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Peel Island

Paradise or Prison?

by Peter Ludlow

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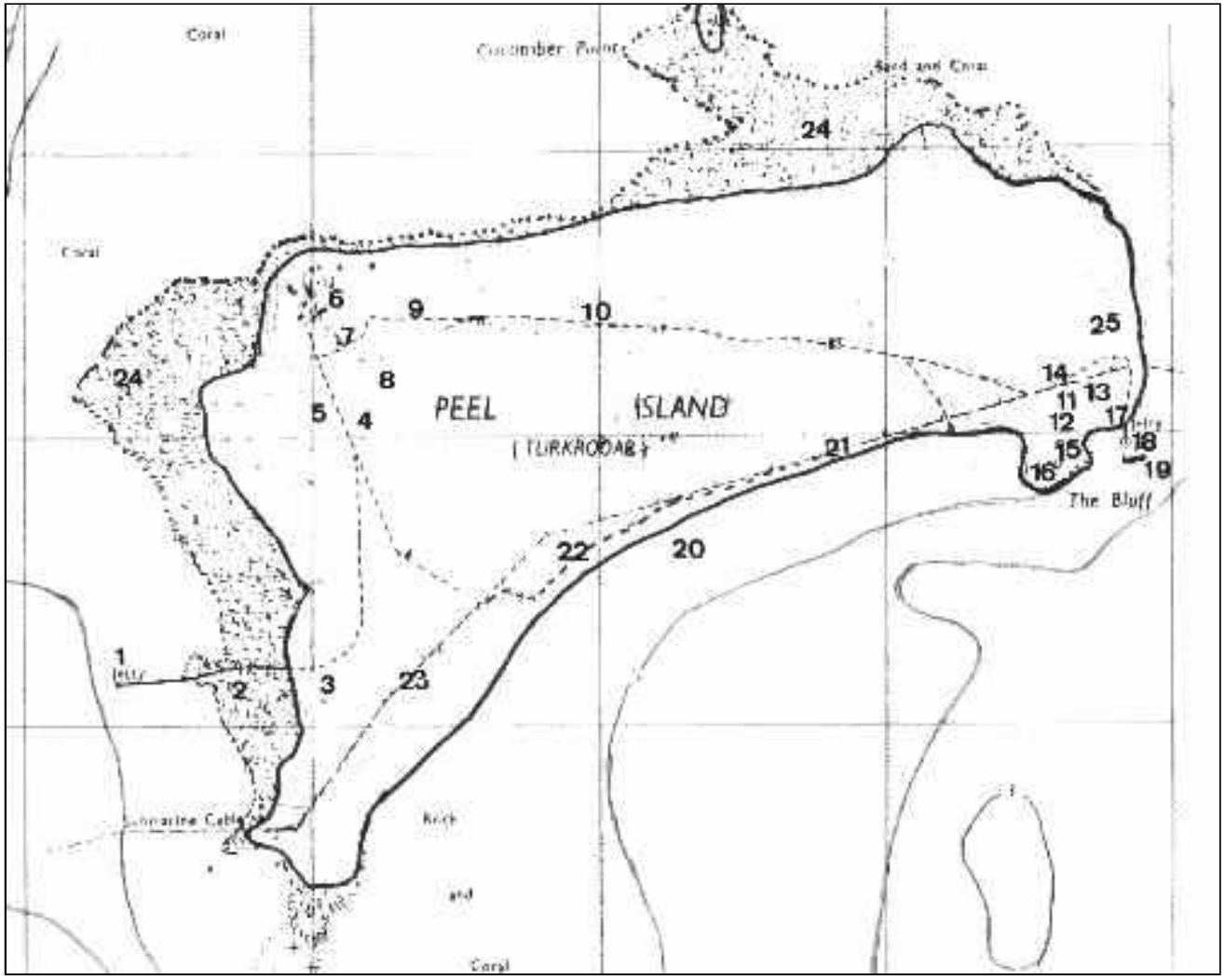

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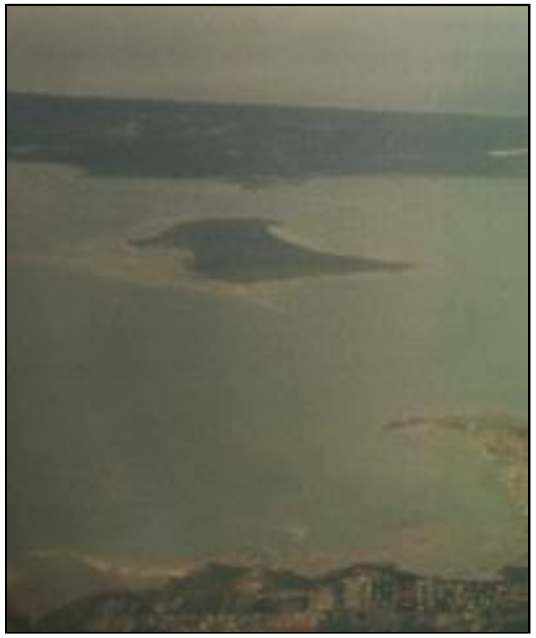


Peel Island From the air 1990s
(Ormiston in foreground, Stradbroke Island in background)

A FOREWORD ON LEPROSY

This account is based on the view we had of leprosy in the period 1940 51;1950 and upon which treatment was based.

Leprosy is a bacterial disease caused by Mycobacterium leprae, an organism in the same genus as that causing tuberculosis, Mycobacterium tuberculosis, but differs from it in its behaviour. M. Tuberculosis lives happily outside tissue cells but M. Leprae is not able to do so and is found, virus-like, inside cells where it grows relatively slowly.

In those days, M.leprae had not been grown outside the human body and rat-leprosy was used as a laboratory model. Diagnosis depended on clinical signs and possible infectivity (hence segregation) upon finding typical organisms in body cells taken from under the skin - these were the 'smears' mentioned elsewhere in the text of this book.

The disease produced by M. Leprae as with other bacterial and viral diseases, is the result of the interaction between the organism and the tissues of its host. The degree and speed of this reaction varies from person to person and thereby gives rise to different manifestations of the disease.

At one extreme the tissues tolerate the organism well - both appear to live happily together for very many years with the organism spreading through various tissues (skin, liver, kidneys, and nerves) and reaching large numbers. Over this period the host may show no signs of disease and feel well. In due course the cells begin to rebel against the load of mycobacteria and tissue reaction begins with thickening of skin, loss of hair, some lethargy and other signs of the lepromatous form of the disease.

At the other extreme the tissues do not tolerate mycobacteria at all but destroy it so that no disease results. This seems to be the case now for the overwhelming majority of Europeans and Asiatic people. The history of the disease and the local experience suggests strongly that it has not been so in the past.

Near this extreme some invasion and multiplication of mycobacteria occurs but the body reacts fairly rapidly to enclose them in fibrous tissue. Where this occurs within the sheaths of nerves the swelling cuts off nerve fibres: this leads to loss of feeling for light touch and heat which is characteristic of the neural form of the disease. These losses are noticed especially in fingers and toes and may lead to unnoticed burns or other damage which may lead to ulceration. In these cases mycobacteria cannot be found by ordinary tests of skin cells: nowdays nerve biopsy may be used to confirm the diagnosis. Such cases were not regarded as infectious and were not segregated - nor did they receive any specific treatment.

Between these extremes, cases presented a great variety of mixtures of neural and lepromatous types which, in the absence of treatment, were apt to change the degree to which one or the other type predominated.

The products of the dead mycobacteria produced varying degrees of allergic reaction. At times this could be very severe and treatment of it was limited. It was usually regarded as a good sign to be born with fortitude.

Infection with M.leprae was not as lethal as with M.tuberculosis, and death could rarely be ascribed to it alone. When it could it was usually due to severe damage to liver or kidneys. Indirectly, there were deaths due to secondary infection of lesions leading to septicaemia or to tetanus from unnoticed wounds. In other cases the infection placed an added load on diseases from other causes, but for patients who were otherwise healthy, most seemed to live out their normal term.

The distribution of the disease in Queensland was uneven, not so much geographically as in the type of people affected. Though people of European origin far outnumbered the native Australians, in the latter there were more cases and the average age of onset was lower.

The picture suggested different susceptibilities to the disease and recalled, in a lesser degree, the devastating effect of the introduction of diseases such as measles among the natives of both Australia and the islands of the Pacific Ocean. These diseases became both more widespread and more lethal than they were among the Europeans. The degree of lethality, at least, suggests a genetic insufficiency in the people.

On top of these racial differences in Queensland we had a striking pattern of familial distribution - groups of parents and children or brothers and sisters affected. The accepted reason for the familial occurrences was equal exposure to infected cases, often in households. There was some support for this from at least one group of patients, not related to each other, apparently coming from a railway construction gang which had worked and camped together for some time.

However, examination of the records we had up to 1950, incomplete though they were, showed that, in the relatively large families of those days, not all children of an infected parent developed the disease - rather that where one parent was infected, less than half the children would contract it, but where both parents were infected, more than half the children were apt to develop it. This suggested strongly that a genetic resistance was involved and that this would explain all the unevenness of the distribution.

Though I had arrived at the hypothesis by 1948, it was not until I had left Peel Island in 1950 that I was shown a paper published in 1932. Acta Dermato-venereologica by Dr E.H.Molesworth of Sydney in which he suggested a logical explanation for the rise and fall of leprosy in Europe - the fall particularly being in the context of inadequate diagnosis and no effective treatment: in the face of inadequate diagnosis and the lack of clinical signs until late in the more infectious lepromatous type, segregation would do little to reduce the sources of infection.

He suggested that the disease had entered Europe with the Roman legions, which had acquired it in Asia, and began a slow epidemic which reached its peak in 1200 to 1300 A.D. and declined steadily so that the last areas to be infected were also the last to lose it eg. Scandinavia, the Shetland Islands, and Iceland. By early this century the disease had virtually disappeared from Europe.

He contended that the fall was due to a process of natural selection in these populations. This is understandable when one realises that, in a population not previously exposed, the young are very susceptible. The disease itself may not kill, but it makes the victim more susceptible to other diseases and to the then often fatal secondary infections of ulcers and burns. In males a heavy infection affects the testes and the victim becomes sterile.

Thus the net effect of the disease arriving in a highly susceptible population is to reduce the chances of those who are susceptible passing this character on to the next generation. As generations follow, the proportion of susceptibles falls.

At the height of the epidemic a high proportion of those who are susceptible to the disease will contract it. Some of these will have already passed on their susceptibility to their children; others will be too young to have had children so that their susceptibility will not be passed on.

As the epidemic wanes the proportion of susceptible people and of cases falls. With the fall in the number of cases the chances of a susceptible person coming into contact with the disease falls. Thus susceptibility can be passed on with less risk of infection showing that it is there: especially less chance of infection before the susceptible person has children who may grow up and have children of their own before their parent shows any signs of disease.

Thus the population at the end of the epidemic and beyond will contain a low proportion of people susceptible to the disease, enough to account for the very low case rate among Europeans. It is interesting to note that the case rate in India is much the same as

Among Europeans exposed to the disease and that India's large number of cases is more a reflection of the large population than of susceptibility.

The mechanism of transmission of M.leprae was unknown. Close and prolonged contact seemed to be needed but one had to postulate individual resistance to infection to explain the lack of uniform infection in families and in others closely associated with cases. Defective nutrition could be involved in some cases, eg those who had been living on a salt beef and damper diet for years and was supported by some work on rat leprosy where it was shown to be easier to transmit the organism if the rats had been kept on a diet deficient in vitamin B: also by the recovery of patients at Peel Island, albeit slowly, with better nutrition in the absence of any effective specific treatment. That would have explained in part at least, individual susceptibility but said nothing as to the passage of M.leprae from person to person.

One difficulty in solving this was that the mycobacteria were in the skin of the lepromatous patients, not on its surface. During the 1940s, Jack Fielding of the School of Public Health and Tropical Medicine, Sydney, spent a week or so at Peel Island examining urine and faeces for mycobacteria and he found them, as I recall, most abundantly in the excreta of frankly lepromatous cases and least or none in those which were predominantly neural types. Since no laboratory culture technique existed whereby the identity of these mycobacteria could be proved, the matter had to be left there. There had to be some doubt about the mycobacteria found in the faeces due to the presence of harmless species found in nature, but far less doubt about those in the urine.

This work did suggest strongly, however, that soil contamination by excreta could be at least one of the mechanisms of transmission. This idea was strengthened by a batch of cases from Rockhampton with no history of case contact but who all came from an area subject to flooding of its pan toilets. Improved sanitation may have played an important part in reducing the incidence of this disease as it had done with others.

E.J. REYE

14th September 1988.

Dr Eric Reye, late 1940s

AUTHOR'S NOTE

IT IS NOW a quarter of a century since the Lazaret (Leprosarium) on Peel Island was closed: a fitting time for objectivity in this appraisal and, as the last Peel islanders approach their three score years and ten, for recording memoirs before they are permanently lost.

What was life at the Lazaret really like? A prison, or a paradise, or both- a paradox of heaven and hell? You, the reader may draw your own conclusions.

In the course of my Pharmaceutical duties at Brisbane's Princess Alexandra Hospital, I have been privileged to meet many of the ex-patients and staff from the old Lazaret. Their stories are remarkable and, as yet, unrecorded. I hope the following pages will serve to rectify this situation.

What follows does not claim to be a complete history of Peel Island, it's more of a personal viewpoint, but one which I hope may be of assistance to those who follow, notably the students and masters of the Anglican Church Grammar School ("Churchie") in whose hands the present chapter of Peel's history is being written.

My thanks to the following for their time and assistance: June Berthelsen, Mr & Mrs H.Cowell, Sr Mary Conrad, Sir Abraham Fryberg, Mrs Gabriel, Charlie Irvin, Robert Lace, Jordan McMillen, Chris McCotter, Rosemary Opala (Fielding), Sr Mercy Mary, Sr Mary St.Rita, Mrs C.Pavey, Eric Reye, Dr D.A.Russell, Nr Sally Shields, Robyn White, Joan Woolcock, Jim Young, and to those who do not wish to be identified, especially 'Alex' and his wife, 'Matt', and my late friend 'Jim' who died before the completion of this book.

Special thanks to Eric Reye for his proof reading and to Rosemary Opala for her wonderfully atmospheric sketches.

William Channing once wrote: "God be thanked for books. They are the voices of the distant and the dead, and make us heirs of the spiritual life of ages past."

To all the ex-Peel Islanders, I dedicate this text.

Peter Ludlow (July, 1987)

INTRODUCTION

A STRANGE AURA still permeates Peel Island.

It greets the visitor at the Western jetty then lingers respectfully just out of reach. It is as intangible as the moan of the pine needles, the screech of the cicadas, and the large black crows' challenge to the heavy atmosphere.

In the deep shade beneath the canopy of ancient pines, a dank carpet of decaying leaves and pine needles assails the nostrils. Then at eye level, tree trunks, blackened from past bush fires, stand out starkly against the grey backdrop of the dead lower foliage. Only above, high against the blue sky, do the leaves become green.

The aura is history - man's history ; still peeking through from an age now past. In shell midden mounds lies the rubbish of past aboriginal feasts. In the cellblock at The Bluff, the echoes of the inebriates' shouts. And in the cemetery amongst the gums, the exile of the Hansen's Disease (Leprosy) patients.

Everywhere, Nature intrudes on Man's remnants. The bush is taking over once again.

At the Lazaret (Leprosarium) site, the old hospital is now garbed in Lantana and thick foliage. Vines creep through broken windows and encircle the empty beds.

Nearby, the doctor's house, now deep in trees, wears a thick thatch of Pine needles and a heavy mulch of leaves covers what was once its well kept lawn. On its small verandah, magazines and a Readers Digest dated 1960 are still in surprisingly good condition despite their quarter century exposure to the elements.

The cooks' quarters still sports a large enamel bath as its sole piece of human memorabilia, but the water has long since been disconnected.

Below the embankment, two tin sheds stand dilapidated on the beach. Once used as fuel stores for the settlement's boats, the oil impregnated wooden floors remain well preserved against the elements. Fuel tins and spark plugs still litter the floors and the familiar smell of diesel oil belies the passing years.

There is a sense of sudden abandonment.

Along the embankment below the men's compound are strewn the remnants of fifty years of human habitation:

Empty bottles predominate, and provide a clue to the social habits of their former owners: beer bottles are most prevalent - they are in their hundreds - but we also find corked medicine bottles, liniment bottles, sauce, cordial, Dexsal, and an ink

bottle (no ball-point pens then), an earthenware whiskey jar, and at the other end of the drinking scale, a teapot with a sapling growing through a hole in its rusted base.

Also in great profusion are dry-cell batteries in clusters of thirty. These were used to power the patients' radios in a settlement not blessed with electricity.

Enamel and iron containers of all shapes and sizes still proclaim the era predating our present plastic age. Cups, buckets, a sink, high backed wash tubs, sanitary pans, an enamel 'potty', and many large galvanised tanks all hint at a community without the benefits of running water and sewerage.

Annuals still flower in orange brown profusion at the top of the embankment, and pink Crocus lilies pop up from the quadrangle's lawn when the grass is not mown. Elsewhere the red spikes of Gladioli and the whites and pinks of the Oleanders still splash colour in the now deserted bush.

To the searching eye, Peel reveals much. It is full of history: a badly managed museum, which Nature is slowly reclaiming. It teases the inquiring mind with questions. It provides clues, but not answers. In the deep shade of the leaf-covered graveyard, well to the rear of the settlement, one is acutely conscious of history lost. The seventy graves here can tell us little now, for even their names are missing. Many are just numbers. Only two are readable: "In memory of Francis, departed this (life) on Oct 15, 1951. Jesus Mercy" and "In loving memory of Rose Donovan, died 24th March, 1912. At rest."

Francis' grave, Peel Island Cemetery, 1988

Today, the remnants of Peel's past are to be found elsewhere: in Government Archives as official reports, enquiries, letters, statistics, plans, and maps. Its memory still lives, too, with all those people who have been associated with the island: the patients, staff, and visitors. What follows is largely a collection of their reminiscences, spoken with hindsight, slightly clouded by the passage of time, yet of sufficient distance from the events to enable such thoughts to be finally put into words.

1

A PLACE FOR EXILES

HOW PEEL ISLAND BECAME A HOME FOR MORETON BAY'S OUTCASTS

A MAJOR CONCERN of any Government is to protect the health of its citizens. Of most concern, perhaps, is an outbreak of contagious disease amongst its general populace. When the colony at Moreton Bay ceased to be used for penal purposes in 1839 and was thrown open for free settlement, the resulting flood of foreign immigrants inevitably brought its associated diseases. Many of these were contagious - the most feared being cholera, typhus, and smallpox - outbreaks of which could decimate whole communities.

Worried by the possibility of such an occurrence in its Moreton Bay settlement, the N.S.W. Government in 1850 asked Captain Wickham to select a site for a quarantine station. He chose a place which was isolated yet accessible, abandoned yet still a name on the map, and possessing a good deep water anchorage and its own supply of fresh water - the old unloading site of Dunwich on Stradbroke Island.

Here, a ship's crew and passengers could be held if one of its numbers should be unfortunate enough to be diagnosed 'contagious'.

***

In man's world, as in Nature's, the colour yellow signifies 'caution' - hence the sight of the Yellow Jack (as a ship's flag of infectious disease was known) must surely have sunk the hearts of Moreton Bay's early health authorities.

And they didn't have long to wait for business either! In September 1850, the "Emigrant" arrived with 64 typhus sufferers aboard. 26 died, as well as the ship's surgeon and Dr Ballow, Brisbane's resident surgeon.

For the next quarter of a century, Dunwich was to continue as a quarantine station. Fortunately, for much of that time, its buildings were unoccupied, their use only being called upon when the need arose.

By 1864, however, the Moreton Bay colony had acquired another type of unwanted citizen in the form of old and infirm paupers, and the badly disabled who were unable to care for themselves. There were no Social Security payments then,

and in an effort to house them, the newly formed Queensland Government established a Benevolent Asylum in May of 1864 in the old quarantine buildings.

The decision was one of expediency for, although the idea had merit, there were great practical problems when Dunwich was required for quarantine purposes. Such times occurred in 1864 and 1865 and the Benevolent Asylum and its inmates were forced to shift house until the period of isolation was over. (3,5)

To ensure some stability for the Benevolent Asylum, the Government finally decided to move the quarantine station. At one stage it had considered shifting it to St Helena Island, and prison labour from a hulk moored nearby was used to begin construction of the buildings. However, it was decided that St Helena would prove a better site for a prison, so the quarantine station had to find another home.

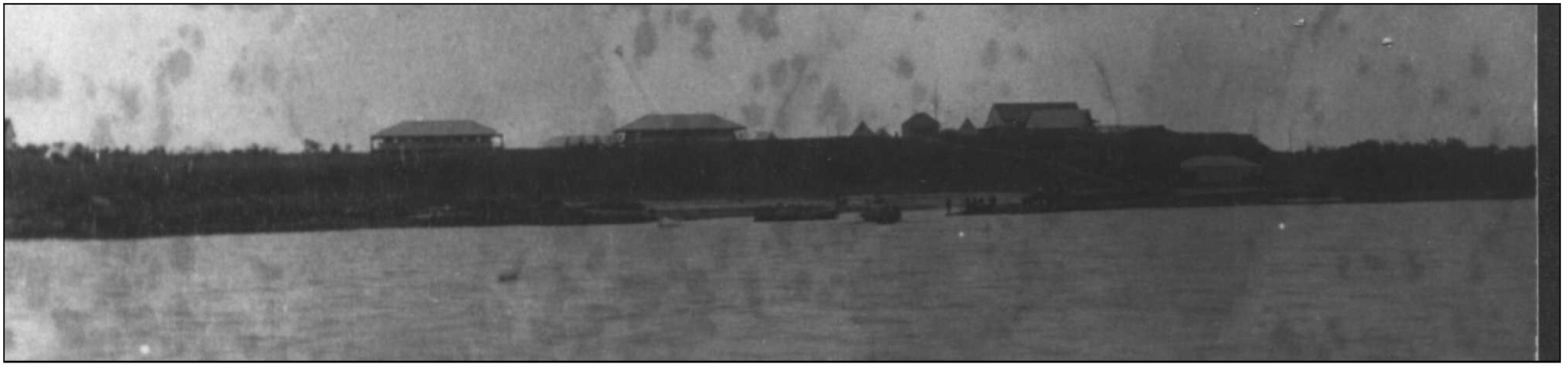
The Government needn't have looked so far, for immediately across the narrow expanse of water from Dunwich nestled an ideal spot, which shared all the essential attributes of Dunwich - the low, tree-clad island of Peel. In addition, the Medical Superintendent of the Benevolent Asylum at Dunwich could also be placed in charge of the quarantine station thus saving the necessity of making another appointment to fill such a post. So in May 1874, Peel Island was proclaimed a quarantine station in lieu of Dunwich, and ships could be seen anchored on its Bird Island side for up to three months. (2)

The "Dorunda" passengers at Peel's stone jetty, 1885

The following extract from "The Week" of January 1, 1876, provides us with a rare account of Peel Island's quarantine station at that time:

"At present there are about ten or twelve acres of land cleared, and some attempt has been made at cultivation and establishment in the way of well made walks and flower borders in front of the buildings, and between them and the Bay. A praiseworthy attempt at gardening has also been made by someone, but the result, so far, has been decidedly discouraging, judging from the melancholy appearance of the crop at the time of our visit. It speaks well for the zeal, energy, and practical good sense of the Superintendent of Dunwich, this ten or twelve acres of cleared land. It never cost the Government a sixpence, either directly or indirectly, but was all accomplished by the young and healthy men belonging to the various immigrant ships which have been quarantined, with such help and supervision as could be rendered by the Superintendent and his assistant, in addition to the performance of their routine duties at Dunwich. Nor is this the only

good work, which has been performed at the same price, by or under the direction of the Superintendent. On the beach below at the most convenient landing place, the foundation of a capital jetty has been formed, and carried out fully a hundred yards into the Bay, the material used being the shingle and boulders lying around. The boulders and the largest of the flat stones being fitted together for the purpose of an outer casing, and the middle is filled up with smaller pebbles. Even now, at low water, this jetty is exceedingly convenient, and the judicious expenditure of £5O or so under the Superintendent's direction, when immigrant ships are in quarantine, would make a jetty suitable for all the purposes required, and one which could be used at any state of the tide.



Quarantine buildings at The Bluff, Peel Island, viewed from "Dorunda", 1885

"The only buildings at the station at present are three, namely a female ward capable of accommodating one hundred; a hospital, divided into two wards, which will hold thirty beds; and another building, the front of which is used as a dispensary, and the back for a general storeroom. The buildings are all of hardwood weatherboard and covered with shingles, good sound substantial work the whole of it, as is all the work undertaken and carried out by the builder who constructed these places, Mr John Petrie. Two old men from the Benevolent Asylum are placed in charge as caretakers when there is no ship in quarantine, and on each occasion when we visited the station, every place was as clean and neat as hands could make it, and the bedding and stores all in apple-pie order, ready for use at a moment's notice. It must be a lonely life these two old men lead there. The Superintendent or his assistant takes the boat over from Dunwich twice or three times a week to carry them stores and see how they are getting along, but the visit is a very brief one, and that is the only opportunity afforded these poor old fellows of seeing a human face or hearing the sound of any human voice except

their own. But they seem very well contented with their isolation, and do not evince the slightest desire to take advantage of the opportunities for a chat, which are afforded them by these visits of the boat and its occupants. On the contrary, they are decidedly taciturn, never speak unless spoken to, and then answer in the briefest possible manner, and as though they regarded the visit as somewhat of an intrusion - to be tolerated certainly - but encouraged as little as possible.

"The buildings now in charge of these two old men are, as we said, good, comfortable, weather-proof structures, quite good enough for the purpose they have to serve, but capable of and indeed requiring some additions. In the first place, there are only three water closets, which are not sufficient. Then again1 there is only a front verandah to the female ward and no back door. This is, for obvious reasons, undesirable and inconvenient, to put it as mildly as possible. The back should be protected by a verandah, as it is exposed to the full blaze of the noonday sun, and there should be an entrance from the back. Then again, none of the roofs are spouted, and the drippings from the eaves not only make the ground all round wet and miserable in rainy weather, but they injure the buildings very materially. And what is of equal importance, perhaps, the water thus allowed to run to waste is sorely needed at the buildings, as the main waterhole from which the supply is obtained is at least a quarter of a mile away, through the long grass of the clearing and the bush beyond. In wet weather it is by no means a light or easy task to carry water from this place to supply the wants of a tolerably large community such has been located on the spot once or twice of late for a considerable period. Two galvanised iron tanks, capable of holding a thousand gallons each, would, if the buildings were spouted, provide a water- supply, which would be ample during bad weather at all events. Then again, there is no convenience for cooking under cover at the station. In the burning sun and the pouring rain alike, all the cooking has to be done out in the open air. The immigrants by the "Lammershagen" did manage to excavate little caves in the face of the cliff, which they converted into little ovens and baked excellent bread therein, but those have all fallen into decay now, and it would be hard to persuade an English, Irish, or Scotch immigrant to try the experiment.

Sandstone cliffs at The Bluff, Peel Island

The Germans are, without a doubt, much more self-helpful than the ordinary run of British immigrants, and this incident of the ovens, at the quarantine station, is only one of the many which could be given in proof of the fact. The construction of a cooking kitchen, protected from the weather, and provided with an oven and a couple of boilers is not only a necessity but is abundantly defensible on the score of economy and health alone. The people, who are put in quarantine, are put there either because they are actually sick, or are in imminent danger of becoming so. Nothing would be better calculated to restore the invalids and keep off disease from the healthy than opportunities for preparing their food in a civilised manner, and without unnecessary waste and inconvenience.

"Then again, it seems very necessary that there should be quarters provided for the pilot, who brings the quarantined vessel down to the station, so that may keep himself entirely separate from the passengers during the ten days he is compelled to remain. At present we have had no virulent contagious disease, such as typhus or small pox, on board any ship visiting our port, but no one can tell how soon it may happen that these diseases or one of them is brought in a ship. If the pilot who brings the vessel into quarantine be obliged to live with the other passengers, or on board the infected ship, it will be subjecting him to risks he ought not to run, and increase the danger of spreading the infection at the expiration of his ten days' detention.

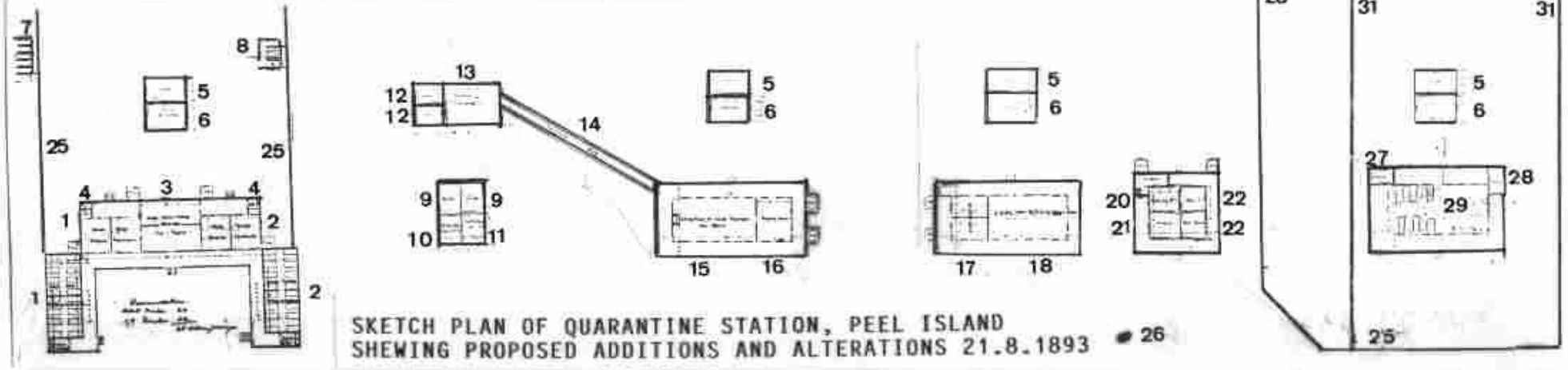
"The burying ground for the station is about half a mile from the clearing, and is situated at the north-eastern side of the island. At a very small outlay, it could be made a very pretty cemetery. A quiet snug dell-within sound of the murmuring sea, but well drained naturally, and a beautiful fine, sandy soil: just the sort of place one would like to take his last sleep in, after the worry and turmoil of a life spent amid the busy hum of men. But at present the burying ground at the quarantine station is almost as dreary and forsaken-looking a place as could well be imagined. It is not fenced round, and if any clearing has been done it is very little. There are twelve graves there, and while the German war vessel, the "Gazelle", was in quarantine, the officers of that ship, with a delicacy of feeling and a national sentiment worthy of honour, had the graves of their fellow countrymen made up and head-boards with suitable inscriptions placed at each one. Most of the dead lying there is Germans, but there are one or two graves, which show by their forlorn appearance that our own countrymen tenant them. Surely the most economical of Governments need not hesitate at spending a few pounds in having the cemetery cleaned and fenced, and from the Acclimatisation Society's nursery or the Botanical Gardens a sufficient supply of ornamental shrubs and trees could be procured to make the cemetery a really pretty place. The Superintendent at Dunwich has done this at his own expense, with such help as could be obtained from his assistants and some of the inmates, for the Dunwich cemetery; but it is out of the question for him to do the same at Peel." (18)

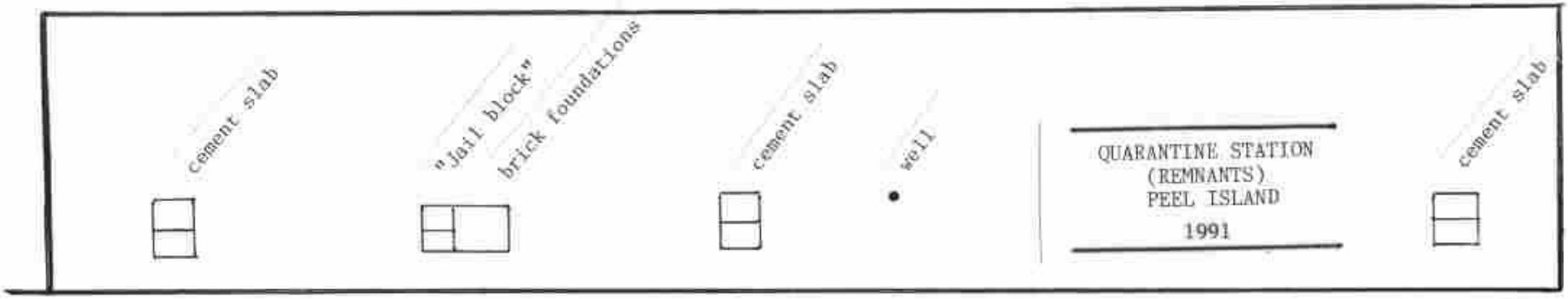
Bird Island, 1990
Some early quarantine victims were buried there

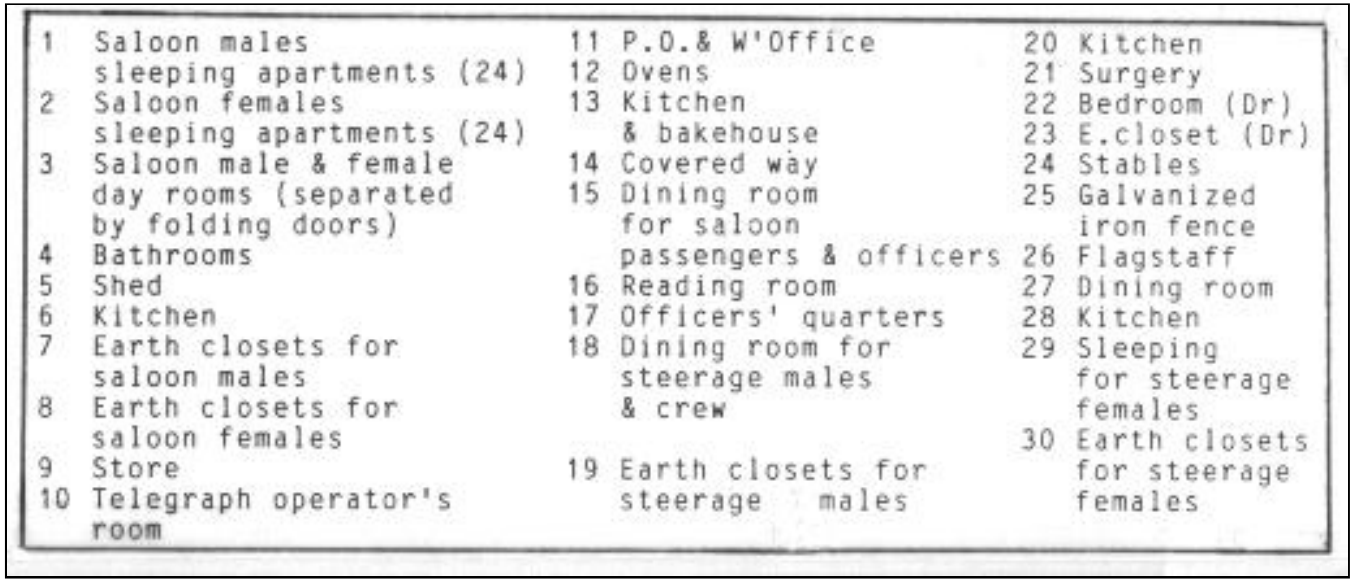
Many additions to the quarantine buildings as suggested above were subsequently carried out in 1886. These included a new Doctor's house, a new bake house, and a new ward for saloon (ie. First class travelling) passengers, a new store, telegraph, dispensary, and kitchen, as well as alterations and additions to the existing girl's ward, and the two existing wards for married people. (Total cost£1,997/11/-) (17)

From the above paragraph, it may be assumed that the two hospital wards as mentioned in "The Week" extract above were in fact for married couples only. Single women were catered for in the Girls' ward, but no provision appears to have been made for the housing of single men. Presumably they would have slept on board the ship.

1 Saloon males sleeping apartments (24)
2 Saloon females sleeping apartments (24)
3 Saloon male & female day rooms (separated by folding doors)
4 Bathrooms
5 Shed
6 Kitchen
7 Earth closets for saloon males
8 Earth closets for saloon females
9 Store
10 Telegraph operator's room
11 P.O.& W'Office
12 Ovens
13 Kitchen & bakehouse
14 Covered way
15 Dining room for saloon passengers & officers
16 Reading room
17 Officers' quarters
18 Dining room for steerage males & crew
19 Earth closets for steerage males
20 Kitchen
21 Surgery
22 Bedroom (Dr)
23 E.closet (Dr)
24 Stables
25 Galvanized iron fence
26 Flagstaff
27 Dining room
28 Kitchen
29 Sleeping for steerage females
30 Earth closets for steerage females







Further additions were proposed (and presumably carried out) in 1892. (See sketch plan). These included a new storeroom, new boat shed, new stables (for a horse and two drays) and fodder room. Alterations to the saloon female quarters were also proposed: Of the two centre rooms, one was to be made a dining room, and one a day room, while the two end rooms were to be partitioned to provide sleeping for 16 adults. The saloon male quarters were to be similarly partitioned to provide sleeping for 24 adults. Part of the steerage (i.e.second class travelling) female quarters was to be converted to a caretaker's quarters of four rooms with a kitchen on the verandah, with the rest of the building to be a dormitory for 13 adults. The back verandah was to be used as a dining room. Repairs were also proposed to the Medical Superintendent's quarters and the dispensary, as well as to the telegraph office and operators' bedroom, and bakehouse. The old storeroom was to be demolished. A new flagstaff for the display of the Yellow Jack was to be erected, and five extra water tanks supplied. All buildings were to be painted. (17)

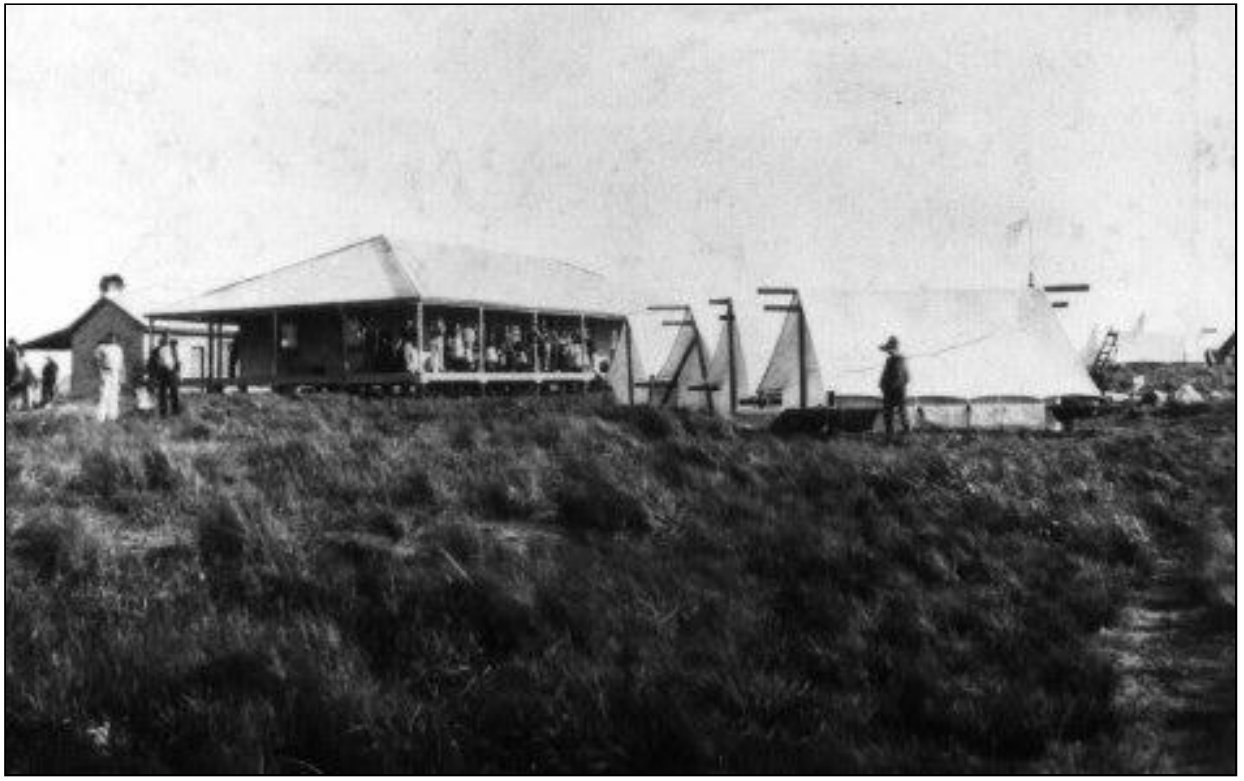
A letter from the Prisons Department of 30/5/1893 is also of interest. In answer to a request for prison labour to complete the building of the stone jetty at the quarantine station (the foundations of which were mentioned in "The Week" above) the writer agrees that prison labour is possible, but suggests that rather than use prisoners from nearby St Helena Island as previously proposed, instead 50 short-term prisoners from Brisbane Prison be used, the reason being that so few prisoners were available from St Helena. The writer also expresses some concern that the prisoners might utilise the remoteness of Peel Island to try to escape, and suggests that a concrete cellblock be first erected to house them. No confirmation has been

found that the proposals of this letter were carried out, but the cell block does exist, and the jetty was completed and, as rumour has it, by prisoners, so it would appear quite feasible that the jetty was completed by prison labour and that they also built the concrete cell block. (This same cellblock was to be used in later years to house the disorderly inebriates when they were housed on Peel from 1910 to 1916).

"Cell Block", The Bluff, Peel Island, 1990s

Some of the ships to be held in quarantine at Peel Island over the years included the "Windsor Castle" which arrived in Moreton Bay on September 16th, 1877 from Gravesend district with 366 passengers, one of whom was suffering from typhoid. The vessel was kept at Peel Island until 10th November before passengers were released from quarantine.

Dr.Challinor, who had previously come out on Dr Lang's ship "Fortitude" in 1848, was the medical officer who attended the ship. Other ships Included the "Friedenburg" from Hamburg in 1878 which was quarantined for over a month; the "Clara" which arrived with a case of typhus in 1879; and the "Dorunda", in 1885 with cholera, which was the last recorded case of this disease at Peel. (19)



"Dorunda" passengers in quarantine at Peel Island, 1885

Writing in the Courier in 1923, early Bay Historian, Tom Welsby recalls that the quarantine buildings on Peel

"Occupied a most charming site on the headland (The Bluff) looking towards the south end of the bay and towards Dunwich. As a pure quarantine station, Peel Island has, in this direction, seen many vicissitudes and many eventful phases. On the hoisting of the Yellow Jack the vessel from whose mast it fluttered was generally taken to an anchorage in the deep water between Peel and Bird Islands, and there stationed until all was well. Serious cases of illness were taken on shore for

treatment. The healthy passengers were detained at Departmental will on the island also. During one regime, in all cases of death from virulent contagious diseases the bodies were taken to Bird Island, and there, well above high water mark, were buried deep in the sand, with quick lime. In some cases there were burials on Peel Island at no great distance from headquarters.... Since that time, many another soul has been laid to rest in that Peel Island cemetery, but I regret to say a couple of years ago a fire passed completely over it, and little now remains to tell of the mortals resting there." (27)

(Reproduced with permission The Courier Mail)

The Wilson sisters' headboard in the quarantine cemetery, 1916
(subsequently destroyed by bushfires)

With overcrowding occurring at the Dunwich Benevolent Asylum, a certain amount of relief was obtained in 1904 by transferring 40 of the strongest male patients across to the Quarantine Buildings at Peel Island. In addition about 80 acres of timber in the vicinity of the Station were cleared for grazing purposes, and a further 24 acres for cultivation of crops for the use of the Benevolent Asylum inmates. However, after several years of essaying such crops as sweet potatoes, pumpkins, oats, barley, lucerne, Kaffir corn, and cow peas, the results proved most discouraging, owing to the extreme poverty of the soil on that part of the island. Even the Sisal Hemp, previously imported from the Bahamas and propagated by the prisoners on St Helena, proved to be very slow growing, although Dr Row did concede that there probably would ultimately be some slight return from it. (40)

The quarantine station was closed in 1906. However its use was required again from 1910 to 1912 for quarantine purposes. Later in 1917, the Quarantine Station was transferred to Lytton at the mouth of the Brisbane River. From 1910 until 1916 the quarantine buildings were used to house the inebriates from the Benevolent Asylum at Dunwich after which time they were transferred back to Dunwich, and the quarantine buildings demolished.

Quarantine grave, Peel island Cemetery, 1988

There was one other grave on Peel Island, which caused quite a deal of comment. This was situated at Horseshoe Bay just above the high water mark. Inscribed simply with the initials T.J. and bearing the date 1802, the markings on the wooden cross seemed to indicate that the grave could only have been that of a crew member of one of Matthew Flinders' exploring trips of that year. However, Tom Welsby was to later hear from one of the elderly residents of Amity Point that the real date had been 1892 and that one of the Amity locals had changed the date by chiselling out part of the 9, thus making it a 0. In actual fact the grave was that of T.J.Ives, a comedian and actor from Islington in London who had died at the age of 32 from smallpox after being in Queensland only a fortnight. Perhaps he would have appreciated the joke, which fooled everyone for so long.(27)

T.J.Ives' grave at Horseshoe Bay, Peel Island

2

GATHERING CLOUDS

LARGER EVENTS BEGET MORE EXILES

IN 1874 a Norwegian Physician, Gerhard Armauer Hansen announced the discovery of the microorganism Mvcobacterium leprae, the etiological agent of Leprosy. Today in Queensland and in many other parts of the world, the old and much maligned term, Leprosy, has been renamed Hansen's Disease (or simply 'HD') in honour of its discoverer. HD is one of man's oldest diseases and is thought to have originated in Asia well before the birth of Christ, and was spread throughout Europe by the Roman legions.(26)

Later Chinese migrations carried it into the islands of the South Pacific, where it quickly spread amongst the Islanders.

Fortunately Australia had remained isolated and thus free from the effects of Hansen's Disease. However, during the latter half of the nineteenth century, two events occurred here, which would change this outlook dramatically. These were the gold rushes, and the practice of Blackbirding - both of which brought a great number of immigrants into our State, many of whom were carriers of Hansen's Disease.

The gold rushes, especially those at the Palmer River on the Cape York Peninsula, resulted in many thousands of Chinese coolies flocking into the State. These were, in the main, servants who had been sent to Australia to win gold for their wealthy masters back in China. Many of these Chinese miners were carriers of Hansen's Disease, knowingly or otherwise. (Any period from six months to forty years may elapse for the disease to become manifest in its human host). (9) It is known that some of the Chinese used to co-habit with the aboriginals on the goldfields and as the aboriginals had no resistance to Hansen's Disease, it quickly spread through their communities.

In those pioneering days, white women were very scarce in the frontier towns, and white males would often cohabit with aboriginal gins, and thus unwittingly expose themselves to the risk of infection with HD. Aboriginal men were often

employed as labourers on cattle stations and could also have served as transmitters of the disease in those areas, because a significant number of white Hansen's sufferers later were to come from such stations.

When the Moreton Bay colony ceased to be a penal settlement in 1839, the colony's supply of cheap labour also ceased. Squatters were faced with the prospect of paying greatly inflated wages to those labourers whose services were in short supply. A cheap labour alternative was sought and found in the services of the Islanders populating the nearby South Pacific Islands. Sea Captains took their ships there and engaged the male villagers for a paltry fee to work Queensland's coastal fields and properties. Most Islanders came of their own free will but some unscrupulous captains were obliged to resort to force to fill their holds with human cargo.

Once in Queensland the Islanders (or 'Kanakas' as they were known locally) were 'sold' to prospective employers and set to work on the land. They were paid for their labours, some very well, and in the main their lot was not an unhappy one. Inevitably, some were exploited and treated harshly. This importing of cheap Kanaka labour (or 'Blackbirding' as it became known) was not slavery in the sense of America's exploitation of Negro labour - but it was not far short of it.

The islands continued to provide the Queensland plantations with the bulk of their labour until Federation and the inauguration of the White Australia Policy in 1901. Except for a small number able to claim exemption on the grounds of their long residence in Queensland, the last of the kanakas were deported back to their island villages in 1907. (36)

In both of this immigrant groups1 the Chinese Minors and the South Sea Island Labourers, Hansen's Disease was prevalent.

The Hansen's Bacillus reproduces very slowly and consequently its presence may not become evident in its human host for many years after infection. For this reason it becomes very difficult to determine the source of original infection.

It is now thought that the Hansen's Bacillus is transmitted via the upper respiratory tract (in the same manner as the morphologically similar Tuberculosis bacillus). (9) Dr Reye, on the other hand, still believes that the Hansen's bacillus may be transmitted by earth contamination. During his time on Peel Island, tests done on samples of patient's urine clearly demonstrated the presence of the Hansen's bacillus.

But in the nineteenth century, its means of transmission was totally unknown, and the ignorance of this, coupled with the difficulty in identifying infective persons in the community presented the Queensland Government with quite a headache as to how to deal with the problem.

The Western World, ever since Biblical times, had also been presented with the same dilemma, and its solution then was to segregate those with Hansen's Disease from the rest of the community.

LEVITICUS Chapter 13 lists the rather exhaustive tests which the Jewish Priests (who were also the community's Health Officers) were required to perform on people who were suspected of carrying Leprosy. If it was decided that the unfortunate soul was indeed suffering from Leprosy 70; "his clothes shall be rent, and his head bare, and he shall put a covering upon his upper lip and shall cry unclean, unclean. All the days wherein the plague shall be in him shall be defiled: he shall dwell alone; without the camp shall his habitation be."

It should be remembered that in the Old Testament many skin and social diseases were lumped under the general heading of Leprosy. It is doubtful whether Hansen's Disease was one of them. (10)

In the New Testament, however, some of the symptoms described did point towards Hansen's Disease being present among the Leprosy sufferers The same rules of segregation still applied as in the Old Testament, with the sick being forced to live outside the towns and to present themselves to the Health Officers (Jewish Priests) for a health clearance before they could enter.

Such rules of segregation were harsh, to be sure, but as there was no known cure, segregation was the community's only defence against the spread of Hansen's Disease.

Such methods were later used in Europe, and eventually by the nineteenth century, Hansen's Disease had practically disappeared.

Dr Reye suggests that the Hansen's Disease numbers fell in Europe because the potential for reproduction among those susceptible was reduced, especially amongst the young. Segregation does not have a good chance of halting HD because of the late appearance of signs in those who are more infective.

The outcome of this was that European Doctors lost contact with the disease and were unable to identify its symptoms. Thus, when Europeans came to Queensland last century they were in no position to diagnose this 'new' disease of the Chinese and Kanaka immigrants. (1)

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During the latter half of the nineteenth century, the following events were to mould public opinion. Through ignorance and misguided whisperings, public paranoia steadily developed:

1855 and a Chinaman, Oun Tsar, has been hospitalised in Brisbane. His symptoms clearly show that he has Leprosy, but the doctors haven't picked it. (1)

1859 and Oun Tsar has died - undiagnosed. There are other cases at the hospital, too: the South Sea Islanders. This 'Toe Disease' that so many of them suffer from - it's Leprosy, really - but once again the doctors have failed to pick it.

1868 and a wardsman at the Brisbane Hospital has been diagnosed as having Leprosy. Did Oun Tsar pass it on to him?

1877 and Ah Sam, a Chinese goldminer from the Palmer River field is arrested at Cooktown on a charge of assault. He is found to be suffering from Leprosy and is transferred to Rockhampton under sentence. He occupies a hut in the Gaol paddock. Next to this paddock is a pool in which the local urchins swim.

1888 and another Chinese minor in the last stage of Leprosy is stoned out of Irvinebark by hostile townsfolk. He is believed to have died somewhere on the road to Mareeba.(11)

1889 and although the public at large still think that Leprosy is a "foreigner's" disease, Health Authorities deem it prudent to segregate some Chinese cases at Cooktown. No need to be alarmed, though, no Queensland-born white has been known to contract Leprosy - only all those Chinese and Kanakas - and of course the aboriginals - but they catch anything. No. No cause for alarm: but better to keep clear of the coloureds.

1890 and the Government acknowledges the increasing number of Chinese cases by officially establishing a Leper Station at Cooktown. The public, though, has no cause for alarm. No cause...

1892 and a white Queenslander, born and lived here all his life, is confirmed to have contracted Leprosy - and the doctors had said it wasn't contagious to whites. His name is Quigley and as a boy he swam in a pool beside Rockhampton does that Chinese, Ah Sam occupy Gaol paddock, which housed the hut. Children are very susceptible to Leprosy, they say. The Government must act... now!

1892 and the Queensland Government has just passed the Leprosy Act of 1892. This Act formalises the detention and segregation of all those suffering from Leprosy in special

Areas to be known as Lazarets or Leprosariums. The coloured patients are sent to Friday Island in the Thursday Island Group, while the white patients are sent to Dunwich. Doctor Horace Tozer, Superintendent of the Dunwich Benevolent Asylum, is placed in charge of both. The Dunwich Lazaret is established in buildings adjacent to the Asylum's Men's Quarters to the south. After spending some time in a tent at the Brisbane Hospital, Quigley is segregated at Dunwich.

1904 and there are 12 people segregated at Dunwich. In 1905 there are 19. In 1906, 21. As has been the practice for some years, the dull lives of the Asylum inmates have been brightened by the theatrical performances Dunwich's Postmaster, a certain Mr. Agnew and his son, Laddie. The Lazaret patients are also allowed to attend. Little heed is paid to the close contact between the Leprosy patients and the Old Folk until Laddie Agnew contract the disease. The Lazaret must be moved! (2,3)

1907, and the Lazaret is moved to the North Western corner of Peel Island. It opens with the segregation of 17 people. Not only are they segregated from society but also from each other according to sex, race, and form of Leprosy. Later this year the transfer of the 40 coloured patients from the Friday Island Lazaret swells the number after its closure. (8)

1907. Biblical times: "The Leper shall dwell alone and without the camp shall his habitation be."

Amen

3

THE BAD OLD DAYS

STORMY TIMES BATTER THE LAZARET'S EARLY YEARS

ORIGINAL PLANS for the Dunwich Lazaret involved its transfer to the settlement at Amity Point but, possibly because the area had already been settled, its location was switched to Peel Island, where it opened in 1907, thus effectively rendering the whole of the island 'out of bounds' to the hundreds of boat owners and fishermen who visited Peel's Horseshoe Bay each weekend. Protests from the bay's boating fraternities were heated and numerous, and a large petition was presented to the Secretary for Home Affairs. In essence, the protests centred around Peel's close proximity to the settlement at Cleveland and the fears that blacks and sailors from that region could sail across to the island and, if not contact the patients directly, perhaps contract HD or its often associated disease TB by possible mosquito transference. (25) (It is now known that neither disease can be transferred in this manner).

Even Moreton Bay's prominent early historian, Tom Welsby, was prompted to write as late as 1923: "It (Peel) would have made an ideal township, or rather residential quarter, had mercantile buildings been erected at Cleveland and its surroundings. Had the surface of Peel been covered with well built villas and terraces a fifteen minute or less

Run would have taken the businessmen and others from Cleveland to a home where in summer time the weather is always delightful, and where north-easters and south-easters alike cool the day and evening and night with the charm of Southern Seas 70; but surely so large and conspicuous an island as Peel might have been left from the charge of having its soil so sadly contaminated (by the Lazaret)."

Yet, amidst all this public controversy, the sad fact remained that people who were unfortunate enough to contract Hansen's Disease were obliged by Law to be admitted to Peel Island for segregation and treatment. In those days, when the chance of remission was remote indeed, this amounted to a life sentence. The following account by June Berthelsen, although written during the latter days of the Lazaret, perhaps summarises the feelings of any of Peel's patients when first told of their disease, and of the resulting effect it would have on the rest of their lives:

"When I was called in, the doctor directed me to a cubicle and asked me to sit down on the chair beside the bunk. Within a few minutes she came in and, sitting on the end of the bunk, lit a cigarette. She puffed quickly and nervously, exhaling the smoke through her nostrils...

"'I'm sorry to have to break this news to you, but we've found that you are suffering from Hansen's Disease.'

"'Hansen's Disease? You mean Leprosy, don't you? I gasped almost without thinking, not realising at first what it was.

"I felt dazed. I had leprosy - that dreadful disease mentioned in the Bible, where the people shunned the Lepers. Lepers - with loathsome sores and disfigured limbs. Would I finish up like that? Would my family and friends disown me as something unclean and horrible? I remembered the fate of lepers in the Bible, how they wandered in the waste places of the desert, treated more like animals than human beings, cast out forever from their own kind. Would it be like that for me?

"I felt physically sick for a few moments, then a strange calm descended upon me. This feeling persisted for months, even after I was admitted to the Moreton Bay Hospital for treatment. It was almost as though my whole personality had changed in a moment of time. As though I had suddenly stepped into a new dimension, a New World." (20)

One can understand the Doctor's nervousness. How unenviable a task to pass on such news. For with a single sentence, she had set apart an individual from the rest of the community:

"In a daze, I crossed to the tram-stop and caught a tram back to town. The sun seemed darkened. As I looked around me at all the people sitting in the vehicle, I wondered what they would do if they knew a person with Hansen's Disease was in their midst?" (20)

The effect on the patient's family was equally disastrous as in the case of an octogenarian at Wynnum's Moreton Bay Nursing Care Unit: Imagine yourself as a small boy arriving home from school one afternoon to find it occupied by Officers of the Health Department. They have come to escort your mother away to Peel Island - forever. Such a hurried and unprepared leavetaking! You will never see her again, for although you later contract the disease yourself and are sent to join her at Peel, her only comfort for you is her gravestone.

Another mother and son to contract Hansen's Disease involved a woman and her young son, whom we shall call by his nickname, Ned. Both were sent to Peel together but the mother soon died and was buried in the island's cemetery. Young Ned was thus left at an early age as an orphan in isolation on a remote island - a severe handicap to start out in life. However he took his daily dose of Chaulmoogra 0il, the only treatment then available, and eventually after two years of negative swabs, his Hansen's Disease went into remission, and he was pronounced free and allowed to leave Peel. Because he was still a minor and an orphan, he was still required to be cared for by the State, and should have been sent to a State Orphanage. However, being an ex-patient of Peel Island, and because it was known that children were particularly

susceptible to Hansen's Disease, young Ned was sent to Westbrook Prison Farm instead. Here, the warder continued to administer his daily prophylactic dose of Chaulmoogra Oil and when Ned reached the age of 17, he was released. Perhaps the warder did not emphasise the importance of continuing the oil treatment, or perhaps Ned was rebellious and strong willed, but he discontinued taking the Chaulmoogra Oil after his release. Perhaps, too, Ned's disease just came out of its own natural remission (as it often did), for it would not be too many years before Ned's Hansen's Disease would reactivate, and he would renew his association with Peel Island. We can only imagine his feelings about returning there for a second time. (22,28)

In its response to the threat of Hansen's Disease in Queensland, the State Government was very aware of public opinion. To allay what it supposed was the public's neuroses about the disease, it segregated Hansen's patients, not in an isolation ward as with any other infectious disease, but on a remote island. The public responded by thinking that because the Government deemed it necessary to segregate such patients to such an extent, the disease must have been worse than they had formerly imagined. In short, one neurosis fuelled the other.

The extent of such public neurosis can be gauged from Sister Mercy St Rita's account of a Hansen's suspect in a crowded waiting room at Brisbane's Mater Hospital in the late 1940s. The nodules had already become obvious on the man's face when he entered the room, and one of the other patients thought he recognised the disease. Word quickly got around the waiting room, and the Sister was surprised to find when she called for the next patient that the crowded waiting room was suddenly empty - except for the Hansen's patient who was then diagnosed and sent on to Peel.

When Hansen's suspects had their diagnosis confirmed, they were sent to Peel Island for segregation and treatment. Country folk travelled under either police or health inspector escort often in a Government railway prison coach, which was tagged onto the end of the first available train heading towards Brisbane. (Dr Reye remembers one particularly slow trip when he escorted a patient from Cairns to Townsville, hitched at the rear of a dawdling goods train). After being interviewed at the Health Department in Brisbane the remainder of the trip to Cleveland was undertaken by train. In later years, ambulances were to be used.

Black's Jetty, Cleveland

Up to the mid 1940s, patients were taken to Peel from Cleveland in a double ended clinker dinghy which was towed along behind the Government launch "Karboora". Such a practice was bad enough, but in rough seas, they would be further discomforted by being drenched to the skin by the time they reached Peel. This was one of the first things, which Dr Reye put a stop to and from then on, they would travel on the launch itself with the rest of the passengers. (26)

"Karboora" at Cleveland jetty with skipper Bonty Dickson on bow

In April 1923, Tom Welsby was to write in the Brisbane Courier:

"...The proclamation naming the island as a station for lepers was made on the 31st May, 1907, and as such a station it remains to this day. My heart goes out to the denizens of that little home looking across Moreton Bay to the South Passage, and further northwards to Cape Moreton, for on more than one occasion I have been allowed to visit them. They have no Father Damien in there midst, but there are many kind hearts in Brisbane and elsewhere by whom they are not forgotten." (27)

Not withstanding such kind hearts, the Lazaret at Peel Island was beset with problems and complaints right from the start. Firstly, the patients' quarters were not completed in time for the transfer from Dunwich, there was a general lack of clothing, no voting rights at election time, and mail sent from friends and relatives had a habit of going astray. Patients'

alcohol allowance was restricted to half a bottle of beer or 2 oz of spirits daily (whites only), and they also complained of not having access to the beach at Horseshoe Bay on the opposite side of the island (mangroves surround the rest of Peel).

Cooks were also a major problem at the Lazaret, and inducing a good one to remain on such a remote Island was to be a constant hassle during the whole of the Lazaret's history. The first written evidence of this is recorded in one of Dr Row's letters to the Under Secretary of 20th October, 1910 in which he laments the demise of the Lazaret's cook due to the "insolence of the white lepers which is beyond description". One can only wonder at the quality of his cooking to produce such a reaction from its eaters!

The island's problems were further compounded in 1910 when inebriates from the Dunwich Benevolent Asylum were transferred across to Peel Island where they occupied the old Quarantine Buildings at the eastern end of the island. A brick cell-block measuring some 8 metres by 4 metres was used to house the more violent inebriates. This cell, and the well from which they obtained their fresh water are all that remain of the buildings today, the rest of the wooden buildings being demolished when the inebriates were transferred back to Dunwich in 1916. Some of the materials were sent to Dunwich for soldier and other requirements whilst a great quantity was sent back to Brisbane. (27)

Dr Linford Row, Medical Superintendent of the Dunwich Benevolent Asylum, was also appointed to the Inebriate Institution in 1910, as well as his duties as Medical Superintendent of the Lazaret when it was transferred to Peel in 1907. With such diverse responsibilities, he was only afforded enough time to see the patients at the Lazaret once a week. This he accomplished by boating from Dunwich to the stone jetty at the Inebriate Institution on the eastern end of Peel, and then walking the length of the island to the Lazaret. To make this task less burdensome, a horse and dray was shipped across to Peel from Dunwich. It was stabled at the Inebriate Institution because there were no facilities at the Lazaret, and as well as carrying the doctor; the dray was also used for visitors, supplies, and disposal of rubbish and sanitary pans. Quite rightly, the patients objected to their food supplies being transported by the same dray that carried their sewerage for disposal. The pans, not being lidded, could not be prevented from splashing their contents into the dray, which was not then cleaned properly.

As well as the Medical Superintendent, the Lazaret also possessed a general Superintendent, a manager in charge of the day to day running of its affairs. Inevitably there was to be a confrontation between the two positions as to whose authority would predominate, and such a clash developed in 1912 over the control of the horse and dray. Although not an isolated instance, it does provide an interesting example of how the two positions clashed. Briefly, it involved the transport

arrangements for the Agnew family who had applied for permission to visit their son, Laddie, a patient at the Lazaret. Dr Row had arranged for an attendant at the Inebriate Institution to collect them in the horse and dray, but unbeknown to him, the Chief Quarantine Officer (whose Department then controlled Peel's affairs) had instructed the Lazaret's Superintendent, Mr Fernau, to collect them in the very same horse and dray. Both men made written protests to the Quarantine Office, each claiming sole control over the island's horse and dray. The Chief Quarantine Officer ruled in favour of Superintendent Fernau.

Such clashes were to be a part of the administrative life at Peel right up until 1950 when the two positions were combined into one and Dr Morgan Gabriel became the islands first (and last) Resident Medical Superintendent with total control over the running of the island. But much was yet to happen before this could take place.

By far the most serious, and extraordinary, upheaval during the Lazaret's early 'bad old days' came to a head in 1909 when an official inquiry was held before a Visiting Justice (magistrate) after a series of events had occurred resulting, in the words of Dr Row, in 'a state of lawlessness prevailing on the island'. Herewith - the Nastin Affair:

New treatments were always being developed in various parts of the world in the hope of curing Hansen's Disease. Many were of little benefit and some smacked of out-and-out quackery, but all were taken seriously by the Hansen's Disease patients who were desperate to find a cure from their debilitating and disfiguring ailment. So when news arrived at Peel that a new form of treatment had been developed overseas by a certain Deycha Pacha called the 'Nastin Treatment', the patients were very keen to act as guinea pigs. The Government concurred and ordered all the medical supplies which were required for the treatment. In due course they arrived and the Nastin treatment was commenced on Peel Island on 18th May, 1909.

One of the requirements for patients undertaking the Nastin Treatment was that they take no alcohol and so their daily ration of half a bottle of beer or 2 oz of spirits was withheld. To the average drinker such an abstention presented no problem, but one of the patients, a certain Rose Harris (HER pseudonym) was an agitator determined to make the Government regret ever placing her in detention on Peel. In addition, she had been an alcoholic for a long time prior to her admission to the Lazaret and until the commencement of the Nastin treatment, she had managed to maintain her supplies of alcohol by trading her favours for each man's daily ration of beer. In short, she had resorted to prostitution. Although the women patients were padlocked in their compound each night behind a four metre hight wire fence, religious services for the mixed sexes were held nightly between 7.30 and 8.30 and it was here that Rose had been able to solicit her menfolk.

But trouble began when the men on the Nastin Treatment were no longer given their beer ration and therefore could not supply Rose with her alcoholic requirements. Being a scheming and manipulative person, she realised that the only way she could regain her liquid requirements was to have the Nastin treatment stopped. This she did by convincing some of the men patients that Dr Row was not handling the Nastin treatment properly. Consequently, when faced with a deputation that he supply the patients with the written instructions on the Nastin Treatment, Dr Row refused, quite rightly, on the grounds that it would be unethical. This resulted in the deputation of patients refusing any further Nastin Treatment from Dr Row, and demanding that he allow another doctor to give it instead. This request he also refused. Three of the patients, however, still wished to receive the treatment - until they were threatened with bodily injury if they didn't join Rose Harris and her followers. They had little choice. So, faced with open rebellion by his patients, prostitution, alcoholism, and threats of bodily harm, Dr Row sought help from the Government. The official inquiry called for patients to come forward and give evidence, and here1 once again, the patients were divided into two groups - those who would make an official statement, and those who wouldn't. From those who did, however, the whole story emerged, and pointed to Rose Harris as the troublemaker. To avoid any further trouble, it was recommended that all women patients be transferred to a separate Lazaret to be built at Dunwich. This recommendation was condemned by the Government and the women remained at the Lazaret on Peel, but no doubt under much closer supervision. The root of the problem, Rose Harris, was to die in 1912, and her grave is still to be seen in Peel's little cemetery amongst the gum trees.

And the Nastin Treatment? Suffice to relate that the Health Department's Annual Report of 1910 simply states that it was a failure at Peel Island.

Rose's grave at Peel Island cemetery, 1988

Every community, no matter how isolated, is still influenced by outside events. An example of this occurred in 1915, during the First World War. Racial intolerance has always been evident in Queensland, and German expatriates and their property were the objects of abuse by the community at large during WWI. The patients at Peel Island were also to mirror this intolerance by protesting at the presence in their Lazaret of Hansen's patients of German nationality! One would have thought that compulsory isolation on Peel Island would have been sufficient incarceration for them, but such was the communal feeling against them that the other patients felt obliged to register official complaints against their mere presence. At the time, the patients had no telephone or wireless connection with the outside world. Their only source of information would have come from newspapers and from the occasional visiting relative. Such is the power of the press!

More trouble was to emerge in 1921, when the Health Officer investigated reports of recent unrest amongst the inmates of the coloured compound at the Peel Lazaret. He concluded that it had all been due to three ringleaders, half castes who, in his opinion, thought that being Hansen's patients put them outside the law. Drink was the main problem, which although officially denied to the coloureds, was being brought in and buried either by staff members returning from leave or by friends. White patients wrote to the Government, expressing fears of murder, especially for the white women, and demanded police protection. A magistrate visited the island and two police officers who confiscated two revolvers. Punishment was recommended either by using the old inebriate cells at the other end of the island or by constructing a log 'prison' between the white and coloured compounds. The old cells were ruled out because of the expense of hiring three extra staff to maintain a 24 hour watch on the remote block. Such staff would not be required if the prison were constructed in the Lazaret itself. The outcome of such recommendation is not clear, but the old cells were not used nor was a prison built between the white and coloured compounds, as no such building can be seen on the 1927 plans.

Dr Row had resigned his position as Medical Superintendent of the Lazaret in March, 1912, and the medical care of the patients was entrusted to a Government Health Officer who made weekly visits to Peel Island, weather permitting. Such officers included Drs. Irwin Moore (1912-14), J.E.Thompson (1914-19), C.D.H.Rygate (1921-22),& J.Coffey (1922 - 1928). In 1931 the Medical Superintendent at the Dunwich Benevolent Institution once again took over the regular visits, with periodical visits by the Government Health Officer who at the time was Dr Grahame Drew. (7)

By 1908 the total Peel Island patient count stood at 65. This was to peak at 85 in 1911 and then fall due to deaths and remissions to an average of about 40 patients. This figure would remain until about the mid 20s when the patient numbers began to rise again. By 1928 the figure had peaked again at 77 which included 37 coloureds and, more significantly, 40 whites. Although Hansen's Disease was prevalent in many Australian States amongst the aboriginals, Queensland was the only State where it had become a significant disease amongst the whites. Clearly the authorities were worried, and in 1925 the Commonwealth Government commissioned Cecil Cook to conduct an investigation into Hansen's Disease in Australia, the results of which were contained in a publication entitled "The Epidemiology of Leprosy in Australia".(Published in 1927) (11)

From the above figures, Cecil Cook observed that although enforced segregation (he called it 'prophylaxis') had appeared to be working in the first decade following the opening of the Peel Island Lazaret, he was doubtful about its effectiveness at the time of his writing the report. The main problem with enforced segregation was that not only did it remove the

individual's freedom, it also destroyed the person's family. Quite often, it was the wage earner who was removed from the family unit, leaving those remaining in quite dire financial straits. Later, Premier Hanlon is attributed with having done much to supply pensions to the families of Hansen's patients in detention in Queensland. One can sympathise with an individual not wishing to volunteer their suspected disease to the authorities. In Rockhampton it is said that there were two doctors who treated their H.D. patients themselves, rather than have them sent off to Peel. It was such a fear of segregation that was the main stumbling block to its success, for while Hansen's sufferers remained untreated in the community, they were able to keep spreading the disease, and with such a long incubation period, it was impossible to trace the source of contamination.

Once segregated on Peel Island, the patients were confronted with the problem of how to amuse themselves. Fishing on its surrounding coral reefs was legendary1 and this seemed the logical solution. In November 1911, after many requests to the Under Secretary, the Government provided a boat for the use of the Lazaret patients. Unfortunately, this also provided some of the more restless patients with a means of escape from their detention, and after several such attempts, an officer from the Health Department visited the settlement one night in September 1913 and burnt all the boats. Two police officers also accompanied him just in case there were reprisals from the patients. This incident would never be forgotten by the patients and its memory would pass down over the decades and threatened repeats of the incident would be used against the patients even into the 1940s. (28)

Another of the patients' amusements (and indeed a profitable source of goods and income) which the Health Department frowned upon in the 1920s was their trading of mud crabs with local fishermen. It is said that a gun emplacement was mounted at the top of the embankment overlooking the Lazaret Gutter and it was fired to warn off unwelcome boats entering the gutter. (29) The 'Yellow Jack' flapping from the flagpole also would have served to deter any unsuspecting craft from landing.

On the more positive side, there were many areas in which the Government and others were endeavouring to provide for the well being and amusement of their wards at Peel. With so many people confined to such a small island for so long, it was no easy task to overcome the inherent monotony of daily life there.

For this reason, the Government encouraged all able patients to engage in manual labour. Such duties involved the maintenance of the 5 km of roadway on the island as well as cementing, carpentry repairs, and erection of new cottages.

The spread of Prickly Pear had also been a problem at Peel as it had in the rest of Queensland, and after being cleared by outside labour in 1923, it was kept under surveillance by the patients.

Those not willing or able to work could indulge in gardening, fishing, bathing, and playing sports, or if these amusements were too 'physical', listening to gramophone records or reading from the generous selection of magazines and literature which had been donated by members of the general public.

Visits from patients' relatives were encouraged by the issue of free rail passes to those living in remote areas, while for those relatives left in poor circumstances by the segregation of their breadwinner, suitable employment was found.

Horse and dray at the stone jetty to collect visitors, 1940s

The spiritual needs of the patients were catered for by the frequent visits from Ministers of Religion of all creeds, while their stomachs received a morale boost with the construction of a new and better appointed kitchen in 1927. In addition, a resident Nurse was appointed in 1925 to handle day to day health emergencies.

But perhaps the greatest innovation must surely have been the installation of a loudspeaker wireless in 1925. Then for the first time, the patients had direct contact with outside world, if only from the receiving end. Its popularity with the patients can be gauged from the many thousands of carbon cell batteries which they used to power their radios, and which still litter the embankment to the north of the Men's Compound.

And so, by the time the Lazaret had entered its third decade, life there had progressed a long way from the lawlessness of its first years. Although still primitive by modern standards, life there did have its compensations and all concerned with the island could begin to feel some consolation in the fact that the 'bad old days' of the Lazaret were finally over. (8)

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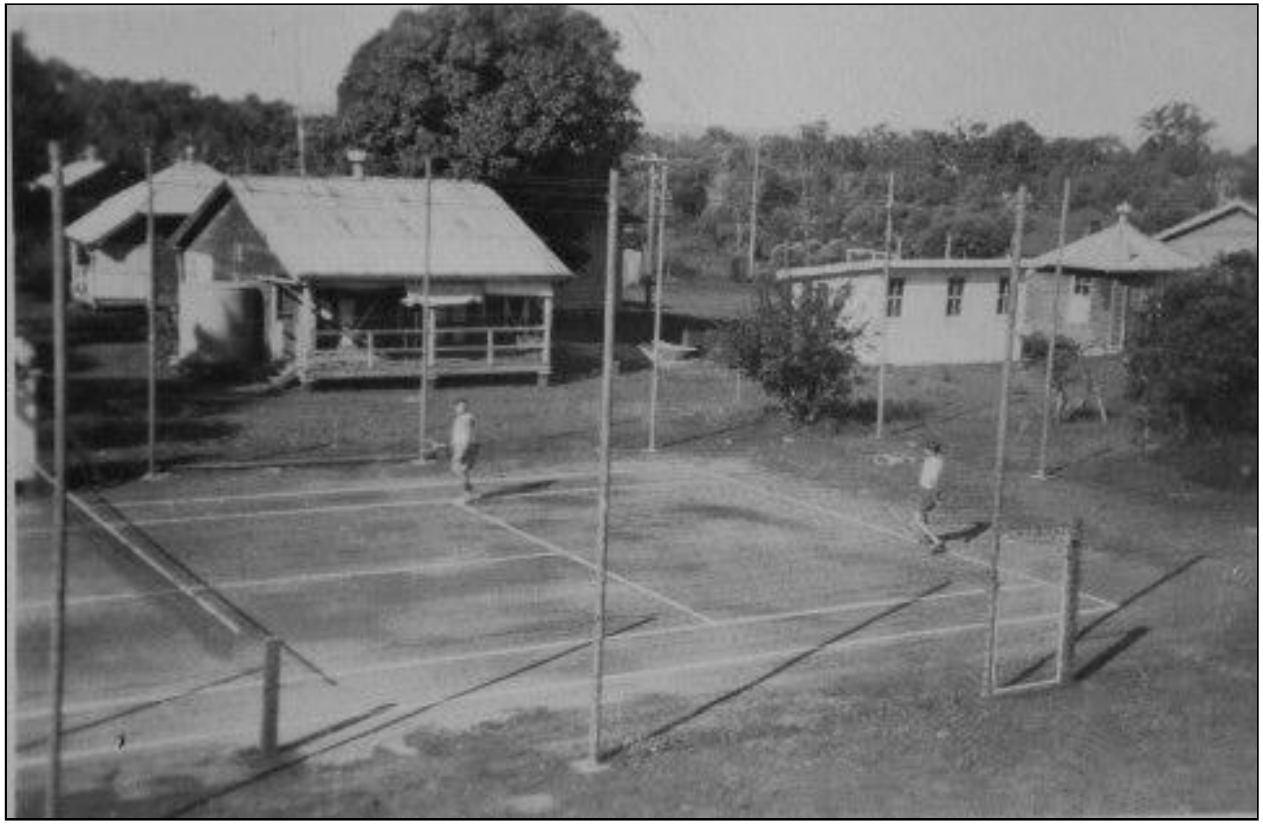
New 'cures' for Hansen's Disease were constantly being tried at Peel, and Dr Drew appeared to be having a deal of success with his injectable dyes and, in particular, gold. The prospect of a permanent cure for their disease sent a wave of euphoria through the patients, and it was probably on the strength of this that the Government felt confident enough to invite a team of reporters to visit the Lazaret on January 8th, 1934. Next day, both of Brisbane's daily newspapers carried enthusiastic articles about their visit:

The Courier Mail, in an article entitled "DAY WITH THE LEPERS" began

"Aged men sat in sheltering shades and smoked reflectively. Two athletic young women played tennis in dazzling sunlight. Another played a piano and a group of men played billiards. Music of a brass band down in the native compound mingled with the latest wireless announcements!

"This was the scene at Peel Island, the leper settlement in Moreton Bay yesterday. It is true that these people suffer from leprosy but life has many compensations in this verdant isle, and conditions are vastly different from those imagined by the average reader70; "

(Reproduced with permission The Courier Mail)



Patients' tennis court with men's common room
(The common room waslater used as a temporary laboratory by Dr Reye)

The Telegraph, in its article "ISLAND OF HOPE" of the same day, was more verbose

"HOPE - such a small word, but what it means to 62 leprosy stricken souls at Peel Island Lazaret no printed word can tell. Hope and faith in the efforts of the State Medical Officer(Dr J.Grahame Drew), are the two factors which for those hapless patients lighten the load of misfortune and hold back the curtain of despair.

"Nor do they hope in vain. In recent years science has acquired a masterful hand disease, and some remarkable cures are now being achieved in different parts of the world.

"Contrary to general misbelief, a strong spirit of cheerfulness reigns on the island, and yesterday patients expressed a great trust in the system of cure now in operation. New methods are showing a 10 per cent. increase of cures.

"The total of patients on the island at one remains almost stationary, and those discharged cured average about six per year. Last year seven were sent back to civilisation. When an inmate dies he or she is buried in the cemetery on the island. The last death took place last August, and, as is the custom on the island, the burial was conducted by the Superintendent, Mr Goldsworthy. In his eight years' duty on the island, has officiated at 56 burials.

"The island is visited every Monday by Dr Grahame Drew, when medical attention is given at the small surgery buildings. In conversation with the patients the representative of "The Telegraph" was swiftly convinced that they place every confidence in their medical man and hold out big hopes in the introduction of the new treatment.

"'IT augurs well for the future,' said Dr Drew, as the party returned by launch to the mainland. 'I am very pleased with this, the first visit of 1934 and I feel that the future holds much promise. I intend to continue the intravenous injections of gold salts which has shown excellent results.'

"Dr Drew declared that the new method of treatment was showing an increase in cures of 10 per cent. He hoped to discharge several patients in March as cured."

Visiting Salvation Army band outside Superintendent's Quarters, Peel Island Lazaret, 1930s

Even allowing for the fact that the island would have been spruced up specially for the visit of the pressmen, and for their idealised account of their few hours there, it would appear that life on Peel at this time was riding high on a wave of hope. It comes as quite a shock then to read a report of an inmate's letter to one of Brisbane's alternative newspapers in 1939. In an article entitled WE ARE ONLY LEPROUS DOGS. DESPAIRING CRY FROM PEEL ISLAND. ROYAL COMMISSION DEMANDED, we find an account of the other side of life at Peel. A few extracts will suffice:

"The writer alleges that unfortunate blacks are sent from the north to the island, and there die, not of leprosy, but of T.B., although they are officially reported to have died of the former disease. Often these blacks are provided with nothing more than a bed and blankets left by someone who has died. Sometimes they have to sleep on the ground in a tin humpy in the bitter cold of winter, and in stifling heat in the summer. They are attended only by a man who is a dresser, and whose treatment at times is anything but humane...

"The writer refers to a report in the metropolitan press, in which it was stated that nine whites died on the island in a given period, when, in fact, only four died of leprosy. They had been on the island for many years, had mixed with the black women and had not taken proper treatment.

"'They are driven to this by their surrounding circumstances,' declares our correspondent. 'There is nothing here to attract them to better things-the hours of awful loneliness are worse than prison treatment.'

"'Quite recently a young woman has come here, who has been treated outside by doctors for some years but they did not find out her complaint. Had clinics outside in the main cities she would have been treated long ago and saved this hell,' says our correspondent...

"'This morning we had no milk - that has happened many times. Often it is sour before it is used - but we are only leprous dogs.'

"'I remember John Burns, in London, going to the Battersea and Wardsworth poorhouse for Christmas and having his dinner amongst the inmates. Would Mr Hanlon, on his fat salary, have done that? Last Christmas I had the leg of a fowl so tough and half-cooked that I could not eat it, so had bread and cheese for my Christmas dinner for the first time in my life.'"

During the five years separating the visits of the popular press and the above published letter, the patients' outlook had obviously undergone a quite dramatic change. In the main it can be attributed to the failure of the hoped for cure. Dr Drew's dye remedies had proved ineffective, and the gold treatment had proved too toxic on the patients' kidneys and was abandoned. So the hope for a cure once more eluded the patients and they were forced to continue their monotonous existence on the island.

The cook, too, must have left and the tough Christmas dinner would have only increased the patient's feeling of isolation from his family at the festive season.

Regrettably, for the story of Peel Island, the happy ending was still a long way off.

LIFE AT THE LAZARET (21)

ALEX' ACCOUNT OF PEEL ISLAND DURING THE 30s AND 40s

ALEX WAS 19 when he was sent to Peel Island in 1936. He had been working on a cattle station in the Mackay area. Many other patients had also come from cattle stations and the poor diets of bully beef and damper accompanying such a lifestyle may have helped lower their bodies' natural resistance to the Hansen's bacillus. It is possible, too, that they could have contracted the disease from the aboriginal stockmen with whom they worked, and who were very susceptible to it.

From the Cleveland Railway Station where Alex and his escort disembarked it was but a short walk to the Cleveland jetty. Here the boat was moored, waiting to steam the 5 km across the waters of Moreton Bay to Peel Island - easily visible and lying in the shadow of its much larger sister island - Stradbroke.

The jetty jutted eastward, not far from the old Courthouse, and has long since been demolished after being replaced by a much larger and sturdier structure nearby.

It was by this stage a particularly rickety affair, and there would come a time when Matron Ahlberg, a splendidly corpulent figure, would crash through its rotting timbers and into the water. One witness still recalls vividly the sight of her white head-dress floating on the surface while beneath it, the Matron continued downwards on her underwater journey, before surfacing some seconds later to be pulled aboard the waiting launch, a gasping and bedraggled figure. There could not have been too many witnesses, but many of the ex Peel Islanders still recall this incident with glee.

However, when Alex walked its narrow length for the first time in 1936 its timbers held firm and he embarked on the 'Karboora' without incident. Although it was still the regulation that Hansen's patients were to be towed behind the launch in a small dinghy, Alex was spared such an indignity on this occasion and was permitted to sail the 5 km to Peel on the Karboora's deck.

At the stone jetty on Peel's eastern end he was met by Superintendent Goldsworthy, who escorted him across the island to the Lazaret in the settlement's horse and dray.

The journey began with the track's short steep ascent up the Bluff - at 20 metres one of the highest points on the island. Winding by the site of the old Quarantine Station, the buildings now removed, and past clumps of Sisal Hemp still thriving though their inebriate cultivators had long since departed from the island, the track continued on its gradual, bumpy descent across the island through eucalyptus forestland, bracken ferns1 lantana, and groves of Cyprus Pines.

There were two fresh-water swamps which bred mosquitoes. These attacked the two men as their dray ambled slowly past their breeding grounds. On other such occasions, when the woodman drove the dray, he would stop and gather some dry grass from the roadside, place it in a drum in the back of the dray and set it on fire. By compressing the grass in the drum, he could make the fire produce enough smoke to keep the mosquitoes away. unfortunately for Alex, Superintendent Goldsworthy did not indulge in such a practice for fear of setting the dray alight.

Later, towards the end of their journey, they passed the settlement's small cemetery. In years to come, Alex would be employed as a grave digger if the need arose while the woodman (the regular grave digger) was on leave. For this task, Alex was paid 10/- ($1). He was also required to ring the bell for the service at the settlement's nearby church.

The Anglican Church, Peel Island, as it appeared in the 1950s

Just around the corner from the cemetery they passed the stables. The horse knew it was nearly home, and quickened its pace so that suddenly the track broke through the bush and emerged into a large cleared area into which were crammed almost a hundred buildings of various shapes and sizes. This was Alex' new home, the Lazaret, his enforced place in paradise for the foreseeable future.

Peel Island Lazaret, 1950s

(Looking north showing(left to right)White women's compound, administeation buildings, hospital (centre foreground) recreation hall (centre background), day surgery, white men's compound

His first task was to report to the elderly Nurse Dwyer at the single roomed surgery. There was no hospital then, and all medical emergencies were handled by Nurse Dwyer, who was assisted by one of the male patients. In 1936 Nurse Dwyer lived in what was later to be known as the Superintendent's quarters, and the Superintendent Goldsworthy and his deputy, Carling, in what was later to be the nurses' quarters.

The only remedy for Hansen's Disease then was Chaulmoogra Oil, a vile tasting extract from the Hydnocarpus plant which was imported from India by the 44 gallon drumful. On cold mornings the oil solidified and had to be heated before it could be poured and swallowed. The heating process made it even more unpalatable and many patients were violently ill after taking their dose.

Alex was given a brandy bottle full of this Chaulmoogra Oil by the male assistant for his own use.

"But how much do I have to take?" he asked. To which the assistant laughed and said: "Take enough 'til it makes you sick, then cut it down!"

Alex needed only one teaspoonful (5 ml).

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About one hundred people lived at the Lazaret at any one time. Of these, up to seventy were patients and the remainder staff whose numbers included the Superintendent and his Deputy, the Nursing Sister, housekeeper, four cooks, two kitchen rouseabouts, two woodmen, and eight to ten attendants (wardsmen). The general practice was for the staff to work continuously on the island for three weeks and then have one week off on the mainland. This arrangement also applied to the Nursing Sister who was not replaced while on her week off on the mainland.

There were several blind and crippled patients in whom the disease was in an advanced form. These were attended by the staff during the day but at night, to help them to the toilet etc, the Government paid other less debilitated patients to bed down on the floor of their cottages.

In 1936 there were 63 patients who were comprised of 5 white women, 16 white men (of whom the youngest was 17) and 42 aboriginals (13 females and 29 males). The aboriginals were of all ages and later even included some children. Although the patients came from all walks of life, Hansen's Disease was regarded as a Poor Man's disease at Peel - the richer people went to Sydney's Long Bay Lazaret. (Provision had been made for this in the Leprosy Act of 1892).

Peel Island Lazaret from the air, 1932
White men's compound to left, white women's to right, coloured compound at rear

To occupy themselves, the patients were encouraged by the Government to embark on a variety of activities. One was the reconstruction of the old tennis court (its site was next to the present day Recreation Hall). The work was performed entirely by the men patients, the Government providing the necessary wire etc. Interestingly, the court was surfaced with clay obtained from ant beds from various parts of the island.

One patient cultivated Peach trees which had been supplied by the Health Department, while another grew grapes. The rich soil at Peel was ideal for such cultivations.

Another of the patients was an expert at making wireless receivers (radios) for the other patients. They were of two types, those with one valve required headphones, while those with two valves could be played through a speaker. Cyprus Pines grew in profusion on Peel and were used by the patients as radio masts, each hut sporting its own aerial of some 10 metres height for better reception.

For the men patients, fishing was a major past-time. Some had boats which they kept moored just below the men's compound. Several patients constructed a jetty there, using Ti-Tree posts cut from the surrounding bush. Favourite fishing spots included the coral reef just off the Lazaret, and the reefs around the hulk of the dredge, "Platypus", at the stone jetty. At times the patients would moor their boats alongside the "Platypus" and sleep the night on her decks ready for an early start to the next day's fishing. Schnapper were in abundance then, as well as Parrot fish, the largest of which was some 10 lb. There was also reputed ,,to be a 500 lb Grouper living in the vicinity of the Platypus, a rumour which was to persist for the next half century. 31 Red and Yellow Sweetlip, Cod, Sole, Taylor, and Flathead were also caught in abundance.

Sharks, too, were very common around Peel. Not only were they present in great numbers, but their size was also enormous - Junta King, onetime launchmaster of the 'Karboora' once saw two 20 foot White Pointers intertwined in their mating ritual on the surface of the water between Peel Island and Dunwich. (28)

Patients' jetty, Peel island Lazaret

On occasions the patients would try to catch a shark just for the sport of it. Once, two patients set a line of one inch thick rope with a hook made from a large bent fencing nail. The end of the rope was tied to their small dinghy, and an empty 5 gallon drum was fixed a short way up the line from the hook as a float. A wallaby carcass was used as bait.

The two men didn't have to wait long before the shark struck. Suddenly the line twanged tight and the drum disappeared beneath the surface. The dinghy lurched forward and was soon travelling at some speed across the bay. In panic, the fisherman tried to cut the line, but failed. Fear seized them as the dinghy threatened to overturn and spill them into the water, an easy prey to the monster below them. Then without warning, the line went slack and the 5 gallon drum shot out of the water and into the air to a height of about 30 feet! After it had crashed back onto the surface beside their now stationary boat, the men pulled in the line. The home made hook had pulled straight. It was a lucky escape for the two patients, but the incident did provide a 'fish story' for innumerable retellings in the years to come. (28)

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The patients were housed in four distinct compounds -the white women to the west of the main quadrangle, the white men to the east, and the aboriginals in a separate compound to the south. In the white compounds the patients were billeted one to a hut, but in the aboriginal compound, there were two or more to a hut. The women's huts were the most serviceable and consisted of a bedroom, verandah, and a small kitchen which contained a wood burning stove for cooking purposes. Women were expected to cook for themselves where possible, but if they were feeling unwell, an attendant would bring them a meal from the main kitchen. The women always dined in their cabins.

There was no electricity, light being supplied by hurricane lanterns (kerosene wick lamps) or kerosene pressure lamps. Drinking water was collected in tanks and had to be hand carted to each hut. Each compound had its own communal bath house, in which wood chip heaters were used to heat the water. Toilets were of the pan closet variety or as they were popularly known then - thunder boxes. Indeed, the term gained a new significance for one patient who liked to enjoy a quiet smoke while sitting on the 'throne'. One day he discarded a glowing cigarette butt into the receptacle beneath him and ignited the methane gas which had collected there as the result of natural biological decomposition. The resultant air/gas mixture exploded, and the patient received a burnt posterior. After treatment, he vowed never to smoke in the toilet again!

The white men's huts were more basic than the women's and consisted of a bedroom and verandah. There was no lining on the wooden floor or walls, and no window curtains. The white men had their own mess hall where they all dined unless ill, although each had a small kerosene pressure stove ('Primus') on which he could boil a 'cuppa' when required.

White male patients' huts, 1950s

Although the aboriginal women lived in wooden huts comparable with those of the whites, the aboriginal men were housed in a much more primitive type of structure. This consisted of a square cement slab above which was erected a wooden frame to which were attached four walls and a roof -all of corrugated iron sheets. At opposing ends there was a door and window, and the only furniture was a bed along each side of the hut.

Like the white men, the aboriginals dined in a communal mess hut which was built to the same principle as their individual huts, only larger ie. a cement slab with corrugated iron walls and roof.

The aboriginals loved to build fires in the centre of their huts, and Alex can still vividly recall the white smoke pouring out of their doors and windows (chimneys were never part of the original dwelling plans).

It should be remembered that these natives came from all over Queensland - many straight out of the bush, or at best from a cattle station bunkhouse - and their living standards and requirements were rudimentary. The worst that Alex could say about them then was that they didn't look after themselves. Many were in very poor condition physically when they arrived at Peel, not from the effects of the Hansen's Disease, but from general malnutrition and self neglect. But after a few months of regular meals at the island, their condition improved greatly and they even seemed to recover more quickly from the Hansen's Disease than did the whites.

With such a difference in living standards and cultural background, relations between the whites and the blacks were tolerant but not close. While Alex was on the island, there were never any fights between the aboriginals and whites. The only incident he can recall is a cooling of relations when after a Christmas 'binge' some of the aboriginals became suspicious of the whites intentions towards some of the black women (gins). They barred the whites from coming to their corroborees, and for a time the whites kept away, but the incident was soon forgotten and normal relations were resumed.

Young aboriginal patients at the gateposts carved by Palm Island aboriginal patient, Bob Pela

Over the years, certain 'house' rules had been laid down and enforced, at least in token. One related to the aboriginal women whose compound was surrounded by a 4 metre high wire fence. Every night it was customary for them to file into their compound and be padlocked in until morning. This apparently discriminatory custom was not quite as bad as it seems because at the back of the compound the wire fence was interrupted by a gaping hole through which the aboriginals could pass freely whenever they wished. Everyone, including the Superintendent, knew it was there, but chose to ignore its presence. In this way, the aboriginals were allowed their nightly freedom of movement even though the 'lock up' rule was still being upheld.

The white women's compound was also surrounded by a 4 metre high wire fence which was later pulled down by the patients in the 1940s. Its purpose was by then defunct for gone were the days when Rose Harris had the male patients lined up along its length. No more were padlocks needed to keep the men from the women (or vice versa!) but there were many wallabies on the island which used to forage through the Lazaret at night, and the fence was still useful in preventing them frightening the women patients. Also, the draught horses, whose paddock adjoined the women's compound, were able to wander about at night and an encounter with one of these equine giants would not have aided the ladies' slumbers.

The whites and aboriginals were not totally segregated as their separate compounds might suggest. The aboriginals were permitted to visit the whites' compound - but could not sleep there. The whites took them fishing in their boats; they played cricket and football matches against them; and both groups worshipped at the same little church. The aboriginals even had a fine choir which contributed much to the services of worship which were conducted by the visiting clergy from time to time.

The aboriginals on Peel had long since been 'Westernised' in that they had all ceased to observe the tribal customs and traditions of their forebears. They dressed in white man's clothes, spoke his language, and, on Peel at least, shared his diseases. Nevertheless, they did manage to retain a few of their indigenous skills, one of which was their interest in making 'traditional' aboriginal weapons such as nulla nullas, spears, and boomerangs, which they used, not for hunting, but as rhythm sticks to accompany their dances at their many impromptu corroborees.

Some of the men also made bows and arrows to shoot the many Lorikeets which frequented the trees around the Lazaret. They prized the birds' green feathers used as body ornamentation in their corroborees. The old tribal rituals and meaning

had long since been lost in these dances, and the only purpose of the Corroborees on Peel was for entertainment.

They were held in the aboriginals' mess hut and were usually of a spontaneous nature. A large pine table pushed close to the wall served as a stage on which the aboriginals danced and sang to the rhythmic accompaniment of wooden boomerangs being struck together. The noise would have been deafening inside the corrugated iron building.

Alex often attended these affairs which would have been a welcome relief from the monotony of everyday existence on the island. Because of the building's wooden framework the "stage" could not be pushed up flush with the wall and a gap resulted behind it. During one particularly frenzied dance ,Hookie, a quite sick aboriginal who had been leaping wildly on the table missed the edge and disappeared down the gap between the table and the wall. With his demise the music ended suddenly and an air of concern spread through the audience. Had he injured himself? Suddenly his grinning face popped up from behind the table and in an instant he had pulled himself back up and recommenced his dance, much to everyone's relief!

The white men also had a recreation hut in their compound and among other items, it contained an old upright piano on which the more musical patients would amuse themselves and anyone else who cared to listen. One day, a Brisbane Radio station generously donated a new piano for the settlement which the whites quickly claimed for themselves. The old upright (previously donated by the Freemasons) was moved to the aboriginals' mess hut for their use, where it quickly became an important part of their corroboree ceremonies. One aboriginal nicknamed 'Sailor' by the whites, although he had only stumps for fingers, could reproduce a tune after only two hearings.

However, it didn't take the whites long to realise that the tone of their new piano was not a patch on the one that they had given away to the aboriginals, and they took it upon themselves to arrange a swap. The aboriginals, however, were not fools and realising that they had the better piano of the two, refused to come into the deal. To emphasise their determination, the aboriginals even produced spears, at which the whites backed off and let them keep their old upright.

1938 was an eventful year at Peel, firstly for purposes of our present tale, it saw the readmission of our young friend, Ned, on October 28th. Always of a rebellious nature, Ned had not bothered to keep up with his Chaulmoogra Oil medication and his Hansen's Disease had once more re-emerged, only this time much more severely than before. Already it had affected and softened his nasal bones resulting in the gradual collapse of his nose. The skin of his forehead had thickened, and his features were gradually assuming the 'lion face' of those suffering from the more advanced forms of the disease.

Nevertheless, his fighting spirit remained undimmed, and his skill with words was to prove a great asset in securing a better deal for himself and his fellow patients on the island. He was also adept at repairing patients' radios, and when the 'official' radio repair patient died, Ned took over the job. Ned was also a keen fisherman and was later to purchase his own fishing boat which he named the 'Cygnet'.

By 1938, the number of Hansen's patients at Peel had increased to seventy, and in many, the disease was advancing to such a degree that more intensive nursing supervision was required. To cater for this need, a six bed emergency hospital was erected beside the surgery and facing onto the quadrangle which separated the white men's and women's compounds. There was of course, still no Resident Doctor on the island, the medical duties then being performed by Dr D.W.Johnson on his visits which had by then become monthly affairs.

That year also saw the retirement of Superintendent Goldsworthy and the appointment of Sr A.E.0'Brien to a newly created position of Matron-In-Charge. Alex remembers Matron O'Brien as a 'stand-over merchant' and her habit of carrying a revolver could only have added to this image. By her efforts she managed to obtain the appointment of two more nurses for the hospital, but on the negative side made things difficult (in Alex' words) for the ageing Nurse Dwyer, who resigned. The same treatment also probably befell the Deputy-Superintendent, Carling, who left soon after.

Superintendent Goldsworthy (centre) with four of his patients

By 1939, there were 80 Hansen's Patients resident at Peel Island and the Health Department's Annual Report to Parliament noted with some concern a definite increase in the number of whites suffering from Hansen's Disease in Queensland, and a marked increase in the number of coloureds. In fact, Queensland was unique in Australia in having such a large percentage of whites among its Hansen's Patients. In other states, it was limited to aboriginals.

Preliminary investigations into some of the Queensland aboriginal mission stations had revealed large number of unreported Hansen's cases were still living untreated in these communities, and it became obvious that when all these people were searched out and segregated at Peel Island, there would not be enough room. Consequently, the Queensland Government decided to transfer Peel's aboriginal Hansen's patients to a new home at Fantome Island in the Palm Island Group off Townsville in North Queensland.

On January 8th, 1940 an army landing barge arrived at Peel Island, and all the aboriginal patients, along with their goods, chattels, and pet dogs were loaded aboard. They were then taken to Brisbane from where they were taken by rail to Cardwell, and then by another barge to Fantome Island. Alex recalls that it was a sad leavetaking because, over the years, the members of the Peel Island community -both white and black - had grown to have much more in common than the mere disease which had originally brought them all together. Alex' last memory of them is of their waving black arms, barking dogs, and a hotch potch of their belongings in the open barge, including their most prized possession - the old upright piano which they had managed to keep from the white patients' grasp!

Within five years, forty of these aboriginals would be dead - not from Hansen's Disease, but from its often associated ailment, Tuberculosis, for which they were not at that stage vetted.

After the aboriginals had been removed from Peel, the area occupied by their compound was put to other uses. The wire which had surrounded it was used by some of the white patients to construct yards for their fowls, ducks, and goats. The old corrugated iron huts proved ideal shelters for the animals and their feed. One of the patients was a skilled carpenter, and used wood from the huts to construct much needed wardrobes in each patient's hut. Yet other huts were dismantled and the materials carried to the idyllic Horseshoe Bay on the other side of the island where they were rebuilt as 'holiday' shanties by several of the male patients. Here patients could 'have a break' from life at the Lazaret, and enjoy the seclusion of the bush and the privacy of their own company for a couple of days.

Each Christmas, it was the custom for the men to decorate their recreation hall for the season's festivities. As well as the usual paper streamers etc, this involved the cutting of various eucalypts from the surrounding bush to be used as Christmas trees. This hall contained the new piano and during the festive season there was even more carousing and singing than normal. One year in the early 1940s, Christmas came and went but the decorations were left up for some weeks afterwards, and all the cut eucalypts in the hall became tinder dry. One night, without warning, the hall caught fire, and although the alarm was raised, without water there was nothing anyone could do to extinguish the blaze.

The cause of the fire was never known, but many suspected the blaze to be deliberately lit by a reclusive couple of patients whose huts were adjacent to the hall and who were known to be annoyed by the noise of the singing and piano playing of the Christmas revellers. It would have been an easy matter to set a match to the dried eucalyptus leaves in the hall and escape before the fire took hold. The real loss of course was the new piano, once the subject of a major confrontation between the whites and aboriginals. It too was destroyed in the blaze.

During the years since his admission in 1936, Alex had always meticulously taken his daily doses of Chaulmoogra Oil, and was gratified when his body showed the unique 'Lepra Reaction'. This indicated that the Hansen's Disease was diminishing and that he was on the way to being free of its effects. His monthly swabs began to show negative, and eventually he showed 12 'negatives' in a row which made him eligible for discharge. He left Peel Island in 1944 after eight years of segregation from society. His Hansen's Disease was in remission.

5

A TIME FOR ACTION (28)

JIM'S ACCOUNT OF THE PATIENTS' FIGHT FOR BETTER CONDITIONS

THE COMMUNITY AT Peel Island was, in the broadest sense of the word, a model asylum wherein bureaucratically enforced rules determined the patterns of social interaction amongst the involuntarily detained inmates. The disease was the only common characteristic shared by all the inmates, and resulted In their enforced detention there. It also separated the patients from the staff who were free to go at will - a freedom which caused some resentment amongst the patients and

created a social cleavage between the two groups. Social control was enforced, as we shall see, by gossip, and by threat of sanctions.

Before World War II patient management had been relatively simple. Basically It utilised the social stigma surrounding Hansen's patients (or 'Lepers' as they were then known). The term 'Leper' immediately invokes Biblical connotations of a person who is unclean and a social outcast, and to contract 'Leprosy' was a life sentence of social discrimination and segregation not only for the patient but for the patient's family. It was this very real fear of the community's reprisals against their families that was used to keep unruly patients in check. For It was an easy matter for the Superintendent at Peel to threaten to send the police around to a troublemaker's relatives. Neighbourhood gossips would then quickly broadcast the news of the visitation.

The other alternative available for patient control at the Lazaret was by the use of sanctions - specifically aimed at the Issuing of visitors' passes. In the early 1940s each patient was allowed two visitors per month. In previous times it had been more often, but evidently someone had broken the rules and the number had been restricted. Before boarding the Government vessel, visitors were required to show a pass which had been previously applied for by the patient to the Superintendent at Peel. Naturally any misdemeanours on the part of the patient could be used against him when he came to request his visitors' passes.

Prior to World War II, most of the patients were old and inactive. Many were dispirited from the physical and psychological effects of their disease and offered no problems to the administrators of the Island. However in the early 1940s a 'new breed' of patient began to be admitted to Peel. These were young and without family ties, active, and (apart from their Hansen's) healthy men who were not prepared to accept the conditions which they found at the Lazaret, and they resolved actively to rectify the situation. This attitude was naturally not endorsed by the older patients who feared reprisals against themselves as well as against this younger element, and a further social cleavage developed between the older and younger patients. It was very much a situation of 'us' and 'them'.

A 'Patients' Committee' was formed, and set about trying to improve conditions on the island. Their grievances were not so much the segregation from society - the patients realised that the Government was acting In the only way It knew how considering the current medical knowledge - but on the conditions that they had to endure during their segregation. These can be summarised into four main groups thus:

(a) Inadequate medical supervision. With staff shortages at the Health Department during the war, doctor's visits were sometimes only every three or four months. Because they were on Peel, patients felt they were being treated only for their Hansen's Disease, and not for any other illness they might contract. Septicaemia, resulting from unwitting abuse to their anaesthetised limbs was always a worry to the patients, its early detection being imperative.

(b) Before the outbreak of the war, a replacement for Peel Island had been planned by the Health Department. For this reason, maintenance of the existing buildings there was allowed to fall behind, and a much needed rebuilding programme was shelved. Of course, the war and its drain on staff and supplies ensured that nothing more was done, and the problems at Peel were all but forgotten.

(c) Visitors were restricted to two per patient per month. They were not allowed to enter the Lazaret and had to wait at the stone jetty for the patients to meet them there. If they came on the 'Otter' from Brisbane, their time ashore was limited to about half an hour.

(d)Food, although plentiful, was not of the best quality, its main fault lying in the preparation. Good cooks were difficult to obtain, and those at Peel seemed to have been social misfits or alcoholics whom the Health Department found difficulty in employing on the mainland.

As stated previously, new 'cures' for HD were always being discovered, and in the early 1940s another was claimed by a man in Sydney. An Anglican newspaper in Queensland heard about it and raised £2OO to send a couple of patients from Peel to Sydney to try it out. The Health Department would not allow such an experiment, however, so the money was used instead to establish the Patients' Committee fighting fund. Letterheads were ordered and the first of a great many letters were written to try to improve the lot of the Peel Island patients. Members of Parliament were a prime target of these letters and about twenty Opposition Members at a time would visit Peel to see the conditions under which the patients lived, Tom Atkins being perhaps the most sympathetic and helpful to the patients' cause. Dr Duhig, a prominent pathologist and a nephew of Dr James Duhig, Roman Catholic Archbishop of Brisbane, was also always on the patients' side.

At the nucleus of the Patients' Committee were half a dozen enthusiastic young patients comprising ,among others, an Englishman educated at Oxford, well read, and one of their most vocal members; Ned, our rebellious young friend who had been readmitted to Peel in 1938, and who was to become one of the group's most forthright spokesmen; and a new

patient, Jim, who was to prove a hardworking secretary for the group, sometimes typing as many as twenty letters a night on his old well worn typewriter. Jim was sent to the Peel Island Lazaret in 1943 with the lepromatous type of Hansen's' Disease. This had been discovered after he had been admitted to Wattlebrae Hospital for Infectious Disease with Meningitis. It is upon Jim's reminiscences that much of this chapter is based.

Voicing protests from the tiny Moreton Bay island was not easy. With World War II in full swing, the Government's attention was diverted elsewhere and Peel's small population proved easy to ignore. Matron O'Brien continued as best she could but was severely hampered by her rapidly advancing Parkinson's Disease. Her hands shook so much that in the end she was practically incapable of issuing medication to the patients or of writing orders for further supplies for the settlement. Finally she could carry on no longer and was taken from the island on a stretcher. Matron O'Brien's dual role of Matron-in-Charge and Superintendent was assigned in 1946 to two people: in January to Sister Marie Ahlberg from Brisbane's Diamantina Hospital who became the new (and last) Matron, and in May to Francis Mahoney, the new (and last) Superintendent. Frank Mahoney had been on Peel for several years prior to this, having previously been associated with the Lock Hospital at Fantome Island, and thence with the organisation the Leprosarium there and the subsequent transfer of the coloured patients from Cardwell. However at Peel, the corpulent Matron Ahlberg was to prove the more influential, and she quickly dominated Frank Mahoney, a genial and intelligent man, whose talents were unfortunately hindered by partial deafness, and a stutter.

Although there was a telephone in the office of the Nurses' Quarters, it was out of bounds for patients who, it was feared, would always be trying to contact the Health Minister. Consequently this method of protest had also to be ruled out by the Patients' Committee. This left letter writing as the main means of voicing their protests, and the Committee sent many letters to the State Health Department, the newspapers, and the Minister for Health himself. (An interesting observation on the rules for letter posting from Peel at this time is provided by Dr Reye. Because it was not then known if the Hansen's Bacillus could be transmitted via inanimate objects, it was decreed that all letters sent from Peel have their four corners snipped off so that the contents could be sterilised by formaldehyde vapour before leaving the island. Later, when it was discovered that the Hansen's Bacillus did not live outside its human host, this practice was discontinued).

For many years, the patients at Peel had been helped by a group of concerned people known as 'The Relatives and Friends of Peel Island'. As well as visiting the patients and supplying them with many items to make their stay there more comfortable, the Relatives and Friends also provided the Patients' Committee with a voice in the 'outside' world. It was in

no small measure due to the work of the Relatives and Friends that many of the much needed reforms at Peel were carried out.

Notwithstanding the above avenues Patients' Committee was to embark on a series of direct physical actions of its own, inspired perhaps by a combination of youthful enthusiasm, high-spiritness, recklessness, and the frustration of being ignored and bored. These exploits are best related in Jim's own words:

"Patients at Peel were permitted to own boats, but they were to be poled around and used for fishing only. Officially, sails and motors were not allowed, and there were stories of boats having been burned by the Water Police in the old days for breaking this rule (see chapter 3). However, during the latter stages of the war, eight of us patients secured an 18 foot sailing boat with an 8 foot beam in which we Intended to sail across to the mainland and voice our protests about the island by phoning the papers and putting on a show at the Health Department. Setting sail one night for Cleveland we had only travelled as far as the main channel when a violent storm came up. The jib rope broke and we couldn't hold the boat into the wind. The anchor was dropped while we attempted to repair the jib rope. What a scene it was as one of us stood on another's shoulders at the mast and attempted to relocate the jib rope while the wind and sea battered us and our heeling craft! Eventually we succeeded and the jib was hoisted. The problem then was that the anchor could not be raised until we had run up its rope. In such a gale, this was not easily accomplished, but eventually we did manage to get it up, under the supervision of our one-eyed tillerman, and at about 1 am, defeated, we retuned to the safety of Peel Island. We all thought ourselves lucky to still be alive.

"Next the Committee sent a patient to Canberra as a one man deputation to the Commonwealth Health Minister. He was secretly ferried across to Cleveland where he caught a train to Brisbane and then another to Sydney and thence Canberra. This took place during the war and a border pass was required to cross into NSW, but he managed to complete the operation without one. Although the patients did not receive the Royal Commission they sought, they did receive a sympathetic hearing, and promises of action. A Sydney newspaper even sent up a reporter to Peel and the patients received good publicity in Sydney, but none in the local Queensland papers. On his return journey to Peel, the patients' rep. visited the NSW Lazaret at Little Bay which was situated next door to the Prince Henry Hospital. One of the main fears of the Peel Island patients was that of contracting secondary infections from the HD Lesions, which, if left untreated could result in septicaemia (infection of the blood). In fact at least one patient had died from septicaemia because medical attention had been too long arriving. At Little Bay, however, any health complications could be easily and quickly treated by patients

being transferred 'over the fence' as it were to the Prince Henry Hospital. This is what we patients at Peel wanted - a Doctor on hand to treat secondary infections and other medical emergencies. As things eventuated, however, we had to wait until the war ended before we were granted this demand.

"The Canberra visit placed Superintendent Mahoney in a difficult position. With such a publicised 'escape' of one of his charges from the island, he was anxious that a repetition did not occur. In a confrontation with the Patients' Committee he threatened to have all our boats burnt, and in view of the reported boat burnings of earlier times, we patients took his threats seriously.

"All 'our boats were moored at the patients' jetty just below the men's compound, and to protect them from any possible harm, we decided to keep an all-night watch, each patient being rostered on for two hours. For some nights nothing happened, but on the third or fourth night, the patient on guard duty heard the sound of a launch's engines as it inched up the Lazaret Gutter. Deeming it to be the Water Police, he gave the alarm to the other patients and we quickly swarmed down the bank ready to confront the Intruders. The launch stopped, then after a brief delay, the sound of its engines slowly dissipated into the darkness as it edged back down the Gutter and away. For two more nights this same ritual was repeated, but eventually they must have tired of the game, and on subsequent nights they didn't come back. I threatened Mahoney that if our boats were burned we patients would burn our huts. Matters were left at that.

"In the early 1940s, each patient was allowed two visitors per month, and visitors were required to embark on the Government steamer "Otter" at Brisbane's North Quay. A two hour trip down the river followed, then a further long haul across the bay to Peel Island where the steamer hove-to. A launch would put out from Peel's stone jetty and take the visitors ashore while the "Otter" would continue on the short distance to Dunwich to unload its cargo of stores for the Benevolent Asylum. After unloading, the "Otter" would return to Peel where it would pick up the visitors once again. With such an arrangement, visiting time ashore was restricted to about half an hour.

"Because our visitors were not allowed to visit the Lazaret itself, we patients were required to travel to the stone jetty at the eastern end of Peel where we could talk to them for the short period they were allowed ashore. Although the settlement did posses a truck which was used for transporting staff and stores between the Lazaret and the jetty, we patients were required to travel by horse and dray because the Health Department feared that we could have been a possible source of food contamination. The Superintendent, Frank Mahoney, did not worry about enforcing this rule and used to take us down to the jetty and back in the truck along with the foodstuffs. Word must have got out , though, and the Health Department put a

stop to it, thus forcing us to travel by horse and dray once more. We objected to such discrimination in our mode of transport. but fortunately, we did not have too long to wait before an opportunity for reprisal presented itself.

"One day, the dray broke down halfway between the jetty and the settlement. Mysteriously, in its solitary isolation, It caught fire and was totally destroyed. The patients' committee had struck again!

"With the patient transport thus destroyed, we were unable to travel to meet our relatives at the jetty, and a new arrangement had to be struck between Mahoney and the committee. Though officially relatives were not allowed Into the settlement itself, an arrangement was effected whereby our relatives would be transported by truck from the jetty to the settlement. A large tent had been erected beside the church and it was anticipated that the patients would entertain their relatives there for the few hours of their visit. This we tried, but as there was no provision for making tea, I took my relatives to my hut and entertained them there. Other patients quickly followed suit and the tent was never used again. Finally in 1945 the Department provided a truck for the use of the patients and this, coupled with an increase in the number of visitors allowed (two per week), their greater ease of access (they could now board at Cleveland rather than at Brisbane), and the stricter adherence to boat timetables (which gave the visitors longer at the island) - these all helped to make the visits of our relatives much more acceptable.

"In the late thirties, soon after his appointment as Queensland's Director General of Health and Medical Services, Sir Raphael Cilento after several visits to Peel Island had wanted to have the Lazaret transferred to the mainland for easier access. However, his recommendation was not greeted with any enthusiasm and the idea lapsed. Instead, Doctor David Johnson was appointed to visit Peel on a basis as regular as his other duties would allow. These , coupled with bad weather, usually meant that his visits were anything up to three or four months apart, and even then, his time on the island was so restricted because of the launch schedules, and he could only spend about an hour examining the patients. Officially, any secondary infections should have been sent to Wattlebrae Infectious Hospital for treatment but nobody ever went in those days.

"Later, when Doctor Johnson became ill, another doctor was appointed to visit Peel Island in his absence. However he appeared be scared to touch us Hansen's patients and eventually we had to refuse to see him.

"Then, just after the war, the Health Minister, Tom Foley, was scheduled to visit Dunwich to supervise the transfer of its Benevolent Asylum to the recently vacated Air Force Base at Sandgate, (now renamed Eventide). The Patients' Committee

got wind of the proposed visit and decided to send a deputation to him. Accordingly, we collected at the stone jetty, and waited while the "Karboora" hove to off Peel, while Peel's mail was collected by our launch. Our first impulse was to kidnap the mail bearer and hold him hostage until our demands were met, but this plan was replaced by the more sensible approach of sending a note to the Minister aboard the "Karboora" and asking for a hearing. This we did, and he promised us a visit on the return trip from Dunwich. He kept his promise and dropped in to see us with his Undersecretary, who by chance happened to be an old friend of mine! Needless to say, he was very surprised to see me on Peel and to learn that I was a patient at the Lazaret. I like to think that our past friendship helped to influence the Minister's promise to return to Peel In one month when he had more time. This he did, and as a result the Lazaret was promised a resident Doctor, a decent Matron, and more nurses."

The Matron was ,as previously stated, Matron Marie Ahlberg, and the nurses were young and pretty for a change. The doctor was a 1943 graduate of Queensland University, Eric Reye. He had been visiting Peel, among his other duties since 1944, but by late 1946, he was permitted to visit the Island full time. Together these fresh recruits breathed a new lease of life into the Lazaret at Peel Island.

6

DOCTOR IN RESIDENCE (26)

DOCTOR REYE ARRIVES,BUT WHERE IS HIS HOUSE?

TO THOSE NOT forced to stay there, Peel Island was a paradise - one of those islands we all dream about, yet few actually encounter. Dr Eric Reye, In his off-duty moments, revelled In Peel's unspoiled charm and unsophisticated way of life. A 'boatie' at heart1 he was to combine his passion for the sea with his medical skills in a unique and beneficial fashion at Peel.

Eric Reye graduated in Medicine at the University of Queensland in 1943, and as a student had visited the Lazaret at Peel Island. During the war years, staff shortages were common in all Government Departments, and when one of the Health Department Doctors (David Johnson) became seriously ill, Dr Reye was manpowered into his position as a replacement. He performed various duties ranging from Industrial Hygiene (his specialty), sharing forensic Pathology with Dr Ted

Derrick, lecturing on Parasitology, and occasionally performing the duties of a Government Medical Officer. It was in this latter capacity that he used to visit Peel Island once a week. Initially, this involved sailing on the Government supply steamer "Otter" to Dunwich and then catching Peel's supply launch "Karboora" to the island, where he arrived at about 11 am. Here, his time was crammed with clinical work, the taking of routine smears, and a quick lunch, before leaving at 2 PM to catch a boat back to the mainland. Clearly, the time available for him to carry out his medical duties at Peel was quite insufficient, so Dr Reye overcame this problem by using his own boat, a 25 foot Restricted Yacht "Maroomba", to transport him to Peel Island for the weekend. Each alternate Friday he would sail from Manly, where he kept the "Maroomba" moored, to Peel, carry out his medical duties over the weekend, and return to Manly on the Monday. In this way he was able to devote more time to the proper medical care of each patient.

At last it seemed, the patients had been sent a doctor who measured up to their requirements. At last, they had someone who cared enough about their wellbeing to give up his own leisure time for their treatment, and who was prepared to listen to their special problems and learn about their special disease. He was still not the full time Resident Doctor which the Patients' Committee had long been lobbying for, but with staff shortages due to World War II, such a request was then impossible to meet.

Even so, working on the principle that people segregated for the good of the community and not as an act of vengeance should be given the best of everything, the young doctor set about his task with great enthusiasm, and as well as performing his routine medical duties on the Island, he was able to try a few medical innovations of his own.

He introduced a Zinc-Iodoform-Paraffin Paste which helped the patients' lesions to heal, by keeping out irritants such as sand and, of all things, matches. (Electricity had still not been introduced at this stage, and matches littered many of the patients' floors after their efforts at lighting their kerosene wick lamps). After the paste was applied, It was covered with a hard plaster bandage which was changed once a week.

Quite a number of the patients suffered from trophic ulcers - those on the soles of their feet being very intractable and sometimes almost down to the bone. In these cases a piece of iron was inserted in the plaster of Paris splint to take the pressure off the area whilst walking. From the patients' point of view, lugging these plaster casts around continually could become quite tiring, and one old 'bushie' became so sick of wearing his that he went down to the woodheap one day, and took the axe to it! (23)

Another patient, aptly nicknamed "Blowfly" preferred his own dressings to those of Dr Reye. He tried applying a mixture of grated apple and flour to his leg ulcers, the theory being that the bacteria would eat the apple rather than his lesions. (23)

Alex also tells of another "alternative treatment" concocted by one of the patients at Peel Island. The patient in question was a young cripple (by birth, not from the Hansen's Disease) whom Alex used to carry around on his back. Because the Chaulmoogra Oil made him so sick, he treated himself with that great Mediterranean cure-all, garlic, which he ate daily in copious amounts as garlic sandwiches. The smell must have been quite overpowering on his carrier, Alex, but such was the cripple's faith in his remedy that he would constantly reassure his friend, '1We'll go home together, brother!" Indeed, he did produce a typical ' Lepra Reaction' although it can't be necessarily attributed to the effects of the garlic. However, when Promin was introduced later, the cripple would be cured of his Hansen's Disease and go home BEFORE Alex!

As another possible alternative to the nauseating oral Chaulmoogra Oil, Dr Reye also tried Intradermal injections of Chaulmoogra Oil Salt which were very painful but which did produce reactions in some patients which would indicate that it was helping to kill the Hansen's Bacillus. However, Dr Reye is inclined to think this may have been just a placebo effect and in reality the patients were just responding to a better diet which helped build up their bodies' own natural resistance to the disease.

During the war, the American soldiers brought Into Australia the first samples of a new wonder drug, penicillin. The patients at Peel, always in touch with the latest medical trends, came to hear of its arrival and thought that It might help them as well. After petitioning the Health Minister, they were eventually given some penicillin to try. As supplies were scarce, the test was limited to the ten most severely affected patients. These were given four hourly Intramuscular injections of penicillin for one week. The hoped for cure, however, did not eventuate, and the penicillin tests were dropped after being disappointingly unsuccessful.

In January 1946, on one of his weekend trips to Peel, Dr Reye's boat "Maroomba" was wrecked on Horseshoe Bay at about 2 am by a sudden south easterly squall. Fortunately, when it was blown ashore, it just managed to avoid the rocks and therefore total disintegration, but even so repairs were lengthy and remodelling was carried out at Dunwich by Bonty Dixon, previously a launchmaster of the "Karboora". As the "Maroomba" had provided accommodation for Dr Reye as well as transport, necessity forced him to occupy a small room in the Superintendent's Quarters while repairs were undertaken.

By this time, Dr Reye had been appointed a Full Time Government Medical Officer, and visited Peel regularly. In January 1947 Promin therapy was introduced and its daily I/V administration necessitated Dr Reye's remaining full time on the island. Thus he became Peel's Resident Medical Officer. Dr Reye had married in August, 1945, and his wife was appointed assistant to Laboratory Technician Dorothy Herbert for one year. (It was only through an official appointment that Mrs Reye was allowed to remain on the island). To accommodate his wife, Dr Reye purchased a wartime surf landing dory which because of its flat bottom was easily beached at the base of the Lazaret's north embankment.

There was no provision for accommodation of a Medical Officer on Peel, and Dr Reye and his wife were forced to continue living on the boat for about a year. Patient accommodation was also desperately short, and it was only on Dr Reye's threat of resignation that ex-army huts were procured from Redbank and shipped to the Island. Finally, in September 1947, Dr Reye was able to move ashore and occupy the new Doctor's residence which was situated at the top of the embankment several hundred metres to the east of the men's compound. Its small balcony commanded a fine sweeping view northwards across the waters of Moreton Bay towards the rolling tree covered sandhills of Moreton Island. Closer to home In the water at the bottom of the embankment, Dr Reye's "Maroomba" rested at her moorings.

The day's work at the surgery usually began at 4 am when the Primus (kerosene) stoves were lit to sterilise the syringes and instruments. There was little job demarcation and Dr Reye on occasions even helped to make the beds. In all, it was a real team effort. Nobody thought of claiming overtime, for it was job Interest which provided the main incentive. (23) For night surgery1 electric power was supplied by two 6 volt car batteries which Dr Reye had removed from "Maroomba". The idea was that while one was in use, the other would be sent to Dunwich for recharging.

As well as his regular medical activities, performing emergency dental work was also one of Dr Reye's duties, and he became adept at using the Zinc Oxide/clove oil dressing as a temporary tooth filling until the patient could be sent to Brisbane. It wasn't until well after the war that regular dental checks were performed on the patients at Peel by a visiting dentist.

Because of the labour and material shortages resulting from the war effort, much needed rebuilding at Peel had been further postponed. However two building projects were undertaken which did much to aid the comfort of both staff and patients at the Lazaret. In 1945 alterations to the single roomed treatment clinic eased its overcrowded conditions and on November 3rd of the same year, a new Recreation Hall was opened for both patient and staff use. It was situated at the top of the embankment at the north end of the quadrangle between the male and female patients' compounds, and provided a

much needed area where the inhabitants of the Lazaret could relax and enjoy the lighter side of life. In the absence of the Health Minister who was unable to attend the ceremony, the Recreation Hall was officially opened by Dr Reye with a full Salvation Army band entertaining the inmates and their relatives.

Soon to follow were more improvements: a new bathroom in the male section, the building of the power house in anticipation of electricity generators being installed, and new patients houses were constructed and others repaired. Electric lighting and power though not installed was under review, and a cinematograph was proposed for movie shows when electricity finally did become available. In addition1 two inmates undertook to paint the houses occupied by the patients, by arrangement with the Department of Works.

It would be incorrect to ascribe all these improvements to the arrival of Dr Reye at Peel, but his influence certainly helped. Although he was Medical Officer his authority did not extend beyond the medical sphere, the administration of the non-medical life at Peel still coming under the jurisdiction of Superintendent Mahoney. As previously stated, Frank Mahoney's personal problems had rendered him ineffectual, and much of his authority had been taken over by Matron Ahlberg. Indeed, her influence had become so powerful that she was to clash often with Dr Reye in policy matters regarding the island. Dr Reye did have one important means of 'getting his way' and this was by threat of resignation. He was to use this three times before he declined to withdraw it. But he was able to achieve much before this eventually took place.

Men's huts, 1950s

In a further elaboration on the nature of Peel's administrative clashes, Dr Reye points out that both Marie Ahlberg and Frank Mahoney each had the welfare of the patients and their respective staff very much at heart. Differences between Matron, Superintendent, and Medical Officer were more matters of how best to fulfil these aims, than of personal rivalry or hostility.

The nature of the institution did not help. Matron and Superintendent were left alone in charge while one of them was on leave in lieu of weekends (ie. about a week at a time) or on annual leave. In 1948/49 the Medical Officer was absent for six weeks at a time on Fantome Island and It was only late in 1949 that another MO (Dr Marion Macken) was seconded from her duties with the Tuberculosis Survey to look after medical matters on Peel during such absences).

One other name should be mentioned with those who controlled the affairs of Peel Island at this time, and this was Dr Abraham Fryberg (later to be knighted Sir Abraham Fryberg). He had joined the Queensland Health Department In 1936 as a State Health Officer, and a part of his duties was to visit the Peel Island leprosarium twice a week. With the outbreak of the Second World War in 1939, Dr Fryberg enlisted, and spent the next five years in the army: three years overseas, and two years at Headquarters.

In 1945, in order to relieve Sir Raphael Cilento who wished to travel overseas, Dr Fryberg was released by the army to continue his position as State Health Officer. In 1946 Sir Raphael Cilento resigned as Director General of Health and Medical Services in Queensland, and his Deputy, Dr Coffey, was appointed to the position. Upon the latter's retirement in 1947, Dr Fryberg became Director General.

Because of his previous association with Peel as a State Health Officer, Dr Fryberg possessed an intimate knowledge of the special problems of the Lazaret and its inmates. Although his acknowledged loyalty was first and foremost to his employer, the Queensland Government, and although he was generally regarded as a difficult negotiator, nevertheless, his sympathetic attitude was instrumental to the Health Department's granting of the many requested improvements which took place at Peel in its post war years.

BREAKTHROUGH!

SCIENCE SPARS WITH HISTORY - AND WINS THE ROUND!

IN 1946 THE HEALTH Department reported "Leprosy as prevalent as ever due to (a) inability (of doctors) to diagnose & (b) fear of segregation (many persons seriously believe that people with Leprosy are cast on Peel Island to fend for themselves)." (8)

Clearly, the Government's policy of segregation was not proving effective enough to keep the spread of the disease under control, and judging from the above statement, better education programmes (one for the doctors and one for the public at large) may have helped an earlier removal of carriers from the community. Firstly1 doctors would have been able to identify Hansen's Disease at an earlier stage, and secondly, people who knew they were suffering from Hansen's Disease would have been more likely to volunteer their knowledge had they had a more realistic picture of what life was really like on Peel Island.

What was really needed to control Hansen's Disease was a miracle, but nearly two thousand years had elapsed since this had last been officially recorded as being a cure for Hansen's Disease.

Many people attributed the age of miracles to Biblical times only, and certainly the instantaneous healing of lepers had not been witnessed since Christ cast out the disease from the faithful. Yet miracles do persist into our own times -the twentieth century variety being more subtle. They trade under a number of guises - Medical Science being just one of its caps.

To the patients at Peel Island, and to the other Hansen's Disease sufferers all around the world, the advent of the sulphone drugs was the greatest miracle of all:

1934, and the first of a new class of drugs, the sulphonamides, is discovered. This is Prontosil.

1936, and Sulphanilamide, its active metabolite, is isolated. A large number of other related sulpha drugs also being produced and tested.

1937, and Dapsone, the first of a new sub class of suplha drugs called the Sulphones is produced. Dapsone is found to be thirty times more active but only fifteen times more toxic than sulphanilamide and in the 1940s is tested as a possible cure for Tuberculosis. Regrettably It Is not effective but someone tries it as a cure for rat leprosy -with dramatic results! Soon it is tried on human volunteers, and by the mid 1940s we know that the miracle cure for Hansen's Disease has finally been found! Word buzzes the medical circles of the world. There IS a cure!

At Peel, spirits soar! Promin is the first Sulphone to be available commercially, and the Patient's Committee lobbies the Health Department to order supplies from America. They eventually do, even though its degree of toxicity and effectiveness are by no means sure. The patients are desperate, however, and regard such a chance as worth taking. In many1 the disease is rapidly reaching the stage where their lives are in danger. Jim, the Secretary of the Patient's Committee, has such large nodules on the inside of his throat that he Is almost at the point of suffocating, and in 1945 Dr Reye sends him to Brisbane for a tracheostomy (the surgical operation involving the insertion of an endotracheal tube in the throat). Although successful, Jim's prognosis at this stage is only twelve months. In Jim's friend and fellow committee member, 'Ned', the disease is also in its advanced state as it Is with Alex, who although he has conscientiously taken his Chaulmoogra Oil has suffered a relapse after two and a half years, and with his sight failing rapidly, is readmitted to the Lazaret.

1946 and finally, in its closing days after many delays due to industrial trouble, the first Promin arrives from America.

1947 and on 23rd of January, twenty of Peel's most severe cases receive their fist doses by Intravenous Injection. The philosophy behind this mode of administration is to deliver the maximum amount of drug in the shortest time, and as such the Promin is delivered by Intravenous administration each morning for six days each week. In all, by the end of April, Dr Reye and his assistants have given 1,677 Promin injections, and the results are most encouraging!

1947, and by April 30th Jim, Ned, and Alex know their disease is being arrested. Their hope returns that one day they will leave Peel Island, cured and able to rejoin the rest of society!

1947....Alleluia!

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Many of the Hansen's patients had veins which were very difficult to locate with a needle and on some patients it would take Dr Reye three quarters of an hour to succeed in this operation. Consequently, he was kept very busy with the administration of the Promin and the time factor limited the number of patients on whom the new therapy could be tried.

In those days, disposable needles were not yet invented, and each night by the light of his battery lamp Dr Reye had to resharpen all his hypodermic needles using a ground glass stone. (26)

Because of the possible haematological effects of the sulphones on the body, a laboratory was set up on Peel for blood counting and urine examination. It, too, was extremely busy and during 1946/47 results included 817 Haemoglobin estimates, 237 Red Cell counts, 233 White cell counts, and 278 Microscopic urine estimations. To help with the increased workload, two sisters and one experienced nurse were added to the medical staff, plus one laboratory technician and laboratory assistant. But even as he engaged them, Dr Reye expressed doubts that they would stay because of the poor conditions. Also, repeated advertisements for a medical officer to assist in the treatment and control of Leprosy brought no response.

For a start, the laboratory was set up in a disused hut down in the bush, but because of its distance, dilapidation, and lack of water, Dr Reye asked the Padre if he could use the Church as a laboratory. All would have been well but for the Roman Catholic patients who refused to enter the church because it had been consecrated 'Anglican'. The best Dr Reye could do was to coax them into the Church's tiny vestibule where he took the necessary samples from them. Clearly, this was not a satisfactory arrangement, and new premises again had to be found for the laboratory. (8)

The choice fell to the library cum billiard room which belonged to the male patients. (This was the remaining building of the two which had been used for the male patients' recreation - as related previously, the other men's common room was burnt down mysteriously after a festive season's revelry). Such a move meant that the men's library and billiard table had to be relocated, and so a new home was found for them at the eastern end of the newly built recreation hall. (Today, the partition still remains which separated the billiard table from the rest of the rec hall, and the shelves which once housed the patients' rather extensive library can still be seen fixed to the walls in this area).

In the 1948/49 era, the laboratory activities came to a halt on Peel Island due to the resignation of the laboratory technician, followed shortly afterward by that of her assistant. Pending restaffing, all samples of blood and urine were sent to the Laboratory of Microbiology and Pathology in Brisbane, where the routine tests were carried out. But because of the

lab's closure on Peel, it was not possible to carry on several lines of research to provide data urgently needed eg. sulphone concentration in body fluids, carbohydrate metabolism in the disease (especially in the allergic reaction phase) and on hepatic and gastric function. (8)

Dr Reye realised that Peel Island was almost unique In the world In that, because no other drastic diseases were present, it provided an ideal laboratory in which to study purely Hansen's Disease. However, the Queensland Government failed to appreciate Peel's significance to the world of medicine, and did nothing to improve the conditions under which the island's laboratory staff had worked. In fact, the Laboratory at Peel was never reopened, and all routine samples continued to be sent to Brisbane for testing. On one occasion, a wag at Peel sent up an unlabelled sample of tidal water from under the jetty, and another of snake's blood with the patients' routine blood smears. The tidal water made no ripples, but the snake's blood caused quite a stir, and an urgent inquiry was made into the condition and identity of the donor patient. Only then was the prank revealed!

Promin was later followed by oral forms of the sulphones. Diasone and then Sulphetrone were the first to be introduced. However with the oral drugs, the responsibility for taking the drugs was shifted from the Doctor to the patient, and as the Hansen's Disease was arrested a new problem of non compliance became evident. When it became apparent that they were going to recover from their affliction, and would therefore have to leave the seclusion of Peel and face life in the community once again, some patients began to baulk at the prospect and stopped taking the medication which was helping them along this new path. Many had been on the island for so long that all their ties with family and friends had long since been severed by divorce or death. They had no-one to go to. As nobody was compelled to take the medication if they did not want to, it became quite a problem for Dr Reye and his staff to try to persuade these non-compliers to see reason and continue with their medications. The Government, of course, wanted the cured patients sent off Peel and back into the community, and it was only on Dr Reye's threat of resignation that they rescinded and allowed the cured Hansen's patients to remain on the Island if they so wished. (26)

By 1949 Dr Reye was able to write in his annual report that conditions had improved so much that some patients were not anxious to leave once the condition (Hansen's Disease) had been arrested. Modern treatment, including specialist attention at the Brisbane General Hospital as well as better conditions at Peel had changed attitudes of the patients. Most were quite content to stay until they were better. (8)

The Government's dilemma of whether to segregate the Hansen's Patient or expose the rest of the community to any possible dangers of infection was very much influenced by Public Opinion, a fact which both the Patients' Committee and the Relatives and Friends Association were constantly exploiting. It was not until the number of Hansen's Patients began their dramatic fall several years after the Introduction of the sulphones that the Government began to feel any confidence in restoring the patients to their place in the community. And even then it took nearly a decade to finally make a decision.

8

MORE CHANGES (23)

THE LATE 40s SAW MANY CHANGES AT PEEL - FOR BETTER & WORSE

WHEN A PATIENT'S medical condition required attention beyond the facilities available at the Lazaret, he was sent to Wattlebrae, the Ward for Infectious Disease Patients at the Brisbane General Hospital. One of the young, newly registered nurses who began work there in the late 1940s was Rosemary Opala (Fielding). After the ageing nurses at Peel, Rosemary's youth and cheery nature were a welcome relief for the Hansen's Patients visiting Wattlebrae and many urged her to transfer to the nursing staff at the Island. Stirred by compassion for the patients' condition, as well as by their descriptions of the beauty of Peel and the simplicity of its lifestyle, Rosemary agreed, and her arrival at Peel marked the beginning of an influx of young nurses who were to work on the island over the next decade or so.

Rosemary recalls that the most unpleasant thing about Peel Island was getting there. In a south easter, the boat trip could be extremely rough, and she and many other staff members were often seasick on their return to the island after their 'days off'. Milk churns were sent on the same boat1 and it was not uncommon to see lumps of butter floating on the surface of the milk after the crossing, so violently had the milk been thrown around! Having to report to work on the day of their arrival added further to the unpleasantness, but the Matron showed some compassion in giving them light duties until they were feeling better.

Apart from her nursing duties, Rosemary found plenty to occupy her time on Peel. A lover of nature, she was fond of beachcombing, and floating over the island's coral reefs in her small dinghy. She also enjoyed bike riding around the island, and learnt to horse ride on the settlement's draught horses, now living in semi-retirement except for the task of

pulling the mower to keep the grass down around the settlement. Swimming at Horseshoe Bay was also popular with the nurses, but at that time, there was no road directly across the island (the road to the eastern jetty was too far to walk), and Rosemary and her colleagues had to wade, knee deep, through the swamp at the back of the Lazaret to reach the western end of Horseshoe Bay. Peel's swamp is quite an eerie place, especially when one stands knee deep in it, and Rosemary's imagination used to conjure up images of a Bunyip suddenly rising from its murky waters.

No Bunyips today!
Rosemary Opala fording the swamp, late 1940s

Staff and patients also enjoyed the frequent socials in the new recreation hall. It was here that Jim taught Rosemary to waltz to the accompaniment of music from a gramophone. As he pranced about the dance floor, the tracheostomy tube in Jim's throat used to whistle as he gasped from his dancing exertions. It must have been quite difficult for Jim to catch his

breath, but such was his youthful exuberance that he did not let such handicaps impair his night's enjoyment. Rosemary also tells of another of Jim's problems with his trachea tube, and this was -mosquitoes! Any visitor to Peel will be familiar with the hordes of 'mossies' which settle on any exposed areas of flesh. Jim found that they were sometimes so thick that he used to unwittingly suck them down his trachea tube and into his throat. Wire gauze on the settlement's windows kept them out of the buildings, so Jim employed the same principle for his trachea tube and covering its outer entrance with gauze solved the problem of his unwanted intruders!

As well as showing a genuine concern for the patients' condition, many nurses went to Peel to have a break from the 'hospital system' as it existed in the large, authoritarian Brisbane General Hospital. At first they did work 'General' style, right down to the black nurses stockings, but common sense soon won through when they were allowed to wear tennis sox. The wearing of veils was extremely difficult in thirty knot gales, and this practice was soon to be abandoned too.

Except at mail and medication times, there was very little "movement at the station". In fact, Rosemary's mental picture of the settlement at Peel Island is one of stillness, a sort of perpetual Sunday, a glass bell of silence, except for the ubiquitous crows (and cicadas). In sociological terms, the Lazaret was a paternalistic society in which the patients were managed rather like inhabitants of a reservation tribe.

Some patients have described themselves then as being in a dreamlike state, and certainly apathy, boredom, loss of control of their lives, and the combination of the toxic effects of the Hansen's Bacillus and iatrogenic additives would not have helped. The female patients (a minority) kept themselves nicely dressed, and functioned more or less on suburban lines. But there was a radical element also amongst the patients. A couple of the ladies were decidedly stroppy and there was a sarkiness and non compliance from the more active male patients. Another form of defiance was in the form of "sick" jokes from the afflicted ones themselves. Hansen's Disease was referred to as "Leppo", and death as "Going to the gums".

Because it attacks the nerve fibres, one of Hansen's Disease characteristics is the deadening of sensation in the body's extremities. This led to many cases of burns from hot kerosene lamp globes and wood fuelled stoves. Although most self-inflicted burns would have been unintentional, some may have been inflicted deliberately as a form of rebellion.

Jim likes to tell the tale of Bill, an old sea dog patient who lived in the cabin next to his. Bill had the habit of often mimicking the accents of the many foreign countries he had visited during his sailing days, as well as employing nautical cliches in his everyday speech, perhaps his most popular being "Around the Horn when she's forty below." One night at

bedtime, a commotion broke forth from his hut, amid loud cries of "I've been 'arpooned! I've been 'arpooned!" This brought the other patients running to his hut in alarm) to find him writhing on the floor with his blue dungaree trousers around his knees. After helping him back onto his bed, the reason for his alarm became obvious. During the day, he had sewn a patch onto the thigh of his trousers with an old sail needle, and being a man, he had sewn it on while still wearing them. However, due to his limbs being anaesthetised he had sewn the patch onto his skin as well - a fact he had not realised until he tried to undress that night!

The Lazaret at Peel Island contained many other personalities worthy of note. One patient (the previously mentioned "Blowfly") wrote letters to the Prime Minister on toilet paper. Another had been educated at Oxford and his hut was crammed with books. Sadly, his Hansen's Disease had rendered him blind, so he had to rely on other patients, staff, and visitors to read to him. He had a beautiful speaking voice, though, and the Patients' Committee used him as a spokesman for their cause. A World War I pilot, he was a 'bit of a snob' and a real charmer with the ladies, but many an attendant would attest to his short temper.

Another patient, an ex-seaman, had been one of the original crew which sailed the dredge 'Platypus' to Queensland from Scotland. After many years of service, the 'Platypus' was sunk just off the eastern jetty as a breakwater in 1926. When the seaman contracted Hansen's Disease, he was sent to the Lazaret as a patient, and it was ironic that both he and the 'Platypus' were to spend their last days on Peel Island literally 'rotting away'.

Rosemary would also like to record an unsung hero of the island, a Melanesian, who used to do the laundry for the lazaret. As well as boiling all the patients' washing in a wood fired copper, he ironed all their clothes with a petrol iron in a tin shed. The heat must have been unbearable, and the task thankless, but in spite of all this he always remained cheerful.

At the Lazaret, some patients were unable to drink cow's milk and asked that goats be kept on the island for milking purposes. The Government refused such a request, so the patients obtained a supply of goats on the blackmarket. When the Health Department found out1 the Superintendent, Frank Mahoney, was ordered to kill the goats. Frank dutifully produced an axe and entered the goat enclosure ready to do battle. However, a large billy accepted the challenge and charged the Superintendent with lowered head. It was all the encouragement Frank needed to give up and he suggested that if the Department really wanted the goats killed) then they should send someone down to do the job. Nobody arrived, so the goats stayed. (26)

Jim was one of the patients who kept goats, as well as ducks and poultry. On one occasion he decided to send all his ducks to market, and arranged for them all to be shipped to his friends' backyard in Brisbane. Their number was in excess of one hundred and things went astray when the tide went out during their off loading from the boat, and they had to be passed individually across the mud to the shore.

Jim's goats. The shed in the background once housed aboriginal patients

Another of Jim's hobbies was greyhound racing, and he kept several of the dogs at Peel where he used to train them for meetings at Capalaba and elsewhere. When the time came for a race, his relatives would come over to Peel, collect the dogs, and enter them in the race on Jim's behalf.

Although the staff at the lazaret had access to a telephone for administrative or emergency use, it was a long time before a public phone was installed for the patients' use. It was feared that the patients would be constantly telephoning the Minister for Health with their complaints. (26)

But improvements in conditions at Peel still continued, the biggest breakthrough being the introduction of electricity in 1947. The power helped make the patients' nights less drab and long, and certainly made night surgery much easier. The advent of electricity paved the way for the purchase of a cinematograph which was installed in 1948 In a special room at

the eastern end of the recreation hall. Movie films were shown twice a week and proved very popular with both patients and staff alike. All types of films were shown, but occasionally the odd Hollywood 'biblical epic' would make reference to the Leper outcasts and these would cause great offence to the patients watching the film. Selection of this type of film was carefully avoided.

In 1946 a Government main Roads gang spent several months on Peel Island improving the road between the Lazaret and the eastern jetty so that it would be passable in wet weather. An added bonus of their stay on the island was that they were able to use their machinery to bury the settlement's rubbish - the disposal of which had always been a problem. (26)

Many of the patients were unable to write because they had only stumps for fingers, so in 1946 on each second Sunday, a lady correspondent began to visit the island whereupon she would write down letters as dictated to her. Needless to say, her services were much sought after. Many outside organisations continued to make donations to the patients: the Brisbane City Mission donated a piano accordion, the Salvation Army gave band instruments, and the Country Women's Association supplied pianola rolls. As well as the Salvos, the Brisbane Municipal Band and Monty Bloom's Concert Party also visited Peel to entertain. Woodcarving, too, provided a satisfying means of relaxation as well as exercise for some of the patients. (8)

Visiting Salvation Army concert group, 1958

The native fauna at Peel also provided the patients with varying degrees of amusement. The Wallabies had become very tame, and used to come into the Lazaret to be fed by the patients. Other native animals, in particular the island's snakes, were less willing guests, but were sometimes caught by the practical jokers amongst the patients who used to carry them around in sugar bags and scare other patients and staff members. Poor Frank Mahoney, the Superintendent, being mortally afraid of snakes, was often a prime target. A favourite prank of the patients was to place a large snake on a warm sunny path which ran along beside a wire fence. The warm sun would send the snake off to sleep, but when Frank came within striking distance, the hidden patients would rattle the wire fence, which would startle the snake into action and scare the unsuspecting Superintendent 'out of his wits'. Carpet, brown, and red bellied black snakes predominated (they and the Agile Wallaby were known to swim the stretch of water from nearby Stradbroke). Quite often the patients would lose some of their poultry to them, and to help beat the snake menace, many of the men patients kept dogs as pets. These they trained to catch and kill the troublesome intruders. Cats were also popular domestic pets, and these were preferred by the women patients. In previous years, the aboriginals had also kept dogs and cats as pets, but when they were transferred to Fantome, they took their dogs with them. Their cats they had to leave behind because they would not have coped with the extended journey. These domestic cats soon reverted to their feral state and became quite a problem to the poultry, so Alex was given the Matron's revolver and told to get rid of them, which he did.

With people living in close proximity for prolonged periods and in such beautiful surroundings, one would not unreasonably expect the occasional romance to blossom forth. This, in fact, did happen, not only between the patients themselves, but also between the staff and patients. On several occasions, the tiny church at the Lazaret was the setting for a marriage ceremony and much rejoicing.

Alex can attest to the romantic influence Peel had on his life, too, because after his readmission in 1946, he was to meet and later marry one of the young and pretty nurses who came to work at Peel after the war. After their decision to marry, his future wife resigned her position on the staff and went to live nearby on the mainland. Unlike other Peel Island marriages, however, they planned their ceremony in a church in Brisbane, and as Alex was not officially allowed off the island, this involved a certain amount of subterfuge. Alex' friend Jim arranged with Ned to sail him across to the mainland for the ceremony and a week's honeymoon. Unfortunately Jim was too ill on the day to go with Alex but another friend went with him and Ned to Cleveland where they left Alex to continue on to his wedding ceremony and honeymoon. Superintendent Mahoney was naturally not too happy at the escape of one of his charges, but, acting under reassurances from Jim that Alex would return after a week, he did not take any action. True to his word, Alex returned to Peel after his

honeymoon, and remained there until 1951 when his cure was complete. Only then was he able to return to the mainland and live fully as man and wife with his beloved, a state which they still share happily today. (21,28)

Meanwhile in 1949, an additional ten bed ward for the helpless patients was ready. Quarters for the nurses had been newly constructed, and shrubs & trees were planted In the grounds of the lazaret. Dr Reye and Superintendent Mahoney both had wanted to employ a full-time gardener to grow the settlement's own vegetables in the rich soil surrounding the lazaret but the Health Department would not agree to the proposal.

By 1948, Dr Reye was spending six weeks at Peel, alternating with six weeks at Fantome Island. (Prior to 1948, Fantome Island had been under the medical care of the Medical Officer of Palm Island). Fantome Island had been managed firstly by the Sacred Heart Sisters and then by the Franciscan Missionaries of Mercy.

The Queensland Government spent about £1,OOO per year on each white patient at Peel Island, which is in sharp contrast to the roughly £100 per year spent on each aboriginal at Fantome Island. Dr Reye recalls that no patient ever went home from Fantome Island until Dr Gabriel was appointed Resident Medical Superintendent at Peel. (In this capacity he was also responsible for Fantome Island).

Both Peel Island and Fantome Islands had midge problems, whose breeding places were then unknown. It was while visiting both these islands as Medical Officer that Dr Reye became interested in them and eventually traded his stethoscope for a microscope and became a Entomologist.

The biting midges at Peel Island bred in the intertidal zone. Commonly miscalled sandflies, they were worst in still weather and mosquito coils and smoke fires were employed to help keep them at bay. Both salt and fresh water species of mosquitoes were also a problem, but they could at least be excluded from the sleeper by the use of a mosquito net hung over the bed. But Midges were smaller than the holes in the net and could pass through. (In the 1960s Vitamin B1 (Thiamine) was found to be useful for preventing reactions to midge bites, although, contrary to popular belief, it did not prevent the midges from biting).

Failure to obtain approval to construct adequate quarters for his patients at Fantome led to Dr Reye's resignation at the end of 1949. After a six month holiday, he began working on biting midges with CSIRO under a grant from the Science and Industry Endowment Fund. Later he moved to Sydney where he was employed as a Medical Officer in the School of

Public Health and Tropical Medicine, under a grant from the Commonwealth Government and another from the Science and Industry Endowment Fund. Later still, when these grants had finished, he went back to medicine where, after a refresher course of six months as a junior RMO at the Princess Alexandra Hospital, he performed Locum GP work around Brisbane for about four years, interrupted only by a trip to Tahiti to study midges there. Finally in mid 1964, he began his full time study with midges with Queensland Alumina Ltd, where after about a year, he moved to premises at the University of Queensland where he worked as a Senior Research Officer for the Department of Entomology, on a Consultancy basis for Local Authorities and large firms until retired at the end of 1987.

Dr Reye's place was filled by Dr Vincent Lennon who commenced as Peel's full-time Medical Officer on November 14th 1949, a position he occupied until July 1951, when a considerable reorganisation of the administration of Peel Island was put into effect.

Obtaining staff to work at the Lazaret was always a problem. Peel's remoteness from civilisation was always a deterrent to obtaining good staff, while being an attraction to social outcasts and misfits. Some even joined the staff to avoid detection by the Law. Less remote islands in Moreton Bay had been considered as far back as the 1930s

One of Dr Reye's early tasks as Medical Officer at Peel had been to follow up the history of each patient discharged from the Lazaret. This had not been done previously, and quite a number of these follow-up procedures revealed that the disease had again become active in previously discharged patients. The result was that they had to be readmitted to Peel for further treatment. On Dr Reye's projections, Lazaret patient numbers would be expected to peak at about 100 - too many to be housed at Peel's present community.

Cabinet was of the opinion that it would not be possible to rebuild on the site due to the workmen's fear of Hansen's Disease (this was despite a Main Roads gang being on the island and enjoying themselves hugely). So in 1946 a survey of neighbouring islands was ordered.

Both Coochie Mudlo (off Victoria Point) and St Helena (off Wynnum) were investigated. However, St Helena still carried the image of its recently closed prison. The buildings were forbidding, and the lack of vegetation on the island gave It a starkness which would have done little to improve the Hansen's patients' outlook. Coochie, although well wooded, was too small.

Because St Helena and Coochie Mudlo Islands had proved unsuitable, the other alternative for the Government was to relocate the Lazaret on another part of Peel Itself. Towards this end, the western jetty was built in 1948 and plans were made for relocating the Lazaret into motel style accommodation in the south westerly part of the island. This would have made the lazaret more easily accessible for two reasons: firstly, the boat trip from Cleveland would have been shortened, and secondly, the distance from the jetty to the Lazaret would have been greatly reduced. The Public Works Department was requested to draw up plans in consultation with the Peel Island staff. These were completed in 1949. However, Cabinet still remained indecisive.

Finally, in 1950, the Government decided to abandon an island Lazaret altogether, and on land at Burpengary just north of Brisbane it proposed to build a new leprosarium. Its close proximity to Brisbane would have permitted rapid transit to and from Wattlebrae, the Infectious Diseases Section of Brisbane's General Hospital.

But after the introduction of Dapsone, there was such a significant reduction in the number of patients at Peel, that the proposed Leprosarium at Burpengary was no longer required. Instead, the land was given to the Education Department.

In 1949/50 Dr Fryberg was sent overseas by the Queensland Government who were at a loss to know what to do about the Hansen's patients at Peel. He visited the leprosarium at Carville in the USA and spent two weeks there studying the latest techniques in Hansen's treatment. He was full of admiration for the team of army doctors who ran the centre, and for the nuns (Sisters of Mercy) who provided nursing care for the patients at this hospital situated on the banks of the Mississippi, and devoted exclusively to the care of Hansen's patients. At Carville, Dr Fryberg learnt that there was no longer any need to isolate the Hansen's patient, once their condition had been stabilised.

On his return journey, he stopped off for three days at Hawaii, from where he was flown to the famed leprosarium at the Kalaupapa settlement on Molokai. Here he visited the tiny hut in which once lived Father Damien, legendary benefactor of Hansen's patients, who eventually contracted the disease himself. Here, Dr Fryberg was presented with a certificate which recorded him as a member of The Friends of Kalaupapa.

Dr Fryberg also visited Dr Frazer who was in charge of a leprosarium for Chinese situated on an island near Hong Kong. (31)

Back in Brisbane, Dr Fryberg instigated the policy of enlightening the public - a broadcast, a lecture to social workers, and an article in "Australian Monthly") Queensland Health Education Council, and in the "Doctor Day" series in the Telegraph newspaper. Significantly, the term "leprosy" was dropped in favour of the kinder "Hansen's Disease", "leprosy" only being used in legal documents where it was still specifically required by law. (8)

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As mentioned previously, staff alcoholism had always been a problem at Peel. Some of the cooks were the worst offenders, one being so bad that he would even drink the alcohol based lemon essence - straight. Their worst times for being drunk and disorderly were on their return to work after their week's leave. Often their leave would be little else than one long binge around the pubs of Cleveland, and they would return to Peel in no fit state for work. Often it would be several days before they were sober enough to perform their required duties.

Although Dr Reye had no control over its consumption by the staff members, he did manage to curb patient overuse by threatening to withhold treatment. However, although patients were restricted in the 1940s to one bottle of beer per day for the men, and one bottle of wine per week for the women, a certain local charter boat operator was engaged to drop illicit supplies of alcohol on the island. He carried the beer in the bilges of his boat (nicknamed the 'Rum Runner') and in this way avoided detection by frequent police raids. Our old friend, 'Ned' was one of the ringleaders of this little scheme. (22)

Jordan McMillen tells of the two cooks in the 'early days' (probably the 1930s) who lingered too long at the Grand View Hotel in Cleveland and missed the boat back to Peel. As they did not have to commence work until the following morning, they decided to hire a local boat owner to take them to Peel that night. In the meantime, they kept drinking. The boat owner duly let them off at the Spit, a long sandbar at the north western end of Peel. It was low tide when they disembarked, and they still had some grog with them. This they must have finished on the spot and then lain down to sleep it off. When the tide came in, its strong currents must have washed them both away, for they never reported for work next morning. Later, one of their bodies was located, the other was presumed to have been eaten by sharks.(22)

In 1951, again it was a cook, returning drunk from leave, who was to have a marked influence on the course of events at Peel. When the launch arrived at Peel's stone jetty, he attempted to disembark, but because of his intoxicated condition, he missed his step, and fell heavily, striking his head on the stones of the jetty. Severely concussed, he subsequently died from his injuries. When the newspapers got hold of the story, there was a great fuss which severely criticised the administrative

controls on the island. As Director General of Health, Dr Fryberg was faced with the problem of having both a Medical and a Lay Superintendent who were powerless to control the more unruly elements on the island. The problem was solved by combining the two positions into one, and treating the Institution as a full scale hospital rather than an institution in which medical treatment was just incidental, thus a single position of Medical Superintendent was created to replace the two previous positions, and a suitable Doctor chosen. One day, Jim, as Secretary of the Patients' Committee, received a phone call from Dr Fryberg informing him of the new position, and that a new appointment had been made. From then on, the settlement would be controlled by a young Doctor, fresh out of med school, who would satisfy the demands of the patients' Committee, and who was, most significantly, a tee-totaller!

9

CONSOLIDATION (32)

UNDER DOCTOR GABRIEL'S CARE,THE LAZARET FINALLY COMES OF AGE

THE AFOREMENTIONED tee-totaller was a young graduate from the University of Queensland Medical School, Dr Morgan Gabriel. His school education had been completed at Brisbane Grammar which he left after completing his Junior Certificate. For a time he had worked in the Taxation Department which he disliked, and then as a Cadet in the Laboratory of the State Health Department. He remained there for some eleven years as a Government Analyst, and it was during this time that he also resumed his schooling and, by studying at night, finally obtained his Senior School Certificate. This was followed by study for a Science Degree, which he obtained as an external student studying over six years.

In 1944, he was one of a group of students to be awarded the first State Government Bonded Fellowships to the University of Queensland. Thus he was finally able to afford a long held ambition to study for his Degree in Medicine which he finally obtained in 1950. His aim was to specialise in Gynaecology but part of his Fellowship Bond was that he had to repay the years spent in study with an equal time in an area of the Government's choosing. To Dr Fryberg's mind, he was the answer to Peel's problems1 and Dr Gabriel was duly appointed the island's first Resident Medical Superintendent1 having full control over the island's affairs.

Peel Island could not have been further from Dr Gabriel's plans, especially when he was also planning to marry, and he hated the whole idea, but because of his contract with the Government, he could do little but accept.

His first months there were stormy, and he clashed with both staff and patients to enforce more responsible policies for the running of the settlement. Firstly, he reduced alcohol consumption on the island by limiting its consumption to one bottle of beer per week. Any staff members found drunk on duty would be immediately sent to the Health Department for dismissal. As can be expected his popularity was not high amongst the inhabitants of Peel, especially with Ned, one of the ringleaders of the alcohol problem.

It says much for Dr Gabriel that he weathered the storm, for his character was of such strength that he would not compromise a principle he believed in. As well as his strength, he was also fortunate in being a caring and kind hearted man who could sympathise with the patients' condition. These two qualities were to prove ideal and necessary for the newly created position.

One of the first improvements he made at Peel was that of the meals, and it was one to which the patients responded readily. Many more were to follow, and when it became obvious that the new Doctor had their welfare at heart, the patients quickly warmed to him and it wasn't long before were to look on him as a true friend and confidant to whom they could turn and discuss their problems. Even Ned was to acknowledge his skills and encouragement.

Indeed, for Dr Gabriel's wedding, the patients all chipped in and bought a present for him and his new wife, soon to be affectionately known by all as 'Johnny'. With Peel's past reputation, it must have been difficult for her to set up house there, but she settled in to her new surroundings and quickly made friends with the patients.

When their two children, Bill and Ruth were born, they too lived with their parents in the Doctor's residence to the east of the men's compound. This fact alone would have done much to dispel the stigma associated with the dangers of Hansen's Disease and young children.

Doctor's House, Peel Island Lazaret, 1950s

Mrs Gabriel remembers her near decade on Peel with her husband and young family as a time of great personal happiness and contentment. Dr Gabriel worked strict business hours, with an hour off for lunch, during which time he would often take his wife and children for a picnic at Horseshoe Bay. At other times, while he attended the hospital surgery, Mrs Gabriel would attend to the housework or take her children on walks through the bush to collect wild flowers. (She always carried a bill-hook, though, in case she chanced upon a snake).

The diesel generators were switched on at dusk and operated until ten o'clock producing electricity for the settlement. On 'non picture' nights, Mrs Gabriel would spend her time catching up on her family's ironing. However, she was always

ready to join in any parties at the recreation hall, and Jim still has a chuckle at the memory of a very pregnant Johnny Gabriel kicking balloons around the floor of the rec hall during a pre-christmas whing-ding!

When Morgan Gabriel first arrived at Peel, he knew little about Hansen's Disease. But because he was not the sort of man to engage in any activity without a thorough knowledge of his subject, he set about learning as much as possible about the latest developments in Hansen's Disease and its treatment. This knowledge he also passed on to the many of his patients who were interested in new treatments for their disease, and over the next decade, he would introduce many new drugs at Peel in a constant search for more effective results.

As well as educating himself and the patients about Hansen's Disease, Dr Gabriel also missed no opportunity in encouraging medical students to visit Peel and familiarise themselves with the disease and Its early symptoms. In 1953, of eleven admissions in that year, nine were first timers of which four were in their early stages, while five were advanced. He was heartened to report that some of the early stage Hansen's patients had been diagnosed by new graduates, but conversely, others had been treated for up to nine years by doctors unable to diagnose.

Dr Gabriel was also of the belief that it was necessary to keep his patients' hands and muscles working and minds occupied and towards this end he encouraged them to engage in as many activities as possible. Occupational therapy was available in the form of leather, plastic, and cane work, and many patients were put on the payroll in positions which included truck driver, barber, painter, handyman, groundsman, and seamstress. In 1952 a new patients' dining room was constructed, mainly by the work of the patients themselves. One patient undertook the school Junior Certificate course, and one of the blind patients who retained full sensitivity in the fingertips learnt braille. In September, 1956 a Naturalisation ceremony was conducted at the hospital when one of the patients became an Australian Citizen.

Many concert parties continued to visit the island to entertain the patients, and on Anzac Days members of the Toowong Returned Soldiers League would conduct a service at the flagpole. There were four patients who had been 'Diggers' in World War II, and it was to honour these men that the RSL visited Peel. Other visitors included the Buffaloes who consecrated a lodge for the patients in 1950, the Red Cross Workers, Clergy of all denominations Cannon A.P.B.Miles (Anglican); Father Nolan (Roman Catholic); and Revs Pashen, McCarthy, and Calder Allen (Presbyterians). For several years at Christmas, the Sisters of Mercy from the Mater Hospital also visited the Lazaret and distributed presents. These included Sr Mercy Mary, and Sr Mary St Rita.

Anzac wreaths at the flagpole 1958

The Buffaloes met on a monthly basis for the purposes of Fellowship. Members from surrounding Lodges such as Stradbroke Island, Redland Bay, and the Grand Lodge in Brisbane would attend Peel's Lodge Room (the men's common room) when a new member was being initiated. Most of the male patients were members, as were the attendants (including Charlie Irvin, the supplier of this information) and often these ceremonies would attract 30 or 40 people. On large occasions the Recreation Hall had to be used and this was often filled to capacity.

Charlie also remembers that on the same occasion that Matron Ahlberg fell through the jetty at Cleveland, the Buffaloes lost a full keg of beer overboard and into the bay. The Lodge meeting on that occasion must have been a very dry affair, but luckily after the wooden keg had floated around the bay for several months, it was miraculously recovered by its former owners. Any initial fears regarding possible salt water contamination of its contents were soon allayed when the keg was set up and tapped) and all who tasted it were to agree that it was the best beer they had ever had!

To the attendants at Peel Island, their job was the best in Australia. For them, Peel's lifestyle resembled that of a holiday camp with the added bonus of danger money, generous time off, free food and accommodation, and some of the best fishing in the Bay. In winter time (too many mosquitoes in summer) both staff and patients would go across to Horseshoe Bay and catch Taylor off the beach, after which they would immediately cook them over an open fire. Anyone who has tasted such freshly caught fish will attest to their extra tastiness.(15)

However there were those who abused the system, and these included visitors as well as staff members. Pilferage was always a problem at Peel, and offenders were always leaving the island with stolen foodstuffs or equipment. Patients were given provisions from the store for their own use, but all too often these found their way into the suitcases of visiting relatives who would board the boat home struggling with the weight of their day's haul. Sometimes there would be spot checks by police and the offenders prosecuted. On one occasion the word was passed around on the boat that a police launch was on its way for an inspection. Immediately the offending parties gathered up their ill-gotten goods and in blind panic threw them overboard! In this case, nobody was the winner. Others even openly boasted that they had refurnished entire houses with materials obtained 'free' from the Lazaret. Often such thefts were to the detriment of the patients, especially with clothing and woollen blankets, when such items would run short. (20)

On one occasion, Con Byrnes, the Deputy Superintendent received by boat two bottles of altar wine which had been blessed in preparation for the following Sunday's Communion. However, someone 'got to them' and not being aware of their significance drank them dry. Only when the time for their official use arrived was the 'theft' discovered, and of course a panic ensued because there was no time to order more wine from the mainland. However, due to some quick thinking, the service was able to proceed, but instead of wine being taken, the congregation had to suffice with blessed -strawberry jam! The culprit, no doubt, would also have been truly blessed. (15)

At Sunday Communion the wine was now taken from the one chalice by both staff and patients - a true affirmation of Faith, not only in the Lord, but also in the efficacy of science's newly discovered 'wonder drugs'.(16)

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Once the decision not to relocate to Burpengary had been made, Dr Gabriel undertook a programme of rebuilding and renovation of all the buildings at the Lazaret and by the end of the decade, it was in perfect repair - for the first time in its fifty year history. Even the western jetty had been replaced by a much longer structure which was completed in August, 1956. This jetty straddled the sandbanks and thus permitted the unloading of stores in all tides without the necessity of transferring them first to dinghies.

As soon as it became evident that Hansen's Disease was in fact being controlled and arrested at Peel by the new drugs, the patients' unrest at being segregated once more surfaced. In particular they were irritated that sufferers of the related

disease, tuberculosis, had just had their Act changed so that it was not necessary for them to be segregated from the rest of society. Why then should Hansen's patients be any different from patients with similar infectious diseases?

The Queensland Government argued in response that the method of spread of other infectious diseases was known, but that of Hansen's Disease was still a mystery. Also, because Hansen's patients constituted only a small percentage of the population (unlike tuberculosis patients) their segregation was economically and politically feasible and therefore justified as, with a cure now available, it would eventually lead to the eradication of Hansen's Disease in Queensland.

The Commonwealth Government reinforced this view in 1951, for despite the resolution of the Thirtieth session of the National Health and Medical Research Council that "the Commonwealth Government should pass a special Act granting to certain lepers allowances along the lines of those available to sufferers of T.B. under the T.B.Act" the Commonwealth Government refused to accede to the recommendation. (8)

Thus, it was 'business as usual' for the Hansen's patients on Peel Island, and although their conditions were now quite comfortable and they were well cared for, such decisions only served to emphasise the outcast image which so many of them still carried. June Berthelsen reminiscences about her stay as patient on Peel from 1956 to 1958:

"Within ten days of my arrival, I moved into my own small cottage, consisting of a kitchen, bedroom and closed verandah. I was given bed linen, cooking utensils, and a battery wireless which was put beside the bed on a table. I was thankful for the privacy my hut afforded me, although the Matron and sisters had been wonderfully kind to me at the hospital.

"The thing that amazed me most, and to which I was a long time becoming used, was the fact that the medical staff touched the patients quite freely. The only precaution they took was to wear a white cotton nurse's gown over their uniforms. The 'touch me not, I am unclean' of Bible times was not in evidence here. We were treated as ordinary patients in an ordinary hospital.

"Visitors were allowed from 10 AM to 4 PM every day except Tuesdays, Thursdays, and every second Sunday, the long visiting hours helping the patients considerably.

"We were well looked after. In the women's compound, our meals were brought to us three times a day. The daily paper and mail were delivered with a pint of fresh milk and half a loaf of fresh bread. We women were allowed an order of

groceries from the store, in case we felt like cooking, as well as our ration of tea, sugar, and butter.

"With the men it was a little different. They had their meals in a community dining room, and were able to obtain anything they required from the store, and any milk, bread, or butter from the kitchen. Their cottages consisted of one bedroom and, in most cases, a closed-in verandah. They sent their clothes to the laundry every week, while we women did most of our own washing in the laundry in our compound. There was a sewing room, (which also served as a refrigerator room), community bathroom and toilets for our use.

"The State Government made available £17.10.0, twice per year, to each patient as clothing allowance, and £40.0.0 for a going-away outfit, when a patient was discharged. Also, we were allowed 15/- worth of handcraft materials each month from the Australian Red Cross, for our occupational therapy. Otherwise, we lived as ordinary people do in a one-horse town, the sexes mingling freely for friendly gossip.

"Dr Gabriel helped me a great deal in my first few months on the Island. He was a quiet man, and loved to expound on interesting subjects, particularly Hansen's Disease. He lent me several copies of the "Carville Star", and a book called "Who Walk Alone", written when Hansen's was known as the 'living death', when there was no hope of ever being cured. Matron also lent me books and, being a great reader, I was able to lose myself in the stories for a time.

"Quite a lot of the patients, myself included at first, used to sleep more than was necessary. I think that sleep was an escape from reality for us, which is why we slept at every opportunity. As I became more interested in other things, I used only to sleep at night, and rest or read during the daylight hours.

"Every morning about 7 a.m. one of the sisters came to our compound to ask how we were and how we had slept. Every afternoon at 4 p.m. each patient was supposed to report at the surgery to have his and her temperature taken, but very few did this. As Matron had said, we were never forced to do anything we did not want to do. However, there were several unwritten rules:

"Patients were not allowed in the Sisters' quarters, Staff dining room, or the Doctor's house where he lived with his wife and two young children. Otherwise they could go where and when they pleased.

"It is difficult for people 'outside' to imagine the feelings and thoughts of Hansen's Disease patients. Our greatest emotion was, I think, fear. Fear of giving too much of ourselves, fear of ridicule and rebuff, fear of one another, and fear of our own inability to make new lives for ourselves, and the greatest fear of all - how we would be treated by the people among whom we would have to live after we were discharged.

"Matron used to tell the patients: "Don't worry about what other people think. Always remember that those who matter don't mind, and those who mind don't matter."

"Most patients attended the pictures as did any of the staff who so wished. The show was free to all. Doctor always attended. He was handy if anything went wrong with the apparatus, which happened periodically. Doctor was handy with most things, and was often called upon to mend patient's wirelesses or sewing machines, or to do small jobs here and there for the men.

"As a hobby, many of the patients had gardens, but if ever I wanted flowers to brighten up my home, I gathered the wildflowers from the surrounding bush. My neighbour had a garden, and I could admire her flowers whenever I put my head outside the door. She had roses, gerberas, geraniums, hibiscus, and other flowering shrubs, as well as a few vivid annuals. Marigolds (or 'Stinking Rogers' as we called them), were self-sown everywhere, and came up regularly every year, making bright patches of colour in our compound. Some of the men had flower gardens too, and in the Springtime the bright colours helped brighten our lives, I thought. As time went by and patients were discharged, the flowers reproduced themselves with remarkable rapidity, until along the sea-front of the men's compound1 there was a riot of colour in the summer season. Many a time I gathered flowers from there for the Church, which one of us ladies usually set up.

"On summer days, it was lovely to lie out of doors, breathe the flower-scent on the breeze, and watch the migratory birds flying overhead or alighting on the trees. There were some pleasant places on the island. The rich colours of the Hibiscus, Poinciana, and Geraniums blended beautifully with the green grass and, in the near distance, the sea.

"I spent many hours watching the moods of the sea. The long-legged sea-birds fished for their food on the reef, exposed at low tide. Sometimes the restfulness of it eased the knot of loneliness that seemed to have developed in the region of my heart. I was, even at this time, still aware of the nightmare quality of my existence. It was horrible, and I could not seem to shake it off. Everything I did had a dreamlike quality, as though I would soon awaken. The people were figures of dreams,

and it seemed as though they and I would never really come together. It is hard to explain this phenomenon, but it was months and months before things and people became actual in appearance." (20)

Perhaps the men were more fortunate for at least those who owned boats could 'escape' from the island for up to several days at a time on fishing expeditions, as another patient, Matt1 relates:

"For many months I was treated at Brisbane's Mater, Princess Alexandra, and General Hospitals, and finally at Wattlebrae. When It was discovered that I had Hansen's Disease in 1958, I was segregated at Peel Island for treatment. After the confines of Wattlebrae, I found the outdoor existence at Peel Island like heaven on earth.

"By then there were so few patients still remaining on the island that I was able to choose as many huts as I liked to live in. Dr Gabriel was keen to see me occupied, and encouraged me to take up woodworking. He arranged the shipment of my new woodworking set to Peel, and I was given the use of a workshop, and a third cabin as a store room. Here I set about learning how to make items of household furniture such as the dining room table and side board which I am still using at home today. I had to construct them in such a way that they could be dismantled and shipped across to the mainland in the 'Vega'.

"The rules of the island allowed Dr Gabriel to grant permission for a patient to stay out fishing for a couple of days, but not to visit the mainland. But many patients took advantage of the fishing rule to make quick visits to Cleveland or even further afield. One patient was always going across to Cleveland where he would get drunk in one of the pubs. The police would pick him up, and call Dr Gabriel who, well accustomed to that patient's exploits, would tell them to put him on the 'Vega' for Peel the next day. I myself used to go home quite often of a night for a couple of hours, and after mooring my boat off Cleveland jetty I would row the dinghy ashore. One of my jobs on the island was to drive the truck (for which I was paid), and to aid my night navigation, I used to back it onto the end of the western jetty and leave the tail lights on.

"On moonlit nights I was also able to navigate the Lazaret Gutter where I moored the boat. I had devised my own system which involved aligning Cleveland lighthouse with Lovers' Island. There wasn't much room for error, though, and on one night, the boat missed the Sandy Beacon by a matter of inches.

"The truck also came in handy for our night trips to Horseshoe Bay to fish for summer whiting.

"Card playing was also a popular pastime on the island, and quite often at night I enjoyed a game of Canasta with the Matron and one of the women patients - although I was 'in the gun' with the other patients for mixing with the staff.

"In spite of all our diversions, the fact remained, though, that we patients were still required to remain on Peel until we were cured, and the frustrations of such enforced segregation, coupled with a general boredom, often led to personality clashes amongst the patients. Invariably they were over some petty issue, for example, someone's fish might have been tampered with in the freezer, and quite often they would erupt during mealtime in the men's dining room. Plates would be thrown, and abuse hurled, and the maintenance staff were kept busy repairing smashed windows." (33)

10

CLOSING DOWN (8)

THE TRANSFER TO WARD S12 MARKED THE END OF AN ERA

BY 1958, WITH PATIENT numbers reduced to fourteen, it had become economically ludicrous to maintain the Peel Island Leprosarium - some thirty staff members being required!

As a result of a further study trip to overseas leprosaria at Carville in Louisiana, the Leonard Wood Foundation in New York, the Hay Ling Chau in Hong Kong, and others in Great Britain, Dr Fryberg, as Director General Health and Medical Services, delivered a further report the Queensland Parliament in August, 1958. As a result that of that report:

1. Two new drugs were obtained - Ciba 1906 (DPT), and Etisul Percutaneous (ICI)

2. New conditions of release would apply to WHITE patients from strict isolation viz. a reduction from the twelve consecutive negative monthly smears to three, if they could satisfy the medical board that the condition was arrested. (This recommendation was adopted and during September and October 1958 six patients were released).

3. Peel Island to be abandoned as a leprosarium and that alternative accommodation be found at one of Brisbane's hospitals for the small number of patients remaining.

Then in November, 1958, Dr Fryberg sent Dr Gabriel as Queensland's representative to the Seventh International Congress of Leprology held in Tokyo. Here he presented a paper advocating abandonment of strict isolation of Hansen Disease sufferers, especially in the case of white patients, and in other racial groups enjoying high standards of housing, sanitation, and nutrition. The paper was well received and many other papers were presented by other delegates advocating the relaxation of highly restrictive conditions under which Hansens Disease patients were placed in many parts of the world. The final report of the Congress Committee on the Epidemology and control of Hansen's Disease and the Committee on Special Aspects were unequivocally in favour of the abandonment of strict segregation and other restrictive practices as currently applied to patients.

Following this Congress, a full report was made to the Queensland Parliament which then implemented legislation for the transfer of the Lazaret from Peel Island to the South

Brisbane (Princess Alexandra) Hospital's Ward S12. Such recommendations were contained in the Health Acts Amendment Act of 1959 (Division VI - Leprosy) which replaced the Leprosy Act of 1892.

On August 5th, 1959, the remaining ten patients (three women and seven men) were transferred by boat to Cleveland from whence they were taken in two ambulances to their new home at S12. Their feelings must have been mixed - relief at finally being assimilated back into the community and anxiety at how they would be accepted. Matt and his mates would miss their boats and fishing, but in the end, no one was sad to leave.

Most of the male staff's services were retained until September 1959 when the Department of Public Works took over the Lazaret's buildings and equipment which were their property. A large proportion of the staff were absorbed into other sub-departments and sections of the Department of Health and Home Affairs. Others obtained employment by their own efforts, and no unemployment resulted from the Lazaret's closure.

Matt was one of the patients transferred from Peel to S12. After the outdoor existence of the island, he found the hospital ward quite boring. To aid the patients' amusement, Dr Gabriel authorised them to visit the Red Cross workshop in the city, although the charge sister didn't like this practice much.

Dr Gabriel still continued as Doctor In Charge of S12, and also conducted a weekly Hansen's outpatient clinic at Princess Alexandra Hospital. Here, all the ex-patients of Peel were able to attend for their periodic 'check-ups' and for any other

health problems they might encounter.

When Dr Gabriel died in the early 70s, his death was greatly mourned amongst the medical circles of Queensland for they had lost one of the finest minds and most respected members of the medical profession. But none mourned more than his former patients at Peel Island, for in him they had seen not only a competent doctor, but also a sympathetic friend, a source of encouragement and inspiration, and their greatest champion.

One of Princess Alexandra Hospital's present nurse educators recalls her experiences at S12 as a second year nurse during the late 1960s:

"It was then the custom for Second Year Nurses from ward S4 to dress lesions of the Hansen's the patients at nearby ward S12. In spite of reassurances from our nursing superiors, there was still that slight fear that we could contract the disease. This, coupled with the dreary building, the depressed and blind patients, and the weeping dressings all combined to produce an eerie effect on our young minds.

"We dressed their lesions three times a day - a practice we silently dreaded - especially the 10 PM dressings. The feeling still persisted that we were doing something to help the outcasts of society. There was little talking or laughter amongst the patients, even those who were related. Instead they preferred to keep to themselves. They were encouraged to look after themselves as much as possible. Each patient had their own bedroom, as well as use of a communal dayroom and kitchen area. They were not helped with their showers. Many smoked, and the blind patients' beds were often untidy from the inadvertently dropped ash.

"Our nursing then was purely FUNCTIONAL. How different it would be now with today's team nursing eg. HOLISTIC CARE where the biopsychosocial wellbeing and spiritual requirements of the patient are taught as part of the nursing process. In the old days of S12, nursing duties were specialised (functional or task nursing eg. pill round nurse, bed pan nurse), whereas today the nurse is allocated just four to six patients and is concerned with total patient care. The nurse is given the patients' history and caters to their emotional, physical, and physiological needs."

For two decades, S12 catered for the needs of Queensland's Hansen's patients. As the 1970s progressed, the discharged patients were not being replaced by new admissions, indicating that at last the disease was fading out in Queensland. Finally by the end of the 70s, the number was so small that the authorities were able to close Ward S12 and send the

remaining patients home. The outpatient clinic continued as normal on a weekly basis, and any severe cases needing hospitalisation were admitted to general wards at the hospital. At last, Hansen's patients were being treated as ordinary patients and not outcasts.

For those who did go home, however, things could never be quite 'normal' and probably without exception, all ex Peel Island patients still live in fear of other community members discovering their former disease. Neighbours' tongues can still be very destructive, especially where jobs are concerned.

After the closure of S12, only one patient remained to be rehoused. This was Ned, who had no family to go to. Practically blind, he did not want to be transferred to another institution because he had been living at S12 for so long that he had memorised the layout of the hospital. In another location, he would have been lost. The hospital authorities, though1 were sympathetic towards his needs, and a special flat was built for him at one end of the S12 ward. Here he could remain, free to roam the familiar hospital grounds and chat with staff members, many of whom had become his friends.

Ned died on August 24th, 1981 in ward 61 of the Princess Alexandra Hospital. Like all institutions, his passing marked the end of an era. His absence was noted with sadness by many of the hospital's staff. Most knew that he had been a patient at Peel Island, and that his mother had died there. Few could fully appreciate the courage and determination he had shown to live to the fullest his unique and almost totally institutionalised life.

Today, Ward S12 has been converted to a staff social club, and each Friday afternoon, it is filled with the clamour of off-duty hospital staff relaxing and looking forward to the weekend. In the bar area, a large wall mural has been painted, which although probably unintentionally, almost exactly recreates the view as seen from the top of the embankment at the old Lazaret on Peel Island. I like to think it more than mere coincidence that, amidst the babble of today's voices, the mural should serve as a silent reminder of the building's former occupants.

11

AFTER THE EXILES

THE TASK OF FINDING ANOTHER USE FOR THE ISLAND

AFTER THE REMOVAL of the last patients from Peel Island, all bedding not required at the South Brisbane (Princess Alexandra) Hospital for patient use, together with all floor coverings, mats, curtains etc were destroyed by burning. The buildings that had been occupied and used by patients were fumigated with formaldehyde gas and gammexane vapour. Harold (Sandy) Cowell was appointed as Caretaker on Sept 7' 1959. With his dog "Buttons", cat ~ and one of the remaining draught horses, he led a solitary existence during which he occupied his time with work, listening to the wireless, and fishing. Every couple of weeks, his wife who lived at nearby Manly would visit him to help break the monotony~34~a (Because their children were still attending school it was not possible for Sandy's family to live full-time with him at Peel).

Part of Sandy Cowell's duties as caretaker at Peel Island was to run the settlement's generators from dark until about 11 PM each night to provide power to navigation lights for the Lazaret Gutter. This could be vital if a southerly storm blew up and rendered Horseshoe Bay unsafe for anchoring. In such cases boats would come round to the north of Peel and shelter in the Lazaret Gutter. Sandy did this for ten years until the generators finally failed, and automatic navigation lights were installed. (35)

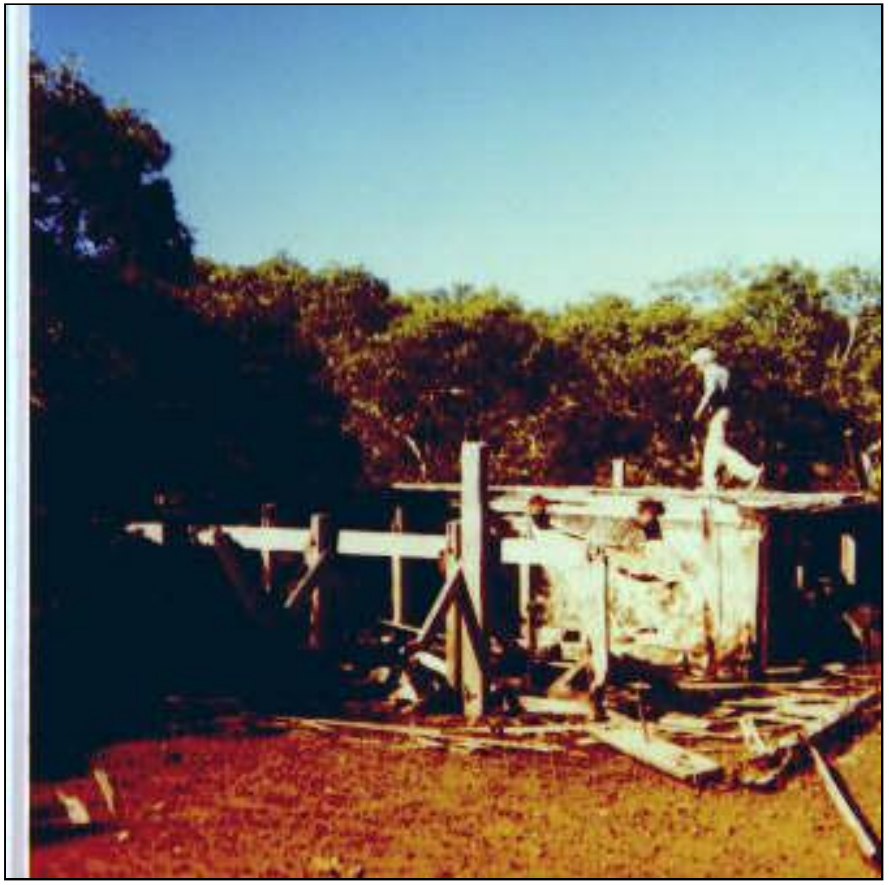
In January 1960, the Queensland Government announced plans to have Peel Island developed. The possibilities mooted were for a tourist resort, a National Fitness site, a boating centre - or all three. So early in 1962, the Government called tenders for its Lease. The only bidder was an American, Doctor Cecil Saunders who had plans to turn Peel into a "Disneyland-by-the-sea". Perhaps fortunately, these plans collapsed. Another proposal was to subdivide Peel for residential purposes, much as Tom Welsby had suggested way back in 1923 (27) but this too lapsed. In all, the Government called twice for applications for the island's development for tourist purposes but all failed to come to fruition.

In 1968, the Lazaret buildings were put up for sale. Sandy Cowell and another man were the only two tenderers but many of the buildings were later resold to other buyers, one of whom was ex patient and boat owner, Matt. After dismantling his wooden purchases, Matt was faced with the problem of transporting them down to the jetty where he had a hired boat waiting. Fortunately, he located and managed to start the patients' truck which he had once been employed to drive while a patient at the Lazaret. Luckily he was able to keep it operational long enough to carry his purchases to the boat and hence to Cleveland. (33)

Another buyer, by the name of Surawski was not so fortunate. He had purchased a great number of the wooden buildings with the intention of dismantling them and shipping them back to the mainland for resale. Part of the contract involved the

completion of the removal from the island within two years from the date of sale, otherwise the timbers would revert to the Government.

Full of enthusiasm, Mr Surawski built a large wooden barge which was constructed in three sections, each joined by hinges. He arranged for it to be towed across to Peel's western jetty where he loaded it with the first shipment of the timber he had purchased. The tow to the mainland began well enough, with Mr Surawski supervising the operation from the deck of the barge. unfortunately he had not bargained for the rough waters of Moreton Bay, and it soon became obvious when they reached the main channel that the barge had been badly overloaded and was top heavy. In Moreton's large swell the barge turned over and disgorged its precious cargo of wood into the Bay's waters. Mr Surawski, too, went in and was nearly drowned. Fortunately, he survived but understandably lost interest in his project and never went near Peel again. Later the barge was washed ashore and now sits slowly rotting amongst the mangroves beside the viaduct to Peel's western jetty. In the overgrown women's compound at the Lazaret site, a pile of neatly stacked timber still waits, rotting, to be claimed. A large sign 'SURAWSKI' still proclaims its owner's former intent, but this hasn't stopped the white ants from claiming what is now rightfully theirs.



Surawski's barge, 1988

The fate of the patients' church is unknown. Its old site is empty and overgrown with Lantana vines. Sandy Cowell remembers helping its buyer dismantle the wooden building, which proceeded well enough until his associate encountered a large snake in the church's rafters. His sudden loss of interest in the dismantling operation is perhaps understandable. By all accounts, the dismantling was completed by someone else, and presumably the timbers sold for building material. It is doubtful if the church was ever re-erected as such.

To eliminate any possibility of residual infection, it is customary for ground to be left for seven years as a lay period after being used for quarantine purposes. Peel's lay period ended in late 1966 and the Government again called applications for its development. This time, three were received, among them one from Keith Williams, the then owner of the Gold Coast's

Seaworld. The applications called for the development of thirteen and a half acres in the vicinity of The Bluff, on the eastern end of Horseshoe Bay (not far from the site of the old Quarantine Station). Minimum development cost was to be $150,000> development cost was to be $150,000. (34d)

Ideal as the site was for tourist development, there was one insurmountable obstacle which was to rule out any chance of development - Horseshoe Bay was under the control of the Redland Shire Council. As ex-caretaker, Bob Lace, was later to explain, after further talks with Keith Williams, unless the Lessee controlled Horseshoe Bay, the only bathing area on Peel, there was no point in investing in a resort there. (30)

Keith Williams was thus forced to look further afield and his massive development of Hamilton Island is now well known. Peel Island remains undisturbed. One can only speculate on its present appearance if Keith had been allowed to develop Peel in the manner of Hamilton Island. Would the thousands of 'boaties' who now crowd the Horseshoe every weekend still find it as attractive? One can only speculate.

In the late 1960s Harry Roberts, Headmaster of the Church of England Grammar School (now called the Anglican Church Grammar School, or "Churchie") was looking for a suitable site for a school camp. He commissioned Jack Ivett to find a suitable locality. The latter had heard of the Lazaret buildings being up for sale, and with Boyd Kleinschmidt (Churchie's present Director of Studies and in charge of the Peel Island programme) and other masters D.Griffith (botany and marine biology) and B.Whelan (geology), they investigated the island and as a result Churchie applied for and was granted a lease. Since then, other schools have applied for similar leases in other parts of the Island but have been unsuccessful as the rest of Peel Is classed as an environmental park with no possibility of leases being given. The Churchie lease was in two parts, the first on December 6th 1968 was on two and a half acres for 30 years with option of another 30. The lease area was extended to three acres in December 13th 1971.

Sandy Cowell was retained as caretaker for a time (he spent about ten years on the island in all). He was followed by Jack Willacy, an ex P & 0 purser, who enjoyed his seven years' isolation on the island enormously until his retirement in 1977. Bob Lace took over after Jack Willacy and continued as caretaker for more than ten years until his retirement in 1987.

Bob estimates he has seen about 4000 churchie boys visit the island in groups of about 30 every two weeks during the school year. At present these visits are drawn from all the year 8 boys, and the geography students of year 12.

When Bob and his wife Derby left Peel Island with their possessions for the last time, Air Sea rescue boats and crews from Redlands, North Stradbroke Island and Raby Bay provided an honour guard from Peel to Victoria Point. For the man who had controlled 1040 sea rescues during his 10 years on Peel, Redlands Air Sea Rescue spokesman, John Bloomer, said: "Bob Lace is a legend in Moreton Bay. He will never be replaced. His ability to control emergency situations, his compassion for people in distress, and his readiness to help in all weathers mark him as one of Moreton Bay's gentlemen." On one occasion after a heavy blow in Horseshoe Bay, Bob and his wife bedded down 32 stranded boaties and fed them breakfast next morning. (37)

Incinerator, Peel Island, 1988

In his short account of Churchie's association with Peel Island, Jack Ivett observed that as well a learning about the island's botany, zoology, and geology, 'the boys also experience a different way of life on Peel. They experience outdoor life and they become far more self-reliant in so far as they have to do certain things themselves.

The love of Peel is not limited to schoolboys, for as well as Churchie's occupation of the Lazaret, new life has resumed at the Horseshoe where every weekend some thousands of boat owners flock to its sandy shores. A hint of the boat clubs' affection for Peel can be gleaned from their strong opposition to the proposed building of a permanent kiosk at the Horseshoe in 198O.34e~They wanted the island left undisturbed and at least until the present day, that is the way it has remained. Even the toilet facilities are minimal and no brick and cement toilet blocks mar the graceful curve of Casuarinas along the foreshore. A kiosk does visit The Horseshoe each weekend, but it sails home again at the end of each day!

Peel is a very pleasant place to visit. To loll in the still, clear waters of Horseshoe Bay in the company of hundreds of other like minded city dwellers is luxury itself. Peel Island is peace.

Horseshoe Bay today

It is also a memorial.

To those who sense its past in the strange aura which still hangs over the island, it is a store-house of memories. Peel's past offers lessons and hope for the future.

It is doubtful whether mankind will ever be completely free from communicable diseases, and our increasingly more dense urban population concentrations, coupled with today's ease of international travel, means that transmission of such diseases will also be facilitated.

Hopefully, Hansen's Disease will never more be a problem in Queensland, although some 12 million people still suffer from it in third world countries. But with modern medicines and increased education, it will in time be controlled there too.

Other diseases, however, will follow, and it is to be hoped that we will not repeat the same mistakes we made with Hansen's Disease.

There can be no more Peel Islands.

Segregation is a desperate action, and not a solution to the problem of communicable diseases. For as we have seen in the preceding pages, not only does it discourage carriers from revealing their disease (and thereby prolonging their spread of the infection), but also it permanently destroys human lives, not only for the victims but also their families - socially and economically.

Setting up an island community immediately creates huge administrative headaches for any Government: good staff are practically impossible to find, costs are prohibitive, and servicing difficult. Visitors for the patients are difficult to arrange, and such a community with its inherent frustrations and boredom is difficult to manage in a free and humane way. An isolated community is open to all kinds of manipulations from both internal and external sources, and is easily exploited.

Finally, even if inmates from such a segregated island community should be cured and allowed back into society, they will always carry the stigma associated with their segregation, and will never fully assimilate back into society in general. Island segregation of infected people is worse than sending law breakers to prison for the former have done nothing to deserve their affliction.

If isolation is deemed to be necessary, then it must be done within the community, in special wards at community hospitals, where patients and their relatives can go without fear of community ostracism.

These are the lessons we can learn from Peel Island. Its past was grim, at one time hopeless, but it should never be forgotten that such events did occur right here at our doorstep, and in recent times. Let Peel Island always remain as a symbol of the individual's determination to live on in the face of hopelessness, and of mankind's ability to conquer such terrible afflictions as can beset our community at any time.

THE END

APPENDICES

I PARLIAMENTARY ACTS & REGULATIONS

II ANTI LEPROTICS

III BOATS THAT SERVICED PEEL ISLAND

IV CHRONICLE

Goodwill Cup, Horseshoe Bay, 1991

APPENDIX I

THE LEPROSY ACT OF 1892

Appointment of Lazarets.

The Governor in Council may, by Proclamation, appoint any place to be a Lazaret for the reception and treatment of lepers.

Leprosy to be Reported.

4.When there is reason to believe that any person in any house or premises is suffering from leprosy, the householder or occupier of the house or premises shall immediately report the case, in writing to the nearest Police Magistrate, who shall forthwith forward the report to the Minister, and a copy thereof to the Central Board of Health.

And when any case of leprosy or supposed leprosy comes under the observation of a medical practitioner, he shall forthwith report the case, in writing to the nearest Police Magistrate, who shall forthwith forward the report to the Minister, and copy thereof to the Central Board of Health.

If any person by this section required to make a report fails to do so as hereby required, he shall be liable to a penalty not exceeding one hundred pounds.

Removal of Lepers.

5.The Minister shall, upon report being made to him that any person is suffering from leprosy, cause investigations to be made by one or more medical practitioners and upon being satisfied that the person is suffering from that disease, may, by order under his hand, direct that he be removed to and detained in a lazaret.

If any person so ordered to be removed and detained wilfully refuses to obey the order, or escapes or attempts to escape from a lazaret, or from the custody of the person charged with his removal, he may with such necessary force as the case may require, be removed and brought to, or retaken and brought back to, the lazaret.

Detention of Lepers.

6.All lepers so detained shall be safely kept by the attendant or attendants duly appointed for that purpose within the limits of the lazaret, and under the care, inspection, and supervision of a medical officer appointed for that purpose, and all food, medicine, clothing, and other necessaries shall be obtained under the direction of such medical officer, and shall be

conveyed to the lepers by such attendant or attendants, and no other person shall enter within the limits of the lazaret without the authority of the Minister or the medical officer.

Reports of Condition or Death of Lepers.

7.A report upon the condition of all lepers detained in a lazaret shall be furnished by the Medical Officer to the Minister and to the Central Board of Health quarterly, or at such times as the Minister may direct. In the event of the death of a leper detained in a lazaret notice of the death shall be given forthwith by the medical officer to the nearest Police Magistrate, and a report of the death shall also be forwarded by the medical officer to the Minister and to the Central Board of Health.

Discharge of Persons Proved not to be Lepers.

If it be proved to the satisfaction of the Minister that a person detained in a lazaret, or a person ordered to removed to a lazaret, is not suffering from leprosy, the Minister may, by order under his hand, direct him to be discharged from custody.

Penalty for Obstruction.

Any person who wilfully disobeys, or obstructs the execution of, an order made under this act, or who trespasses within the limits of the lazaret, or communicates or improperly interferes with any person detained therein, shall be liable to a penalty not exceeding twenty pounds and not less than ten pounds.

Validation of Previous Action.

1O.Every person who, before the passing of this act, has been detained by the authority of the Minister as a leper in any place appointed for that purpose by the Minister, shall be deemed to have been lawfully detained.

Detention in Places not Proclaimed Lazarets.

11.When a person who is suffering from leprosy has sufficient means to provide for his proper maintenance and attendance by a medical practitioner, the Governor in Council may direct that instead of removing him to a lazaret he shall be

removed to some place to be specially appointed by the Governor in Council for that purpose1 and be there detained under such supervision and treatment as the Governor in Council may direct. All the provisions of this act relating to Lazarets shall apply to every place in which a person suffering from leprosy is ordered to be so detained.

Order Prima Facie Evidence.

12.Any document purporting to be an order signed by the Minister under the authority of this act, shall in all proceedings be admissible without further proof as prima facie evidence that such order was made in pursuance of this act.

Regulations.

13.The Governor, upon the recommendation of the Central Board of Health, may make regulations for the purpose of carrying this act into effect; and such regulations shall be published in the Gazette.

Any person who wilfully disobeys or acts in violation of the regulations, or who resists or wilfully obstructs any person in the lawful exercise of any authority conferred by this act, or who, without lawful excuse, neglects or disobeys an order made under the provisions of this act, shall be liable to a penalty not exceeding twenty pounds.

REGULATIONS FOR THE PREVENTION OF THE SPREAD OF LEPROSY

Home Secretary's Office,

Brisbane, 2nd December,1897.

Leprosy Act,1892

His Excellency the Governor, with the advice of the Executive

Council, has been pleased to make the following Regulations

for the purpose of carrying into effect "The Leprosy Act of

1892".

HORACE TOZER.

REGULATIONS

As to Lazarets proclaimed under section 3 of the Act.

1.If the place proclaimed by the Governor in Council under section 3 of the Act to be a lazaret is not completely isolated, and is within a distance of one mile from any town, the houses, buildings, premises, and appurtenances thereto, in occupation or in use by the lepers or attendants, shall be securely enclosed by a fence from the surrounding neighbourhood.

Investigation of reported cases of leprosy.

2.When any householder or occupier of any house or premises shall have reported that there is any reason to believe that a person in such house or premises is suffering from leprosy, or when any medical practitioner shall have reported that any case of leprosy or supposed leprosy has come under his observation, one or more medical practitioners, besides the medical practitioner so reporting, shall forthwith be appointed to investigate the case reported. The medical practitioners so appointed shall make a joint investigation, and shall report thereon to the Minister.

3.The Minister, upon the recommendation, in writing, of any one or more of the medical practitioners appointed to investigate the case, may declare the house or premises in which any such investigation is being made to be a lazaret during the period of the required investigation, and all regulations hereby made applying to Lazarets shall apply to such house or premises.

Treatment of dressings and clothing used by lepers in Lazarets.

4.All dressings used by the leper shall be burned by the attendant immediately on removal.

5.All clothing that shall have been in use by or upon any leper or any attendant and which shall be cast off shall be immediately burned.

6.The water used by the lepers or attendants in charge for washing themselves, or for bathing in, or for the purpose of washing any clothing or material used by them, shall be disposed of as soon as possible after it has been used. 7.All clothing used by any leper or attendant in charge and intended to be washed or otherwise cleansed shall, immediately on its removal from the person, be disinfected by being steeped in a solution of corrosive sublimate, and shall be washed or cleansed as soon as possible after removal. 8.All excreta, if there shall be convenience for doing so, shall be burned. Where no conveniences exist, it shall in all cases be disinfected with corrosive sublimate, and shall be removed daily.

Detention in places not proclaimed Lazarets.

9.A person who is suffering from leprosy and is detained, as provided by Section 11 of the Act, In a place not proclaimed a lazaret must provide himself with an attendant or attendants, to be approved of by the medical practitioner in charge of the case and the Minister. Such attendant or attendants must reside on the premises, and the person suffering from leprosy shall not at any time be left unattended. When there is one attendant only, he or she shall not leave the premises or attendance on the patient without leave given by the medical practitioner in charge; and the attendant must, in case leave be given, provide a substitute to be approved of by the medical practitioner in charge. A record of the time of absence, places and persons visited by the attendant during such absence, shall be entered in a book kept for the purpose, and the entry shall be signed by the attendant and the medical practitioner. The medical practitioner shall have sole discretion as to granting such permission or limiting it as he shall think proper.

1O.No person suffering from leprosy shall be allowed to remain or be detained in any place not proclaimed a lazaret unless each and all of the following rules are observed:

(1)A separate and detached room or rooms shall be provided for the patient for the purpose of eating and sleeping in. No other room or portion of the premises or house shall be used for these purposes. The room or rooms so used shall at no time be used or entered upon by any other person than the attendant or attendants and the medical practitioner in charge, except by the permission of the medical practitioner, who shall specify the purposes, and may at his discretion limit the time and conditions of such entry;

(2)A separate bath-room and earth-closet shall be provided for the patient, and shall not be used by any other person;

(3)A separate bath-room and earth-closet shall be provided for the attendant or attendants;

(4)The water used by the patient or his attendants for the purpose of washing himself or themselves, or for bathing in, or for any other cleansing purpose, shall be disinfected with

quicklime before being disposed of;

(5)All eating apparatus and any other necessaries for table use by the patient shall be kept separate at all times from those used by any other person. All necessary cleansing in connection therewith shall be done separately;

(6)All clothing used by or upon the patient, and intended to be washed or otherwise cleansed, shall immediately on its removal be steeped in water disinfected with a solution of

corrosive sublimate, and shall immediately afterwards be washed and exposed to dry. All blankets, sheets, and any other furnishings in and upon the bed used by the patient, and intended to be washed or otherwise cleansed, shall be similarly dealt with;

(7)All excreta shall be immediately disinfected and removed. The earth-closet shall be cleansed daily and disinfected as directed by the medical practitioner in charge.

11.All regulations made hereby, or which shall hereafter be made with reference to Lazarets, shall apply to every place in which persons suffering from leprosy are detained as provided for by section 11 of the Act.

12.Any breach of any of these Regulations by the person so detained shall be immediately reported, in writing, to the medical practitioner by the attendant in charge who shall have observed it. He shall, immediately on receipt of such report, investigate into the matter so reported, and shall report the circumstances to the Minister, with such comments thereon as he shall deem it advisable to make.

13.The attendant or attendants shall be subject to the control of the medical practitioner in charge; he shall have the power of suspending any attendant committing any breach of his duties or these Regulations, or who, he shall have reason to believe, has committed any such breach. He shall have the power of appointing a substitute during any such suspension, and shall report the circumstances of such suspension, in writing, to the Minister.

14.The medical officer appointed for the purposes of this Act, or any other medical practitioner appointed, shall at least once in every month visit the place in which any leper is detained, as provided by Section 11 of the Act, and shall report thereon generally to the Minister.

15.The Minister, upon being satisfied that any breach of these Regulations has been committed by the patient or attendant, or attendants, or by the medical practitioner in charge, may order the removal of the patient to a lazaret.

16.The Minister may order the removal of the patient to a lazaret if the disease shall have reached the ulcerative stage, or at any other time he shall think it expedient to do so.

Burial of deceased lepers and disposal of effects.

17.The bodies of all deceased lepers shall, within a period of twenty-four hours after death, be buried with quicklime.

18.All bedding, clothing, and all utensils used by the deceased shall immediately after his death be destroyed by fire.

Home Secretary's Department, Brisbane, 4th, May, 1922.

His Excellency the Governor, with the advice of the Executive Council, has, in pursuance of the provisions of "The Leprosy Act of 1892" been pleased to make the following Regulation.

ALFRED J.JONES.

19.No employee shall bring anything to a lazaret without the knowledge and sanction of the superintendent, nor shall he give nor sell anything to any patient, nor take anything out of a lazaret without the knowledge and sanction of the superintendent, and all bundles, boxes, parcels1 and persons of any employee arriving at or departing from a lazaret may

be examined by the superintendent or the officer next in command should the former deem such search or examination necessary.

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Home Secretary' s Department

Brisbane, 5th,January, 1923.

His Excellency the Governor, with the advice of the Executive Council, has, in pursuance of the provisions of the "Leprosy Act of 1892" been pleased to make the following regulation.

JAMES STOPFORD.

Regulation 19, published in the Gazette of the 6th May 1922, is hereby repealed and the following Regulation substituted therefor: -

19.No person or employee shall bring anything to a lazaret without the knowledge and sanction of the superintendent, nor shall any such person or employee give or sell anything to any patient, nor take anything out of a lazaret without the knowledge and sanction of the superintendent, and all bundles, boxes, parcels, and persons of any employee arriving at or departing from a lazaret may be examined by the superintendent or the officer next in command should the former deem such search or examination necessary.

Health Act of 1937

Division VI-Leprosy

Appointment of Lazarets.

51.(1)INCIDENCE OF THIS DIVISION-The provisions dealing with the treatment of leprosy and the detention and isolation of lepers are hereunder set forth.

(2)APPOINTMENT OF LAZARETS-The Governor in Council may, by

Proclamation, appoint any place to be a Lazaret for the

reception and medical treatment of lepers.

Any such place so appointed prior to the commencement of this Act shall be a lazaret for the purposes of this Act.

(3)LEPROSY TO BE REPORTED-When there is reason to believe that any person in any house or premises is suffering from leprosy, the householder or occupier, or if there is no occupier then the owner, of the house or premises shall immediately report the case, in writing to the Director-General.

And when any case of leprosy or supposed leprosy comes under the observation of a medical practitioner, he shall forthwith report the case, in writing to the Director-General.

If any person by this section required to make a report fails to do so as hereby required, he shall be liable to a penalty not exceeding one hundred pounds.

(4)REMOVAL OF LEPERS-The Director-General shall, upon report being made to him that any person is suffering from leprosy, cause investigation to be made by one or more medical practitioners and upon being satisfied that the person is suffering from that disease, may by order under his hand, direct that such person be removed to and detained in a lazaret.

If any person so ordered to be removed and detained wilfully refuses to obey the order, or escapes or attempts to escape from a lazaret, or from the custody of the person charged with his removal, he may with such necessary force as the case may require, be removed and brought to, or retaken and brought back to, the lazaret.

(5)DETENTION OF LEPERS-All lepers so detained shall be safely kept by the attendant or attendants duly appointed for that purpose within the limits of the lazaret, and under the care, inspection, and supervision of a medical officer appointed for that purpose, and no other person shall enter within the limits of the lazaret without the authority of the Director-General.

(6)REPORTS OF CONDITION OR DEATH OF LEPERS-A report upon the condition of all lepers detained in a lazaret shall be furnished by the Medical Officer to the Director-General at such times as he may direct. In the event of the death of a leper detained in a lazaret, notice of the death shall be given forthwith by the medical officer to the Director-General.

(7)RELEASE OF PERSONS IN LAZARET ON PAROLE.-If the Director-General is satisfied that a person detained in a lazaret or a person ordered to be removed to a lazaret is apparently free from leprosy may release such person on parole, and such person so on parole shall report for examination by clinical and bacteriological methods at such times and at such places as the Director-General may appoint.

If any person so on parole fails to attend for such examination at any time and place so appointed by the Director-General, such failure shall be deemed to cancel his parole, and he may without any further or other order be removed to or detained in a lazaret.

(8)PENALTY FOR OBSTRUCTION-Any person who wilfully disobeys, or obstructs the execution of an order made under this act, or who trespasses within the limits of the lazaret, or improperly communicates or interferes with any person detained therein, shall be liable to a penalty not exceeding twenty pounds and not less than ten pounds.

(9)VALIDATION OF PREVIOUS ACTION.-Every person who, before the commencement of this Act, has been detained by the authority of the Minister as a leper in any place appointed for that purpose by the Minister, shall be deemed to have been lawfully detained.

(1O)DETENTION IN PLACES NOT PROCLAIMED LAZARETS.-When a person who is suffering from leprosy has sufficient means to provide for his proper maintenance and attendance by a medical practitioner, the Governor in Council may direct that instead of removing him to a lazaret he shall be removed to some place to be specially appointed by the Governor in Council for that purpose, and be there detained under such supervision and treatment as the Governor in Council may direct. All the provisions of this section relating to Lazarets shall apply to every place in which a person suffering from leprosy is ordered to be so detained.

(11)CONTACTS.-The Director-General may direct any person reasonably suspected by him to have been in contact with any other person suffering from leprosy to submit himself for examination by clinical and bacteriological methods at such times and at such places as the Director-General may appoint.

If any person so directed to submit himself for examination as aforesaid fails to do so he may with such necessary force as the case may require be examined in manner aforesaid.

(12)ORDER PRIMA FACIE EVIDENCE.-Any document purporting to be an order signed by the Minister or by the Director-General under the authority of this section shall in all proceedings be admissible without further proof as prima facie evidence that such order was made in pursuance of this section.

(13)REGULATIONS.-The Director-General may make regulations for the purpose of carrying this section into effect.

Any person who wilfully disobeys or acts in violation of the regulations, or who resists or wilfully obstructs any person in the lawful exercise of any authority conferred by this section, or who, without lawful excuse1 neglects or disobeys an order made under the provisions of this section, shall be liable to a penalty not exceeding twenty pounds.

(This section replaces the Leprosy Act of 1892.

See, further regulations in Gazette of December 6,1897,

as amended by regulations in Gazettes of May 6, 1922, and

January 6, 1923).

Department of Health and Home Affairs,

Brisbane, 7th, June, 1945.

His Excellency the Governor, with the advice of the Executive Council, has, in pursuance of the provisions of the Health Acts, 1937 to 1944" been pleased to approve the following Regulation made by the Deputy Director-General of Health and Medical Services for the State of Queensland.

THOS. A. FOLEY

Regulation 19 made in the pursuance of "The Leprosy Act of 1892" is hereby repealed, and the following Regulation is substituted therefor: -

19.(1) No person or employee shall bring anything to a lazaret without the knowledge and sanction of the superintendent, nor shall any such person or employee give or sell anything to any patient, nor take anything out of a lazaret without the knowledge and sanction of the superintendent, and all bundles, boxes, parcels, and persons of any employee arriving at or departing from a lazaret may be examined by the superintendent or an officer next in command should the former deem such search or examination necessary.

Anything brought into a lazaret or given or sold or attempted to be taken out of a lazaret in contravention of this Regulation may be retained and held in safe custody by the superintendent until such time as its disposal is decided by the Minister when it shall be disposed of in accordance with such decision.

(2) No person or employee shall introduce any means of transport or any machinery or appliance for use in or in connection with a means of transport to a lazaret without the knowledge and sanction of the superintendent. Any such means of transport, machinery or appliance introduced in contravention of this Regulation may be seized by the superintendent or officers acting under his discretion and, unless otherwise directed by the Minister, shall be sold.

The foregoing Regulation was made by me on the fifth day of June,1945.

JOHN COFFEY

Deputy Director-General of Health and Medical Services.

Approved: THOS A.FOLEY, Secretary for Health and Home Affairs.

Health Acts, 1937 to 1962

Health Act of 1937,1 Geo.6 No.31

Amended by

Health Acts Amendment Act of 1959,8 Eliz.2 No 57

Division VI-Leprosy

51.(1)INCIDENCE OF THIS DIVISION-The provisions dealing with the treatment of leprosy and the detention and isolation of persons suffering from leprosy are hereunder set forth.

(2)In this section the term patient means a person suffering from leprosy.

(3)LEPROSY TO BE REPORTED-When there is reason to believe that any person in any house or premises is or is suspected to be suffering from leprosy, the householder or occupier, or if there is no occupier then the owner, of the house or premises shall immediately report the case, in writing to the Director-General.

And when any case of leprosy or suspected leprosy comes under the observation of a medical practitioner, he shall forthwith report the case, in writing to the Director-General.

If any person by this section required to make a report fails to do so as hereby required, he shall be liable to a penalty not exceeding one hundred pounds.

(4)REMOVAL OF CERTAIN PERSONS-The Director-General shall, upon report being made to him that any person is or is suspected to be suffering from leprosy, cause investigation to be made by one or more medical practitioners and upon being satisfied that the person is suffering from that disease, may by order under his hand, direct that such person be removed to and detained in a hospital named by the Director-General in such order.

If any person so ordered to be removed and detained wilfully refuses to obey the order, or escapes or attempts to escape from such hospital, or from the custody of the person charged with his removal, he may with such necessary force as the case may require, be removed and brought to, or retaken and brought back to, such hospital.

(5)DETENTION OF PATIENTS-Every patient detained in a hospital pursuant to an order of the Director-General under this section shall be safely kept by the attendant or attendants duly appointed for that purpose within the limits of such hospital or within such limits as the Director-General may order, and under the care, inspection, and supervision of a

medical officer appointed for that purpose, and no other person shall enter within the limits of such hospital or within such other limits as the Director-General may order without the authority of the Director-General.

(6)REPORTS OF CONDITION OR DEATH OF PATIENTS-A report upon the condition of all patients detained in any hospital pursuant to an order by the Director-General under this section shall be furnished by the medical officer to the Director-General at such times as he may direct. In the event of the death of a patient detained in any hospital pursuant to an order of the Director-General under this section, notice of the death shall be given forthwith by the medical officer to the Director-General.

(7)If the Director-General is satisfied that a person detained in a hospital pursuant to an order made by him under this section is apparently free from leprosy or is no longer a danger to other people, the Director-General may release such person on such conditions as he determines.

Any person so released shall return for examination by clinical clinical and bacteriological methods at such times and places as the Director-General may appoint.

If any such person fails to attend for such examination at any time and place appointed by the Director-General or fails to comply with any condition determined by the Director-General, the Director-General may by order under his hand direct that such person be removed to and detained in the hospital named by the Director-General in such order and thereupon the provisions of this section relating removal to and detention in a hospital of persons pursuant to an order made by the Director-General under this section shall apply and extend accordingly.

(8)PENALTY FOR OBSTRUCTION-Any person who wilfully disobeys, or obstructs the execution of an order made under this act, or who trespasses within the limits of a hospital in which any person is detained pursuant to this section, or improperly communicates or interferes with any person detained therein, shall be liable to a penalty not exceeding fifty pounds and not less than ten pounds.

(9) (Repealed.)

(10) When a person who is suffering from leprosy has sufficient means to provide for his proper maintenance and attendance by a medical practitioner, the Director-General may direct that instead of being removed to a hospital he shall

be removed to a place to be specially appointed by the Director-General for that purpose, and be there detained under such supervision and treatment as the Director-General may direct.

All the provisions of this section relating to hospitals shall apply to any place in which a person suffering from leprosy is ordered to be detained.

(11)CONTACTS.-The Director-General may direct any person reasonably suspected by him to have been in contact with any other person suffering from leprosy to submit himself for exanimation by clinical and bacteriological methods at such times and at such places as the Director-General may appoint.

If any person so directed to submit himself for exanimation as aforesaid fails to do so he may with such necessary force as the case may require be examined in manner aforesaid.

(12)ORDER PRIMA FACIE EVIDENCE.-Any document purporting to be an order signed by the Director-General under the authority of this section shall in all proceedings be admissible without further proof as prima facie evidence that such order was made in pursuance of this section.

(13)REGULATIONS.-The Director-General may make regulations for the purpose of carrying this section into effect.

Any person who wilfully disobeys or acts in violation of the regulations, or who resists or wilfully obstructs any person in the lawful exercise of any authority conferred by this section, or who, without lawful excuse neglects or disobeys an order made under the provisions of this section, shall be liable to a penalty not exceeding fifty pounds.

(This section replaces the Leprosy Act of 1892.)

Department of Health,

Brisbane, 1st November,1973

I, Preston Ross Patrick, Director-General of health and Medical Services for the State of Queensland, in pursuance of the Health Act 1937-73, do hereby make the following amendment to the Regulations made in pursuance of the provisions of

"The Leprosy Act of 1892" and continued in force under the Health Act 1937-73 and subsequently amended, to come into effect as from 1st January, 1974:-

Regulation 1 is amended by deletion of the words "one mile" and insertion of the figures and word "1.6 kilometres" in lieu thereof.

Given under my hand at Brisbane, this twenty-third day of October, 1973.

P. R.PATRICK,

Director-General of Health and Medical Services

APPENDIX II - ANTI LEPROTICS

The anti leprotics are drugs used for the treatment of patients suffering from Hansen's Disease, (often abbreviated to HD). Its former name of Leprosy is now no longer encouraged because of the Biblical connotations of lepers as unclean and outcasts of society).

Today there are some 12 million sufferers from HD in the world, of which 207 are registered in Queensland (68 in Brisbane, and 41 in the Cape York area).

HD is a chronic communicable disease caused by a specific micro-organism, Mycobacterium leprae, which produces various granulomatous lesions in the skin, the mucous membranes, and the peripheral nervous system. Two principle or polar types are recognised: lepromatous (L) and tuberculoid (T). A combination of these types is called borderline borderline lepromatous(BL), borderline (BB), or borderline tuberculoid (BT)

(An early transitory stage, indeterminate (I), is also described). Lepromatous is that form ofHD characterised by the development of lepromas (nodules), and invariably by the presence of Mycobacterium leprae in abundance from the onset (multibacillary). Nerve damage occurs very slowly and usually symmetrically. It is the only form which regularly serves as a source of infection to others, until treatment is begun.

Tuberculoid is that polar type of HD in which, as a result of high (host) cell-mediated resistance to the infection, Mycobacterium leprae are few (paucibacillary), and nerve damage occurs very early, so that all skin lesions are denervated from the start, often with dissociation of sensation. The patient is rarely a source of infection to others.

Shifts between each of the aboveHDcategories (ie. T <-> BT <-> BB <-> BL (-> L) cause Hansen Reactions which are responsible for much of the disability suffered by Hansen Patients. Patients with other than L or T forms may develop a type 1 (or Lepra) reaction, which in untreated patients results in a 'downgrading' towards the lepromatous end of the spectrum, and in treated patients a 'reversal' or 'upgrading' towards the tuberculoid end. Patients with L form ofHD may develop a Type 2 (or ENL erythema nodosum leprosum) reaction which generally occurs as a result of drug therapy and is associated with the massive body-load of dead bacteria. (NB It is NOT an allergic reaction to the drug). The treatment of HD is thus directed not only at eradicating the Mycobacterium leprae, but also at avoiding or alleviating the reactional states.

The following is June Berthelsen's own description of her reaction to Dapsone treatment:

"My head was spinning, I felt nauseated, and I could not even stand up...

This was the beginning of my 'big' reaction. If, within six months of starting the treatment, a patient has a really big reaction, then that person has a good chance of becoming 'negative' within a reasonably short time, say eighteen months to two years. So it was with me. Having been admitted in November, it was just five months later I became really ill from the effects of the Avlosulphones on the leprae bacilli in the body. As the weeks passed, my hands, feet, elbows and face became swollen out of all proportion. My eyes were reduced in size by the facial swelling; for some days I could hardly see out of them.

"Medium-sized pinkish-brown spots, known as nodules, covered my body from head to foot - the typical Hansen's rash, I was informed. The nodules also appeared in my throat, eyebrows and scalp, and in the nerves of the elbows and behind the knee. They felt like small hard lumps about the size of a split pea. Nerve pains, as we called the sharp shooting pains, mainly in our legs and feet, began to trouble me, too. The knuckles on my hands were invisible, and were not seen separately for nearly two months.

"Worst of all were my feet, especially the right one. It was so tender and swollen, it was difficult to walk at all. I used to hobble around in slippers two sizes too big for me. My general health deteriorated to such an extent that I could only move very slowly. My energy was at a very low ebb....

"My nose was so swollen, I had much difficulty in breathing, even though sometimes I breathed through my mouth. I was given a small bottle of neo-synephrine.... At night I would awake, fighting for breath, wet with perspiration, and feeling as though every bone in my body was on fire. Sometimes I had "shivering attacks", when the sister piled more and more blankets on me until I was weighed down with them. Within an hour or so, relief would come when active perspiration began, a tepid sponge, changed nightwear and sheets, and sleep."

THE ANTILEPROTIC (ANTI-HD) DRUGS:

Attempts to treat Hansen's Disease are as old as the disease itself. The first important step was the discovery of the cause of the disease, the leprosy bacillus itself, by G.H.A.Hansen in 1873.

The second major achievement was the introduction of Dapsone in 1947. Dapsone is a drug from the chemical class of the sulphonamides - the sulphones, and it has been

successfully used to treat HD ever since. However, complications arose as treatment with Dapsone produced resistant bacilli.

The third breakthrough was the introduction of two new drugs in 1968 and 1969, namely Rifampicin and Clofazimine, which were developed by Ciba-Geigy in cooperation with two other partners.

The new drugs proved to be valuable supplements to existing therapy. However, these drugs needed more than ten years to gain wide acceptance in the multiple drug therapy (MDT) which combines two or three drugs in one treatment. Today research and development continue to seek new, more beneficial medication while improving the existing ones.

Despite today's fairly complete knowledge of HD, its cause, the progress of the disease in the human body, and how to treat it, it has not been possible to develop an effective vaccination programme.

Within the framework of a research programme for tropical diseases supported by the UNDP (United Nations Development Program), the World Bank and the WHO (World Health Organisation), various research projects in this area are currently being carried out.

DAPSONE

* the keystone of all control programmes because it is effective, inexpensive, and relatively non-toxic.

* weakly bactericidal.

* side effects include anaemia, minor Gastro intestinal complaints, agranulocytosis, and dapsone syndrome.

* the lepra reaction occurs in HD patients receiving effective chemotherapy and can be treated with steroids, aspirin, and clofazimine.

* Interactions: Rifampicin causes an increased plasma clearance of Dapsone (and hence lower blood levels), while probenecid causes a decreased excretion of Dapsone (and hence higher blood levels)

RIFAMPICIN

* high cost is a problem especially in third world countries.

* dose range varies from 600 mg daily to 600 mg or more given intermittently at intervals of up to one month.

* strongly bactericidal.

never use as monotherapy as resistance can appear within 3 to 4 years.

* side effects include hepatotoxicity, thrombocytopaenia, and the production of reddish-orange to reddish-brown discolouration of urine, faeces, saliva, sputum, sweat, and tears.

* lowers plasma levels of dapsone, corticosteroids, and oral contraceptives. (And thus for patients experiencing Lepra reactions, higher levels of corticosteroids may be required).

CLOFAZIMINE

* a very useful antileprotic, because as well as treating the disease, in higher doses it suppresses reactive episodes.

* weakly bactericidal.

to date, only one report of clofazimine resistance reported.

* side effects include coloration of skin depending on the dose and the degree of infiltration of the disease ranging from reddish to purplish-black, and blotchy especially where lesions occur. Coloration decreases as infiltrate is cleared. Discontinuance of drug leads to clearance of skin pigmentation in 6 to 12 months.

* Gastro intestinal toxicity has also been reported which in extremes may lead to complete bowel blockage. Anticholinergic effects and phototoxicity also reported.

STREPTOMYC IN

(also Kanamycin and Amikacin)

*dose used is 1 g Intramuscularly three times a week.

* bactericidal.

resistance develops in a few years if used as monotherapy.

* side effects include renal damage, blood dyscrasias, VIII cranial nerve toxicity which may result in diminished hearing.

* the fact that it can only be given by injection and its high cost are inhibitory to its use.

1982 W.H.O.RECOMMENDED STANDARD TREATMENT REGIMEN:

1.FOR MULTIBACILLARY HD:

(i.e.BB,BL1 and L types)

Rifampicin 600 mg once monthly - supervised.

Dapsone 100 mg daily - self administered.

Clofazimine 300 mg once monthly - supervised, and 50 mg daily (100 mg second daily) - self administered.

This regimen may be supplemented by additional monthly supervised doses of 50 mg ethionamide/prothionamide.

Treatment should be continued for a minimum of two years, or until the patient is bacteriologically negative.

2.FOR PAUCIBACILLARY HD:

(i.e. IT, and BT types)

Rifampicin 600 mg once a month for six months supervised, plus Dapsone 100 mg self administered daily for six months.

If treatment is interrupted (eg. for Lepra Reaction) the regimen should be recommenced where it was left off to complete the full course.

BIOCHEMISTRY:

The HD bacillus was the first micro-organism shown to be the causative agent in a human disease (1873) but because of the failure to cultivate the Mycobacterium Leprae culture media, its biochemistry and growth requirements are still largely unknown.

However, in 1971, the Armadillo was found to be susceptible to M.leprae infection and since then, sufficient quantities of infected tissue have become available for scientific study and experimentation.

Two enzymes are of particular interest:

The first enzyme discovered to be secreted by the HD bacillus is glutamic acid decarboxylase. This enzyme metabolises glutamic acid (the most abundant amino acid in nerve tissue) to gamma-amino butyric acid which is known to inhibit transmission of nerve impulses, and when further metabolised can also serve as a further energy source for the bacteria. This could help to explain the HD bacilli's affinity for human nerve tissue.

The second enzyme discovered to be secreted by the HD bacillus is diphenoloxidase which acts on the amino acid, dopa, as well as several other related compounds (It is from dopa that adrenaline, noradrenaline, dopamine, and melanin (a skin pigment) are derived). It may be significant that dopa or its derivatives occurs in skin, peripheral nerves, eyes, and the adrenal medulla - all invaded by the HD bacilli. It may also account for its inability to be cultivated outside the body (in vitro).

APPENDIX III

VESSELS THAT SERVICED PEEL ISLAND

Over the years, many vessels were associated with Peel Island. One of the earliest must have been the "Kate", a steamer of 147 tons which sailed from London to Moreton Bay, arriving on 10.3.1865 with John Coleman as her Master. She was to become one of the early Government supply vessels for the Dunwich Benevolent Asylum.

The "Otter" was another of the Government's early supply vessels and was a familiar sight ferrying passengers and stores to both Dunwich and Peel Island. In 1884 the S.S. "Otter" arrived in Brisbane1 built by Messrs. Ramage and Ferguson of Leith for Websters and Co. of Brisbane for excursion and tugboat service of that company, but purchased by the Government for £15,000 and was overhauled and armed because of the threat of a Russian invasion. The arms took the form of a 64 pounder mounted on a race forward. This muzzle loading cannon had belonged to the sailing ship "Young Australia" and fired chain shot. Thus the "Otter" became a unit of the Queensland fleet which at that time consisted of the "Gayundah" and "Paluma". In World War I it was taken over by the Navy and posted as an examination ship in Moreton

Bay, and in 1939 she again saw military activity for about two years. However the "Otter" was better known as a means of transport to Peel Island and Dunwich. By 1945, after sixty years service, she still had the original engines which delivered a top speed of eleven and a half knots. Like her engines, 'Otter"s crew were also long serving, R.R.Robinson being her steward from 1911 until 1945+ (the year of this reference); her Captains being Page, Henderson, Junner (1898 - 1932), Jack (1932 - 1934), and Thrower (1934 - 45+). Dr Reye travelled on it on one of his visits to Peel Island, and remembers that it towed a coal barge from Brisbane to Dunwich for local use.

In 1947, the condition of the "Otter" had deteriorated: water was leaking onto the crew's bunks so that they could not be used. Government inaction about repairs to the vessel resulted in strike action by the crew. Premier Ned Hanlon was so incensed by this work stoppage that he set about buying the old RAAF Sandgate Station that was on the market for the ridiculous price of £25,000. The quoted price to replace the steamer "Otter" was in the vicinity of £200,000. So rather than replace the ailing "Otter", the Government shifted the Benevolent Asylum from Dunwich to Eventide at Sandgate, thus rendering the "Otter" superfluous. She later became a timber dumb barge on the Frazer Island - Maryborough run.

In 1969, the Hervey Bay Artificial Reef Committee retrieved her hulk from a sandbank at South White Cliffs on Fraser Island, towed it to a point just off Big Woody Island in The Great Sandy Straight and sank her to form part of the Roy Rufus Artificial Reef. Today she is visited by many scuba divers to view the rich profusion of marine fauna and flora which have made the "Otter" and her sister wrecks, "Pelican" and "Lass O'Gowrie", their home.

After the "Otter", the Brisbane - Dunwich service was carried on by Hayles' launches, notably "Miramar" and "Mirabel" running 2 - 3 times a week.

The tug "Beaver" was virtually a sister ship of the "Otter" and is thought to have been operating in Brisbane until well after World War II.

Peel Island was also served by two other Government vessels, "Karboora" and "Dawn". Because the "Otter" was so large (she drew about ten feet of water) she could not berth at the stone jetty on Peel, so she had to be unloaded at Dunwich, and the stores and passengers transferred to the smaller "Karboora" for transport to Peel.

"Karboora" was a heavy launch about 36 foot long, and is thought to have been purchased from the Moreton Bay Oyster Company. It may originally have been a sailing vessel on the lines of the English Harwich Bawley. She served on the run

from Dunwich to Peel and Cleveland, carrying stores and passengers. For many years between the wars, her skipper was Bonty Dickson, a well known Dunwich identity.

During the second world war, the Government requisitioned whatever vessels it could for war service, and at the cessation of hostilities, sold them off again. The "Dawn" was one such vessel and was purchased by the Health Department as a back-up supply vessel for Peel Island.

In the disastrous cyclone of February 20th, 1954, both the "Karboora'1 and "Dawn" were severely damaged. The "Karboora", recently refitted with a new engine, was smashed against Peel's eastern stone jetty and so badly damaged that it had to be sold for salvage . The new engine was removed and the hull sold privately. A Hansen's patient, Jim, was soon to be discharged from the Lazaret, and put in a bid for the "Karboora", hoping to turn it into a fishing boat. However his bid was topped by another buyer who arranged to have it shipped to Moreton Island for refitting. Unfortunately, it encountered heavy seas on the journey and had to be cut loose. It ended up stranded in the shallows off Moreton where it was stripped by vandals. The Department's other vessel, "Dawn", fared better. It had been moored at the Dunwich jetty, but when the cyclone struck was let out into deeper water. However, a wind change blew it back against the jetty and it too was damaged. This was able to be repaired and the vessel was put back into service.

After the Lazaret was closed in 1959, the "Dawn" was purchased by Sandy Cowell and later resold again to a private owner. It is still seen around Moreton Bay, but under a different name.

In the early 1950s the Government put out a contract for the ferrying of goods and passengers to Peel. It was won by the launch, "Vega", which was to serve the Lazaret admirably until its closure in 1959.

Finally, a few of Dr Gabriel's own words about "the old dredge, "Playtpus", which still functions as a break-water to protect the old jetty on the south-east corner of Peel Island from the strong south-east winds and seas. "Platypus" was built in 1884 by Simons and Co of Glasgow at a cost of £29,000. It was a bucket dredge built specially for use in northern ports along the Queensland coast. It operated in Bowen, Townsville (where the main channel to the harbour is called the Platypus Channel), Cairns and Cooktown. It is interesting to note that since such a vessel was not fitted to carry sufficient coal to steam across the Indian Ocean, it was square rigged and sailed to Australia. After its years of work along the Queensland coast it was steamed under its own power to its last resting place in October 1926, stripped, and sunk where it now lies."

"Platypus I" as a breakwater at Peel's stone jetty, 1950s

III - C H R 0 N I C L E

DATE EVENT SHIPPING IMPROVEMENTS PEOPLE

(lists are not complete)

1799 Flinders sights Peel

1824 Oxley names Peel Island

1825 Gray surveys South Passage

1825 Pilot station est. at Amity (cont. til 1947)

1827 Depot est. at Dunwich (abandoned in 1831)

1839 Moreton Bay ceases as a penal settlement

1842 Free settlers begin to arrive at Moreton Bay

1847 "Sovereign" lost

1847 Pilot station moved to Cape Moreton

1847 North Passage used

1850 Quarantine station proclaimed at Dunwich

1850 'Emigrant' quarantined

1855 Oun Tsar's Hansen's Disease (died 1859)

1859 Queensland proclaimed a separate State

1864 Benevolent Asylum est. at Dunwich

1860's (late)'Islanders Toe Disease'

1874 Hansen discovers Mycobacterium leprae

1874 (May) Peel Island proclaimed a quarantine station in lieu of Dunwich

1877 "Windsor Castle" quarantined

1878 'Friedenburg' quarantined

1879 'Clara' quarantined

1885 'Dorinda' quarantined

1886 Quarantine renovations/additions

1889 some Chinese patients segregated at Cooktown

1890 Leper station est. at Cooktown

1892 Bribie Island Mission moved to Moongalba (Dunwich) via Peel Island

1892 Quarantine renovations/additions

1892 Quigley's HD

1892 Leprosy Act of 1892

1892 Lazarets at Friday Is & Dunwich

1893 Stone jetty completed (?)

1893 Cell block constructed (?)

1907 Friday Is and Dunwich Lazarets closed

1907 (31st May) Peel Is proclaimed a Leper Station

1907 (31st May) Medical Officer from Dunwich begins visits

1907 Chaulmoogra Oil used extensively

1909 Nastin treatment

1910 Inebriates transferred to Peel Island (til 1916)

1911 Boat provided for patients' use

1912-14 Dr Irwin Moore (Govt Health Officer)

1913 E.C.Julian superintendent (14.8.13 - 30.9.14)

1913 Patients' boats burned

1913 Noel Agnew's bird list in "The Emu"

1914- ? Dr J.E.Thompson (Govt. Health Officer)

1913 William Bruce superintendent (30.9.14-20.2.16)

1916 J.Blackman appt. superintendent (from 20.1.16)

1916 Free rail passes to relatives

1918 E.A.Gregory appt. superintendent (from 20.1.18)

1921 Noel Agnew's bird list in "The Emu"

1921-22 Dr C.D.H.Rygate (Govt Health Officer)

1922-28 Dr.J.Coffey (Govt. Health Officer)

1922 Treatments: chaulmoogra capsules, sodium hydnocarpate
in tablet or capsule, or injections twice a week

1923 Prickly Pear cleared

1925 Wireless installed

1925 John Carling Assist. superintendent (from 15.6.25)

1926 E.N.Goldsworthy .superintendent (1.3.26 -1938)

1926 "Platypus" positioned off Peel

1927 New kitchen built

1927 Cecil Cook's "Epidemiology of Leprosy In Australia" published

1930 Mary O'Brien appointed Nurse-in-Charge

1931 Med.Superintendent Benevolent Asylum revisiting Peel

1931-34 Dye and Gold treatment

1931 visits from Dr Drew (Govt Health Officer)

1932 Sulphonamides discovered (Prontosil)

1936 Sulphanilamide discovered

1937 Dapsone (the first sulphone) discovered

1938 E.N.Goldsworthy retires as superintendent

1938 Mary O'Brien apptd. Natron-in-Charge.

1940 Fantome Is Lazaret established.

194? (During WWII) patient representative sent undercover to Canberra

1945 Treatment clinic enlarged

1945 (Nov 3rd) Recreation Hall opened

1945 Truck provided for patients' use

194? (During WWII) Penicillin tried

1946 Marie Ahlberg apptd. Matron

1946 Frank Mahoney apptd superintendent (from 16.5.46)

1946 "Maroomba" wrecked

1946 Dr Eric Reye appt Govt Medical Officer

1946 New bathroom for male patients

1946 Power house built

1946 Main Roads gang improves Peel's roads

1947 Cornelius Byrnes apptd. assistant superintendent (from 10.7.47)

1947 Dr Fryberg appt. Director General of Health & Medical Services

1947 Dunwich Benevolent Asylum transferred to Sandgate

1947 Promin introduced

1947 Doctor's residence completed

1947 Electricity introduced

1947 Dr E.Reye is Peel's first Resident Medical Officer

1948 Cinematograph installed

1948 Western jetty built (short version)

1949-50 Dr Fryberg travels overseas

1949 Ten bed hospital completed

1949 Dr Reye resigns

1949 51; 51 Dr Vincent Lennon (Resident Medical Officer)

1950 Land resumed at Burpengary

1950 Buffalo Lodge consecrated

1951 Dr Morgan Gabriel (Resident Medical Superintendent)

1951 Thiacetazone introduced

1952 Isoniazid introduced

1952 New patients' dining room

1953 PASA introduced

1954 Lepra reactions treated with ACTH

1956 Avlosulfon soluble introduced

1956 R.J.Blacksmith's "An Investigation of Coral Deaths at Peel Island,
Moreton Bay, in early 1956"

1956 (Aug) Longer western jetty completed

1958 Trials with DPT & Etisul Percutaneous

1958 Dr Gabriel attends Seventh International Congress of Leprology

1959 Chloroquine tried for Lepra reactions

1959 Health Acts Amendment Act of 1959 replaces Leprosy Act of 1692

1959 (August 5th) Peel Island lazaret closed

1959 PA 's S12 opened

1959 (Sept 7) H.Cowell appointed caretaker (remains for 10 years)

post 1959 Fantome Is closed and pts transferred to Palm Island Hospital

1960 Queensland Govt plans Peel's development

1962 Govt calls tenders for lease

1963 Govt abandons plans for Peel Is

1966 Govt again calls applications for development

1968 Lazaret Buildings put up for sale

1968 (Dec 6th) First Churchie lease

1971 (Dec 13th) Second 'Churchie lease

1970-77 Jack Willacy caretaker

1977-87 Robert Lace caretaker

1978 S12 closed

1987 This account of Peel Island compiled

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(29) = YOUNG, Jim. Anglican Church Grammar School.

(30) = LACE, Robert. Caretaker, Peel Island 19?7 - 1987.

(31) = FRYBERG, Sir Abraham. Queensland Director General of Health and Medical Services.

(32)= GABRIEL, Mrs D.I. Wife of the Late Dr Morgan Gabriel, and a resident on Peel 1951- 1959

(33) = 'MATT'. A patient at Peel Island 1958/59 and later at Ward S12.

(34) = Courier Mail: (researched and supplied by Robyn White)

a - 19.1.1960

b - 13.1.1960

c - 5.10.1963

d - 25.1.1967

e - 25.9.1980

(35) = COWELL, J.H.("Sandy"). Caretaker at Peel Island 1959 - 1971

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(38) = Courier Mail: 24.7.1987.

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(Note that because of the social stigma which is still associated with the sufferers of Hansen's Disease, the pseudonyms 'Jim' 'Alex', 'Ned' ,and 'Matt' have been substituted for actual names).