

# Victorian Heritage Database Report

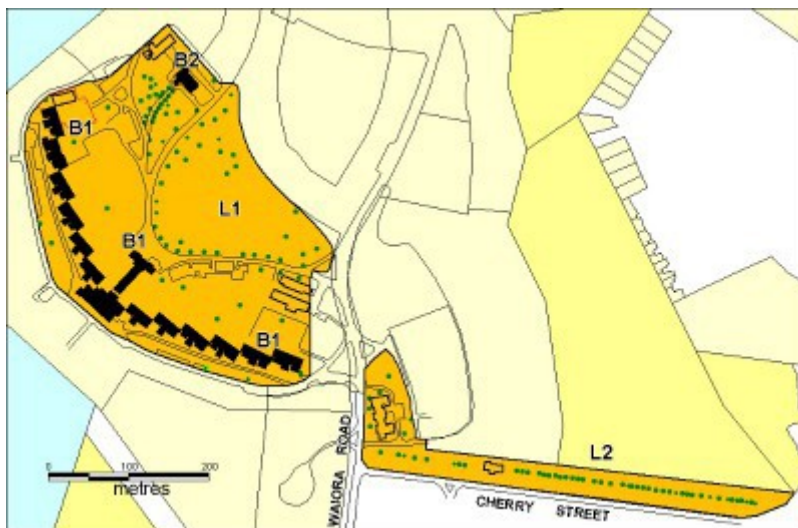
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HERITAGE  
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VICTORIA

## FORMER MONT PARK HOSPITAL



1 mont park ernest jones hall



mont park plan

### Location

ERNEST JONES DRIVE and SPRINGTHORPE BOULEVARD and CHERRY STREET MACLEOD, Darebin City

### Municipality

DAREBIN CITY

### Level of significance

Registered

## **Victorian Heritage Register (VHR) Number**

H1872

## **Heritage Overlay Numbers**

HO59

## **VHR Registration**

August 10, 2000

## **Heritage Listing**

Victorian Heritage Register

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## **Statement of Significance**

Last updated on - April 7, 2000

What is significant?

The former Mont Park/Bundoora Psychiatric and Repatriation Hospitals Complex consisted of seven hospitals on a site of 185 hectares. The site comprising the Mont Park and Strathallen estates was consolidated by the Victorian government by purchase and transfer from the Closer Settlement Board in 1909. The Mont Park Hospital commenced in 1910 with the building of the Farm Workers Block (later part of Kingsbury Training Centre). In 1912 the landscape gardener Hugh Linaker was employed to layout the grounds of Mont Park and other State mental hospitals. The other hospitals were gradually split off from the Mont Park administration to form separate entities. These were the Macleod Repatriation Hospital (1915), the Bundoora Repatriation Hospital (1920), the Gresswell Sanatorium (1933), Larundel Mental Hospital (1938 opened 1951), the Plenty Mental Hospital (1963) and the Kingsbury Training Centre (1974). The site under consideration consists of the former Mont Park and Plenty Hospitals.

An agreement was made with the Defence Department in 1914 for the latter to erect the Mont Park central block (the "Chronic Wards") for use as a Military Hospital, and for it later to revert to the State as portion of Mont Park Hospital. The buildings now known as the Chronic Wards were completed in this way in 1916 and used as the Australian General Hospital no. 16 for the duration of the war. One wing of this building was set aside for mental patients during this period.

The Military Mental Hospital was built in 1919 to accommodate 84 patients who were suffering from psychiatric conditions as a result of their service in World War I. It was occupied by military patients until 1933 when they were transferred to Commonwealth facilities. The Military Mental Hospital consisted of a two storey brick Administration Building with two single-storey pavilion wards and a single-storey kitchen-dining room pavilion at the rear, connected with covered ways. The ward sections of the Military Mental Hospital have undergone considerable alteration. A two-storey brick building was constructed in the 1970s in front of the Administration Block and attached to it at the central porch.

The Ernest Jones Hall, named after the Inspector General of the Victorian Lunacy Department, was a combined chapel and entertainment hall constructed 1927-1930 in the Spanish Mission style.

The Avenue of Honour planted in 1919 consists of a row of 46 Sugar Gums planted by returned soldiers who were hospitalized in the number 16 Australian General Hospital (Chronic Wards) at Mont Park. Further plantings were made after World War II.

How is it significant?

The Former Mont Park Hospital is of architectural, historical, aesthetic, scientific (horticultural) and social

significance to the State of Victoria.

Why is it significant?

The Former Mont Park Hospital is architecturally significant as a representative example of asylum design in the early twentieth century. The Ernest Jones Hall, Mont Park is a rare example of an asylum chapel/hall in Victoria. The Chronic Ward Block is a rare example of an echelon pavilion hospital ward design.

The Former Mont Park Hospital is historically significant in demonstrating changing responses to twentieth century health needs and particularly mental illness in the planning and development of psychiatric institutions and repatriation hospital complexes on the site. The Administration Building of the Military Mental Hospital (1919, demolished) is historically significant as part of the only surviving purpose-built mental hospital in the State constructed to accommodate psychological casualties after World War I. The construction of the separate Military Mental Hospital was in response to pressure from returned servicemen's organisations to protect shell-shocked patients from the stigma of mental illness by removing them from the general psychiatric patient population in Mont Park. Although the wards of the Military Mental Hospital were similar to other psychiatric accommodation of the period, the construction and siting of the Hospital and the provision of a separate Administration Block testified to attitudes to military psychiatric patients in the immediate post-war period.

The Chronic Wards Block is historically significant as demonstrating the response of the Victorian government to the requirements of the war effort during World War I in that the buildings intended for the care of the mentally ill were handed over for use as hospital facilities for the Australian Army for the duration of the war with one wing devoted to the care of military psychiatric patients.

The landscape design of the Former Mont Park Hospital is historically significant, owing much to early twentieth century ideas about the treatment and care of the mentally ill who were believed to benefit from a rural or natural environment. The designed landscape is of historical and aesthetic significance as an early example of the prominent landscape designer, Hugh Linaker. Linaker was one of the most significant landscape designers in Victoria in the early 20th century and Mont Park is his first and an important example of his landscape style, mixing exotics and native trees and contrasting forms especially narrow crowned and fastigate forms and palms. These were often planted in alternative arrangements in the landscape to give a striking and contrasting image. At Mont Park this is achieved by the extensive use of conifers (Pinus, Cedrus, Cupressus, Chamaecyparis, Juniperus, Sequoia, Taxodium, Agathis), palms (Phoenix, Washingtonia, Chamaerops, Trachycarpus), narrow forms and mixed foliage colour of the dark green, Cupressus macrocarpa 'Fastigiata', Cupressus sempervirens, Cupressus sempervirens 'Stricta', lime green foliage of Cupressus torulosa, and the blue foliage of Cupressus glabra 'Hodginsii'. The landscape is further enhanced by the juxtaposition of Golden Cypress (Cupressus macrocarpa 'Saligna Aurea', Cupressus macrocarpa 'Aurea') and the dark green Monterey Cypress (Cupressus macrocarpa) and Pines (Pinus radiata, Pinus canariensis, Pinus halepensis) and deciduous elms (Ulmus procera) and oaks (Quercus robur, Q. cerris, Q. canariensis, Q. acutissima) planted in the indigenous Yellow Box (Eucalyptus melliodora) and River Red Gum (Eucalyptus camaldulensis) woodland. One River Red Gum (T13A) on the west side is exceptionally large and old, and this gnarled tree is of high landscape value.

The extensive use of narrow and fastigate plants and contrasting foliage colour seen at Mont Park has no other comparison in Victoria. Linaker achieved this vertical landscape feature at the Shrine of Remembrance by the use of Populus nigra 'Italica', Cupressus torulosa, and Agathis robusta. At Buchan Caves, Populus nigra 'Italica', Cupressus torulosa and Sequoia sempervirens was planted and at Princess Park, Maryborough, Linaker may have been responsible for the planting of Populus alba 'Pyramidalis'.

The Avenue of Honour planted in 1919 is historically, socially and aesthetically significant as an unusual example of an avenue of honour planted by returned soldiers to commemorate soldiers who fought in World War I. This avenue is unusual in that Australian natives were used rather than the more common First World War plantings of elms and oaks.

A number of trees on the Former Mont Park Hospital site are of scientific (horticultural) significance, such as the Schinus lentiscifolia, a species rarely grown in Victoria, (and Australia). The Mont Park specimen is the largest and of an outstanding form. The only others are three poorer quality trees in the Royal Botanic Gardens. There is a large and outstanding example of Cedrus atlantica, a species rarely grown in Victoria, and four outstanding specimens of Cupressus macrocarpa 'Aurea' clone which displays a compact crown and deep yellow foliage, is unknown elsewhere in Victoria. Other trees rarely grown in Victoria are Pinus sylvestris, Pinus contorta, Bauhinia monandra and Taxodium distichum. The Cupressus macrocarpa 'Saligna Aurea' are uncommon in Victoria and these trees are amongst the finest in the State, the only comparable trees occurring at Werribee Park, Footscray Park, Caulfield Park, Bendigo Hospital, Royal Botanic Gardens and Melbourne General Cemetery. The

Cupressus macrocarpa 'Saligna Aurea' (c1900-20) and Cupressus glabra 'Hodginsii' (c1936) are also of horticultural importance as both are cultivars selected by the Victorian Hodgins nursery in the early 20th century.

## Permit Exemptions

### General Conditions:

1. All exempted alterations are to be planned and carried out in a manner which prevents damage to the fabric of the registered place or object.
2. Should it become apparent during further inspection or the carrying out of alterations that original or previously hidden or inaccessible details of the place or object are revealed which relate to the significance of the place or object, then the exemption covering such alteration shall cease and the Executive Director shall be notified as soon as possible.
3. If there is a conservation policy and plan approved by the Executive Director, all works shall be in accordance with it.
4. Nothing in this declaration prevents the Executive Director from amending or rescinding all or any of the permit exemptions.
5. Nothing in this declaration exempts owners or their agents from the responsibility to seek relevant planning or building permits from the responsible authority where applicable.

### Buildings Exterior:

- \* Minor repairs and maintenance which replace like with like.
- \* Painting of previously painted walls, posts, and roofing in the same colour.
- \* Treatments to stabilise and protect timber structures.

### Buildings Interior:

- \* Painting of previously painted walls and ceilings provided that preparation or painting does not remove evidence of the original paint or other decorative scheme.
- \* Removal of paint from originally unpainted or oiled joinery, doors, architraves, skirtings and decorative strapping.
- \* Installation, removal or replacement of carpets and/or flexible floor coverings.
- \* Installation, removal or replacement of curtain track, rods, blinds and other window dressings.
- \* Installation, removal or replacement of hoods, nails and other devices for the hanging of mirrors, paintings and other wall mounted artworks.
- \* Refurbishment of existing bathrooms, toilets and or en suites including removal, installation or replacement of sanitary fixtures and associated piping, mirrors, wall and floor coverings.
- \* Installation, removal or replacement of existing kitchen benches and fixtures including sinks, stoves, ovens, refrigerators, dishwashers etc and associated plumbing and wiring.
- \* Installation, removal or replacement of electrical wiring provided that all new wiring is fully concealed and any original light switches, pull cords, push buttons or power outlets are retained in-situ. Note: if wiring original to the place was carried in timber conduits then the conduits should remain in-situ.
- \* Installation, removal or replace of bulk insulation in the roof space.
- \* Installation, removal or replacement of smoke detectors.

### Landscape:

- \* The process of gardening, mowing, hedge clipping, bedding displays, removal of dead plants, disease and weed control, emergency and safety works.
- \* The replanting of plant species to conserve the landscape character.
- \* Management of trees in accordance with Australian Standard; Pruning of amenity trees AS 4373.
- \* Removal of plants listed as Noxious Weeds in the Catchment and Land Protection Act 1994.
- \* Repairs, conservation and maintenance to hard landscape elements, gravel paths and asphalt roadways, stone edge and glazed tile gutter, concrete edging, fences and gates.
- \* Installation, removal or replacement of garden watering and drainage systems beyond the canopy edge of listed trees.
- \* Plant labelling and interpretive signage.

Reconstruction of existing road works including new kerb and channel to current standards

Relocation of palms (Canary Island date palms) into public land (i.e. out of allotments)

Introduction of paths and fencing in accordance with final landscape master plan prepared by Mark McWha provided plans to an appropriate level of detail are submitted and approved by the Executive Director.

Removal of non-significant trees within registered curtilage in accordance with the landscape master plan prepared by Mark McWha.

Avenue of Honour

plan showing type of fence is approved by the Executive Director

Village Common

Infrastructure services such as drainage, water supply, electrical reticulation, lighting and reticulation outside of Tree Protection zones

Removal and replacement of existing cricket pitch

Construction of shared footways, provided landscape plans with appropriate level of detail are approved by the Executive Director.

Construction dates 1910,

Heritage Act Categories Heritage place,

Other Names CHERRY STREET AVENUE OF HONOUR, PLENTY HOSPITAL,

Hermes Number 5619

Property Number

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## History

Contextual History:  
Victoria's Asylums

The first lunatic asylum in Victoria was founded at Yarra Bend in 1848. The asylums at Kew, Beechworth and Ararat built in the 1860s were large barrack-like institutions with little attempt at the classification and separation of different types of mental patients. The Sunbury Asylum constructed between 1892 and 1906 consisted of detached pavilions or blocks in the Queen Anne revival style arranged in a cohesive design with a formal site plan.

The Twentieth Century

The establishment of the Mont Park Hospital for the Insane marked a new start in a new century. The site chosen was to provide a suitable setting for the treatment of mental illness with sufficient land to take in all patients from the metropolitan hospitals if it became necessary to do so. The site planning or what appears to be a lack of site planning in fact reflects a response to the nature of the site; the buildings are placed according to the topography rather than in a formal arrangement as at Sunbury. Hence, although the Mont Park institution did reflect new ideas in institutional planning, it is now a site very difficult to read.

The dispersed arrangement of the buildings is itself a philosophical statement about the treatment of mental illness in the early twentieth century. Increased emphasis on classification of patients and separation of different classes of patients may be seen for example in the ability of the Chronic Wards to segregate military mental patients into one ward. The pavilion design of the Mont Park wards was not a new development in itself; it continued the practice begun at Sunbury. However, the compact zigzag (or en echelon) form of the Chronic Wards allowed for separation of groups of patients while providing better access and communication between wards and other facilities without the need for staff to traverse long distances. The dispersal of buildings across the site expressed the wish to treat different classes of patient appropriately. The siting of the Farm Workers Block was a functional decision to concentrate the farm buildings and the quarters for the working patients in the area near Plenty Road. The Idiot Block was located nearby to allow the adult patients who had been moved from Kew Cottages to work on the farm also. The placing of the Ernest Jones Hall as a free-standing building rather than a space within a ward building is a response both to a more secular view in the twentieth century which allowed for a dual purpose hall/chapel and to the needs of a scattered community.

The Development of Repatriation Institutions in Victoria

The development of the Commonwealth repatriation system occurred at the end of World War I. At the beginning of the war in 1914, the Australian government announced plans for soldiers' pensions which were to be funded by taxation. After the Boer War, the Australian government had claimed that any compensation for war service was a British responsibility. Australia's experience during World War I however was widely regarded

to have achieved a coming-of-age for the nation. There existed therefore a mood much more receptive to the notion of providing care for returned servicemen. A combination of government initiatives, pressure from the Returned Soldiers Sailor and Airmen's Imperial League Association ( the forerunner of the Returned Servicemen's League) and private philanthropy led to a comprehensive system of support for ex-servicemen. The term repatriation was broadened from meaning the process of returning servicemen to their homeland to indicate the administrative system of governmental support for war veterans.

In looking after ex-servicemen with incapacitating diseases and conditions due to their war experiences, the Repatriation Department set up a number of institutions. They administered directly a number of general and specialist hospitals. For example the Australian General Hospital at Heidelberg became the Heidelberg Repatriation Hospital after World War II. Tuberculosis and mental illness were treated in specialist hospitals. The Caulfield Repatriation Hospital was engaged in rehabilitation for those who were temporarily incapacitated. Care for totally and permanently incapacitated servicemen was provided in a number of institutions conducted by Red Cross staff as Anzac Hostels. These existed in each capital city: the Victorian example was set up in a large nineteenth century mansions called Kamesburgh in Brighton.

### Hospital Design

The pavilion design for hospitals was introduced as an attempt to prevent the spread of infection at a time when the miasmatic theory was generally accepted. This held that disease was caused by bad air. Thus within the hospital environment, the chief threat to the patient was the concentration of foul air. Better natural ventilation would prevent the spread of infection amongst the patients. Even where the disease was recognized as passing from person to person, in such diseases as plague, leprosy and smallpox, it was believed that the infection was transmitted as a vapour or miasma emanating from the patient or from his wounds. The design of hospitals by the mid nineteenth century took account of such theories, and large cross-ventilated wards became the norm. Long rectangular wards were lit and ventilated by windows in opposite walls, beds were placed at right angles to the wall between the windows; access to the ward was at the end, past the sister's rooms, and the water closets were at the other end. The pavilion plan combined wards of this type, which required open air on three sides, into a single building.

A variation on this design became known as the Nightingale ward, since it incorporated Florence Nightingale's ideas on efficient hospital organization. Access to it was at one end only, reducing the risks of polluted air spreading to other parts of the hospital. The sister's room had a window overlooking the ward, so that close supervision of the patients and of staff was easier.

The work of Pasteur in the 1870s in showing the role of bacteria in passing disease from one patient to another discredited the miasmatic theory of infection and pavilions were recognized as unnecessary. By the beginning of the twentieth century, hospital designers favoured compact, many-storied buildings.

The pavilion plan had been adopted in lunatic asylums for the same reasons that made it popular for general hospitals. But although anxieties about infection spread had diminished by the end of the nineteenth century , a continuing advantage of the pavilion was the ease of supervision it allowed which was particularly important for the confinement of the insane. Each ward was like a miniature hospital where missing patients or intruders would always be noticed and constant surveillance was possible. The segregation of patients with different conditions was readily achieved under the pavilion plan, since each ward was self-contained.

### History of Place:

A sale of Melbourne suburban and rural land around Melbourne was held in Sydney on 12 September 1838. This sale included some land in the Heidelberg area. Heidelberg until the 1850s had a reputation for being settled by wealthy residents with impressive estates and houses. The influence and energies of the Heidelberg gentry resulted in the building of the Plenty Road from Melbourne in 1846-7, 'the first made road in the colony'. This road opened up the area for farming and trade. The agricultural settlements at Heidelberg and Bundoora were well-established by the time of the gold discoveries in the 1850s and could produce fruit, vegetables, dairy products and poultry for the growing population of Melbourne. By 1858, the parish of Keelbundoora was a major producer of wheat, oats and barley as well as potatoes, mangel-wurzels (used for cattle food) and hay.

The Strathallan estate was the name given to the land settled by the McLean family in the 1830s. The land consisted of Portions 9 and 10 in the parish of Keelbundoora. The title of Portion 9, consisting of 640 acres was purchased in the Melbourne land sale of 5 February 1840 for £816 in the name of Neil McLean, a ship's master, whose father, Allan McLean and family had emigrated from the Isle of Coll, Scotland to Van Diemen's Land in the early 1830s. Allan McLean moved to Port Phillip and lived on Strathallan until his death. The census of 1841 lists 30 residents of Strathallan, all occupied as gardeners, stockmen or persons employed in agriculture. The

dwellings completed on the farm to that date were constructed of timber. Ten of these workers held tickets of leave. In 1842 Neil retired from his sea captaincy to become a pastoralist, selling Portion 9 to his brother Malcolm who also purchased the adjoining Portion 10 (1035 acres) in 1842. A Mr McLean of Strathallan is listed in the 1856 Melbourne Directory as a farmer and a bullock wagon contractor. The McLean family returned to Scotland in the late 1850s and the land was leased, in smaller holdings, to tenant farmers. Later the land was subdivided and further transactions split up the original holding. Part of it eventually returned to government ownership administered by the Closer Settlement Board. In 1909 the Strathallan land of approximately 1000 acres was amalgamated with the Mont Park Estate of 208 acres which had been purchased for asylum purposes some years before.

On the Strathallan property, one of the largest dairies in the Preston district was run on land leased by H. Bamfield. The dairy herd consisted of 260 cows and the farm produced its own fodder. The farm operated until about 1908-9 when the Victorian government purchased it for the Closer Settlement Board.

### Establishment of the Hospital

The Mont Park Psychiatric Hospital was established prior to the First World War. The Lunacy Act of 1903 allowed for a new position of Inspector-General of the Insane. This post was filled by Dr Ernest Jones from 1905. Jones, who had previously worked at various English country asylums, was in charge of 4768 patients in six asylums, the Gaol Ward at Ararat and the institution for the mentally retarded at Kew, then known as the Idiots Cottages.

Dr Jones was critical of the existing conditions for the insane in Victoria. The creation of the post of Inspector-General gave increased powers to the head of the Department, and also meant the official recognition of asylums for the first time as hospitals for the insane. This change of nomenclature was an important one. It implied an official acknowledgment for the first time in Victoria that psychiatric conditions were illnesses. Earlier attitudes towards the insane suggested that the first task in dealing with mentally incapacitated people was to contain them so that they did not hurt or interfere with the rest of the community. The links with imprisonment were strong and treatment was a secondary consideration. The previous title of asylum rather than hospital and the naming of the government department responsible for the insane as the Lunacy Department did not convey the idea that the inmates were patients, sick people who needed treatment and care. The context for the building of Mont Park was therefore a significant departure from previous practices and attitudes towards the mentally ill.

As Jones described the asylums in 1905, there were many deficiencies to be attended to:

The fabric of all buildings was being neglected and funds for repairs were down to zero. Gas was the illuminant sufficient to make darkness visible in all wards except at Sunbury where kerosene lamps were in use. There was no system of water-borne sewerage anywhere and in some country asylums there was a recurrent insufficiency of water and water pressure. There was no telephone systems, locks were defective, and there were no labour-saving devices in the kitchens and laundries. In the latter, open fires and stoves were in use for the heating of irons and the airing of clothes, and in the wash-houses from 20 to 50 females spent many hours a day at the wash-tub, standing on duck boards and in an atmosphere so heavily charged with steam that they could hardly be seen at work. The kitchens were equally as bad except the main kitchen at Kew where females had recently been introduced and some new types of cooking vessels installed. Otherwise the cooking was in the hands of male cooks and patients, and the conditions were more than primitive; they were in fact disgraceful ... The wards themselves were ill lit, badly ventilated and overcrowded to the extent of 15% at least; the airing courts surrounded by high walls or stockade fences, usually shut out any view whatsoever of the country. There was no provision for the isolation of patients with infectious diseases ... In the asylums at Kew, Ararat and Beechworth, there were dangerous upstairs dormitories from which there were inadequate or no alternative exit in case of fire; and the appliances for fighting an outbreak were antiquated and inefficient. The tower dormitories at Kew especially and at Ararat to a less extent, involved considerable risk to patients and staff. Perhaps the worst features of all were the wooden hutments at Yarra Bend and the criminal ward at Ararat. The male division at Ballarat was overcrowded, ill ventilated and without adequate sanitary accommodation.

In 1909, the Royal Park Hospital for the Insane opened, and in January 1910, plans for a new lunatic asylum at Mont Park were announced. The first aim in this was the closure of the inadequate facilities at the Yarra Bend Lunatic Asylum. Eventually it was planned to take in the inmates of the Idiot Asylum at Kew as well as to allow for the annual increase of chronic patients across the state and to allow the closure of the Kew Asylum. The Department had purchased the Mont Park Estate of 208 acres, which Dr Jones considered too small for a metropolitan asylum. The Strathallan property of nearly 1000 acres had been resumed by the government for closer settlement, and the two sites were amalgamated for the new asylum. The extensive site would permit 'an organized scheme for the provision of institutional accommodation, sufficient if needs be, to dispense with the

Metropolitan hospitals entirely'. It was estimated that the new buildings would cost £350,000 and that they would accommodate 1800 patients.

The first buildings were to be on a site chosen in the Strathallan Estate, and as the institution was extended, it was planned to place other wards' on points of that estate and on Mont -park'.

Dr Jones believed that the site had many advantages. 'Elevated ... pleasantly undulating and park-like, containing several excellent building sites and a good proportion of excellent farm land', it was barely ten miles from the centre of Melbourne. There was a railway line nearby, and the principal water main to the city passed within a few hundred yards. The site was provided with other resources: a good quarry of bluestone, as well as gravel beds and sand, so that the buildings, Jones predicted, could 'be economically constructed of concrete'.

It was argued that the large site was necessary to provide for "a properly equipped farm, with all the necessary accessories of silos, dairies and other buildings". The farm produce would be used by the other metropolitan asylums. This was part of the current philosophy of treatment for psychiatric patients in that it was believed that occupation in peaceful rural surroundings would contribute to patients' recovery. A rural setting away from population centres was considered important in the treatment programme. The opportunity for physical labour for male patients was favoured because it gave them occupation and made their management easier for staff. The choice of the site was a gendered decision; women's occupations within lunatic asylums were generally the indoor tasks of housework, laundry and sewing which could be carried on in an asylum wherever situated. A rural setting also had the advantage of removing people who were seen as troublesome and difficult members of society from contact with the rest of the population. Both these aspects of psychiatric administration were derived from nineteenth century practices in England and the United States.

It was proposed that the buildings at Mont Park would be designed "on the pavilion system", and the first buildings would be four wards for 160 male patients who would be occupied in farming and gardening, the necessary farmstead buildings and accommodation for the staff. The Farm Workers' Block was opened in 1912 to accommodate 160 patients who would be occupied on the farm. It was planned that the main building should accommodate a further 700-800 patients. The total cost of all the buildings at Mont Park was by then expected to be £359,000.

On 1 May 1913, a second ward block, built "for paying patients", was opened, but was used for 'quiet' female patients instead, due to the pressure to accept patients from the Yarra Bend Asylum. Most of the initial intake was made up of chronic cases from Yarra Bend.

### Landscaping the Grounds

The importance attached to the physical environment of the asylum in the nineteenth century for the treatment of psychiatric patients was carried on in the twentieth century in Victoria with the appointment of Hugh Linaker to the position of Head Gardener at the new institution at Mont Park.

#### Linaker

Linaker, born in Ballarat on 4 June 1872, was one of nine children. At the age of 14, he was apprenticed as a gardener to the Ballarat Gardens. He was responsible for the layout of the Victoria Street gardens/plantation and was awarded a 20 guinea prize for his design. After 14 years at Ballarat, he was awarded the post of curator of the Ararat Gardens out of 96 applicants. He held this position from 1901 to 1912, when he became Landscape Gardener at Mont Park. In 1933, he was appointed Superintendent of Parks and Gardens for Victoria (Herald, 9 September 1933; Aitken, 1992).

During his career Linaker was responsible for the design and maintenance of the grounds of all mental hospitals in the State. He was also involved in the design of Buchan Caves reserve in 1929, and the approaches to the Shrine of Remembrance in 1933, the Yarra Boulevard beautification scheme and the Yarra Bend National Park. Linaker's advice was sought by many country municipalities for the planning of public parks and gardens including Ararat Botanic Gardens, Alexandra Park, Stawell, the Herbert Gardens, Box Hill, and the Pioneer Women's Memorial. He planned the plantations for the model township of Yallourn, commissioned by Sir John Monash and the the Road Plantations on Geelong Road. He advised also on the gardens at Stonnington, Malvern and at Burnham Beeches. In 1938 Linaker prepared a plan for the draining of Lake Augusta (now the sunken oval) at Castlemaine. Linaker was a (founding?) member of the Tree Planters Association (Argus, 1938).

In 1940 a memorial to Linaker was unveiled in Alexandra Park, Stawell. There is also a plaque to him at the entrance to the Geelong Road. Hugh Linaker died on 10 October 1938 at the age of 66. He was cremated at the Necropolis, Springvale and his ashes were scattered in the garden of his home at Hawthorn. There is a



headstone to him at Heidelberg Cemetery.

## Mont Park

Mr Hugh Linaker commenced employment as superintendent of parks and gardens at Mont Park in April 1912. In July 1912 the first patients arrived from Yarra Bend for housing in the Farm Workers Block and the piggeries became the first farm activity. By the end of the year, Linaker was making good progress in landscaping and preparing ornamental gardens. Plantings also occurred along the roadways.

In 1913 Linaker constructed a pair of ornamental 'nymphae ponds in front of the Farm Workers Block. Visitors to the asylum noted the 'country air, cheerful environment and home like conditions which would improve the conditions of the patients'. Mr Linaker continued in 1914 to shape the gardens and plantations around the hospital. It was also reported that the gardener and farm bailiff were harvesting a record crop of vegetables.

The Mont Park orchard was planted in 1915 and provided with a perimeter fencing. During 1917 Linaker continued to lay out the Mont Park grounds. Such was his reputation that Linaker also acted as a landscaping consultant to other mental hospitals, prisons and local governments. A fee for his service was charged by Mont Park. Projects included the Hugh Linaker Plantation on Geelong Road and the vista of Studley Park.

By 1925 the Mont Park plantations were now nearing completion. In 1926 the central grounds of Mont Park had been laid out. Elms and wattles were planted along the road to the sanatorium. Twenty five tons of fruit was harvested from the orchard in 1928 and in 1929 the farm produced 150 tons of vegetables, 30 tons of fruit, 400 dozen eggs, half a ton of poultry, 45,000 gallons of milk, 20 tons of firewood and 300 tons of hay.

Hugh Linaker retired as Mont Park's superintendent of parks and gardens in 1937 after being one of the hospitals first appointees in 1912 (Bircanin and Short, 1995).

Photographs of Mont Park taken in the 1920s, many in 1927, show an extensively planted landscape. There were many flower beds and shrub planting along the edge of roads and paths. The palms at the entrance to the nurses home were well established and about 1.5m high while a Monterey Cypress at the Waiora Road entrance was already about 5m high. A constant landscape feature of the grounds was the retention of majestic old River Red Gums, *Eucalyptus camaldulensis* within the designed landscape. These trees remain a significant and dominant landscape element. Exotic species were introduced, both evergreen and deciduous and numerous conifers, especially pines and cypress. This contrasting form was also used by Linaker in 1929 at Buchan Caves reserve where Lombardy poplars and other deciduous trees were planted alternately with Australian natives and conifers.

At the Mont Park Store and railway siding a stand of several New Zealand cabbage trees, *Cordyline australis*. These were also planted elsewhere and at either corner of the entrance to the Military Mental Hospital along with many low growing ornamental shrubs.

In 1940 the erection of the Larundel Buildings caused the loss of the vegetable garden. In 1948 the old dairy and orchard were run down, but in 1954 a new milking plant was installed.

Linaker's work at Mont Park may be seen in the plantings in the central garden near the Chronic Wards. By 1913 he had laid out attractive plantings and a Nymphaea Lake in front of the Male Division (Farm Workers Wards) and a croquet lawn at the Female Division. Much tree-planting had been done. The nursery at Mont Park was the source of plants for all of Victoria's asylums. It was reported at this time that Linaker was already advising the other asylums on their gardens. His former residence, built circa 1912, is still in existence near Plenty Road.

## Avenue of Honour

A row of Sugar Gums (*Eucalyptus cladocalyx*) were planted in 1919, presumably under the direction of Hugh Linaker, along Cherry Street (once called Memorial Drive) to honour fallen World War 1 soldiers. The trees were planted by returned soldiers who were hospitalized in the Number 16 Australian General Hospital (Chronic Wards) at Mont Park (Macleod Progress Association, 1990).

## Military Occupation

The outbreak of World War I delayed the implementation of Ernest Jones' plans for the Mont Park Hospital for the Insane. In 1914 the Commonwealth government was obliged to set up hospitals for servicemen in each Military District of Australia and overseas. The hospitals established in Australia were of two kinds. These were

military hospitals, in which the patient was under military discipline, and convalescent hospitals, which were organized and conducted by the Australian Branch of the British Red Cross Society (later the Australian Red Cross Society). There was a need in the military hospitals to accommodate both general patients and those suffering from acute or chronic illnesses such as tuberculosis, infectious diseases, venereal disease and psychiatric conditions, which required specialised care.

In 1915, a ward at Mont Park was taken over as a Convalescent Military Hospital and convalescent servicemen patients were accommodated in the Laundry Workers Block from 1915 until 18 September 1917. This was changed to the Australian Auxiliary Hospital no. 14, that is, a specialist military hospital, and was finally closed on 26 March 1918.

An agreement was made with the Defence Department in 1914 for the latter to erect the Mont Park central block (the "Chronic Wards") for use as a Military Hospital, and for it later to revert to the State as portion of Mont Park Hospital. The buildings now known as the Chronic Wards were completed in this way in 1916 and used as the Australian General Hospital no. 16 for the duration of the war. One wing of this building was set aside for mental patients during this period.

### Repatriation

At the end of the war the treatment of ex-servicemen who were suffering from chronic war-related conditions became the responsibility of the Repatriation Department. This department was established in 1918, just before the end of the First World War to administer a system of assistance given to ex-servicemen returning to civilian life, in the form of pensions, medical care and other benefits. The treatment of patients with war-related injuries and illness required extensive facilities in each State and it was considered that patients with mental illness related to their war service required special attention. Considerable pressure was applied to the Commonwealth government to provide an entirely separate system of Military Mental Hospitals for veterans and to admit cases of war-neurosis to general military hospitals to avoid any stigma being attached to such patients. A conference held in June 1918 of the Medical Officers for each state and a number of specialists in mental disorders decided that in Victoria "neurasthenic patients should be sent to special wards in the Australian General Hospital, Macleod and carefully segregated according to the types and degrees of neurasthenia. Cases of certifiable neurasthenia were to be kept away from cases of certifiable lunacy. "

Although the Chronic Wards on loan to the Defence Department were to be returned to the State government, it was decided that the overall site would continue to be used on a shared basis between Commonwealth and State authorities. In addition the Bundoora Park Homestead was acquired by the Commonwealth for repatriation purposes.

In 1920, ten of the twelve wards in the central building were vacated by the Department of Defence: the remaining two were still occupied by military mental patients. In 1919, a special military hospital ward (now known as Plenty Building Nos. 1-3) was erected at Mont Park, and the main central block was handed back to the State for civilian patients. Convalescent ex-servicemen with psychiatric illnesses were sent to Bundoora Repatriation Hospital in 1924. The Military Mental Hospital was occupied by female patients from 1933, when additions were made to the building. (Bircanin and Short. Glimpses of the Past, Mont Park, Larundel, Plenty. 1995, p.16) As a result, in 1925, Yarra Bend Asylum could finally be closed, and all the remaining patients from there were transferred to Mont Park. In 1933 all military mental patients were transferred to Bundoora.

In 1930 a combined church and recreation hall was completed at Mont Park. This replaced an auditorium which had been destroyed by fire on 1 February 1925. It is one of the few known examples in Victoria of a recreational building for a mental hospital detached from ward accommodation. The building was later named the Ernest Jones Hall and Chapel, as a memorial to Dr Ernest Jones, who had held the position of Inspector-General of the Insane from 1905 to 1937.

In 1934, the Mental Hospitals Act was proclaimed. The Hospitals for the Insane were then officially known as Mental Hospitals. Formal occupational therapy commenced at Mont Park in 1934, following the appointment of the first occupational therapist, Miss Symes. The first dietician for the Mental Hygiene Department had been appointed in 1938 with headquarters at Mont Park, and in 1941 the first X-ray unit for the Department installed at Mont Park.

In 1935, an isolation block was built to care for patients suffering from infectious diseases. This decision was taken after an alarming number of deaths were caused by dysentery.

In 1951, Larundel Hospital was opened as a ward of Mont Park, and two years later it was proclaimed as a

separate Mental Hospital.

## Assessment Against Criteria

### Criterion A

The historical importance, association with or relationship to Victoria's history of the place or object.

The Mont Park Psychiatric Hospital demonstrates an important link with the social effects of World Wars I and II in the provision of facilities for mentally ill servicemen.

The Mont Park Psychiatric Hospital is representative of the response of the Victorian government to the requirements of the war effort during World War I in that the buildings intended for the care of the mentally ill were handed over for use as hospital facilities for the Australian Army for the duration of the war. It has important social associations in demonstrating the response of Australian society towards the repatriation, rehabilitation and treatment of war-damaged veterans, particularly in relation to mental illness as a consequence of war service.

The Mont Park Psychiatric Hospital is representative of changing responses to twentieth century health needs and particularly mental illness in the planning and development of psychiatric institutions. The garden design of Mont Park owes much to ideas about the treatment and care of the mentally ill, who were believed to benefit from a rural or natural environment.

### Criterion B

The importance of a place or object in demonstrating rarity or uniqueness.

The Chronic Ward Block is a rare example of an echelon pavilion hospital ward design.

The Military Mental Hospital is a rare example of a hospital devoted to the treatment of psychiatric war casualties.

The Ernest Jones Hall is an early and rare example of an asylum chapel-hall in Victoria

The tree planting at Mont Park comprises of the following species which are rare or uncommon in Victoria.

The *Schinus lentiscifolia* is the only mature specimen and the largest example of the species in Victoria. There is a small specimen that has a poor form, in a shrubbery on the Princess lawn in the Royal Botanic Gardens.

The two *Cupressus macrocarpa* 'Saligna Aurea' are rare in cultivation, the State's only other comparable trees are at the Melbourne General Cemetery, Footsray Park, Caulfield Park, Werribee Park, Box Hill Park, Bendigo Base Hospital, Royal Botanic Gardens (Hopetoun Lawn). Both trees are outstanding examples.

The fine *Pinus sylvestris* is rare in Victoria, the only other mature trees are known from, Taradale Public Park (x2), Tarrawingee Cemetery, Taralgon Cemetery (x3) and Beckett Park, Balwyn (x2), and Creswick Nursery.

The *Butia capitata* is uncommon in cultivation and most plantings date from early this century

### Criterion C

The place or object's potential to educate, illustrate or provide further scientific investigation in relation to Victoria's cultural heritage.

The Mont Park Psychiatric Hospital site is a representative example of the process and function of health care for the mentally ill and for ex-servicemen in Victoria in the twentieth century. The site demonstrates changes in hospital design in the twentieth century. The siting of the buildings, the use of land for farming activities and the development of the landscape design reflect ideas about the treatment of the mentally ill patients.

### Criterion D

The importance of a place or object in exhibiting the principal characteristics or the representative nature of a place or object as part of a class or type of places or objects.

The Mont Park Psychiatric Hospital site, and in particular, the Chronic Wards Block, is a representative example of asylum design in the early twentieth century.

### Criterion E

The importance of the place or object in exhibiting good design or aesthetic characteristics and/or in exhibiting a richness, diversity or unusual integration of features.

### Criterion F

The importance of the place or object in demonstrating or being associated with scientific or technical innovations or achievements.

### Criterion G

The importance of the place or object in demonstrating social or cultural associations.

The Mont Park Psychiatric Hospital demonstrates an important association with the work of mental health reformer Dr Ernest Jones, whose philosophy and planning underlay the establishment of the psychiatric facilities at Mont Park and the associated institutions and whose link with the site is commemorated in the chapel named after him.

The remaining landscaping of the central garden and other areas and plantings at the Mont Park site and the Head Gardener's House are associated with the work of the important Victorian landscape gardener Hugh Linaker.

The Military Mental Hospital is the only purpose-built institution in Victoria associated with the treatment of shellshocked ex-servicemen after World War I and was built in response to a demand for accommodation and treatment facilities for the veterans which were separate from those for civilian psychiatric patients.

Criterion H

Any other matter which the Council considers relevant to the determination of cultural heritage significance

## **Extent of Registration**

1. All the buildings marked as follows on Diagram 1872 held by the Executive Director:

B1 Chronic Wards

B2 Ernest Jones Hall

2. All the land marked as follows on Diagram 1872 held by the Executive Director:

L1 land associated with B1 Chronic Wards and B2 Ernest Jones Hall

L2 land associated with the Avenue of Honour along the north side of Cherry Street and the east side of the entrance road

3. All mature examples of the following tree species which occur within the land marked L1 and L2:

*Eucalyptus cladocalyx*

*Schinus lentiscifolius*

*Butia capitata*

*Cupressus sempervirens* 'Stricta'

*Eucalyptus melliodora*

*Cupressus macrocarpa* 'Fastigiata'

*Phoenix canariensis*

*Pinus canariensis*

*Pinus halepensis*

*Pinus radiata*

*Cupressus macrocarpa* 'Saligna Aurea'

*Washingtonia robusta*

*Corynocarpus laevigatus*

*Eucalyptus camaldulensis*

*Cupressus macrocarpa*

*Quercus canariensis*

*Quercus cerris*

*Quercus acutissima*

*Chamaecyparis funebris*

*Cupressus torulosa*

*Cupressus lusitanica*

*Cupressus glabra* 'Hodginsii'

*Cupressus macrocarpa* 'Aurea'

*Quercus suber*

*Angophora costata*

*Cupressus sempervirens*

*Ulmus procera*

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*This place/object may be included in the Victorian Heritage Register pursuant to the Heritage Act 2017. Check the Victorian Heritage Database, selecting 'Heritage Victoria' as the place data owner.*

*For further details about Heritage Overlay places, contact the relevant local council or go to Planning Schemes Online <http://planningschemes.dpcd.vic.gov.au/>*