems and maintenance issues with Building H, but notes some structural issues are not major or critical - see page 14 of their report.

#### *Buildings I, J & L*

A series of outbuildings at the southwest of the site. These are relatively utilitarian in character and served auxiliary uses for the hospital complex. Buildings I, J & L are of little or no appreciable heritage value.

The Johnstaff and Waterman 'Facility Condition Inspection Mount Eliza Centre' identified a number of structural problems and maintenance issues with these buildings - see pages 14-15 of their report.

### *Building K*

Building K is a single-storey gable roof building that is used for storage. The exact date of construction of the building is not known, but it is not part of the original Orthopaedic Branch erected in 1929-30, as it is not extant in early photographs of the hospital.

The Johnstaff and Waterman 'Facility Condition Inspection Mount Eliza Centre' identified a number of structural problems and maintenance issues with Building K, recommending that it be demolished - see page 14.

The later origin of the building, added with its utilitarian function and appearance, make it of little appreciable significance to the heritage value of this site. Its removal, as recommended by Johnstaff, is acceptable from a heritage perspective.

### *Building N*

The former chapel of the hospital, situated adjacent to Jacksons Road, on an elevated portion of the site at its northeast corner. The chapel is part of the 1929-30 complex of buildings, and is built of rendered brick, and is designed in a Mediterranean style. Although the building is of a modest scale, it is well detailed, with this including a recessed porch with three arches supported by Tuscan columns. The chapel has a raked ceiling with exposed beams. The ceiling above the altar is flat. The chapel retains some original/early furnishings (chairs). Early architectural drawings of the complex note the chapel incorporated at its rear a mortuary.

The chapel has had additions made to its rear c1980. Despite these additions, the chapel retains much of its early character. The chapel is a well-detailed early building on this site and is of contributory heritage value to the Mount Eliza Centre.

The Johnstaff and Waterman 'Facility Condition Inspection Mount Eliza Centre' identified structural problems and maintenance issues with Building N, see page 15 of their report, which should be addressed without delay to prevent further deterioration of the chapel's heritage fabric.

*Building N, the  
former chapel built  
in 1929-30.*



*Interior of Building  
N, the former  
hospital chapel.*



### 3.6 CONCLUSION

There is no single building, or element, that provides the Mount Eliza Centre with its cultural significance, in at least if it were removed it would severely compromise the heritage value of the overall site. Rather, it is a few individual buildings at the Mount Eliza Centre that as a sum contribute to the significance of this site.

Three contributory buildings: the Administrative Block (Building A), the ward with the swimming pool and sun balconies (Building G), and the Chapel/Mortuary (Building N), provide as a group an understanding of the process or experience of patients and their families at this hospital – admission, treatment; and, in unfortunate circumstances, the death of patients and the grieving process of their loved ones. It is these three buildings that also have the highest level of aesthetic and architectural value of all the buildings at the Mount Eliza Centre. The removal of one, or more, of these buildings would diminish the heritage value of this site.

The balance of buildings at the Mount Eliza Centre that are of early origin have limited heritage value, as they were used for more conventional, or auxiliary, uses: Treatment Block (Building H), Kitchen and Laundry Block (Buildings B & C), or have been significantly altered/obliterated (Building E). Others are of later origin (Buildings D, K, I, J, L & F) and provide little or no interpretative value to the recognised heritage significance of the Mount Eliza Centre. Much of the early landscaping of the Mount Eliza Centre has also been altered/obliterated and/or removed. These buildings, and the existing landscaping, could be altered and/or removed without impacting upon the heritage value of the Mount Eliza Centre.

## 4.0 COMPARATIVE ANALYSIS

The Orthopaedic Branch of the Children's Hospital, established on this site at Mount Eliza in 1930, was one of a series of smaller campuses of the Children's Hospital. These campuses provided auxiliary services and specialised treatments that supplemented the main facility at Carlton, and later at Parkville. The first of these campuses was the Convalescent Cottage built in Holyrood Street, Brighton<sup>50</sup> in 1884, which was a purpose-built brick building of a residential scale and character.<sup>51</sup> The cottage, which contained three wards, accommodated about 16 children recovering from surgery.

The Convalescent Cottage at Brighton was destroyed by fire in 1909, and a new convalescent home for children was relocated nearby in Beach Road.<sup>52</sup> The new facility was opened in 1911 and accommodated 30 children. Babies and girls were housed in wards built in the existing house on the site *Edgecliff*.<sup>53</sup> Boys were accommodated in what is described as a 'huge tent' built upon a platform, and made from canvas stretched over a lightweight timber frame.<sup>54</sup> The siting of the Brighton/Hampton cottages close to the beach and its clean air was seen to be beneficial to the recovery of the children, and influenced the siting of the later Orthopaedic Branch at Mount Eliza. It was at the Hampton campus that the Children's Hospital commenced heliotherapy treatment.<sup>55</sup>

*The Children's Hospital Convalescent Cottage in Holyrood Street, Brighton. This drawing is from an Australian Sketcher article of 1884 on the Children's Hospital (Source of photograph: State Library of Victoria Picture Collection) .*



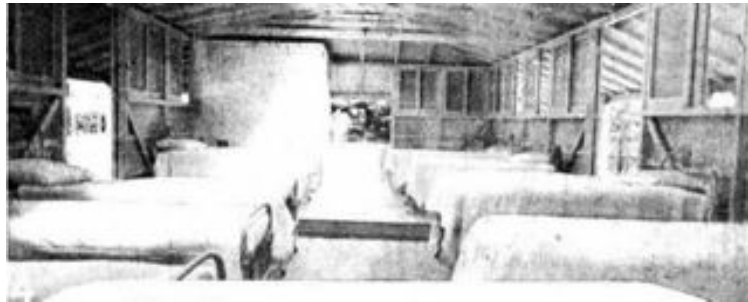
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- 50 Now within the suburb of Hampton.  
51 *Argus*, 2 February 1884, p 7.  
52 *Argus*, 21 December 1909, p 8 and 6 October 1937 p 3.  
53 MMBW Detail Plan, 'Shire of Moorabbin. Detail Plan No 2307', dated 1908.  
54 *Australasian*, 25 March 1911, p 49.  
55 *Age*, 3 August 1926, p 7.



*The Children's Hospital, in Beach Road, Hampton shortly after it was relocated to the house, Edgecliff in 1911. An earlier facility in Holyrood Street was destroyed by fire in 1909 (Photograph: Leader, 1 April 1911).*



*The interior of the boys' accommodation in the 'huge tent' at the Children's Hospital, Beach Road, Hampton (Photograph: Leader, 1 April 1911).*



*The Beach Road campus in 1943, during its use as a convalescent hospital for Servicewomen (Photograph: Australian War Memorial).*



The Hampton convalescent home continued to operate after the opening of the Mount Eliza campus, and was expanded in the late 1930s to accommodate 72 patients convalescing from infantile paralysis.<sup>56</sup> During World War II the Hampton facility was used, as was the Mount Eliza Centre, as a military hospital. The Hampton campus was used as a convalescent home for Servicewomen from 1944 until 1946.<sup>57</sup> After the war the Servicewomen's facility relocated to Toorak, and the Children's Hospital resumed use of the site.<sup>58</sup> The Hampton Campus is now closed and the buildings have been demolished.

A notable exception to the Children's Hospital beach campuses was its convalescent home opened at Sherbrooke in the Dandenong Ranges in 1936. The facility on 3 acres (1.2 hectares), still applied similar principles of the need for fresh air, rest and a good diet to aid recovery. In contrast to the larger Orthopaedic Branch, and to a lesser extent Hampton, the Sherbrooke facility had a residential scale and character. The house, designed in an English Vernacular-style, fostered a domestic ambience.<sup>59</sup> Although the Sherbrooke facility is now closed, and the house altered, it is recognised to be of a high-level of local significance, which is reflected in its inclusion in a site-specific heritage overlay in the *Yarra Ranges Planning Scheme*.<sup>60</sup>

Of these three campuses of the Children's Hospital, the Mount Eliza campus was the largest both in terms of its site and its number of beds. The 1929-30 hospital complex was designed by Stephenson & Meldrum, who during the Inter-war period forged a reputation in quality and innovative hospital design.<sup>61</sup>

The Orthopaedic Branch pre-dates the important study tour of overseas hospitals by A G Stephenson (1860-1967) in the early 1930s, where the new Functionalist designs of Alvar Alto and other European architects were applied to Stephenson & Meldrum/Stephenson & Turner's designs for the Mercy, Freemasons and Bethesda Hospitals in Melbourne.<sup>62</sup> This Functionalist design continued in the Post-war period with the new Children's Hospital at Parkville, opened in 1962.

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56 *Argus*, 6 October 1937, p 3.

57 Australian War Memorial, <https://www.awm.gov.au/collection/051972/> retrieved 11 May 2016. *Argus*, 6 May 1944, p 10 and *Age*, 11 April 1946, p 6.

58 *Age*, 11 April 1946, p 6.

59 *Argus*, 21 December 1936, p 8.

60 Heritage Council of Victoria, *Victorian Heritage Database*, Sherbrooke House, Place ID115782.

61 Hannah Lewi, article titled 'Exhibition' in *Architecture Australia*, May 2004, vol 93, No 3.

62 Philip Goad, *Melbourne Architecture*, p 247.

In contrast to the Functionalist designs by Stephenson & Meldrum, and later Stephenson & Turner, the Mount Eliza facility is identified as an earlier type of hospital design by this architectural firm, described as 'competent' in function, but eclectic in its styling.<sup>63</sup> This earlier group of hospitals include St Vincent's Hospital, Victoria Parade, Fitzroy and the Jesse McPherson Maternity Hospital, William Street, Melbourne (demolished).<sup>64</sup> The St Vincent's Hospital is recognised to be an individually significant building in the *Yarra Planning Scheme*. Unlike the Moderne-style applied at St Vincent's and the Jesse McPherson hospitals, Stephenson & Meldrum designed the Mount Eliza hospital in a Mediterranean style.

The Mediterranean-style, popular with residential, commercial and public buildings during the Inter-war period in more temperate climates, may have been chosen at this site for its water/beach aspect reminiscent of the Mediterranean landscape. Certainly, the style, which saw similarities with the Australian climate and Southern Europe's, and the proposed use of heliotherapy as treatments for children, went hand-in-hand with the style's use of balconies and verandahs.

*Healy Wing of St Vincent's Hospital, Victoria Parade, Fitzroy. This wing of the hospital was built between 1931-34, and was designed by Stephenson & Meldrum (Source of Photograph: State Library of Victoria Picture Collection).*



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63 Philip Goad, *Melbourne Architecture*, p 247.  
64 Philip Goad, *Melbourne Architecture*, p 247.

*The Mercy Hospital, 145-161 Grey Street, East Melbourne, built in 1934-35. It was the first of a number of Functionalist hospitals built by Stephenson & Meldrum/Stephenson & Turner in the 1930s and 40s (Source of Photograph: Victorian Heritage Database).*



Other characteristics of the style include rendered wall surfaces painted in light tones, logias and porches, and unglazed terracotta roof tiles. Unlike blatant mimicking of Iberian precedents that occurs in the more ornate Spanish Mission, the Mediterranean style tends to reference the architecture of the Mediterranean in a restrained manner.<sup>65</sup> However, some detailing on the buildings at Mount Eliza, such as the ornate parapets of the gable ends of Building G, allude to the Spanish Mission style.

Despite the absence of the Functionalist design seen on later hospitals by Stephenson & Meldrum/Stephenson & Turner, the 1929-30 Orthopaedic Branch at the time of its completion did demonstrate a sophisticated approach to hospital planning in the layout of its buildings on this site, in particular the siting of the wards to maximise sea views, and more importantly sunlight for heliotherapy.

The buildings show a distinct departure from the character of the more austere and institutional hospital buildings of the Edwardian era and earlier, which exuded a heavy appearance with their face-brick finishes, and their distinct institutional scale and character. In this regard, the Mount Eliza complex demonstrates a transition, or evolution, in hospital design towards the Functionalism of the 1930s.

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65 Richard Apperly et al, *Identifying Australian Architecture*, pp 172 & 175.

It is regrettable, however, that intrusive later buildings have eroded the distinct siting of the hospital buildings at Mount Eliza. Alterations and additions have adversely impacted upon the character of many of the 1929-30 buildings. Most of the landscaping, designed by the eminent landscape designer Edna Walling, has also been removed and/or obliterated. All of this change has been counterproductive to the original intent of her landscaping, which was to help foster any change or additions to the site in a coordinated manner.<sup>66</sup> However, Walling designed many gardens on the Mornington Peninsula, mostly at private homes, and many of these survive.

Others believed that it was not the buildings that contributed to the success of the Orthopaedic Branch, but the innovative treatments provided to its patients that included heliotherapy and hydrotherapy, and the dedication of its staff that administered these treatments. It is the staff members that are often praised as contributing to the success of the hospital, the first of its type in the Commonwealth, and one that was recognised around the world as a leader in paediatrics.<sup>67</sup>

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- 66 'Orthopaedic Section, Annual Report 1933-34' in the *Sixty-Fifth Annual Report of The Children's Hospital, Melbourne, 1933-34*, p 47.
- 67 'Orthopaedic Section, Frankston', in the *Sixty-Fourth Annual Report of The Children's Hospital, Melbourne, 1932-33*, p 49.

## 5.0 STATEMENT OF SIGNIFICANCE

### *What is Significant?*

The Mount Eliza Centre at 33 Jacksons Road, Mount Eliza was formerly the site of the mansion, *Beachleigh*. It was built in 1878 as the beachside home of the eminent Melbourne architect, Thomas Watts. In 1929 the site was developed by the Children's Hospital as its Orthopaedic Branch. *Beachleigh* was adapted to use as nurses accommodation at the hospital.

On the remainder of the site was built an expansive hospital complex containing an Administrative Block, Wards, Treatment Blocks and a Chapel/Mortuary. The hospital, opened in 1930, was designed by the architectural firm of Stephenson & Meldrum, later Stephenson & Turner, who emerged during the Inter-war period as the pre-eminent architects in hospital design in Australia. The grounds of the hospital were landscaped to a design prepared by the notable twentieth century landscape designer, Edna Walling.

The Orthopaedic Branch was the first of its kind in Australia, and highly regarded, both locally and internationally, and used innovative treatments including heliotherapy and hydrotherapy. After briefly being used for military purposes during World War II, the Children's Hospital resumed its use of this site, expanding its treatments beyond muscular-skeletal conditions. After the Children's Hospital vacated the site in the 1970s, it served as an aged care facility. Buildings at the Mount Eliza Centre are now used by Peninsula Health for administrative purposes.

### *How is it Significant?*

The Mount Eliza Centre is of architectural, aesthetic, historical, scientific/research and social significance to the State of Victoria.

### *Why is it significant?*

The Mount Eliza Centre is of architectural significance to Victoria. Within the complex are buildings that are the early work of Stephenson & Meldrum/Stephenson & Turner, who became the leading architectural firm in the design of hospitals in Australia in the twentieth century. Built in 1929-30 as the Orthopaedic Branch of the Children's Hospital, the early buildings of the Mount Eliza Centre are an example of a transitory hospital design bridging the more traditional hospital designs of the early twentieth century and the Functionalist design that emerged in the 1930s (Criteria C, D & H). Of contributory heritage value to this architectural significance is the Administrative Block, former Ward D containing the swimming pool and sun balcony, and the Chapel/Mortuary.

The 1929-30 Orthopaedic Branch buildings of the Mount Eliza Centre are of aesthetic significance as an example of a restrained Mediterranean style applied to institutional buildings, and a style that responds well to its elevated siting overlooking Port Phillip Bay (Criterion E). In terms of aesthetic significance it is the Administrative Block, former Ward D containing the swimming pool and sun balcony, and the Chapel/Mortuary, which are of contributory value as fine examples of this style.

The Mount Eliza Centre is of historical significance as the largest campus of the (Royal) Children's Hospital outside of the main Carlton and Parkville campuses. It is of historical significance for its ground-breaking work in Australia for the treatment of infantile paralysis. Later the hospital treated a broader range of paediatric conditions, and in more recent years the site served the community as an aged care facility (Criteria A, D & G). It is also of historical significance for its association with Victorian individuals and organisations that donated funds, or worked to provide better facilities, for this hospital and its patients (Criteria G & H).

The Mount Eliza Centre is of research potential in understanding the treatment of infantile paralysis in the early to mid twentieth century in Victoria, particularly in its use of therapies including heliotherapy and hydrotherapy (Criteria B & C). Of contributory heritage value to this research potential is the former Ward D containing the swimming pool and sun balcony that has interpretative value in these treatments.

The Mount Eliza Centre is of social significance as a medical facility that is known, used and valued by Victorians since 1930 (Criterion G).



## 6.0 CONSERVATION POLICIES

### 6.1 INTRODUCTION

The following policies are developed to provide direction and guidelines for the conservation of the Mount Eliza Centre. The term the 'Mount Eliza Centre' in these guidelines refers to the entire site including its buildings and landscape elements. The policies are based upon the history, the site analysis, analysis of significance, and statement of significance in this conservation management plan. The current owners of this site, Peninsula Health, and future owners, have the responsibility of implementing these conservation policies, which should form a basis for future works to this site.

These conservation policies, and this conservation management plan, should be subject to a review at approximately five-year intervals.

### 6.2 GENERAL POLICY

The general policy for the Mount Eliza Centre is to correctly interpret, represent and conserve the recognised heritage values of this heritage place, as identified in this conservation management plan.

### 6.3 LEVELS OF SIGNIFICANCE

In developing a conservation policy for the Mount Eliza Centre various parts of the complex have been assigned different levels of significance in order to provide guidance with regard to conservation actions. These levels of significance are based upon the historical research, site analysis and comparative analysis in this conservation management plan. These levels of significance are Primary, Contributory, and Little or No Significance.

#### *Primary Significance*

Elements of primary significance are those that are of individual aesthetic, architectural, historical, social or technical/research value that are essential to an understanding of the heritage significance of the Mount Eliza Centre. They are elements that are largely intact.

There are no elements that are considered to be of primary significance to the Mount Eliza Centre.

### *Contributory Significance*

Elements of contributory significance are those that are important in contributing to the cultural significance, or interpretation of the history, of the Mount Eliza Centre. They are elements that are original and/or early origin. They may have been altered, but any change that has occurred can be easily reversed.

Elements of the Mount Eliza Centre that are of contributory significance are:

- The central portion of Building A (former the Administrative Block) excluding its wings;
- Building G (former Ward D), including its swimming pool used for hydrotherapy, and its former balcony used for heliotherapy;
- Chapel/Mortuary.

Elements that are of contributory value should be retained and conserved. Change or removal of contributory fabric can be made if it can be demonstrated that it will not adversely affect the heritage significance of the broader complex.

A number of buildings in the complex, including contributory fabric, have been identified to have structural problems. This in some instances may put in doubt their long-term retention.

### *Little or No Significance*

Elements of little or no significance are those which were originally minor in nature or auxiliary in function to the broader Mount Eliza Complex, and/or are of later/recent origin. They may also include elements that have been significantly altered and/or obliterated and/or do not provide a high-level of interpretative value to the early history of this site.

Elements recognised to be of little or no significance includes:

- Wings flanking the central portion of Building A (former Administrative Block);
- Building B (former Kitchen);
- Building C (former Laundry);
- Building D;
- Building E;
- Building F;
- Building H (former Treatment Block);
- Buildings I, J & L;
- Building K;
- Tennis Court

Elements of little or no significance may be retained, altered and/or removed as required.

## 6.4 FABRIC

Elements of contributory significance that are retained should be regularly maintained to ensure that fabric remains in reasonably good condition. The remedial works that are outlined in the Johnstaff Waterman 'Facility Condition Inspection. Mount Eliza Centre', should be initiated without delay on contributory fabric to ensure their long-term retention.

Reinstatement of elements that have been removed from contributory fabric is encouraged, but only if documentary evidence and/or physical evidence survives to accurately reinstate lost fabric. Reinstatement of removed fabric should not be based upon interpretation of what is thought to have been the earlier condition or character of an element. Any new fabric introduced to a contributory element should on close investigation be identifiable as such (new fabric).

## 6.5 SETTING

A key characteristic of the Mount Eliza Centre is its elevated setting overlooking Port Phillip Bay. This setting contributes not only aesthetically to the Mount Eliza Centre's value, but the siting of such a centre near the sea, was seen as vital for such a facility that used heliotherapy and hydrotherapy. This setting, with its physical and visual connection to Port Phillip Bay, should be retained in some capacity.

This relationship between the site and the bay is best demonstrated with Building G. This ward that forms part of the original complex of buildings, is one of the two early wings orientated towards the bay, where heliotherapy was given to patients on its balcony; and hydrotherapy in its swimming pool, with water piped from Port Phillip Bay. Views of the bay from Building G should be maintained in some capacity to interpret the importance of its siting adjacent to the bay.

Given the small area of land between Building G and the foreshore boundary, development opportunities for this portion of the site are limited. Any impacts upon the visual relationship between Building G and Port Phillip Bay have the potential to occur from development outside the site on the foreshore. Development in recent decades on the foreshore has begun to encroach on this visual link, and it is recommended that future development on the foreshore carefully consider what impacts it has on the subject site and its relationship with Port Phillip Bay.

*Landscaping and recent development on the foreshore, in the environs of the subject site, has impacted upon the visual relationship of the site with Port Phillip Bay. Building G, which is visible from the beach (marked with an arrow) is now being impacted upon by development and landscaping.*



Any future development of the site should allow for interpretation of this important relationship between the site and the bay. It is acknowledged that it will be difficult to retain this visual relationship of all buildings/elements on the site to Port Phillip Bay, particularly those buildings towards the east of the site. Where this visual link is impacted upon by future development, some element such as signage should be provided to interpret any lost historical, visual and physical connection with Port Phillip Bay.

## 6.6 EXTENT OF SIGNIFICANT FACRIC AND CURTILAGE

There are currently no statutory heritage constraints upon the Mount Eliza Centre.

### *Australian Heritage Council*

The Mount Eliza Centre is not included on the Australian Heritage Council *National Heritage List* of natural, historic and indigenous places of outstanding significance to Australia.

The Australian Heritage Council *Register of the National Estate* was closed in 2007 and is no longer a statutory list. The *Register of the National Estate* is now an archive of information of 13,000 places on the register. The Mount Eliza Centre is not included within this archive.

#### *Heritage Council of Victoria*

The Mount Eliza Centre is not included on the Heritage Council of Victoria *Victorian Heritage Register*, which is the register of places of recognised significance at a State-level to Victoria.

For a site, building, or object to be included on the *Victorian Heritage Register* the Heritage Council of Victoria must accept a recommendation for its inclusion by the Executive Director of Heritage Victoria. At the time this report was prepared no recommendation by the Executive Director of Heritage Victoria is known to be pending for the site's inclusion on the *Victorian Heritage Register*.

#### *Mornington Peninsula Shire*

The Mount Eliza Centre is situated within the Mornington Peninsula Shire, and consequently subject to the *Mornington Peninsula Planning Scheme*. The *Mornington Peninsula Planning Scheme* has provisions within it for the conservation of heritage places.

An assessment of the Mount Eliza Centre was undertaken by Context Pty Ltd, as part of the Mornington Peninsula Heritage Review. Stage 1 – Mount Eliza, Mornington and Mount Martha'. It was proposed that a site-specific heritage overlay for the Mount Eliza Centre be applied to the site.<sup>68</sup> The proposal for a heritage-overlay for the Mount Eliza Centre did not proceed.<sup>69</sup>

#### *National Trust of Australia (Victoria)*

The Mount Eliza Centre is included on the *Register of the National Trust*. The register notes this place by its former name, the *Mount Eliza Geriatric Centre*, and notes that the level of classification is 'File only'. There are no statutory constraints arising from this classification.

## 6.7 FUTURE DEVELOPMENT

Further adaptation of contributory fabric is appropriate if the original/earlier use of the place/element can be interpreted, and the change to fabric does not adversely impact upon the aesthetic qualities or historical value of an element. Future development that reinstates lost or removed fabric on contributory elements is to be encouraged.

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68 Context Pty Ltd, 'Mornington Peninsula Shire Heritage Review. Stage 1 – Mount Eliza, Mornington and Mount Martha', 2013, p 52.  
69 Travis Reid, Spiire, pers com to Peter Barrett on 23 December 2015.

## 6.8 USE

The site during its Post-contact history has been used for many purposes: a private residence, children's hospital, military facility, aged care facility, and most recently it is used for administrative purposes by Peninsula Health.

Future development of this site could include adaptive re-use of existing buildings, combined with new buildings, for residential purposes. Commercial uses, given the site's proximity to Port Phillip Bay and its foreshore, could include hotel and other short-term accommodation.

Any new use for the site should retain and conserve elements of contributory heritage value, and retain a sense of the site's earlier history as a hospital. Adaptive re-use of individual buildings could include for the chapel a café/restaurant; and for Building G, with its former swimming pool and gymnasium, use as a health and/or community centre.

## 6.9 INTERPRETATION

Buildings that demonstrate the original use of this site as a health care facility should be retained and conserved. This includes interior spaces and elements that provide interpretative value. These include the swimming pool and (enclosed) balcony of Building G, which provide interpretative value in understanding hydrotherapy and heliotherapy that were integral treatments for children at the Orthopaedic Branch. Other elements include the chapel interior, which should remain one space in any re-adaptive use of the building.

### *Signage*

To assist in the interpretation of individual buildings of contributory value, signage or plaques/display boards should be fitted in prominent areas to assist in an understanding of each building's earlier use. Each sign or plaque/display board should concisely describe the history of its respective building/interior space and/or its heritage value to the Mount Eliza Centre. Photographs should be used, where these are available, to assist in the interpretation process. Signage should be relatively simple, set out in a contemporary manner, and be uniform in appearance throughout the site.

*Signage on the foreshore reserve adjacent to the Mount Eliza Centre. Signage of this type, which incorporates photographs and concise descriptions of elements, could be used for interpretation of the site's history.*



#### *Historical Records Stored On Site*

A number of historical display boards are extant in the boardroom of Building A. The value of this historical material is diminished by its display in a place that has no access to the general public. It is recommended that this material is displayed in another Peninsula Health facility, where it will be able to be viewed by the general public.

The State Library of Victoria has a number of photographs of the Mount Eliza Centre from the Inter-war years, when the site was a Children's Hospital. The historical photographs on display at the Mount Eliza Centre could be donated to the State Library of Victoria to be consolidated with their existing collection. Other repositories that the material could be donated to include the Museum of Victoria, and the Public Record Office Victoria, both of which have online catalogues and databases that are freely accessible to the community.

#### *Published History*

The Mount Eliza Centre has had an interesting history, which relates to many sections of the broader community. Consideration should be made to commission a book on the history of this site, to supplement other histories that have been prepared on the Royal Children's Hospital.



*One of several displays of historical photographs in the boardroom of the Administrative Block.*



## 6.10 CONSTRAINTS ON INVESTIGATION

The large scale of the complex, its buildings and their interior spaces, and other elements on the site, has prevented an exhaustive inspection and analysis of fabric. However, a site inspection, and review of available historical resources have provided a reasonable understanding of the extent of significant fabric.

Drawings of the landscape design prepared by Edna Walling have not been found. If these do survive, they will show what, if any, of Walling's 1930s landscaping survives.

## 6.11 REPAIRS AND MAINTENANCE

A condition report of buildings and services undertaken by Johnstaff and Waterman in 2013 identified a number of structural and maintenance issues on buildings and elements within the Mount Eliza Centre. These included buildings and elements that have been identified in this conservation management plan as being of contributory heritage value. These repairs and maintenance should be undertaken without delay, to ensure that heritage fabric does not continue to degrade.

All repairs and maintenance should be carried out with regard to the significance of the Mount Eliza Centre, and its buildings and elements that are identified in this conservation management plan to be of contributory heritage value. Fabric of contributory value should be conserved in accordance with the *Burra Charter 2013*, and the conservation policies contained in this report.

To achieve a proper maintenance regime, a cyclical inspection and maintenance program should be put in place by Peninsula Health to ensure that buildings are kept in good condition to slow deterioration of fabric. General maintenance can be carried out in accordance with the conservation policies in this report and without consultation with a conservation specialist. Major maintenance works, however, particularly those of a specialised nature, including major building works, and works involving services should be undertaken by a suitably qualified tradesperson or practitioner, experienced in working with heritage buildings. These works should be undertaken in consultation with a qualified heritage consultant.

## 6.12 RISK ASSESSMENT

The principal risks to buildings and elements at the Mount Eliza Centre are:

- Fire;
- Water penetration;
- Exposure to salt air;
- Vandalism;
- Insect and Vermin;
- Neglect and poor maintenance;

Appropriate measures should be taken to minimise, or if possible, remove these risks.

## 6.13 CONSERVATION WORKS

Conservation works to the Mount Eliza Centre can be divided into two levels of priority – *Essential/Immediate Works* and *Future Works*.

Essential/Immediate Works should be undertaken immediately to ensure the physical integrity of the existing fabric of contributory heritage value to the Mount Eliza Centre. These works are considered vital to the retention of contributory elements.

Broadly, Essential/Immediate Works are works that are identified in the Johnstaff & Waterman “Facility Condition Inspection, Mt Eliza Centre’. In the two years since this report was completed, it is likely further structural and maintenance issues have arisen, or existing problems exacerbated. In this regard, it would be prudent if the Johnstaff & Waterman report is updated prior to the commencement of any structural or remedial maintenance.

Future Works are less urgent and are not necessarily fundamental to ensuring the physical integrity of existing contributory fabric. Future works can include reconstruction or re-instatement of lost fabric, which will enhance the appearance and function of the Mount Eliza Centre. These works can be included in any future development that may occur on this site.

## **6.14 FURTHER RESEARCH**

Further historical research may uncover the location of drawings of the landscape design prepared by Edna Walling.

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