

Care and control: the catholic religious and Australia's twentieth-century 'indigenous' leprosaria 1937-1986

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**Care and Control:
The Catholic Religious and Australia's Twentieth-Century
'Indigenous' Leprosaria
1937-1986**

Charmaine Robson

A thesis submitted to the University of New South Wales,
in fulfilment of the degree of
Doctor of Philosophy

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Between 1937 and 1986, Australian Indigenous people diagnosed with Hansens disease (leprosy) were compulsorily isolated under the care of Catholic religious nursing Sisters in remote leprosaria across the north of the continent. This thesis explores the forces that gave rise to and maintained this policy; the underlying ideals and anxieties; and the ways the policy was executed across the four institutions that form the focus of the study: Derby (WA), Fantome Island (QLD), and Channel Island and East Arm (both NT).

Missionary archival documents, oral histories and publications are used to examine the lives, work and traditions of the Sisters and other influential Catholic missionaries. Government records also reveal medical and social objectives implicit in the founding, staffing and ongoing operations of the institutions. Comparisons are made with management strategies for white Hansens disease patients in Australia to unravel prevailing conceptions about the separate categories of race and disease.

The Indigenous leprosaria derived from the Commonwealth government's interwar vision of a healthy White Australia, and the supervision and treatment of the inmates was considered a necessary corollary to this initiative. Catholic women religious were uniquely positioned for this role, being prepared for the incumbent risks, and having the requisite nursing and midwifery qualifications, resulting from a current upsurge in Catholic missionary activity in northern Australia. The Sisters expanded their nursing duties to encompass the holistic care of their patients and to educate them in Western skills, culture and morality. They ushered in the more intensive participation of Catholic Brothers and priests in evangelising the patients. In many ways the Catholic project aligned with government objectives for the social assimilation of the Indigenous population, but in the leprosarium, the object of such efforts was that 'civilised' and 'Christianised' residents would comply stoically with their enforced detention. Prescribed activities, whether hard work or leisure, were to keep patients occupied, diffusing their yearnings for home, and offering a gentler alternative to more punitive controlling measures. In later years, the Sisters became modern therapists, and agitators for better conditions and less stringent discharge criteria, thus more effectively helping patients regain their health and independence.

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Aboriginal and Torres Strait Islander peoples should be aware that this thesis contains images, names and references to deceased people which may cause sadness or distress, particularly to relatives of these people.

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ABBREVIATIONS

BELRA	British Empire Leprosy Relief Association
CDGH	Commonwealth Director-General of Health
CMO	Chief Medical Officer (NT)
CPH	Commissioner of Public Health (WA)
DOLSH	Daughters of Our Lady of the Sacred Heart
DG	Director-General
DNA	Department of Native Affairs
DSS	Department of Social Services
FHC	Federal Health Council
FMM	Franciscan Missionaries of Mary
MSC	Missionaries of the Sacred Heart
NHMRC	National Health and Medical Research Council
NT	Northern Territory
OFM	Orders of the Friars Minor
OLHC	Our Lady Help of Christians
QLD	Queensland
RFA	Relatives and Friends Association
SAC	Society of the Catholic Apostolate (Pallottines).
UAM	United Aborigines Mission
UN	United Nations
WA	Western Australia
WHO	World Health Organisation

TERMINOLOGY

Leprosarium

Institution for detainment and treatment of people diagnosed with Hansen's disease.

Lazaret

Understood in two senses: 1. leprosarium; 2. place set aside for detainment of people diagnosed with Hansen's disease

Hansen's disease

The preferred, non-pejorative term for leprosy, sometimes abbreviated to 'Hansens' for economy.

Indigenous

Describes person of Australian Aborigines and Torres Strait Islander descent.

Aboriginal

Describes person of Australian Aboriginal descent.

Mixed descent

Describes person with mixed background of Indigenous and other ethnicity. It is necessary only to make this distinction as it was relevant historically. Historical documents distinguish between people with parents who were both Indigenous ('full-bloods'); those who had one Indigenous parent ('half-castes'); and those who had one Indigenous grand-parent ('quarter-caste' or 'quadroon').

White Australians

Australians of European or Anglo-Celtic background. Sometimes 'European' is used also.

Traditional Indigenous

This can never be a precise definition but is useful in this study to draw contrasts between those Indigenous people who were leading a more traditional way of life before entering the leprosarium and those, such as former mission residents, who were familiar with Western education and culture.

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Introduction

... 'confinement' conceals both a metaphysics of government and a politics of religion; it is situated, as an effort in tyrannical synthesis, in the vast space separating the garden of God and the cities which men, driven from paradise, have built with their own hands.¹

Dotted around Australia's vast perimeter lie the physical vestiges of nineteenth and twentieth-century Hansen's isolation practices, forlorn islands and verges, too bleak or far-flung for all but forced human habitation. Yielding back to the elements, most divulge little trace of their colonised past; in a few, the baked dirt, pricked with the crosses of human transience, remembers death - but of life, is mute. Four of these sites are linked to a recently-closed and specific phase in Australian public health policy and missionary endeavour. In the decade following 1930, Commonwealth and state governments opened leprosaria for Indigenous Australians at three of these locations in northern Australia: Channel Island (NT); Derby (WA); and Fantome Island (QLD). A fourth one, on the Northern Territory coast at East Arm, replaced Channel Island in 1955 (see Fig. 1). Contrasting with all other Australian lazarets, Catholic missionary Sisters were appointed as nursing staff.

Channel Island
(Northern Territory)
1931 – 1955
then replaced with
East Arm
1955 – 1982.

Derby
(north west Western
Australia)
1936 – 1986

Fantome Island
(northern
Queensland)
1940 – 1973.

Figure has been removed due to Copyright restrictions.

Figure 1: Map of Australia showing the four 'Indigenous' leprosaria.

¹ Michel Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason*, trans. Richard Howard. London and New York: Routledge, 1967, p. 59.

At least 2000 people were detained in Australian leprosaria in the twentieth century. Many more, divested of family members, friends, and vital community members, were deeply affected.

Rigid twentieth-century isolation practices involving the forcible removal of suspected Hansens sufferers have left in their wake a long shadow in Indigenous communities of northern Australia in a manner comparable to the effect of memories of the Stolen Generations. In some places, they still taint white society's modern medical practices, impeding the delivery of badly-needed health services to Indigenous people.² A collective disquiet about what went on in the leprosaria, and why, continues to haunt some descendants and kinsfolk.³ While it is important for all Australians to know about this past, there is a particular need in the case of Indigenous people for whom the consequences still reverberate. My study does not attempt to totally demystify this history, and perhaps it will not ring true for everyone associated with these institutions, but it does proceed on the basis that these places, whether homes or prisons to the hundreds of people occupying them at any one time, must have been more than sites of repression and defeat.

Scholarly histories on Hansen's disease in this roughly fifty-year period are confined to either localised studies of individual leprosaria, or focus on the fact of compulsory isolation, rather than on how that isolation was carried out. No comprehensive academic study has been made of the Derby Leprosarium or of Hansens policies in Western Australia, yet this institution received the majority of Australia's Indigenous Hansens patients and operated for longer than any other. The roles of the Australian Catholic missionary movement and the individual religious leprosarium personnel, both male and female, have so far escaped comprehensive critical historical inquiry, despite their close involvement in the institutions of all three regions, for most of their periods in operation. Nor has the part played by another important stakeholder, the Commonwealth government, been satisfactorily accounted for. Finally, there remains much to be discovered about the patients' lives, in other words, the effect of policies and practices upon those to whom they were directed. The distinctiveness with which all Australian Indigenous

² Ernest Hunter, 'Stains on the Caring Mantle: Doctors in Aboriginal Australia have a history', *MJA*, v.155, Dec.2/16, 1991, pp. 779-783; Dr John Boulton, has reported more recently Kimberley people's reluctance to leave their area to obtain essential medical treatment at city hospitals for fear of never returning. (Interview by Robyn Williams on ABC Radio National, *Ockram's Razor*: 'The Coolibah Story', 27/09/2009.)

³ One example was an investigation sponsored by the Commonwealth government after concerns were raised by members of one Indigenous community in 2007: Evolution Research, *Enquiry into claims regarding leprosy testing on Aboriginal children in the Northern Territory between 1920 and 1960*, <http://pandora.nla.gov.au/pan/120404/20100526-1621/leprosy.pdf>, accessed 18/11/2012.

Hansens sufferers were treated from the interwar period, in contrast to their European counterparts, demands a closely researched and analysed trans-regional study.

The principal aim of this thesis is to investigate the purpose and impact of the Catholic religious as carers of Indigenous Hansens patients. It departs from existing historiography by positing this particular form of care as a crucial point of differentiation between practices for Indigenous and European patients. How was this care defined and how did it differ from previous arrangements for Indigenous sufferers and for their European contemporaries? This study interrogates the Catholic Sisters' unusual, possibly unique, positions as missionary appointees of government institutions, to discover how their involvement might have realised their own aspirations and to ascertain its significance to the patients, governments, the Catholic Church, and other Christian missionaries.

This first line of inquiry paves the way to fulfilling a second objective, to understand the overall multiple, shifting and sometimes contesting forces that drove leprosarium practices and policies, and how they affected their patient populations. For the first time, all Indigenous leprosaria across northern Australia in this period are examined and compared, blending existing historiography with insights from forgotten or under-represented recesses of the history. In this way overarching patterns are distinguished from local variations. This perspective enables consideration of important influences on the leprosaria other than the individual bureaucracies highlighted in existing histories. It raises questions about a range of interested groups hitherto omitted or passed lightly over: the Catholic missionaries, the doctors, the federal government, the general public and the media. It is through this strategy that the leprosaria, as a single and fairly fixed model of managing Indigenous lives, offer considerable potential for elucidating the values, fears, hopes and beliefs of the society that spawned them.

Scope

The thesis takes as its time span the years in which the Catholic religious nursing Sisters were formally associated with the leprosaria, 1937 to 1986. This period also aligns with the periods in which the institutions operated, apart from Channel Island's initial twelve years. Four women's religious communities served at the institutions. The first congregation of Sisters to serve at an Australian leprosarium was the Sisters of St John of God, based in Western Australia's Kimberley district, taking up their positions at Derby shortly after it was established in 1937. Three years later, when the Queensland government opened Fantome Island leprosarium, the Sisters of Our Lady Help of Christians, a community deriving from the SSJG, began work there. These Sisters remained only for five years after which another congregation, the Franciscan

Missionaries of Mary, replaced them. Three years later, in the midst of enemy hostilities in Darwin, Sisters of the Daughters of Our Lady of the Sacred Heart took over the nursing at the remaining Indigenous leprosarium on Channel Island. Following the installation of the religious nurses, these women's congregations sent more Sisters to serve in various roles such as school-teaching, cooking and housekeeping. The Catholic Church had yet another presence in these institutions. Religious Brothers were engaged as superintendents at Channel Island and priests were resident or semi-resident chaplains at all leprosaria.

This study straddles two eras in world Hansen's epidemiology history: the periods prior to, and after, the discovery of effective drug therapy. An explanation is therefore required of the different circumstances of the patients on either side of this divide. Before the 1940s, Hansen's was treated cheaply and simply with the extract of a natural oil, and although clinicians made great claims for its efficacy, it was not until the sulphone class of drugs was introduced that noteworthy improvements took place. Worldwide, patients were found to be no longer infectious, their symptoms cleared up, and many were discharged from Hansen's villages and institutions. It would be overstating the success of this treatment to claim that everyone responded well, but, overall, this period marked a triumphant turning point for disease control and for the fate of many sufferers.

There was little these new drugs could do for another category of leprosarium inpatient. These people had already acquired one or more of the many debilitating effects of the disease, such as blindness, deformities caused by the destruction of peripheral nerves, and paralysis, before modern drug treatment had been available to forestall their onset.⁴ In accordance with earlier procedures for badly diseased limbs, they might have had one or more limbs amputated. Usually no longer infectious, some of these long-term sufferers were known as 'burnt-out cases.' Their residence in a leprosarium had more to do with their support, rather than their confinement. Surgical and physiotherapeutic advances made available to varying extents from the 1950s helped some of these people regain their independence but for many, while the leprosarium remained open, it was where they would spend the rest of their days.

Hansen's disease

Hansen's disease is an infectious bacterial disease caused by the organism *Mycobacterium leprae* and mainly affects the skin and nerves. Broadly speaking there are two kinds of Hansen's: tuberculoid and lepromatous. Tuberculoid Hansen's is the less invasive type in which the

⁴ D. M. Scollard, L. B. Adams, T. P. Gillis, J. L. Krahenbuhl, R. W. Truman and D. L. Williams, 'The Continuing Challenges of Leprosy,' *Clinical Microbiology Review*, 2006, 19(2), p.361.

bacteria remains confined to skin lesions and peripheral nerves. However, it can progress to lepromatous Hansens in which the bacillus spreads throughout the body and renders the sufferer very ill and can sometimes be fatal. It is the lepromatous Hansens that is the most infectious. The person has little immunity and the bacillus goes on multiplying and disseminating throughout the body. These two variants lie at the extremes of a range of forms taken by the disease, thus the clinical picture is much more complicated than described here. The disease in most sufferers falls somewhere between these extremes.⁵

The means of disease transmission remains uncertain in the early twenty-first century.⁶ Scientists have never been able to culture the bacteria in the laboratory, unlike other micro-organisms, and so are unable to fully grasp the way it behaves.⁷ What is known, and has been known for many decades, is that it is not easily transmitted but it seems that it occurs through droplet or skin contact. Because Hansens has a very long incubation period, sometimes as long as twenty years, diagnosis may not be made until the disease has been spread to others, and therefore the effectiveness of isolation as a measure of Hansens control is highly questionable.

Historiography

Australia

In Australia, studies by Robertson and Evans have examined Hansen's disease policies and places of isolation in Queensland from the late colonial period through to the earlier part of the twentieth century.⁸ As part of a larger work, Suzanne Saunders has also examined this period with respect to the Northern Territory.⁹ Together these works have shown how exclusion of non-white Hansens sufferers, either by their deportation, or by stringent and unattenuated island segregation turned on the conflation of race, morality and disease, and was thus bound up with the prevailing turn-of-the-century White Australia ideal. The discovery and subsequent exile of white sufferers in Queensland in the 1890s does not, according to Robertson, undermine this theory, but, in evoking official and public sympathy not found towards the exclusion of non-white people, reveals an irreconcilable tension in the colony's desires both to expel the threat of

⁵ Robert R. Jacobson, 'Leprosy' in Alfred S. Evans & Philip S. Brachman (eds.), *Bacterial Infections of Humans: Epidemiology and Control*, 2nd ed., New York and London: Plenum Medical Book Company, 1991, pp. 349-363; *Leprosy in Northern Territory Aborigines*, Darwin, NT: Northern Territory Medical Service, 1968, pp. 9-18.

⁶ Scollard et al., 'The Continuing Challenges of Leprosy,' p. 339.

⁷ Ibid., p. 338, 347.

⁸ Raymond Evans, *Charitable Institutions of the Queensland Government to 1919*, unpub. M.A. thesis, University of Queensland, 1969; Josephine Robertson, *In a State of Corruption: Loathsome Disease and the Body Politic*, unpub. Ph.D. thesis, University of Queensland, 1999.

⁹ Suzanne Saunders, 'A Suitable Island Site: Leprosy in the Northern Territory and the Channel Island Leprosarium 1880-1955', Darwin: Historical Society of the Northern Territory, 1989.

immorality and disease, and to be seen as “just, humane and Christian.”¹⁰ Robertson thus identifies a very important paradox that resurfaced in later twentieth-century management of Indigenous Hansens sufferers, as will be discussed in this thesis.

The replacement of Queensland’s segregated islands in 1907 with the Peel Island Leprosarium in Moreton Bay has attracted considerable scholarly analysis. In works by Evans, Eckermann, Blake, and, more recently, Parsons, poor conditions and inadequate medical and nursing care are proof, as with previous sites, of a lack of concern by the government for Hansens patients’ health and welfare, while demonstrating an over-riding interest in the public health and the public purse.¹¹ Evans and Parsons highlight differential standards of housing and diet across racial divisions as evidence of the discriminatory treatment of Aboriginal and other “coloured” patients. In a separate study, Bashford and Nugent have argued that however much this policy excised the rights of Indigenous patients, their shared exile with white patients accorded them the ability to protest their conditions through conventional means such as writing letters of complaint, thereby exercising their “civic capacities.”¹²

Some studies have posited arguments in relation to the institutions and policies covered in my study. Saunders has contended that from the late 1920s onwards, Australian interwar policies for Hansen’s disease were shaped by the fact that Indigenous people had begun to make up the majority of sufferers overall in Australia, stemming from white Australians’ indifference towards the Indigenous.¹³ Her study situated the founding of all three “Indigenous” Hansens institutions in interwar politico-medical discourse as strategies primarily to protect the health of the white settler population rendered vulnerable in the tropical frontiers. Thus, “neither [Channel Island] nor any other Hansens institution during this period became anything more than a poorly equipped prison-like detention centre in which inmates listlessly and idly passed away the days.”¹⁴

¹⁰ Robertson, *In a State of Corruption*, p. 176.

¹¹ Evans, *Charitable Institutions*; Karl Eckermann, ‘Lock Hospitals, Prisons and Indigenous People, Queensland and Western Australia, 1906-98’ in Peter Read (ed.), *Settlement: A History of Australian Indigenous Housing*, Canberra: Aboriginal Studies Press, 2000; Thom Blake, “‘The Leper Shall Dwell Alone’: A History of the Peel Island Lazaret’ in Murray Johnson (ed.), *Brisbane: Moreton Bay Matters* (Brisbane History Group Papers, 1035-4050, no. 19), Kelvin Grove, Qld.: Brisbane History Group, 2002, pp. 72-86; Meg Parsons, *Spaces of Disease: the Creation and Management of Aboriginal Health and Disease in Queensland 1900-1970*, unpub. Ph.D., University of Sydney, 2008.

¹² Alison Bashford and Maria Nugent, ‘Leprosy and the Management of Race, Sexuality and Nation in Tropical Australia’ in Alison Bashford and Claire Hooker (eds.), *Contagion: Historical and Cultural Studies*, New York and London: Routledge, 2001, p. 116.

¹³ Suzanne Saunders, ‘Isolation: The Development of Leprosy Prophylaxis in Australia’, *Aboriginal History*, 1990, 14:2, p. 168, 179, 181.

¹⁴ Saunders, ‘Isolation’, p.175.

In a later study, Bashford supported these findings, arguing,

What characterized leper isolation in Australia was a marked disinterest in cultivating lepers' souls as it were, in the tradition of the sanatorium or even the workhouse or the penitentiary, and in distinct contrast to lepers spaces elsewhere. Rather, the primary objective of authorities, in a fairly ambiguous and sustained way, was segregation.¹⁵

For Bashford, Australian detention sites for the Indigenous sufferer were instances of Foucault's "exile-enclosure" and had not been replaced by institutions of therapeutic correction, as his model predicted and as had occurred in countries such as the Philippines.¹⁶ This apparent aberration perplexes Britain-based scholar Rod Edmond who, without having done primary research on this area, tried to make sense of Australian policy in an international study based on separate works by Bashford and Saunders.¹⁷ Yet their own interpretations had been made without research of Indigenous leprosaria other than the latter's study of Channel Island.¹⁸

With regard to the individual leprosaria under study in this thesis, scholarly histories of Channel Island Leprosarium and Northern Territory Hansen's disease policy have been contributed by Suzanne Saunders, as mentioned above, followed by a number of shorter works on the Fantome Island Leprosarium by Joanne Watson, myself, Geoffrey Genever and Meg Parsons.¹⁹ Mary Anne Jebb has examined removals of suspected Hansens sufferers in northern Western Australia in the 1930s and 1940s.²⁰ These histories highlight oppression and confinement as the crux of policy, with particular focus on the targeting of Indigenous people under the guise of public health imperatives. Apart from Jebb's work, they contrast the earlier years of a high death toll, or painful and futile therapies, with the later success of the sulphone drugs. These outcomes are important and valid elements of the history, but their dominance in the studies has tended to obscure insights into the human endeavour inevitably associated with them.

¹⁵ Alison Bashford, *Imperial Hygiene: A Critical History of Colonialism, Nationalism and Public Health*, Sydney: Palgrave 2004, pp. 100-101.

¹⁶ *Ibid.*, p. 82.

¹⁷ Rod Edmond, *Leprosy and Empire: A Medical and Cultural History*, New York: Cambridge University Press, 2006, pp. 174-6.

¹⁸ Saunders, 'A Suitable Island Site' (1989).

¹⁹ Joanne Watson, *Palm Island Through a Long Lens*, ACT: Aboriginal Studies Press, 2010; Charmaine Robson, *On Fantome Island: A History of Indigenous Exile and Community*, unpub. B.A. Hons thesis, UNSW, 2007; Geoffrey Genever, 'Queensland's Black Leper Colony,' *Queensland Review*, v.15, no.2, 2008; Parsons, *Spaces of Disease*.

²⁰ Mary Anne Jebb, *Blood, Sweat and Welfare: A History of White Bosses and Aboriginal Pastoral Workers*, Crawley, WA: UWAP, 2002.

Parsons sees Fantome Island as a “combination of a Catholic mission, an up-to-date medical institution, and a government-run Aboriginal reserve” yet she does not attempt to match her depiction of the leprosarium with the distinctive elements of either of the first two institutions mentioned; in particular, it is difficult to understand how a study that is very critical of the medical services in the leprosarium can claim it to be “up-to-date.”²¹ Although most studies refer to the Catholic Sisters’ nursing work at the leprosaria they examine, several nevertheless view their appointments as yet another sign of bureaucratic negligence. For Saunders, the decision to retain Catholic nursing Sisters at Channel Island was “indicative of an abnegation of responsibility on the part of the authorities.” Watson wrote that the same decision by the Queensland government meant it had “relinquished responsibility for nursing duties.”²² Even Parsons’ more probing study suggests that the appointment of the Sisters was a compromise on nursing care.²³ The fact that the religious Sisters had nursing qualifications equal to any lay nursing Sister and, in some cases had more specialised training, and that they were paid by governments to carry out professional duties is overlooked in these histories.

With the exception of larger studies by John Maguire and Hilary Carey, existing leprosarium histories are silent on the question of what Hansens nursing meant to the Catholic Sisters themselves, or indeed to their Church.²⁴ It is easy to assume from the historiography that the leprosarium Sisters functioned as independent groups of women in pursuit of their own religious ambitions. Carey’s glimpse of the first group of Sisters to nurse at Fantome Island who were forced to relinquish their missionary work to another congregation, demonstrates the dependence of Catholic female religious on the male Church hierarchy for fulfilling their vocational objectives and hints at the importance of the leprosarium to the Church itself as a broader missionary project.

Other than a sociological study on Hansen’s disease in north-west Western Australia, the only substantial work on the history of Western Australian Hansens policy and practice comes from outside academic history.²⁵ *Havens of Refuge* by W.S. Davidson, former Deputy and Chief

²¹ Parsons, *Spaces of Disease*, p.355.

²² Saunders, ‘*A Suitable Island Site*’ (1989), p. 17; Watson, *Palm Island*, p. 99.

²³ Parsons, *Spaces of Disease*, p. 336.

²⁴ John Maguire, *Prologue: A History of the Catholic Church as seen from Townsville 1863-1983*, Toowoomba, Qld.: Church Archivists’ Society, 1990; Hilary M. Carey, ‘Subordination, Invisibility and Chosen Work: Missionary Nuns and Australian Aborigines c.1900-1949,’ *Australian Feminist Studies*, vol. 13, no.28, 1998, pp. 251-267. See also Maguire’s short work, ‘The Fantome Island Leprosarium’ in Roy Macleod & Donald Denoon (eds.), *Health and Healing in Tropical Australia and Papua New Guinea*, Townsville: JCU Press, 1991, pp. 142-148.

²⁵ G.O. Benson-Lidholm, *To Cry Unclean: A Study of Leprosy in the North of Western Australia*, unpub. M.A. thesis, University of Western Australia, 1990.

Commissioner of Public Health in Western Australia between 1949 and 1974, was written four years after the author left office and is presented as a triumph of the health department under his charge. It neatly positions the encroaching and uncontrolled epidemic of the 1930s and 1940s alongside bureaucratic blundering and brutality in the period prior to his posting. “Modern Times”, the chapter coinciding almost exactly with the author’s time in office, begins as the sulphones are introduced. While these drugs are attributed with success in dealing the disease a severe blow, it is to an apparently forward-thinking, proactive department that most of the credit goes.²⁶ My thesis challenges this latter assumption, showing that Davidson actually presided over an outdated and parsimonious system that not only hindered progress in eradicating the disease but denied patients the right to their freedom and to modern therapies, especially in the 1960s and early 1970s. Davidson’s work has scant mention of Derby Leprosarium’s interior life nor of how the patients fared under this system: they are little more than units of statistical tables.

A little about the nursing work of the leprosarium Sisters can be learnt from histories written by the doctors and nurses who knew them or worked by their sides, but these works consist mainly of commendation rather than useful analysis. Davidson’s history briefly praises the Sisters for their innovative nursing and laboratory work at Derby Leprosarium, as does a history of Indigenous health by Dr Ernest Hunter, a former Kimberley psychiatrist.²⁷ A history of Northern Territory health services written by former Hansens survey nurse, Ellen Kettle, has discussed from a professional point of view the nursing work of individual leprosarium religious Sisters, using extensive archival research as well as her own memories. She presents the Sisters as practical, stoic and as assets to remote Indigenous healthcare. As with Davidson’s work, Kettle’s is a narrative of a battle being waged against the relentless incursions of disease into remote Australia, but takes the opposite perspective in which myopic power-hungry administrators are pitted against humane and hard-working health workers, including the Catholic missionaries.²⁸ However, none of these works address the Sisters’ identities as Catholic religious and, in reading these monographs, it is easy to forget that they are any different to lay nurses.

The work of the leprosarium Sisters make up proud chapters in the histories of Catholic women’s congregations and Indigenous missions, but lack critical or close analysis. According

²⁶ W.S. Davidson, *Havens of Refuge: A History of Leprosy in Western Australia*, W.A: University of Western Australia Press for the Public Health Department, 1978.

²⁷ Ibid., p. 115; Ernest Hunter, *Aboriginal Health and History: Power and Prejudice in Remote Australia*, Cambridge, New York: Cambridge University Press, 1993, p. 65.

²⁸ Ellen Kettle, *Health Services in the Northern Territory: A History 1824-1970*, vols. 1 & 2, Darwin: North Australia Research Unit, 1991.

to Sr Anne Gardiner OLSH, author of one such work, these histories “celebrate the lives of the many Sisters.”²⁹ But, unlike academic histories, they reveal the female religious as effectual individuals, rather than anonymous servants of their congregations. Through the liberal, albeit selective, use of primary source material such as memoirs, photographs and newspaper extracts, the works of Gardiner, Mary Venard, Ann Thomson, and Doris M. Allen (all on Northern Territory); Mary Durack, Margaret Zucker, John Scally and Sr Mary Mechtilde (Western Australia); and M.R. MacGinley (Queensland), it is possible to learn something of the skills, resourcefulness, dedication and fears of the sisters as they face natural disasters, extreme weather, and disagreeable tasks.³⁰ While it is acknowledged that material conditions were often sub-standard, the sisters are shown to have soldiered on, strengthened by their faith and determination. Typical of these triumphalist texts and of historical interpretations of the Catholic Aboriginal missions generally by the religious, the leprosarium Sisters are shown as saving Indigenous Hansens sufferers from the neglect of uncaring white Australians, and from their own primitive helplessness.³¹ Zucker and Thomson suggest that the arrival of Catholic Sisters at Derby and Channel Island respectively rescued the patients from uncaring state authorities.³² Much is made of the heroism of Sisters at both of these institutions in remaining with the patients during the Japanese air raids of World War 2 while all other civilians abandoned the areas.³³ However, in stressing the abandonment of the patients, these histories tend to mask family and community attachments.

The lack of historical analysis on the leprosarium Sisters reflects the dearth of work on Catholic religious nursing Sisters in Australia generally. Although the body of work on Catholic Sisters has grown considerably in the last two decades, the field is dominated either by those on teaching Sisters or by studies of the nature and formation of particular congregations and

²⁹ Ann Gardiner, *The Flame In the North: The Daughters of Our Lady of the Sacred Heart 1908-2008*, p. 7.

³⁰ Mary Venard, *The History of the Australian Province of the Daughters of Our Lady of the Sacred Heart*, Kensington, NSW: Daughters of Our Lady of the Sacred Heart, 1974; Doris M Allen, *Frank Flynn MSC: A Remarkable Territorian*, Kensington, NSW: Chevalier Press, 1995; Ann Thomson, *NT Dreaming: The Story of the Catholic Church in the Northern Territory*, Darwin: Catholic Education Office, 1988; Mary Durack, *The Rock and the Sand*, London: Constable & Co. Ltd., 1969; Margaret Zucker, *From Patrons to Partners And the Separated Children of the Kimberly: A History of the Catholic Church in the Kimberley WA*, 2nd Ed., Fremantle, WA: University of Notre Dame Press, 2005; John Scally, *To Speed on Angels' Wings: the Story of the Sisters of St John of God*, Dublin: The Columba Press, 1995; Sr Mary Mechtilde, *The Missionary Adventures of The Sisters of St John of God*, thesis, Graylands Teachers' College, 1961; M.R. MacGinley, *An Eloquent Witness: The Sisters of Our Lady Help of Christians*, Strathfield, NSW: St Pauls Publications, 2010.

³¹ This is a perspective also noted in histories of nineteenth-century Pacific missionaries e.g. Diane Langmore, *Missionary Lives: Papua, 1874-1914*, Honolulu: University of Hawaii Press, 1989, p. (i).

³² Zucker, *From Patrons to Partners*, pp. 78-83; Thomson, *NT Dreaming*, p. 20.

³³ Zucker, *From Patrons to Partners*, pp. 93-94, Thomson, *NT Dreaming*, p. 20.

communities in Australia.³⁴ Many of these works, including some of those written by the Catholic religious themselves, provide a feminist perspective, portraying their subjects as strong independent women, contending with the Catholic male hierarchy for their right to carry out their apostolate. This strand runs through Siobhan Nelson's study of the Sisters of Charity in colonial Sydney and their founding of St Vincent's Hospital. Their enterprise, nursing professionalism and non-discriminatory care of patients are emphasised, but there is little detail on the nursing work itself.³⁵ In Nelson's study as well as histories of Australian nursing by Bartz Schultz and Victoria Hobbs, along with brief works by Karen Francis and Stephanie Burley, Catholic Sisters were pioneer nurses who served various communities in the nineteenth century while Lesley Hughes' extensive study argues the same for their role in social welfare.³⁶ Commissioned histories have also chronicled the work of religious nursing Sisters in Catholic and public hospitals.³⁷ Of nursing in Catholic missions, very little has been written.³⁸ The focus of scholarly histories on missions such as Christine Choo's *Mission Girls* has been the Sisters'

³⁴ Noelene Kyle, *Her Natural Destiny: The Education of Women in New South Wales*, Kensington, NSW: UNSW Press, 1986; Stephanie Burley, 'Resurrecting the Religious Experiences of Catholic Girls' Schooling in the 1920s in South Australia', *Education, Research and Perspectives*, vol. 28, no. 1, 2001, pp. 25-44; Christine Trimmingham Jack, *Growing good Catholic girls: education and convent life in Australia*, Carlton, Vic.: Melbourne University Press, 2003; Anne O'Brien, *God's Willing Workers: Women and Religion in Australia*, UNSW Press, 2005; Histories written by Catholic Sisters: Sophie McGrath, *These Women? Women Religious in the History of Australia, the Sisters of Mercy Paramatta, 1888-1988*, Kensington, NSW: UNSW Press, 1989; Anne McLay, *Women Out of their Sphere: A History of the Sisters of Mercy in Western Australia from 1846*, Northbridge, WA: Vanguard Press, 1992; Rosa MacGinley PBVM, 'Irish Women Religious and Australian Social History,' *Journal of the Australian Catholic Historical Society*, vol. 17, 1996, pp. 56-66; M.M.K. O'Sullivan, 'A Cause of Trouble'? *Irish Nuns and English Clerics*, Sydney: Crossing Press, 1995; Janet West, 'A Recipe for Confrontation: Female Religious Orders and the Male Hierarchy in Nineteenth Century Australia' in Mark Hutchinson and Edmund Campion (eds), *Long Patient Struggle: Studies in the Role of Women in Australian Christianity*, Sydney: Centre for the Study of Australian Christianity, 1994, pp. 71-87.

³⁵ Siobhan Nelson, *Say Little, Do Much: Nursing, Nuns and Hospitals in the Nineteenth Century*, University of Pennsylvania Press, 2001.

³⁶ Karen Francis, 'Service to the Poor; the Foundations of Community Nursing in England, Ireland and New South Wales', *International Journal of Nursing Practice*, 1001, no. 7, pp. 169-176; Stephanie Burley, 'The Silent Sisterhood(s): Catholic Nuns, their Public Work and Influence for Social Change in Australia, in particular South Australia 1880-1930,' pp. 275-289 in Joy Damousi and Katherine Ellinghaus (eds), *Citizenship, Women and Social Justice: International Historical Perspectives*, History Department, The University of Melbourne, 1999; Bartz Schultz, *A Tapestry of Service: The Evolution of Nursing in Australia, vol. 1, Foundation to Federation 1788-1900*, Melbourne: Churchill Livingstone 1991; Victoria Hobbs, *But Westwood Look: Nursing in Western Australia 1829-1979*, Perth: UWAP, 1980; Lesley Hughes, *To Labour Seriously: Catholic Sisters and Social Welfare in Late Nineteenth Century Sydney*, unpub. Ph. D. thesis, University of New South Wales, 2002. See also a brief discussion of Catholic Sisters nursing at the Japanese hospital in the early twentieth century: Pat Jacobs, 'Free Women on a Savage Frontier: St John of God Sisters on the Kimberley Pearling Coast of WA', *The Australian Journal of Irish Studies*, vol. 4, 2004, pp. 259-267.

³⁷ On Catholic hospital nursing: Kathleen Dunlop Kane, *The MSC Sisters in Australia 1928-1978*, Melbourne: The Missionary Sisters of the Sacred Heart, 1978; Hilary Carey, *In the Best of Hands: A History of the Mater Misericordiae Public Hospital and the Mater Misericordiae Private Hospital North Sydney 1906-1991*, Sydney: Hale & Iremonger, 1991. On Western Australia goldfields nursing by the Sisters of St John of God in the late nineteenth century: Scally, *To Speed On Angels Wings*.

³⁸ "Inside" histories discussing Catholic Sisters' leprosarium work, as mentioned above, also make reference to mission nursing.

part in the removal and retraining of Indigenous children rather than nursing care.³⁹ Catholic missionary Sisters are absent in nursing educator Sue Forsyth's damning assessment of twentieth-century nurses' treatment of Indigenous people, however they do appear as important health workers in Indigenous communities alongside lay remote nurses in Kettle's abovementioned history and in a collection of stories recounted by nurses in the Kimberley.⁴⁰

Even more elusive are histories that examine closely the lives and individual work of Catholic male religious in Australia. As with the Sisters, there are several works, usually from within the Church, recounting the establishment and development of missions and religious orders.⁴¹ Prominent Catholic bishops and a few notable priests have been the subject of celebratory biographies, and a few have written autobiographies.⁴² Brenda Niall has written a more analytical and intimate biography of Melbourne priest, Fr. William Hackett seen through the lens of the political and social upheavals of his day.⁴³ Academic histories of Indigenous missionary endeavours study Catholic missionary priests, as with the Sisters, in their roles as agents of cultural change and in the removal of children.⁴⁴ Diane Langmore's history of the

³⁹ Christine Choo, *Mission Girls: Aboriginal Women on Catholic Missions in the Kimberley, Western Australia, 1900-1950*, Crawley, WA: University of Western Australia Press, 2001.

⁴⁰ Sue Forsyth, 'Telling Stories: Nurses, Politics and Aboriginal Australians, circa 1900-1980s', *Contemporary Nurse*, vol. 24, no. 1, 2007; Kettle, *Health Services in the Northern Territory*; Anne Atkinson & Kimberley Nurses History Group, *Bough Sheds, Boabs and Bandages*, Mandurah, WA: DB Publishing, 2008.

⁴¹ Examples are Alban Doyle FMS, *The Story of the Marist Brothers in Australia 1872-1972*, NSW: The Marist Brothers of the Schools, 1972; S.J. Boland CSSR, *Faith of Our Fathers: The Redemptorists in Australia 1882-1982*, Armadale, Vic.: H. H. Stephenson for the Redemptorist Fathers, 1982; Brigida Nailon CSB, *Nothing is Wasted in the Household of God: Vincent Pallotti's Vision in Australia 1901-2001*, Richmond, Victoria: Spectrum Publications Pty. Ltd., 2001; Zucker, *From Patrons to Partners*; Anthony Caruana, *Monastery on the Hill: A History of the Sacred Heart Monastery, Kensington 1897-1997*, Kensington, NSW: Nelen Yebu Missiological Unit, 2000; John Maguire, *Prologue: A History of the Catholic Church as seen from Townsville 1863-1983*, Toowoomba, Queensland: Church Archivists' Society, 1990; Brother J. Pye, *The Port Keats Story*, Kensington, NSW: J.Pye, 1973. See also his series of other Northern Territory mission histories.

⁴² Biographies: Frances O'Donoghue, *The Bishop of Botany Bay: the life of Archbishop John Bede Polding*, Sydney: Angus and Robertson, 1982; George Russo, *Lord Abbot of the Wilderness: The Life and Times of Bishop Salvado*, Melbourne: The Polding Press, 1980; Allen, *Frank Flynn*; Edmund Campion, *Ted Kennedy: Priest of Redfern*, Kew East, Victoria: David Lovell Publishing, 2009. Autobiographies: F.X. Gsell, *The Bishop with 150 Wives: Fifty Years as a Missionary*, Sydney: Angus & Robertson, 1956; Chris Geraghty, *Cassocks in the Wilderness: Remembering the Seminary at Springwood*, Richmond, Victoria: Spectrum Publications, 2001; Joe Kearney SAC, *Growing in Faith: Ramblings of a Happy Old Man*, Richmond, Victoria: Spectrum Publications, 2001.

⁴³ Brenda Niall, *The Riddle of Father Hackett: A Life in Ireland and Australia*, Canberra: National Library of Australia, 2009.

⁴⁴ M.J. Alroe, 'A Pygmalion Complex Among Missionaries: The Catholic Case in the Kimberley', in Tony Swain and Deborah Bird Rose (eds), *Aboriginal Australians and Christian Missions: Ethnographic and Historical Studies*, Bedford Park, South Australia: Australian Association for the Study of Religions, 1988, pp. 30-44; Catherine Kovesi Killerby, "'Never Locked Up or Tied.'" Early Irish Missionary Attitudes to the Aboriginal People of Western Australia' in Philip Bull, Frances Devlin-Glass and Helen Doyle Bell (eds), *Ireland and Australia, 1798-1998: Studies in Culture, Identity and Migration*, Sydney: Crossing Press, 2000, pp. 124-133; John Morris, *The Tiwi: From Isolation to Cultural Change: A History*

French Missionaries of the Sacred Heart in nineteenth-century Papua and Mary Taylor Huber's anthropological study of nineteenth to twentieth-century German Missionaries of the Society of the Divine Word have helped to fill the historiographical gap in their exploration of the men's culture, mission organisation and personal challenges and commitment to self-abnegation.⁴⁵ In a recent study of three mid-twentieth century Australian religious of the Missionaries of the Sacred Heart, Wendy Beresford-Maning argues that such self-abnegation has resulted in consigning mission Brothers and priests into anonymity and undercuts attempts by historians to make historical analyses of their individual lives.⁴⁶

International Historiography

The management of those identified as Hansen's sufferers in various cultural settings throughout history has been the subject of considerable historical scholarship. Western Christian societies have always reacted in specific but complex ways to Hansen's disease. Extreme and often ambivalent perceptions of Hansen's sufferers have led to their subjection to elaborate forms of social control wherever and whenever the disease has believed to have struck. One of the most common and long-standing responses has been to set sufferers apart from their communities. Almost as abiding has been the inversion of this response by devout Christians, usually the professed religious, in their solicitude towards sufferers of the disease. Relevant to this thesis are historical works situated in epidemics of the modern epoch, concentrating on the period from about the 1870s to the middle of the twentieth century, of which the Australian outbreak was a part. As many of these works explore Hansen's disease as an affliction of the colonial subject, they are helpful in providing a theoretical framework for understanding practices in Australia with respect to its Indigenous sufferers. Their almost universal engagement with the significance of Christian missionaries in modern Hansen's disease practices is also helpful in this way.

A survey by the Catholic Church in 1951 concluded that Catholic women religious at that time were nursing more than 70,000 patients at leprosaria in 200 different regions worldwide.⁴⁷ They had been doing so for almost a century. It is therefore surprising that a historiography rich in the

of Encounters between an Island People and Outside Forces, Darwin: Northern Territory Press, 2001; Tony Scanlon, "Pure and Clean and True to Christ: Black Women and White Missionaries in the North," *Hecate*, vol. 12, no.1/2, 1986, pp. 82-105.

⁴⁵ Langmore, *Missionary Lives*; Mary Taylor Huber, *The Bishop's Progress: A Historical Ethnography of Catholic Missionary Experience on the Sepik Frontier*, Washington and London: Smithsonian Institution Press, 1988.

⁴⁶ Wendy Beresford-Maning, 'Men With No Past? Researching Religious Lives,' *Journal of Northern Territory History*, no. 20, 2009, p. 97.

⁴⁷ Raphael Brown, *World Survey of Catholic Leprosy Work*, Techny, Illinois: The Mission Press, SVD, 1951, p. 26.

interpretation of the management of the Hansens sufferer in this period has mostly shied away from exploring the work of these women and teasing out its meanings for both the Hansens sufferer and for the societies in question. Even greater numbers of Hansens sufferers were placed under the medical and nursing care of missionaries and charity workers of the organisations British Empire Leprosy Relief Association (BELRA) and Mission to Lepers, but again, of this form of healthcare-based philanthropy, there is little history.

The period between the mid nineteenth to mid twentieth century is defined both by uncertainty about cause or cure of the disease and systematic widespread practices of removing sufferers from the general community, often to specific “leper colony” islands. Historians have argued that policies hinged more on older Judaeo-Christian understandings of the disease, rather than modern scientific rationales.⁴⁸ The idea of forced exile itself has been repeatedly likened to Old Testament practices while for historians such as Michelle Moran, “policy makers dusted off the model of the medieval Christian lazaretto and reconfigured it as a modern American Institution.”⁴⁹

In the imperial context, the harsh segregation of Hansens sufferers has been seen by historians such as Kakar, Gussow, Mawani and Obregon as a means of excising from society those thought to be destabilising to social order or to a country’s self-image, such as the poor and certain races.⁵⁰ According to several histories, policies of strict and austere exclusion in South Africa, Hawaii and Canada were predicated on preconceived links between race and Hansen’s disease.⁵¹ Mawani’s study of Chinese Hansens patients in British Columbia argues, as Saunders

⁴⁸ Sheldon Watts, *Epidemics and History: Disease, Power and Imperialism*, New Haven & London Yale U.P., 1997, p. 41; D. George Joseph, ‘Essentially Christian, Eminently Philanthropic: The Mission to Lepers in British India’, *Historia Ciencias Saude – Manguinhos Rio de Janeiro*, 10 (supplement 1) 2003, p. 249.

⁴⁹ Michelle T. Moran, *Colonising Leprosy: Imperialism and the Politics of Public Health in the United States*, Chapel Hill, USA: University of Nth. Carolina Press, 2007, p. 6. See also Saunders, ‘A Suitable Island Site’ (1989), pp. 1-2.

⁵⁰ Sanjiv Kakar, ‘Leprosy in British India, 1860-1940: Colonial Politics and Missionary Medicine’, *Medical History*, 40, 1996, p. 221; Zachary Gussow, *Leprosy, Racism & Public Health: Social Policy in Chronic Disease Control*, Boulder: Westview Press, 1989, p. 102; R. Mawani, “‘The Island of the Unclean’: Race, Colonialism and “Chinese Leprosy” in British Columbia, 1891-1924,’ *Law, Social Justice & Global Development Journal*, 1, 2003, <http://elj.warwick.ac.uk/global/03-1/mawani.html>, p. 13, Diana Obregon, ‘Building National Medicine: Leprosy and Power in Colombia, 1870-1910,’ *Social History of Medicine*, vol. 15, no. 1, p. 108.

⁵¹ Harriet Deacon, ‘Racial Segregation and Medical Discourse in Nineteenth-Century Cape Town,’ *Journal of South African Studies*, vol. 22, no.2, June, 1996, pp. 302-03; Penny Moblo, ‘Blessed Damien of Moloka’i: the Critical Analysis of Contemporary Myth,’ *Ethnohistory*, vol. 44, no. 4, 1997, pp. 701-702.

has, that practices for Hansens patients echoed and intersected with the ways those countries managed different races in general.⁵²

That Christian missionaries were ubiquitous in the organising, supporting or staffing of imperial-age Hansens isolation facilities has been the subject of another popular strand in the historiography. In his seminal study, sociologist Gussow wrote “from the perspective of both the Protestant and Catholic missionary worlds, lepers were no ordinary persons. They were a very special group of people.”⁵³ He had argued earlier, along with co-author Tracy, that missionaries “discovered” the modern Hansens sufferer, conceptualising him/her as a biblical “leper”, a figure of both spiritual and physical affliction.⁵⁴ They thus saw a place for themselves as a “special group of caretakers” who, unable to effect physical cure, concentrated their efforts on the evangelisation of the inmates.⁵⁵

Successive Hansen’s disease histories, including those by Worboys, Vaughan (Africa), Kipp (Sumatra), Watts, Moblo (both Hawaii), Joseph, Kakar (both India), Bernabeu-Mestre, and Ballester-Artigues (Spain), Moran (Hawaii and USA) and Parsons (Queensland, Australia) have supported Gussow’s contention, stressing that it was the moral, rather than the physical, impairment of the ‘leper’ that captivated the interest of the Christian religious in Hansens sufferers.⁵⁶ They argue that healing the “disease of the soul” was the primary motive of missionaries in Hansens care, thus bringing evangelisation and moral reform to the forefront of their activities, while medical, nursing and other services were accorded less, if any, importance at all.⁵⁷ Most of these studies rest their argument on the assumption that the physical disease could not be managed therapeutically before the late 1940s, with varying implications for patients’ management. In Spain’s Fontille Leprosarium, the Catholic carers could do little more

⁵² Mawani, ‘The Island of the Unclean,’ p. 6.

⁵³ Gussow, *Leprosy, Racism & Public Health*, p. 211.

⁵⁴ Zachary Gussow and Geroge S. Tracy, ‘Stigma and the Leprosy Phenomenon: The Social History of a Disease in the Nineteenth and Twentieth Centuries,’ *Bulletin of the History of Medicine*, 44:5, Sept/Oct., 1970, pp. 446.

⁵⁵ Gussow, *Leprosy, Racism & Public Health*, p. 21.

⁵⁶ Michael Worboys, ‘The Colonial World as Mission and Mandate: Leprosy and Empire 1900-1940,’ *Osiris*, 15, 2000, p. 214; Megan Vaughan, *Curing Their Ills: Colonial Power & African Illness*, Stanford, California: Stanford University Press, 1991, p.84; Rita Smith Kipp, ‘The Evangelical Uses of Leprosy,’ *Social Science and Medicine*, vol. 39, no. 2, July 15,1994, p. 167; Josep Bernabeu-Mestre, and Teresa Ballester-Artigues, ‘Disease as a Metaphorical Resource: The Fontilles Philanthropic Initiative in the Fight Against Leprosy1901-1932,’ *Social History of Medicine*, vol. 17, no. 3, 2004, p. 417; Watts, *Epidemics and History*, p. 43, 83; Joseph, ‘Essentially Christian, Eminently Philanthropic,’ p.249; Sanjiv Kakar, ‘Medical Developments and Patient Unrest in the Leprosy Asylum, 1860-1940,’ *Social Scientist*, vol. 24, no. 4/6, Apr-June, 1996, p. 65; Moran, *Colonizing Leprosy*, p. 5.

⁵⁷ Gussow, *Leprosy, Racism & Public Health*, p. 210; Kipp, ‘The Evangelical Uses of Leprosy,’ p. 168; Worboys, ‘The Colonial World as Mission and Mandate,’ p. 209; Moran, *Colonizing Leprosy*, p. 81; Bernabeu-Mestre and Ballester-Artigues, ‘Disease as a Metaphorical Resource’, p. 416.

than to “provide patients with the kind of Christian resignation that would help them live with the disease” while in Sumatra, Dutch missionaries injected strict evangelical reform in their working “leper-village” in a version of Goffman’s “total institution.”⁵⁸ Whether patients were forced, or came voluntarily into isolation, the leper colony or institution has been depicted as an unrivalled evangelical opportunity for the missionary.⁵⁹ There may be a few nods to the ‘good’ work of the missionary but histories that look hard at what that work was and its broader social meanings are extremely thin on the ground.

One of the problems with some earlier studies on missions and Hansen’s sufferers is the tendency to overstate the role of Christian missionaries in originally identifying Hansen’s sufferers as a special group, thus neglecting the part played by state administrators, doctors and the rest of society in the processes of exclusion and evangelisation. In many significant examples, including twentieth-century Australia, governments sent sufferers into isolation and later invited missionaries to care for them. Nancy Waxler, an influential theorist who supports Gussow’s findings, errs in claiming that the state-owned institutions at Molokai and Louisiana were established by the Catholic Church.⁶⁰ It is important to acknowledge that if indeed biblical conceptions of ‘lepers’ accounted for responses to the modern Hansen’s sufferer, they would have been familiar to all sections of what was avowedly the Christian West. That some facilities were government-owned does not diminish the argument that missionaries avidly chased the Hansen’s apostolate but it does suggest that their work might be better understood - at least partially - as undertaken on behalf of society, rather than being derived solely from their own spiritual aspirations.

Whether it was missionaries or governments who opened leprosaria, it seems that these institutions were usually joint projects, fulfilling both the spiritual aspirations of the former and the segregation objective of the latter. The work of government-appointed missionaries in the leprosaria served both purposes, and can be therefore understood as being undertaken on behalf of society at least to some extent. But, depending on the particular context, the same can also be said for those institutions completely controlled by the religious.

⁵⁸ Bernabeu-Mestre and Ballester-Artigues, ‘Disease as a Metaphorical Resource,’ p. 416; Kipp, ‘The Evangelical Uses of Leprosy,’ pp. 168-171.

⁵⁹ Kipp, ‘The Evangelical Uses of Leprosy,’ p. 168; Joseph, ‘Essentially Christian, Eminently Philanthropic,’ p. 259; Watts, *Epidemics and History*, p. 79.

⁶⁰ Nancy Waxler, ‘Learning to be Leper: A Case Study in the Social Construction of Illness’ in Elliot G. Mishler (ed.), *Social Contexts of Health, Illness and Patient Care*, Cambridge University Press, 1981, p. 184.

Second, a number of these studies have methodical problems in that they tend to draw on the highly metaphorical and theatrical missionary discourse issued by senior male figures of mainly Protestant evangelical societies. This source can hardly elucidate the attitudes and activities of the religious directly dispensing care, and certainly not those of Catholic nursing Sisters. Third, the historiographical stress almost exclusively on what Kipp calls the missionaries' "evangelical uses of leprosy" deflects from studying other meanings of religious custodianship of Hansen's disease sufferers.⁶¹

Studies that centre on missionaries' philanthropic care of Hansen's patients in the modern age are few. One exception is Jo Robertson's work which demonstrates the ways holistic healthcare objectives were incorporated into the pleasing architectural design and activities of Indian leper asylums endowed by the Mission to Lepers up to the middle of the twentieth century.⁶² Another, and one of the very few solid studies of Catholic Sister leprosarium carers, is Laurie Stanley's work of the Sisters at Tracadie in the nineteenth century.⁶³

The Catholic Sisters who nursed at the Kalaupapa in Hawaii have been included in Dana Robert's work on American women missionaries while Michelle Moran has discussed the Daughters of Charity at Louisiana (later, Carville) Leprosarium in the USA although neither explore their nursing care or other activities in detail. The Sisters in these works are represented as strong women who improved conditions for the patients but enforced their own strict code of moral behaviour.⁶⁴ Moran argues that the Sisters' paternalism was resented and resisted by the mostly white patients in the 1930s and 1940s, who saw it as undermining their status as American citizens.⁶⁵

Moran shows that at the same time at Kalaupapa, also under U.S. control, governments, with missionaries in tow, used Hansen's disease management from the 1930s "both to contain the threat of contamination posed by an undisciplined Hawaiian population and to groom their charges as future citizens of a full-fledged U.S. state."⁶⁶ Although Moran does not make the connection, these objectives resound strongly with interpretations made by historian Warwick

⁶¹ Quoted from the title of Kipp's paper, 'The Evangelical Uses of Leprosy.'

⁶² Jo Robertson, 'The Leprosy Asylum in India: 1886-1947,' *Journal of the History of Medicine*, vol. 64, no. 4, 2009, pp. 474-517.

⁶³ Laurie C.C. Stanley, "'So Many Crosses to Bear:': The Religious Hospitallers of St Joseph and the Tracadie Leper Hospital, 1868-1910' in Elizabeth Gillan Muir and Marilyn Fardig Whiteley (eds.), *Changing Roles of Women within the Christian Church in Canada*, University of Toronto Press, 1995, pp. 19-37.

⁶⁴ Dana L. Robert, *American Women in Mission, A Social History of their Thought and Practice*, Macon, Ga.: Mercer University Press, 1996.

⁶⁵ Moran, *Colonizing Leprosy*, pp. 74-103.

⁶⁶ *Ibid.*, p. 133.

Anderson's arguments relating to the Culion Leprosarium, another U.S. institution, in which the colonial leprosarium served as "an allegory of the prospects of the macrocolony".⁶⁷

It remains now to pose a few more specific research questions that this thesis will address, informed by the theories discussed above. A more concerted study is required on how ideas about race were used to justify different practices for white and Indigenous Hansens patients in Australia. Of all the models proffered, what kind of institutions were the Indigenous leprosaria - Goffman's 'total institution', Foucault's non-productive site of exile-enclosure, or perhaps its natural successor, the therapeutic institution? How do the labels cast by Parsons - "Catholic Mission, up-to-date medical institution and Aboriginal reserve" - fit any or all of the institutions when more evidence is applied? Finally, were the Sisters primarily interested in the patients' evangelisation, or was it more the case, as Dr Hunter commented, that "the realities of their work left little time for that or their own needs"?⁶⁸

Methodology

This thesis relies on the use of a diverse collection of primary documents. For the purposes of outlining them here, I am dividing them into three categories according to their original sources: the religious; government and medical; and the patients. Documents created by the first category are essential to this project in order to elucidate the ways the ideals of staff, their religious communities and the Australian Catholic Church were realised or constrained in the leprosaria. On this basis, letters and other potentially useful documents were sought in the relevant religious archives. Of the four women's congregations (OLHC, FMM, SSJG, DOLSH) and three male religious orders (MSC, SAC, OFM), access was permitted to all but the OLHC and the OFM. The religious of both these organisations had served at Fantome Island and I found the local diocesan archives at Townsville, holding bishops' correspondence with leprosarium staff and a range of other materials, more than filled the gaps created by these restrictions. Furthermore, the FMM Archives at Summer Hill also hold information on the OLHC due to their shared background on Fantome Island. Nevertheless, as welcoming as the archivists of the three women's congregations were, few letters by the Sisters were available and, of these, even fewer could enlighten my research with insights about the individual women. The same can be said for the letters of the Pallottine (SAC) priests at the Rossmoyne archives, but their documents were not as important since their role in the Derby Leprosarium was relatively minor. The Broome Diocese must have papers relating to both the male and female religious at the Derby Leprosarium (as commissioned and "inside" histories reference them), but the bishop

⁶⁷ Warwick Anderson, *The Cultivation of Whiteness: Science, Health and Racial Destiny in Australia*, Melbourne University Press, 2002, p. 179.

⁶⁸ Hunter, *Aboriginal Health and History*, p. 65.

did not permit me access. In contrast, at the MSC archives in Sydney, I was given access to a rich repository of correspondence written to and by their priests and brothers stationed at Channel and Fantome Islands. Other letters and papers relating to the leprosarium Sisters at the former and at East Arm were made available at the Darwin MSC archives.

Surprisingly the majority of the leprosarium Sisters' correspondence was found in government, rather than religious archives. The management of leprosarium patients was the subject of a trove of letters between the religious who were associated with the institutions – the senior leprosarium Sisters, their provincial superiors, the local bishops and senior male missionaries – and government officials and ministers. It has therefore been possible to reveal the respective concerns of the individual correspondents, trace the underlying rationales of policies and practices, and garner insights into the dynamics of the entities involved in the administration of these institutions. Australian histories of Hansen's disease have not made extensive use of religious correspondence and most international studies rely on religious discourse for their findings.

Materials that were readily available at the three women's religious archives consisted of memoirs and short histories by the leprosarium Sisters, records of leprosarium visitations by the local superiors, obituaries, recruitment pamphlets and constitutions, all of which were valuable if cautious interpretations were applied. Through contact with the archivists, I was also able to arrange oral history interviews with six former leprosarium Sisters and one former visiting Catholic chaplain. Four of these Sisters had been stationed at the Northern Territory leprosaria in a period spanning the late 1940s to the late 1960s. The other two had worked at the Derby Leprosarium between the 1960s and 1980s, however one of these Sisters decided not to go ahead with her interview. In addition to my own interviews, I was able to access interviews with three more religious Sisters –two former nurses from Derby and the other a former teacher on Fantome Island –conducted by different historians.

I used the oral interview in part to retrieve events of the past that were unavailable in other sources and also to explore the meanings of the leprosarium experience to my respondents. While written memoirs are valuable sources, they do not allow the researcher to take control over the content in the manner of oral interviews, with the scope to design the questions and guide the direction of the dialogue, as Paul Thompson has commented. He also points out that the oral interview is an important means of retrieving perspectives of "ordinary people", those whose class, race and gender, for example, have limited opportunities for their voices to be

heard.⁶⁹ Garibaldi has added Catholic Sisters to this group, arguing for the importance of their oral histories in elucidating the role of women religious in the public arena and their negotiation of gender constraints imposed by the Catholic patriarchy.⁷⁰ The interview thus fills the gap left by Catholic Sisters' tendency in the past to avoid expressing themselves publicly, together with the lack of their personal correspondence. The male religious also fall into this group but the major impediment in their case was that no Brothers and very few priests of relevance to this study were still alive.

As with all oral history, my interviews had several limitations, such as the problem of memory in representation of real events, and the intrusion of intervening experiences in shaping perspectives of the past. I found Portelli's comment that "acts considered legitimate and even normal or necessary in the past may be now literally cast out of the tradition" useful for understanding why, in some cases, the Catholic Sisters espoused views that seemed dissonant with some of the attitudes evident in contemporaneous documents.⁷¹ They had all begun their leprosarium work before the impact of Vatican II was felt, and had come to terms with issues such as ecumenism and Indigenous self-determination. Another problem particular to the women religious I interviewed was their reserve about their achievements in the leprosaria, and their tendency, after brief responses, to deftly turn the conversation to the contributions of others – the patients, doctors, lay personnel or other Sisters. The reticence that had kept their perspectives in history's shadows all along was still with them in their later years.

To ascertain the interest of the Catholic Church in the management of Indigenous Hansens sufferers, I consulted papal documents, Catholic conference proceedings and Catholic periodicals. To understand the seemingly peripheral but constant presence of Protestant missionaries in leprosarium affairs, I examined a small selection of correspondence by Anglican, Methodist, UAM and Presbyterian ministers lodged at state archives.

The government archives are abundant repositories of interdepartmental correspondence that provide interpretations of the Sisters' work from bureaucratic and medical points of view. The state archives of Western Australia and Queensland were visited for material relating to Derby and Fantome Island leprosaria respectively. As Channel Island and East Arm Leprosaria came under the health jurisdiction of the Commonwealth government, research for these institutions

⁶⁹ Paul Thompson, 'The Voice of the Past: Oral History' in Robert Perks and Alistair Thomson (eds.), *The Oral History Reader*, 2nd Ed., USA & Canada: Routledge, 2010, p. 28.

⁷⁰ Carole Garibaldi Rogers, 'Overlooked Narratives: What Women Religious Can Contribute to Feminist Oral History,' *Frontiers: A Journal of Women Studies*, vol. 19, no. 3, pp. 164-5, 168.

⁷¹ Alessandro Portelli, 'What Makes Oral History Different' in Perks and Thomson (eds.), *The Oral History Reader*, p. 38.

was conducted at the National Archives of Australia (both Canberra and Darwin branches or online). Government files have been an important source for elucidating changing Hansens management policies and their underlying aims and ideologies. Reports of inquiries and conferences relating to Indigenous policy and welfare have helped to fit Hansen's disease management policies into the broader context of Indigenous issues and to examine the perspectives of various interest groups. Reports and epidemiological studies by government doctors, health departments, and medical research bodies such as the NHMRC were essential for understanding the perceptions by health administrations of Hansen's disease epidemiology, particularly in relation to racial, political and socio-economic discourse, and the consequential rationales for disease control and treatment. Annual reports of health and Aboriginal affairs departments trace patient statistics, therapeutic developments and other changes in the leprosaria.

Finally, the patients. In querying how Indigenous people reacted to the presence of the Sisters as their carers and to further explore the existing history of their victimisation as Hansens patients, my approach was to search all available sources for evidence of their individual responses. These are widely scattered through various sources. For example, government archives hold a small number of letters of complaint by patients and reports of absconding. Patients' memories and views of their past experiences are recorded in various collections of Indigenous stories, newspaper articles and a few oral histories conducted by other researchers. I have only succeeded in interviewing one former patient, despite attempts to have more undertaken. It is very difficult for a white urban researcher with no connections to the Indigenous communities to make contact and gain the trust of former Indigenous patients, especially to discuss their leprosarium experiences. Moreover, the necessity of relying on a third party to arrange an interview (as is necessary to satisfy ethics panel requirements) has its own problems, as my experience bears out. One Catholic Sister who had at first indicated she might introduce me to ex-patients for interviews later abandoned the plan since she was worried that the negative views of their relatives about the leprosarium had influenced their perspectives.

Some use is also made of films, photographs, newspapers and magazines to boost evidence and support arguments made throughout the work, especially those relating to the promotion of public images of the leprosarium.

Chapter Outline

Chapter One provides the deep historical framework for the system that ultimately defined twentieth-century Hansens policy for Indigenous Australians. It explains the religious and

cultural significance of Hansen's disease for Western Christian societies and briefly traces societal responses to this disease and to sickness in general by professed Christian men and women since ancient times. It links modern Australian Catholic religious to their nineteenth-century Irish and Continental foundations and the concomitant Christian missionary outreach to the colonial realm. It briefly examines Christian missions and Hansen's disease management in Australia in the period up to 1924.

Chapter Two opens in 1925 to examine the social, medical, political and religious forces that shaped the decisions to establish the three Indigenous leprosaria at Channel Island (1931), Derby (1936) and Fantome Island (1940). It documents and probes the reasons for the separate appointments of the nursing Sisters from the three different Catholic women's congregations to these institutions between 1937 and 1943.

Chapter Three is the longest chapter. It explores in detail the work of the Catholic Sisters as leprosarium staff during the years 1937 to 1955. It therefore coincides chronologically with some of the time period of the previous chapter in order to examine the earliest work of the first Sisters to be appointed. Section One of this chapter introduces the basic elements of the leprosaria: the Sisters, patients, the assigned staff roles, and the physical conditions of the institutions. Section Two is divided into six sub-sections, the first of which explains nursing and medical care in the institutions, while the remainder explore various programs of training that were implemented mainly by the religious staff. To some extent, patient responses to these programs are also tracked. If Section Two concentrates more on the religious and ideological ambitions of the leprosarium Sisters - specifically the nurture of Indigenous souls, bodies and minds - Section Three examines the obstacles to such ideals being realised. In the first sub-section, harsh methods of patient control are examined while in the second sub-section, patients resist leprosarium authorities in various ways. The final sub-section of Section Three brings to light the importance of impressing an increasingly critical public and media with favourable representations of the institutions.

Chapter Four examines the part played by male missionaries in the leprosaria. It is divided into two sections. The first one focuses on the conceptualisation of the leprosarium as a Catholic mission by missionary priests and Brothers, and the difference in their approach as chaplains and government superintendents to that of the nursing Sisters. The second sub-section is a close exploration of the meaning of the Hansens apostolate to individual Brothers and priests.

Chapter Five begins in approximately 1955 and continues for the periods in which the different leprosaria remained in operation. The starting date reflects overseas medical advances in Hansens therapy and the implementation of new Aboriginal welfare policies in post-war Australia, then more than ever conscious of its international image. 1955 also marked the replacement of Northern Territory's Channel Island Leprosarium with a mainland institution at East Arm. The chapter examines the extent to which these developments dictated Hansens policies in Australia and the consequences for Indigenous patient populations. Comparisons are made with outcomes for European patients. It examines the effect of these changes on the roles of the religious nursing Sisters. In particular, it studies ways in which the Sisters worked or fought to have the therapeutic and social benefits of this more modern period delivered to Indigenous patients.

The Epilogue documents the closing of the institutions in the 1970s and 1980s. It discusses some of the consequences of leprosarium life for Indigenous people after their discharge, using their own voices. Ex-patients' memories are also used to bring out their own perspective of the past, in particular their views on the Sisters.

Chapter One

Prehistories: Hansen's Disease before 1925

In the second half of the nineteenth century, four hundred years after the decline of Hansen's disease in most of Europe and Britain, the disease once again came to prominence for the Christian West as evidence grew of its infiltration into populations of the colonised world. As the medical profession gradually lent its support to the theory of person-to-person transmission of Hansen's disease, state authorities enacted policies of forcibly isolating sufferers, either on islands or in locked compounds. Although almost invariably, such outbreaks resulted from imperial incursions, the disease, particularly in British colonies such as Australia, became associated with the non-European races, and exclusion a way of containing those deemed unfit for the imagined nation-state of the twentieth century.

In the wake of intensified Christian missionary outreach emanating from Europe and Britain in this period, the care of the world's Indigenous Hansen's sufferers fell almost exclusively to missionaries. It continued a longstanding commitment by religious to Christ's mandate for the care of the sick and abandoned, a tradition unbroken since at least the European Middle Ages. For pious medieval Christians, the New Testament portrayal of the 'leper' as simultaneously the epitome of suffering and the beneficiary of God's grace conferred a special sanctity upon Hansen's sufferers. The medieval saint, Francis of Assisi, took up and extended this conceptualisation of the 'leper' in his pioneering articulation of the active Christian apostolate. These ideas were particularly relevant to missionaries of the imperial era, when he was once again popularised. For these late nineteenth and early twentieth century religious, Father Damien of Molokai made relevant the message of St Francis to the modern outbreak of Hansen's disease, with his emphasis on the religious and cultural evangelisation of the 'native leper'.

An important, but neglected, feature of this movement was its dependence on the work of female Christian religious. From the proliferation of Catholic women's communities in Europe and Ireland, and their expansion into overseas mission fields in the nineteenth century, the missionary nursing Sister emerged, by the early twentieth century, as an integral element of the imperial era leprosarium. As well as providing skilled nursing services, her role extended in many cases to the overall management of the patients, resulting in a degree of influence which studies have yet to fully elucidate. While this

practice can be understood to be part of the wider Catholic evangelising project, it also signifies recognition by bureaucracies of the importance of inmates' welfare.

Australia in this period did not have this practice in place. Until the 1920s, Hansen's disease was conceived as a disease of foreigners and its elimination from Australian shores took priority, in most cases through island detention or by deportation. Nor was there any systematic attempt to assist Hansens sufferers by the Christian churches in this country, their attention being diverted mostly to the consolidation of their parishes and schools in the newly settled areas of the colonies.

The 'Leper' of Western Christianity.

The care by Christian religious of Hansen's disease sufferers in the modern age derives from a long tradition initiated in the teachings of the New Testament and developed over many centuries of Western European civilisation. In the Old Testament, 'leprosy' is depicted as a divine punishment for committing sin. 'Lepers' are considered 'unclean' and are exiled from society under the authority of the priest. If, after a period of time, the disease is healed, the 'leper' may be reincorporated into the community following repentance with the sacrifice of burnt offerings to God. The New Testament introduced the concept of Christian care-giving, exemplified in Christ's solicitude towards the outcast 'lepers' he encounters and promoted to his followers in his instruction to 'cleanse the lepers'. The idea that 'lepers' should be drawn into the society of Christians is extended in the parable of Lazarus in which his suffering and social marginalisation lead to sanctification and are rewarded with eternal salvation.



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Figure 2: 'Jesus healing a leper.'

In their assessment of the treatment of Hansen's sufferers in medieval Western Europe and Britain, several historians have agreed with the view of Sheldon Watts, that Christians at this time saw the 'leper' as "a sin-cursed being, who, following the precepts of Leviticus, must be cast out of the community of the faithful."¹ Parallels have been drawn between the ancient Mosaic ritual of social exclusion and the subjection of Hansen's sufferers in the Middle Ages to separation rites in which they are pronounced 'dead', deprived of their civil rights, and cruelly banished from society.² Yet, later studies have shown that this view fails to account for the impact of the New Testament on what must be considered a deeply devout Christian society. Carol Rawcliffe, in her study of English Hansen's disease practices, has argued that "a belief that confirmed lepers should live 'outside the camp' did not, however, condemn them to banishment or neglect."³ She demonstrates that conditions of the medieval monastic leprosaria reflected the perception by Christians and, in particular, the religious in charge, that the 'leper' occupied a special status, as one close to God.⁴ Rawcliffe challenges the argument pursued in studies such as those by Watts and Brody that religious custody was necessarily inconsistent with therapeutic care.⁵ Although Hansen's disease was known to be incurable in the Middle Ages, medical treatments were attempted and other supportive measures implemented, at least for palliative, cosmetic purposes or for immediate relief.⁶

The Christian conceptualisation of the 'leper' as the simultaneous embodiment of abjectness and sanctity was demonstrated most clearly in hagiographies of the medieval saint, Francis of Assisi, published from the late nineteenth to early twentieth century. His original repulsion on encountering a 'leper' quickly changes to humility and deference as he recognises Christ manifest in the man before him. Francis promptly exchanges his hedonistic ways and material riches for the life of an impoverished mendicant and spends much of his time in the leper-houses, bathing the sores of the inmates, and becoming, himself, spiritually enriched.⁷ The biographies of Francis illustrate further portrayals of Hansen's disease and other illnesses, not as a punishment for sin as histories have argued was the Christian perception, but as a divine bestowal. To the 'leper' who was disillusioned with a God who "has made my body a mass of stinking and corruption," Francis said, "My brother, be patient, for God gives us diseases in this

¹ Watts, *Epidemics and History*, p. 52.

² Ibid., p. 46; Saul Nathaniel Brody, *The Disease of the Soul: Leprosy in Medieval Literature*, Ithaca and London: Cornell University Press, 1974, pp. 104-106; Saunders, 'A Suitable Island Site', (1989), p. 1.

³ Carole Rawcliffe, *Leprosy in Medieval England*, Woodbridge, U.K: Boydell Press, 2006, p. 256.

⁴ Rawcliffe, *Leprosy in Medieval England*, pp. 56-63.

⁵ Brody, *The Disease of the Soul*, p. 71; Watts, *Epidemics and History*, p. 46.

⁶ Rawcliffe, *Leprosy in Medieval England*, p. 241; Guenter B. Risse, *Mending Bodies, Saving Souls: A History of Hospitals*, Oxford University Press, 1999, pp. 188-189; Luke Demaitre, *Leprosy in Premodern Medicine: A Malady of the Whole Body*, Baltimore: John Hopkins University Press, 2007, pp. 260-277.

⁷ St Francis quoted in 'Francis and Minority: Spirituality,' *Franciscan Friars: Province of the Holy Spirit*, www.franciscans.org.au/spirituality/minority.html, accessed 22/12/10 2.57 pm.

world for the salvation of souls, and when we endure them patiently, they are a fountain of great merit to us.”⁸

These familiar strands of Christian charity, with the ‘leper’ as a symbol for the suffering and outcast, formed the basis of the apostolate for Francis’ new order of male religious, the Friars Minor. Traditional monks in this period remained in their cloisters, dedicated to prayer and contemplation, working toward their own sanctification - the first duty of every professed religious. The Franciscans broke with this convention in practising a new form of ascetism that blended monastic piety with Christian philanthropy without compromising self-sanctification.⁹ The Friars Minor rapidly expanded to become an international society in Francis’ own time. Their guiding philosophy and way of life was, in one way or another, the inspiration for every Christian religious with an active apostolate.

In this context, premodern religious Sisters took up the dispensing of services to the sick and poor as an intrinsic part of their vocation, but it was a right they had to continually defend until the nineteenth century.¹⁰ The Roman Church frowned upon the active apostolate for women, insisting that Sisters who professed the solemn and perpetual vows of chastity, poverty and obedience be confined to their cloisters.¹¹ Women attempted to circumvent these restrictions, either by working clandestinely or by forming their own simple-vowed (‘Third Order’) communities, such as the Sisters of the Holy Ghost who founded the Hotel Dieu in Paris. Included in the nursing work of this group and others in the Middle Ages was the care of Hansens sufferers, indicating a long genealogy of the association of women religious with this work.¹²

Imperial Age Hansen’s disease

By the sixteenth century, the incidence of Hansen’s disease in England and the west of the Continent was low enough to be of no consequence, but away from these centres, Europe

⁸ Paul Sabatier, *The Road to Assisi: The Essential Biography of St. Francis* (1894), (ed., Jon M. Sweeney), Mass.: Paraclete Press, 2003, p. 67.

⁹ Mrs Oliphant, *Francis of Assisi*, London and New York: MacMillan and Co., 1889, pp. 67-68; Richard P. McBrien, *Catholicism*, vol. 2, Vic., Australia: Dove Communications, 1980, p. 623.

¹⁰ Carey, *Subordination, Invisibility and Chosen Work*, p. 253.

¹¹ On the Fourth Lateran Council, 1215: M.R. MacGinley, *A Dynamic of Hope: Institutes of Women Religious in Australia*, Darlinghurst, NSW: Crossing Press, 2002, pp. 12-13: Further restrictions were ordered in 1298 under Pope Boniface VIII’s Periculoso. See *ibid*, p. 18; Jo Ann McNamara, *Sisters in Arms: Catholic Nuns Through Two Millennia*, Cambridge, Mass.: Harvard University Press, 1996, p. 317. Council of Trent: MacGinley, *A Dynamic of Hope*, pp. 26-27; McNamara, *Sisters in Arms*, pp. 461-462; Elizabeth Rapley, *The Devotes: Women and Church in Seventeenth-century France*, Montreal, Buffalo: McGill-Queen’s University Press, 1990, p. 5, 24-28.

¹² McNamara, *Sisters in Arms*, pp. 142-143.

continued to be affected.¹³ In Ireland, for example, the disease persisted until the middle of the eighteenth century, and in Finland, Norway and Spain, it was a problem well into the nineteenth century.¹⁴ Exploration, trade and colonisation brought the disease further afield, first to the Americas and the Caribbean islands in the sixteenth century, then to South East Asia, and, finally, in the middle of the nineteenth century, to Oceania.¹⁵ Added to these previously unexposed regions were parts of India and Africa, where the disease had long been endemic. Despite its presence among Europeans in the northernmost countries, the sheer numbers of Indigenous sufferers, coupled with the persistence of a theory that the disease was hereditary, made Hansen's disease appear a tropical disease of the dark-skinned races that, at least initially, posed no real threat to the citizen of the Western metropolis.¹⁶

The experience of some medical administrators directly confronting the disease in colonies such as the Cape and British Guiana led them to the conclusion that Hansen's disease was contagious, and, with still no cure in sight, that isolation of sufferers was the only means to contain its spread.¹⁷ In 1865, Hawaiian authorities, anxious about the spread of the disease allegedly from Chinese migrants to Indigenous people, introduced compulsory segregation for Hansen's sufferers on the island of Molokai.¹⁸ The Norwegian microbiologist, Hansen, who in 1873 first identified the bacteria responsible for his namesake became similarly convinced of its contagiousness.¹⁹ The Royal College of Physicians took much longer to give up their anti-contagionist stance, remaining firm even in the mid-1880s when Father Damien, the Belgian missionary priest of Molokai, contracted the disease, causing public alarm in Britain.²⁰ Gradually, the contagion theory grew momentum and, from the 1890s, laws enacting compulsory segregation swept through much of the imperial world, for example, in British Columbia, the Philippines, Fiji, Cape Colony and Queensland, with the result that thousands of Hansen's sufferers were detained in 'leper colonies' from this period until well into the next century.²¹

¹³ Peter Richards, *The Medieval Leper and his Northern Heirs*, Cambridge: D.S.Brewer, 1977, pp.83-84; Demaitre, *Leprosy in Premodern Medicine*, pp. viii-ix; Sir Leonard Rogers and Ernest Muir, *Leprosy*, 3rd ed., Baltimore: The Williams and Wilkins Company, 1946, p. 4.

¹⁴ Rogers and Muir, *Leprosy*, p.4; Richards, *The Medieval Leper*, p. 87; Demaitre, *Leprosy in Premodern Medicine*, p. ix; Gussow, *Leprosy, Racism and Public Health*, p. 69.

¹⁵ Rogers and Muir, *Leprosy*, pp. 6-9.

¹⁶ Gussow and Tracy, 'Stigma and the Leprosy Phenomenon', p. 437, 440; Moblo, 'Blessed Damien of Moloka'i', p. 701; Worboys, 'The Colonial World as Mission and Mandate', p. 208, 213; Edmond, *Leprosy and Empire*, p. 59.

¹⁷ Edmond, *Leprosy and Empire*, pp. 72-73, 102.

¹⁸ Ibid., pp.146-147.

¹⁹ Ibid., p.103.

²⁰ Ibid., p.92, 107-109.

²¹ Gussow and Tracy, 'Stigma and the Leprosy Phenomenon,' p. 437; Bashford, *Imperial Hygiene*, p. 88.

This period saw also a vigorous expansion in Christian evangelical activity, bringing missionaries of all denominations, into the overseas colonial mission fields.²² Catholic European religious congregations whose numbers swelled in the nineteenth century followed their Protestant counterparts into this venture, encouraged by the Vatican.²³ They included active orders of vowed women religious who were granted papal approbation for the first time in 1816.²⁴ In what sociologist Zachary Gussow has called 'the separatist tradition', the care and support of Hansens sufferers fell almost exclusively to missionaries.²⁵ Their involvement ranged from fund-raising ventures, such as that of the Mission to Lepers, to supervisory and pastoral roles, to complete institutional nursing and administration by communities of women religious. The care of Hansens sufferers by religious was not new.²⁶ What distinguished the movement after the middle of the nineteenth century was its pervasiveness across the globe, its formal organisation by bodies such as the Mission to Lepers, and, finally, the accompanying focus on the evangelisation of non-Christian races. This practice reflected the intersection of missionary motivations with the imperatives of modern health bureaucracies which, in many cases, through the confinement of Hansens sufferers in leprosaria without adequate arrangements for their support, had created abandoned populations in need of care. While missionaries may have identified them with biblical and medieval 'lepers', as Gussow has contended, there can be no certainty in what ways missionaries conceptualised this connection. Certainly, under drastic state policies of segregation, modern Hansens sufferers were outcast, very much in the way their earlier antecedents were imagined; this in itself invited Christian charity.

Inspiration for the care of modern Hansens sufferers can also be found in the narratives of esteemed religious figures. The story of Francis of Assisi was retold in several new publications in the late nineteenth and early twentieth centuries. They drew widespread interest, but, taken literally, they were especially relevant for those working with Hansens sufferers.²⁷ The modern Christian Hansens apostolate, set against the imperial missionary enterprise, was most comprehensively embodied in Father (later, Saint) Damien of the Kalaupapa 'leper colony' who was feted in the international press of his own time, and apotheosised in published

²² McNamara, *Sisters in Arms*, p. 583.

²³ Edmund M. Hogan, *The Irish Missionary Movement: A Historical Survey 1830-1980*, Dublin: Gill and Macmillan, 1992, pp. 55-56, 59; MacGinley, *A Dynamic of Hope*, p. 93; Martin J. Wilson, *Ministry Among Aboriginal People*, Melbourne, Australia: Collins Dove, 1988, pp. 4-5.

²⁴ MacGinley, *A Dynamic of Hope*, p. 59.

²⁵ Gussow, *Leprosy, Racism and Public Health*, p. 21.

²⁶ E.g. the Philippines in the middle of the sixteenth century, Rio de Janeiro in the 1760s, and Norway in the early nineteenth century S.Jarcho, 'Medical Numismatic Notes, ix: Coins of the Leper Colony at Culion and of the Philippine Health Service,' *Bull. N. Y. Acad. Med.*, vol. 49, no. 2, February 1973, p.156; International Leprosy Association, Global Project on the History of Leprosy, *Timeline*, <http://www.Leprosyhistory.org/cgi-bin/timelocsubbrowse.pl> accessed 14/02/12.

²⁷ Moblo, 'Blessed Damien of Moloka'I,' pp. 702-3.

biographies.²⁸ He belonged to one of the newer French religious congregations established in the early nineteenth century which broadened its charitable work at home to include evangelising ventures in the islands of the Pacific. To both contemporary and later cohorts of Christian missionaries of this same tradition, his life story contextualised the example of Francis of Assisi, and of Christ himself.²⁹

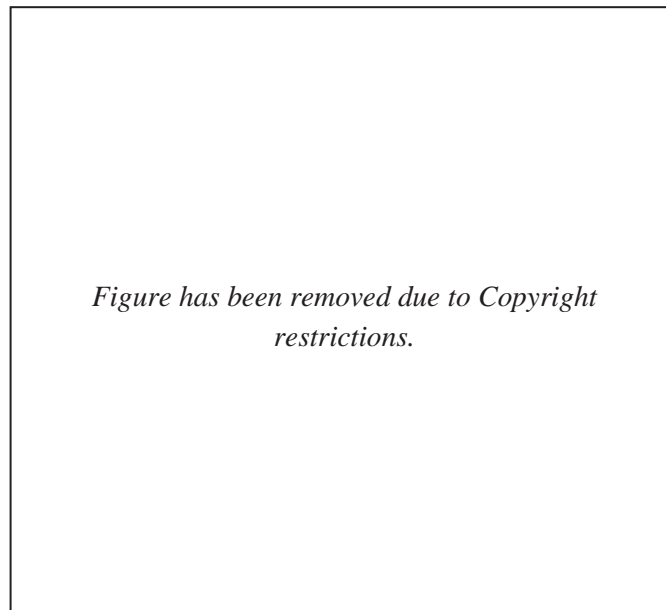


Figure 3: Religious representation of St Francis and a 'leper.'

Whereas Francis effected the renewal of Christian faith in his 'lepers', Damien worked to convert the 'lepers' to Christianity and also to bring about their cultural evangelism. On arrival at the leper colony as parish priest in 1873, Damien reportedly found the residents in a state of abject misery, their huts insufficient shelter, and sores festering.³⁰ He expressed disgust in the unregulated sex, excessive drinking and poor church attendances.³¹ According to his biographies, Damien then took practical tasks to hand, building houses, cleaning wounds, and organising a fresh water supply. He also set about effecting the 'lepers'' spiritual transformation. Order was created from chaos, Christians from heathens, and respectability from moral degeneracy.³²

²⁸ Ibid., p. 702; Edmond, *Leprosy and Empire*, p. 93, 151.

²⁹ Edmond, *Leprosy and Empire*, p. 152.

³⁰ Charles J. Dutton, *The Samaritans of Molokai*, New York: Dodd, Mead & Co., 1932, p. 71-73; Moblo, 'Blessed Damien of Moloka'i,' p. 703.

³¹ Dutton, *The Samaritans of Molokai*, pp. 76-78; Moblo, 'Blessed Damien of Moloka'i,' p. 703, 705.

³² Moblo, 'Blessed Damien of Moloka'i,' p. 706.

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Figure 4: Father Damien of Molokai and Hawaiian inmates. He inspired late nineteenth and twentieth-century Christian missionaries.

Self-sacrifice was a compelling element of Damien's mission. Echoing St Francis' horror at his initial sight of the 'lepers', Damien recalled in 1885 how the odours of the patients' ulcers had so assailed him at first that he took to smoking a pipe.³³ His ultimate sacrifice was contracting Hansen's disease itself, an event that sealed his public image as a great martyr and, in confirming the inherent risk of contagion, stamped the Hansens apostolate as a work of deep unselfish devotion.³⁴ The parallels between Damien's affliction and the idea of Christ-as-leper embedded in Franciscan discourse deepened the significance of his work in the Christian world.

As well as glorifying the imperial Hansens apostolate, Damien's work also had the effect, as Pennie Moblo has pointed out, of constructing a particular stereotype of the Hawaiian Hansens sufferer.³⁵ But also, generated from the highly publicised Molokai leprosarium, this image came to define the 'native leper' globally. Without Damien's transformative work, the 'native lepers' seemed trapped in a spiral of physical and spiritual decline, victims of their own ignorance, immorality and lawlessness.³⁶ The state authorities had abandoned them and only through Damien's intervention could conditions be improved at the leper colony. The residents were

³³ Joseph de Veuster, 'Report to Board of Health,' 1886 in Dutton, *The Samaritans of Molokai*, p. 66.

³⁴ Edmond, *Leprosy and Empire*, p. 91.

³⁵ Moblo, 'Blessed Damien of Moloka'I,' p. 71.

³⁶ See RDK Herman, 'Out of Sight, Out of Mind, Out of Power: Leprosy, Race and Colonization in Hawaii,' *Journal of Historical Geography*, 27, 3, 2001, p. 322, for evidence that nineteenth century American protestant missionaries viewed Hawaiians in similar terms but to the extent that their susceptibility to disease was blamed on their inherent nature and their immorality.

thus portrayed as irresponsible and child-like, but also responsive and grateful for such Christian paternalism.³⁷ On such an image hinged the assumption that became crucial to the promotion of the Christian Hansens apostolate: the missionary was needed by ‘native leper.’

Coinciding with Damien’s period at Kalaupapa, growing numbers of Catholic women religious were being deployed as nurses in leprosaria set up by state authorities across the colonised world. This was a practice that became a dominant model of both nursing care and general administration for late nineteenth to mid-twentieth century institutions worldwide. Early examples in the imperial West were Cocorite in Trinidad and Tracadie in New Brunswick, both of which acquired religious nursing staff in 1868. From the late 1880s until the early twentieth century, the major leprosaria at Kalaupapa, Carville, Culion and Makogai followed suit. The majority of histories documenting these leprosaria provide little, if any, insight into the Sisters’ work and its impact on the patient populations under their care.³⁸ Studies that refer to missionary work in the leprosaria rely on missionary discourse as a source, rather than an analysis of the actual experiences of patients and their carers and therefore only limited interpretations are available.³⁹

Some studies assume that leprosarium Sisters did not provide any therapy to the patients under their care, apart from the provision of “Christian resignation that would help them to live with the disease.”⁴⁰ The basis for this view is that Hansen’s disease was incurable until the late 1940s, and given the Sisters’ religious orientation, their approach has been seen as one confined to spiritual reform. A few histories of nineteenth and early twentieth century leprosaria challenge this argument with evidence of a number of tasks being undertaken by nursing Sisters - for example, bandaging, cleansing, applying salves, feeding and washing the disabled – all of which are not known for their curative properties, but certainly had the potential to ameliorate a

³⁷ Moblo, ‘Blessed Damien of Moloka’I,’ p. 702, 715.

³⁸ On Kalaupapa: Gussow, *Leprosy, Racism and Public Health*; Herman, ‘Out of Sight, Out of Mind, Out of Power’; Edmond, *Leprosy and Empire*; Tony Gould, *Don’t Fence Me In: From Curse to Cure. Leprosy in Modern Times*, London: Bloomsbury, 2005. On Carville: Edmond, *Leprosy and Empire*; Gould, *Don’t Fence Me In* (has a limited section on the Daughters of Charity); On Culion, Warwick Anderson, *Colonial Pathologies: American Tropical Medicine, Race and Hygiene in the Philippines*, Durham and London: Duke University Press, 2006.

³⁹ Vaughan, *Curing Their Ills*, for example, relies heavily on excerpts from publications issued by BELRA, Mission to Lepers and Universities’ Mission to Central Africa; Bernabeu-Mestre and Ballester-Artigues, ‘Disease as a Metaphorical Resource’ relies on Catholic mission publications, *Fontilles, La Lepra* and others; Gussow, *Leprosy, Racism and Public Health* cites publications from Mission to Lepers.

⁴⁰ Bernabeu-Mestre and Ballester-Artigues, ‘Disease as a Metaphorical Resource’, p. 416; Gussow, *Leprosy, Racism and Public Health*, pp.63-64: Gussow argues that with the appointment of the Daughters of Charity at Louisiana, the doctor resigned and drugs were no longer administered to patients, so the facility became an “asylum and refuge,” rather than a hospital. Moran contests this perspective by confirming that the first matron took over the role of the doctor and gave the patients medication (*Colonising Leprosy*, p. 81).

patient's physical condition.⁴¹ After the turn of the century, Sisters administered the drug, chaulmoogra oil, widely believed by leprologists in this period to effect improvement in the disease.⁴² Science had not turned its back on Hansens sufferers, as has been claimed; research teams worked in the leprosaria to try to find a cure for the disease with the assistance of the religious nurses. The Sisters tried out various experimental agents and assisted in medical research projects such as one at Makogai in 1911, investigating disease transmission.⁴³

By the late nineteenth century, the precedent set by Catholic religious Sisters in leprosarium nursing work was known internationally and they were seen as a valuable resource by governments seeking efficient and inexpensive ways of providing nursing care for those segregated in leprosaria. It was with this in mind that Fiji's governor decided in 1911 to staff Makogai with missionary Sisters, after hearing of the work begun four decades previously of the Dominican Sisters at Trinidad.⁴⁴

The few studies examining religious Sisters' work in the leprosaria attest to their assuming far greater responsibility over the lives of the inmates than merely supplying nursing services. The imposition of discipline, the inculcation of moral and religious values, instruction in handicrafts, organising work schedules and general administration were some of the tasks they undertook, echoing the model set by Father Damien.⁴⁵ This overall reform was a kind of evangelisation, with more chance of success in the leprosarium, where patients were in many cases forced to be detained, and away from other, competing influences.

As governments in many cases requested Catholic Sisters to staff their leprosaria, it is easy to overlook the co-existence of a strong impulse by the Sisters –and their Church – to acquire these positions. Large numbers of women from Western nations were attracted to the Catholic vocation in this period and many set their sights on the overseas missions.⁴⁶ Nursing qualifications were a key asset for entry into the mission fields, then the object of considerable sectarian competition; for the leprosarium, they were a prerequisite. In addition, the Sisters were valued for their possession of the traditional feminine dispositions of compassion, caring and

⁴¹ Moran, *Colonising Leprosy*, p. 81; Stanley, 'So Many Crosses to Bear,' p. 37; Sister Mary Stella SMSM, *Makogai: Image of Hope*, New Zealand: Lepers Trust Board Inc, 1978, p. 49.

⁴² Sr Mary Stella, *Makogai*, p. 149.

⁴³ Stanley, 'So Many Crosses to Bear,' p. 37, Sr Stella, *Makogai*, p. 149; F.A & Feenand de Verteuil, 'Bacillus Lepra in the Nasal Mucosa,' *Canadian Medical Association Journal*, Jan., 2(1), 1912, p. 13.

⁴⁴ Sir Everard im Thurn quoted in Sr Stella, *Makogai*, p. 34-35.

⁴⁵ Gould, *Don't Fence Me In*, pp. 32-33; Moran, *Colonising Leprosy*, p. 102; Sr Stella, *Makogai*, p. 56; Stanley, 'So Many Crosses to Bear,' p. 33.

⁴⁶ McNamara, *Sisters in Arms*, pp. 583-584.

self-denial, as Laurie Stanley has pointed out.⁴⁷ They also proved themselves capable of tackling the challenges inherent in the work that would not normally be faced by members of their sex, such as separation from home, exposure to exotic diseases, and extreme climates, and acts of violence from discontented patients. In short, the communities of Catholic women religious had ensured they were well-positioned to avail themselves of the opportunities to serve when they arose.

Missions in Australia: The Context of Religious Nursing

Missions in Australia

The attainment of leprosarium nursing positions by Catholic religious Sisters in Australia came about in the context of the twentieth-century Christian missionary imperative among Indigenous people. It is therefore pertinent at this point to provide an overview of the histories of these missions. The earliest examples, begun in New South Wales in the 1820s, were dominated by evangelical missionary societies, such as the Church Missionary Society and the London Missionary Society. Following the tracks of European settlement, further stations were opened north and south along the east coast in the next twenty years. None of these remained by 1845, having either failed to attract Aborigines to their mission stations in the first place, or having lost their subject Aboriginal population to disease or the attractions offered by local white settlers.⁴⁸

In the second half of the nineteenth century, the Moravians and the Church of England established mission stations in South Australia and Victoria. Set up in the wake of rapid incursions by white settlers, they were encouraged and supported by governments seeking to minimise frontier violence.⁴⁹ For those who gathered at the Hagerauers' station, Ramahyuck, in Victoria's Gippsland, dispossession of their land had left them, according to Bain Attwood, "eking out a meagre existence" and therefore dependent on the mission for their physical survival.⁵⁰ At Poonindie in South Australia, Aborigines also came voluntarily, some having

⁴⁷ Stanley, 'So Many Crosses to Bear,' p. 27.

⁴⁸ Jean Woolmington, "'Writing on the Sand:' The First Missions to Aborigines in Eastern Australia' in Tony Swain and Deborah Bird Rose (eds.), *Aboriginal Australians and Christian Missions: Ethnographic and Historical Studies*, Bedford Park: The Australian Association for the study of Religions, 1988, p. 79, 85.

⁴⁹ Peggy Brock, *Outback Ghettoes: A History of Aboriginal Institutionalisation and Survival*, Cambridge, England: Cambridge University Press, 1993, p. 24, 27. Victorian missions were given a boost after the decision made by the newly established Melbourne Church of England in 1856 to investigate "how to perform its duty to Aborigines" and, two years later, the establishment of the government reserve system: John Harris, *One Blood: Two Hundred Years of Aboriginal Encounter with Christianity: A Story of Hope*, Sutherland, NSW: Albatross Books, 1990, p. 173, 176, 200, 341.

⁵⁰ Bain Attwood, *The Making of the Aborigines*, Sydney: Allen and Unwin, 1989, p. 2.

been deprived of food supplies.⁵¹ The mission founders aimed to both convert the Aborigines to Christianity and to acculturate them to Western culture and social values. They chose sites that were isolated from both European settlers and Indigenous traditional lands in order to insulate their charges against influences that might undermine their own training programs. Aboriginal people were expected to conform to the nineteenth-century Victorian ideal of respectable domesticity, hard work and devout Christianity. The glaring exception was that their children were to be raised separately in boarding houses.

Both Poonindie and Ramahyuck, despite their leaders' paternalistic subjection of the residents to harsh and alien ways of life, became the centres of new Aboriginal communities drawn together in the achievement of agricultural self-sufficiency, participation in Christian rituals and the schooling of their children.⁵² After the 1880s, government support for these missions was reduced – either through the passage of protection acts, or by giving up mission land for sale to private landowners. Many Indigenous people in the south faced either tighter control on reserves supervised by government managers or finding work in a labour market squeezed by the economic recession and the endemic racial discrimination of the 1890s.⁵³

In the case of Catholic missionaries, almost every venture initiated in the nineteenth century was quickly aborted, marked by severe disappointment, early abandonment of mission stations, and, sometimes, tragedy. All were led by small numbers of male European religious with scarce support from their Church, and, being located in some of Australia's most inhospitable regions, involved considerable risk to their safety, as well as enormous emotional and physical challenges. Those terminated included that of the Italian Passionists on Stradbroke Island, Queensland begun in 1843; the French Jesuits in the Northern Territory, first at Daly River, then at Rapid Creek, during the last decades of the nineteenth century;⁵⁴ and, in the same period, a fledgling mission in Derby in Western Australia closed as "one of the Priests, Fr Treacy, who had been sent there, was driven away immediately by fever and ague. The veteran Fr. McNab, his companion, held on longer, but even he had lately to retire in very much broken health."⁵⁵ The notable exception was the mission at New Norcia in south-west Western Australia, founded in 1846 by Spanish Benedictine monk, Rosendo Salvado.

⁵¹ Brock, *Outback Ghettoes*, p. 37.

⁵² Judith Raftery, *Not Part of the Public: Non-indigenous policies and practices and the health of indigenous South Australians 1836-1973*, S.A.: Wakefield Press, 2006, pp. 107-108; Attwood, *The Making of the Aborigines*, pp. 41-42.

⁵³ Brock, *Outback Ghettoes*, pp. 55-59; Richard Broome, *Aboriginal Australians: A History Since 1788*, 4th ed., Sydney: Allen & Unwin, 2010, p. 94, 98; Attwood, *The Making of the Aborigines*, pp. 92-103, 121.

⁵⁴ Maguire, 'Catholic Missions to the Aborigines in North Queensland,' p. 60.

⁵⁵ Zucker, *Patrons and Partners*, p. 22; see also Wilson, *Ministry Among Aboriginal People*, p. 9.

In common with other Christian denominations, the Catholic Church in Australia in the nineteenth and early twentieth centuries had little interest in Indigenous missions. Attention was diverted to another, presumably more pressing mission, that of consolidating Catholicism for the settler population in a country that was dominated by British Protestantism.⁵⁶ The bishops, who, after the 1860s, were for the most part, Irishmen, ensured that the energies of the religious and the finances of the episcopate would be directed to serving the growing parishes of white Catholics, also predominantly Irish-born or of Irish extraction.⁵⁷ A steady succession of priests from Ireland continued to dominate the senior echelons of the Australian clergy well into the middle of the twentieth century, reinforcing the same values and priorities.⁵⁸ When a prestigious seminary was established in Manly in 1885 as a central training facility for Australian-born aspirants, it was with the Catholic parish in mind, not the mission fields.⁵⁹ There were, therefore, neither opportunities nor encouragement for men to pursue an Australian missionary vocation.

European Catholic missionary orders of male religious in Australia in this period were primarily interested in overseas missions. The Missionaries of the Sacred Heart (MSC) arrived from France in 1885 for the sole purpose of setting up a base for its missions in the Pacific. Its founding of a missionary college in Kensington, Sydney in 1897 was for the preparation of men to “go forth to work in distant lands”, the same basis upon which the Marists began at Hunters Hill in 1845.⁶⁰ The Pacific Islands, Asia and Africa were the “real foreign missions”, known for their large vibrant communities and embrace of the Christian message, making worthwhile the industry and sacrifice of the missionary.⁶¹ Indigenous Australians, on the other hand, were thought to be on the verge of extinction or incapable of responding to Catholic missionaries’ evangelising efforts.⁶²

It was only in 1901 that the Pallottines, an order of men based in Germany, established an Indigenous mission at Beagle Bay in the Kimberley region of Western Australia. Ten years later, Father Francis Gsell MSC began a mission to the Tiwi people on Bathurst Island, just off the Northern Territory coast. Gsell’s religious society did not fully support his project. For some

⁵⁶ Carey, ‘Subordination, Invisibility and Chosen Work,’ pp. 251; Turner, *Catholics in Australia*, p. 89.

⁵⁷ K.T.Livingstone, *The Emergence of an Australian Catholic Priesthood, 1835-1915*, Sydney: Catholic Theological Faculty, 1977, p. 101.

⁵⁸ O’Sullivan, ‘A Cause of Trouble?’ pp. 142-143; Maguire, *Prologue*, pp. 70-71.

⁵⁹ Livingstone, *The Emergence of an Australian Catholic Priesthood*, pp. xiv-xv.

⁶⁰ Caruana, *Monastery on the Hill*, p. 29; Hosie, *Challenge*, p. 31, 335.

⁶¹ Broome, *Aboriginal Australians*, p. 152, 164; O’Brien, *God’s Willing Workers*, p. 122; Andrew Markus, *Governing Savages*, Sydney: Allen and Unwin, 1990, p. 68.

⁶² Stefano Girola, *Rhetoric and Action: The Policies and Attitudes of the Catholic Church with regard to Australia’s Indigenous Peoples 1885-1967*, unpublished Ph. D.thesis, University of Queensland, 2007, pp. 38-43.

time, “only a few old men” could be enticed to the mission station, seemingly confirming the view that the Indigenous were dying out.⁶³ The visiting MSC provincial superior, alarmed at the dismal conditions of the mission, wanted it terminated but it nevertheless carried on into the late twentieth century.⁶⁴

The establishment of the Bathurst Island mission was part of an upsurge of interest by Christian missionaries of all affiliations in northern coastal Aborigines in the first half of the twentieth century.⁶⁵ An interdenominational agreement was reached in 1912, allocating to each group a particular geographical sphere of influence within the area north of 20° south latitude. The distribution was based on the locations of existing missions and was effected to avoid the overlap of competing operations.⁶⁶ In the following decades, the different missionary organisations added new mission stations to their original holdings, and, to some extent, patterns of Indigenous Christian belief in the twenty-first century still reflect some of the original divisions.⁶⁷ In the case of the Catholic Church, for example, missions expanded in the far north-east coast of the Northern Territory, from the original Bathurst Island station to include Melville Island, Port Keats and Daly River; in the region of the Beagle Bay mission in the north-west of Western Australia, La Grange and Lombadina were later added. The Church of England which owned Roper River Mission, was granted control of eastern Arnhem Land, and later opened Groote Eylandt and Oenpelli Missions in that region, while in Queensland, south of the Cape York Peninsula, Edward and Lockhardt Rivers missions were added to the older stations at Yarrabah and Mitchell River. Similar patterns were followed by the other denominations notwithstanding the gradual incursions of organisations such as the United Aborigines Mission.

John Harris suggests that this movement can be attributed to a collective consciousness by religious of their duties towards the country’s original inhabitants after Federation.⁶⁸ The

⁶³ Diane Bell, ‘Choose Your Mission Wisely: Christian Colonials and Aboriginal Marital Arrangements on the Northern Frontier’, in Tony Swain and Deborah Bird Rose (eds.), *Aboriginal Australians and Christian Missions: Ethnographic and Historical Studies*, Bedford Park: The Australian Association for the study of Religions, 1988, p. 341; Broome, *Aboriginal Australians*, p. 164.

⁶⁴ Caruana, *Monastery on the Hill*, p. 187.

⁶⁵ Harris, *One Blood*, p. 689.

⁶⁶ Bill Arthur & Frances Morphy (eds.), *Macquarie Atlas of Indigenous Australia: Culture and Society Through Space and Time*, NSW: The Macquarie Library Pty Ltd, 2005, pp. 103-104; Harris, *One Blood*, p. 725; Noah Riseman, ‘Disrupting Assimilation: Soldiers, Missionaries and Aboriginal People in Arnhem Land During World War 2’ in Amanda Barry, Joanna Cruickshank, Andrew Brown-May and Patricia Grimshaw (eds.), *Evangelists of Empire? Missionaries in Colonial History* [online], Melbourne: University of Melbourne eScholarship Research Centre, 2008, [<http://msp.esrc.unimelb.edu.au/shs/missions>].

⁶⁷ Arthur and Morphy, *Macquarie Atlas of Indigenous Australia*, pp. 104-107.

⁶⁸ Harris, *One Blood*, p. 690.

Doomed Race theory persisted in this period but, increasingly, missionaries, as well as anthropologists and bureaucrats subscribed to the view that the Indigenous races could survive if isolated from the nefarious influences blamed for their demise and then appropriately managed.⁶⁹ This paternalistic rationale formed the basis of the series of Protection acts passed across Australia's north between 1897 and 1910, under which governments established Aboriginal reserves.⁷⁰ Both the reserves and the Christian mission stations – notwithstanding differences in the ways each went about the twin objectives of 'preservation' and 'uplift' – became a means of denying access of Indigenous people to their own land and of exerting control over their lives.⁷¹ This erosion of their rights, evident also in their exclusion from the Commonwealth franchise and federal welfare provisions, reflected the encroachment into the northern frontiers of the turn-of-the-century imperative of 'whitening' Australia.⁷² As Noel Loos points out, for the government, missions in the north became, "cheap control agenc[ies] and dispenser[s] of social services."⁷³

Nevertheless, for post-contact Indigenous people, having lost their food and water sources and been subjected to disease and settler violence, the missions offered viable respite.⁷⁴ In their most basic endeavours, they provided medical relief, nutrition, and physical safety, all of which were often difficult or impossible for remote Indigenous people to access.⁷⁵ Limited evidence suggests that missionaries' objectives of preventing their extinction may have been realised in the case of some Indigenous groups.⁷⁶ Furthermore, as Judith Raftery argues, in their roles as "havens,"

⁶⁹ Russell McGregor, *Imagined Destinies: Aboriginal Australians and the Doomed Race Theory 1880-1939*, Carlton South: Melbourne University Press, (1997)1998, pp. 60-99; Broome, *Aboriginal Australians*, pp. 149-150; Henry Reynolds and Dawn May, 'Queensland', in Ann McGrath (ed.), *Contested Ground: Australian Aborigines under the British Crown*, NSW: Allen and Unwin, 1995, pp. 181-186; Harris, *One Blood*, p. 690; Markus, *Governing Savages*, p. 66.

⁷⁰ Broome, *Aboriginal Australians*, pp. 118-121. Aboriginal acts were passed in Queensland in 1897, Western Australia in 1905 and Northern Territory (when part of South Australia) in 1911.

⁷¹ Peter Read, 'Northern Territory' in McGrath (ed.), *Contested Ground*, p. 276; Loos, *White Christ, Black Cross: The Emergence of a Black Church*, ACT: Aboriginal Studies Press, 2007, p. 38, Heather McDonald, *Blood, Bones and Spirit: Aboriginal Christianity in an East Kimberley Town*, Carlton: Melbourne University Press, 2001, pp. 54-55.

⁷² Henry Reynolds, 'New Frontiers' in Paul Havemann (ed.), *Indigenous Peoples' Rights in Australia, Canada & New Zealand*, Auckland: Oxford University Press, 1999, p. 137; Ian Anderson and John Douglass White, 'Australian Federalism and Aboriginal Health,' *Australian Aboriginal Studies*, 2006/2, p. 8.

⁷³ Loos, *White Christ, Black Cross*, p. 61.

⁷⁴ Gordon Briscoe, *Counting, Health and Identity: A History of Aboriginal Health and Demography in Western Australia and Queensland 1900-1940*, ACT: Aboriginal Studies Press, 2003, pp. 92-93; Loos, *White Christ, Black Cross*, pp. 41-42; Hilary M. Carey, *Believing in Australia: A Cultural History of Religions*, NSW: Allen and Unwin, 1996, p. 75.

⁷⁵ Raftery, *Not Part of the Public*, p. 93. See Markus, *Governing Savages*, pp. 84-87, however, for evidence that on Northern Territory Christian missions, the diet was invariably inadequate and unbalanced, possibly due to lack of resources.

⁷⁶ C.D. Rowley, *The Destruction of Aboriginal Society: Aboriginal Policy and Practice*, vol. 1, Canberra: ANU Press, 1970, p. 246.

missions did not, in all instances, rob Indigenous people either of their traditional beliefs or their autonomy.⁷⁷ In fact, Aborigines were at times strongly resistant to such attempts.⁷⁸

The provision of medical treatment for Indigenous people, as elsewhere, was deficient in remote northern and central Australia. For one thing, it was hindered through the racial discrimination of medical personnel and structural inequities of state health systems.⁷⁹ Further, as Gordon Briscoe illustrates, the sheer enormity of Indigenous health problems defied the attempts by the few sincere individuals who attempted to address them.⁸⁰ Indigenous traditional remedies had limited effectiveness against the strange and insidious infectious diseases that preyed on bodies enfeebled by poor nutrition and broken spirits. In the late nineteenth to early twentieth century, white people's medicine was rather primitive also, but antiseptics, bandaging, hygiene measures and even the provision of food and shelter could go a long way towards ameliorating and sometimes preventing illness.⁸¹ When it came to Indigenous Australians, it was not these objectives, but the aim of preventing the spread of disease to the white population, that stirred northern state health authorities to action.⁸² Indigenous Australians were the only race to be detained in island lock hospitals for venereal diseases and made up the majority of those confined in lazarets by the 1920s.

Missionaries were among the few to try to fill this gap in medical services to Indigenous people.⁸³ Like food and tobacco, medical relief first attracted Aboriginal people to some Christian missions. Bishops Salvado and Gsell, both without any medical knowledge, built up a reputation for dispensing remedies, performing dental procedures, and extracting spears from bodies.⁸⁴ It is not known how effective this kind of medical care was, nor how its application influenced the attitude of the Indigenous people they attended, but it is probable that some

⁷⁷ Raftery, *Not Part of the Public*, p. 93.

⁷⁸ Russo, *Lord Abbot of the Wilderness*, p. 128, 159; Carey, *Believing in Australia*, pp. 54-55.

⁷⁹ Anderson and White, 'Australian Federalism,' p. 8; Suzanne Parry, 'Aboriginal Health and Policy Development: An Historical Perspective' in Gary Robinson (ed.), *Aboriginal Health: Social and Cultural Transitions, Proceedings of a Conference at the Northern Territory University, Darwin, 29-31 Sept, 1995*, p. 204; Briscoe, *Counting, Health and Identity*, pp. 80-108; Raymond Evans, 'The Nigger Shall Disappear...' in Evans et al (eds.), *Exclusion, Exploitation and Extermination: Race Relations in Colonial Queensland*, Sydney: Australia and New Zealand Book Company, 1975, p. 97; Loos, *White Christ, Black Cross*, p. 42.

⁸⁰ Briscoe, *Counting, Health and Identity*, p. 98.

⁸¹ Loos, *White Christ, Black Cross*, p. 42.

⁸² *Ibid.*, p. 42; Hunter, *Aboriginal Health and History*, p. 58; Parry, 'Aboriginal Health and Policy Development,' p. 205.

⁸³ Briscoe, *Counting, Health and Identity*, pp. 176-179; Hunter, *Aboriginal Health and History*, p. 58; Kenelm Burridge, 'Aborigines and Christianity: An Overview' in Swain & Rose (eds.), *Aboriginal Australians and Christian Missions*, p. 24; Harris, *One Blood*, p. 753.

⁸⁴ Markus, *Governing Savages*, p. 79; Thomson, *NT Dreaming*, p. 39; Anouk Ride, *The Grand Experiment: Two Boys, Two Cultures*, Sydney: Hachette Australia, 2007, pp. 5-6.

success contributed to the paternalistic image of these European mission leaders who first drew curious and hungry Aborigines to their mission doors.⁸⁵ With respect to infectious disease epidemics, some missionaries, including Salvado and Otto Raible (of the Kimberley Vicariate) organised to have doctors or religious with medical qualifications brought over from Europe as resident mission physicians, their appeals to governments for professional medical assistance having been refused.⁸⁶ Implicit in the medical care they dispensed was an assumption that their medicine was superior, just as they so firmly believed their religion and culture to be.⁸⁷

Catholic Female Religious in Australia

In the first years of Australia's settlement, the Church of England was the only denomination to receive recognition and support, and the Catholic Church had to struggle to stake its claim in the colonies. Of particular concern to Bishops Matthew Gibney in Western Australia and John Bede Polding in New South Wales was the condition of the sick and poor in their respective colonies, especially among Irish migrants. One strategy to this end was to invite religious Sisters from Ireland where a revitalisation of the Catholic orders was in progress. Centuries of religious oppression, beginning with Henry VIII's dissolution of the monastic houses through to the imposition of a series of penal codes in the eighteenth century, had left the Irish Catholic apostolate relatively quiescent until the Catholic Emancipation of 1829. Thereafter many new congregations were formed, reflecting the burgeoning of single Irish women ready to commit themselves to the expression of their faith through charitable works and perpetual devotion to God.⁸⁸

The first female religious to arrive were teachers and nurses of the Irish Sisters of Charity, a congregation formed as an offshoot of the French Soeurs de Charite.⁸⁹ This group's work, which included the establishment of St Vincent's Hospital in Sydney in 1857, was to a large degree responsible for cementing the reputation of religious nursing sisters in Australia as skilled, capable and pioneering practitioners. In a period when few nurses were professionally trained, many Sisters of Charity received nurse training at the highly respected St Vincent's Hospital in Paris, where apart from professional skills, they adopted habits such as discipline and neatness,

⁸⁵ Broome, *Aboriginal Australians*, p. 151.

⁸⁶ Russo, *Lord Abbot of the Wilderness*, pp. 168-169: Spanish monk, Fr. Amelian Coll with medical training worked as a doctor at New Norcia from 1864 to 1908, having been exempted from the Vatican from its ban on the performance of medical and surgical tasks by Catholic religious; Zucker, *Patrons and Partners*, p. 73: Raible brought married couple and doctors, the Betzes, from Germany in 1935 to work at Beagle Bay mission.

⁸⁷ Loos, *White Christ, Black Cross*, p. 45.

⁸⁸ Francis, 'Service to the Poor,' p. 171; Hogan, *The Irish Missionary Movement*, pp. 55-56; Turner, *Catholics in Australia*, p. 6.

⁸⁹ Francis, 'Service to the Poor,' p. 174; MacGinley, 'Irish Women Religious,' p. 139.

that later became synonymous with general nursing practices.⁹⁰ The Australian Sisters were known for treating anyone who required their care, regardless of religious affiliations, and seem not to have engaged in overt proselytisation – characteristics that doubtless stood them in good stead among Australian society generally.⁹¹ Catholic Sisters founded a further nine hospitals, including those of the Irish congregations, the Sisters of Mercy and the Sisters of St John of God, in the colonies before the century closed.⁹²

By far more numerous than the nurses were the Irish and European religious teaching Sisters recruited in the drive by the Australian Church, initially to provide Catholic high school education and, then, through the 1870s and 1880s, to staff primary schools following the withdrawal of state aid to denominational schools.⁹³ The Sisters were valued for their dedicated, unpaid work, and for a teaching ethos and curriculum steeped in Western European tradition, arising from the education and training of Irish Catholic women in France.⁹⁴ The identity of the Irish Sisters was also reassuring to the families of the pupils they taught because of their shared past of an Ireland under siege – by famine, by Protestant intolerance and by British colonialism. Catholic schools, in educating and bolstering the community, were set up as a safeguard against the possibility of such oppression in the context of the British colonies in Australia.⁹⁵

Although essentially a protective strategy, the deployment of religious Sisters in Catholic education services was an important factor in the growth of religious sectarianism. Despite the integration of many Catholics into mainstream Australian society, there remained a sense that some clustered together defensively under the umbrella of Irish Catholic nationalism. The perception – real or suspected – of Catholic clannishness predicated on an agenda disparate to the common Australian cause underlay a persistent divisiveness in Australian society, resurfacing particularly in times of national crises. Catholics who opposed the proposed conscription in World

⁹⁰ Wendy Madsen, *Nursing History: Foundations of a Profession*, 2nd ed., Frenchs Forest, N.S.W: Pearson SprintPrint, 2007, p.4; O'Sullivan, 'A Cause of Trouble?' p. 23. Florence Nightingale famously wrote, "there is nothing like the training which the Sacred Heart or the Order of Saint Vincent gives to women." (quoted in McNamara, *Sisters in Arms*, pp. 625-626).

⁹¹ Nelson, *Say Little, Do Much*, p. 88, 97.

⁹² Catherine O'Carrigan, 'Australian Catholic Hospitals in the Nineteenth Century,' *Journal of the Australian Catholic History Society*, vol.7, pt.4, 1984, p. 20.

⁹³ Anne O'Brien, *God's Willing Workers*, pp. 164-165; Carey, *Believing In Australia*, pp. 90-91; MacGinley, 'Irish Women Religious,' p. 141, 143; McNamara, *Sisters in Arms*, p. 617.

⁹⁴ This occurred directly through the French convent education of Irish girls and in the training of Sisters at French novitiates. It also occurred indirectly with the formation of Irish branches of French Catholic congregations. See Francis, 'Service to the Poor,' p. 172; Rosa MacGinley, 'Irish Women Religious and Nineteenth Century Australian Social History,' *Australian Journal of Irish Studies*, vol. 5, 2005, p. 140; Sophie McGrath, 'Women Religious in the History of Australia 1888-1950: A case study, the Sisters of Mercy, Parramatta,' *Journal of the Royal Australian Historical Society*, vol. 81, no. 2, 1995, p. 205.

⁹⁵ Turner, *Catholics in Australia*, p. 171.

War 1, the interning of German Catholic priests, and the idea of taxing bachelors who did not enlist - the last two seen as singling out male religious - were seen as disloyal and sectarian.⁹⁶

Catholic Missionary Work by Women in Australia.

The principal means by which Catholic Sisters usually acquired Indigenous missionary work in Australia was by invitation to existing mission stations by the local bishop in his role as apostolic head.⁹⁷ The absence of women missionaries at Catholic missions was thought to be one reason Indigenous women and children could not be induced to approach them.⁹⁸ It was a problem unique to Catholic missions since most of the Protestant missions were managed by married couples.⁹⁹ Of special importance were young children, since those past puberty were considered unresponsive to evangelising attempts.¹⁰⁰ As women, the Sisters were assumed to be natural mothers and housekeepers; many were also trained and/or experienced nurses and teachers.¹⁰¹ The mission thus became a domestic space suited to the care of removed children.

The participation of women religious in the missions enabled separate lives and separate educational programs for girls and boys. Whereas boys learnt carpentry, stock work and mechanics from the religious Brothers and priests, the girls learnt domestic skills such as dress-making and cooking from the Sisters¹⁰² – “the planting of a living slice of Europeanisation.”¹⁰³ From the missionaries’ point of view, such lessons prepared young Indigenous people for survival in the encroaching white Western society, and it was hoped that these children would grow up to create devout hardworking Catholic families living self-sufficiently, in what Noel Loos refers to as a “theocracy.”¹⁰⁴ In the pursuit of this ideal, the religious made the mission a sanctuary in which they were the moral guardians against what they viewed as the sexual exploitation of

⁹⁶ Benjamin Edwards, *Wasps, Tykes and Ecumaniacs: Aspects of Australian Sectarianism 1945-1981*, Australia: Acorn Press, 2008, p. 66; Turner, *Catholics in Australia*, pp. 296-305; Michael Hogan, *The Sectarian Strand*, Victoria: Penguin Books, 1987, p.179; Maguire, *Prologue*, p. 58.

⁹⁷ Pat Jacobs, ‘Exiles in the Wilderness: the pioneer Irish Nuns of St John of God, Beagle Bay & Broome, WA, 1907-1940s,’ *Australian Journal of Irish Studies*, v.1, 2001, pp. 107-9; Scally, *To Speed on Angels’ Wings*, p. 68,72.(They could never, under official church rules, initiate their own mission stations. This was the prerogative of a senior priest, whose religious congregation had been granted authority for mission work in a particular geographic region, by the Vatican’s Propaganda del Fide.)

⁹⁸ Morris, *The Tiwi*, p. 116.

⁹⁹ Carey, ‘Subordination, Invisibility and Chosen Work,’ p. 253; Morris, *The Tiwi*, p. 116; Thomson, *NT Dreaming*, p. 38.

¹⁰⁰ Morris, *The Tiwi*, p.117; Russo, *Lord Abbot of the Wilderness*, pp. 128-129.

¹⁰¹ Christine Choo, ‘The Role of the Catholic Missionaries at Beagle Bay in the Removal of Aboriginal Children from their Families in the Kimberley Region from the 1890s,’ *Aboriginal History*, vol. 21, 1997, p.26; Anna Haebich, *Broken Circles: Fragmenting Indigenous Families 1800-2000*, Fremantle, WA: Fremantle Arts Centre Press, 2000, p. 363; Zucker, *From Patrons to Partners*, p. 36.

¹⁰² Thomson, *NT Dreaming*, p. 59; Zucker, *From Patrons to Partners*, p. 64.

¹⁰³ Ronald M. Berndt and Catherine H. Berndt, ‘Body and Soul. More Than an Episode’ in Tony Swain & Deborah Bird Rose (eds.), *Aboriginal Australians and Christian Missions: Ethnographic and Historical Studies*, S.A.: Australian Association for the Study of Religions, 1988, p. 53.

¹⁰⁴ Alroe, ‘A Pygmalion Complex Among Missionaries,’ p. 34.

Aboriginal girls.¹⁰⁵ The St John of God Sisters deplored the trade of young girls' sexual favours for tobacco or money by the pearlers.¹⁰⁶ It was, for them, evidence of neglect, and justification for removal to their orphanage.

That religious Sisters themselves harboured ambitions to partake in the Indigenous missions is evident in the struggles by the Sisters of St John of God to secure and maintain their position as missionaries, both in the western Kimberley, and, much later, in northern Queensland by an offshoot congregation, the Sisters of Our Lady Help of Christians.¹⁰⁷ Asked by Bishop Gibney to join the Beagle Bay mission as teachers and nurses, a small group of Sisters led by Sr Antonio O'Brien left their community at Subiaco in 1907 against the advice of both their Wexford mother-house and their Subiaco community. The Sisters were consequently alienated from their congregation and, with little money or support, were forced to rely on the mission priests for their upkeep.¹⁰⁸ In the 1920s, subsequent missionary work with Aborigines in Broome was threatened when the Subiaco province suggested amalgamation with the Kimberley Sisters on the condition that they relinquish their mission work with Indigenous people. The offer was declined and eventually the Kimberley Sisters were granted status as a separate province.¹⁰⁹

The Daughters of Our Lady of the Sacred Heart had their missionary objectives forestalled, although it was not, initially, their intention to work with Indigenous Australians. Having departed France in 1885 with the object of working in the Pacific islands with filial society, the MSCs, they stopped in Sydney en route to the mission fields. Here they were waylaid by the local parish priest and asked to instead start a school in Botany, which they agreed to do.¹¹⁰ Eventually, some of the Sisters left for the missions in the Pacific. After the MSCs were established in the Northern Territory in 1908, DOLSH Sisters began working with Indigenous people first as teachers in Darwin and then, on the Bathurst Island mission.

¹⁰⁵ Choo, 'The Role of the Catholic Missionaries at Beagle Bay,' p. 21; Zucker, *From Patrons to Partners*, p.66.

¹⁰⁶ Choo, 'The Role of the Catholic Missionaries at Beagle Bay,' p. 19.

¹⁰⁷ This has been discussed in several works: Carey, *Subordination, Invisibility and Chosen Work*; M.R. MacGinley, *An Eloquent Witness*; Jacobs, 'Exiles in the Wilderness'; Scally, *To Speed on Angels' Wings*, pp. 108-11.

¹⁰⁸ Scally, *To Speed on Angels' Wings*, p. 71, 108-9.

¹⁰⁹ Jacobs, *Exiles in the Wilderness*, p. 114.

¹¹⁰ MacGinley, *A Dynamic of Hope*, p. 259.

Hansen's disease in the Australian Context 1850-1925.

According to epidemiological histories, Hansen's disease was unknown in Australia prior to European settlement.¹¹¹ The earliest cases recorded were in the middle of the nineteenth century, primarily among Chinese migrant labourers in Victoria and occasioned no official action for the suppression of the disease. In the 1880s, an increase in cases, almost all of whom were Chinese, was reported in New South Wales, Queensland and the Northern Territory. Respective colonial governments acted to remove the small number of suspected Hansen's sufferers from proximity to the Australian public, either to island lazarets in the northern colonies, or, in the case of New South Wales, to isolated huts on the grounds of the Coast Hospital at Little Bay.¹¹² Where possible, some were deported to China or Hong Kong.¹¹³ Historians' studies of conditions at Mud Island in the Northern Territory and Dayman Island off the coast of far north Queensland, both of which received Chinese Hansen's disease suspects from 1889, reveal a picture of utter despair.¹¹⁴ Without even the bare essentials for survival, most perished – if not through illness or starvation, then by their own hand.¹¹⁵ Their fate made the attitudes of governments painfully clear: Hansen's disease was a foreign disease – specifically a Chinese disease – and its elimination from Australian shores was imperative, irrespective of the cost to its victims.

It is uncertain how many of these men actually did have Hansen's disease.¹¹⁶ But by apparently confirming the prevailing late nineteenth-century Chinese stereotype, mere suspicion was sufficient cause to consign them to this fate, even without legal sanction.¹¹⁷ The jealous preservation of British settler identity and the rights of the white working man in the economically unstable years leading up to Federation gave rise to concerted efforts to exclude the Chinese from Australian citizenry.¹¹⁸ The accompanying anti-Chinese campaign by the labour movement, using

¹¹¹ J.Ashburton Thompson, 'On the History and Prevalence of Leprosy in Australia,' *Intercolonial Medical Journal of Australasia*, Feb., 1895, p. 71; J.H.L.Cumpston, *Health and Disease in Australia: A History* (written in 1928; introduced and edited by M.J. Lewis), Canberra: Australian Government Printing Service, 1989, pp. 207-8.

¹¹² Maylean Cordia, *Nurses at Little Bay*, Sydney: Prince Henry Hospital Trained Nurses' Association, 1990, p.4; Clement R. Boughton, *A Coast Chronicle: The History of the Prince Henry Hospital 1881-1981*, 2nd ed., Sydney: The Board of the Prince Henry Hospital, 1963, p. 26.

¹¹³ Kettle, *Health Services in the Northern Territory*, p. 27; Hunter, *Aboriginal Health and History*, p. 62.

¹¹⁴ On Mud Island: Saunders, 'A Suitable Island Site' (1989), p. 24, 26; Kettle, *Health Services in the Northern Territory*, p. 28. On Dayman Island: Evans, *Charitable institutions*, pp. 209-10; Robertson, *In a State of Corruption*, pp. 145-8.

¹¹⁵ Evans, *Charitable Institutions*, pp. 209-10; Saunders, 'A Suitable Island Site' (1989), p. 27.

¹¹⁶ Kay Saunders, 'The Black Scourge' in Evans et al (eds.), *Exclusion, Exploitation and Extermination*, pp. 218-9.

¹¹⁷ Robertson, *In a State of Corruption*, p. 150.

¹¹⁸ Bruce Scates, *A New Australia: Citizenship, Radicalism and the First Republic*, U.K.: Cambridge University Press, 1997, pp. 160-161.

scare tactics to gain public support, portrayed the race as a “source of moral and physical contamination,” and, in particular, “simply saturated with leprosy germs.”¹¹⁹

In the following decade, when cases of white Australians with Hansen’s disease came to light, segregation policies were specifically encoded in law for the first time. The Leprosy Act (1890) of New South Wales made the notification of Hansen’s sufferers compulsory and empowered officials to enforce their isolation.¹²⁰ Queensland followed suit in 1892.¹²¹ Other colonies proceeded with detention policies as the occasion arose, using existing or amended public health policies. White Australians were now proven to be vulnerable to Hansen’s disease, while the Chinese loomed larger as its purveyors.¹²² Pacific Islanders, first reported with Hansen’s disease in this decade, excited similar anxieties. Having arrived some years before as indentured labourers to work the sugar cane-fields of northern New South Wales and southern Queensland, this group had become unpopular with the white working class, due to competition for work and to entrenched racism.¹²³

It was also in the 1890s that for the first time, Indigenous people with the disease were brought to the notice of health authorities in the Northern Territory and Queensland.¹²⁴ For some who had long forecast the extinction of the Aboriginal race, this latest scourge was just another stone paving the way.¹²⁵ Classified as “coloured lepers”, these people joined the other non-white races on Mud Island and Queensland’s newly designated lazaret on Friday Island. In 1910, this policy was replicated in the north-west of Western Australia when the state government opened Bezout Island for Aborigines with Hansen’s disease, replacing it a few years later, with a site at Cossack, closer to the most recent outbreak.¹²⁶ By the middle of the 1920s Indigenous people made up the majority of the growing numbers of new notifications, and almost all cases were found in Queensland, Northern Territory and north-west Western Australia.¹²⁷ Only a few Chinese and Pacific Islanders remained in the lazarets, the rest having died or been deported. Nor were there new notifications of the disease among this group due to the immigration legislation enacted under the Commonwealth government’s White Australia policy.¹²⁸

¹¹⁹ Scates, *A New Australia*, p. 161; Excerpt from *Worker*, 21 September 1895 quoted in Cronin, ‘The Yellow Agony,’ in Evans et al (eds), *Exclusion, Exploitation and Extermination*, p. 302.

¹²⁰ *Leprosy Act of 1890*, (NSW).

¹²¹ *The Leprosy Act of 1892*, (Qld).

¹²² Cronin, ‘The Yellow Agony,’ p. 305.

¹²³ Saunders, ‘The Black Scourge,’ p. 210, 218.

¹²⁴ Cumpston, *Health and Disease in Australia*, p. 27.

¹²⁵ E.H. Molesworth, ‘The Leprosy Problem,’ *Medical Journal of Australia*, vol. II, no.12 (18/09/1926), pp. 365.

¹²⁶ Davidson, *Havens of Refuge*, p. 6.

¹²⁷ Cumpston, *Health and Disease in Australia*, pp. 208-209.

¹²⁸ *Ibid.*, p. 209.

On arrival at these northern lazarets, the people faced conditions that gave away only too clearly the purpose of their removal. The remoteness that segregated the healthy from the diseased also separated the inmates from almost every form of available support and care. All the islands were deficient in water, firewood and food supplies, so the inmates had to rely on deliveries from the mainland. Being situated in areas subjected to recurrent tropical cyclones and other extreme weather patterns, these visits to the islands often had to be delayed or cancelled. Medical attention by doctors was occasionally provided but severely hindered by access difficulties as well as personnel shortages due to the unpopularity of working in remote Australia. There were no resident caretakers and inmates often had to build their own accommodation.¹²⁹ Unsurprisingly, the early inhabitants of these islands died within a short time of their incarceration.¹³⁰

White Hansens sufferers were not officially protected from exile, but because they were more likely to arouse the sympathy of the medical profession, especially if they were well off or educated, they could escape official notification and the resultant isolation. Of those who were reported to authorities, the outcomes were variable. In some regions, white sufferers were admitted to mainland hospital isolation units whereas in Queensland they were sent to island lazarets.¹³¹ The first of these, on Stradbroke Island, was set aside for European patients until, in 1907, the government opened a leprosarium on nearby Peel Island for all races. Here the patients were segregated according to race and gender, the white patients living in measurably more comfortable conditions and with better food than the 'coloured' patients.¹³²

Nevertheless, as Raymond Evans has poignantly revealed in his detailed history, the white inmate in Queensland was not spared the abuse and neglect that generally characterised island isolation in this period.¹³³ Regardless of race, the Hansens sufferer, once identified as such, was beyond the pale of Australian citizenry. This attitude is starkly evident in a proposal canvassed by the Federal Minister of External Affairs in 1907, of deporting to Indonesia all Hansens sufferers found in Australia, including the native-born.¹³⁴

¹²⁹ For descriptions on conditions on these islands: Mud Island - Saunders, 'A Suitable Island Site' (1989), p. 169; Kettle, *Health Services in the Northern Territory*, p.73. Friday Island - Anne O'Brien, 'All Creatures of the Living God': Religion and Leprosy in Turn of the Century Queensland,' *History Australia*, vol. 5, no. 2, 2008, pp. 40.3-40.4. Dayman Island - Robertson, *In a State of Corruption*, p. 150; Evans, *Charitable Institutions*, pp. 209-211; Bezout Island - , Briscoe, *Counting, Health and Identity*, pp. 122-5; Davidson, *Havens of Refuge*, pp. 15-16.

¹³⁰ Robertson, *In a State of Corruption*, p. 147; Kettle, *Health Services in the Northern Territory*, p.28.

¹³¹ There is very little historical research into the management of 'white' Hansens sufferers in Australia. Queensland is the exception here.

¹³² O'Brien, 'All Creatures of the Living God,' pp. 40.5-41.5.

¹³³ Raymond Evans, *Charitable Institutions*, p. 211.

¹³⁴ NAA: A1, 1908/4507, Atlee Hunt to Dr Ashburton Thompson, 04/09/1907.

Apart from the efforts of the occasional sympathetic doctor or government employee, the only support for detained Hansens sufferers in this period came from some of the missionaries stationed nearby. In some instances, this appeared only to come in the form of comfort and prayer, but there is some evidence of practical assistance for Aborigines with Hansen's disease, for example, by the Sisters of St John of God, for those restrained at a police paddock at Broome in the 1900s.¹³⁵ Gilbert White, the Anglican Bishop of Carpentaria, who also did what he could to help the Friday Island residents, was rare in his public exposure of the horrendous conditions of the lazaret and his appeal for the more humane and rational treatment of Hansens sufferers.¹³⁶ Evans found the Christian Churches' inaction generally with respect to institutional reform in Queensland before the 1920s "perplexing." As he himself suggests, in agreement with the findings in this chapter, the interests of the Australian clergy lay with the consolidation of schools and parishes.¹³⁷ Even so, the means of Christian care-giving for the religious was generally not in trying to change existing structures, but to provide alternatives over which they could secure full control, such as mission stations, hospitals and orphanages. The total care of Indigenous Hansens sufferers was no exception but permanent solutions either by government or churches would not be attempted until it was generally acknowledged that they were an Australian problem and were not going to disappear any time soon.

Catholic religious Sisters in nineteenth and early twentieth-century Australia were heirs to an old and continuous tradition of the care of the sick and marginalised undertaken by European men and women Christian religious that included solicitude towards Hansen's disease sufferers. The continuity and value of the latter's nursing work have been underestimated in histories. Partly, this oversight is due to emphases on symbolism and discourse, and partly to the historical "invisibility" of Catholic Sisters. Although essentially regarded as women's work, nursing often had to be undertaken covertly by Catholic Sisters over the past few hundred years in Britain and Europe due to restrictions on their activities at various periods by either the state or Church. The application of the nursing apostolate by Catholic Sisters to non-Christianised peoples of the colonised world from about the middle of the nineteenth century took much longer to be reproduced in Australia with respect to Indigenous people. Catholic Sisters with nursing skills and enthusiasm for extending their apostolate in this way at the end of the nineteenth century had only limited opportunities to do so. The direction of their work was to a large extent dictated by male missionaries who, with the exception of a small number from

¹³⁵ SSJGB, 2.57D, Sr Ignatius Murnane, interview with unknown interviewer, typed transcript.

¹³⁶ O'Brien, 'All Creatures of the Living God,' p. 40.5.

¹³⁷ Evans, *Charitable Institutions*, pp. 301-2.

Europe, were concentrating at this time on the overseas missions. Nor was there much support for the Indigenous missions by the greater Australian Catholic Church which was preoccupied with ministries to white Australians.

Although Protestant missionary organisations generally had more success than the Catholics in setting up and maintaining nineteenth-century mission stations in Australia, none of the established Churches had committed themselves seriously to the evangelisation of Indigenous people. Mission endeavour consisted mainly of the chequered efforts of a few determined individuals who brought, along with the gospel, food, medicine and refuge to Indigenous people. It was a service that may have been welcomed by those whose health and well-being had been jeopardised by the impact of white settlement, and one that was rarely available elsewhere. But it often came at a cost, being laced with less benevolent mission practices, such as the separation of children from their families, the imposition of Western culture, and the exertion of paternalistic authority over Indigenous men and women. It was only in the second decade of the twentieth century that major Christian missionary bodies including those of the Catholic Church, were beginning a more systematic project of evangelising the Indigenous people of the remote north, side-by-side with government protectionist policies.

Indigenous Hansen's sufferers in the early twentieth century were also the objects of intermittent pastoral and, possibly, nursing care by some missionaries in Australia but these efforts were probably the exception in this period from the 1880s, when Hansen's disease first came to the notice of government authorities. At least in northern Australia, neither the churches nor governments instigated arrangements for appropriate care and medical treatment for those thought to have Hansen's disease, either ejecting them to desolate islands or, in the case of some Asians, to their countries of origin. As a high proportion of sufferers were Asians and Pacific Islanders, Hansen's disease was configured in official and public discourse as a disease of these races and therefore outside Australia's responsibility. In Queensland, as more European and Indigenous sufferers were discovered, the first leprosarium was opened on Peel Island offering marginally better amenities than its antecedents in its first few years.

Social responses to the Hansen's disease sufferer in Christian Western society have always been complex and often ambivalent. While a belief that the disease was contagious appears to have accounted for the custom of segregating sufferers from society in late modern times more than previously, this practice was never without other political, religious or social underpinnings. In Australia, as in some other countries, the policy of harsh exile was justified on the basis of the class or race of the Hansen's sufferer, reflecting the wider goal of forming a physically healthy

and racially homogeneous nation. In countries, such as Hawaii or the USA, however, segregated Hansen's populations were of interest to the colonial project and the Christian mission imperative, and were therefore subject to evangelisation and other forms of close social control. Missionary medicine and nursing were interwoven with these objectives. How individual groups of missionaries carried out this apostolate and the nature and extent to which biblical associations informed their work are questions still not completely understood.

Chapter Two

The Advent of the Catholic Religious in the Indigenous Leprosaria c.1925-1943

Between 1923 and 1925, Dr Cecil Cook, under a scholarship awarded by the London Institute of Tropical Medicine, conducted a field survey of Hansen's disease throughout much of Australia. The disease, he noted, having once been mostly confined to the east coast, had become a problem across the north of the continent. Most of those afflicted were Indigenous people but the disease had also become endemic among white Australians in some areas of interracial contact. Cook argued that measures by state and territory health departments to control the spread of the disease were manifestly inadequate and recommended the standardisation of policy under the central authority of the federal government. Cook's report, published by the recently formed Commonwealth Department of Health, became extremely influential in furthering the interwar federal public health campaign for the protection of the health of white Australians. The eradication of infectious disease in the northern frontiers, facilitating the expansion of white settlement was at this time considered especially desirable for reasons of both economics and national security. The establishment of three government leprosaria between 1931 and 1940 in the remote north, mainly for Indigenous sufferers – at Channel Island in the Northern Territory; Derby in the north-west of Western Australia and Fantome Island in northern Queensland - and the strengthening of legal powers for their detention, reflected this objective.

Yet isolation was not the sole purpose designated for these new leprosaria. Cook and colleague Dr Raphael Cilento, in their capacities as consultants and senior government administrators, planned them to be treatment and research facilities, rather than hospices or 'islands of the living dead'. To this end, resident qualified nurses were deployed, most with training in Hansen's disease therapy. Plans were also made for the regular attendance of medical officers experienced in Hansen's disease treatment. In these respects, policy was - at least, conceptually - no different from the arrangements in place for most European patients in Australia. Even if devised only in the interests of disease prophylaxis, the control and care of Indigenous Hansen's sufferers became an essential goal of interwar health policy.

In the interwar period, concern generally for the health and welfare of remotely located Indigenous Australians had found expression among a growing base of humanitarians, Aboriginal activists, and anthropologists. Russell McGregor has argued that the movement was underpinned by an emergent sense of national responsibility for Indigenous people during the

interwar period, partly due to their no longer being seen as destined for extinction.¹ Christian religious were a part of this movement, both in agitating for change, and through providing relief and protection at mission stations. The mobilisation of Australian Catholic religious into the Indigenous missions was particularly vigorous, invoked partly due to pressure from the Vatican articulated in terms of a call to national duty. Papal reforms of missionary administrative structure and canon law facilitated the entry of Catholic missionaries into areas previously dominated by their Protestant counterparts. Thus, by the mid 1930s, Catholic religious were the second most numerous of denominations represented in the remote Australian mission fields, and they were continuing to expand. They included organised teams of religious Sisters trained in nursing, teaching and other skills, and motivated to tolerate the exacting conditions of outback northern Australia.

By 1943, the nursing care in all three northern leprosaria had devolved to Catholic Sisters. For the most part, this policy had not been intentional but was due to the difficulty in attracting or maintaining suitably qualified lay staff which was exacerbated with the outbreak of World War II. Catholic Sisters were an attractive option, having had the necessary professional training and being prepared to commit themselves permanently to the task for modest financial remuneration. Only in the case of Fantome Island was their deployment a planned strategy. Although this decision reflected the same exigencies facing the other leprosaria, it also demonstrated that the Queensland government, alone of the three relevant authorities, had confidence in the ability of Christian missionaries to faithfully take over the responsibility for its Indigenous inhabitants. Ultimately, Australia was in the same position as most overseas countries with a Hansen's disease problem: carers were always difficult to find, and governments had no choice but to rely on the support of missionaries for whom Hansen's disease work was desirable. Demand by the Catholic Church for a greater share in the evangelisation of Indigenous people, and its ability to recruit relatively large numbers of devoted and courageous single women ensured that it was this denomination that governments finally turned to when the need arose.

The medico-bureaucrats and protecting White Australia

In 1927, the Commonwealth Director-General of Health, Dr J.H.L. Cumpston, gave his full endorsement to Cecil Cook's recently published study of Hansen's disease in Australia, claiming that it was "a complete record of the known facts relating to leprosy in Australia", and

¹ McGregor, *Imagined Destinies*, p.115.

that it offered a “practical possibility of eradicating leprosy completely from Australia.”² Dr Cook had attempted to track and document all present and past cases of Hansen’s disease, his 15000-mile field survey taking him to mainly coastal regions in northern New South Wales, Queensland, the Northern Territory and northern Western Australia. His report of the study became the most respected authority on Hansen’s disease management by doctors and bureaucrats for many years and played a vital role in shaping future government Hansen’s disease policy.

Cook’s findings on the source of Hansen’s disease in Australia confirmed and added to the work of the only other authority, J. Ashburton Thompson, who, writing in the 1890s, traced the earliest cases of the disease to Chinese gold-miners in Victoria in the 1850s, where, after initial increases, it died out.³ In essence, Cook stated that Indigenous people in all the areas of his study contracted Hansen’s disease directly from Asian and Pacific labourers. In Queensland, it was the indentured workers who carried the disease to sugar plantation areas such as Maryborough where he found increases in the Indigenous community. In the Northern Territory, he argued that Hansen’s disease spread from Chinese who worked on the railways in the East Alligator River district to Aborigines who brought it to the Daly and Roper Rivers areas, then on to East Arnhem Land in the 1920s. In Western Australia, where the earlier Roebourne outbreak had dissipated and the West Kimberley region was now the focus, he assumed that Hansen’s disease had been brought across from the Northern Territory.⁴ Only later, government leprologist, W.S. Davidson theorised that the disease had been transmitted to local Aborigines by the Asian pearling crews who worked the coasts nearby.⁵

Central to Cook’s study was the argument that although Hansen’s disease may have originated in migrant populations, it was characteristically contracted by white Australians from Indigenous people. Queensland proved the case in point and was, according to Cook, the crystal ball in which the future of the Northern Territory and northern Western Australia should be viewed. With the development of rural industries in Queensland several decades previously, an influx of white men to supply the necessary labour brought them into sexual contact with Indigenous women from whom, Cook assumed, Hansen’s disease was passed. Its subsequent transmission by the white male to other members of his household led to its establishment in the

² J.H.L. Cumpston, ‘Preface’ in Cecil Cook, *The epidemiology of Leprosy in Australia: being the report of an investigation in Australia during the years 1923-1925 under the terms of the Wandsworth Research Scholarship of the London School of Tropical Medicine*, Canberra: Department of Health, 1927.

³ Cumpston, *Health and Disease in Australia*, p. 209.

⁴ Cook, *Epidemiology of Leprosy*, pp. 40-43, 63-64, 264, 297.

⁵ Davidson, *Havens of Refuge*, pp. 12-14.

white community.⁶ Cook had no doubt of the person-to-person contagiousness of Hansen's disease, requiring "some degree of prolonged and intense exposure between sufferer and susceptible."⁷ This consisted of either "infection of untraced or epidemiologically intangible origin" such as occurs in a casual encounter or "infection of domestic origin...a natural sequence to the intangible sort."⁸ This process, he argued, had led to endemicity among white Australians. Queensland's contact experience was now a lesson to be heeded for the Northern Territory and, possibly, Western Australia, where the latest outbreaks had followed increased mining and pastoral activities, potentially recreating the same conditions conducive to the establishment of white endemicity. By his own admission, the total number of Hansens sufferers in Australia was low but the disease "if left to itself, [it] would in time probably become a menace to successful white settlement."⁹

Cook's recommendations for the control of Hansen's disease were to some extent derived from his view that despite having the strictest legislation in Australia, the disease continued to increase in Queensland. He advocated more scrupulous implementation of compulsory notification and isolation of those diagnosed with the disease, and more diligent and regular examinations of their contacts. This approach was to apply to all sufferers, regardless of race. However for the Indigenous, "whose careless and irresponsible habits render it impossible to keep him under observation or to submit him to a course of treatment unless he is under restraint," Cook believed that even suspects should be isolated.¹⁰ In contrast, he supported home isolation for 'responsible' European patients in this same category.¹¹

In the north-west of Western Australia and the Northern Territory - regions where Cook stated "the malady has now become a problem" - he found existing arrangements for detained Hansens sufferers deficient, both in terms of their care and treatment, and in efforts to isolate them from healthy communities.¹² Treatment was "neglected or unsatisfactory" at Mud Island (NT), Roebourne (WA), and at the Old Residency in Derby (WA) where he noted there was "no bathroom or treatment room or any facilities for surgical treatment".¹³ In Cook's view, this state of affairs was both unnecessary and unjustified, given the current medical wisdom that effective

⁶ Cook, *Epidemiology of Leprosy*, p. 20.

⁷ Ibid., p. 290.

⁸ Ibid., p. 89.

⁹ Ibid., p. 291.

¹⁰ Ibid., p. 298. A "suspect" was a person who, on bacteriological examination, yielded a negative result for the presence of Hansen's disease, but who showed clinical signs of the disease.

¹¹ Ibid., p. 298.

¹² Ibid., p. 296.

¹³ Ibid., p. 298; 'Report of Dr Cecil Cook as a result of his investigations into the conditions in the North-West of Western Australia', August 1924, Part 3 Derby Lazaret, p.1 (PHD, 1923/1765; SROWA, Cons 1003) [Courtesy Robin McIntyre].

therapy was then available, if administered under optimum conditions, including the full-time attendance of “a skilled attendant having a thorough knowledge of the therapeutic properties of the drugs employed and a complete comprehension of the significance of the various reactions to treatment manifested by individual patients.”¹⁴

Figure has been removed due to Copyright restrictions.

Figure 5: Mud Island Lazaret, Northern Territory.

Cook’s solution was the establishment of a central leprosarium for all sufferers from these two individually administered regions, to be located in the Northern Territory under federal control.¹⁵ Only this system, he believed, would support concentration of the highest standard of equipment and staff. He wrote of “so improving lazaret accommodation and modernising treatment that the isolation hospital becomes to the leper what a sanatorium is to the consumptive, a haven of refuge, rather than a loathsome prison...”¹⁶ and that it “will in consequence be sought by patients rather than avoided by them...”¹⁷ As Cook knew, this vision was a long way from reality, particularly for Indigenous people who, as he conceded, had “a lamentable dread of white inspection that causes afflicted natives to flee into the depths of the Bush, thus frustrating all efforts to detect and eradicate disease.”¹⁸ Consequently, although this

¹⁴ Cook, *Epidemiology of Leprosy*, p. 291.

¹⁵ *Ibid.*, p. 296.

¹⁶ Cecil Cook, ‘Leprosy in Australia’ (letter to the editor), *MJA*, vol. 2, no. 13, 1924, p. 337.

¹⁷ Cook, *Epidemiology of Leprosy*, pp. 298-9.

¹⁸ ‘Report of Dr Cecil Cook as a result of his investigations into the conditions in the North-West of Western Australia’, August 1924, Part IV Granuloma Venereum, p.3 (PHD, 1923/1765; SROWA, Cons 1003).

scheme aimed to improve the physical wellbeing of sufferers, it could only be completely effective, at least in some cases, with the use of physical force.

Figure has been removed due to Copyright restrictions.

Figure 6: 'Tropical Australia', as defined by Dr Raphael Cilento, 1931.

Some in the Australian medical establishment in the 1920s did not share Cook's view that the white population was under threat from contagious diseases spread from Indigenous people. As Warwick Anderson has shown, as long as the latter remained living apart from European Australians, or were believed to be doomed to extinction, they were not of concern.¹⁹ Tropical medicine specialists, however, continued to highlight the problem of poor Aboriginal health as an obstacle to the settlement of European Australians in the far north. As defined by tropical medicine specialist, Dr Raphael Cilento, this enormous region abutted the coastal fringes of the continent from the Dampier Archipelago in the northwest to Rockhampton in the north-east. It was regarded as one vast exotic laboratory but was inconveniently administered from three different centres of government: Western Australia, Queensland and the Commonwealth, which controlled the Northern Territory Medical Service.²⁰

The problem remained for tropical medicine enthusiasts of how to successfully influence these bureaucracies with their own ideas. The opportunity arose in 1921 when the Commonwealth government founded its own department of health, the creation of which historian Michael Roe has attributed in part to "the 'tropical' factor."²¹ Cumpston, the first Director-General, was a strong supporter of Cecil Cook and undoubtedly influenced the decision to appoint the latter as Chief Medical Officer in the Northern Territory in 1927. This move was to facilitate the design

¹⁹ Anderson, *The Cultivation of Whiteness*, p. 145.

²⁰ NAA: A1928, 362/14, R.W. Cilento, 'Review of the Position of Tropical Medicine and Hygiene in Australia', Appendix No. II, Report of the Federal Health Council, Fifth Session, 24th-25th March 1931, p. 20.

²¹ Michael Roe, 'The Establishment of the Australian Department of Health: Its Background and Significance,' *Historical Studies*, October, 1976, vol. 17, no. 67, p. 190.

and implementation of Hansen's disease policy in that region and was to enable some influence over Western Australian Hansens sufferers. Within the Department were the Division of Tropical Hygiene led by Dr J Elkington and the Australian Institute of Tropical Medicine, headed by Cilento, Elkington's protégé and, undeniably, the most avid proponent of the public health campaign in the Australian 'tropics'. These figures were part of a vibrant movement, promoting the development and dissemination of contemporary public health discourse centred on the fostering of a physically strong and hygienically pure white Australian race.²²

Cumpston's ambition was "of leading this young nation of ours to a paradise of physical perfection."²³ His was a broader agenda than that of the tropical medicine doctors but nevertheless they shared the desire to expand their horizons beyond the limitations imposed by state boundaries. This objective was furthered with the establishment by the Bruce-Page federal government of the Royal Commission into Health of 1925 which recommended the formation of the Federal Health Council (FHC).²⁴ This body was to comprise representatives of state and Commonwealth health departments and was to meet regularly with the object of achieving uniformity in regulations and standards governing infectious disease control and other public health matters.²⁵ Commonwealth authority over the state-controlled area of health could thus be legitimised. Although to all intents and purposes it was a democratic forum in which the states had equal representation, federal health bureaucrats tended to wield the greatest influence, partly due to their access to federal funding, but also to their forthright and expertly delivered promotion of particular issues.

One resolution of the first FHC meeting in 1927 was to investigate "leprosy and typhus-like diseases in the Commonwealth".²⁶ Evidence was taken from several tropical medicine experts, including Cilento, pointing out the need for further research in this field. But it was not until 1931, when Cilento, having succeeded Elkington as Director of Tropical Hygiene, thus representing the Commonwealth health department, that the item was discussed in detail. In this, the fifth session, he presented a paper on "tropical medicine and hygiene," stating that "leprosy continues its insidious course, and the slow but continual discovery of new

²² Suzanne Saunders, 'Tropical Medicine: Reflections on its Significance in the Development of the Northern Territory', *Journal of Northern Territory History*, 1991, no. 2, p. 33.

²³ Michael Roe, 'Cumpston, John Howard Lidgett (1880–1954)', *Australian Dictionary of Biography*, National Centre of Biography, Australian National University, <http://adb.anu.edu.au/biography/cumpston-john-howard-lidgett-5846/text9935>, accessed 25 November, 2009.

²⁴ Government of the Commonwealth of Australia, *Report of the Royal Commission on Health*, 1925, p. 18.

²⁵ NAA: A1928, 362/3, Extract from *Commonwealth of Australia Gazette*, No.114, 23/11/1926.

²⁶ 'Federal Health Council,' *The West Australian*, 8/2/1927, p. 8.

cases...represents perhaps the most pressing problem at the moment.”²⁷ This theme was taken up by Cumpston who, drawing mainly on Cook’s research, discussed the reasons for the failure of the existing system in preventing the emergence of new cases in Queensland and New South Wales. Although only twelve had been notified in the previous year, Cumpston suggested a program be carried out by these states and Western Australia to detect hidden cases of Hansen’s disease, to meticulously trace the contacts of any newly diagnosed cases, and ensure greater surveillance of patients discharged from lazarets.²⁸ These recommendations were formally adopted as a Council resolution with the stipulation that the states were to record and submit their data to the Division of Tropical Hygiene for the regular compilation of reports.²⁹

The Council resolution demanded a great deal of state resources, arguably to an extent disproportionate to the apparent threat of the disease to the population. The investigations were expensive and onerous, as Cumpston himself admitted with respect to Western Australia, and, being based only on a suspicion of hidden cases, could prove fruitless.³⁰ This proclivity for fact-finding missions in the deepest reaches of the country and the faithful submission of all findings to the Commonwealth reflected the ambitious, military-style approach of tropical medicine aficionados, such as Cilento and Cook, who favoured intensive field research and centralisation of control. The hallmarks of this strategy were again evident in a resolution of the Seventh Session of 1934 following a particularly high increase in disease notifications in the Western Australian Indigenous population. Each state was asked by the Council to “provide full legal powers for the periodical examination and any necessary detention of lepers, suspect lepers and contacts.”³¹ This legislation would impose severe limits on the freedom of even those associated with a person diagnosed with Hansen’s disease, and, with the growing ratio of Indigenous to European sufferers, would legitimise greater control over this group. It would bring the states in line with the Northern Territory Leprosy Ordinance of 1928 which already contained these provisions.³²

The Segregation Controversy

From the mid 1920s, some senior leprologists were arguing for a relaxation of the existing laws in Australia that enforced the segregation of those suffering from Hansen’s disease, on the basis

²⁷ NAA: A1928, 362/14, R.W. Cilento, ‘Review of the Position of Tropical Medicine and Hygiene in Australia’, Appendix No. II, Report of the Federal Health Council, Fifth Session, 24th-25th March 1931, p. 33.

²⁸ NAA: A1928, 362/14, J.H.L. Cumpston, ‘Review of the Administrative Control of Leprosy’, Appendix No.III, Report of the FHC, Fifth Session, 24th-25th March 1931, pp. 34-35.

²⁹ NAA: A1928, 362/14, Resolution 17, Report of the FHC, Fifth Session, 24th-25th March 1931, p. 4.

³⁰ NAA: A1928, 362/14, Cumpston, ‘Review of the Administrative Control of Leprosy’, p. 35.

³¹ NAA: A659, 1939/1/10643, memo from Cumpston to Secretary, Dept. of the Interior, 1/8/1934.

³² *Leprosy Ordinance 1928* (NT).

that it was inhumane, and counterproductive to efforts to eliminate the disease. The impetus for this movement came principally from research undertaken by British tropical medicine pioneer, Sir Leonard Rogers and his partner, Ernest Muir, whose work with an old Indian remedy for Hansen's disease, hydnocarpus oil (often known as *chaulmoogra oil*) and its derivatives yielded promising results in Calcutta.³³ Rogers had done extensive work on refining an injectable form to eliminate the severe nausea induced by the traditional oral administration. He and Muir maintained that, under optimum conditions, and if given at an early stage of the disease, the treatment could "clear up" Hansen's disease and lead to the discharge of the patient from full-time care.³⁴ By the 1920s it was the drug of choice for Hansen's disease, internationally, and in Australia.

Rogers argued that under the system of compulsory segregation, people experiencing the initial stages of Hansen's disease often evaded treatment, being fearful of lifelong isolation. When debilitating symptoms eventually induced them to come forward for treatment, it was too late for it to be effective. All the while they had resisted segregation, they had posed a risk to the healthy people around them, and thus, jeopardised the battle to totally eradicate the disease from the community.³⁵

It was known that, in certain cases of Hansen's disease, the patient was not infectious, such as in the early stage of the least contagious tuberculoid form, and in cases where the disease spontaneously 'arrested', that is, reached a state in which there were no active signs for a period of at least two years. The latter was also the condition induced by successful treatment with *chaulmoogra oil*. The doctors who spoke out against compulsory segregation did not believe it justifiable to continue isolation of patients in this category. They admitted that there was still uncertainty about when, if ever, arrest would occur, and that a relapse in later years was also a distinct possibility, but with constant supervision and regular checks by an experienced clinician, any deterioration could be detected and addressed.³⁶

In 1930, Sir Leonard Rogers publicly denounced the system of compulsory segregation employed in Australia and recommended the adoption of the policy he had pioneered throughout the colonies of the British Empire. Rogers specifically suggested the segregation under skilled medical care of all Australians yielding positive bacteriological test results and,

³³ Molesworth, 'The Leprosy Problem,' p. 376.

³⁴ Ibid., p. 525.

³⁵ Sir Leonard Rogers, 'When will Australia adopt Modern Prophylactic Measures against Leprosy?' *MJA*, vol. II, no. 16, 1930, p. 525.

³⁶ Leonard Rogers and Ernest Muir, *Leprosy*, 3rd ed., Baltimore: The Williams and Wilkins Co., 1946, pp. 204-5, 253-4.

for those with negative results, three-monthly examinations at outpatient facilities. General treatment included the provision of a diet of fresh food and exercise and, preferably, a dry cool climate, the only conditions under which the administration of chaulmoogra oil was thought to be successful.³⁷ Tens of thousands of Hansens sufferers from widespread areas in India, Africa and British Guiana had come under his program; therefore it did not seem far-fetched that it could be adapted for Indigenous Hansens sufferers in remote areas.

How did Rogers and his team manage to implement his scheme in these circumstances, for example, in large rural communities of countries such as Nigeria? As he wrote retrospectively,

The medical scientist is often saddened by the thought that some advance in knowledge is not being used fully for want of an organization to make it available to those in need of its benefits. This is especially the case with such a disease as leprosy, which prevails mostly in remote tropical countries in which the medical staff is inadequate.³⁸

Rogers' solution was to trawl the Empire for resources, exploiting his compatriots' scientific and religious chauvinism towards colonised people. Founding BELRA in 1923, he attracted impressive benefactors, the patronage of the Prince of Wales and the advisory services of some of the most senior physicians in Britain. He was then able to provide specialist leprology training, medication and surgical supplies, and other support for the promulgation of his treatment principles through existing leprosaria and treatment stations, including those under the control of the Mission to Lepers and local government agencies.³⁹ In 1933 he organised specialised training of Toc H volunteers for leprosarium work in Nigeria.⁴⁰ Thus he took advantage of the supply of medical missionaries and other charitable personnel working in the field. His methods were widely reported in respected medical journals, textbooks and conferences. Rogers had not found a golden bullet for Hansen's disease but he had redefined management strategies; outright segregation of passive subjects was replaced with a reliance on the agency of sufferers in voluntarily participating in treatment, the focus of which was the optimisation of their clinical and psychological status.

³⁷ Rogers and Muir, *Leprosy*, pp. 246-254, 527.

³⁸ Sir Leonard Rogers, *Happy Toil: Fifty-five Years of Tropical Medicine*, London: Muller, 1950, pp. 202-203.

³⁹ *Ibid.*, pp. 203-204; 'The Economic Aspect of 'The Economic Aspect of Leprosy,' *The British Medical Journal*, 6/5/1933, pp. 793-794.

⁴⁰ Rogers, *Happy Toil*, p. 206.

In 1926, Dr E.H. Molesworth of the Royal Prince Alfred Hospital in Sydney made an impassioned plea in the pages of the *Medical Journal of Australia* on behalf of urban doctors in private practice, describing their dread at diagnosing Hansen's disease in a patient who "would rather blow out his brains than face internment."⁴¹ Doctors preferred to avoid this anguish by delaying early diagnosis, based usually on clinical signs, until a bacteriological examination proved positive, thus deferring vital medical treatment. Patients also put off seeking medical attention until their condition worsened. And, echoing the concerns of Rogers and Muir, Molesworth expounded on the deleterious effect of this avoidance of treatment on both the patient's prognosis and on attempts to stamp out Hansen's disease in Australia. He argued for voluntary admission to a hospital, rather than a lazaret, and the provision of superior medical treatment.⁴²

Molesworth's appeals applied strictly to European patients of middle to high socio-economic class. His empathetic identification with this group was evident in his statement that he had "seen the tragedy in a man's eyes and heard the despair in an educated European's voice...at being told that he must go to the lazaret..."⁴³ There is only a fine distinction between the theories of Molesworth and those of Cook with regard to the segregation of European patients. Both believed in the compulsory segregation of "indigent" patients and outpatient treatment for selected European patients. Cook's belief in mandatory segregation was tempered by his support of a system of leave on parole and outpatient treatment for those in the non-infective stages.⁴⁴ Molesworth's advocacy of voluntary treatment for patients was modified by his suggestion that "to coerce such patients who evade or refuse treatment ...commitment to the old lazaret might be resorted to."⁴⁵ Importantly, this debate centred on the fate of the better off European Hansen's disease sufferer to the exclusion of other races and classes of people, a point that is not given sufficient emphasis in the current historiography.⁴⁶

Generally, Australian Hansen's disease experts in the interwar period agreed about what should be done with Indigenous Hansen's sufferers, summed up candidly in 1928 by Dr Cumpston:

⁴¹ Molesworth, 'The Leprosy Problem,' p. 378.

⁴² Molesworth, Correspondence, 'Leprosy,' *MJA*, 12/3/1927, pp. 388-389.

⁴³ Molesworth, 'The Leprosy Problem,' p. 378.

⁴⁴ Cecil Cook, 'Leprosy Problems,' *MJA*, 11/12/1926, p. 803.

⁴⁵ Molesworth, Correspondence, 'Leprosy,' p.389.

⁴⁶ Although this debate is the focus of Suzanne Saunders' article, *Isolation*, and acknowledgement is given of Molesworth's lack of empathy for Indigenous Hansen's sufferers, socio-economic class as a marker for discriminatory management of the disease is not explored either in her, or any other, study; rather, white Australians as an homogeneous group are shown as privileged in comparison with Indigenous sufferers.

For Chinese, Kanakas and Aborigines, isolation under the strictest control is obviously all that can be considered. For Europeans who are indigent or feeble-minded a similar control is necessary. The remainder of the Europeans present the great problem of Hansens administration.⁴⁷

Neither abandonment of compulsory isolation nor introduction of a parole system, were even considered for the first-mentioned groups, mainly because they were viewed as innately irresponsible and therefore incapable of complying with any behaviour that minimised the spread of their disease or advanced its improvement. Indigenous people fell so far outside Molesworth's consideration that he only opposed their compulsory segregation on the grounds that "the majority of aboriginal lepers cannot be found, caught nor kept." He further argued that the imminent extinction of the race would ultimately make such efforts redundant.⁴⁸

Even more restrictive was the demand by health officers for permanent removal of Indigenous sufferers from their home environments. It was feared that the improvement in conditions and treatment that accompanied the arrest of the patient's disease in the leprosarium could never be maintained after discharge back home.⁴⁹ Nutrition and hygiene were characteristically poor in most Indigenous communities, as pointed out by Suzanne Saunders, and the necessary ongoing medical attention and support were not readily available.⁵⁰ Furthermore, many patients had been drawn from endemic areas, places that were identified as conducive to increasing the virulence of the disease, subjecting returned patients to a greater risk of relapse.⁵¹

Australia was by no means alone in imposing the strict isolation of Hansens sufferers. For example, compulsory segregation continued in both Fiji and Hawaii until 1969. Hansen's disease management varied immensely throughout the world, depending on local conditions and financial limitations. In some cases, as in some parts of Africa and India, the only reason compulsory segregation was not imposed was the cost and difficulty it would entail. In other places, it was not imposed by colonial authorities because the indigenous peoples already had a traditional convention of excluding Hansens sufferers.⁵²

⁴⁷ Cumpston, *Health and Disease in Australia*, p. 217.

⁴⁸ Molesworth, Correspondence, 'Leprosy,' pp. 389-390.

⁴⁹ Dr D.W. Johnson, 'Report on Peel Island Lazaret for 1937-38,' QLD DHHA, *Annual Report on the Health & Medical Services of the State of Queensland for the year 1937-1938*, Brisbane: The State, 1938, p. 18.

⁵⁰ Saunders, *Isolation*, p. 173.

⁵¹ NAA: A1928, 635/34, letter from Dr Cilento to Cumpston, 31/7/1934.

⁵² Rogers and Muir, *Leprosy*, p. 54.

Rogers' program relied on the deployment of medical and allied personnel at treatment stations close to Hansen's disease outbreaks, and considerable financial investment. Cook's report showed that Indigenous Hansen's sufferers were scattered in vast areas across a huge expanse of the continent, making Rogers' scheme impractical, as Saunders has argued.⁵³ To establish small outpatient units in their close proximity under qualified medical staff was far beyond the consideration, let alone the financial and organisational capabilities, of Australian governments. As it was, general health amenities for Indigenous people in regional centres were either acutely inadequate or non-existent, a situation revealed in various government inquiries, to be discussed further.

Humanitarians and Missionaries

It has been argued here, in concordance with existing studies, that the scrutiny by tropical medicine experts of Indigenous Hansen's sufferers in the interwar period derived from anxiety for the health of white Australians, and that this objective formed the basis of the dominant medical and administrative discourse. But no comprehensive attempt has yet been made at exploring the concomitant and significant wave of concern for solving the Hansen's disease problem by those with largely humanitarian or religious motives. It took two distinctive forms: a predominantly urban-based activism demanding policy change with respect to Indigenous health and welfare generally, and the day-to-day efforts by missionaries and others to address shortfalls in government services to Indigenous people, the latter often entailing active resistance to official policy.

The management of Hansen's disease was integral to both these movements, as one of many ravages desecrating the Indigenous race. Its growing visibility in these people graphically illustrated the heavy toll of European civilisation. Although white Australians could blame Asian and Pacific Islanders for the introduction of Hansen's disease to the country, it was British settlement that unleashed the ills of the outside world to blight what was seen as the pristine state of the full-blooded Aborigines. Imbued with a sense of shame over the fate of the "original Australians", appeals for their protection were reminiscent of the exaltations of the 'noble savage' 150 years previously; purity and innocence contrasted with the violence and moral depravity of the very worst of European civilisation.⁵⁴ The solution, it was argued, lay in the segregation of the untainted Aborigine from this undesirable element, preferably in impenetrable reserves.

⁵³ Saunders, 'A Suitable Island Site' (1989), p. 10.

⁵⁴ McGregor, *Imagined Destinies*, pp. 117, 130-131.

In October 1927, a petition signed by over 7000 people, including scientists, clergymen, female philanthropists and Aboriginal activists was presented to Federal parliament warning that the Indigenous race was dying out and proposing the establishment of a separate Aboriginal state for their protection and social advancement.⁵⁵ There was evident frustration with what was seen as governments' failure to prevent the "blighting influence of immoral Europeans" who, through violence, the transmission of disease and deprivation of vital dietary sources, were held responsible for the decline in the full-blooded Indigenous population.⁵⁶ The "model state" would be impenetrable by Europeans except for a selected few, including Christian missionaries who would take a major role in its administration, at least in the transitional phase until self-government by the Indigenous could be achieved. "Rigorous medical control and treatment of contagious diseases" was to be implemented.⁵⁷ Christian principles were extolled, sitting uneasily, as Michael Roe has suggested, with the avowal to preserve Indigenous "laws and customs."⁵⁸ It was likely that survival was considered to be contingent on giving up such beliefs and practices, and on replacing them with those of the dominant British Christian culture, certainly evident in the petition's proposal of placing Rev. James Noble or David Unaipon on the state's governing tribunal. This suggestion is also indicative of the petitioners' support for self-government by Indigenous people. Significantly, the petition reveals an interest in the development of Aboriginal society, rather than the more generally held sense of hopelessness with regard to their future. This hermetically sealed and highly regulated environment was not merely for their protection, ensuring a peaceful and permanent exit from the world; it was to be a greenhouse in which to nurture and cultivate this delicate race to be physically strong, and morally and socially responsible. And, as if doubting the power of an appeal made to government on purely humanitarian grounds, the supplicants added, "And the aboriginal will pay us back. We shall assuredly find that we have races of people who will be of immense help in developing our empty Northern Estate particularly in the more torrid zones."⁵⁹

The petition was just one of a series of measures calling the nation's attention to the sub-standard living conditions and treatment of Indigenous peoples, coming on the heels of a deputation by missionaries and anthropologists to Federal Parliament in the previous May, requesting a royal commission.⁶⁰ The lobbying continued, strengthened by the participation of various welfare organisations, including the newly formed Aborigines Protection League, by

⁵⁵ Michael Roe, 'A Model Aboriginal State,' *Aboriginal History*, vol. 10, 1986, pp. 40-46.

⁵⁶ *Petition for A Model Aboriginal State* cited in Roe, 'A Model Aboriginal State,' pp. 41-42; 'Aboriginals,' *Canberra Times*, 18/10/1927, p. 4.

⁵⁷ *Petition for A Model Aboriginal State*, p. 41.

⁵⁸ *Ibid.*, p. 41-2.

⁵⁹ *Ibid.*, p. 41.

⁶⁰ 'Condition of Aborigines,' *Argus*, Melbourne, Vic., 4/5/1927, p. 13.

print media coverage, and by the cooperation of several sympathetic federal politicians. Finally, in 1928, the Commonwealth government agreed to launch an investigation into the “present status and conditions of aboriginals and half-castes in Central Australia and North Australia.” In light of public outrage over the atrocities at Forrest River in Western Australia in 1927, the preference was for a wider geographical scope, however the support of the state governments could not be secured.⁶¹ The Queensland Protector of Aborigines, J.W. Bleakley, was temporarily relieved of his duties to carry out the inquiry after which he was to report back to the Prime Minister with the results of his study and policy suggestions.

Bleakley told of a grim situation with regard to Indigenous health among the inhabitants of Central and North Australia, and was critical of existing government arrangements for their care. He witnessed cases of Hansen’s disease on the eastern coast of the Northern Territory and others held in primitive conditions of isolation at Roper River and Groote Eylandt missions, noting, “It is possible that the mission authorities, if assisted financially, could secure the services of a trained medical missionary for work in this area.”⁶² Of Mud Island Lazaret he was also highly critical, condemning the poor accommodation and the absence of nursing care. What little care was given was supplied by a patient of mixed descent under instruction from the Health Department. Although Bleakley was not uncritical of Christian missionaries, he concluded that they were far more capable of taking control of Aborigines’ lives than government officers since they worked from “missionary and not mercenary motives,” and he recommended increased funding for missions and the establishment of more mission stations.⁶³ He further suggested that the need for medical relief for Aborigines was so urgent and so widespread that the wives of male missionaries – whom he termed “missionary mothers” - should act as nurses in strategically-located “relief camps.”⁶⁴

Soon after the release of Bleakley’s report, in April, 1929, the Minister for Home Affairs, Mr Abbott, convened a meeting of mission representatives, pastoralists and government officials to discuss the recommendations. It seemed at this stage that the government intended to take action subject to advice from those close to the ground. Many issues affecting Indigenous people were discussed in this one-day sitting. Several missionaries believed that the solution for many problems lay in the transfer of Aboriginal affairs from state to federal control, since the states

⁶¹ Roe, ‘A Model Aboriginal State,’ p. 44.

⁶² NAA: A1, 1932/702, ‘Aboriginals and Half-Castes of Central Australia and North Australia’, Report by J.W. Bleakley, Chief Protector of Aborigines, Queensland, 1928, p. 33.

⁶³ Ibid., pp. 19, 24-25.

⁶⁴ Ibid., p. 11.

had been miserly and uncooperative.⁶⁵ Further they agreed, unsurprisingly, with Bleakley's suggestion for their own stronger involvement in the administration of institutions for Aborigines, with the government in a supportive role. It was made clear by some Church of England missionaries that they lacked the skills to diagnose and treat Hansen's disease and other serious diseases at their missions, one claiming that a visit by a doctor had been promised four years previously but had still not occurred.⁶⁶

Little came of this conference but it did allow the incumbent Minister for Home Affairs, Arthur Blakeley, one year later, to announce the federal government's formal response to Bleakley's report with the claim that it was based on consultations with missionary societies as well as government officers.⁶⁷ The government rejected the majority of Bleakley's recommendations including increased funding for missions and their greater control of Aboriginal institutions. Its conclusions were based largely on advice from Dr Cecil Cook who had assumed the position of Northern Protector of Aborigines in 1927. In his comments on Bleakley's report, he opposed granting greater control to missionaries in managing Indigenous people, arguing for administration entirely by the state. He asserted that Bleakley's "missionary mothers" as substitutes for "qualified medical practitioners and double certificated nurses is a recommendation concerning which the less said the better."⁶⁸ Unfortunately, his preference for a high standard of care was wildly optimistic for remote Aboriginal Australia in 1930.

Bleakley himself had quashed the idea of a self-governed Aboriginal state but the government did set aside Arnhem Land as an Aboriginal reserve, perhaps the most significant outcome of the report. A new leprosarium under Commonwealth authority to replace Mud Island had been in the planning stages for some years, so it was assumed that the Hansen's disease issue was being dealt with. With regard to medical issues in general, the Minister announced in 1930:

No action is necessary in connection with Mr. Bleakley's recommendations that regular medical inspection should be provided for bush blacks, that Aboriginal clinics should be provided where medical assistance is available, also on mission stations, that first aid medical guides and medicine chests should be provided at all relief stations, that blankets and clothing should be supplied to destitutes in semi-civilised camps, and that

⁶⁵ NAA: A659, 1943/1/1451 Part 1, Report of Debates of the Conference of Representatives of Mission, Societies and Associations interested in the Welfare of Aborigines to consider the Report and Recommendations submitted to the Commonwealth Government by J.W. Bleakley Esq. convened by the Minister for Home Affairs and held at Masonic Hall, Collins St. Melbourne, 12/4/1929, pp. 16-17.

⁶⁶ Ibid., Rev. Jones and Mr Perriman, p. 239.

⁶⁷ NAA: A461, D300/1, Blakeley, Minister for Home Affairs, Press Release, 3/7/1930.

⁶⁸ NAA: A659, 1943/1/1451 Part 1, comments by Dr Cook, Department of Home Affairs, Memorandum, Bleakley's Report, Part IV, n.d.

regular inspections of institutions and district operations should be carried out. Action along the lines suggested has been taken by the Administration for a number of years.⁶⁹

The long awaited response had come after profound changes had affected the Department of Home Affairs. Australia was steeped in economic depression and the Department was unwilling to finance the reforms suggested by Bleakley. The Bruce-Page government that had commissioned the inquiry had been ousted, silencing many of the voices raised in protest against the status quo for Aborigines, including former PM Bruce himself, and, for a time, the problems of destitute white Australians took the spotlight from the predicament of Indigenous people. With respect to their health, the Bleakley inquiry and all the agitation that had spawned it were unproductive. His report and the accompanying photos depicting the misery of Aboriginal people with Hansen's disease failed to spur the federal government into prompt and humane measures for their relief, ranking it with its state counterparts of whom it had been so critical.

Not all Indigenous Hansens sufferers reached the official destinations carved out for them on northern islands in the interwar period. As inquiries such as Bleakley's had shown, many remained on mission stations under the care of missionary nurses, as in the cases of Groote Eylandt in the Northern Territory and Beagle Bay in north-west Western Australia. Missionaries felt they could offer better care, both spiritually and physically, than was available at government lazarets. No doubt they also saw these people as their responsibility and a part of the Christian community they were attempting to build. Church Missionary Society (CMS) missionaries at Oenpelli in the Northern Territory were remembered for their kindness to Hansens sufferers "who came in from the bush."⁷⁰ One of these missionaries explained, "They would only stay on condition that I did not send them to Darwin."⁷¹ Missionaries' decisions not to turn Hansens sufferers into authorities were a breach of health regulations and a deliberate form of resistance. In 1927, the Anglican Bishop of Carpentaria ordered superintendents of missions under his authority not to send patients to Mud Island, as it was devoid of both physical and spiritual care.⁷² Yet, from 1925, the Commonwealth Health Department had been supplying missions with Hansen's disease medication and treatment advice, implying that, at least until a more satisfactory solution could be found, the missionaries could be entrusted to perform the role of Hansen's disease carer.⁷³

⁶⁹ NAA: A659, 1943/1/1451 Part 1, Blakeley, statement regarding government's response to Bleakley's report, 2/7/1930, p. 4.

⁷⁰ Constance Bush quoted in Harris, *One Blood*, p. 728.

⁷¹ NAA: A431 1950/3597, Oenpelli missionary to Minister for Home and Territories, c. March 1928.

⁷² Bishop of Carpentaria to the Editor, *The Argus*, 28/5/1927.

⁷³ Briscoe, *Counting, Health and Identity*, p. 170.

Missionaries continually reminded the government of its neglect of Hansens sufferers either through national press reports or private letters, urging that a more humane approach be used.⁷⁴ Repeated requests by Christian missionaries of various denominations to open their own leprosaria were universally turned down despite presenting cost-saving, practical proposals. In August 1930, Otto Raible, Catholic Vicar Apostolic for Broome, applied to the West Australian government to open a lazaret at Swan Point near the Lombadina Mission “as practically most of the lepers are from the Kimberleys.”⁷⁵ Involving the segregation of Hansens sufferers, his plan was in line with Australian government policy but other aspects set his idea apart. Patients would be the direct responsibility of the religious and, being accommodated in close proximity to the Mission, would be under strong Catholic influence. Yet it was not an impractical idea since the lazaret could benefit from the mission resources such as transportation and agricultural foodstuffs. The lazaret would also have been closer to the patients’ homes compared with other institutions, saving time, financial expense and perhaps minimising the wrench of more distant removals. Furthermore, Raible stated that he intended to appoint a mission doctor who would attend the Hansens patients as part of his medical duties, and that two nurses from the Sisters of St John of God specially trained in Hansen’s disease care, would manage the facility. Therefore the standard of patient care would far exceed that provided by the current system at Cossack.⁷⁶

Raible’s offer was declined as negotiations were proceeding with the Commonwealth government for the transfer of all patients of the Kimberley district to the new leprosarium being built in the Northern Territory.⁷⁷ The financial benefits of Raible’s plan, not to mention other advantages, particularly when measured against the exorbitant cost of transporting patients to Darwin, were not sufficient to tempt the Health Department to relinquish its control over Hansens sufferers. So, while there was undoubtedly considerable reliance by the government on missionaries to supply services to Aboriginal Hansens patients, the Health Department was reluctant to grant them full official authority.

The Establishment of the Channel Island Leprosarium

⁷⁴ Some of the many examples are: Rev W.J. Eddy (Mission to Lepers) in ‘Lepers May Be Increased By Wrong Methods,’ *Daily Guardian*, Sydney, 8/9/1928; Rev Needham (Australian Board of Missions), ‘The Aborigines: Callous Treatment in the North’, *Sydney Morning Herald*, 19/9/1928; NAA: A431 1950/3597, John Burton (Methodist Missionary Society of Australasia) to Secretary, Home and Territories Department, 26/10/1928.

⁷⁵ Raible quoted in Davidson, *Havens of Refuge*, p. 37.

⁷⁶ Ibid.

⁷⁷ Davidson, *Havens of Refuge*, pp. 37-38.

In 1931, the Commonwealth Health Department opened the promised new ‘central leprosarium’ on Channel Island, in the Northern Territory, about ten kilometres by sea from Darwin. In many respects, the early set-up reflected the ideas put forward in Cecil Cook’s dissertation six years previously. Having attained the dual positions in 1927 of Chief Medical Officer and Chief Protector of Aboriginals in North Australia (Northern Territory from 1931), Cook also assumed direct influence over Hansen’s disease policy, with the backing of the federal government under whose jurisdiction the Territory was administered. In the reforms that followed his accession, his aims of achieving strict isolation of Hansens sufferers and the centralisation of their control and treatment under a single authority were evident. Accordingly, inmates were drawn from the Northern Territory and from the region in Western Australia north of the 28th degree of south latitude, under an agreement by the respective governments.⁷⁸ The passage of the *Leprosy Ordinance 1928* expanded powers for examining and isolating Hansens suspects, as Cook had wanted. Furthermore, his preference for an island location for the leprosarium was satisfied, with the support of most government doctors consulted.⁷⁹ Since the majority of patients were Indigenous, the risk that they would abscond was thought to be high, for “the native is deeply attached to the society of his own tribe and tends to become despondent or attempt escape when confined to a strange country.”⁸⁰ They could only be successfully confined on the mainland “with walls of a very substantial construction” and, according to Chief Health Officer, Dr Leighton-Jones in 1926, this would be unnecessarily inhumane in depriving them totally of the freedom they had left behind.⁸¹

As Cook himself had acknowledged, an island leprosarium limited access to the patients by doctors and therefore compromised one of his other major objectives, the provision of up-to-the-minute medical treatment.⁸² It was highly unlikely, even had the Depression not imposed financial stringency on government health budgets, that a doctor would have been prepared to take up residence on the lonely and primitive Channel Island. In reality, medical visits to the island had to be fitted into an overloaded, difficult schedule and subject to the often adverse weather conditions of Darwin Harbour.⁸³ Not only was the monitoring of patients and

⁷⁸ NAA: A461, G347/1/10 Part 1, letter from the Premier, Western Australia to Prime Minister, 1/9/1927.

⁷⁹ Suzanne Saunders, ‘*A Suitable Island Site*’: *Leprosy in the Northern Territory and the Channel Island Leprosarium 1880-1955*, B.Arts Thesis, Murdoch University, WA, 1986, pp. 99-102.

⁸⁰ ‘Report of Dr Cecil Cook as a result of his investigations into the conditions in the North-West of Western Australia,’ August 1924, Part IV Granuloma Venereum, p.3 (PHD, 1923/1765; SROWA, Cons 1003).

⁸¹ NAA: A431, 1950/3597, letter from Dr H. Leighton-Jones to Acting Administrator, Darwin, 29/5/1926.

⁸² ‘Report of Dr Cecil Cook as a result of his investigations into the conditions in the North-West of Western Australia,’ August 1924, Part 3 Derby Lazaret, p. 5 (PHD, 1923/1765; SROWA, Cons 1003).

⁸³ Saunders, ‘*A Suitable Island Site*’ (1986), p. 121.

supervision of their treatment hampered, but so too was the provision of emergency medical attention.

Figure has been removed due to Copyright restrictions.

Figure 7: Location of Channel Island Leprosarium.

Even more important therefore was Cook's insistence on installing resident qualified nursing staff. According to researcher Ellen Kettle, he resisted attempts to engage a particular married couple as carers since neither had professional nurse training.⁸⁴ Despite claims that no staff had training in Hansens nursing care, Mrs. Jenkinson, a registered nurse who became the first matron, was provided with such training at the Peel Island leprosarium before beginning work at Channel Island in 1931.⁸⁵ A hospital was built for inmates requiring inpatient care. The supervised treatment with the latest therapy, injection of chaulmoogra oil, was commenced. However the role of the nursing staff included far more than the administration of a potentially curative substance; Hansens nursing involved managing pain, bandaging and cleaning sores, tending to the dying, and assisting in childbirth. None of these tasks had been possible on Mud Island except by efforts of the residents themselves.

⁸⁴ Kettle, *Health Services in the Northern Territory 1824-1970*, vol. 1, p. 109.

⁸⁵ Parliament of the Commonwealth of Australia, *Report on the Administration of the Northern Territory for the year ended 30th June, 1931*, Government of the Commonwealth of Australia, 1932, p. 22. Saunders writes that "Apart from the O'Sullivans [who did not ever work at the leprosarium], resident staff of Channel Island received no specific training in the care of leprosy patients, a problem which continued well into the 1960s." ('*A Suitable Island Site* ' [1986]), p. 118).

The matron's husband was also employed as a resident staff member in the capacity of curator in a trend that would continue over the ensuing decade, as one couple left and another replaced them. Several, if not all, the curators had previously worked in positions of authority over Indigenous people either as Protectors of Aborigines, police or as institutional superintendents.⁸⁶ Their most vital role in the leprosarium was controlling the behaviour of the male patients. Violence and sexual advances to the female patients were expected consequences of forcibly detaining and sexually segregating strong young men. Women of mixed descent were seen to need particular protection as, until the presence of European staff could be guaranteed, they had been isolated at Darwin hospital rather than in the Mud Island Lazaret.⁸⁷ Presumably, the purity of Indigenous women did not hold the same value as far as state authorities were concerned. Or perhaps this measure, by limiting the mixed-descent women's access to Indigenous men, was more in keeping with the social engineering objectives of Indigenous affairs bureaucracies at the time.⁸⁸

The curator also allocated jobs to the fitter male patients and took charge of food supplies and other necessities. Together, the curator and matron to some extent adopted a parental role - the curator in the conventional father's role of disciplinarian, able to do some manual labour and perhaps instruct male patients in some of the skills conventionally undertaken by European men, and the matron in the mother's roles of nurse and nurturer. The previous experience of Elsie and Jack Jones as managers of a home for mixed descent children in Darwin would have been valuable in fostering a settlement-style community within the leprosarium where they had charge from 1937 until 1942.

By the outbreak of World War 2, Channel Island leprosarium had slipped a long way from the ideal envisaged by Cook. The separate studies of Saunders and Kettle have demonstrated its yawning deficiencies. There was so little water on the island that it would not support the cultivation of fruit and vegetables, and the food deemed essential for the patients' health could not be provided. Even water for cooking and washing had to be shipped over from the mainland. As patient numbers rose, from an initial 50 to 129 by 1939, Matron Jones could not cope with the nursing workload and began training girls of mixed descent as unpaid nursing aides. Medical records were not kept and doctors only came infrequently. There is no evidence

⁸⁶ Mr O'Sullivan who was originally designated the job had been a protector of Aborigines at Daly River. Ted Heathcock who temporarily worked at the leprosarium was a policeman, as was Vic Hall. The Joneses had been in charge of the Bungalow at Alice Springs before commencing work at the leprosarium. The backgrounds of the Jenkinsons and Strombergs are unclear.

⁸⁷ *Report on the Administration of the Northern Territory for the year ended 30th June, 1931*, p. 22.

⁸⁸ McGregor, *Imagined Destinies*, pp. 153-154; p. 161.

that in this period the medical condition of patients improved, only that for many, it declined, and, for at least 60 people, it was fatal.⁸⁹

Perhaps the most devastating aspect of the 'central leprosarium' was the removal of people from their homes. Some bush Aborigines had been swept up in violent leper patrols, clapped in neck chains and forced to walk for miles. For those from Western Australia, this ordeal was only the first stage before being held in the old Derby lazaret or at Beagle Bay mission until they were once more set in chains, picked up by lugger and taken the 1000 km to Darwin.⁹⁰ These voyages, made in wild weather and on unseaworthy vessels, were notorious for inflicting "unspeakable discomfort" on their passengers, in the words of one of the captains.⁹¹ The extent to which this experience, combined with the pain of leaving family and country, contributed to a declining state of health – when in fact the reverse outcome was intended - can never be measured.

The Channel Island Leprosarium and Catholic Missionaries

In July 1931, Sr Gertrude Greene of the Kimberley Sisters of St John of God (SSJG) wrote to Albert Green, the Federal Member for Kalgoorlie, offering the serves of her community as nursing staff for the Channel Island Leprosarium. Her request stressed the nursing experience of the Sisters but she also stated, "Some of those lepers are catechumens and for that reason we would be able to help them when necessary."⁹² Her words reveal concern with the loss of newly acquired missionary subjects, still under instruction in the Catholic faith, to an institution she feared would be devoid of appropriate religious support. Echoing the Bishop of Carpentaria's concerns with respect to Mud Island, Sr Gertrude indicated the importance of these twin therapeutic aids of medical and spiritual healing. As religious, and as nurses, the Sisters were, from her point of view, ideal for the position of providing them, as opposed to secular staff.

In order to maximise the chances of having her request approved, Sr Gertrude exploited her network of contacts. She already knew Green from her nursing days at the Kalgoorlie hospital in the goldfields where he was a popular and active politician who promoted "social justice and greater egalitarianism".⁹³ Sure enough, Green gave a glowing reference to the Minister for

⁸⁹ Kettle, *Health Services in the Northern Territory*, vol. 1, pp. 109-110; Saunders, 'A Suitable Island Site' (1989), p. 103, 107, 109-114, 132-133.

⁹⁰ Theresa Puertollano, interview with Christine Choo (sound recording), SLWA, OH2695/34, 1992; see also Jebb, *Blood, Sweat and Welfare*, pp. 139-143.

⁹¹ 'Leper Transport,' *West Australian*, 7/7/1934, p. 17.

⁹² NAA: A659, 1945/1/2887, letter from Sr Gertrude SJG to the Member for Kalgoorlie, 3/7/1931.

⁹³ G. C. Bolton, 'Green, Albert Ernest (1869–1940),' *Australian Dictionary of Biography*, National Centre of Biography, Australian National University, <http://adb.anu.edu.au/biography/green-albert-ernest-6468/text11077>, accessed 30 April 2012.

Home Affairs, Arthur Blakeley: "It is hardly necessary for me to add that these constitute a very fine body of women who are used to the tropical climate and I would be glad if favourable consideration can be extended to their application."⁹⁴ Sr Gertrude had also written to Prime Minister James Scullin twice with her request, perhaps as one devout Irish Catholic to another. Still, it was not sufficient to reverse the decision already made by the Northern Territory administration to employ a lay curator and matron for Channel Island; their training had already commenced and the leprosarium was due to open the following month.⁹⁵

In March 1932, the request was again made both to Green and the Prime Minister, then Joseph Lyons, this time by the SSJG Kimberley Superior, Sr Joseph, who had heard through the parish priest of Darwin that the lay staff was "tired of the place."

We are writing to say that we will be very pleased to take charge of it and could send three sisters one of whom at least would be a trained nurse. We are a nursing order and have sisters with the ASNA certificate. We have been engaged on the Black Missions for the past 25 years so that we have a good experience in nursing Blacks. I understand that food and medicine are supplied by the Government. We would need a yearly sum for clothing and incidentals. We could not pay the way of the sisters or supply furniture as we have no funds. We would take it as a great favour if you would help us in this matter.⁹⁶

A month later, she wrote again to Lyons, thinking that she had not sent the original letter, this time saying, "We are most anxious to get the Leper Settlement as some of our own Blacks are there and many of them are Christians."⁹⁷ Some appreciation of the issue's importance to the Sisters would have been expected from Lyons, yet another Catholic. They offered impressive *curriculum vitae*, and exceedingly generous terms and conditions. They were also offering Sisters who were desperately needed for their Kimberley missions, but it would still be a "favour" to *them*. A clearer idea of how much this work meant to the Catholic missionaries as a group can be discerned from the fact that the parish priest of Darwin, William Henschke MSC, who was a visiting minister to Channel Island, must have had his ear to the ground for rumours that the curator and his wife were considering resigning. As soon as he thought they were, he passed the information to the Sisters. As far as the government was concerned, there was no vacancy at this time and so the offer was rejected once again.⁹⁸

⁹⁴ NAA: A659, 1945/1/2887, letter from A.E. Green to Arthur Blakeley, 10/7/31.

⁹⁵ NAA: A659, 1945/1/2887, letter from Blakeley to A.E. Green, 11/7/31.

⁹⁶ NAA: CP103/19, 84, letter from Sr Joseph to J. Lyons, Prime Minister, 18/3/1932. ASNA stands for Australasian Trained Nurses Association.

⁹⁷ NAA: CP103/19, 84, letter from Sr Joseph to J. Lyons, Prime Minister, 22/4/1932.

⁹⁸ NAA: CP103/19, 84, letter from Commonwealth Minister for the Interior to Prime Minister, 15/4/1932.

Over the next two years, the Sisters, with Henschke as their advocate, continued to press the government for consideration of their offer, despite the fact that the same lay curator and matron remained on staff. Meetings were organised with the Minister for the Interior, one in 1932 and another in 1933, in which Henschke offered the services of a religious Brother of his order to act as superintendent. He mentioned that the Australian Department for the Interior had recently approved the management of the leprosarium at Anelaua, New Guinea by the Missionaries of the Sacred Heart, Henschke's own order. He had the Sisters promise they would follow the instructions of the Chief Medical Officer at all times if appointed. In short, he and the Sisters did all in their power to convince the authorities that the Catholic missionaries were the best people to be staffing the leprosarium, but still their offers were all turned down.⁹⁹

Although the ultimate decision regarding the staffing of the Channel Island leprosarium lay with the federal government bureaucracy, its officers relied heavily on the advice of Cecil Cook.¹⁰⁰ In late 1933, when the current staff tendered their resignation, the Sisters' applications received serious consideration by the bureaucrats of the Territory and federal administrations, and Cook was consulted for his opinion. "I desire to state that I am wholeheartedly opposed to this method of staffing ..." he wrote to the Northern Territory Administrator, and continued,

I believe such an arrangement is likely to form a focus of irritation which would ultimately cause the disruption of the Service. Where an Institution is controlled by one authority and staffed by an outside organisation over which that authority has no control whatever notwithstanding that the organisation can embarrass the authority by exploiting friction between him and the staff with which it has provided him, control must ultimately pass to that outside organisation. Inmates of the Leprosarium are of necessity discontented, quarrelsome and exacting and their bickerings will provide abundant material for exploitation in this direction. Change of personnel in the Roman Catholic Presbytery may easily be followed by conflict of policy between the Chief Medical Officer and the co-religionists of the Orders staffing the Leprosarium. It is not sufficient to meet this possibility with the assurance that in the event of the Chief Medical Officer being dissatisfied, the staffing arrangement will cease as I am of opinion that democratic government would prefer to solve the problem by dismissing its Chief Medical Officer a solution which may be in the best interest of the Service and on the other hand may not.¹⁰¹

As Suzanne Saunders has argued, this letter suggests Cook's central objection was the potential for his own "loss of control."¹⁰² Leprosarium policy had been his from its inception and he evidently believed government employees, who presumably had no higher authorities to serve, were the only means to have his ideas carried out.

⁹⁹ NAA: A659, 1945/1/2887, Fr Henschke to N.T. Administrator, 18/6/1932; Memo, 17/11/1933; Sr Joseph to Dr C. Cook, 3/11/1933.

¹⁰⁰ Saunders, *'A Suitable Island Site'* (1989), p. 32.

¹⁰¹ NAA: A659, 1945/1/2887, letter from Dr C. Cook to Weddell, N.T. Administrator, early 1934.

¹⁰² Saunders, *'A Suitable Island Site'* (1989), p. 32.

The negotiations did not cease despite the Chief Medical Officer's outright condemnation of the scheme. R. Weddell, the Administrator of the Northern Territory and H.C. Brown, Secretary of the Federal Department of the Interior both supported the Sisters' plan, the former having had personal experience of the congregation's nursing care, and Brown convinced of "their sincerity and devotion to duty."¹⁰³ Liaising with Fr Henschke, they produced a proposal for submission to federal Cabinet in May 1934. Cook's main objection was addressed with an assurance from the Sisters to "carry out implicitly and without question the directions of the Chief Medical Officer."¹⁰⁴ The final plan was to engage four Sisters, one of whom was a qualified nurse, the others having had nursing experience, as well as a religious Brother as superintendent. A male staff member was considered essential due to there being male patients. This group of five would replace the curator and the matron, and cover the unpaid work being undertaken by some of the patients as hospital attendants. The cost of appointing the religious staff came in at about £200 per annum cheaper than for the lay staff but an initial additional outlay of £3200 would be required to construct accommodation for the extra religious personnel.¹⁰⁵

The final answer came back just two weeks later: the Sisters would not be appointed.¹⁰⁶ The reason given was the expenditure required for the extra accommodation. It would not be worth undertaking its construction, Brown explained to Henschke, as a new larger leprosarium was now being planned to serve all Australian patients, and Channel Island would be abandoned.¹⁰⁷ Indeed, the Federal Health Council in the previous March had discussed a similar proposal as one of two options to deal with the increasing numbers of patients emerging from Western Australia for which the accommodation at Channel Island was now insufficient. The other choice was to retain the leprosaria at Peel and Channel Islands, and for north Western Australia to have its own institution.¹⁰⁸ It is difficult to know how fully this explanation reflected the real reason for the rejection of the Sisters; the Commonwealth leprosarium was never built but even had the proposition reached the planning stage, its completion would have taken several years during which time extra expenditure would have been required to provide for the influx of patients. Moreover, as Fr Henschke pointed out, the Sisters would have accepted a less expensive means of accommodation, if they had known this was to be the deciding factor.¹⁰⁹ Possibly Cook's negative views and the associated risk of disharmony in the leprosarium did

¹⁰³ NAA: A659, 1945/1/2887, letter from R. Weddell, N.T. Administrator to Brown, Secretary, Commonwealth Department of the Interior, 6/3/1934; NAA: A659, 1945/1/2887, letter from Brown to Weddell, 14/3/1934.

¹⁰⁴ Ibid.

¹⁰⁵ NAA: A659, 1945/1/2887, J.A. Carrodus, N.T. Acting Administrator to Brown, 1/5/1934.

¹⁰⁶ NAA: A659, 1945/1/2887, Brown to Henschke, 7/6/1934.

¹⁰⁷ Ibid.

¹⁰⁸ NAA: A1928, 635/34, Cumpston, CDGH to W. Atkinson, WA CPH, 31/7/1934.

¹⁰⁹ NAA: A659, 1945/1/2887, letter from Fr Henschke to Mr Brown, 2/7/1934.

have an effect on the final decision, but it was far more diplomatic to give financial reasons for the rebuttal.

That Dr Cook's views were the main obstacle to the Sisters' bid to nurse at Channel Island seems to prevail in any histories or accounts of the affair.¹¹⁰ They argue that Cook was not supportive of Christian missions, and, certainly this view seems to have been behind his scathing rebuttal of Bleakley's recommendations in 1929 for a sweeping transfer of the responsibility for Northern Territory Aborigines from government to missionary administration. But his objections to missions were not indiscriminate. Indeed at the very time he was considering the Sisters' requests, he was lending his full support to the founding of Catholic missions at Port Keats and Tennant Creek for the purposes of reducing local hostilities, stating, "The fact that the new stations will be under the jurisdiction of Mons. Gsell should ensure that they will be well run and to the interests of the aboriginals."¹¹¹

Cook's intolerance of careless or incompetent hygiene and health care was often, justifiably, the basis for his criticism of mission conditions. He complained that missions did not adequately quarantine residents with infectious diseases and suspected that Hansen's disease cases had increased as a result.¹¹² Similarly, he was insistent on the need for formal nursing qualifications in those working in Aboriginal health; he had considered Bleakley's "missionary mothers" unacceptable substitutes. In the leprosarium, the ability of the nurse to deal with obstetric emergencies was essential as medical help was too far away, and, furthermore, women with Hansen's disease often experienced difficult and dangerous pregnancies and childbirth.¹¹³ Being constrained from performing these duties under canonical prohibitions, Catholic nursing Sisters were unsuitable. Cook's correspondence makes no mention of this issue, but it is raised as a reason for his objection to the Sisters in a letter written to him by Sr Gertrude over a decade later.¹¹⁴

The Australian Catholic Missionary Imperative

Until the 1930s, there were very few Catholic missions in the remote north and therefore little opportunity for Sisters, in spite of any interest they might have, to work with Indigenous people.

¹¹⁰ Saunders, 'A Suitable Island Site' (1989), p. 32; Kettle, *Health Services in the Northern Territory*, vol. 1, p. 108.

¹¹¹ NAA: A452, 1955/98, Dr Cook quoted by Acting NT Administrator, J.A.Carrodus, to Secretary, Commonwealth Department of the Interior, 28/5/1934.

¹¹² Kettle, *Health Services in the Northern Territory*, vol. 1, p. 111.

¹¹³ M.E. Duncan, 'An Historical and Clinical Review of the Interaction of Leprosy and Pregnancy: A Cycle to be Broken', *Soc.Sci.Med.* v. 37, no. 4, 1993, p. 457.

¹¹⁴ Letter from Sr Gertrude to Dr Cook, 10/4/1949, (PHD, 1946/0875; SROWA, Cons 1003).

In most cases, their attainment of mission positions depended on the prior establishment of stations by male missionaries. This situation changed after recognition by a section of the Australian Catholic Church that they had a duty to evangelise and, as they saw it, address the plight of Indigenous people. It is pertinent to explore this movement as it was important in ultimately enabling women religious to access leprosarium work.

Kevin Livingston argues that, from about 1914, the Vatican began actively trying to stimulate Catholic missionary work with Indigenous Australians with the appointment of the first apostolic delegate to Australia. Bonaventura Ceretti claimed to have received direct instructions from the Propaganda del Fide (the central Catholic missions agency of the Vatican) regarding 'the Aborigines of the Country.'¹¹⁵ But, as Livingston further comments, responses by bishops were slow and required more encouragement.¹¹⁶ In 1926 Pope Pius XI issued an encyclical, *Rerum Ecclesiae*, exhorting all Catholic male clergy to engage in renewed efforts to spread the faith to Indigenous peoples worldwide. He emphasised that all clergy were missionaries, and that "guiding and protecting the Lord's Flock" was not enough; they must "strive by might and main to win over and to join to Christ all who are still without the Fold."¹¹⁷ Priests were urged to establish more mission stations, develop "native clergy," and were cautioned, "Anyone who looks upon these natives as members of an inferior race or as men of low mentality makes a grievous mistake."¹¹⁸

From the late 1920s, in response to this pressure, a major shift occurred, with a significant increase in the men and women Catholic religious entering the Northern Australian mission field, and ultimately leading to their outnumbering their Protestant counterparts in this work. Initially, a small number of enthusiastic bishops and priests took up the call from Rome, their awakened sense of duty to the Indigenous races in parallel with the more generalised outrage being expressed concomitantly in Australia.¹¹⁹ Measures aimed at establishing new remote missions were stepped up. Missionary vocations were encouraged through the publication of articles in seminarians' journals, urging Australian and Irish-born priests and Brothers to join the German and French religious who made up the majority of Australian missionary

¹¹⁵ K.T. Livingston, 'Voices in the Wilderness: Apologists for the Aborigines in the Past,' *Australasian Catholic Record*, vol. 56, no.2, April 1979, p. 188.

¹¹⁶ *Ibid.*, p.188.

¹¹⁷ Pope Pius XI, *Rerum Ecclesiae*, *The Vatican*, 1926, http://www.vatican.va/holy_father/pius_xi/encyclicals/documents/hf_p-xi_enc_28021926_rerum-ecclesiae_en.html, (accessed January 13, 2010), Part 1.

¹¹⁸ *Ibid.*, Parts 26, 27, 29.

¹¹⁹ Girola, *Rhetoric and Action*, p. 112.

personnel.¹²⁰ The Pallottine Fathers opened a new seminary in Kew, Victoria in 1937 to train Australian men for the Kimberley missions, rather than continuing to rely on German recruits.¹²¹ Following the advice of the Pope, magazines with sections devoted to the Aboriginal missions were published from the 1930s to keep the Catholic community informed and to elicit their financial support.¹²²

The Australian Eucharistic Congresses of 1934 and 1938 were showcases of Catholic missionary achievement, undoubtedly modeled on the Vatican Missionary Exhibition, and designed to encourage mission vocations or financial donations for the same cause. The 1938 congress featured appearances by pioneer missionaries in Australia such as Bishop Raible of the Kimberley Pallottine order, and MSC missionaries, Bishop F.X. Gsell of Darwin, and Fr Patrick Moloney of Central Australia. Their speeches describing their endeavours aimed at refuting the assertion, in Moloney's words, that "nothing can be done with the Abo." Moloney stated,

If Dr Raible had addressed us on the Africans, Maoris or Papuans, you would not have been surprised at the success of Catholicity among any of those people, but that Australian Aborigines readily accept the Faith, and make such good Catholics, you are surprised...¹²³

If his tone seemed defensive, it is perhaps, as Stefano Girola has argued, because his belief in the ability of the Indigenous to be inculcated with western Christianity and education was not shared by his audience, which represented the greater part of the Australian Catholic church.¹²⁴ Aboriginal missions in this period remained on the margins of the Church's activities and relied for their success on the energetic efforts of a few 'charismatic' priests, such as these. Fr Anthony Caruana, historian and MSC priest, attributes the increased interest in the Aborigines by priests and Brothers of his order almost single-handedly to the work of the zealous Fr Moloney. Commencing missionary work relatively late in life, the latter was responsible for establishing three mission stations in remote Australia with very meagre material support. When not on the missions, he was extolling their virtues to prospective missionaries with speeches, retreats, and articles.¹²⁵

¹²⁰ Livingston, 'Voices in the Wilderness,' pp.188-189; see also references to the regular contributions of Fr John Healy to *Manly*, the periodical of St Patrick's Seminary, Manly, NSW, appealing to seminarians to take an interest in the conversion of Indigenous Australians (Girola, *Rhetoric and Action*, pp. 125-126).

¹²¹ 'Roman Catholic Aboriginal Missions,' *The Argus*, Melb, Vic: 04/09/1937, p.35.

¹²² Girola, *Rhetoric and Action*, pp. 134-5.

¹²³ Moloney in M. Edward Dasey (ed.), *The Story of the Regional Missionary and the Eucharistic Congress, Newcastle NSW, Australia, 16th-20th February 1938*, Newcastle, NSW: Specialty Publications & Sales Promotions Co.Ltd, 1938, pp. 276-277.

¹²⁴ Girola, *Rhetoric and Action*, pp. 146-7.

¹²⁵ Caruana, *Monastery on the Hill*, p. 187.

Catholic mission stations increased substantially in remote Australia from the late 1920s. The lion's share belonged to the Missionaries of the Sacred Heart who, in the decade from 1929, opened missions at Port Keats, Melville Island, Alice Springs, and Tennant Creek in the Northern Territory, and Palm and Hammond Islands in northern Queensland.¹²⁶ In the north of Western Australia, in the same period, the Pallottine Fathers opened a mission at Rockhole, bringing the number of missions they operated in the Kimberley to four.¹²⁷ The trend continued into the next decade so that by 1944, seventy-four Catholic missionaries were working with indigenous people at nine mission stations, compared with twenty-five Presbyterian and twenty Anglican missionaries at six and five mission stations respectively. Only the interdenominational society, the United Aborigines Mission, exceeded the number of Catholics working in missions to Indigenous people.¹²⁸ The higher numbers of Catholic missionaries is partly explained by the boost in religious Sisters performing missionary work in this period. In contrast with Protestant missionaries, no less than two Catholic Sisters were ever appointed to a mission station.

One of the key directives of *Rerum Ecclesiae* was for missionaries to heal the sick before preaching, as Christ had done: "...missionaries who preach to the heathen know only too well how much good-will and real affection is gained for the Church by those who look after the health of the natives and care for their sick..."¹²⁹ But Catholic missionaries' ability to follow this order was limited due to a ban on their attendance at maternity cases and on the practice of medicine and surgery, under separate papal decrees of 1901 and 1917 respectively.¹³⁰ In February 1936, the bans were lifted under *Constans ac Sedula*.¹³¹ Female religious were encouraged to take up maternity and paediatric nursing in a move to bring Catholic missionaries on the same footing as nurses of other denominations.¹³²

The Derby Leprosarium

The policy of sending Western Australian Aborigines to the Channel Island leprosarium did little to remove the spectre of a dangerous and unmanaged infectious disease in the north-west by the early 1930s. With admission to Channel Island limited due to lack of accommodation and

¹²⁶ Caruana, *Monastery on the Hill*, p. 187.

¹²⁷ Zucker, *From Patrons to Partners*, p. 84.

¹²⁸ NAA: A52, 323/1 ELK, A.P. Elkin, *Citizenship for the Aborigines: A National Aboriginal Policy*, Sydney, NSW: Australasian Publishing Company Pty Ltd, 1944 (1st ed.), p. 104.

¹²⁹ Pius XI, *Rerum Ecclesiae*, part 30.

¹³⁰ Hogan, *The Irish Missionary Movement*, p. 106.

¹³¹ Ibid., p.107; M.R. MacGinley, *A Dynamic of Hope*, p. 286.

¹³² Hogan, *The Irish Missionary Movement*, p. 109; MacGinley, *A Dynamic of Hope*, p. 286.

means of transport there, and the lazaret at Cossack demolished, there were no suitable facilities for receiving and treating the growing numbers of patients found mainly in the western Kimberley region.¹³³ Most were confined in a paddock beside the Derby Native Hospital under the supervision of a married couple, E. and F. Luyer, who had been in charge at Cossack.¹³⁴ A small number were isolated in shacks at the Beagle Bay Mission, waiting for the next ship bound for Darwin, sometimes for periods as long as eighteen months.¹³⁵ The state Public Health department provided both the missionaries and the Luyers with subsidies for the maintenance of the patients and supplies of the Hansen's disease medication for their treatment.¹³⁶

Both parties in charge of these *ad hoc* lazarets appeared to work conscientiously and to the best of their abilities under extraordinarily difficult circumstances. The Sisters of St John of God (SSJG) provided trained nurses for the patients under their care and Mrs. Luyer probably had nurse training as well as experience from her job at Cossack. In failing to ensure that professional medical care and judgement were available to those detained, however, the state government was deeply negligent. At the mission, this was eventually remedied by Bishop Raible's recruitment in 1935 of two doctors trained in tropical medicine from Germany to work in the mission and to attend to the Hansen's disease patients.¹³⁷

At Derby, Hansen's disease work was only a small part of the aged District Medical Officer's hefty workload, much of which took him out of town for long periods. The Luyers consequently took on the responsibility of diagnosing and treating Hansens suspects. Mrs. Luyer relied on correspondence with the Commissioner of Public Health, Western Australia (CPH) for treatment protocols. For advanced cases, for which she held no hope, she had her own device: "I make up a large bottle of medicine, composed of a little Epsom salts and cochineal to make it a pretty colour, this they get each day and they think they are getting better, it keeps them contented."¹³⁸ Although appreciative of this couple's commitment and hard work, Dr Albert Davis, recently appointed Medical Officer for the Department of Aborigines, complained that

¹³³ W. Davidson, *Havens of Refuge*, pp. 38-40.

¹³⁴ 'Lepers in the North,' *The West Australian*, 25/6/1934, p.7.

¹³⁵ Davidson, *Havens of Refuge*, p. 37.

¹³⁶ Dr Betz, Beagle Bay Mission to CPH, 4/3/1936 (PHD, 1935/0732; SROWA, Cons 1003); Raible to CPH, 12/1/1934 (PHD, 1933/0907; SROWA, Cons 1003); Davidson, *Havens of Refuge*, pp.57-58.

¹³⁷ J.J. Holmes MLC, 'Broome Hospital. Leprosy and the Treatment of Aborigines,' 1/6/1936 (PHD, 1935/0732; SROWA, Cons 1003).

¹³⁸ Mrs E. Luyer to CPH, 24/11/1933 (PHD, 1933/0907; SROWA, Cons 1003). Various correspondence between Luyer and the CPH on files SROWA 1935/0732 & 1933/0907 support the claims made in this paragraph.

treatment was not based “upon scientific lines [therefore] “they do not altogether react to the comfort of the patient nor are they always conducive to safe treatment.”¹³⁹

The Luyers developed what Dr W.S. Davidson has called “a disproportionate amount of confidence in their own judgment.”¹⁴⁰ Consequently, some people were erroneously diagnosed and unnecessarily confined for periods up to several years after which, on reexamination, they were discharged as unproven cases. Not only would this have been devastating to those people, but it artificially inflated figures in public health records and swelled numbers in the squalid Derby lazaret where, by 1934, almost fifty people were confined.¹⁴¹ Pressure came to bear on the state government from the Derby general public, the state press and the municipal authorities who demanded the removal of the ‘lepers’ from the proximity of the town and the provision of appropriate care.¹⁴²

The Hansen’s disease problem was again highlighted in the Royal Commission called to “investigate, report and advise upon matters in relation to the condition and treatment of Aborigines” appointed by the Western Australian government in 1934 under the direction of Magistrate Henry Moseley. It was prompted by adverse publicity, both nationally and overseas, concerning the ill-treatment of Indigenous people in Western Australia.¹⁴³ Special reference was to be made, among other items, to “disease amongst aboriginals, and measures for their treatment.” In the course of his inquiry, Moseley looked into the Hansens situation in the Kimberley, declaring it of the greatest importance of all other diseases. “...So keenly did I feel the urgency of this subject that on 3rd July 1934, I submitted to your Excellency, from Derby, an

¹³⁹ Dr A.Davis to CPH, 9/9/1936 (PHD, 1935/0732; SROWA, Cons 1003).

¹⁴⁰ Davidson, *Havens of Refuge*, p.57. Dr Davidson was a leprologist and held the positions of Deputy CPH and CPH, WA from 1949-1963 and 1963-1974 respectively.

¹⁴¹ Official records reveal a large increase in annual notifications in the Kimberley district, from under ten prior to 1933 to over forty thereafter until 1936. This period exactly coincided with the Luyers’ time as managers. Mrs Luyers’ correspondence shows that at least several of these cases were admitted due to her own diagnoses of people brought in from cattle stations by proprietors or those she inspected at the stations herself, that is, they were not found on ‘leper patrols’. Many were people already seen and dismissed as being negative by Dr Hodge. Dr Davis, reviewing figures in 1937, reported that a significant number of these cases had since been discharged due to “want of bacteriological confirmation...and some were suspicious cases discharged on parole and have shown no signs of leprosy since...I think if these figures were halved something like the true incidence will be obtained.” (Dr Albert Davis, ‘Health’ in WA DNA, *Annual Report of the Commissioner of Native Affairs* for the year ending 30/06/ 1937, Perth: Government Printer, 1938,p.10); See also Dr A.Davis to CPH, 13/7/1937 (PHD, 1935/0251; SROWA, Cons 1003).

¹⁴² A sample of the many examples of correspondence and news items in this vein: letter from J.M. Simpson, Secretary, West Kimberly Road Board to Mr A.A. Coverley M.L.A., Perth, 21/12/1933 (PHD, 1933/0907; SROWA, Cons 1003); CPH to the Under Secretary, 12/6/35 re unsuitable conditions at the Derby lazaret and fears of increasing cases among cattle station workers (PHD, 1935/0251; SROWA, Cons 1003); ‘Lepers in the North,’ *The West Australian*, 25/6/1934, p. 7.

¹⁴³ Anna Haebich, *For their own Good: Aborigines and Government in the Southwest of Western Australia 1900-1940*, Western Australia: University of Western Australia Press, 1988, pp. 322-328.

interim report...¹⁴⁴ Moseley objected mainly to the threat to the public that he perceived in the presence of the Hansens sufferers held in the Derby Native Hospital grounds, although admitted that “it is possible that medical opinion is divided as to the infectivity of leprosy.”¹⁴⁵ He relied on Cecil Cook’s submission stressing the need for stricter isolation, “and I am not inclined to reject his opinion until someone of greater experience in the same branch of the medical profession satisfies me that he is in error.”¹⁴⁶

Moseley strongly condemned the expulsion of Western Australian Hansens patients to Channel Island, although this idea had originally been Cook’s: “In spite of the utter discomfort and wretchedness obtaining under the present system, the only request I had from the patients was that they should not be sent to Darwin.”¹⁴⁷ The policy, he maintained, was counter-productive since the fear of being sent so far from country induced many to abscond. In conclusion, Moseley recommended a thorough inspection of the north-west region for Hansen’s disease, abandonment of the Darwin solution, and the erection of a state leprosarium, possibly on Sunday Island. There the residents could reside in huts, go fishing and be locked in at night to prevent their escape.¹⁴⁸

Moseley’s proposal was aimed at a balance between addressing both the predicament of the Hansens sufferers, with whom he evidently sympathised, and the crisis of public health, as he saw it. Like the Bleakley inquiry, this investigation had been launched as a result of public lobbying for fairer treatment of Indigenous people. Whether or not some Hansens sufferers would be better off as a result is difficult to assess, but, certainly, by deferring to Cecil Cook for advice, as the Commonwealth government had done with respect to Bleakley’s report, those in the north-west of Western Australia would be subjected to the same policy model as in the Northern Territory, as will be demonstrated.

Moseley’s recommendations were eventually adopted, but, as Sunday Island was considered too remote from regular medical attention, the leprosarium was built on a site about ten miles from the town of Derby.¹⁴⁹ The Western Australian government was emphatic in its refusal to pay for the full cost of the leprosarium, arguing that “the care of the aborigines is really a national question” and too costly for a state that had comparatively few white and so many Indigenous

¹⁴⁴ H.D. Moseley, *Report of the Royal Commissioner appointed to Investigate, Report, and Advise upon matters in relation to the Condition and Treatment of Aborigines*, Perth, WA: Govt. Printer, 1935, p.10.

¹⁴⁵ *Ibid.*, p.11.

¹⁴⁶ *Ibid.*, p.11.

¹⁴⁷ *Ibid.*, p.11

¹⁴⁸ *Ibid.*, p.11.

¹⁴⁹ SROWA 1935-0251, Memo from Atkinson, June 1935.

people, so the Federal Government was approached for financial assistance. Subsequently, Prime Minister Lyons made a submission to Cabinet by noting,

It can hardly be denied that in some degree the safety of Australia depends upon the development of the north. This in turn depends upon the condition of public health safety of that region, and in order to ensure such public health safety... a leper station for aborigines ... is definitely necessary.¹⁵⁰

Approval was granted for the Commonwealth government's provision of half the cost of the leprosarium (£5000) in November 1935 but the request for a contribution towards maintenance expenses was declined.¹⁵¹ In 1937, the CPH also successfully applied to the National Health and Medical Research Council (the successor of the Federal Health Council) for funds to obtain a travelling medical officer to conduct a Hansen's disease survey of the Kimberley region.¹⁵² The Derby Leprosarium was completed at the end of 1936 and ninety patients were admitted in early 1937.¹⁵³



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Figure 8: Location of the Derby Leprosarium.

In deciding staffing arrangements, Dr Davis advocated placing “a professional man” in charge in order to provide “the best possible treatment.”¹⁵⁴ Aware that such personnel were extremely

¹⁵⁰ NAA: A1928, 635/43 SECTION 1, Prime Minister J. Lyons to Cabinet, 20/11/35.

¹⁵¹ SROWA, 1935-0251, PM's Department to Western Australian Premier, 9/12/1935

¹⁵² Letter from CPH to Dr Cumpston, CDGH, 23/3/1937 (PHD, 1937/0257; SROWA, Cons 1003); Davidson, *Havens of Refuge*, p. 67.

¹⁵³ Western Australia Public Health Department, *Report of the Public Health Department for the years 1935 and 1936*, Perth, Western Australia: Department of Public Health, 1936, p. 8.

¹⁵⁴ Letter from Dr A. Davis to CPH, 9/9/1936 (PHD, 1935/0732; SROWA, Cons 1003).

difficult to obtain “in Australia, for the prejudice is too great,” he suggested that the Health department procure the services of a medical missionary through BELRA, who could be assisted by Mrs. Luyer.¹⁵⁵ Davis’ advice was not followed and when the leprosarium opened, the Luyers were once again in charge. Within a few weeks, they had left. Documentary evidence for the reasons for their departure is not available, but they may have been related to friction between the couple and the medical officer, alluded to in correspondence.¹⁵⁶

In March 1937, Srs Gertrude and Brigid of the Kimberley Sisters of St John of God arrived to temporarily take over nursing duties.¹⁵⁷ Exactly how this arrangement was reached is unknown. One history states that the government accepted an offer of the Sisters only after lay nurses could not be found, but evidence of attempts to procure other staff cannot be confirmed.¹⁵⁸ On a visit to the leprosarium in June, Mr. T. Huelin, the Under Secretary, had discussions with the Sisters, in which they expressed their interest to stay on permanently, if terms could be agreed upon. Negotiations then ensued between Huelin and the community’s superior, and a written confirmation followed several weeks later:

In conversations with yourself and Sr Gertrude, I gathered that your Order was agreeable to provide permanently the nursing staff at the leprosarium. You will, from time to time, exchange one nurse for another, but you will be willing to maintain the necessary nursing services for the patients. I would like to say that the Hon Minister and the Department thankfully accept this offer. We know what it means to you, and it is really difficult to express our appreciation of the self-sacrificing service on the part of your Sisterhood that this offer involves.¹⁵⁹

Notably, Huelin stressed the Sisters’ promised commitment to continued service. The appreciation he expressed to the superior was genuine, as revealed in his triumphant handwritten note to the treasurer: “This arrangement stabilises our nursing staff arrangements. We have no worry about securing staff which would be very difficult - no annual leave, no relievers, no steamer fares!!”¹⁶⁰

But the Sisters did not come as cheaply as might be imagined. Remuneration by the government for the services of the two nursing Sisters was agreed upon at £390 per annum plus food and

¹⁵⁵ Letter from Dr A. Davis to CPH, 9/9/1936 (PHD, 1935/0732; SROWA, Cons 1003).

¹⁵⁶ Letter from Dr A. Davis to CPH, 13/5/1937 (PHD, 1935/0251; SROWA, Cons 1003).

¹⁵⁷ SSJGB, 2.69U, *Beagle Bay Chronicle*, 6/2/1937.

¹⁵⁸ Scally, *To Speed on Angels’ Wings*, p.78.

¹⁵⁹ Letter from Under Secretary to Mother Provincial SSJG, Broome, 22/7/1937 (PHD, 1935/0251; SROWA, Cons 1003).

¹⁶⁰ Letter from Under Secretary to Under Treasurer, 20/1/1938 (PHD, 1935/0251; SROWA, Cons 1003).

lodgings.¹⁶¹ It was higher than the salary earned by many fully qualified nursing Sisters in Australia at the time - but not as much as the Channel Island matron earned – therefore, for the government, this was paid labour.¹⁶² In line with the Sisters’ vow of poverty, the payment was not made to them directly but was remitted to their community, to be redirected for other expenses.¹⁶³ For the government, the payment of a salary was a means of ensuring control over the Sisters’ performance: “our position is safeguarded by the fact that the nurses are paid servants of this department.”¹⁶⁴

The Sisters of St John of God in the Kimberley

The success of the SSJG in securing the Derby leprosarium nursing work was something of a victory for both their religious community and Catholic missionaries in Australia as a whole. It crowned a decade of failed attempts by missionaries of various denominations to be permitted an official part in Hansen’s disease care. For probably the first time, an Australian government had placed Christian religious on its payroll (apart from those at the leprosarium in New Guinea). Certainly, it had few options other than to appoint the few, if not, only, trained nursing Sisters in the north-west of the state willing to do the work. But that the SSJG were present and suitably qualified for the positions just as Hansen’s disease struck the heartland of their missionary activity bears further examination. To a significant extent, it reflected the Church’s growing interest in the Indigenous missions and its mobilisation of the necessary personnel. In addition, however, as will be seen in examining the background of the SSJG in Western Australia, the Kimberley Sisters’ own persistent ambitions to acquire and maintain the Indigenous apostolate was an important factor. It will be demonstrated here how very fragile their grip on this line of work was, as for the time prior to the leprosarium appointments, it depended solely on the authority of their Church and congregation.

Nursing was always central to the SSJG apostolate. Their origins can be traced back to the Bon Secours, a French female congregation founded in 1824 in Paris, who were principally engaged

¹⁶¹ Memo of discussion between Hon Minister, CPH & Under-Secretary 20/7/37 (PHD, 1935/0251; SROWA, Cons 1003); SSJGB, 2.18V, letter from Mother Provincial to Mr P.R. Jackson 23/8/41. In the final negotiations, the Mother Provincial argued for this amount, an increase of £2 per month on that negotiated earlier with Bishop Raible.

¹⁶² Examples of public hospital nursing sisters’ wages: Canberra, £145 per annum (‘Higher Pay for Canberra Hospital Nurses’, *Adelaide Advertiser*, 11/6/36, p. 10); New South Wales: approx. £172 per annum (‘Award for Nurses’, *Nambour Chronicle and North Coast Advertiser*, 19/6/1936, p. 13). The Channel Island matron’s annual salary was between £210 and £246 (Advertisement, *Northern Standard*, 6/7/1934, p. 6).

¹⁶³ SROWA 1935-0251, Mother Provincial to the Under Secretary, 9/8/1937: “to pay the way of young girls who wish to devote their lives to the lepers and to pay for their training.”

¹⁶⁴ Memo of Discussion between the Hon. Minister, CPH and Under Secretary, 20/7/1937 (PHD, 1935/0251; SROWA, Cons 1003).

in home nursing for the wealthy. New communities were established in Ireland in 1861 but, before long, conflict arose, due partly to the reluctance of some women to care for the privileged in the face of such dire poverty around them. Several Sisters, under the leadership of Sr Brigid Clancy, left the Bon Secours and formed a new congregation under the authority of Bishop Thomas Furlong who had sought a nursing community to care for the sick poor in his diocese of Ferns, Co. Wexford. The congregation was named by Furlong who saw parallels in the sixteenth-century work of John Ciudad of Portugal (St John of God) with that envisaged for the Irish Sisters and encoded in the constitution he devised. Historian of the SSJG congregation, John Scally depicts Ciudad as self-sacrificing and egalitarian, his life devoted to the care of the sick poor.¹⁶⁵ The hospital founded by Ciudad was reportedly replete with “new standards of hygiene.”¹⁶⁶ With this inspiration, the St John of God Sisters began nursing in homes, workhouses and infirmaries. In addition, they took up school-teaching, another apostolate included in their first constitution.¹⁶⁷

The Sisters began their work in Australia in response to a request by Bishop Matthew Gibney of Perth in 1895 to assist as nurses in an outbreak of typhoid fever on the Coolgardie goldfields of Western Australia, and, later, similarly, at Kalgoorlie.¹⁶⁸ In these districts the Sisters laboured under extremely primitive conditions, nursing in tents with the heat and dust and the threat of contracting this highly infectious disease. At Kalgoorlie, the SSJG established their first Australian base, as well as a hospital that became one of the earliest training schools registered with the Australasian Trained Nurses Association (for both religious and lay nurses) in 1909. The first novitiate, the motherhouse, and another hospital were opened at Subiaco in 1898.¹⁶⁹

In 1907, some of the Sisters accepted the invitation of the Pallottine Fathers to join the Beagle Bay Mission to provide education and maternal care for the young residents.¹⁷⁰ Historian Pat Jacobs has emphasised the music and singing, introduced by the mainly Irish Sisters and has argued that “the cultural transfer with the children was exclusively Irish Catholic”.¹⁷¹ It appears that Beagle Bay was insulated from mainstream Anglo-Australian society and culture, since even the priests and brothers were German in the early part of the century. Close relationships in some cases developed between the Sisters and the mission people, many of whom adopted the

¹⁶⁵ Scally, *To Speed on Angels' Wings*, pp. 39-45.

¹⁶⁶ *Ibid.*, p. 44.

¹⁶⁷ Sr Patricia M. Rhatigan, *Holy Child Orphanage for Aboriginal Girls in Broome 1939-1962* (unpub. Ph D Thesis), University of Notre Dame, 2006, p.47.

¹⁶⁸ *Ibid.*, pp. 64-66.

¹⁶⁹ MacGinley, *A Dynamic of Hope*, p. 268.

¹⁷⁰ Scally, *To Speed on Angels' Wings*, p. 68.

¹⁷¹ Jacobs, ‘Exiles in the Wilderness,’ p. 111.

Catholic faith and continued to work for and support the mission as adults.¹⁷² Several married and passed their children on to the care of the Sisters who acted as surrogate mothers, nursed and taught while the young people in their charge worked the farm, the laundry and the kitchen.¹⁷³ Thus mutual interdependence and close relations developed between whole families and the Sisters. Moreover, many in the greater Catholic community around Beagle Bay, particularly those of Filipino background, had been directly instrumental in the foundation of the Catholic mission.¹⁷⁴ The Sisters had provided their families with services such as education and nursing care, thus a system of mutual support had developed.¹⁷⁵

In 1908, Mother Antonio, seeking independence for her Sisters from the Pallottine Fathers, headed north up the Dampierland coast to Broome. With just one other Sister, she opened another convent entirely without any support from her own Church but “which formed the base from which they could independently shape their apostolate to the Aboriginal people as they saw fit.”¹⁷⁶ The women initiated a program of charitable works primarily in the fields of education and nursing. At this time, the town was a major port for the pearling industry and consequently hosted a diversity of races, including Japanese, Filipinos, Chinese and Irish. Some of these people, especially the Filipinos, provided material assistance to the Sisters in setting up a base and became part of the religious community that grew around the Sisters’ activities.¹⁷⁷ Among the services the Sisters provided was nursing typhoid victims in the Japanese hospital and teaching the children of settlers of all nationalities.

Aboriginal people, however, were largely excluded from this multiracial society, mainly due to legislation prohibiting their entry to the Broome township except for purposes of employment.¹⁷⁸ Nevertheless, as Pat Jacobs’ research reveals, it was the Indigenous apostolate that was still foremost in the minds of most of the Kimberley Sisters, some of whom continued the work in Beagle Bay. Despite the deep poverty and difficult conditions of the Kimberley, the Broome Sisters turned down offers of more comfortable work among white Australians

¹⁷² Nailon, *Nothing is Wasted in the Household of God*, pp. 39-40; Jacobs, ‘Exiles in the Wilderness,’ pp. 110-111.

¹⁷³ Choo, *Mission Girls*, p. 62, 156, 160-161; Betty Lockyer, *Last Truck Out*, Broome, WA: Magabala Books, 2009, pp. 50-51, 59-61; Rev. Otto Raible, ‘The Aborigines’ in Dasey (ed.), *The Story of the Regional Missionary*, p. 275.

¹⁷⁴ Regina Ganter, *Mixed Relations: Asian-Aboriginal Contact in North Australia*, WA: UWAP, 2006, pp. 100-107; Nailon, *Nothing is Wasted in the Household of God*, p. 39, 41; Rhatigan, *Holy Child Orphanage*, p. 57.

¹⁷⁵ Lockyer, *Last Truck Out*, pp. 97-98.

¹⁷⁶ Rhatigan, *Holy Child Orphanage*, p. 57.

¹⁷⁷ Jacobs, ‘Exiles in the Wilderness’, p. 112.

¹⁷⁸ Choo, *Mission Girls*, p. 116.

elsewhere as “we all want our dear blacks.”¹⁷⁹ Sr Ignatius Murnane SJG, a former teacher, remembered that it was not until at least World War I that “the natives filtered into Broome...and our school [St Mary’s] gradually became a coloured school.”¹⁸⁰

The Australian foundations of the Sisters of St John of God continued to recruit postulants from Ireland throughout the twentieth century, but there were never enough to fulfill the demands of the west Kimberley missions, increasing in 1913 with the Sisters’ arrival at Lombadina. In 1912, the Kimberley Sisters, being predominantly middle-aged and concerned for their community’s ability to continue the challenging work, initiated a drive in the south-eastern states to attract new vocations. Mother Bernadine Greene managed to recruit eight young “strong, happy, efficient Australians.”¹⁸¹ This predisposition, it was hoped, would assist the girls, all from cities and country towns of New South Wales and Victoria, to cope with the inherent difficulties of missionary work in the remote northwest.¹⁸² Greene further noted with delight that several of the women were trained in fields prized in the Sisters’ apostolate: Eileen Murnane (Sr Ignatius) was a trained teacher, nineteen-year-old Kathleen Daly (Sr Alphonsus), a musician, and there was a trained nurse and “fairly good singers.”¹⁸³

From about the mid 1920s, the internal organisation of the Kimberley SSJG underwent a period of destabilisation, in which the congregation’s association with the Indigenous apostolate came under serious threat. In 1924, in a bid to centralise international SSJG administration, the province at Subiaco was formally amalgamated with the motherhouse in Wexford, Ireland. The Kimberley Sisters were invited to join Subiaco on the condition they relinquish the Indigenous missions. Mission pioneers, Antonio O’Brien and Bernadine Greene had both died in 1923, and Magdalen Cashen, having been appointed in charge of the three small foundations in the northwest, was the major figure in the negotiations that ensued. Nevertheless, she and her cohort were just as determined as the previous generation to retain their missionary work, as M.R. MacGinley’s recent study argues, and they refused to acquiesce with Subiaco’s demands. Kimberley bishop, Ernest Coppo, proposed that the stranded community be saved through incorporation into the Salesian Daughters of Mary Help of Christians, an Italian congregation, and thereby retain their missionary work. Archbishop Kelly was to provide a Sydney novitiate

¹⁷⁹ Sr Bernadine Greene in 1912, quoted in Jacobs, ‘Free Women on a Savage Frontier,’ p. 264.

¹⁸⁰ Sister Mary Ignatius Murnane, *My Life as a Sister of St John of God*, 1973, S.N., p. 10.

¹⁸¹ Mother Bernadine Greene to Bishop Torres, quoted in Jacobs, ‘Free Women on a Savage Frontier,’ p. 264.

¹⁸² Battye Library, MN 2305, Papers of Joyce Caroline Dunphy, 6140A/45, Sister Mary Ignatius Murnane, ‘A Chaplet of Dolours,’ n.d.

¹⁸³ Jacobs, ‘Free Women on a Savage Frontier,’ p. 264; Battye Library, MN 2305, Papers of Joyce Caroline Dunphy, 6140A/45, Sister Mary Ignatius Murnane, ‘A Chaplet of Dolours,’ n.d.

and base for the Sisters in return for their agreement to supervise domestic duties at St Columba's seminary in the Blue Mountains. The first Sisters, led by Sr Ignatius Murnane, left for Sydney in 1926 and began work. However the merger with the Salesians did not go ahead. Eventually, a new congregation was instead founded with the name, Our Lady Help of Christians (OLHC) in 1931. Kelly, under whose episcopal control it lay, promised to procure work in the Indigenous missions when any became available. Several SSJG Sisters left the Kimberley to join the OLHC including, from the 1912 cohort, Cashen and Murnane, who was made Superior. Despite missionary ambitions, they remained in seminary work either indefinitely or for many years.¹⁸⁴

The effect on the remaining Sisters in the Kimberley was a further depletion of their already low numbers. In 1929, although coming too late to reinstate the OLHC Sisters, agreement was reached by the Wexford mother-house to the Kimberley community being amalgamated with the SSJG congregation as a separate province while still continuing in missionary work.¹⁸⁵ MacGinley notes, "A condition was added: they were not to attend cases of childbirth but were to employ a trained secular nurse instead."¹⁸⁶ The fact that the Superior-General felt the necessity to reiterate this well-known canonical restriction suggests that the Kimberley's Sisters' observance of the directive may have been called into question at some time. Given the scarcity of trained maternity nurses available to Indigenous people at this time, it is not difficult to believe that, at least in emergencies, the Sisters would do what they could to help save mothers and babies, even without the requisite training or papal permission.¹⁸⁷

The lifting of this ban in 1936 effected the official entrée of Australian Catholic Sisters into leprosarium work. Sr Gertrude Greene, who had first applied for the Channel island nursing positions in 1931, had trained several years previously at the SSJG hospital in Subiaco and gained considerable experience in hospital work. She arrived at the Beagle Bay mission in 1929, no doubt to help make up the shortfall in Sisters. In 1936, as soon as the restrictions were lifted, Greene underwent further training and acquired her certificates in midwifery and infant welfare and mothercraft, thus becoming a realistic candidate for the leprosarium when, just a few months later, the positions became vacant.¹⁸⁸ Thereafter, any community of Sisters in charge of an Australian leprosarium ensured that at least one Sister had these qualifications.

¹⁸⁴ MacGinley, *An Eloquent Witness*, p. 34, 36-37, 40-45, 54.

¹⁸⁵ Rhatigan, *Holy Child Orphanage*, p. 65.

¹⁸⁶ MacGinley, *An Eloquent Witness*, p. 69.

¹⁸⁷ On high infant mortality rates and the need for maternity nurses on Aboriginal settlements, see (for Queensland), Kidd, *The Way We Civilise*, pp. 96-97.

¹⁸⁸ SSJGB, 2.74B, Certificate in Child Welfare and Mothercraft, Sr Gertrude Greene, 1936.

The Fantome Island Leprosarium

The third leprosarium to open in northern Australia was in 1940 on Fantome Island in northern Queensland, close to the mainland port of Townsville. From 1907 until this time, all Queensland Hansens sufferers had been detained at the Peel Island leprosarium in Moreton Bay. This new institution was established exclusively for ‘coloured’ people, an adjective that in this context referred mainly to Aboriginal and Torres Strait Islander people, as well as several people of Pacific Islander background. Its inception reflected concern by authorities at the apparent increase in Hansen’s disease among Indigenous people in the far north of the state. Rosalind Kidd argues, in addition, that Bleakley saw it as a means of restoring his authority over Indigenous patients who, as Peel Island inmates, were under health department control.¹⁸⁹ Accessed via the Aboriginal ‘island penitentiary’, Palm Island, and sharing its location with a venereal diseases lock hospital for Indigenous people, Fantome Island leprosarium was linked to a system of removal and offshore exclusion, designed, ironically, to protect the white mainland population from the casualties of European settlement – the maladjusted, disorderly and diseased.¹⁹⁰



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Figure 9: Location of the Fantome Island Leprosarium

The establishment of the leprosarium was in effect a joint venture of state and Commonwealth health departments, the culmination of a long process of planning, lobbying and research, spearheaded by Raphael Cilento who in 1934 became the Queensland Director-General of Health. This position, together with his influence at the FHC and, after 1936, the NHMRC,

¹⁸⁹ Kidd, *The Way We Civilise*, p. 113.

¹⁹⁰ Robson, *On Fantome Island*, p. 37.

secured him both Commonwealth and state government support for his personal ambition of tackling diseases of the Indigenous people in northern Queensland. But also his new position allowed the Commonwealth Health Department extra power to have its policies implemented in areas under state control, such as health and Aboriginal affairs.¹⁹¹ As the *Canberra Times* put it, Cilento could now “cooperate with the Commonwealth Department to eliminate and control leprosy and fevers in Northern Australia”.¹⁹²

Kidd’s research documents Cilento’s continual frustration at the negligence of Queensland’s Aboriginal Affairs department with regard to the conditions at Aboriginal settlements and missions. Insufficient funding and supervision meant that hygiene, diet, and medical and nursing care were abysmally inadequate. According to Cilento, this environment fostered the spread of infectious diseases and “continue[s] to threaten the survival of the race and to fill the Lazaret.”¹⁹³ That Cilento’s interest in the survival of the Indigenous race might have been a factor driving his public health campaigns has not been entertained by scholars other than Kidd. Instead, his avid railings about the threat of tropical disease to the white race are continually highlighted but, in his constant battle to extract government funds, it was probably expedient for him to emphasise the economic advantages of his projects.

In June 1937, Cilento’s application to the NHMRC for a grant for Hansen’s disease investigation in northern Queensland was approved.¹⁹⁴ At the same time, the corresponding application by the Western Australian CPH, referred to in a previous section, was under consideration. The Council’s support was due to its concern at the “tendency of leprosy to spread in two of the states amongst aborigines and to a lesser but definite extent amongst whites.”¹⁹⁵ In the period 1926-1930 there had been twenty-eight admissions to the Peel Island leprosarium compared with sixty-two in the following five-year period.¹⁹⁶ This increase, due to “the increased number of coloured lepers detected” was presented by Cilento as evidence in his NHRMC grant application of the need for further inquiry.¹⁹⁷ Although he admitted “that there has been no outstanding increase” since Hansen’s disease had been first noticed in Queensland fifty years previously, and that the disease had been endemic in Queensland Europeans for many years, the suspicion that there were greater numbers of Aboriginal people infected with

¹⁹¹ Rosalind Kidd has made this point. (Kidd, *The Way We Civilise*, p. 115).

¹⁹² ‘Leprosy Research Australia-Proposed Grant,’ *Canberra Times*, 2/4/37, p.4.

¹⁹³ Cilento quoted in Kidd, *The Way We Civilise*, p. 114.

¹⁹⁴ Queensland Department of Health, *Annual Report on the Health and Medical Services of the State of Queensland for the year 1936-1937*, Brisbane: The State, 1937, p. 11.

¹⁹⁵ ‘National Health and Medical Research Council, 1st Session, February 1937,’ *MJA*, vol. 1, no. 10, 1937, p. 382.

¹⁹⁶ R. Cilento, ‘Leprosy in QLD DHHA, *Annual Report 1937-1938*, p. 16.

¹⁹⁷ *Ibid.*, p. 16.

Hansen's disease, out of reach of diagnosticians and with the potential for wider dissemination throughout Indigenous and European populations justified inquiry.¹⁹⁸ To find these people and to uncover the epidemiological mysteries of Hansen's disease in the northern Aborigine, Cilento intensified a field study already begun at the Mona Mona Mission, home of a disproportionate number of closely-related patients recently admitted to Peel Island leprosarium, and he also conducted research at Palm Island and Yarrabah.

Developments supporting this venture followed in rapid succession. New provisions under Section 51 of the Queensland Health Act in 1937 broadened the powers of the Queensland Director-General, making medical examinations of suspects and their contacts compulsory.¹⁹⁹ The following year, Cilento received another Commonwealth grant, this time to establish a research station in the Palm Island group, the objectives of which were specified in a resolution passed by the NHRMC:

- (a) Establishing more precisely than is known at present the course of leprosy in aboriginal sufferers and the factors in the spread of leprosy;
- (b) Improving the treatment of leprosy;
- (c) Defining humane but efficient measures for the control of leprosy, especially amongst aborigines. The peculiar difficulties presented by the conditions under which aborigines live have not yet been adequately met by present measures of control.²⁰⁰

Newly appointed Leprosy Investigation Officer, Dr Graham Croll, left for North Queensland in early 1939 "to investigate in detail all collections of aboriginals above the 20th degree of South Latitude."²⁰¹ The initial survey, covering settlements south of Cairns – Woorabinda, Palm and Fantome Islands, and Yarrabah – yielded very few bacteriologically proven cases of Hansen's disease except for Palm Island where twenty-five were diagnosed and another twenty-seven showed clinical signs only.²⁰² No active cases were found at all in the next part of the investigation which took Croll to the cattle stations and settlements in the Cape York Peninsula.²⁰³

¹⁹⁸ R. Cilento, 'Leprosy,' in QLD DHHA, *Annual Report 1937-1938*, p. 16.p. 12.

¹⁹⁹ Section 51, *Health Act 1937* (QLD).

²⁰⁰ QLD DHHA, *Annual Report 1938-1939*, p. 128.

²⁰¹ QLD DHHA, *Annual Report 1938-1939*, p. 129.

²⁰² QSA Item ID8887, Papers, Interim Report to Sir R.Cilento on the Leprosy Investigation of North Queensland under the NHRMC, 28/4/1939.

²⁰³ QSA Item ID8887, Papers, Interim Report on the Investigation of Leprosy among Aborigines in North Queensland by Graham Croll, 25/10/1939, submitted to NHRMC November 1939.

The decision was made by the State government to open a leprosarium close to the proposed research station – and, therefore in the Palm Island group – to accommodate the Hansens sufferers detected as a result of the investigations. All Indigenous patients from Peel Island would also be admitted, thus concentrating all operations associated with the project in one area. Following a visit to Palm Island in March 1939 by Cilento and Bleakley, the Director of Native Affairs, a site was chosen for the leprosarium and research laboratory at the northern extremity of Fantome Island, 70 km across the sea.

The issue of nursing staff was raised early in the planning stage. Bleakley had initially favoured the matron-curator model as at Channel Island.²⁰⁴ However, Cilento pointed out that it would be too difficult to acquire qualified lay nurses for the job on Fantome Island. If, even in normal circumstances, there had been a pool of nurses willing to work with Hansens sufferers on a remote island in the far north of Queensland, it would have been severely depleted with the outbreak of war.²⁰⁵ Cilento suggested they try to obtain Catholic religious nursing Sisters for the positions.²⁰⁶ With the approval of E.M. Hanlon (Minister for Home and Health Affairs, covering sub-departments of Native Affairs and Health and Medical Services), he approached the Catholic bishop of Townsville, Hugh Ryan, in September 1939, asking for his assistance.²⁰⁷ Ryan contacted Mother Ignatius, OLHC Superior in Sydney, who agreed to provide four nurses for the leprosarium.²⁰⁸

The negotiations for engaging the nursing Sisters went smoothly. As already discussed, Bleakley was a strong advocate of delegating Indigenous welfare to Christian missions. Hanlon was also very supportive. In a Queensland government propaganda publication of the late 1930s, he “and his lieutenant, the Chief Protector” were said to be improving the material welfare and health of Queensland Indigenous people in order to save them from extinction by entrusting the missions with their care. “...all serve the Government nobly in maintaining a humane and fatherly care over these remnants of our black race.”²⁰⁹ Specific reference was made to the greater prevalence of Hansen’s disease in Queensland Aborigines and the danger of “allowing them to mingle indiscriminately with whites.”²¹⁰ So taken was Hanlon with the

²⁰⁴ QSA Item ID717182, Batch file, J.W. Bleakley, Memorandum, 5/4/1939.

²⁰⁵ Glenda Strachan, ‘Employment Conditions for Nurses in Australia During World War II’ in Anne Marie Rafferty, Jane Robinson, Ruth Elkan (eds.), *Nursing History and the Politics of Welfare*, London and New York: Routledge, 1997, p. 192.

²⁰⁶ QSA Item ID717182, Batch file, J.W. Bleakley, Memorandum, 5/4/1939.

²⁰⁷ TCA, 1149, Box 57, Folder 925, letter from Cilento to Bishop Ryan, 29/9/1939.

²⁰⁸ TCA, 1149, Box 57, Folder 925, letter from Bishop Ryan to Cilento, 9/10/1939.

²⁰⁹ Queensland Department of Health and Home Affairs, *What Is Their Destiny?* Brisbane: Govt. Printing Press, c.1937.

²¹⁰ Ibid.

Catholic Sisters that within two months of their arrival at Fantome Island, he suggested they be granted full control of both the leprosarium and the lock hospital.²¹¹

Queensland departmental thinking was closely aligned with missionary objectives. The words in the abovementioned document could well be extracts from appeals to Catholic missionaries to save the Aborigines from extinction by Fr John Healy, a diocesan priest and one of the more vocal proponents of Indigenous missions. In an article published for Catholic seminarians in 1941, Healy singled out the Queensland government for its cooperation with mission bodies, citing Fantome Island as an example.²¹² The mutual benefits to the Catholic Church and the state arising from the deployment of the nursing Sisters would be sounded from both entities repeatedly over the following years, as will be discussed in a later chapter. To the Catholic community, the Church would claim the leprosarium as its own; to everyone else, the Church was helping out in a government institution.

For the OLHC Sisters, the leprosarium work was a second phase of missionary endeavour in the Palm Island group. In 1934, Srs Ignatius Murnane and Magdalen Cashen had joined the Palm Island Catholic mission to teach and assist the community. Initially, the Daughters of Our Lady of the Sacred Heart (DOLSH) had been strong contenders for Palm Island as it had been founded, and was continued to be run by, their filial congregation, the Missionaries of the Sacred Heart (MSC). The mission priest, after hearing of the Fantome Island plans, told his provincial superior, "...it is certain that we will be asked to supply nuns for the job."²¹³ Archbishop Kelly, however, over-rode such considerations in the interests of fulfilling his original promise of Indigenous mission work for the OLHC (as discussed above).²¹⁴ These Sisters, having then a base on Palm Island, were the obvious choice when the leprosarium was opened six years later.

Closer analysis of Cilento's reasons for requesting the services of the Sisters reveals that their nursing qualifications were not the only deciding factor. The previous chapter argued that the deployment of Catholic nursing Sisters in many leprosaria outside Australia became a template of government Hansen's disease policy. Cilento, on visiting both Makogai in Fiji and Anelaua in New Guinea, had admired the Sisters' professionalism and dedication, and decided to adopt

²¹¹ QSA Item ID717220, Batch file, E.M. Hanlon, Fantome Island Leprosarium, 18/3/1940.

²¹² Fr John Healy, 'The Australian Aborigine: A Plea and a Plan to Save the Race,' *Manly*, October, 1941, pp. 61-62.

²¹³ TCA, 1149, Box 57, Folder 925, letter to Fr Kerrins, MSC Provincial Superior, 13/3/1939.

²¹⁴ MacGinley, *An Eloquent Witness*, pp. 78-79.

the same system in Queensland.²¹⁵ The assumption was that these desirable attributes and others typified the working ethos and abilities of Catholic women religious everywhere. Cilento seemed in no way apprehensive that such women might pose any threat to the continuing authority of the medical officer in charge, as his colleague, Cook, had feared. But, then, unlike Cilento, Cook's contact with Catholic religious had been in the context of missionary activity. Cilento, despite the religious affiliations suggested in his Italian name, neither practised the faith nor was he raised as a Catholic; his experience of Sisters, therefore, was almost certainly confined to the leprosarium context.²¹⁶ In expressing his enthusiasm for engaging religious Sisters to Bishop Ryan, he wrote approvingly of Hansen's disease research at Makogai: "Several of the Sisters at Makogai have become very expert in this direction and one or two, I believe, have even published their observations on the matter."²¹⁷ Thus, there were hopes that the OLHC Sisters, as well as nurse the patients, would assist in Hansen's disease research. They were to be vital collaborators in the realisation of Cilento's vision, as Sr Ignatius was aware: "Dr Cilento has great plans for a 'model' establishment at Fantome: please God the Sisters will do their part."²¹⁸

There was yet another particular characteristic of the Sisters that Cilento valued for the 'coloured' leprosarium. He had vented strong disapproval of what he considered the flirtatious behavior of a lay white nurse with the male Aborigines on Palm Island, as Carey has pointed out.²¹⁹ The contrast between her sexual expressiveness and the modest unobtrusiveness of the Makogai Sisters must have been striking to Cilento. The latter's vow of celibacy allowed the work to be fulfilled, undistracted, as Carey put it, "without exciting the anxiety about sexual contact habitually invoked by the casual association of white women and black men in a tropical environment."²²⁰ Not only were interracial sexual relations morally abhorred, but sex in the leprosarium between carer and patient was neither professional nor advisable for health reasons, in light of the theoretical link between sexual intimacy and Hansen's disease.

²¹⁵ TCA, 1149, Box 57, Folder 925, letter from Dr Cilento to Bishop Ryan, 19/10/39.

²¹⁶ Fedora Gould Fisher, *Raphael Cilento: A Biography*, St. Lucia: University of Queensland Press, 1994, p. 4, 301-302.

²¹⁷ TCA, 1149, Box 57, Folder 925, letter from Dr Cilento to Bishop Ryan, 8/12/1939.

²¹⁸ TCA, 1149, Box 57, Folder 925, letter from Mother Ignatius to Bishop Ryan, 31/12/1939.

²¹⁹ Carey, 'Subordination, Invisibility and Chosen Work,' p. 257.

²²⁰ Ibid.




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Figure 10: Catholic Sister at Fiji's Makogai Leprosarium.

Finally, financial savings, if not Cilento's primary reason, made his suggestion of religious Sisters an attractive proposition to his superiors in the state bureaucracy. Each Sister was paid £50 per annum, increasing by £1 for every patient over the number of fifty. In March 1940, four Sisters had charge of seventy-five patients, therefore the annual payment would have been just £75 per Sister.²²¹ It was about half the salary offered for the nursing position at the island's lock hospital being advertised at the same time, appended with a postscript that the appointee "will not be required for duty at the recently established leprosarium."²²²

The Daughters of Our Lady of the Sacred Heart and the Channel Island Leprosarium

In February 1942, shortly after the first bombing of Darwin by the Japanese, Channel Island leprosarium was evacuated under advice from senior medical officer, Bruce Kirkland. The small cluster of huts, devoid of protective red crosses gave the settlement the appearance of a military base, rendering the patients extremely vulnerable. General evacuation of Darwin had begun in the previous December, but the patients had not been included since nobody was willing to

²²¹ TCA, 1149, Box 57, Folder 925, letter from Dr Cilento to Bishop Ryan, 19/10/1939.

²²² 'Vacancies for Settlement,' *Townsville Daily Bulletin*, 13/3/1940, p. 1.

transport passengers with an infectious disease.²²³ Staff Elsie and Jack Jones had already left due to the former's serious illness.²²⁴ The seventy or so patients, after being provided with camping equipment and two months of rations, crossed the mud flats to the mainland and dispersed into the bush.²²⁵ In March the administration of the Northern Territory was placed under military command, and steps were taken to find and relocate the patients due to concerns about their presence in the vicinity of the troops.²²⁶ Having reassembled most of the patients, and failed to devise any viable alternative, they were returned to Channel Island, and by January 1943, Dr Kirkland had resumed medical treatment. Authorities were once again, however, faced with the problem of staff. The proposed solution is outlined here in a communication by the Deputy Director of Medical Services of the Northern Territory Armed Forces (DDMS) to his superior:

These personnel [sic] have had no treatment for one year. Major Kirkland has now been ordered to recommence treatment but he is handicapped by the lack of any trained help on the island. The Roman Catholic bishop of Northern Territory has been approached and is willing to provide two trained nuns to live on the island and help with the treatment. The GOC [General Commanding Officer] is willing that women be allowed to live on the island but he will not guarantee their evacuation in the event of an attack, but he will do his best to have them brought off in time to avoid capture by the enemy. The GOC has given DDMS permission to write this letter but insists that the DGMS [Director General of Medical Services] be made conversant with the fact that it may raise a denominational fracas.²²⁷

The Commonwealth Director-General of Health, Dr Cumpston, was evidently in favour of the proposal, stating that there had been no outcry from other religious denominations when the government had previously suggested moving the patients to the Port Keats Catholic mission. And he did not believe it would be too dangerous on the island as the Japanese were reputed to be frightened of Hansen's disease so they were unlikely to approach. Even if they did, the patients could escape at low tide as they had done before.²²⁸

On 9th April 1943, two Sisters of the Daughters of Our Lady of the Sacred Heart, Gabrielle Formarick and Campion Bryant arrived in Darwin from their mother house in Sydney to begin nursing on the island. Both were experienced and qualified nursing Sisters, Formarick having

²²³ NAA: A1928, 715/38 SECTION 1, letter from Deputy Director, DNA to NT Administrator, 28/4/1942.

²²⁴ Kettle, *A History of Channel Island*, p. 5.

²²⁵ NAA: A431, 1950-3597, Dr B. Kirkland, Report of Senior Medical Officer, 4/6/1942.

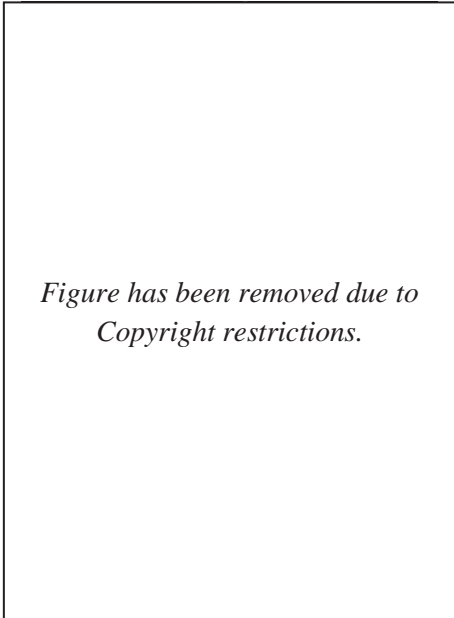
²²⁶ Ibid.

²²⁷ NAA: A1928, 715/38 SECTION 1, Deputy Director, Medical Services, NT Forces to Director-General, Medical Services, 23/1/1943.

²²⁸ NAA: A1928, 715/38 SECTION 1, Cumpston, CDGH to Secretary, Department of the Army, 22/2/1943.

worked at Bathurst Island Mission and Bryant on the island of Nauru from where she had been recently evacuated.²²⁹ They were to receive no remuneration for their services, only a “uniform allowance” of ten shillings each week per Sister.²³⁰ Despite Cumpston’s assertion regarding the safety of Channel Island, the Sisters were continually at risk from injury and death from the air raids, continuing for months after their arrival. Sr Campion recalled,

From Channel Island I could turn in my bed and look towards Darwin Harbour. Should it be in darkness then we knew the enemy was near. Time and time again we heard planes roar over us and bombs bursting and watched dog fights in the sky and also watched blazing planes falling.²³¹



*Figure has been removed due to
Copyright restrictions.*

Figure 11: Sisters Gabrielle and
Campion after arrival at Channel
Island, 1943

How starkly different from other women the veil rendered the Sisters in the eyes of male military and government officials. They, alone of female civilians, might share a zone with the armed forces. It was as if self-sacrifice was woven into the cloth of their being, that it could be put to use for the State, as readily as for God. Like the military, whose work also involved sacrifice, they were expected to tolerate danger and discomfort with fortitude and

²²⁹ Rev.F. Flynn MSC, ‘Channel Island Leper Station,’ *The Annals of Our Lady of the Sacred Heart*, 1/10/1943, p. 183; DOLSHK. ‘Brief Biographies of OLSH Sisters who worked on Channel Island and East Arm, Northern Territory: Bryant, Sister M. Campion.’

²³⁰ NAA: A1658, 756/11/3 SECTION 1, CDGH to Minister, 22/4/1949.

²³¹ DOLSHK, Memoirs, Sr Campion, ‘Channel Island.’

resourcefulness. On Channel Island, many challenges awaited them: extreme climatic conditions, a menagerie of dangerous fauna and primitive living conditions. In addition, they faced the risk of contracting Hansen's disease. Really, war was just an added complication. Other women, in marrying and having children, were valued as nation-builders at this time, but the Sisters, in martyring themselves to the potential capture and slaughter by the enemy to protect the army from disease, were valued for defending the nation.²³²

To Darwin priest, Fr Henschke, however, the gender difference was palpable, and, although he ultimately admired the nonchalance of the Channel Island Sisters as they soldiered on in the clinic while bombs raged outside, he refused to leave them alone, installing himself in an old garage until a male superintendent could be appointed. "...Sisters like a man near at hand and they feel they have a protector, especially in these settled [sic] times."²³³ He viewed the Sisters as women who were vulnerable to the sexual predations of the enemy, having stated earlier with regard to the Melville Island mission before evacuation: "If the Japs go there they will have no respect for the nuns or girls."²³⁴ Male patients, of any race, were evidently not considered substitutes for a church or government man, and perhaps a question mark hovered over their sexual intentions as well.

There was little choice in the decision as to which order of Catholic Sisters should be approached. The DOLSH Sisters were experienced with the Indigenous people of Northern Territory through their missionary and teaching work. Moreover the congregation was intimately connected with the MSCs, the dominant Catholic men's order in the Northern Territory. Several MSC clergy including Bishop Gsell, Darwin Superior, Fr Henschke, and the Army chaplain, Fr Cosgrove, were consulted in discussions. In addition, Mother Concepta Henschke, the superior of the Australian Province of DOLSH was Fr Henschke's sibling, another fact that would have favoured the choice of this congregation and facilitated negotiations. Fr Henschke's own enthusiasm for having Catholic Sisters staff the leprosarium in its opening years, before the DOLSH could supply nurses, has been discussed; now the war brought the opportunity once again.

²³² Australian Inland Mission nurses recruited to the Northern Territory in the 1920s and 1930s were valued not only for caring for European settlers' wives and babies, but they were desperately needed to partner the disproportionate number of single white men and to boost the white population. Lyn A. Riddett, 'Guarding Civilisation's Rim: The Australian Inland Mission Sisters in the Victoria River District 1922-1939', *Journal of Australian Studies*, 15: 30, 1991, p. 39.

²³³ Letter from Fr Henschke to Provincial Superior, 29/4/1943 (MSCK, Prov Corr, NT Darwin 1943).

²³⁴ Letter from Fr Henschke to Provincial Superior, 1/2/1942 (MSCK, Prov Corr, NT Darwin 1942).

The DOLSH were originally established as a filial congregation to the MSCs in Issoudun, France in 1874 by Jules Chevalier. Their original apostolate had centred on the education of girls and “other works of charity” as well as spiritual contemplation.²³⁵ In 1883, after the Pope had directed the MSCs to New Guinea to begin their first overseas missionary work, the DOLSH amended their constitution to include work in the “Foreign Missions,” with the intention of joining the priests.²³⁶ Such ventures were normally voluntary for Catholic Sisters, despite the vow of obedience they all swore. However the congregation inserted a fourth optional vow in their updated constitution, that, if taken, obliged Sisters to “go to the foreign missions at the command of the Superiors of the Congregation and that notwithstanding [sic] the perils, sacrifices of all kinds and even death itself which may await them.”²³⁷

Missionary ambitions were delayed by the request to set up parish schools in Sydney’s Randwick and Botany, and on Thursday Island, the intended base for the Melanesian mission operations. Over the 1880s and 1890s, the Sisters finally joined the missions in Melanesia, and went on to also open new schools and novitiates throughout Australia.²³⁸ Increasingly, Australian women entered the congregation and a large convent was built at Kensington beside the MSC provincial headquarters which also served as a respite place for ill or weary-worn missionaries. The Sisters did not necessarily regard their focus on schools as divergent to their central missionary goals; it was seen as vital to the formation of future missionaries. For those who did attain missionary work, it was confined to the Pacific region until 1912. In 1908, the DOLSH Sisters began teaching the Catholic (non-Indigenous) population of Darwin at the request of Fr Gsell MSC, apostolic administrator of the Northern Territory. Four years later, they joined him on Bathurst Island to undertake the evangelisation of the Tiwi people.²³⁹

Thereafter, they became part of the expanding network of Northern Territory missions established by the MSCs: Alice Springs, Port Keats, Melville Island, Daly River. Unsurprisingly for a missionary congregation, nursing did not become a major apostolate in Australia for the DOLSH until after the papal ban on obstetric nursing was lifted in 1936. Two years later, Sr Gabriella was the first qualified nursing Sister to work at the Bathurst Island mission.²⁴⁰

²³⁵ Mary Venard FDNCS, *The Designs of his Heart: Marie Louise Hartzler and the Congregation of the Daughters of Our Lady of the Sacred Heart*, Cork: The Mercier Press, 1966, p. 97.

²³⁶ Ibid., p. 144.

²³⁷ DOLSH Constitution, 1881, quoted in ibid., p. 160.

²³⁸ Ibid., p. 201.

²³⁹ Venard, *History of the Australian Province of the Daughters of Our Lady of the Sacred Heart*, p. 136, 138.

²⁴⁰ Thomson, *NT Dreaming*, p. 44.

By the end of World War II, Indigenous people of northern Australia found to have Hansen's disease were automatically placed under the nursing care of Catholic religious Sisters. It was by no means a planned policy but evolved from the failure of governments to find lay staff to fit the unified and centralised leprosarium system they envisaged, as well as the determination of the Church and Sisters to be a part of Hansen's disease management. The founding of the three leprosaria and the standardisation of associated regulations for the inspection and detention of sufferers was primarily due to the work of the Commonwealth Health Department, via its research think tanks, the Federal Health Council and the National Health and Medical Research Council, requiring, in the two states concerned, intrusion into non-federal areas of government. As public health officers, tropical medicine specialists effectively commandeered the management of Hansen's disease across northern Australia. For them, the Hansen's disease problem, increasingly the preserve of remote indigenous people, transcended state borders and had so far eluded the paltry efforts by responsible governments, therefore a centrally managed and uniform policy was seen to be justified.

This movement intersected with the call for more humane treatment of Hansen's sufferers by missionaries and philanthropists, a function of a more general agitation for improved Aboriginal health and welfare, based to some extent on the realisation that Indigenous races were not headed for extinction, and that a place had to be carved for them in Australian society. The religious, both as lobbyists and missionaries of the remote north, made a major contribution to this movement. On the surface, it seemed that the concerns of the humanitarians would be addressed with the opening of the three new leprosaria, with public health officers promising modern medical treatment, professional staff, and good nutrition. As discussed, the most distressing aspect of Hansen's disease control – segregation – was barely questioned with regard to Aboriginal people.

A vital element of the Commonwealth campaign was the provision of qualified nursing staff, but very few women, lay or religious, were available to nurse Indigenous people in remote Australia. The exceptions were Catholic missionary Sisters who, due to an invigorated interest by Catholic missionaries in the evangelisation of Indigenous Australians, were motivated and sufficiently equipped for nursing work in the leprosaria by 1936. The administrations of Western Australia and the Northern Territory preferred lay staff, and resisted all offers by missionaries to take over the care of their Hansen's sufferers until lay staff shortages compelled them to appoint Catholic religious to staff their government leprosaria. In Queensland, the participation of Catholic Sisters was welcomed by administrators who valued the assistance of Christian missions in assimilation and protectionist projects for the Indigenous people.

By 1943, the Hansen's disease management across the north of the continent was exactly as influential anthropologist, A.P. Elkin, advised in his *Citizenship for Aborigines* published the following year:

The work which the Missions should do for the Administration – that is for the Nation – includes health...The only persons who will do good work in these isolated areas...are those who have a great interest in the work and in the Aborigines – in short, have a vocation for it. Until a Government Service can guarantee to find such personnel, the great bulk of intensive work in the isolated and near-isolated regions had better be left to the Missions.²⁴¹

²⁴¹ NAA: A52, 323/1 ELK, A.P. Elkin, *Citizenship for the Aborigines: A National Aboriginal Policy*, Sydney, NSW: Australasian Publishing Company Pty Ltd, 1944, 1st ed., pp. 74-75.

Chapter Three

The Work of the Sisters: The Early Years 1937 - c.1954

By 1943, all Indigenous people in northern Australia found to have Hansen's disease were placed in the custody of Catholic religious Sisters in government leprosaria. The Sisters were missionaries, motivated to impart the Catholic faith and European ways of life to Indigenous Australians, and moved by the image of the Indigenous Hansen's sufferer, depicted in Catholic mission recruitment publicity as neglected, and in need of maternal nurture and nursing care. They were women prepared to commit their lives to the pursuit of what they believed to be a vital cause, regardless of the personal risks it involved. As qualified nursing Sisters who embraced training and self-education in Hansen's treatment, they could realise this ambition in the leprosarium while fulfilling the public health requirements of Australian state and Commonwealth governments.

The Sisters' official designation as nurses belies the broader and more complex sphere of roles and responsibilities they assumed. Despite grand plans, living conditions and provisions at the leprosaria were poor, particularly before and during World War 2, and medical attention infrequent. Therefore, and to a degree determined by the varying presence of government staff, the Sisters called on all their resources to compensate for these deficiencies. But by far their most significant role lay in resolving problems inherent in a public health policy of detaining hundreds of Indigenous people against their will while at the same time, supporting it. Many of the patients were very ill, grief-stricken or resistant to institutional detention, most believing it was a lifelong sentence and, for many, it was. Although successful therapy was introduced in the late 1940s, not everyone responded well or quickly and, moreover, health departments maintained strict criteria for the discharge of Indigenous patients. As leprosarium patients, Indigenous people were subjected to tight restrictions on their lives, such as sexual segregation, removal of their newborn babies and compulsion to work for little or no wages. All of these factors contributed to tension and discontent, and threatened the integrity of the Hansen's isolation policy.

For the Sisters, the solution lay in the gradual socialisation of the patients to an institutional model influenced by their own missionary ideals. To this end, they introduced programs to heal and train the bodies, souls and minds of their patients. They taught Western education, handcrafts, music and dance; instilled Western notions of hygiene, morality and respectability; and revealed a suffering Christ with whom some patients could readily identify, as Hansen's

sufferers and as members of a dispossessed race. Under the Sisters' influence, the leprosarium became a place where, in historian Warwick Anderson's words, "the contaminated became hygienic and 'savages' might become social citizens."¹ But it was not all austerity and regimentation. Pleasure and creativity were vociferously pursued for their cathartic value, either through the Sisters' concerts and parties or the patients' traditional activities, such as dance, fishing and handcrafts. Rigour and recreation were both premised on transforming the medley of patients brutally dragged in from their scattered homes into a harmonious, Christian community, comprised of stoic and purposeful individuals, equipped to deal with the physical and mental challenges wrought by their disease.

As much as the Sisters and the Catholic Church may have wanted, attempts to make the leprosarium into a Catholic mission in the 1940s and 1950s were never entirely successful due to the competing interests of Protestant missionaries as well as the assertion by patients of their own religious choices. Similarly, it was not possible to promote one cultural model exclusive to all others in the leprosarium; whether or not by design, the institution served as a site of exchange of diverse practices and beliefs due to the varying origins and cultures of the patients. In many ways the Sisters' training programs mirrored government policies for the social assimilation of Indigenous people in general society. And the ironies that plagued the latter, in its avowed goal of citizenship, were even more apparent for leprosarium patients, who, compelled to remain in a society akin to Erving Goffman's "total institution" were prevented from exercising the privilege. Alongside the Sisters' gradual 'civilising' efforts, disciplinary control, based on state Aboriginal Reserve regulations, reinforced the patients' disenfranchisement.

Indigenous patients, especially those without European education, had few means to express their grievances to government or the public. Protests initiated by mixed descent and European patients, although often premised on dissatisfaction with infringement of their rights as non-Indigenous people, sometimes exposed injustices specific to the Indigenous patients and at times led to slight improvements. Patient welfare groups and visiting missionaries also represented patient concerns, with chequered results.

Mainly, the Sisters did not complain about leprosarium conditions or the government policies in this period. Having attained their positions when lay nurses had been unavailable, they had always considered their hold to be precarious, and continued, into the late 1940s, to feel they were on trial, as it were, as trusted custodians of the Hansens sufferers. And, certainly, the

¹ Anderson, *Colonial Pathologies*, p. 159.

viability of their position, at least at the island leprosaria, was challenged through publicly or privately expressed accusations of maltreatment and general infringements of patient rights. In each instance governments exonerated and supported the Sisters in attacks that were seen, rightly or wrongly, as motivated from political or anti-Catholic opposition and indicative of wider concurrent Catholic fears: European and part-European patients, resentful at being subjected to their paternalistic control; Protestant missionaries who opposed Catholic ascendancy in the leprosarium; and Communists who opposed Catholic authority.

In spite of the Sisters' apprehension, governments throughout this period, faced with increasing numbers of Hansen's notifications, were heavily dependent on their work and had no plans for their removal. From the late 1940s, the Sisters also became important vehicles for conveying positive portrayals of the detention policy, allaying the concerns of the public which continued from the interwar period to oscillate between fear and sympathy. It was kudos for the State and the Catholic Church to present as a united front in a humane and effective fight against the threat of Hansen's disease. Here the Sisters' value as custodians could be seen through the patients' public performances as civilised and compliant detainees, happy in spite of their extreme disabilities. It was a reassuring image for the public and brings to mind Goffman's statement with regard to psychiatric patients who "can find themselves crushed by the weight of a service ideal that eases life for the rest of us."²

Section One: Carers, Patients and Conditions

The Catholic Nursing Sisters

A primary aim of the leprosarium nurses in the period from the 1930s to 1950s was the evangelisation of the Indigenous patients. All of the Sisters belonged to religious communities with relatively long associations with northern Australia's Catholic Indigenous missions and which, by the 1930s, saw this work as an important apostolate. Although the SSJG constitutions did not specifically mention mission work, it was tenaciously pursued by the Kimberley community, as outlined in the previous chapter. The first Sisters to work at the Derby leprosarium in 1937 were Irish-born Sisters Gertrude and Brigid Greene, the two younger siblings of Kimberley SSJG community co-foundress, Sr Bernadine, and both aged in their fifties. Another sibling, Sr. Matthew, joined the staff soon afterwards. Sr Alphonsus Daly, one of the 1912 eastern recruits, joined the staff ten years later. For these Sisters, based permanently in the western Kimberley and immersed in the lives of many of the patients and their relatives,

² Erving Goffman, *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates*, Garden City, New York: Anchor Books, Doubleday and Company, Inc., 1961, p. 386.

leprosarium work preserved and extended local missionary endeavours and relationships that began with their community's formation.

The group of four OLHC Sisters who commenced nursing at Fantome Island in 1940 was very different. All were Australian-born, and three of them - Srs Catherine, Bernadette and Agnes - were aged between 21 and 23, while the Superior, Mother Peter, was 42. They had no previous connection with the leprosarium patients or their communities, nor could the younger ones have had much, if any, missionary experience. The missionary impulse, however, was evident in the "special purposes" of the OLHC constitution, the "conversion and education of pagans and especially of Australian Aborigines" as well as their community's ethos, carried over from the former SSJG Sisters who became their superiors and novice mistresses.³ To a greater extent than is evident in the case of Derby, the Fantome Island leprosarium work was part of a wider missionary venture by the Church, being brokered and supported by the Sydney and Townsville dioceses.

Srs Gabrielle Formarick and Campion Bryant of the DOLSH were both experienced missionaries when they arrived as the first religious Sisters to nurse on Channel Island in 1943. Their congregation, almost from its inception in France in the nineteenth century, had been designated for missionary work, as discussed in the previous chapter, its 1928 constitution stating,

The first work of zeal for which the Institute was at its beginning designed and destined is that of the Missions among the Infidels. ...the Sisters will assist the Missionaries in all their works of Charity and Apostleship as far as their sex, their profession and Constitutions permit; this is their principal work.⁴

While this direction implies that the Sisters were to take a supplementary role to the male missionary, the Constitutions also specify the task of "instructing the natives," thus confirming that the Sisters themselves had an evangelising role at mission stations

...to be called to make God known to these savages in spite of the degree of ignorance they are in is no ordinary grace, and to raise them from the base ideas in which they are plunged to Christian ideals is no small thing.⁵

³ Sisters of Our Lady Help of Christians (Australia), *Constitutions of the Congregation of the Sisters of the B.V.M. under the title of Help of Christians or the Sisters of Our Lady Help of Christians*, Manly, New South Wales: Sisters of Our Lady Help of Christians, c.1942, Chapter 1, 4(b).

⁴ Daughters of Our Lady of the Sacred Heart, *Constitutions of the Daughters of Our Lady of the Sacred Heart*, Westmead, New South Wales: Boys' Home, 1928, p. 6.

⁵ Ibid., 'Supplement to Rules: Relations with the Natives'.

But what of the personal aspirations and self-perceptions of the individual Sisters themselves? Can they be fairly represented in the rules of their congregation? Oral and written testimonies provided by former leprosarium Sisters indicate that, for many women, missionary endeavour among non-Christian peoples had long been a personal ambition and, in fact, had formed the basis for joining their particular congregation. Some particularly wanted to work with Indigenous Australians; for others, the distinction wasn't made. Sr Benedicta OLSH, who began nursing at Channel Island in 1947 stated, "I chose this Order because of the missions."⁶ Sr Marion, who eventually replaced her "had a vague feeling about missions," and thought she'd "rather like to work with the Aborigines."⁷ Sr Helene Cresp, having first worked as a lay nurse in the Northern Territory, deliberately sought out the DOLSH in 1943 with the intention of becoming a missionary Sister.⁸ Derby leprosarium Sisters had similar ambitions although some, such as Srs Alphonsus Daly, Ignatius Murnane (both entering in 1912) and Angela Moroney (1927) joined the SSJG with the intention of working with Aborigines of the far north-west.⁹ Sr Alphonsus remembers her enthusiasm as a nineteen-year-old postulant: "We were in for a purpose; to convert the world."¹⁰

Hilary Carey's research into the motivations of the Sisters of OLHC who worked at Fantome Island and the Palm Island mission yielded similar results. One Sister "always had missions in mind", another "always wanted to teach Aborigines", and a third, attracted by stories of Father Damien, decided at age 14 to become a missionary.¹¹

The motivations of Catholic Sisters were the same, regardless of when they entered their religious community. Both Sister Benedicta and a later entrant to the DOLSH congregation, Sister Jeanne, considered the women chosen for remote mission work as fortunate.¹² In the words of the latter, "A lot of us entered for the mission work and I was lucky enough to go."¹³ Indeed, the 1928 Constitutions depict works undertaken "at home" as ancillary to missionary

⁶ Carroll, Sr Benedicta OLSH. (former nurse, Channel Island and East Arm Leprosaria), with C. Robson. Typed transcript. Recorded at DOLSH Convent, Kensington, NSW, 09/09/2008.

⁷ Whelan, Sr Marion OLSH (former nurse, East Arm Leprosarium), interview with C. Robson. Typed transcript. Recorded at DOLSH Convent, Kensington, NSW, 12/08/2008.

⁸ DOLSHK, 'Helene May Cresp.'

⁹ SSJGB, 2.1A, Sr Angela Moroney SSJG, 'Reminiscences', June 1977; Sr Alphonsus Daly, *Healing Hands*; Battye Library, MN 2305, Papers of Joyce Caroline Dunphy, 6140A/45, Sister Mary Ignatius Murnane: 'A Chaplet of Dolours,' n.d.

¹⁰ Battye Library, MN 2305, Papers of Joyce Caroline Dunphy, 6140A/41, Sr Alphonsus Daly, 'Reminiscences and Anecdotes SSJG Kimberley Mission 1912-1972'.

¹¹ Hilary Carey, 'Subordination, Invisibility and Chosen Work,' p. 262.

¹² Sr B. Carroll, interview with C. Robson, 2008; "Sr Jeanne," (former nurse, Channel Island and East Arm Leprosaria), interview with C. Robson. Typed transcript. Recorded at DOLSH Convent, Kensington, NSW 18/08/2008. Name withheld.

¹³ "Sr Jeanne," interview with C. Robson, 2008.

work - reserved for those too young or frail, or in need of a break from the demands of the missions.¹⁴ Yet only a little more than one third of these women pursued a missionary vocation, as most took up teaching positions in local parishes.¹⁵ While it cannot be assumed that all entrants to the DOLSH aimed for a missionary vocation, it is clear that not all those who did so had their ambitions satisfied, either because they were deemed unsuitable physically or mentally, or because the concurrent demands of the parish exceeded those of the mission fields.

Very often the perception of “missions” was drawn from the experiences of those who had preceded them into the mission fields: inspirational talks given by senior missionaries, often in order to encourage new vocations; articles and photographs in missionary society magazines; and hagiographies of saints or respected missionaries, such as St Francis of Assisi and Father Damien de Veuster.¹⁶ Sr Marion ascribed her decision to become a religious to the effect of a lecture given by a missionary priest on the Northern Territory missions.

I was very impressed at the talk he gave and the way he spoke about the Sisters who worked with him, and how helpful they were, and what wonderful work they did, and I thought to myself, I'd never really heard a priest speak like that about any Sisters.¹⁷

So, although she had heard of admirable male missionaries, it was only at this moment that she discovered an avenue for herself, as a woman, to pursue a valuable missionary career. The conceptualisation of such a role depended on the successful construction of an image featuring a population in need. Hearing that “pagans” would be deprived of eternal salvation if not evangelised seems not to have been nearly as inspiring as the impressions of mortal suffering conveyed in missionary propaganda and recruiting drives, offering aspirants a chance to remedy the situation.

Tapping into female maternal instincts was one means of attracting women to the mission cause. In the twentieth century, promotional material for the Australian missions to the Indigenous people in the remote north consistently featured emotive images of Aboriginal infants or young children. Their parents were never included but sometimes a religious Sister would be shown holding the child, as if replacing the biological mother, as in an image of a leprosarium Sister in a 1940s recruiting brochure produced by the Kimberley SSJG. Aboriginal mothers, absent from

¹⁴ *Constitutions of the Daughters of Our Lady of the Sacred Heart*, 1928, p. 6.

¹⁵ The *Australasian Catholic Directory* 1940, p. 507 states that of the 271 women in the Australian Province of the DOLSH, 86, or about 1/3, were in Australian and Pacific missions. This proportion seems not to have changed as Anne O'Brien (*God's Willing Workers*, p. 164) cited a rate of 339 of 944 entrants over the period 1886-1968.

¹⁶ Murnane, *My Life As A Sister of St John of God*, p. 4; Daly, *Healing Hands*.

¹⁷ Sr M. Whelan, interview with C. Robson, 2008.

these images, might be imagined as deceased or unsuitable for fulfilling their maternal role, and their children in danger of neglect.



Figure 12: SSJG Recruiting Brochure, c.1949.

With caption, *"This is a Lactogen baby. She is like all babies – wants to be cuddled and shouts for her rights. Her mother just saw her and that was all, a mother whom leprosy claimed long ago as its victim."*

Such images and the accompanying literature overtly indicated the demand for single European Australian women to come to their aid, but the more subtle message conveyed was the promise of a maternal role without the obligations of marriage. This kind of publicity was instrumental in inducing leprosarium nurse, Sr Angela Moroney SSJG and missionary Sister, Mary Molloy OLHC to join their orders in 1927 and 1945 respectively.¹⁸ Although from an early age she had “wanted to become a missionary and look after black babies,” Moroney’s defining moment was when she saw an item in the Catholic newspaper of “a pathetic picture of three black babies with very skinny limbs” beside a letter from the Kimberley SSJG provincial superior asking for mission recruits.¹⁹

The circumstances of Hansens sufferers worldwide were continually represented in missionary magazines as a desperate cause in the twentieth century, worthy of the efforts of Catholic religious. As Catholic Sisters became involved in the Australian leprosaria, the focus shifted to highlight their work as a dramatic example of pious and rewarding missionary vocations among what were described as “the most afflicted and abandoned of our Aboriginal population.”²⁰ Comparisons were made with the idolised Father Damien de Veuster of the Molokai leprosarium. Like the “orphans” portrayed in Catholic missionary publications, Hansens patients were represented as a group discarded by society, and in need of the nurturing care of women religious. Leprosarium work was so highly valued that congregations whose Sisters were installed as nurses there used it to attract new postulants. An article on Channel Island in the *Annals* could inspire a woman to join the DOLSH as a means to obtaining work among

¹⁸ FMMS, Margaret Reed, ‘Interview with Sr Mary Molloy – Palm and Fantome Island’; Moroney, ‘Reminiscences.’

¹⁹ SSJG, Moroney, ‘Reminiscences.’

²⁰ *Australian Catholic Truth Society Record*, no. 233, 26/5/1941.

Hansens patients. Such strategies masked the sadness and anger of families forced to part with Hansens sufferers under public health regulations.²¹

The decision to respond to these overtures was a courageous, but not entirely uncharacteristic step for single women in the first half of the twentieth century. Apart from their commitment to the Catholic religious vocation, these missionaries, in heading for the remote Australian and Pacific Island missions, were not so removed from the many single women who chose to pursue adventurous yet dutiful, if sometimes short-lived, careers in the armed forces, the Red Cross, and Protestant Christian mission ventures.²² Fairly large numbers of these women shared a streak of independence, almost rebelliousness, in veering from the predictable life trajectory of family and domesticity to a role of service in some of the most dangerous and difficult of conditions. Religious and non-religious women in these positions, rather than relying on the protection of males, frequently used their acquired skills, their experience and sometimes other women's support to combat the challenges inherent in the fields of war and remote missions. The risk to life was considerable, whether as a result of capture by the enemy, as occurred in the Pacific during World War II, or, for nurses, by infection with lethal diseases.

For most of the women recruited to missionary congregations, the journey to the northern missions was a leap into the exotic. Many came from rural towns in the south-eastern areas of Australia, and others from urban centres such as Melbourne or Sydney, while others originated in Ireland, Canada and the USA.²³ They all, therefore, faced radical changes in community, work, climate and diet. Snakes, mosquitoes, fevers, floods, extreme heat, and water and food shortages would be the order of the day.²⁴ Yet, for all the discomfort and privation, they could still experience a freedom that was denied to most Catholic religious Sisters of this period whose lives have been described by historian and religious Sister, Naomi Turner:

Until and beyond the 1960s the religious sister was seen as belonging either to the school or to the hospital. She wore black and brown medieval clothing and veil, and rarely

²¹ *Australian Catholic Truth Society Record*, no. 233, 26/5/1941; Rev. John Eldridge MSC, 'An Island Lazaret: The Story of an Heroic Missionary Enterprise,' *Annals*, 2/2/1942, pp.41-42; Rev. F. Flynn, 'Channel Island Leper Station,' *Annals*, 1/10/1943; J.J. Hennessy, *Missionary Sisters in Australia?* Kimberley, WA: Sisters of St John of God, c.1949.

²² O'Brien, *God's Willing Workers*, pp. 122-3; Susanna de Vries, 'Heroic Australian Women in War' in de Vries (ed.), *The Complete Book of Heroic Australian Women*, Pymble, NSW: HarperCollins, 2010, pp. 308-10.

²³ Battye Library, MN 2305, Papers of Joyce Caroline Dunphy, 6140A/45, Sr Mary Ignatius Murnane, 'A Chaplet of Dolours'; "Sr Jeanne," interview with C. Robson; 2008; Maguire, *Prologue*, p.141.

²⁴ Murnane, *My Life As A Sister of St John of God*, pp.4-9; Daly, *Healing Hands*.

moved out of her convent; and when she did, it was in company with another sister. Her life was rigidly organised into a daily pattern of work and prayer.²⁵

The parents of many young aspiring Catholic Sisters preferred to think of their daughters living and working in this safer environment rather than enduring the challenges of the remote Australian and Pacific Island mission fields, and it is not surprising that there was often resistance to the whole idea by families and religious of the home parish.²⁶ Only after Sr Angela Moroney was almost killed in a horse-riding accident did her mother relent on her original refusal to allow her to join the Kimberley SSJG, perhaps resigned to the conclusion that Angela was always going to take risks and may as well do so in the performance of work she considered worthwhile.²⁷

But there was also a strong sense in pre-World War II that Australian Catholics saw missionary work among Indigenous people as unworthy of their efforts, as discussed in a previous chapter, and, further, that it was abhorrent. Sr Angela said of her mother, “she would not have minded my entering the St Jo’s Order in Adelaide” where her sister was a nun, “but to that place and to the blacks of all people, no.”²⁸ She was seen to be far more useful participating in the Australian mission as it had been originally conceptualised by the Catholic Church in colonial times and still persisted in this period: educating and ministering to white Catholic Australians.²⁹ The competition for the services of aspiring Sisters by “priests intent on staffing their own schools” almost drowned out appeals from the tiny Kimberley SSJG community.³⁰ The desire to work in the remote Australian missions was therefore divergent from mainstream Australian Catholic ideals; it still carried overtones of the foreign and over-zealous, being dominated by French and German male clergy.

Sr Peter Evans, a novice with the SSJG, was one of four leprosarium Sisters who refused to be evacuated when Japanese air raids threatened Derby in 1942 and hid in the bush with their patients for between one and two weeks. After their return to the leprosarium but while still in danger, she wrote a letter to her mother in which their harrowing experiences are described. Rather than spare her mother any anguish, Evans frankly narrated every frightening detail: “During February after Darwin had been bombed, things began to liven up here...Mother told

²⁵ Naomi Turner, *Which Seeds Shall Grow? Men and Women in Religious Life*, Melbourne: Collins Dove, 1988, p. 120.

²⁶ Murnane, *My Life as a Sister of St John of God*, p.5; SSJGB, Moroney, ‘Reminiscences.’

²⁷ SSJGB, Moroney, ‘Reminiscences.’

²⁸ Ibid.

²⁹ See Naomi Turner, *Which Seeds Shall Grow?* pp. 110-111 for a further discussion.

³⁰ Battye Library, MN 2305, Papers of Joyce Caroline Dunphy, 6140A/43, Sr M. Ignatius: ‘Sisters,’ n.d.

me to finish up and go for Sister who was in the camps as we had to get into our trenches, for Wyndham had been raided and Broome was even then being raided and we would be next.” Exchanging their glary white habits for dark cloaks, hiding in the long grass, drinking water “from a small billabong where all the lepers were dipping their pannikins and washing themselves” and, finally, facing a food shortage due to there being no sea transport were all described with a note of considerable bravado.³¹

Had it been published in a missionary magazine, Evans’ letter would have served the Catholic missionary cause admirably as an authentic realisation of the quest for sacrifice and adventure. First-hand stories such as this one were typically found in *The Annals* in which “the privations and suffering experienced by missionaries were vividly described.”³² Common to them all was the message that missionaries had the power to ameliorate the circumstances of others by sacrificing their own comforts. Self-abnegating mission work was also “good for the soul” to quote one priest, its very hardship a test of one’s faith and forbearance, and the potential means to attain a state of great sanctity.³³

Nursing qualifications were of considerable advantage for female missionaries as they were in demand by both state and mission authorities and, unlike teaching skills, were rarely acquired by male religious. They enabled missionary Sisters to supply unquestionably practical, benevolent and much needed services to Indigenous Australians. As the previous chapter argued, these skills placed the particular women in this study in a unique position, enabling them to satisfy state demands for leprosarium nursing staff. Many of these Sisters received nurse training after they had entered their respective convents following a request by their superiors; if they had been asked to become teachers instead, they would most likely have obeyed and followed that profession. The choice of apostolate was therefore less important than the religious vocation. Nevertheless, it was incumbent upon each Sister to carry out the professional aspect of their work to their utmost ability and dedication, as this was always seen as work undertaken in the service of God. Even for those women who had obtained their professional nursing qualifications prior to entering the convent or who had always intended becoming a nurse, on the taking of religious vows, the practice of nursing became newly framed as an expression of pious devotion.

It was through their positions as nurses that the Sisters could potentially foster a respect for their religious faith among mission subjects. In the words of DOLSH congregational historian, Sr

³¹ SSJGB, 2.9M, letter from Sr Peter Evans SJG to her parents, April, 1942.

³² Caruana, *Monastery on the Hill*, p. 4.

³³ Letter from Fr Moloney to Provincial Superior, 16/3/1942 (MSCK, Palm Island – 1942-3).

Venard, “To win these people for Christ, she first of all concerns herself with their physical ills, draws them to Him by her loving and efficient solicitude.”³⁴ It is not difficult to see how, in the context of the mission station, the dependence on the missionaries for sustenance and medical assistance could eventually render them open to receiving the Christian religion as well. In the leprosarium, this dependence could become stronger where illness led the nurse into close proximity to her patient and enabled continuity of contact to a degree not possible in other apostolic work.

Historians writing of the northern Australian leprosaria have tended to minimise the professionalism and nursing skills of the religious Sisters. Rod Edmond’s unsubstantiated statement that “rudimentary nursing care” was provided by the Sisters at Channel Island implies that very little was accomplished at all.³⁵ Geoff Genever incorrectly stated that “Such care as existed was provided by untrained sisters of an order known as Our Lady Help of Christians.”³⁶ He adds, without any supporting evidence, that “they concentrated on pastoral rather than medical care.”³⁷ Meg Parsons wrote in reference to the Fantome Island Sisters, “in another money-saving venture, the Department of Health and Home Affairs made the decision to employ Catholic nuns at the leprosarium instead of nurses”, as if these categories were mutually exclusive.³⁸ From the beginning of the Catholic Sisters’ association with the three leprosaria in northern Australia – Derby and Channel and Fantome Islands - every nurse on staff was fully trained in accredited hospitals, bringing their qualifications in line with those of lay registered nursing Sisters. Second, at each institution, at least one, but more commonly, several, were double or triple certificated nurses, qualifying them for maternity and mother-craft nursing.³⁹

In addition to basic nursing, the Sisters acquired specific knowledge of Hansen’s disease nursing and diagnostic techniques. The first group of Sisters to work at Fantome Island were trained by Dr Johnson at Peel Island and at the government laboratory in Brisbane by Dr Cilento prior to arriving at the leprosarium and, as well as Hansens nursing, included, “laboratory work and staining methods, instruction in the pulling of teeth and dispensing.”⁴⁰ Cilento assured the Bishop of Townsville that “they will go up with a very much better knowledge of the work than

³⁴ Venard, *History of the Australian Province of the Daughters of Our Lady of the Sacred Heart*, p. 169.

³⁵ Edmond, *Leprosy and Empire*, p. 167.

³⁶ Genever, ‘Queensland’s Black Leper Colony,’ p. 64.

³⁷ Ibid., p. 64.

³⁸ Parsons, *Spaces of Disease*, p. 336.

³⁹ Sr M. Whelan, interview with C. Robson, 2008; Sr B. Carroll, interview with C. Robson, 2008; Sr Camille Poidevin SJG (former nurse, Derby Leprosarium), interview with C. Robson. Typed transcript. Recorded at Derby, WA, 17/11/2008; “Sr Helen,” (former nurse, East Arm Leprosarium). Typed transcript. Recorded at DOLSH Convent, Kensington, NSW, 18/08/2008. Name withheld; “Sr Jeanne,” interview with C. Robson, 2008.

⁴⁰ TCA, 1148, Box 57, Folder 924, letter from Dr Cilento to Bishop Ryan, 2/2/1940.

any other nursing sisters have had when they commenced work amongst lepers in this country.”⁴¹ The Sisters “devoured” medical texts on Hansen’s disease and underwent courses in tropical medicine at Sydney University.⁴² Their appointment at Fantome was arranged well in advance so there was enough time to have them prepared whereas the Sisters of Derby and Channel Island had little notice of their impending assignment. The latter groups had to rely on received on-site instruction from the relevant medical officers as well as previous experience on the missions. There is some evidence that Sr Alphonsus Daly of the Derby leprosarium also undertook the tropical medicine course at Sydney University.⁴³ Many of Sisters accumulated extensive experience as a significant proportion remained nursing at the leprosaria for many years, some for decades, as in the case of Fantome Island and Derby. In later years, qualifications in Hansens therapy improved among the Sisters, as will be discussed in the next chapter.

The Patients

The majority of patients at the leprosaria were Indigenous Australians, but, of these, there was considerable cultural diversity since they were drawn from different language groups, regions and individual backgrounds. There were also a few patients of little or no Aboriginal descent. At the Derby leprosarium in 1937, when the SSJG Sisters arrived, the ninety patients were Aboriginal or part-Aboriginal people, mostly from the Western Kimberley, including sixteen from Beagle Bay Mission, and others originally from various cattle stations. Increasingly, more people were found in the East Kimberley at places such as Wyndham and Turkey Creek and at northern missions including Kunmunya and Kalumburu.⁴⁴ From 1940, some of the Western Australian patients who had been sent to Channel Island before the Derby Leprosarium was built also returned. At Channel Island, there were 62 patients in 1943, including four European men. About half of the patients were from the mission stations at Port Keats, Roper River, Oenpelli and the Tiwi Islands; some were from scattered regions of Arnhem Land; and others from cattle stations, including Victoria Downs and Wave Hill.⁴⁵ The Fantome Island Leprosarium, stated specifically to be for ‘coloured lepers’ took all non-European patients from Peel Island leprosarium, among whom were people from the Mapoon mission in Cape York, and some originally from the Palm Island government settlement, making up the total of about

⁴¹ TCA, 1148, Box 57, Folder 924, letter from Dr Cilento to Bishop Ryan, 2/2/1940.

⁴² TCA, 1149, Box 57, Folder 925, letter from Dr Cilento to Bishop Ryan, 29/9/1939; Mother Ignatius to Bishop Ryan, 31/12/1939 and 12/5/1940; M.R. MacGinley, *An Eloquent Witness*, p. 100.

⁴³ SSJGB, 2.600, ‘The SJG Sisters in the Kimberley District N.W. Australia,’ no author, n.d.

⁴⁴ Davis, ‘Health’ in WA DNA, *Annual Report of the Commissioner of Native Affairs for the year ending 30/6/1937*, Perth: Government Printer, 1937, pp. 9-11; Davidson, *Havens of Refuge*, pp. 65-78.

⁴⁵ NAA: A1658, 258/1/1 PART 1, letter from A.J. Metcalfe, CDGH to Secretary, RFA, Table II, 10/1/1952; NAA: F1 1952/526, Nominal Roll, 12/4/1949.

75 in 1940 when the OLHC Sisters arrived. Others admitted at this leprosarium were Torres Strait Islanders and those of Melanesian descent. Administratively, in Queensland, these groups, being dark-skinned, were classified as Aboriginal.⁴⁶

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Figure 13: Trackers and police escort a Hansen’s disease suspect (fifth from front) from the bush for transport to Derby Leprosarium.

Invariably, these people arrived at the leprosarium under extremely distressing circumstances. Until at least the late 1940s, ‘leper patrols’, conducted in both states and the Territory, routinely involved surprise raids by police or patrol officers on Aboriginal camps, after which ‘suspects’ would be rounded up, their necks chained, and forced to walk the long journey to the nearest temporary holding compound until road, sea or rail transport could be arranged. Others were identified at missions, schools and pastoral stations, and brought in on the back of utility trucks, in cramped ‘leper’ train carriages like cattle to the abattoirs, or in the heaving holds of coastal luggers. As a result of the patrols, Aboriginal people became wary and frightened of the impending presence of police, white health workers and, in the Northern Territory, the patrol officers, one of whom has been referred to by one former Channel Island patient as the man “who used to come ‘round trying to grab us.”⁴⁷ Indigenous people hid in the bush at any hint of

⁴⁶Rowley, *The Destruction of Aboriginal Society*, p. 363.

⁴⁷Philomena Kerinaiaua, ‘Philomena’s Story’ in Lana Quall, (ed.), *So Far From Home: Oral Histories of the Stolen Generations*, Katherine, NT: Diwurruwurru-jaru Aboriginal Corp., c2002, p. 28.

their impending presence. They had seen their relatives being taken away to the leprosarium, never to return – they feared the same for themselves.⁴⁸

From the point of view of Hansens patients, they were better off with their own families and on their own land, especially if they were very ill. As far as traditional Indigenous people were concerned, they were not the abandoned who needed rescuing from neglect, as the missionaries portrayed them. Dr John Hargrave, a Hansen's disease specialist who, for thirty years from the 1950s, worked closely with Northern Territory Aborigines has stated,

Whatever their feelings, whatever their beliefs, whatever their attitudes, Aborigines never shun a leprosy patient. They care for him in the camp. Far better, they believe, that he die in his own country deformed and disabled, than that he be taken away to die away from his totemic waterhole.⁴⁹

As patients of the leprosarium, Indigenous people were forced to sever contact with their families, sometimes permanently. Only from the 1950s were they permitted to have adult visitors but even then, the difficulties in travelling long distances for some families limited visits. On the other hand, because Hansen's disease was passed through families and communities, many patients knew or were related to others, an awful yet mitigating circumstance.⁵⁰ The concentration of people from different tribal groups led to tension and sometimes violence yet it also sometimes fostered unusual affiliations in which friendships developed, and cultural and linguistic exchange took place.

Staff Roles

The institutions varied in the amount of responsibility officially delegated to the nursing Sisters and depended to some extent on the authority granted to lay administrative staff. State and Territory authorities believed it was essential to employ male superintendents to the leprosaria as a means of protection to the Sisters, to regulate the behaviour of the male patients, and to run the administration generally. In Western Australia, authorities emphasised that the Sisters were only to perform nursing duties, and that the senior Sister, Mother Gertrude, was not to be

⁴⁸ David Mowaljarlai, *Yorro Yorro: everything standing up alive: spirit of the Kimberley*, Broome, WA: Magabala Books, 2001, pp. 117-119; T. Puertollano, interview with C. Choo; Saunders, 'A Suitable Island Site' (1989), pp. 46-48; Sean Gilligan and Adrian Strong, 'Fantome Island' [videorecording], Mitchell, A.C.T.: Ronin Films, 2011.

⁴⁹ J.C. Hargrave, *Leprosy in the Northern Territory of Australia : with particular reference to the Aborigines of Arnhem Land and the arid regions of the Northern Territory*, unpub. M.D. thesis, University of Sydney, 1975, pp. 253-254.

⁵⁰ Joe Eggmolesse, formerly a child patient on Fantome Island, found the presence of an aunt and uncle as patients comforting. (Gilligan and Strong, 'Fantome Island').

accorded the title of ‘matron.’⁵¹ A superintendent and his wife were employed to control the administration and, although Mother Gertrude tried to assume responsibility for requisitioning the patients’ clothes, the medicines and the food, she was informed that she would have to liaise over these issues through the superintendent.

At Fantome Island, Mother Peter was designated ‘matron’ and given charge of the general care and welfare of the patients, the domestic affairs of the institution, the discipline of the patients, and the issue of drugs and medical supplies, stores, clothing, bedding and linen. In this capacity, she was still subject to a superintendent’s authority. Frank Julian, however, who held this position, was also superintendent of the lock hospital located at the opposite end of the island and therefore had little time to exercise his authority at the leprosarium.⁵² Furthermore, he vacated the position in 1947 and was not replaced.

As Channel Island Leprosarium was re-established during the military occupation of the Northern Territory when the civilian population had mostly left the area, there was little choice but to appoint a missionary to the role of male superintendent. The Catholic bishop of Darwin, F.X.Gsell MSC, who provided support to the military administration during this period, organised for a missionary Brother of his own order to take the position. From extensive testimony, it is evident that Brother McCarthy did not play a significant role in overseeing the administration of the leprosarium for the six years of his time there. He quietly performed his manual duties, such as managing the stores, and was friendly towards the patients. It was expected that he would exercise some authority and manage the discipline of the patients but in these respects, he was ineffectual.⁵³ The Sisters, then, like their Fantome Island counterparts, were left with a great deal of responsibility in both the medical and administrative areas.

Leprosarium Conditions

The leprosaria were planned as semi self-sufficient villages, similar to Indigenous mission settlements or the Peel Island leprosarium in southern Queensland. The design and placement of the buildings reflected both the sanitary objectives of state health authorities and prevalent racial paradigms, as well as adherence to tight budgetary constraints. Men and women were housed in separate sections and fenced off. Young women and children, also separated according to

⁵¹ Letter from WA CPH, letter from Dr Atkinson, to Under Secretary, May 1939 (PHD, 1935/0251; SROWA, Cons 1003).

⁵² QSA Item ID717220, Batch file, letter from Under Secretary to Minister, Fantome Island Working Organisation, 13/5/1940.

⁵³ NAA: A1928, 715/38/1 SECTION 3, NT CMO, Inquiry Re: Channel Island - Leper Station, 12/11/1946.

gender, were accommodated in dormitory-style housing.⁵⁴ Sexual segregation was a government health policy in line with current international practices for the purpose of preventing reproduction and the infecting of the newborn with the disease through parental contact.⁵⁵ Nevertheless, attempts at keeping the sexes apart repeatedly failed.

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Figure 14: Huts on Channel Island, c.1930s,

At each leprosarium, groups of small huts, each designed for two to four people, accommodated the majority of adult patients. The rationale for this arrangement was to prevent cramped living conditions which were believed to encourage the spread of Hansen's disease, yet as patient numbers increased in the 1940s, the huts became overcrowded and, only after years of delay and protest, extra accommodation was supplied. In Derby, this upgrade consisted of a pair of long dormitory-style buildings, one each for the men and women. Most huts were of primitive construction, having wooden frames with walls of either galvanised iron or fibro-cement, concrete slab floors, and with little furniture other than a bed. They offered scarce respite from the severe heat and heavy rains of the northern Australian wet seasons. Mostly, they served as sleeping quarters since, for the majority of the day, the patients engaged in activities that took them either outdoors or into one of the buildings reserved for dining, bathing, treatment,

⁵⁴ Derby: Under-Secretary, Memo:Derby Leprosarium, 7/7/1937 (PHD, 1935/0251; SROWA, Cons 1003); "Tracy," interview with C. Choo; Channel Island: NAA: A1928, 715/38/1 SECTION 3, Report of investigating committee, 19/11/1946, p.3; Fantome Island: TCA, 1144, Box 57, Folder 920, Monthly Journal of the OLHC at Fantome Island, March 1941.

⁵⁵ Rogers and Muir, *Leprosy*, pp. 129-131.

recreation and school. Residents who were acutely ill or non-ambulatory were accommodated in the leprosarium hospitals which were all divided into sexually-segregated wards.⁵⁶

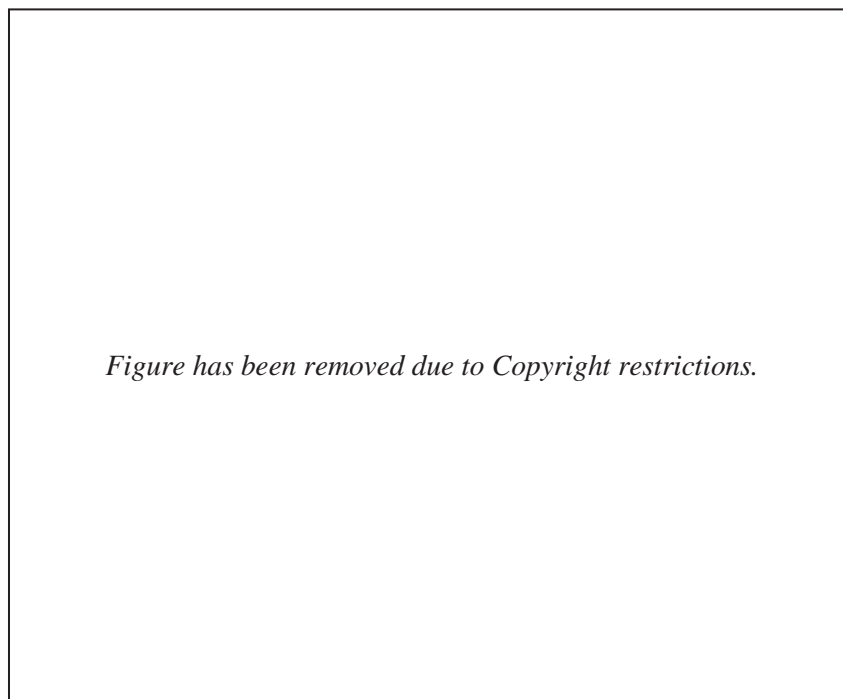


Figure 15: Derby Leprosarium buildings, 1947. Note huts and dormitories in background.

This form of accommodation was designed with Indigenous patients in mind, the justification being that they had previously not been accustomed to dwellings of any higher standard.⁵⁷ The few patients of Channel Island and Derby who were European or of minimal Aboriginal descent had private and more spacious quarters, set apart from the main settlement (although these were not in all cases necessarily more comfortable).⁵⁸ Their detention in the leprosaria did not sit well in the minds of government doctors and other officials: the prospect that more of these people might be admitted into Derby leprosarium prompted District Medical Officer, A.R. Haynes, to protest, “This institution is only a [sic] Aboriginal hospital or leprosarium...You could not take

⁵⁶ Derby: Trigg, ‘Memo’, 12/8/1935 (PHD, 1935/0251; SROWA, Cons 1003); Channel Island: NAA: A1928, 715/38/1 SECTION 3, Report of investigating committee, 19/11/1946, p. 3; Fantome Island: QSA Item ID505017, Correspondence, Aboriginal and Torres Strait Islander, Dr M. Gabriel, ‘Report on Visit to Fantome Island – April 1953,’ p. 3; Parsons, *Spaces of Disease*, pp. 346-348.

⁵⁷ Sr B. Carroll, interview with C. Robson, 2008.

⁵⁸ At Channel Island, two white patients built an “iron shack” for themselves near the beach, distant from the main settlement (NAA: A1928, 715/38/1 SECTION 3, Report of investigating committee, 19/11/1946). Among the Derby patients were three sisters of 1/4-Aboriginal descent who were given a multi-roomed cottage near the staff quarters: Assistant Under Secretary, memo, c.1941 (PHD, 1940/0390; SROWA, Cons 1003).

either the quadroon men or women and dump them in a blackfellow camp.”⁵⁹ Over on Fantome Island, no such official sympathy was expressed since skin colour, rather than ethnicity, defined all patients as ‘Aboriginal.’ Thus, Westernised third-generation Melanesians arriving from south-eastern Queensland country towns were considered as suited to the primitive dwellings as were Indigenous Australians.⁶⁰

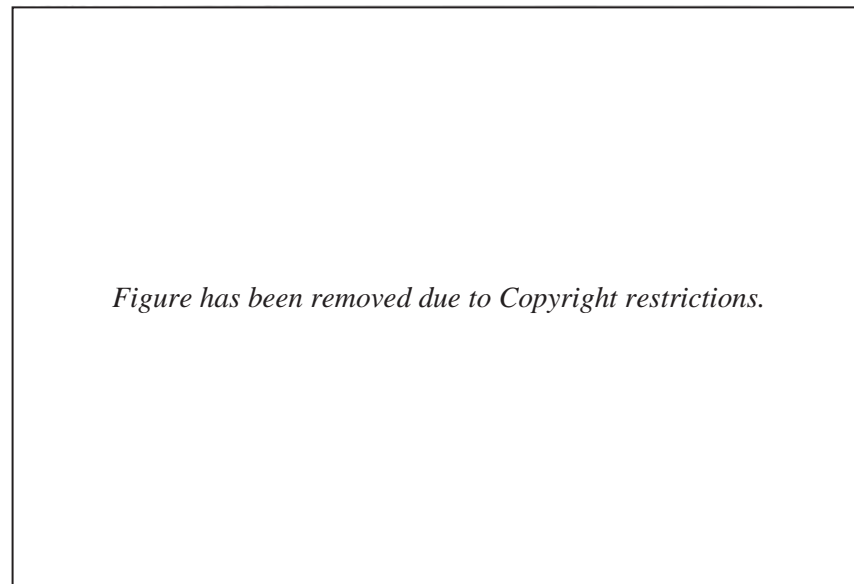


Figure 16: Fantome Island Leprosarium patient huts, 1947.

On the arrival of the Sisters at the newer facilities at Fantome Island and Derby, agricultural development was begun with bright-eyed optimism in the purchase of livestock and vegetable seeds, and the construction of accessories such as wells, bake-houses and windmills. Initially, supplies were shipped in until the regular production of foodstuffs could begin to flow. It was soon realised, however, that there was insufficient water for self-sufficiency to ever be fully attained. The long dry weather spells and the absence of natural waterways that characterised the sites of all three leprosaria led to the failure of food crops and the death, or lack of productivity, of farm animals. Goats did not produce enough milk at Fantome Island and the sheep at Derby perished. At some times of the year, there was barely enough water for washing. Until after World War II, the leprosarium communities continued to be highly dependent upon the transport of almost all their needs from town. Inefficiency, poor communication, interruptions due to the war, and hazardous weather conditions made such deliveries unreliable. Without refrigeration and in such extreme heat, any meat that did arrive needed to be consumed

⁵⁹ Letter from Haynes to CPH, 29/4/1941 (PHD, 1940/0390; SROWA, Cons 1003).

⁶⁰ Meg Parsons has shown that on Peel Island, prior to 1940 when both ‘coloured’ and European people were inmates, the former were also expected to share their accommodation and it was of a lower standard in contrast to the latter. (Parsons, *Spaces of Disease*, p. 277).

immediately and then there would be no more for long periods. Consequently, patients could not be supplied with the elements deemed by leprosarium planners to be essential for their well-being and recovery: fresh fruit, meat and vegetables, and sufficient water for hygienic living conditions. In order merely to survive, the communities had to be resourceful with the basic supplies that either nature or the government had provided.⁶¹

Section 2 Making Christian Citizens

Nursing and Medical Care

The nursing care provided by the religious Sisters in the Australian leprosaria is of critical interest in this study, being one important aspect of treatment differentiating Indigenous from most non-Indigenous sufferers, and the commodity for which governments hired the Sisters originally. When they first took up their work, the Sisters at each leprosarium were allocated a short list of duties, similar to this one at Derby in 1937: “attend to sores, treat other diseases, give injections twice weekly, take temperatures.”⁶² The actual sphere of their nursing responsibilities, however, was far wider and more challenging than these lists suggest due to the particular demands and deficiencies of the northern leprosaria and their changing therapeutics. It was very often in the unassigned and unexpected that the women’s resourcefulness and initiative can most clearly be discerned. Few patients could be cured prior to the early 1950s regardless of the skills and resources of the nursing and medical staff. Yet the Sisters remained hopeful, diligent and inventive, if not always in the expectation of cure, at least to palliate.

Sr Angela, formerly of Derby leprosarium, looking back to the early 1940s, remembered,

Every evening Mother gathered all the Catholics and anyone else who wanted to come for rosary and novena for the request of a cure for leprosy. Dr Musso urged them to keep up the novenas. He said, ‘one day a cure will come and when it does come it will be a quick one.’⁶³

⁶¹ These conditions have been described: Channel Island: NAA: A1928, 715/38/1 SECTION 2, Major A.J. Butler, Australian Military Forces, Northern Territory Force, ‘Channel Island’, 14/12/1944; NAA A1928, 715/38/1 SECTION 3, Report of the investigating committee, 19/11/1946, pp. 5-6; Derby: letter from Sr Gertrude to CPH, 15/5/1939, and letter from Dr Davis to CPH, 13/5/1937 (PHD, 1935/0251; SROWA, Cons 1003); “Tracy,” interview with C. Choo; T. Puertollano, interview with C. Choo; Fantome Island: FMMS, Sr M. Marguerite Lachance, ‘Fantome Island History’; Sr Paul Duford FMM (former teacher, Fantome Island), interview with Siobhan McHugh, *Siobhan McHugh Collection of Australian Social History*. Sound recording, 198-?, NLA, ORAL TRC 2761/5; Parsons, *Spaces of Disease*, pp. 343-346.

⁶² Letter from Mother Margaret to Under Secretary, 3/8/1937 (PHD, 1935/0251; SROWA, Cons 1003).

⁶³ SSJGB, 2.1A, Sr Angela Moroney SJG, ‘Reminiscences’; the ‘rosary’ is a “certain form of prayer wherein we say fifteen decades or tens of Hail Marys with an Our Father between each ten, while at each of these fifteen decades we recall successively in pious meditation one of the mysteries of our Redemption,” (Herbert Thurston and Andrew Shipman, ‘The Rosary’ in *The Catholic Encyclopedia*. vol. 13. New York: Robert Appleton Company, 1912. Retrieved June 30, 2010 from New Advent: <http://www.newadvent.org/cathen/13184b.htm>); a ‘novena’ is a “nine days’ private or public devotion in the Catholic Church to obtain special graces.” It has the character of “hopeful mourning, of yearning, of

As shown in the previous chapter, the engagement of full-time medical officers, knowledgeable in Hansen's disease medicine, had been considered essential in doctors' visions of the new leprosaria at Derby and Fantome Island as "modern and up-to-date treatment centres."⁶⁴ But soon after both facilities opened, the difficulties of obtaining medical staff for this work became clear. The doctor poised to fill the Fantome Island position joined the navy in 1940 and was not replaced, and, for Derby, no suitable applicants, including from among medical missionaries, could be found.⁶⁵ Senior state officials in both Queensland and Western Australia, faced with the costs and shortages in available personnel became easily persuaded that "the treatment of leprosy is more or less routine" and that "the Sisters carry out the treatment necessary."⁶⁶ The position of a full-time doctor was therefore seen as redundant, and as the case had been for Channel Island since its establishment in 1931, medical work at the leprosaria became part of the overall duties of local medical officers, supplemented by the occasional visits of specialists.⁶⁷ This system did not change in either of the two states for the whole duration of their operations, despite the growing complexity of treatment regimens and a threefold increase in patients at Derby by the early 1950s. Only in the Northern Territory, after the relocation of the leprosarium to the mainland, a full-time doctor was eventually employed in the late 1950s. In contrast, at the European leprosarium on Peel Island a full-time medical officer was employed from 1944.⁶⁸

Hansen's disease treatment, if approached with expertise and interest, did not have to be perfunctory even in the late 1930s and 1940s, as can be seen in comparing Fantome Island and Derby in the 1940s. As well as losing its medical officer, Fantome Island also lost the services of Dr Croll, the leprosy research officer funded by an NHMRC grant in 1939, who resigned in the same year, due to illness. In addition to inspection tours of northern Queensland, Croll was to have conducted research and provided ongoing training to the nursing staff on Fantome Island, along with the medical officer. None of these tasks became possible then, or at any other stage. Dr Cilento, furious with medical attendance reduced to the cursory visits of the elderly and inexperienced Palm Island medical officer, proclaimed, "Until a solution is found....,

prayer." (Joseph Hilgers, 'Novena' in *The Catholic Encyclopedia*, vol. 11, New York: Robert Appleton Company, 1911. Retrieved June 30, 2010 from New Advent:<http://www.newadvent.org/cathen/11141b.htm>)

⁶⁴ Letter from Dr Davis to CPH, 14/9/1936 (PHD, 1935/0732; SROWA, Cons 1003).

⁶⁵ Letter from CPH to Dr Davis, 21/6/1937 (PHD, 1935/0251; SROWA, Cons 1003).

⁶⁶ Under-Secretary, Memorandum: Derby Leprosarium, 7/7/1937 (PHD, 1935/0251; SROWA, Cons 1003); QSA Item ID717220, Batch file, letter from Dr J. Coffey, Deputy DGH to the Under-Secretary, n.d., 1940.

⁶⁷ Saunders, 'A Suitable Island Site' (1989), p.36; 'Memorandum: Derby Leprosarium,' 7/7/1937 (PHD, 1935/0251; SROWA, Cons 1003); QSA Item ID717220, Batch file, letter from Under-Secretary to Minister, 'Fantome Leprosarium: Working Organisation,' 13/5/1940.

⁶⁸ Parsons, *Spaces of Disease*, p. 287.

medical work at Fantome Island will be entirely unsatisfactory and constantly subject to justifiable criticism.”⁶⁹

The corresponding NHMRC investigation officer for the northwest of Western Australia was Dr Musso who, on expiry of the grant in 1941, became Medical Officer of the W.A. Department of Aborigines until 1947. As part of these roles, Musso spent a considerable amount of time at the Derby leprosarium, training the Sisters in aspects of testing and treatment, tailoring therapies to each patient, improving their diets, and monitoring outcomes.⁷⁰ In 1945, he instituted the policy of admitting only those showing bacteriological evidence of the disease (apart from some exceptional cases), rather than, as in other leprosaria, positive clinical signs being sufficient cause. As a consequence of his influence, Derby was the only Indigenous leprosarium to have significant numbers of discharges before the early 1950s, some due to the arrest of their disease and others, found to have the less infectious form of the disease, deemed unnecessarily detained.⁷¹



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Figure 17: Sister injecting patient with Chaulmoogra oil at Derby Leprosarium.

⁶⁹ QSA Item ID717220, Batch file, letter from Cilento to Under-Secretary, 9/8/1940.

⁷⁰ Davidson, *Havens of Refuge*, p. 79.

⁷¹ Dr L.A.Musso, 'A General Review of the Cases of Leprosy from 1935 to October 1945 as obtained from the admissions to the Native Hospital at Derby and from the Leprosarium at Derby together with some comments from an epidemiological point of view', 15/2/1946 (DNA, 1946/0392; SROWA, Cons 993). Between 1940 and 1950, over 200 patients were discharged from Derby, 32 from Channel Island and 9 from Fantome Island. (See Musso, 'A General Review,' p.5; F.E.A. Bateman, *Report on Survey of Native Affairs*, Perth: Government Printer, 1948, p. 20; QLD DHHA, *Annual Report 1964*, p. 14; Dr A.H. Humphry, 'Leprosy Among Full-Blooded Aborigines of the Northern Territory,' *MJA*, 26/4/1952, p.570).

Until the late 1940s, the Sisters administered the agent, chaulmoogra oil, either orally or by injection, usually twice weekly. It was a thick, oily substance that Sr Alphonsus remembered heating on a flame over a kerosene stove before injecting into patients' limbs or the edges of their skin lesions.⁷² The pain would have been excruciating. At Channel Island, Sr Benedicta poured the oil into capsules for swallowing, but it still made patients feel ill and so unwilling to take it, and she recalled how some "put it behind their ear or somewhere and drank the water."⁷³ Each month, the Sisters tested for the Hansens bacillus. They extracted serum (known as 'smears') from the tissue of the patients' ear lobes, nose and eyebrows, stained it, and examined it under the microscope for the presence of the bacteria. Results were recorded along with clinical observations and used to chart the course of the disease in each patient. Smear tests detected the infectivity of the patient and, taken in a continued series over months and years, revealed the course of the disease in the individual. An unbroken set of negative smears over periods that varied between twelve and twenty-four months, depending on medical opinion, along with clinical improvement over two years, was evidence of the arrest of the disease.⁷⁴



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Figure 18: Sister checking smear, Derby Leprosarium, 1948.

The majority of these tasks were carried out in a tenacious but almost fruitless battle to cure the disease. To make the cynical claim that the "painful injections were nothing more than a 'confidence trick'" neglects the strong medical consensus in this period, that at least some patients could undergo radical improvement with the available treatment, if not the complete

⁷² Daly, *Healing Hands*.

⁷³ Sr B. Carroll, interview with C. Robson, 2008.

⁷⁴ FMMS, Sr M. Marguerite Lachance, 'Fantome Island History'; *Leprosy in Northern Territory Aborigines*, Darwin: Northern Territory Medical Service, 1968, pp. 26-27.

arrest of the disease.⁷⁵ But there was only limited potential for such results in the 1930s and 1940s at the northern Australian leprosaria where Indigenous patients arrived sometimes in the advanced stages of Hansen's disease, stricken with other serious diseases, or in generally weak health. Poor nutrition, substandard shelter and emotional trauma due to separation from home no doubt added to the heavy toll they bore. What slender hope was held for their cure at the outset of treatment must surely have diminished even further as patients passed rapidly away, and survival itself remained a tenuous goal.⁷⁶

The greater part of the Sisters' days, and, sometimes, nights, was occupied with managing and trying to ameliorate the multifarious and sometimes serious conditions and complications induced by the disease and the distressing and painful reactions many experienced to Hansen's disease medication. Twice daily, they spent hours attending to the routine clinical procedures: giving out medication for various purposes, washing and bandaging the patients' lesions, paring ulcers, and applying caustics. At other times, they were in the dispensary, mixing solutions and compresses, or performing dental extractions for which they'd been specifically trained. If amputations or other medical procedures were required, they assisted and then took care of the patient's recovery.⁷⁷

Quite apart from the specific instructions given them by governments, the Sisters devised their own ways to improve the patients' health. Formal physiotherapy and occupational therapy regimes were not incorporated into the leprosaria until at least the 1960s (and not at all in the case of Fantome Island) although the benefit of physical exercise to the Hansens patient's physical and mental condition was appreciated by leprologists at least as far back as the interwar period. In particular, the importance of exercising limbs to prevent or at least minimise the development of deformities, such as nerve contractures, and a range of other debilitating conditions associated with Hansen's disease, has long been recognised.⁷⁸ No doubt governments were unwilling to pay outside staff for services that were linked to rehabilitation when, to them, the prospect of Indigenous patients resuming former occupations was unlikely. For the Sisters,

⁷⁵ Vaughan, *Curing Their Ills*, p. 84 She uses John Iliffe's expression, "confidence trick"; Rogers and Muir, *Leprosy*, pp. 242-3; Musso, 'A General Review' (DNA, 1946/0392; SROWA, Cons 993), pp. 5-6.

⁷⁶ By 1945, close to 30% of patients had died at Derby and 37% at Fantome Island. (Musso, 'A General Review' (DNA, 1946/0392; SROWA, Cons 993); QLD DHHA, *Annual Report 1964*, p. 14) Figures at Channel Island are incomplete due to the interruptions caused by the Second World War, however statistics provided by Suzanne Saunders for the period 1932-1938 give a figure of about 34% (Saunders, 'A Suitable Island Site' (1989), p. 42).

⁷⁷ FMMS, Sr M. Marguerite Lachance, 'Fantome Island History'; Sr Anna Moloney FMM (formerly Sr Catherine OLHC), 'My Journey in Religious Life from 1935-1969.'

⁷⁸ P. Moonot, N. Ashwood, D. Lockwood, 'Orthopaedic Complications of Leprosy', *The Journal of Bone and Joint Surgery*, 87 (10), Oct., 2005, pp. 1329-30; Patricia M. Hunn, 'Leprosy: Ancient Disease, Modern Challenge!' *Australian Journal of Physiotherapy*, 3, September 1972, p. 100.

the future of the patients was not as certain and, moreover, they could appreciate the short-term benefits of maintaining mobility. At Derby, the patients were lined up each day in separate groups of men and women, and taken through their exercises, in much the same way, according to visiting photographer, Stuart Gore, as the “customary ‘PT’ with which most of us are familiar from school or army days.”⁷⁹ At all the leprosaria, sports events were organised, including football matches for both sexes. Hands and fingers were exercised with painting, sculpting and playing musical instruments (discussed in more detail later) and women spun, weaved, knitted and sewed.⁸⁰

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Figure 19: Daily exercise class, Derby Leprosarium, 1948.

Some of the enduring images cast from contemporary and later sources are the nights spent by these earlier Sisters hovering over patients with kerosene lamps, keeping fevers down and easing pains, and in the less hopeful cases, providing comfort.⁸¹ As intended, they convey the heroism, skill and dedication of the nurses but, considering they are images from the mid-

⁷⁹ Stuart Gore, ‘Leper Colony’, *Walkabout*, 1/11/1951, p. 19.

⁸⁰ “Warwick”, (former patient, Fantome Island Leprosarium), interview with Charmaine Robson 07/06/2011. Typed transcript. Location and name confidential in accordance with UNSW Ethics Panel requirements.

⁸¹ Letter from Fr Henschke to Provincial Superior, 10/9/1946 (MSCK, Prov.Corr, N.T.Darwin,1946); SSJGB, 2.1A Sr Angela Moroney SSJG, ‘Reminiscences,’ June 1977; FMMS, Fantome Island 1944-1971 History and Development, Sr Anna Moloney FMM (formerly Sr Catherine OLHC), ‘My Journey in Religious Life from 1935-1969.’

twentieth century, they also highlight the grave inadequacies of the leprosaria as medical institutions. For example, electricity was not supplied to Fantome Island until 1953 and, for emergency assistance, staff had to light a fire to attract the attention of the Palm Islanders and then wait long hours for an appropriate response.⁸² When a dangerously premature birth took place on Channel Island in 1952, one of the patients rowed the eight miles to the mainland to bring back a doctor. Nevertheless, the newborn child remained in the care of the leprosarium Sisters until its health improved, reportedly using a humidicrib fashioned by Brother Lilwall, the superintendent.⁸³

New technology, whenever available, was taken up with enthusiasm by the Sisters. Ultraviolet ray treatment at Derby was one example that eventually proved of limited benefit. Former CPH for W.A., Dr Davidson remembered that Sr Alphonsus devised her own system of classifying the Hansens bacilli observed with the microscope to help identify patients' progress, well before the formal 'Morphological Index' was invented.⁸⁴ Doctors considered that treatments introduced at the three northern leprosaria were to some extent experimental, since they had never before been administered to Australian Indigenous people, and different races were thought to react to medication in varying ways. In 1946, Sr Michaeline, matron of Channel Island leprosarium, asked the Northern Territory health department for supplies of Promin, the first of the sulphone class of drugs that was being used with great success overseas.⁸⁵ The reply came that because treatment required full-time medical supervision, it could not be supplied to Indigenous patients: the drug was highly toxic and only available as an injection, therefore careful administration and continual monitoring of its effects were essential.⁸⁶ At Peel Island leprosarium where a doctor was permanently stationed, Promin treatment began the next year but even here, only 1/3 of the patients could be treated due to medical staff shortages. In 1948, administration of sulphones finally began at all three leprosaria for Indigenous patients with the introduction of Sulphetrone, given orally.⁸⁷

⁸² FMMS, Sr M. Marguerite Lachance, 'Fantome Island History.'

⁸³ '24 oz Baby Born to Lepers,' *The Sunday Herald*, 22/6/1952, p. 1.

⁸⁴ Davidson, *Havens of Refuge*, p. 114.

⁸⁵ NAA: A1928, 715/38/1 SECTION 3, AJ Metcalfe, Acting CDGH to NT CMO McGlashen, 9/12/1946.

⁸⁶ At Peel Island, the leprosarium for European patients in Queensland, there was a resident medical officer and he managed to oversee Promin treatment of only 1/3 of the patients in 1947. Promin was known to be highly toxic, could only be administered by injection, and still experimental. Its use therefore required considerable monitoring and decision-making. (Dr Reye, Peel Island Medical Officer, 'Leprosy' in Queensland, QLD Health and Medical Services Branch, *Annual Report on the Health and Medical Services of the State of Queensland for the year 1946-1947*, Brisbane: The State, 1947, p. 7; NAA: A1928, 715/38/1 SECTION 3, McGlashen to Mr H.I.C. Dent, Promotion Manager, Parke Davis & Co, 6/11/1947).

⁸⁷ Queensland Health and Medical Services Branch, *Annual Report 1946-1947*, pp. 7-8 and *1948-1949*, p. 13; Dr Herz, 'Notes' in Davidson, *Havens of Refuge*, p. 174; Suzanne Parry, "'Of Vital Importance to the Community': The Control of Leprosy in the Northern Territory," *Health and History*, vol. 5, no. 1, 2003,

But for several patients this long dreamed-for panacea was more a poison. Sr Paul, who arrived at Fantome Island in 1948, stated that about six people died after treatment with Sulphetrone and that “some went wild.”⁸⁸ At Channel Island, one victim was a 12-year-old girl who died after developing a severe blood disorder.⁸⁹ State health departments conceded “the impossibility at present of controlling these reactions [and so] conservative measures are being adopted until more is known about the control of such reactions.”⁹⁰ Several years later, it was concluded that “the coloured patients do not tolerate any of the drugs in the high dosages needed in white patients.”⁹¹ Only after dosages were reduced and newer, less toxic sulphones were introduced could most Indigenous patients begin to experience improvements in health.

Nevertheless, most Indigenous patients remained in the leprosaria for years after clinical and bacteriological evidence had shown that their disease had subsided and that they were no longer infectious. While, officially, from 1950, the criterion for discharge was two years of “uninterrupted and progressive improvement, and twelve successive [negative] monthly bacteriological reports,” specific rules for “native full bloods” often took precedence.⁹² For them, discharge was not recommended if their home areas were not supplied with nursing services and, in the case of the disabled, means for their total support.⁹³ In justifying the stricter criteria for Indigenous patients, Northern Territory medical officer, Dr Humphry explained, “his standard of hygiene is poor, he will not sleep apart, nor can he restrain his intense fondness for children. He does not understand the word ‘infectivity.’”⁹⁴

Small numbers of patients were discharged to mission stations, such as Port Keats in the Northern Territory and government settlements, such as Palm Island, in Queensland, where nurses were on hand. These groups sometimes included people who had originated from vastly different backgrounds, for example, cattle stations and “undefined areas such as the Mary River.”⁹⁵ It was a sad indictment on health and welfare access for Indigenous communities in northern Australia that, even in the 1950s, the leprosaria, with all their deficiencies, were some

p. 12; A.H. Humphry, ‘Leprosy Among Full-Blooded Aborigines of the Northern Territory’, *MJA* 26/4/1952, vol. 1, no.17, p. 573.

⁸⁸ Sr P. Duford, interview with S. McHugh, 198_?

⁸⁹ Kettle, *Health Services in the Northern Territory*, vol. 2, p. 44.

⁹⁰ ‘Fantome Island Leprosarium’ in Queensland Health and Medical Services Branch, *Annual Report 1950-1951*, p. 8

⁹¹ QSA Item ID714733, Correspondence, Aboriginal and Torres Strait Islander, Dr M Gabriel to Director-General of Health, ‘Report on a Visit to Fantome Island- July 1955,’ 10/8/1955, p. 1.

⁹² NAA: A1658, 258/1/1/ Part 1, Report on National Health and Medical Research Council, Committee on Tropical Physiology and Hygiene, 2/11/1950.

⁹³ ‘Leprosy and its Management,’ *Health*, vol.8, no.1, March 1958, pp. 20-23.

⁹⁴ Dr A.H. Humphry, ‘Leprosy Among Full-Blooded Aborigines,’ *MJA*, 26/4/1952, pp. 571.

⁹⁵ NAA: F1, 1954/321, letter from Dr Humphry to Director of Welfare, 11/5/1956.

of the few places to provide Western healthcare and provisions for the physical survival of those unable to fend for themselves.

The Work Ethic

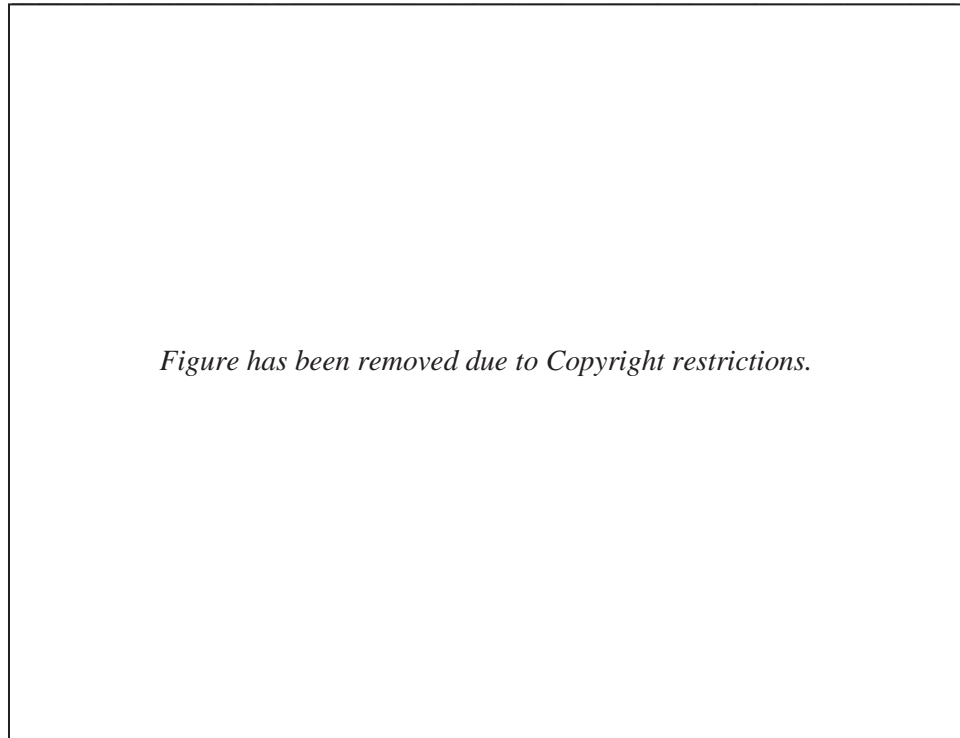


Figure 20: Women patients working in the Derby Leprosarium vegetable garden. The caption accompanying this magazine photo refers to the women as “cheerful lubras” doing work “of practical value to the institution.”

Across the three institutions, and throughout their periods of operation, able-bodied patients, apart from young children, were expected to fulfill various tasks contributing to the day-to-day running of the leprosaria. Support by the staff and higher levels of administration for this practice did not stem from any single strand of thinking; rather, it represented a confluence of widely-held and long ingrained societal values, current psycho-medical theory, and practical, fiscal considerations. Applied to Indigenous patients, it was an imposition of Western morals and lifestyle; in its extreme in the allocation of tedious or physically arduous tasks for little or no pay, it replicated a pattern of exploitation typified in European-Indigenous labour relations. Work by patients was vital to the day-to-day maintenance of the institutions and to the provision of their own sustenance, healthcare and other services. In the 1930s and 1940s when shortages of food, clothing and other necessities were acute, patient labour forces were quickly formed, and equipped with lessons in thrift. To feed the patients after her arrival, Mother Peter at Fantome Island taught the female patients to bake bread and at Derby, they were shown how to

sew flour bags into dresses for the girls.⁹⁶ The men were directed to chopping wood and helping with construction and transport. As time went on, and resources became more readily available, patient industry became more productive and organised, continuing to be distributed along lines of gender, physical ability and proficiency. Women patients washed and manufactured the other patients' clothes, milked animals and fed the poultry while the men slaughtered stock, transported supplies and operated motors for pumps and other equipment. Patients of both sexes assisted with nursing and showering the less mobile patients and cooking.⁹⁷ Those who came from missions or Europeanised backgrounds were given greater responsibility and delegated the less mundane tasks. Former nursing staff have emphasised the importance of the patients' roles as workers, stating that they were indispensable to the overall functioning of the institutions.⁹⁸

Archival evidence suggests that most of the patients employed in the leprosaria were paid a very low wage. Those classified as Aboriginal were paid less than the mixed descent patients, their wages being even lower than the scales set by state and territories for Indigenous people on Aboriginal settlements.⁹⁹ In 1951, Indigenous patients at both Channel and Fantome Islands were paid a maximum of ten shillings a week while those on settlements in the Darwin area were paid forty shillings. Mixed descent patients employed in more authoritative or skilled work received two pound and ten at Channel Island. Aboriginal lumberjacks there worked for several years without earning any wages, as did anyone working for less than four hours on Fantome Island.¹⁰⁰ On the basis that workers from outside the leprosarium demanded double pay rates to work at these institutions, officials calculated that the sixty-seven patients employed at Channel Island in 1953 saved the Commonwealth government £78,900 per year!¹⁰¹

As with government settlements, Indigenous patients in Queensland and, possibly at other leprosaria, did not receive all their wages directly.¹⁰² A proportion was deposited into bank accounts and withdrawn only after individual requests to senior staff.¹⁰³ It is unclear whether this policy had always been in place or if it was introduced after paternalistic concerns were

⁹⁶ TCA, 1148, Box 57, Folder No. 924, letter from Mother Peter to Bishop Ryan, 6/3/1940.

⁹⁷ SSJGB, 2.21Y, Sr Francis Dunne SJG, Speech, 8/3/2002.

⁹⁸ Sr M. Whelan, interview with C. Robson, 2008; Sr B. Carroll, interview with C. Robson, 2008.

⁹⁹ NAA: A1658, 756/11/3, PART 1, letter from CDGH to Secretary, Public Service Board, 1/3/1951.

¹⁰⁰ QSA Item ID505017, Correspondence, Aboriginal and Torres Strait Islander, letter from Sturges to Deputy Director, DNA, September, 1951; NAA: A1658, 756/11/3, PART 1, letter from CDGH to NT Director of Health, 4/4/1951.

¹⁰¹ NAA: A1658, 756/11/3, PART 1, letter from N.T Acting Deputy Director of Health to CDGH, 17/4/1953.

¹⁰² Rosalind Kidd, *Trustees On Trial: Recovering the Stolen Wages*, Canberra, ACT: Aboriginal Studies Press, 2006, p. 72.

¹⁰³ QSA Item ID714734, Correspondence, Aboriginal and Torres Strait Islander, List of Wages for the Fortnight Ending 21/6/1958.

raised about the ability of Indigenous patients to use their money wisely. An article in the MSC journal, *The Annals*, in 1952, conveyed the attitude of staff: “Brother gives them jobs and receives some money from the government to pay them...The stronger ones thus earn considerable sums at times but alas! They gamble the money away among themselves and send to Darwin for all sorts of food and costly articles.”¹⁰⁴

Work, as a form of mental and physical occupation, was also considered an essential part of Hansens treatment from at least the 1930s. In their authoritative textbook, copies of which occupied the clinic shelves of all Australian leprosaria, leprologists Rogers and Muir stated that work routines should be encouraged as physiotherapy:

Work in the garden and in the field is excellent, and many of the deformities which render this impossible to the poorer patients would never have occurred if they had persisted in doing such work from the beginning.¹⁰⁵

They also believed that work was “effective in preventing the dissemination of infection [and] extremely beneficial to the patient both mentally and physically.”¹⁰⁶ The psychological problems associated with institutionalising Hansens sufferers were familiar to leprologists internationally:

Left to himself, the condition of the leprous patient is a most deplorable one. The long duration of the disease, exclusion from work and from intercourse with his fellows, and the ostracism to which he is subjected cause mental depression, and sometimes even acute melancholia. Where lepers live in agricultural settlements, employment suited to their capacity for work and association with others who are in the same condition has a cheering effect upon them.¹⁰⁷

Australian medico-bureaucrats agreed with this theory and sanctioned its application in leprosaria under their control. Dr Cilento advised “purposive employment...in profitable farm work” should be pursued by Hansens patients.¹⁰⁸ Western Australian CPH, Dr Atkinson, also supported these principles in planning the Derby leprosarium, adding a specification for recreational activity: “It is important that facilities for play and occupation are available...Everything must be done to divert the patient’s mind from his unfortunate

¹⁰⁴ H.D. Morris, ‘Darwin and Channel Island’, *The Annals*, 1/10/1952, p. 229.

¹⁰⁵ Rogers and Muir, *Leprosy*, p. 247.

¹⁰⁶ *Ibid.*, p. 248.

¹⁰⁷ *Ibid.*, pp. 205-6.

¹⁰⁸ NAA: A1928, 635/34, Cilento to CDGH, 31/7/1934.

plight...”¹⁰⁹ The work policy had also applied to patients of all races, including Europeans, detained at Peel island from at least 1922 until its closure in 1959, despite claims to the contrary.¹¹⁰

The view, as purported by Rogers and Muir above, that “exclusion from work” could cause depression, and that its resumption, even if repetitive and arduous, could lift a patient’s spirits can be linked with the prevailing and more widely applied Australian work ethic. Hard work as morally edifying and a boost to one’s sense of self-worth had permeated British social values since the eighteenth century. In colonial Australia, this idea was central to the reforming ideology of institutions such as asylums and charitable institutions.¹¹¹ Historian David Potts has argued for its persistence during the Great Depression when Australian men, unable to secure employment, felt the sting of their childhood adage, “Tis the idle grow weary...There’s joy in labour found.”¹¹² Without work, fears arose of dependency on others for assistance and the descent into pauperism, a state associated with “moral and spiritual inferiority.”¹¹³

The ‘rhetoric of pauperism’, as Anne O’Brien has argued, surfaced in different historical and political contexts, appearing at times and with varying intensity in some nineteenth-century Indigenous mission endeavours.¹¹⁴ It can be found in Peggy Brock’s study in which mission leaders in the early part of the twentieth century believed that creating “productive members of European society” was integral to Christianising and civilising objectives.¹¹⁵ In the interwar period, Aboriginal affairs officials also conceptualised their ideals of social assimilation as contingent upon the avoidance of pauperism, as Tim Rowse has argued. He quotes J.B. Bleakley in 1928: “Any system that pauperises the native, or produces for him without effort on his own part, is not likely to succeed in uplifting him.”¹¹⁶ This sentiment, when repeated by officials in the next two decades, was expressed as a warning: Aborigines who were without

¹⁰⁹ Western Australia Public Health Department, *Report of the Public Health Department for the year 1935-1936*, Perth, Western Australia: Department of Public Health, 1936, p. 8.

¹¹⁰ See Meg Parsons, *Spaces of Disease*, p. 358. For evidence of work practices at Peel Island see Queensland Department of Public Health, *Annual Report of the Commissioner of Public Health, Queensland*, Brisbane: Office of the Commissioner of Public Health, 1922, p. 12; and 1923, p. 9; and 1934, p. 7; Queensland Health and Medical Services Branch, *Annual Report* 1953, p. 20; 1954, p. 12; 1955, p. 17; 1957, p. 16; 1958, p. 14. For evidence that work practices were seen by medical officers as beneficial therapeutically and practically, regardless of race, see *Annual Reports*, 1953, p.20; 1955, p.17.

¹¹¹ Stephen Garton, *Out of Luck: Poor Australians and Social Welfare 1788-1988*, Sydney: Allen and Unwin, 1990, p. 54, 57, 59-61.

¹¹² David Potts, ‘A Battle for the Mind: The Work Ethic during the Great Depression,’ *Agora*, vol. 42, no. 4, p. 17.

¹¹³ Anne O’Brien, ‘Pauperism Revisited,’ *Australian Historical Studies*, 42:2, 2011, p. 212.

¹¹⁴ *Ibid.*, p. 212, p. 225-227.

¹¹⁵ Brock, *Outback Ghettos*, pp. 79-80.

¹¹⁶ J.B. Bleakley cited in Tim Rowse, *White flour, white power: from rations to citizenship in Central Australia*, Cambridge, Melbourne: Cambridge University Press 1998, p. 27.

acceptable occupation posed a moral threat to society. Royal Commissioner H.D. Moseley stated in 1934 “if they were not educated and provided with employment they would become a positive menace to the community: the men useless and the women a tribe of harlots.”¹¹⁷ Fourteen years later, magistrate F.E. Bateman commented that “the saying that the devil finds work for idle hands is particularly true when applied to the native.”¹¹⁸

The construction of Indigenous Australians as inherently idle has roots in the impressions recorded by Australia’s first white explorers and settlers. Shino Konishi has shown that these views were informed to a large degree by eighteenth-century European Enlightenment theories in which agrarian industry was tied to Christian virtue and superior civilisation.¹¹⁹ However, as Richard Broome has demonstrated, it was not just ideology that informed the attitudes of white Australians; pastoral employers, for example, at times misconstrued Indigenous responses to European work practices as instances of Indigenous indolence.¹²⁰

The concept of work as essentially “good” and as clearly differentiated from other pastimes such as leisure and sport was alien to Indigenous Australians who had not been assimilated to European ways, as historian Kaye McPherson has pointed out. Life was not carved up into working days and holidays, unlike “the invaders who danced like puppets to their master time.”¹²¹ There were no deadlines so people didn’t normally need to hurry. There was no point in spending more time than was required in the acquisition of basic needs such as food and shelter since the idea of accumulating personal wealth was unknown. It was a difficult, sometimes impossible, transition for Indigenous people and their children to conform to strict timetables and compulsory chores in the institutions to which so many were transferred. Their inability or unwillingness to comply was perhaps the reason Europeans, such as magistrate Bateman, viewed them as lazy or immoral.

The views of Catholic religious staff closely accorded with the official line. In writings to their religious superiors, they reported their success in mobilising the patients into work schedules with satisfaction. In 1940, Mother Peter, in her new role as leprosarium matron, lamented the inactive state in which she found the patients, as her first journal entry reveals: “The condition

¹¹⁷ Moseley quoted in Haebich, *For Their Own Good*, p. 339.

¹¹⁸ Bateman, *Report on Survey of Native Affairs*, p. 11.

¹¹⁹ Shino Konishi, ‘Idle Men: The Eighteenth-century Roots of the Indigenous Indolence Myth’ in Frances Peters-Little, Ann Curthoys, and John Docker (eds), *Passionate Histories: Myth, Memory and Indigenous Australia*, Canberra: ANU E Press and Aboriginal History Inc., 2010, p. 100, 104.

¹²⁰ Richard Broome, ‘Aboriginal Workers on South-Eastern Frontiers,’ *Australian Historical Studies*, 26:103, 1994, pp. 216-218.

¹²¹ Kaye McPherson, ‘Leisure and Pleasure: The Tasmanian Aboriginal Perspective,’ *Papers and Proceedings (Tasmanian Historical Research Association)*, June 2002, p. 7.

of our poor people was in a very poor state. ... At one end the people were quite idle and everything was very dirty.” She made the allocation of jobs for them one of her first priorities:

The first two weeks passed in trying to form plans, and in meeting and learning to know the people, and deciding what work or duty they could perform. Following on this, various duties were given the men, women and children. They responded very well, thank God.¹²²

The Channel Island superintendent noted that “Some of the blacks are well able to chop wood and pump water” and that “some of the half-castes are good cooks and take turns about cooking for the other patients.”¹²³ Similarly, in Derby, such industry was extolled, with one patient’s hard work and achievements cause for the medical officer to recommend regular wage payments to him.¹²⁴

In light of the authority exerted by the religious Sisters over leprosarium policy, it is worthwhile here to consider how this work discourse fitted with Catholic ideology. Work and indolence as the embodiment of virtue and vice may be explained by reference to Weber’s ‘Protestant work ethic,’ Australia being a largely Protestant British society in this period.¹²⁵ I would, however, argue with Potts, that at least in the first half of the twentieth century these value-laden notions of work and idleness were common to Europeans generally in Australian society and elsewhere, and not restricted to those of a particular religious persuasion, although nuances may exist.¹²⁶ Michel Foucault has explored in detail the use of work as the central reforming strategy underlying the early modern institution of therapeutic confinement, arguing that both Catholic and Protestant authorities subscribed to this philosophy.¹²⁷

There is considerable literature on Catholic attitudes to work. The argument of sociologists, John Tropman and Bryan Fields, after him, that the ‘Catholic work ethic’ defines work as ‘instrumental, not transcendental’ - that work is treated as a means to an end and has no intrinsic worth - is not consistent with twentieth century Catholic doctrine.¹²⁸ And while Harro Höpfl’s contention that church teachings are more prescriptive rather than indicative of the existence of a lived ‘ethic’ by Catholics cannot be disputed, neither can their influence over value systems,

¹²² TCA, 1144, Box 57, Folder 920, Monthly Journal of the OLHC at Fantome Island, March 1940.

¹²³ Letter from superintendent to Provincial Superior 28/9/1943 (MSCK, Prov Corr, NT Darwin 1943)

¹²⁴ Letter from Dr A. Davis to WA CPH, 20/5/1937 (PHD, 1935/0251; SROWA, Cons 1003).

¹²⁵ Max Weber, *The Protestant Ethic and the Spirit of Capitalism*, trans. Talcott Parsons, London: George Allen and Unwin, 1950, p. 157, 160-163, 179.

¹²⁶ Potts, ‘A Battle for the Mind,’ p. 17.

¹²⁷ Foucault, *Madness and Civilization*, p. 51.

¹²⁸ John E Tropman, ‘The Catholic Work Ethic,’ *The International Executive*, vol. 34, no. 4, July/August, 1992, p. 300; Bryan Fields, *The Catholic Ethic and Global Capitalism*, Great Britain: Ashgate Publishing Co., 2003, p. 189.

especially those of professed religious men and women.¹²⁹ In 1931, Pope Pius XI explicitly expressed, first, the centrality of work to life: “man is born to labor as the bird to fly”, and, second, its physical and spiritual virtue: “bodily labor, which Divine Providence decreed to be performed, even after original sin, for the good at once of man’s body and soul...”¹³⁰ There was also a strong emphasis on the virtue of manual labour and the demoralising nature of idleness in Constitutions of the Catholic religious orders who, after all, in their roles as teachers and priests, helped to define contemporary Catholic values.¹³¹

For some patients, who had previously followed a traditional or semi-traditional lifestyle, removal to the leprosarium entailed immersion into an alien and more markedly regimented existence. Their days were scheduled with not just work, but hygiene routines, chores, clinic attendances, exercises, music practice and leisure activities. However, care should be taken not to overstate this trend. It took more energy and time than was always available to staff to consistently maintain such routines and there were periods when, much to officials’ disapproval, the patients managed to elude this close supervision and learn European skills of a different kind, such as card games.¹³²

Although, generally, the more traditional patients continued to occupy a different working stratum than the more culturally assimilated patients, the Sisters and other staff made efforts to narrow this differentiation through the long-term process of the education and training of all patients.¹³³ The Sisters on Fantome Island, left in charge of the leprosarium for most of the time, played a major role in delegating tasks to the patients whereas at Derby and Darwin, their autonomy was limited by the presence of government and religious superintendents, and so they were less influential in this area. But whether establishing, maintaining or elaborating this system, the Sisters took an active part in the implementation of this dominant work ideology at

¹²⁹ Harro Höpfl, ‘A Catholic Work Ethic?’ *Journal of Management, Spirituality and Religion*, 4(4), 2007, p. 415.

¹³⁰ Pope Pius XI, ‘Quadragesimo Anno’, *The Vatican*, 1931, http://www.vatican.va/holy_father/pius_xi/encyclicals/documents/hf_p-xi_enc_19310515_quadragesimo-anno_en.html (accessed October 24, 2009), sections 61 and 135.

¹³¹ E.g. St Ignatius’ warning, “nothing is more hateful and dangerous than idleness” is cited in No.45, Missionaries of the Sacred Heart, *Statutes for the Australian Province of the Missionaries of the Sacred Heart of Jesus*, 1914, Missionaries of the Sacred Heart, Kensington, NSW, p. 9.

¹³² QSA Item ID505017, Correspondence, Aboriginal and Torres Strait Islander, letter from Sturges to Deputy Director, DNA, September, 1951; Mary Anne Jebb (ed.), *Mowanjumb 50 years: community history*, Derby, WA: Mowanjumb Aboriginal Community and Mowanjumb Artists Spirit of the Wandjina Aboriginal Corporation, 2008, p. 90.

¹³³ NAA: A1658, 756/11/3 PART 2, N.T. Director of Health to CDGH, 16/3/1962: The Director asked for more staff as several mixed-descent East Arm patients had been discharged, leaving jobs that were “beyond the scope of the full-blood aboriginal.”

the leprosaria where discourses that all stressed the value of hard work – medical, missionary, social or government indigenous policy – converged.

School

With the admission of patients as young as seven, the Sisters at all three institutions established schools shortly after they assumed nursing duties.¹³⁴ In contrast with the work policy, their establishment was entirely at the Sisters’ initiative and almost certainly had no precedent in Australian leprosaria. Government departments did not have a role in determining the curricula and nor did they support the schools with educational materials or facilities until many years after the schools’ commencement. While these classes, as with the work schedules, were a means of filling the time with disciplined and wholesome occupation, they were also an important vehicle for the “engineering of individualized ‘leper-citizens’” to quote Warwick Anderson. In this particular context, the children’s education reflected the evangelising and assimilationist aims of the Catholic missionary Sisters who were their teachers.¹³⁵



Figure has been removed due to Copyright restrictions.

Figure 21: Derby Leprosarium school class, 1947. The teacher is Catholic convent-educated patient Theresa Puertollano.

¹³⁴ TCA, 1144, Box 57, Folder 920, Monthly Journal of the OLHC at Fantome Island, June 1940; SSJGB, 2.23F, ‘Educational Involvement SSJG’; NAA: A461, G347/1/10 PART 1, letter from Secretary, Department of Army to Secretary, Prime Minister’s Department, Nov 1945.

¹³⁵ Anderson, *Colonial Pathologies*, p. 162.

Classes were at first held in open gunyahs with dirt floors and teachers salvaged what supplies they could find, or patients constructed items from raw materials, but, eventually, dedicated schoolrooms were built.¹³⁶ In the early days, matrons doubled as schoolteachers and, in some cases, the more educated patients were deployed as teaching assistants, but before long, schoolteachers were recruited from the respective religious congregations.

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Figure 22: The school at East Arm Leprosarium, 1950s.

School was used to instruct Indigenous children in a range of skills and moral values that were believed appropriate and useful in the leprosarium as well as conducive to the overall ‘civilising’ and Christianising project. Lessons in English literacy and numeracy, basic arithmetic and religious education were provided both to the children and to interested adults. The Sisters considered literacy to be of immediate value since it enabled the children to write and read letters, allowing some contact with family members at home.¹³⁷ But also in providing access to educational and religious texts, it furthered the Sisters’ broader goals. That the Sisters attempted to transplant into the leprosarium the same form of education provided by Catholic teachers elsewhere in Australia is evident in a photograph of one 1950s leprosarium classroom. There is little to distinguish it from any Australian Catholic schoolroom of the same period,

¹³⁶ QSA Item ID505023, Correspondence, Aboriginal and Torres Strait Islander, Davis to Director, DNA, 14/6/ 1946.

¹³⁷ SSJGB, 2.92B, Sr Therese, Leprosarium School Report, nd.; FMMS, Fantome Island 1944-1971 History and Development, Anna Moloney, ‘My Journey in Religious Life from 1935-1969.’

apart from the racial identity of the pupils. The dominant portrayal of western Christian civilisation apparent in the images of the British queen and Christ, and maps defining the triumphs of Western colonialisation, create what historian Christine Trimingham Jack has called a “symbolic landscape of our lives” and were “carriers of powerful messages about the right way of living.”¹³⁸

Attention to health and hygiene was given considerable attention, consistent with practices at most institutions for Indigenous children.¹³⁹ In the Fantome Island school, young patients were awarded prizes for consistently attending clinic for the painful injections of chaulmoogra oil. The children were taught the consequences of failing to observe correct hygiene through moral stories.¹⁴⁰ Cleanliness and tidiness were emphasised in the classroom, as they had been to the adults in their working routines. Mother Peter noted of her young students in 1942, “Their little hands are mostly deformed or broken with bad blisters. It is difficult for them to keep their work in good order.”¹⁴¹ Thirty years later, Derby leprosarium schoolteacher, Sr Therese, stated that one of her roles was “to see that the classroom is attractive and clean, also that in the class room the pupils wear clean, neat clothes, that their hands are clean, their hair tidy.”¹⁴² These comments reveal the continuing attempts by the teaching Sisters to inculcate the children with Western notions of both personal hygiene and the orderly appearance of written work and dress. Hygiene was obviously of particular importance in the leprosarium but its inextricable pairing with habits of tidiness as time-honoured practices drilled into the minds of Western school children indicate that it was encouraged as part of the overall ‘civilising project’, rather than for solely practical purposes.

The conventional method of reward and punishment to bend the will of school children applied also at the leprosaria. Just as prizes for complying with odious medical treatment were given, misbehaviour was dealt with by writing out lines, as revealed in this description of an incident when one young Derby patient –whose sole experience of school was in the leprosarium - was asked to mind the class: “So he got them singing and the kids started to laugh while they were singing, so he gave them a piece of paper each and made them write, ‘I must not laugh while singing.’”¹⁴³ One ex-patient remembered corporal punishment as a means of enforcing obedience. The memories of his youth-hood in the leprosarium are told in song-form:

¹³⁸ Trimingham Jack, *Growing Good Catholic Girls*, p. 72.

¹³⁹ Haebich, *Broken Circles*, pp. 401-402.

¹⁴⁰ “Warwick,” interview with C. Robson, 2011.

¹⁴¹ TCA, 1144, Box 57, Folder 920, Monthly Journal of the OLHC at Fantome Island, July 1942.

¹⁴² SSJGB, 2.92B, Sr Therese, Leprosarium School Report, nd.

¹⁴³ Laurelle d’Antoine quoted in Edie Wright, *Full Circle: From Mission to Community - A Family Story*, Fremantle Arts Centre Press, 2001, p. 211.

Oh, it was real good living at Bungarun.¹⁴⁴
You know, good friends, school. ...
We used to get a hiding too!
We tried to run away from school.¹⁴⁵

Evidence suggests that most children were not offered education beyond primary level, at least until the 1960s when instruction was sometimes combined with government correspondence schools. But even the basic level of education provided in the leprosarium exceeded that offered to many Indigenous children generally, and it has been seen by some Indigenous ex-patients and their communities as an asset. Philomena Kerinaiaua remembered Channel Island as the only place she ever went to school.¹⁴⁶ Edie Wright, whose brother was admitted to Derby leprosarium as a young boy, wrote that her parents “appreciated the good education he was receiving from the St John of God Sisters.” The education, along with some of the other care and attention he received, seemed to help mitigate the heartache the family felt at having the little boy separated from them and institutionalised.¹⁴⁷ Bob Nyalcas of Turkey Creek in Western Australia implied that the leprosarium school in Derby gave some Indigenous people an edge over others in terms of the education they had received. Referring to a group of Kulumburu people who were admitted as children, he said, “They bin do em good. When they bin young, yeh, they used to do em school there...they’re really top class now.”¹⁴⁸

A few patients, coming from home backgrounds with greater educational opportunities, may have found the leprosarium school system inadequate, as in the case of one former Fantome Island patient who recalled that school classes in the mid to late 1940s only ran for two hours a day and that he “couldn’t read or write much at all when [he] came out.”¹⁴⁹ His siblings at home, he noted ruefully, had qualified in a range of different trades and professions. It is probable, also, that the quality of education on Fantome Island was constrained by fewer resources and time, since, from the mid-1940s, patient numbers fell markedly relative to the other institutions, and at times included only one school-aged child.

¹⁴⁴ ‘Bungarun’ is the name Indigenous patients called Derby Leprosarium.

¹⁴⁵ Michael Jambarra quoted in Colleen Hattersley (ed.), *Booroola Nganka (Derby Stories)*, Derby, WA: Yuriny Aboriginal Cultural Centre, 2001, p. 3.

¹⁴⁶ Philomena Kerinaiaua, ‘Philomena’s Story’ in Quall, *So Far From Home*, p. 28.

¹⁴⁷ Edie Wright, *Full Circle*, p. 210, including quotations from her mother, Laurelle d’Antoine.

¹⁴⁸ Bob Nyalcas quoted in Helen Ross, *Community Social Impact Assessment: A Cumulative Study in the Turkey Creek Area*, WA, East Kimberley Working Paper, no.27, p. 47.

¹⁴⁹ “Warwick,” interview with C. Robson, 2011.

The Sisters' school classes were not the sole source of education for the leprosarium children. Contact with older patients from culturally diverse backgrounds led to the children's familiarisation with belief systems, customs and languages that varied widely from those promoted in the school, but did not necessarily modify the latter. For example, patients learnt English in school but they also sometimes continued to speak their own languages and, through meeting patients from other language groups, became adept multi-lingual speakers. Philomena Kerinaiaua who as a child was admitted to Channel Island explained,

I lost count of my own language. I guess you could say I never spoke my own language since when I left from here and I go to that quarantine. We used to just talk Kriol or English. Then they took me to the Tiwi Islands and I learned little bit of language there, Tiwi language.¹⁵⁰

Another patient learnt "English, Kuninjku, Tiwi Lingo, Oenpelli languages and Mawu" while in the leprosarium but lost the use of her native language.¹⁵¹

One former nursing Sister has stated that during her time from the late 1940s to the 1960s, there were no attempts made by staff to prevent patients speaking in their own language, in contrast, she admitted, with some mission practices.¹⁵² The staff tolerated a range of practices that varied from the Western Christian model they actively promoted, as will be demonstrated further in this chapter. Even had they wanted to suppress them, they did not have the ultimate authority to do so in a government institution, but, more likely they recognised the importance of traditions to the patients and that their continued practice, as long as they were 'harmless', would help to keep the peace.

Music and Dance

Organised music activities formed an important element of patient life introduced by the Sisters at Derby and Fantome Island, and included instrumental and singing instruction, the creation of bands and ensembles, and the staging of concert performances. Catholic Sisters were part of a strong but recent tradition that played a large part in the early twentieth-century popularisation of piano lessons in Australia. The teaching of European music in the leprosarium was part of the Sisters' cultural and Christian assimilation project.¹⁵³ Yet it did not preclude the practice of

¹⁵⁰ Kerinaiaua, 'Philomena's Story,' p. 29.

¹⁵¹ Sue Kildea, *Birthing in the Bush: It's Time to Listen*, Ph.D. thesis, Centre for Family Health and Midwifery, University of Technology, Sydney, 2005, p. 170.

¹⁵² Sr B. Carroll, interview with C. Robson, 2008.

¹⁵³ Paul Griffiths, *New Penguin Dictionary of Music*, USA: Penguin Books, (2004), 2006, p. 247. See also Margaret Walsh, *The Good Sams: Sisters of the Good Samaritan 1857-1969*, Mulgrave: John Garratt

traditional music and dance by the patients. At the same time, the Sisters used music to distract the patients from the distress of their circumstances and also to circumvent their own methods of amelioration which, in some cases, threatened the harmony and moral integrity of the institution. The playing of musical instruments by the patients satisfied yet one more objective of the Sisters, at least in the case of the Derby leprosarium: it was a form of physiotherapy.

In the early 1940s, Sr Alphonsus Daly, one of the Derby leprosarium nursing Sisters, who was also a trained musician, began teaching violin to five patients at the Derby leprosarium with the aim of starting a music ensemble. Over the next few years it developed into an orchestra of forty violins, six banjos, a cello, a cornet, and percussion instruments, and performances were given whenever visitors came to the leprosarium. In addition, the Derby patients were taught singing, drama and dance, and participated in concerts regularly held in the institution's operating theatre. At Fantome Island music and song were also taught and encouraged by the Sisters. Although there was no formal program of classical music instruction as at Derby, the patients formed a band, sang hymns and carols, and gave concerts for visitors.¹⁵⁴ At Channel Island, apart from the efforts by the brother in charge to start a harmonica band in 1955, there is little evidence of organised music programs; the reasons are not clear but perhaps it had to do with the Sisters' hefty workload, leaving scarce time for such pursuits, or perhaps the individual Sisters were not musically trained or proficient.¹⁵⁵

Sr Alphonsus taught her patients to play their musical instruments "by ear". Rather than learning to read music in the more conventional method, they listened to her play the piano and imitated the melodies on their different instruments.¹⁵⁶ As students developed greater competence, they were placed in the front rows, with the others following their lead.¹⁵⁷ Having taught music in Broome for many years, she attributed the success of this system to her belief that "Aborigines are a naturally musical people with a keen sense of harmony, melody and rhythm" and a "love and memory for music."¹⁵⁸ Sydney Conservatorium-trained Sr Camille, who replaced Sr Alphonsus as music teacher in 1964, continued with this method and thought

Publishing, 2001, p. 278. She wrote of the ubiquity and significance of music lessons and performances in twentieth-century Catholic schools where religious Sisters were the teachers.

¹⁵⁴ S. Boyd, interview with S. McHugh, 198_?

¹⁵⁵ NAA: A1658, 756/11/3 PART 1, NT CMO to CDGH, 15/11/1950. In 1950, the government acknowledged the extent to which the Sisters and the Brother superintendent were overworked on Channel Island, although it is very difficult to make meaningful comparisons with the other institutions since the duties themselves varied according to the particular institution's needs and its staffing arrangements.

¹⁵⁶ Ex-patient and band member quoted in "Healing Sounds of the Bungarun Orchestra," *Message Stick*, DVD recording, Sydney: ABC Television, 1999.

¹⁵⁷ Ex-patient and band member quoted in *Healing Sounds of the Bungarun Orchestra*.

¹⁵⁸ Daly, *Healing Hands*.

that, compared with the European students she had taught, “Aborigines had a gift... they'd hear a new tune and would catch on...the patients continued to learn this way after radios and tape recorders became available.”¹⁵⁹

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Figure 23: String section, Derby Leprosarium orchestra, 1948. Note the patients’ fashionably coiffed hair and neat, good quality clothing, for making a favourable impression on visitors.

Considering her responsibilities and workload as the senior nurse of Australia’s largest leprosarium, the determination of Sr Alphonsus to implement her music program was impressive. She asked the Health Department to provide the musical instruments and to fund their repair and string replacements, a constant requirement due to the high humidity.¹⁶⁰ The Catholic periodical, *The Advocate*, requested its readers to donate instruments as an act of charity “to these poor unfortunates.”¹⁶¹ Sr Alphonsus held music practice sessions at least three evenings a week and, additionally, she ran a patient choir and gave dancing lessons. By the 1950s, she had added jazz and honky tonk to the orchestra’s classical repertoire and “we’d play *Danny Boy* and *Down by the Swanee* and sing away like nobody’s business.”¹⁶² Concerts were held frequently and considerable effort went to the design and making of outfits such as cowboy

¹⁵⁹ Sr C. Poidevin, interview with C. Robson, 2008.

¹⁶⁰ Daly, *Healing Hands*.

¹⁶¹ G.C. Daly, ‘Australia’s Largest Leper Hospital – Heroic Nuns at Derby, WA’, *The Advocate*, 1947, p. 15.

¹⁶² Daly, *Healing Hands*; Gore, *Walkabout*, 1/11/1951, p. 20; Ex-patient and band member quoted in *Healing Sounds of the Bungarun Orchestra*.

suits for the boys and white dresses for the girls. One former patient recalled Sr Alphonsus' fastidious attention: "Oh she wanted everything proper, you know Mother. Big bosses would come from Perth whenever Aboriginal people did concerts. We would have a big night."¹⁶³

Music lessons were the ideal conduit through which the patients could be socialised to Western Christian culture, and, more specifically, in the manner characteristic of Catholic school education of the early to mid-twentieth century. Along with the technical skills, patients were taught the conventions of dress and etiquette, the discipline of regular practice and the appreciation of European music from various genres and historical periods. For Catholic religious Sisters, training children, particularly girls, in the performing arts was considered *de rigueur*, and essential to their cultural refinement.¹⁶⁴ At girls' schools, proficiency in piano-playing was prized as a marker of female gentility, and even at Catholic boys' schools, Jesuit Brothers introduced music and drama lessons in order to counter the rough and tumble of sports activities.¹⁶⁵ Education in the performing arts was, in effect, a taming process, tailored to the particular ideological aims of the educators.

The leprosarium Sisters considered music, dance and theatre to be of therapeutic value to the patients. Sr Alphonsus at Derby gave the term 'The Therapy of Distraction' to her own initiatives in which she attempted to forestall the consequences of boredom and melancholia by immersing the patients in activities she believed to be stimulating and enjoyable.¹⁶⁶ Her successor, Sr Camille, taking up this idea, stated that music was "compensation for long periods without family and land."¹⁶⁷ Former patients who were interviewed in a *Message Stick* episode devoted to the history of the leprosarium orchestra attached this same significance to memories of their experiences, one woman explaining that music "was an escape from confinement."¹⁶⁸ Another stated that "music was to keep us occupied instead of thinking about our relations."¹⁶⁹ Their testimonies confirm the perception of a journalist who visited Derby in 1949 and was treated to a concert given by the orchestra: "...the rapt expression of their faces as violins, cellos

¹⁶³ Teresa Puertollano, 'These were the girls who left Broome for Beagle Bay' in Peter Bibby (ed.), *The Telling of Stories: A Spiritual Journey of Kimberley Aboriginal People*, WA: Catholic Education Office, Kimberley Region, 1997 p. 51.

¹⁶⁴ O'Brien, *God's Willing Workers*, pp. 207-209; Walsh, *The Good Sams*, see photos between pp. 336 & 337.

¹⁶⁵ O'Brien, *God's Willing Workers*, p. 208; Tom O'Donoghue and Stephanie Burley, 'God's Antipodean Teaching Force: An historical exposition on Catholic teaching religious in Australia', *Teaching and Teacher Education* 24 (2008), p. 185.

¹⁶⁶ Daly, *Healing Hands*.

¹⁶⁷ Sr Camille in *Healing Sounds of the Bungarun Orchestra*.

¹⁶⁸ Former patient in *Healing Sounds of the Bungarun Orchestra*.

¹⁶⁹ Former patient in *Healing Sounds of the Bungarun Orchestra*.

and drums followed the notes of the piano showed the enthusiasm with which they entered into this form of relaxation.”¹⁷⁰

Music was also used to steer the patients away from activities considered harmful or morally undesirable, such as sexual liaisons, drinking alcohol and gambling. The Derby patient orchestra, according to one former Sister, was Sr Alphonsus’ way of keeping the men away from the women, and another remembered she had “difficulty getting them away from their gambling” to attend music practice.¹⁷¹ That music was seen as a possible substitute for the gratification derived from these pastimes is telling of the importance it held for the Sisters themselves. Music could be empowering, especially to those whose sensuality and other forms of personal expression was by necessity subdued, as Australian Catholic schoolgirls and the Sisters who had taught them had long recognised.¹⁷² Sr Alphonsus, who from a young age was a woman of “great stories, comic songs, grand opera” was familiar with the joy of musical achievement.¹⁷³ At Fantome Island, too, the Sisters’ own enjoyment of music and enthusiasm in drawing the patients to its appeal has been often recalled. These women were, then, exemplars as well as instructors, of the moral and spiritual value of music, song and dance in their own lives. And while this strategy targeted the patients’ personal wellbeing, it also helped to further the institutions’ broader goals of maintaining sexual segregation and law and order.

Sr Alphonsus’ ‘Therapy of Distraction’ was a strategy for helping patients to cope with a situation that they were unable to change. The underlying principle at its simplest was the same as that upon which medical officials such as Atkinson based their recommendations for “play and occupation” activities in the leprosarium (see under ‘The Work Ethic’). Learning music, however, potentially offered much more personal satisfaction than menial work or simple hobbies. As one patient put it, “I always looked forward to practice time because it was something different, and you had your mind set on learning...It helped lift spirits up just like a real orchestra band.”¹⁷⁴ Sr Alphonsus’ incorporation of a structured music program into the leprosarium routine as a means of addressing the psychosocial needs of the patients was innovative. It has only been in recent years that psychiatrists have formally recognised and

¹⁷⁰ *Walkabout*, 1/5/1949, p. 39.

¹⁷¹ Sr Francis Dunne, interview with Mary Anne Jebb (typed transcript), recorded at SSJG Convent, Derby, 1998, in personal possession of author; SSJGB, 2.1A, Sr Angela Moroney, ‘Reminiscences.’

¹⁷² Anne O’Brien, ‘Lifting the Lid,’ *Eureka Street*, vol. 5, no. 6, 1995, p. 33.

¹⁷³ Battye Library, MN 2305, Papers of Joyce Caroline Dunphy, 6140A/45, Sister Mary Ignatius Murnane, ‘A Chaplet of Dolours’, n.d.

¹⁷⁴ Former patient in *Healing Sounds of the Bungarun Orchestra*.

advocated distraction techniques in clinical treatment, acknowledging that it is important to “maximize engagement in activities ...provid[ing] a sense of pleasure and mastery.”¹⁷⁵

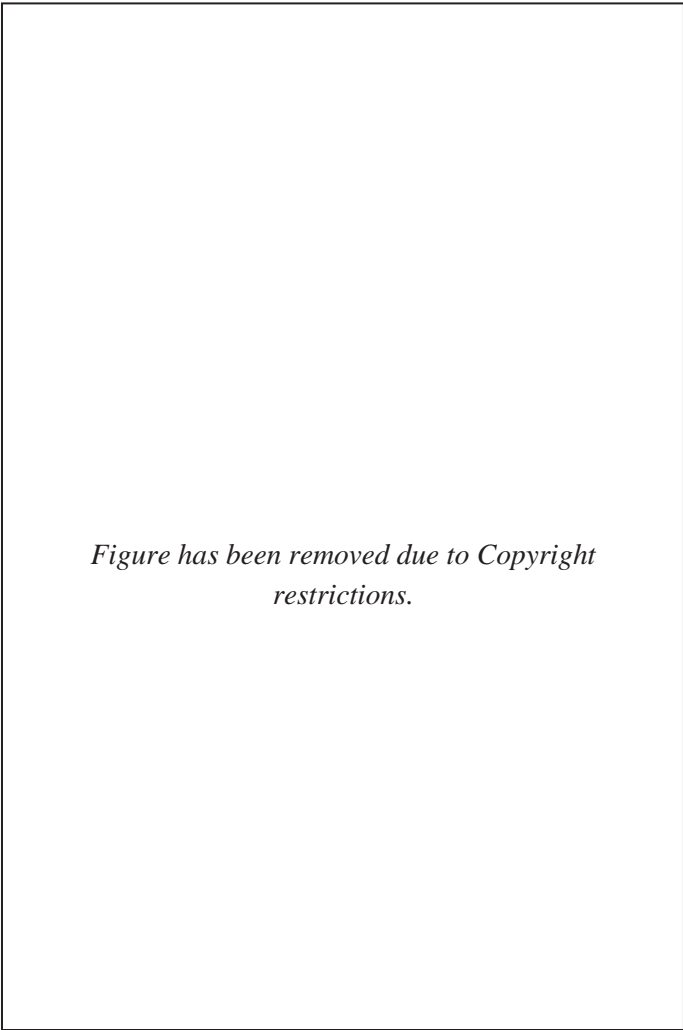


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Figure 24: Cellist, Derby Leprosarium.

¹⁷⁵ David M. Clark, ‘Cognitive behaviour therapy for anxiety disorders’ in *New Oxford Textbook of Psychiatry*, (Books@Ovid) Cognitive behavioural therapy (CBT) for anxiety disorders includes two behavioural interventions that resonate strongly with the Sisters’ methods. The first one, “reducing rumination”, in teaching patients to divert their attention from their problems, “reduces the frequency of negative thoughts and hence improves mood.” The second, “monitoring activities” is based on the theory that lack of activity leads to states of indifference and depression and a feelings of hopelessness. Neither of these interventions is expected to provide resolution of the patient’s problems; rather, they are aimed at elevating the mood and helping the patient to accept and tolerate stressful situations. (David M. Clark, ‘Cognitive behaviour therapy for anxiety disorders’ in *New Oxford Textbook of Psychiatry*, Books@Ovid). See also the objective of Dialectical Behavioural Therapy, of which CBT is part, as “distress tolerance...tolerating and surviving crisis situations.” (Linda L Osborne and Judith Fry McComish, ‘Working with Borderline Personality Disorder: Nursing Interventions Using Dialectical Behavioral Therapy’, *Journal of Psychosocial Nursing & Mental Health Services*, Thorofare: Jun 2006. vol. 44, 6, p. 40).

The introduction to Western music-making opened up the way for independent creativity for some patients who, according to Sr Camille, eventually “formed their own groups and did their own thing. They especially liked the hit tunes, the Beatles, when they came out.”¹⁷⁶

Despite the Sisters’ enthusiasm for European creative arts, they were tolerant, and, indeed, supportive of at least some traditional dance and song performed by Australian and Torres Strait Islander patients.¹⁷⁷ Fantome Island Sisters regularly attended corroborees and other dancing performed each Saturday night at the invitation of the patients from the early 1940s.¹⁷⁸ At Derby, it was similar. Sr Dunne remembered that “When darkness fell, the sound of the old men singing, the clapping of sticks and the didgeridoo could be heard. When there were enough men and women well enough to dance, they would have corroborees.”¹⁷⁹ When visitors came to Fantome Island in the late 1950s, the patients would “perform lively corroborees, the natives decorating and painting themselves with clay and cockatoo feathers, also they entertain with Island songs and musical instruments, blowing through gum leaves...”¹⁸⁰



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Figure 25: Corroboree at Derby Leprosarium, 1947.

¹⁷⁶ Sr Camille quoted in Cathy Prior, ‘Just Like a Real Orchestra,’ *The Australian*, 13/11/1997.

¹⁷⁷ “Tracy,” interview with C. Choo.

¹⁷⁸ TCA, 1148, Box 57, no.924, letter from Mother Peter to Bishop Ryan, 3/3/1940; TCA, 1146, Box 57, Folder 922, M. Peter to Bishop Ryan, 7/4/1941.

¹⁷⁹ SSJGB, 2.21Y, Sr Francis Dunne SJG, Speech, 8/3/2002.

¹⁸⁰ FMMS, Fantome Island Monthly Letters, Aug/Sept 1958.

According to one former music teacher at Derby, corroborees served the same purpose as the Derby orchestra: they were encouraged because “music was so important to the people.”¹⁸¹ Corroborees were the alternative for patients who were unable or unwilling to swap tradition for European ways, often due to their advancing age. The Sisters’ approval of the performance of corroborees reflected the concurrent Catholic missiological discourse which was adopted in some Australian Catholic missions from at least the 1930s.¹⁸² As long as these practices did not, in the missionaries’ eyes, violate Christian beliefs and ethos, they were to be encouraged. This approach became formally inscribed in the 1951 mission encyclical, *Evangelii Praecones*, of Pope Pius XII, which stated, “...let not the Gospel on being introduced into any new land destroy or extinguish whatever its people possess that is naturally good, just or beautiful.”¹⁸³ Into this category fitted the simple “bush corroborees” consisting mainly of dance, costume and song, but did not include what were seen as overly violent ceremonies such as male initiation rituals and ‘bone-pointing corroborees.’¹⁸⁴

Musical instrument-playing at Derby was also promoted by Sr Alphonsus as a form of physiotherapy. Most of the patients involved in musical activities played stringed instruments such as the violin, cello, banjo and guitar, all of which require the use of fine and sometimes complex motor skills by the fingers. Wind instruments, too, such as the cornet, were taught, requiring the regular pumping of the valves by the fingers to produce notes of different pitch. The patients were told that instrument-playing was encouraged in order “to get the fingers moving.”¹⁸⁵

The limbs most commonly subjected to disability in Hansen’s disease are the hands.¹⁸⁶ According to one guide on Hansen’s disease care published in 1968, “every patient should ensure that every joint of every paralysed finger should be passed passively throughout its whole range of movement at least once a day [since] a badly contracted hand is forever the silent witness of neglect.”¹⁸⁷ Playing stringed instruments does not exactly replicate these

¹⁸¹ Sr C. Poidevin, interview with C. Robson, 2008.

¹⁸² E.g. Fr Docherty MSC who established the Wadeye (Port Keats) Mission in the 1930s. See Hearn, *A Theology of Mission*, pp. 79-80; Frank O’Grady, *Francis of Central Australia*, Sydney: Wentworth Books, 1977, p. 42.

¹⁸³ Pope Pius XII, ‘*Evangelii Praecones*’, The Vatican, 1951, http://www.vatican.va/holy_father/pius_xii/encyclicals/documents/hf_p-xii_enc_02061951_evangelii-praecones_en.html. (accessed March 15, 2010), Clause 56.

¹⁸⁴ Hearn, *A Theology of Mission*, pp. 37-8, 78-82.

¹⁸⁵ Former patient in *Healing Sounds of the Bungarun Orchestra*; Wright, *Full Circle*, p. 211.

¹⁸⁶ Samuel L. Moschella, ‘An Update on the Diagnosis and Treatment of Leprosy,’ *Journal of the American Academy of Dermatology*, vol. 51, no. 3, September, 2004, p. 424.

¹⁸⁷ *Leprosy in Northern Territory Aborigines: A Short Guide for Nursing Sisters in the Diagnosis, Treatment and Management of Leprosy in Aborigines*, Northern Territory Medical Service, Darwin, NT, 1968, p. 24.

movements but the flexibility required would have ensured that considerable exercising of the joints was regularly undertaken. In the absence of a funded professional physiotherapy program, the incorporation of music and physiotherapy was an important improvisation: it was self-monitoring (as if the fingers were not stretched enough, the desired sound would not be produced) and it took no more time or persuasion than the practice of music itself.

Evangelisation

The evangelisation of the patients and maintaining the faith of those from Catholic missions was important to the leprosarium Sisters in their roles as missionaries, and to these ends, they employed various means, ranging from the subtle exemplification of religious practices to conducting clandestine baptisms on dying Protestants. Such activities would have been acceptable on mission stations, being established with the aim of evangelisation to a specific denomination's form of Christianity. Mostly, however, they were at odds with the leprosaria's designated status as non-sectarian government health institutions. Consequently, the extent to which evangelising activities or proselytisation could be openly carried out at the leprosarium depended on the degree to which it was exposed to critical official or public scrutiny. Another factor impinging on the chosen methods Sisters used to live their vocations was the intervention of Catholic missionary clergy who at times found the Sisters' efforts insufficient for building the Christian community they envisaged. Satisfying simultaneously the often contradictory expectations of spiritual and worldly masters was a continued source of tension for the leprosarium Sisters. While many patients were nonetheless converted to Catholicism, constraints on the Catholic missionary imperative meant that many others were able to either retain their existing beliefs or choose from other Christian religious options.

For Sisters at all the leprosaria, the first concern was that their own religious practices could be maintained, foremost of which was access to regular religious services. Rooms at the convents served as their private chapels and locally-based missions assigned priests the role of attending the institutions to say Mass and to hear confessions. Catholic patients made up only a small minority at each leprosarium when the Sisters first arrived and, except at Fantome Island, Catholic religious practices were kept understated and largely confined to the immediate area of the Sisters' quarters which, at all the institutions, were set well away from the patient accommodation and other common facilities. It is important to state here that Catholic priests, as well as the churches they eventually built, although permitted only for the Sisters and the Catholic patients, played an extremely important role in evangelisation, as will be discussed in Chapter Four.

On Fantome Island, the missionary impulse was energetically pursued. Mother Peter, who, as we have seen, swiftly set up school classes and allocated jobs within days of her arrival, was equally expedient in organising daily religious instruction and prayer meetings for the patients. She recorded the presence of five Catholic patients initially but documented the attendance of five “aspirants.”¹⁸⁸ She kept meticulous accounts of the numbers of Catholic patients, noting a long succession of baptisms and measuring individual devoutness by regularity of attendance at prayer meetings, masses and religious instruction.¹⁸⁹ “Come the day, when they all will be Catholics, but it is not yet”, she told the bishop of Townsville two years after her arrival.¹⁹⁰

Mother Peter presided over the leprosarium between 1940 and 1945 when the death toll was at its highest, and she baptised every patient she could before they gave their last breath. Out of the fourteen who died in 1940, at least ten were baptised into the Catholic Church shortly before their deaths, using the provision *periculo mortis* (in danger of death), or, less often, in *articulo mortis* (at the point of death).¹⁹¹ Furthermore, several patients were baptised *sub conditione*, a protocol reserved for converts, with the precaution that “there may be doubts as to the validity of their former Baptism.”¹⁹² Under this category were included Presbyterians, Anglicans and Baptists. It is impossible to know how many adherents of these denominations were able to give their consent, being so ill. Even so, according to information received by a Catholic priest, when a Sister attempted to baptise a fourteen-year-old girl, just hours before death, the former “was told off in no uncertain or lady like terms.”¹⁹³ Only when a patient described as the “Baptist leader” from the girl’s home mission of Mona Mona agreed to administer the baptism under instructions from the Sister – and therefore presumably according to the Catholic rites - did she acquiesce and, apparently, become calm and die peacefully.¹⁹⁴

The Fantome Island Sisters were mostly left unhindered to pursue their missionary ends with the patients, largely because government officials neither spared the time nor interest to intervene. Superintendent Julian, for the time he held the post, was mostly absent due to his other duties. In any event, he was an active Catholic and proved to be the Sisters’ ally until his departure in 1947 after which he was not replaced. The more senior administrators associated with the leprosarium, such as Cilento, Hanlon, and Bleakley, were supportive of the Sisters, as

¹⁸⁸ TCA, 1146, Box 57, Folder 924, letter from Mother Peter to Bishop Ryan, 12/5/1940.

¹⁸⁹ TCA, 1144, Box 57, Folder 920, Monthly Journal of the OLHC at Fantome Island.

¹⁹⁰ TCA, 1145, Box 57, Folder 921, letter from Mother Peter to Bishop Ryan, 21/3/1942.

¹⁹¹ TCA, ‘Fantome and Palm Islands Baptism Register’; FMMS, Fantome Island Records D2, ‘Index of Patients.’

¹⁹² ‘Converts: Rites to be Observed when Receiving Converts into the Church’, *Australasian Catholic Directory*, Sydney: Australasian Catholic Directory, 1941, p. 92.

¹⁹³ Letter from Fr Moloney to Provincial Superior, 7/11/42 (MSCK Palm Island-1942-3).

¹⁹⁴ Ibid.

discussed, grateful that someone had relieved them of such a “repulsive” task.¹⁹⁵ The only person monitoring the Sisters’ religious activities was the elderly and eccentric Anglican chaplain of Palm Island, Ernest Gribble who, until the late 1940s, made the rocky boat ride across to Fantome Island once a week to minister to his flock of patients, ever diminishing due to the growing menace of “the Romans.”¹⁹⁶ Few heeded his complaints. After his retirement, Catholicism eventually superseded the Church of England as the dominant religion, owing not only to the evangelical zeal of the Sisters, but to the installation of a resident Catholic priest. One former patient recalls his classmates gradually being converted to the Catholic faith while he remained an Anglican, sometimes the only member of the church congregation on Sunday. He does not recall any overt approaches by the Sisters to join their faith, just their suggestions to the very ill that they should be prepared for death, and his own attraction as a small child to the hymns and carols they taught.¹⁹⁷

The situation at Derby was very different, due mainly to the institution’s greater transparency to government officers and their tendency to keep a check on Catholic religious activities. Until 1955, only the Western Australian government retained a full-time lay administration staff (except for a short period at Channel Island). Its position on the mainland, albeit still remote from towns, allowed medical officers to visit more frequently, enabling greater surveillance over activities. Shortly after his arrival as superintendent in 1937, Mr Powell expressed his misgivings to the medical officer about the Catholic priest who visited every so often to provide Mass for the Sisters and minister to the Catholic patients. Dr Davis, noting various points of friction between Powell and the Sisters, reported to the CPH,

I think any antipathy arises from a difference of religion. Powell is a matter of fact man who does not take kindly to the priest periodically parading the leprosarium in the robes of his office and claims that the Beagle Bay inmates receive favouritism over their unconverted brothers.¹⁹⁸

These concerns became incorporated in the list of conditions drawn up several months later for the Sisters’ permanent appointment and conveyed to the Kimberley SSJG provincial by Under Secretary Frederick Huelin. He was also addressing a request by the Sisters for a chapel to be built for them:

¹⁹⁵ E.M.Hanlon quoted in ‘Brave Nuns,’ *Cairns Post*, 12/11/1940, p. 3.

¹⁹⁶ ML, ABM, Further Records 1873-1978, MLMSS 4503 Add On 1822, Box 9(69), G8, letter from E.R. Gribble to Bishop Shevill, 21/10/46; see also Christine Halse, *A Terribly Wild Man*, NSW: Allen and Unwin, 2002, p. 182.

¹⁹⁷ “Warwick,” interview with C. Robson, 2011.

¹⁹⁸ Letter from Dr A Davis to Atkinson, WA CPH, 13/5/1937, (PHD, 1935/0251; SROWA, Cons 1003).

I am sure you realise that the leprosarium is a government institution, and that while we are quite willing to give facilities for religious services and practices, these must necessarily be of a personal nature. We have no objection whatever to any of the patients who desire the assistance and consolation of your religion receiving it, but anything...that might be interpreted as a general observance or ceremony, or open public demonstration of religious practices will only cause embarrassment to the Department and yourselves. In making this last remark, I have not in mind at all the daily quiet influence of the Sisters of your Order, but the Department has heard rumours of a visiting priest parading the leprosarium in his robes of office. That might not be strictly accurate, or it might be a gross exaggeration, but that is what I have in mind in so writing.¹⁹⁹

The letter indicates that it was not the act of attempted religious conversion but the impression of such that was causing the government concern.

Powell's complaints may have been motivated by what he perceived to be systemic inequities and unsanctioned proselytisation, but in view of his support of the United Aborigines Mission and his general hostility toward the Catholic Sisters, he may also have acted from sectarian opposition. He was not the only superintendent to monitor or obstruct the activities of the Catholic missionaries. After his death in 1939, a succession of superintendents with particular sympathies for the UAM and the Presbyterian Church replaced him. One of these allegedly left the priest stranded at the airport to prevent his visiting the leprosarium, and others pressured the health department to cease the practice of transferring all newborn babies to the Catholic missions.²⁰⁰ This pattern cannot be easily explained; it may simply reflect the higher numbers of Protestants in the general population.

If such checks were kept on the Sisters' religious activities, how then, could a small pamphlet issued by the Sisters of John of God in 1954 claim that "numbers of converts have been made within the last ten years amongst the pagan lepers and now there is a huge Catholic community?"²⁰¹ Certainly there were opportunities for the Sisters to communicate their beliefs in less obvious ways, for example, through school lessons. Religious activities that were conducted in a social setting also were attractive to patients, such as Mother Gertrude's evening

¹⁹⁹ Letter from Under Secretary to Mother Margaret SJG, 22/7/1937 (PHD, 1935/0251; SROWA, Cons 1003).

²⁰⁰ Letter from Dr Musso to CPH, 4/3/1941 (PHD, 1940/0390; SROWA, Cons 1003); letters from Carroll to CPH, 26.2.48 and 9.3.48, Ross to CPH, 24/6/1948 (PHD, 1946/0875; SROWA, Cons 1003). The superintendent, Mr R.A. Ross left the leprosarium in 1947 to become superintendent of the Kunmunya mission (Rev. C. A. White, *The Challenge of the Years: A History of the Presbyterian Church in the State of New South Wales*, Sydney: Angus and Robertson, 1951, <http://webjournals.alphacrucis.edu.au/journals/EB/challenge-of-the-years-white-1951/14-missionary-and-youth/> (accessed 14/07/2011); WA DNA, *Annual Report for the year ended 30th June 1950*, p. 33.

²⁰¹ SSJGB, 2.68A, 'St John of God and the Aboriginal Missions,' 1954 (recruitment pamphlet).

rosary recitals.²⁰² However, in 1946, Bishop Raible attributed the Sisters with a significant evangelical role, having sent “to heaven...souls of blacks that came from the outback country and would never have had the grave of baptism but for the Sisters who instructed them and prepared them for a happy death.”²⁰³

The main vehicle was that most valuable of evangelical instruments, the catechist. Because several of the patients were Catholics from the Beagle Bay Mission, religious practices that might otherwise have been confined to the private sphere of the Sisters’ chapel and quarters, had to be performed where other patients could witness them. It was a short step from curiosity and a desire to be part of a social gathering to actually participating in these sessions. Catholic patients, Gregory Howard and Therese Puertollano, were designated catechists from the early 1940s and took charge of the rosaries and school classes for the boys and girls respectively.²⁰⁴ Ex-patient and former Beagle Bay Mission resident, Eileen Pan, described how Catholicism was spread to people originating on the cattle stations of the Kimberley who had never before had any contact with Christianity:

But one thing we never forgot was our rosary. Every evening, five o’clock we’d all get together and say our rosary and of course people from the station used to come and ask us,
“What you people say?”
“We saying our rosary to Our Lady.”
“What about you teach’em us too?”
So, one day, Therese Puertollano started them off with the rosary. It was all the little stations that now are so big, pastoral stations. They used to come and we’d all say rosary.²⁰⁵

Puertollano herself remembered:

I was the one that used to take all the people for catechism in my spare time. Every evening when I had nothing to do, I’d call the ladies, they used to come and I’d make them sit down. Most of them came from Turkey Creek, Wyndham, places like that.²⁰⁶

As well as rosary and religious instruction, Therese sang hymns with the Catholic patients, and it seemed to have attracted others to do the same:

We had lovely lawns there and ladies would come and sit, and men, some of the men to sing hymns from the footpaths, they would join in with us, and I’d have the little kids in front. We’d always sing a hymn. Hail Queen of Heaven was the first, the favourite.²⁰⁷

²⁰² SSJGB, 2.1A, Sr Angela, ‘Reminiscences.’

²⁰³ Bishop O.Raible PSM, ‘Kimberley Aboriginal Missions,’ *Catholic Missions*, August, 1946, p. 15.

²⁰⁴ Puertollano, ‘These were the Girls’ in Bibby *The Telling of Stories*, p. 54.

²⁰⁵ Eileen Pan, ‘Pray for Us’ in Bibby, *The Telling of Stories*, p. 60.

²⁰⁶ Puertollano, ‘These were the Girls,’ p. 53.

Biblical stories and messages imparted by Beagle Bay mission people of mixed descent who shared circumstances as leprosarium patients and, to some extent, racial origins with the traditional Aboriginal people they taught, were more likely to have a greater impact than if coming from European religious. Furthermore, they were delivered in a non-coercive benign manner in a social atmosphere. Christianity was far more palatable introduced this way, compared with direct approaches by white missionaries whose motives were tainted with the predatory deeds of their compatriots.

In the Northern Territory, Indigenous patients admitted from Catholic missions on the Tiwi Islands were observed as also drawing potential converts to the Church. These young patients were not catechists but simply set examples of Catholic religious practices, as noted by the priest, Fr Henschke who wrote “they are such good Catholics and go to Mass and Benediction on Sundays and may help win others to the faith.”²⁰⁸ The likelihood of further admissions from Bathurst Island was seen as a means to “swell our Catholics on Channel Island. As for the ones [already present], they are splendid...all the other patients respect them.”²⁰⁹

That there seemed no attempt to evangelise the patients by the Sisters at Channel Island within a year of their arrival was disturbing to Fr Henschke, who protested in a letter to his provincial head,

As for the nursing part, they are doing a wonderful job and the patients are getting the best of treatment. But I would say they are nurses only...I thought the Sisters would have a big influence on the patients and turn them to the faith. ...They don't mix with the patients or even invite them up to the convent...if the Sisters showed an interest in them they would gradually win them over and if they had sacraments and prayer to help them, they would have a chance of bettering their lives.²¹⁰

Henschke's complaint should be seen, not for its accurate assessment of the Sisters, but as evidence of differences in the ways individual religious executed their missionary objectives. It is unlikely that these experienced women missionaries were indifferent either to the spiritual needs of their patients or their own commitments, as DOLSH religious, to spreading the Catholic faith. As constant carers, they held the potential to wield gradual influence over their patients' religious beliefs by conscientiously carrying out their allotted duties, without need to actively cultivate their interest, in the manner of missionaries such as Henschke. Another MSC missionary in a mission journal made the clear distinction between the roles of teaching and

²⁰⁷ Puertollano, 'These were the Girls,' p. 54.

²⁰⁸ Letter from Fr Henschke to Provincial Superior, 11/4/1944 (MSCK, Prov Corr, NT Darwin 1944).

²⁰⁹ Letter from Fr Henschke to Provincial Superior, 23/8/1944 (MSCK, Prov Corr, NT Darwin 1944).

²¹⁰ Letter from Fr Henschke to Provincial Superior, 14/12/1943 (MSCK Prov Corr, NT Darwin 1943).

nursing Sisters at mission stations, stating of the latter, “To save souls [they] occupy themselves first of all, with the bodies of the natives... [The Sister] brings to them also the comfort of her smile, to bring hope or resignation.”²¹¹ Evidently this approach was inadequate for the highly zealous Fr Henschke for his complaints soon led to the withdrawal of one leprosarium Sister and her replacement with “a capable person [who] has a great personality.”²¹² Fulfillment of the roles both as nurse for the government and missionary for the Church placed some Sisters in a difficult and sometimes impossible position.

The Control of Sexuality and Reproduction in the Leprosaria.

On entering the leprosaria, patients became subject to strict practices restricting their sexuality and opportunities for parenting. In the imposition of these policies, government health authorities followed international conventions aimed at protecting the health of both the public and the patients. They were upheld by the Catholic nursing Sisters for both this reason and in the interests of promoting Christian morality and maintaining social order. Resistance by patients to these regulations reinforced racial preconceptions of Indigenous people as irresponsible in regard to both their sexuality and health. It also invoked a change in policy to allow marriages. Marriages were an attempt to contain sexual relations within the contemporary Christian framework of fidelity and domesticity. They suggested the attainment of moral and social advancement under the guiding hand of the Catholic staff, thus mirroring the reforming agenda of Indigenous missions. The removal of babies born at the leprosaria, however, prevented patients from ever fully realising the Catholic family ideal. This practice, together with their exclusion from decisions concerning the future welfare of these children, signified that as Indigenous Hansens sufferers, they were perceived as unfit for parenthood. The children, as with their parents, were a problem group best managed by Catholic religious Sisters, in the view of government authorities. Taking responsibility for fostering out the children facilitated expansion of missionary aims outside the gates of the leprosaria and took no account of the parents’ own family connections and religious affiliations. At times this role outweighed the resources available to Catholic women’s religious communities, resulting in tragedy and leading to the inescapable conclusion that provisions for the healthcare and wellbeing of Indigenous children were sometimes better inside than outside the leprosarium.

At all Australian leprosaria attempts were made to maintain sexual segregation for all patients through the provision of separate quarters for the men and women.²¹³ Even patients who were

²¹¹ Fr Bachelier MSC, ‘They Received the Mission Cross,’ *The Annals*, 1/4/1959, p. 101.

²¹² Letter from Fr Henschke to Provincial Superior, 29/3/1945 (MSCK, Prov Corr, NT Darwin 1943).

²¹³ Under-Secretary, Memorandum: Derby Leprosarium, 13/6/1937 (PHD, 1935/0251; SROWA, Cons 1003); Derby Local Library, Local History Collection, Leprosarium 1940-1960, Rough Plan of the

admitted along with relatives of the opposite sex, such as fathers and their daughters, were segregated.²¹⁴ Healthy spouses and children were prohibited from coming to live in detention. Work and leisure activities in the leprosarium were also usually undertaken in separate groups. Women and men sat separately “at meals, in church and at movie showings.”²¹⁵ Photographs of Derby and Fantome Island leprosaria from the 1940s show patients involved in group activities such as fishing, playing cards and sewing, but only among their own sex. Only in situations in which patients were under more intense surveillance, such as concert performances, was this rule relaxed.

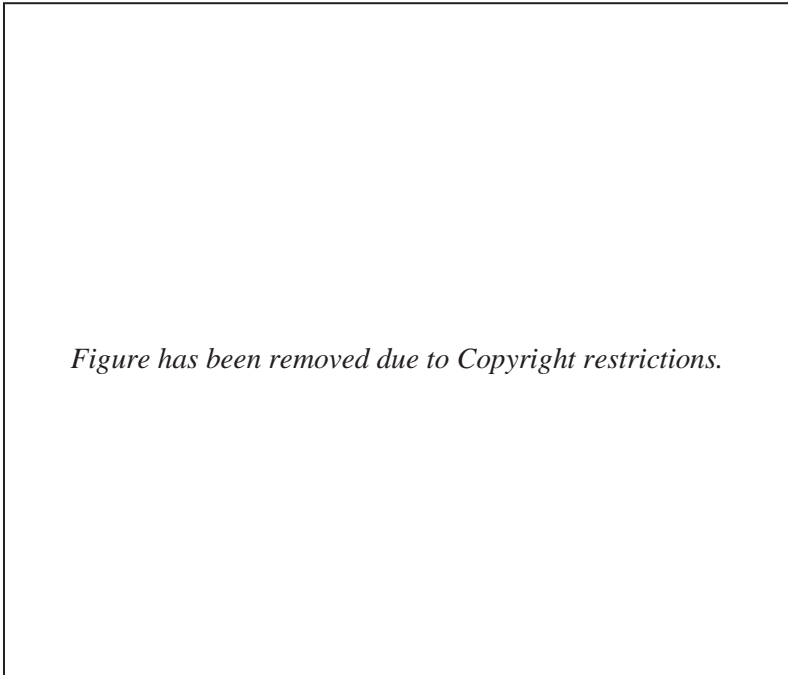


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Figure 26: Derby women patients playing poker. Gore’s caption states that tobacco stakes were used here. Games using cash stakes were frowned upon by authorities, so would be played beyond the photographer’s gaze.

Health authorities were not so much concerned about the possibility of sexual intercourse itself, but the consequential birth of children who, through close physical contact with their parents, were considered to have a high probability of contracting Hansen’s disease.²¹⁶ Another issue was the mother’s health as pregnancy and childbirth could compromise the health of a Hansens

Leprosarium, Derby, WA, 1946-7; ‘Warwick,’ interview with C. Robson; Venard, *The History of the Australian Province of the Daughters of Our Lady of the Sacred Heart*, p. 180.

²¹⁴ “Tracy,” interview with C. Choo.

²¹⁵ SSJGB, 2.21 Y, Sr Francis Dunne SJG, Speech, 8/3/2002.

²¹⁶ Rogers and Muir, *Leprosy*, p. 129.

sufferer and could result in acute illness and even death.²¹⁷ At most leprosaria both in Australia and overseas, sexual segregation policies were enforced but, in some parts of the world, they were relaxed on condition that male patients submit to sterilisation procedures.²¹⁸

Religious staff objected to sexual relations between the patients for moral reasons. On her arrival at Fantome Island, Mother Peter complained to Bishop Ryan, “My Lord, we find the moral condition of our poor people in a deplorable state. The building accommodation is temporarily inadequate. The sexes are intermixed.”²¹⁹ A similar situation greeted the Channel Island Sisters on their arrival in 1943, causing the same anxiety.²²⁰ Extramarital sexual relationships in the leprosarium were, for the Sisters, a sign of low self-esteem and such behaviour demanded their immediate attention.²²¹ At both of these leprosaria, there was protest by some of the male patients when, after further buildings were constructed, the women were finally separated from the men.²²² It was perhaps an overly optimistic Mother Peter who commented that the men were soon consoled with a gift each of new pyjamas and a salutary speech by the superintendent.²²³

Mother Peter did not condemn outright the idea of sexual relations between the patients, however, for, within a few months of her arrival in 1940, when the Queensland Health Department refused a request for marriages to be allowed, she remarked: “We were sorry to hear of their not being permitted to marry as there are some to whom we would have proposed such.”²²⁴ Sexual relationships within the sacred institution of a Christian marriage were clearly acceptable if attempts to stop them unregulated failed. Perhaps she realised immediately the impracticability of the ban on marriages and may have also seen marriage as a way of preventing promiscuity and the consequential sexual rivalry. Fr Damien, the late superintendent of Molokai leprosarium had “advised that faithful husbands and wives should be allowed to go to the settlement, he permitted marriages between lepers previously unmarried, and found these measures led to contentment and improved morality.”²²⁵ It was a philosophy that almost certainly would be known to Mother Peter, being one of a generation of Catholic Sisters who studied Damien’s life in detail.

²¹⁷ Duncan, ‘The Interaction of Leprosy and Pregnancy,’ pp. 457; SSJGB, 2.21Y, Sr Francis Dunne SJG, Speech, 8/3/2002; Rogers, and Muir, *Leprosy*, p. 229; Sr C. Poidevin, interview with C. Robson, 2008.

²¹⁸ Moran, *Colonizing Leprosy*, pp. 147-148; Rogers and Muir, *Leprosy*, p. 130; ‘Japan’s Government Compensates Leprosy Patients for Isolation Policy,’ *The Lancet*, vol. 357, May 19, 2001, p. 1599.

²¹⁹ TCA, 1148, Box 57, Folder 924, letter from Mother Peter to Bishop Ryan, 6/3/1940.

²²⁰ Venard, *History of the Australian Province*, p. 180.

²²¹ *Ibid.*, p. 179.

²²² *Ibid.*, p. 180.

²²³ TCA 1144, Box 57, Folder 920, Monthly Journal of the OLHC at Fantome Island, March 1941.

²²⁴ *Ibid.*, May 1940.

²²⁵ Rogers and Muir, *Leprosy*, p. 131.

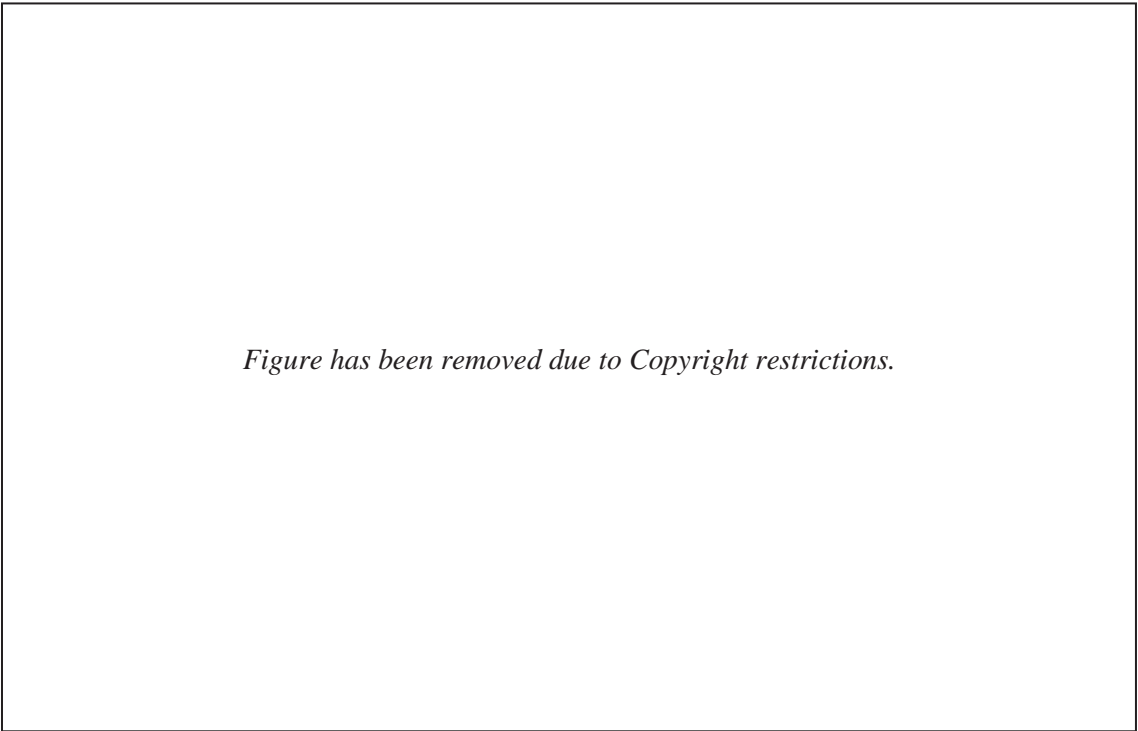


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Figure 27: Position of patient accommodation, Fantome Island. Note the two separate sections, one for males and one for females. Staff resided on the opposite side of the island, out of sight of these huts. See Fig. 28.



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Figure 28: Position of general buildings on Fantome Island. On this side of the island, the convent, church, presbytery, and hospital (in foreground) were located.

Concerns by the missionaries over sexual advances made by male Channel Island patients reveal racial undertones implicit in the Catholic missionary paradigm. When the Sisters' attempts to rein in their behaviour led to patient protest in 1946, the matron, Sr Michaeline complained to government officials,

The black girls – only children. The half-castes have been trying to take them for wives. We have never spoken to the half-castes themselves about it, but we have spoken to the children and told them to keep out of their way. They are the children in the dormitory.²²⁶

Sexual advances towards the young Aboriginal girls by European or part European men was unacceptable behavior on moral grounds in the eyes of both government and church authorities, and particularly galling for the Catholic missionaries to witness what they took to be the moral decline of their protégés, the Bathurst Island mission girls. Fr Henschke, like Sr Michaeline, thought it was the girls' responsibility to refuse the men's advances. "I spoke strongly to the Catholics and told them they should be ashamed of themselves... I told the blackies they have an immortal soul, are not animals and if the men want to sin with them, to refuse..."²²⁷

His expectation was that the girls, having had a mission education, would defend their own Christian virtue by repelling the men's sexual advances and thereby act as guardians for correct behaviour between the sexes. As historian Tony Scanlon has argued, it was an approach utilised typically by Catholic missionaries to promote Christian sexual morality among Indigenous Australians, particularly in cases involving European men.²²⁸ The mission dynamics of moral mentor and innocent child of the bush, facilitating the inculcation of Christian moral principles, were fractured in the leprosarium by the intrusion of others - patients from diverse backgrounds, with varying attitudes to sexuality.

The sexual predation of young girls by men continued to be seen as a major problem for religious and government authorities right up to the closure of the leprosaria. The Sisters' response was to shield the girls in quarters close to their own convent, and at some distance from the "camps" where the other patients slept.²²⁹ The sections in which the convents were located at the leprosaria were normally out-of-bounds to patients and designated "clean areas,"

²²⁶ NAA: A1928, 715/38/1 SECTION 3, interviews by committee of inquiry-Channel Island Leprosarium, p.9.

²²⁷ Letter from Fr Henschke to Bishop Gsell, 10/9/1946 (MSCK, Prov Corr, N.T. Darwin, 1946).

²²⁸ Scanlon, "Pure and Clean and True to Christ," p. 82.

²²⁹ Philomena Kerinaiaua quoted in Quall, *So Far From Home*, p. 28; "Tracy," interview with C. Choo; QSA Item ID714733, Correspondence, Aboriginal and Torres Strait Islander, Dr M.Gabriel, 'Report on Fantome Island, July, 1956'; "Sr Jeanne," interview with C. Robson, 2008.

indicating that they were free of disease - evidently the threat of sexual violation outweighed that of bacterial contamination. Laws that had once regulated sexual and marital practices, whether part of clan social systems in traditional communities, or those operating on Christian missions, had lost much of their force in the leprosarium. The security and guidance of the family and wider kinship network were mostly left behind or disrupted through the system of segregation operating within the leprosarium. In their place, the Sisters became the moral guardians when physical barriers were found to be ineffective.

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Figure 29: Channel Island: a bird's eye view. Note the position of the patient huts at the edge of the island and some distance away from the hospital and staff quarters. Girls considered vulnerable to sexual advances by male patients resided in the latter area near the staff.

Despite all measures to maintain separation between the men and women, it was impossible for staff to prevent the patients from conducting clandestine sexual liaisons. Long-term romantic partnerships were forged, many of which resulted in the birth of children. As men staked claims over the hearts of particular women, the formation of what one government official called the “eternal triangle” led to many a *crime passionell*.²³⁰ Nursing and medical staff were often required to patch up injuries inflicted as a result of such conflicts, and on several occasions, the

²³⁰ QSA Item ID501855, Correspondence, Aboriginal and Torres Strait Islander, Acting Secretary, Memo, Qld, Department of Native Affairs, 16/11/1944.

violence worsened to the point in which life-threatening blows were dealt.²³¹ The frequent physical violence was a constant worry to the Sisters and lay authorities. Believing it to be rooted in competition for the women's affections, the Sisters tried various means to divert the men's attention away from the opposite sex to other activities, including, as already mentioned, introducing the orchestra at the Derby leprosarium.

By the late 1940s, patients with Hansen's disease were permitted to marry, a decision that was clearly made as a means of keeping the peace.²³² In Queensland in 1946, after a particularly intense skirmish between some patients, the medical officer successfully appealed to the health department to allow test permits for marriage. He wrote, "Patients would lead a more normal life and most of the trouble would be avoided if they were allowed to marry."²³³ The perceived benefits of marriage for the harmony of the leprosarium can also be found in correspondence by staff members. For example, in 1956, East Arm Matron, Sr Benedicta, advocated marriage between two patients "From the point of view of the morality, general health and discipline of the Settlement..."²³⁴

The earliest marriages that took place were organised according to European protocol and without reference to the rules and conventions of the society to which the patients originally belonged. Couples who wanted to marry required recommendation from the matron and, under Aboriginal protectionist legislation, the consent of the Director of Native Affairs (or equivalent officer). Successful candidates were usually young, single and involved in long-standing faithful relationships. Staff recommendations contained comments such as, "Since their childhood, they promised to be faithful to each other" and "they have been together since 1939."²³⁵ The couples were also required to be Christian in order to partake in the wedding ceremony and, furthermore, they were expected to be of the same faith as one another, since 'mixed' marriages were not condoned. Thus prospective brides and grooms often had to undertake religious instruction and receive the sacraments required before marriage could take place. Many of the conversions were to Catholicism due to the influence of the Catholic staff and chaplains, and so the seed was planted for the creation of Catholic families in the leprosaria.

²³¹ "Sr Helen," interview with C. Robson, 2008.

²³² Under Aboriginal state and territory protectionist legislation, couples were also required to make individual application to native affairs departments before final consent could be granted.

²³³ QSA Item ID505023, Correspondence, Aboriginal and Torres Strait Islander, Dr Reye, 'Report', 15/2/1946.

²³⁴ Letter from Sr Benedicta to Bishop J.O'Loughlin, 31/5/1956 (MSCD, B140).

²³⁵ QSA Item ID505036, Correspondence, Aboriginal and Torres Strait Islander, Letter from Sr de St Neree to Director, Qld. Minister for Health and Home Affairs, 11/2/1948; Medical Officer to ditto, 8/7/1946.

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Figure 30: Fantome Island wedding.²³⁶

But, in glibly brokering these European-style marriages, staff neglected to consider the consequences for the societies left behind by leprosarium patients. Social obligations to the clan and family, particularly for young women, persisted despite the physical separation from the patient and the acquisition of the disease. In 1953, for example, a twelve-year-old girl, from Liverpool River was abducted from Channel Island leprosarium by her intended husband and two fellow tribesmen. About a week later, the party was located and the girl returned to the leprosarium while the men were exiled to the Philip Creek Reserve.²³⁷

The status of marriage brought with it certain privileges. No longer considered in need of the Sisters' protection, wives left the dormitories and set up house with their husbands in their own cottages in the "married compounds", allowing them more privacy and independence. The couples were encouraged to create European-style domiciles and to manage their own lives to a greater extent than had previously been possible. They cultivated their own vegetable and flower gardens and cooked their own meals, rather than dine from the common kitchen. Domestic pride and competence, revealed in clean linen, neat flower beds and swept floors, seemed, as with commitment to marriage itself, evidence of successful assimilation to lives of

²³⁶ This screenshot and the next two are originally from a film shot in the middle 1950s, possibly by the Australian Broadcasting Commission, and incorporated into the 2011 film by Gilligan and Strong. The couple shown in the film were actually re-enacting their wedding which had taken place several years earlier.

²³⁷ NAA: E51, 1959/532, letter from Dr Elphinstone to Superintendent Police, Darwin, 5/10/1953.

Christian morality and respectability. To all appearances, the married couples were the responsible patients, and the ones the Fantome Island Sisters, for example, entrusted with keeping an eye on the young patients or called on in emergencies.²³⁸ The extension of the right to marry led to patients' assuming the kind of "civic pride" discussed by historian Warwick Anderson in his study of the Culion leper colony.²³⁹ In Australia, as with the Philippines, the rights implicit in this role, however, could never be truly exercised by those, who by virtue of their race or disease, would continually be subject to discriminatory practices.

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Figure 31: Newly married couple on Fantome Island arrive at the marital home.

A similar paradox operated with respect to preparation for family life. If Western home-making was held up as an ideal to which young patients were taught to aspire, its implicit purpose, of raising children, could never be fulfilled. Infants were removed from their parents immediately after the birth and prevented from having any further physical contact. Of all the terrible experiences remembered by former leprosarium patients and the nursing Sisters, the removal of the children stands out as the most traumatic.²⁴⁰ The policy, implemented by Australian health departments until the late 1960s, was intended to protect the child from contracting Hansen's

²³⁸ "Warwick," interview with C. Robson, 2011; JCU, North Queensland Oral History Project, JCU ID 521, Parts 1 & 2, "Mary", (former patient, Fantome Island Leprosarium - name confidential); "Tracy," interview with C. Choo.

²³⁹ Anderson, *Colonial Pathologies*, p. 172.

²⁴⁰ John Anderson, 'Hidden from the World: Palm Man Looks Back on Tough Days as Member of an Island Leper Colony,' *Townsville Bulletin*, 17/11/2005, p. 11; Sr C. Poidevin, interview with C. Robson, 2008; "Sr Helen," interview with C. Robson, 2008; Sr P. Duford, interview with S. McHugh, 198_?

disease through parental contact.²⁴¹ Yet the fact remained that for Indigenous people everywhere, it was one of many justifications for denying them the right to raise their own children.²⁴² Only if patients were discharged would there be a chance of reunion with their children. Until the late 1950s, factors such as the high death rate, ineffective drug therapy, and strict criteria for discharge, made the likelihood of reunions between patients and their offspring extremely unlikely. The babies, then, were viewed by authorities as orphans, and responsibility for their welfare officially lay with state health and Aboriginal affairs departments.

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Figure 32: Married life begins for a couple on Fantome Island. This image of the same newlyweds shown in the previous two images continues the depiction of the ideal life for the adult patient from the view of religious and state authorities. Having been married in the Catholic Church and setting up house together, they now spend their honeymoon period relaxed, but occupied with mentally-absorbing respectable European pastimes, perhaps a subliminal reference to the heartbreaking consequences of procreation at the leprosarium.

Various interests were at work in determining the appropriate custody for patients' newborns. Health authorities considered them to be a problem group who, without careful upbringing and continued surveillance, posed a public danger, in a more intense form of bureaucratic fears around growing numbers of mixed-race Indigenous children throughout the first half of the twentieth century.²⁴³ At risk, in both cases, was a healthy White Australia, the former through their potential for spreading disease and the latter, through racial degeneration. Since signs of

²⁴¹ Rogers and Muir, *Leprosy*, p. 131.

²⁴² Haebich, *Broken Circles*, p. 374.

²⁴³ McGregor, *Imagined Destinies*, pp. 136-138.

Hansen's disease may not be evident for many years, health departments maintained that "they require repeated examination over several years and must not be permitted to be removed from medical observation during childhood or youth."²⁴⁴ This factor limited the eligibility of potential foster families since, as pointed out with respect to patient discharges, few Indigenous communities were adequately provided with medical or nursing services. Furthermore, fears of latent disease in the children deterred many families from taking them on. Governments therefore turned to the support of the Catholic mission Sisters, as they had for the care of the parents.

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Figure 33: A Sister shows a Fantome Island patient her newborn baby. The baby will be taken to live with foster parents on Palm Island. This is the closest contact the mother will have with her child until she is cleared of her disease and discharged.

Usually, leprosarium babies were fostered out to Catholic orphanages or to Catholic missions where suitable Indigenous foster families were found and the supervision of missionary nursing Sisters could be ensured. Babies born at Derby leprosarium were habitually transferred to Beagle Bay mission; Channel Island (NT) babies to Bathurst Island; and Fantome Island (QLD) babies to Palm Island.²⁴⁵ Raised as members of Catholic mission communities, the children extended the thread connecting their families with the Sisters and their Church. For some, this

²⁴⁴ Dr C. Cook, WA Commissioner of Public Health, Memo, 10/9/1946 (PHD, 1946/0875; SROWA, Cons 1003).

²⁴⁵ Kettle, *Health Services in the Northern Territory*, vol. 2, p. 54; Sr Francis Dunne, interview with M. Jebb, 1998; Sr C. Poidevin, interview with C. Robson, 2008.

link was generations old, but for others, it began with a diagnosis of Hansen's disease. In the latter cases, the children's upbringing in the Catholic mission environment marked a departure from the traditions of their parents and assimilation into the life of the local Indigenous Catholic community.

Appropriate care for the infants was sometimes impossible to procure. In their first few months, these babies were often of low birth-weight and frail health, and prone to diseases such as influenza and pneumonia. They consequently required intensive supervision, particularly in the immediate post-natal stage, with frequent feeds, regular health checks, and monitoring of their environment.²⁴⁶ In some cases, neonates remained in the care of the leprosarium Sisters until they had gained weight and improved in health, but as priority was usually given to their prompt removal, the more common procedure was to transfer them to the hospital for a few weeks before fostering them out.²⁴⁷ However at Derby Native Hospital in the 1940s, resources were overstretched. The sole nurse, in addition to her normal sixty-one patients, was expected to care for three babies born around the same time at the leprosarium.²⁴⁸ Rather than send them to the smaller and more generously staffed District Hospital for Europeans, health departments asked the SSJG Sisters to find foster care for them. The Holy Child Orphanage in Broome could not accept them as they did not have the necessary staff for the special attention required, but Sr Gertrude, after considerable difficulty, found foster mothers in the Broome area for a total of four infants.²⁴⁹

Several months later, the local doctor inspected the camps where two of the babies were living. He reported immediately to the WA Health Commissioner, who at this time, was Dr Cecil Cook: "there is no water or sanitation. About 10-12 persons live in this "camp" in conditions of filth, vermin and overcrowding which almost defeats the senses....I cannot too strongly recommend the removal of these two babies from their present surroundings and beg that something be done to demolish the so-called "Camp".²⁵⁰ The Commissioner asked Sr Gertrude

²⁴⁶ Letter from Mother Margaret SJG to Under-Secretary, 27/8/1946 (PHD, 1946/0875; SROWA, Cons 1003); Letter from Matron Howell, Derby Native Hospital to WA Commissioner of Native Affairs, 5/12/1947.

²⁴⁷ Letter from Commissioner of Native Affairs to CPH, 5/11/1951 (PHD, 1946/0875; SROWA, Cons 1003).

²⁴⁸ Letter from Matron Howell, Derby Native Hospital to WA Commissioner of Native Affairs, 5/12/1947 (PHD, 1946/0875; SROWA, Cons 1003); The Bateman Report (1948), p. 20 describes the overcrowding and shocking conditions at Derby Native Hospital, the author exclaiming, "It was necessary to remind oneself that this establishment really was intended to be a hospital." The following year, the Department of Public Health took it over from the Department of Native Affairs.

²⁴⁹ Letter from Mother Margaret to Under-secretary, 27/8/1946; Sr M Gertrude to Under-secretary, 24/2/1948, 28/5/1948 (PHD, 1946/0875; SROWA, Cons 1003).

²⁵⁰ Dr Milne quoted in letter from Dr C.Cook, CPH to Commissioner of Native Affairs, 11/10/1948 (PHD, 1946/0875; SROWA, Cons 1003).

if she could find some other women to take charge of the children, but nothing was done and, by the following April, two of the babies, a boy and girl, were dead, both from pneumonia.²⁵¹ Of the little boy, the Coroner stated, that the foster parents were not suitable and “did not appreciate the proper nursing of the baby.”²⁵² The girl was a “victim of neglect and indifference on part of foster mother” and was “admitted to hospital suffering from scabies, malnutrition, stomatitis, bronchopneumonia.”²⁵³

These cases were not unique, nor were such tragedies confined to offspring of the Derby patients. Although the infants may have developed life-threatening conditions even in the most ideal environment, they clearly did not receive the care they deserved.²⁵⁴ The biological parents, stripped of their rights as nurturers and providers, were also let down. In all probability the infants would have fared better had they remained in the leprosarium where, even with the risk of contracting Hansen’s disease, their happiness and longevity was more assured. But, as this anecdote reinforces, the child’s health seemed, for governments, always to be of secondary importance to that of the public.

The Derby crisis of the post-war 1940s reflects the paucity of nursing services to remotely situated Indigenous people. The difficulty in obtaining lay nurses for this kind of work was to some extent ameliorated by the willingness of nursing Sisters from various missionary organisations to fill the gap, but in this period, there were still too few. Many Sisters belonging to the small SSJG Kimberley community, such as Sr Gertrude, were approaching old age and few vocations were forthcoming to replace them. It was, at times, then, with misplaced confidence that the leprosarium babies, like ticking time bombs, were gratefully passed by government health departments into the Sisters’ hands.

The infants’ deaths did nothing to change the practices of the WA health department, as two years later, its officers could again be found appealing to the SSJG Sisters to find foster mothers for more leprosarium babies.²⁵⁵ However, Sr Gertrude, remorseful over her self-confessed failure in the affair, proposed a plan to Dr Cook to increase nursing services in Derby: Derby Native Hospital could be put under the charge of her congregation of Sisters who would then

²⁵¹ Letter from Dr Cook to Sr Gertrude, 13/10/1948; Dr Milne to Cook, 15/3/1949, 5/4/1949 (PHD, 1946/0875; SROWA, Cons 1003).

²⁵² Letter from the Coroner to Dr Cook, 2/5/1949 (PHD, 1946/0875; SROWA, Cons 1003).

²⁵³ Letter from Dr Milne to Dr Cook, 5/4/1949 (PHD, 1946/0875; SROWA, Cons 1003).

²⁵⁴ Dr C. Cook, WA CPH, stated that if the baby boy “had received proper attention his death would not have occurred.” (letter from Cook to Commissioner of Native Affairs, 11/5/1949, (PHD, 1946/0875; SROWA, Cons 1003)).

²⁵⁵ Letter from Deputy Commissioner of Public Health to Commissioner of Native Affairs, 21/11/1951 (PHD, 1946/0875; SROWA, Cons 1003).

train local Indigenous girls to be nurses.²⁵⁶ In 1952, the necessary permission to do so was granted.²⁵⁷

It appears that some patients without affiliations with the Catholic Church were unhappy about their children being fostered out to Catholic missions. To what extent this dissatisfaction prevailed cannot be assessed due to the lack of sources directly conveying patients' views but some evidence from the 1940s can be found in the documents of visiting missionaries to Derby and of welfare officers dispatched to Channel Island. In the Kimberley in this period, UAM and Presbyterian missionaries battled the health department to have the babies discharged into their care in cases where the parents originated from, or had connections with, their missions.²⁵⁸ In one letter to the W.A. Health Department, a UAM missionary stated that the parents "both individually appealed to us to do what we could to get them [sic] back as they want their child to be brought up Protestant."²⁵⁹ Sectarian rivalry may have played a part in such requests, but there is no reason to doubt that patients wanted their children raised at their home missions, particularly if they themselves had been discharged back, as in the case of one father from Kunmunya on whose behalf Presbyterian missionaries petitioned in 1948.²⁶⁰ In this period, there were few avenues other than visiting missionaries through which Indigenous patients, especially women, could express such grievances.

Section 3 Discipline, Protest and the Public Eye.

Discipline

The detention policy and regimental practices within the leprosarium would always be met with powerful resistance by some Indigenous people, regardless of attempts to soften their impact by the religious staff. If removal from home to the promise of permanent confinement was not reason enough for discontent, then the leprosarium itself was, with its restrictions on personal freedom, suppression of normal social and cultural customs, and the regular grind of the painful therapeutic regime. Absconding, unregulated sex, fighting and dissension continued to occur throughout the periods in which the institutions operated, deplored by staff and governments for the threats they posed to the core objective of secure and harmonious isolation. For governments, experienced in managing the institutional confinement of Indigenous people, these violations stemmed from primitive yearnings and were to be dealt with structurally in exactly the same way, irrespective of the fact that the leprosaria were not Aboriginal reserves.

²⁵⁶ Letter from Sr Gertrude to Cook, 10/4/1949 (PHD, 1946/0875; SROWA, Cons 1003).

²⁵⁷ SSJGB, 2.67A, 'Province of St Francis Xavier: Chronology of Events'.

²⁵⁸ Various correspondence (PHD, 1946/0875; SROWA, Cons 1003).

²⁵⁹ Letter from E.Faulkner to CPH, 13/3/1948 (PHD, 1946/0875; SROWA, Cons 1003).

²⁶⁰ Letter from R.A.Ross, Acting Superintendent, Kunmunya Mission to WA CPH, 24/6/1948 (PHD, 1946/0875; SROWA, Cons 1003).

Sometimes harsh, sometimes gentle, disciplinary measures by both lay and religious staff were almost always infused with the paternalism that typified interracial relations in this period. At the different institutions, the inclusion of patients with varied racial and social backgrounds complicated and challenged efforts to maintain compliance and internal social order.

The offence most feared by authorities was absconding, knowing in particular, that Indigenous patients would, and could do, anything to return to their land and families. Island sites only made escape difficult and dangerous, but not impossible, and many people absconded over the years, usually in groups, and sometimes with the assistance of friends outside the leprosarium.²⁶¹ Some escapees were never found, perhaps having died on a long difficult journey or remaining in hiding. Furthermore, not all absconders intended to leave the leprosarium permanently: patients sometimes had a specific purpose such as a tribal obligation to fulfill or to visit their friends and family.²⁶² In some cases, groups of patients left as a form of protest.²⁶³ In later years, mainland patients habitually slipped away for a drink in town, just for a temporary break.²⁶⁴ But all instances were viewed as serious risks to public health and the police were immediately called on to locate and return the patients.

To varying extents, policies put in place by governments to maintain disciplinary control of the patients borrowed heavily from regulations for Aboriginal reserves, particularly in the two states, Queensland and Western Australia.²⁶⁵ Married male superintendents were drawn from the same pool of personnel employed on missions and settlements, with the objects of controlling inmates' behaviour and promoting their welfare. They were expected to maintain order, especially over the male patients, by preventing fights and breaches of rules, many of which arose from provocative policies such as sexual segregation and the blending of people from traditionally oppositional tribes.²⁶⁶ In Derby, male superintendents and, later, their assistants, were continually on staff and always accompanied by their wives, who were given some

²⁶¹ Government files abound with examples of leprosarium patients absconding from all institutions. For example, eleven incidents in the Northern Territory between 1951 and 1961 are the subjects of correspondence in NAA files E51, 1959/532; F1, 1952/526; F1, 1954/321A; A1658, 258/1/3 & 756/11/7.

²⁶² See for example the regular Sunday exodus to Bagot from East Arm to attend corroborees. (NAA: F1, 1954/321, letter from Welfare Officer Penhall to Chief Welfare Officer, 20/3/1956.

²⁶³ E.g. the 1949 Channel Is 'walkout' See letter from McGlashen to Metcalfe, Oct, 1946, NAA A1928 715/38/1 Section 3.

²⁶⁴ Former patient quoted in Hunter, *Aboriginal Health and History*, p. 66; NAA: F1, 1954/321, letter from District Welfare Officer to Chief Welfare Officer, 20/3/1956; NAA: F1 1952/526, letter from NT CMO to Director, DNA, 28/11/1951.

²⁶⁵ 'The Aboriginal Regulations of 1945' (*The Aboriginals Preservation and Protection Act of 1939*, QLD), 17,51,52; 1916 Regulations (*Aborigines Act of 1905*, WA) referred to in Haebich, *For Their Own Good*, p. 182, 204.

²⁶⁶ E.B. Gunson, (CMO, N.T.), "Draft Memorandum, 181/5, 'Channel Island Leprosarium: The Duties of Superintendent,'" 17/10/ 1949, DOLSHK, Leprosarium, Derby, Staff Duties, Superintendent, 13/5/1954 (MD, 1962/5800; SROWA, Cons 2506).

responsibility over the female patients. They were not Aboriginal Protectors and, under health regulations, they could act only under the authority of the relevant medical officer on an area gazetted as a lazaret. Furthermore, some patients were not classified under state acts as “Aboriginal” and therefore even outside the leprosarium were not legally subject to this kind of control. Nevertheless, at Fantome Island until the late 1940s, and at Derby throughout its period of operation, on-site superintendents took charge of disciplinary matters. After the departure of Superintendent Julian from Fantome Island in 1947, disciplinary control was overseen by the Palm Island superintendent. The latter was a Protector, but in theory, if not in practice, his control over the patients was relinquished from 1949 when all patients were granted exemption from the Queensland Aboriginals Act by the state government.²⁶⁷

Another policy inspired by state Aboriginal regulations at Fantome Island and Derby was the formation of small police forces drawn from the patient populations, and operating under orders of the superintendents.²⁶⁸ Patient police forces were also in use concurrently at overseas leprosaria, including Kalaupapa (Hawaii) and Culion (Philippines).²⁶⁹ They were especially useful in keeping order at Fantome Island from the late 1940s after Julian’s departure although one former patient attests to their turning a blind eye to some breaches of the rules.²⁷⁰ Boasting uniforms and batons and led by a “sergeant” they were to some extent a show of unconsummated power. As well as a deterrent, they were also an example of ideal inmate behaviour, rewarded with the prestige of their positions, sanctioned use of weapons and smart apparel. As Anna Haebich has discussed of police at Moore River Settlement in Western Australia, their place in an institution was uncertain, having neither the confidence of other inmates nor the status of white staff.²⁷¹ The term ‘police’ was avoided by leprosarium authorities, as if there was an awareness of the illegitimacy of this practice. At Fantome Island, they were “orderlies” and at Derby, they “call[ed] them leaders, never used to call them police boys.”²⁷²

²⁶⁷ This action was taken in order to procure Commonwealth invalid pensions for the patients, however the Commonwealth government refused on the grounds that prior to admission, these people were classified as covered by the ‘Act.’ (QSA Item ID505083, Correspondence, Aboriginal and Torres Strait Islander, DNA to Under Secretary, 14/02/1949.)

²⁶⁸ Former patient quoted in Hunter, *Aboriginal Health and History*, pp.66-67.

²⁶⁹ Henry Nalaelua (with Sally Jo Bowman), *No Footprints in the Sand: A Memoir of Kalaupapa*, Honolulu: Watermark Publishing, 2006, p. 78; Anderson, *Colonial Pathologies*, p. 173, 177

²⁷⁰ “Warwick,” interview with C. Robson, 2011.

²⁷¹ Haebich, *For Their Own Good*, pp. 204-5.

²⁷² QSA Item ID505083, Correspondence, Aboriginal and Torres Strait Islander, Letter from Director DNA to Under Secretary, 04/05/1949; Former patient cited in Hunter, *Aboriginal Health and History*, p.67.

Another component of the Aboriginal reserve discipline system was the jail. Until the mid 1950s there was no legal provision in health regulations for confining patients in a cell but every leprosarium hospital included a locked ward, and staff members were authorised to restrain patients who were believed at risk of absconding. It is not clear how long people were left in this state. Certainly some presented ongoing difficulties for the superintendent at Derby who in 1937 asked for, and was granted, a set of chains for restraining patients during the times he left the leprosarium to collect new admissions.²⁷³ Unofficially, patients displaying a range of other undesirable behaviour, such as psychoses and sexual immorality were also physically restrained or confined.²⁷⁴

Still one more practice that aligns the system at Fantome Island with the Queensland Aboriginal reserve system was the interception of patients' mail.²⁷⁵ It has not been possible to find evidence that this practice was implemented routinely or that it was official policy, but two separate incidents can be identified in which incoming and outgoing correspondence between patients and the patient welfare organisation, the Relatives and Friends Association, was passed to the Palm Island superintendent who then passed it to the DNA without it having reached its intended recipients, including one that was handed in by one of the nursing Sisters.²⁷⁶ Among them were letters written by the RFA secretary to two patients, in which the Department was severely criticised for conditions at the leprosarium. According to the Deputy Director, their contents, if exposed would have "a serious adverse effect on the harmony and wellbeing of Fantome Island."²⁷⁷

Channel Island was the only leprosarium where this replication of Aboriginal reserve policies was not discernable. No doubt, in a leprosarium where some patients were European, it was considered inappropriate and a possible cause for public opprobrium. The Catholic Brothers who, for the majority of time served as superintendents, tended not to be strict, as the next chapter argues. Although they had come from missions with arguably similar practices to government settlements, the Brothers had not usually held positions of authority.

²⁷³ Under Secretary, Report, 13/6/1937, (PHD, 1935/0251; SROWA, Cons 1003).

²⁷⁴ QSA Item ID714733, Correspondence, Aboriginal and Torres Strait Islander, letter from Sr St Neree to Superintendent, Palm Island, 19/6/1956; Dr Gabriel, 'Report on Fantome Island', 1953, in which mention is made of the Sisters restraining women in the hospital for "immorality."

²⁷⁵ Parsons notes that according to the Queensland Aboriginal Regulations, superintendents of government settlements could "censor mail." (Parsons, *Spaces of Disease*, p.72)

²⁷⁶ QSA ItemID50517, Correspondence, Aboriginal and Torres Strait Islander, letter from Deputy Director, DNA to Superintendent, Palm Island, 21/9/1951 and from Superintendent, Palm Island to Deputy Director, DNA, 3/1/1953.

²⁷⁷ QSA ItemID50517, Correspondence, Aboriginal and Torres Strait Islander, letter from Superintendent, Palm Island to Deputy Director, DNA, 3/1/1953.

The Channel Island administration relied more heavily on the *appearance* of authority to deter patients from disobedience or recalcitrance in the absence of a legally valid system of penalties. The mere presence of a male superintendent was considered instrumental in keeping law and order intact.²⁷⁸ However, Brother Carter MSC, who had been appointed because he “had years of experience among natives and handle[s] them well” found the legal constraints to his power frustrating.²⁷⁹ In 1950 he applied to the Department of Native Affairs to be appointed a Protector of Aborigines, stating that since he “has to adjudicate in tribal squabbles his position would be more authoritative.”²⁸⁰ The Department turned down his request. There was no patient police force at Channel Island. When some patients caused trouble, the Northern Territory Police were called in to “threaten the natives with some action if these troubles continued... It was realised by all here that such threats were idle but they had the effect of temporarily abating the nuisances at Channel Island.”²⁸¹

The interpretation by superintendents of their roles varied depending on the individual and the influence of competing sources of authority. While some superintendents, such as Brother McCarthy at Channel Island, were conspicuous for their reluctance to control the patients at all, and others did their best to keep the patients occupied with sports and entertainment, some individuals disregarded legal limitations and the moral rights of the patients, and resorted to inhumane forms of punishment. Superintendent Julian of Fantome Island had three male patients shipped out to Curacao Island for three nights without any shelter in poor weather – a punishment customarily used for residents of the Palm Island Settlement. He then locked them in the cells at the lock hospital on a reduced diet. By the time “they were pleading with me”, they were released.²⁸² A former patient from Derby leprosarium recalled that,

Some of the bosses were pretty rough...If you got into trouble they used to cut [the patients'] hair, make them stand there in the sun. The boss would cut it off, the police boys would help them.²⁸³

The leprosarium Sisters viewed the patients as children in need of firm parental guidance. Mother Peter of Fantome Island constantly referred to her patients as “such very little ones” and

²⁷⁸ Letter from Dr Davis to WA CPH, 20/5/1937 (PHD, 1935/0251; SROWA, Cons 1003).

²⁷⁹ NAA: A1928, 715/38/1 SECTION 1, letter from Acting NT CMO to Director, DNA, 17/11/1950.

²⁸⁰ Ibid.

²⁸¹ NAA: 1658, 756/11/3 SECTION 1, letter from Deputy Director NT Health to CDGH, 13/7/53.

²⁸² QSA Item ID501855, Correspondence, Aboriginal and Torres Strait Islander, letter from Mr Julian to Under Secretary, 25/02/1944. This was a punishment imposed on Palm Island residents – see Mark Finnane and John McGuire, ‘The Uses of Punishment and Exile: Aborigines in Colonial Australia’, *Punishment and Society*, 2001, 3:279, pp. 292-3.

²⁸³ Former patient quoted in Hunter, *Aboriginal Health and History*, pp. 66-67.

“children,” regardless of their ages.²⁸⁴ Whether or not they were officially charged with the responsibility of disciplining the patients, they saw themselves as the patients’ rightful “parents.” Displays of brutality by the superintendent invoked the Derby Sisters’ compassion and undermined their agenda of nurturing a genteel Christian citizenry. In recalling the treatment described above, the ex-patient said: “The nuns used to go crazy, they were against it...”²⁸⁵ His memories are confirmed by a former Sister’s memories of Mother Alphonsus remonstrating with the superintendent to release patients from locked detention on the pretext of requiring them for concert practice.²⁸⁶

In other situations, the Sisters themselves imposed disciplinary measures, as archival testimony suggests. The Sisters at Fantome Island, devoid of a male superintendent after Julian left, dealt with violent outbursts and sexual transgressions by locking patients in their quarters or at the hospital, presumably with the assistance of the patient police force.²⁸⁷ At Channel Island, perhaps compensating for the supposed leniency of the religious superintendents, some Sisters were accused of inflicting harsh measures for misdemeanours, including, in one case, corporal punishment on some of the young female patients.²⁸⁸

Protest

Indigenous patients, particularly those from traditional backgrounds, had few opportunities to petition for change to conditions in the leprosaria. Alison Bashford has argued that avenues of protest for them were enabled in multiracial leprosaria (such as Peel Island prior to 1940), “partly because the space and experience of isolation-as-leper was shared with whites.”²⁸⁹ Similarly, in the northern leprosaria, complaints about conditions and patient rights were also more often – but not exclusively – initiated by part-European or European patients, being more aware of their rights and ways to assert them. Nevertheless, traditional Indigenous patients did at times both participate in, and initiate, various forms of contestation.

European or part-European patients at Channel and Fantome Islands protested against their subjection to the authority of the Catholic nursing Sisters, indicating their belief that lay staff would be less oppressive. In 1946 patients walked off Channel Island to form a deputation to the

²⁸⁴ TCA, 1145, Box 57, Folder 921, Mother Peter to Bishop Ryan, 21/3/1940,

²⁸⁵ Former patient quoted in Hunter, *Aboriginal Health and History*, pp. 66-67.

²⁸⁶ Sr F. Dunne, interview with M. Jebb, 1998.

²⁸⁷ QSA Item ID714733, Correspondence, Aboriginal and Torres Strait Islander, Dr M. Gabriel, ‘Report on Visit to Fantome Island, April 1953,’ pp. 6-7 & letter from Sr St Neree to Superintendent, Palm Island, 19/06/1956.

²⁸⁸ Cathedral Archives B140-details in Sect 3 of this chapter.

²⁸⁹ Bashford and Nugent, ‘Leprosy and the Management of Race, Sexuality and Nation,’ p. 109.

Chief Medical Officer with a raft of complaints. Before leaving, someone scrawled on a wall “Out with Campion and her mob!”²⁹⁰ A subsequent investigation commissioned by the Northern Territory government administration, in which staff and patients were interviewed, revealed that one focus of their complaints was the Catholic staff and the desire to replace them with a lay matron and curator as in former years. It concluded that although several Aboriginal patients were among the protesters, the main perpetrators were four white male patients as well as several part-Aboriginal patients of both sexes who resented attempts by the Sisters to control their sexual and religious lives.²⁹¹

On Fantome Island in 1949, a part-European patient, Jack Harrison, aired his grievances during a visit to the leprosarium by an official party including the Queensland Home Secretary. As related to Anglican minister, Rev. E.R. Gribble by the medical officer, he

began by saying that he was a free man, had voted at elections, paid taxes etc and he now wanted to make complaints as to the treatment at the leprosarium. He said ‘letters from my family are opened, parcels they send are opened, and I am forever being asked to join the R.C. Church. I want to be removed to Peel Island’.²⁹²

In both this speech and the demands of the Northern Territory patients, and also in other letters, there was an appeal to citizenship rights and the rejection of the paternalism characteristic of the Sisters’ management.²⁹³ Requests were made for transferral to Peel Island where lay management, better conditions and access to medical care were viewed as a means to restore dignity and maximise chances for recovery. Implicitly, part-European and European patients did not want to be treated as Aborigines.

But neither did the Sisters want them as patients, regarding them as troublesome and corrupting influences on the ‘Aboriginal’ inmates. Although the report of the Northern Territory inquiry recommended replacement of the religious Sisters and Brother with lay personnel, the federal Minister for Health, Mr McKenna, became convinced by DOLSH and MSC superiors that it was actually the patients of European descent who were the problem and it was they who should

²⁹⁰ Letter from Fr Nolan (fictitious name due to privacy considerations) to Provincial Superior, 12/10/1946 (MSCK, Prov.Corr, N.T.Darwin, 1946).

²⁹¹ NAA: A1928, 715/38/1 SECTION 3, reports and recommendations resulting from inquiry held at Channel Island, October 1946, and letter from NT CMO, Dr McGlashen to CDGH, Dr Metcalfe, 22/10/1946.

²⁹² ML, ABM, Further Records 1873-1978, MLMSS 4503 Add On 1822, Box 10 (69), G9 Letters sent 1933, 1944-1951, letter from E.R. Gribble to the Archdeacon, 26/10/1949.

²⁹³ E.g. NAA: A1658, 756/11/7, letter from Mrs Nita Cahill of Channel Island to Minister for Health, 1/7/1948.

be removed.²⁹⁴ Not one leprosarium in the Commonwealth, however, would accept the mixed race patients, with the exception of Derby which admitted a patient who had originally come from Western Australia in the early 1930s. With his return, it appears that the kind of radicalism that had previously been confined to the two island institutions was introduced to the more insular Derby leprosarium. Appeals were made by the Derby superintendent for his return to Channel Island as “his influence among the natives and other half-caste inmates is fostering an attitude of indiscipline, suspicion and resentment hitherto completely unknown at Derby.”²⁹⁵

In the early 1950s, patient activism was boosted by the work of patient welfare groups which, as well as providing material support to the patients, agitated governments for improvements in conditions, medical care, opportunities for discharge and measures to de-stigmatise the disease. A Darwin-based group worked on behalf of the Channel Island patients while the more public and political group, the Relatives and Friends’ Association (RFA) represented patients mainly at both of Queensland’s leprosaria. No evidence of corresponding activity in the Kimberley has been found, perhaps being one reason for the apparent lack of collective dissent at Derby.

The RFA appointed patient, Jack Harrison as the leprosarium’s delegate; it circulated its periodical, the *Moreton Star* (inspired by the *Star* published at Carville Leprosarium in the USA) to Fantome Island patients in which patients were alerted to their rights; and its members corresponded with patients. In 1951 a patient originally from Yarrabah Anglican mission wrote to E. Hinton, the Secretary of the RFA, stating “we are in the midst of our joy to know that there is someone who is doing their uttermost for us.”²⁹⁶ The organisation’s role in facilitating a sense of entitlement in Indigenous patients is evident in his complaints of low wages, no pensions, substandard housing and restricted movement on the island. Poor tobacco was equated with “what Captain Cook has trade [sic] with the natives of Australia to take the country away from us.”²⁹⁷ As with the part-European patients, he made unfavourable comparisons of the leprosarium with Peel Island. He did not blame the Sisters as “they have their instructions to go by and we know they simply got to carry it out”; it was the Queensland government at fault.²⁹⁸ After Hinton applied to visit Fantome Island several months later, the government organised for this patient to be discharged: “To avoid a repetition of untrue and libellous statements made by this man it is hoped that his transfer to Palm Island has been effected before Mr Hinton’s

²⁹⁴ Letter from the Federal Minister for Health to Provincial Superior (MSC), 3/12/1946 (MSCK, Prov.Corr, N.T.Darwin,1946).

²⁹⁵ NAA: A1658, 756/11/7, letter from Dr Cook, CPH to Dr Metcalfe, DGH, 30/3/1949.

²⁹⁶ QSA Item ID505017, Correspondence, Aboriginal and Torres Strait Islander, letter from patient to Secretary, RFA, 25/8/1952.

²⁹⁷ Ibid.

²⁹⁸ Ibid.

arrival.”²⁹⁹ Thus the pattern continued of removing refractory patients, of believing, or preferring to believe, that the problem was with the patient, not the place.

In the 1940s and 1950s, patients could seldom rely on the religious staff for support in their battles for better conditions.³⁰⁰ Sr St Neree who had passed the letter to Hinton as well as a copy of the *Moreton Star* to the Palm Island superintendent opposed such dissension, in particular criticism of discharge policies of the Director-General of Health, aligning it to blasphemy.

This paper, “Moreton Star” criticises authority, which came from God. ‘Thou wouldst have no power at all over me ere it not given thee from above.’ St John, Ch.XIX, 11.³⁰¹

In an enduring comparison with Jesus Christ, the patients were expected to bear their crosses stoically.

If not all the Sisters staffing the different leprosaria had such deference for government authority, they were at least careful not to appear otherwise. A letter by Derby’s Mother Gertrude to the CPH in 1939 alerting him to shortages in food, clothing and medicine was politely informative, rather than critical.³⁰² Particularly in their first few years as staff, the Sisters were anxious not to jeopardise their hard-won positions at the leprosaria by criticising government departments. They were more likely to manage shortfalls with forbearance and their own resourcefulness, qualities that the latter valued in them as leprosarium staff, and for which their religious training had prepared them.

For this reason, inquiries such as the one at Channel Island in 1946, in bringing outsiders with authority into the leprosarium to meet with the patients, were important means of bringing attention to overall deficiencies. The Channel Island interviews exposed the practice of employing Aboriginal men to chop wood for no pay whatsoever, the scarcity of medical visits, insufficient huts, the unbalanced diet and therefore a wide range of issues affecting all of the patients, not just those that formed the basis of the original protest. Patient interviews at Fantome Island in the 1950s by Dr Gabriel also served the same purpose. These sessions

²⁹⁹ QSA Item ID505017, Correspondence, Aboriginal and Torres Strait Islander, letter from Deputy Director DNA to Superintendent, Palm Island, 22/11/1951.

³⁰⁰ QSA Item ID505017, Correspondence, Aboriginal and Torres Strait Islander, letter from Superintendent, Palm Island to Deputy Director, DNA, 17/9/1951.

³⁰¹ QSA Item ID505017, Correspondence, Aboriginal and Torres Strait Islander, letter from Sr St. Neree FMM to Superintendent, Palm Island, 2/9/1951.

³⁰² Letter from Sr Gertrude to WA CPH, 15/5/1939 (PHD, 1935/0251; SROWA, Cons 1003).

seemed to be the only way to kick-start improvements but even these took time and could never compensate for the inherent deficiencies of the island sites.³⁰³

The Public Eye

Australian Hansen's disease patients, especially Indigenous ones, generated considerable publicity in the press, popular magazines and religious publications throughout the twentieth century. From the double-edged call in the interwar period for both their removal and their compassionate treatment emerged a public vigilance over the leprosaria, equally paradoxical in its insistence on secure and humane detention. The rights of Hansen's patients were, at least rhetorically, especially precious, as if, as Bashford and Nugent have noted, "produced by their very exile."³⁰⁴ But this was never enough after the Second World War: Australians wanted to know that 'lepers' were not only compliant with their restricted lives, but that they were also happy, as Zachary Gussow has argued with leprosarium inmates elsewhere.³⁰⁵ In Australia, Indigenous inmates seemed to embody mid-twentieth century hopes for the race generally: they were held up as clever, civilised and Christian. The leprosarium, in Warwick Anderson's words, "had become an allegory of the prospects of the macrocolony."³⁰⁶

In view of the rigorous isolation of Hansen's sufferers throughout the 1930s to the 1950s, Australians could not help but conclude that those who remained unconfined posed a serious health threat. Newspapers reinforced this idea in sensationalised reports of runaway detainees from leprosaria around the continent, and of incipient epidemics in the north.³⁰⁷ Indigenous absconders were portrayed as wild and elusive, the reports drawing on classic racial stereotypes to deepen the sense of impending danger. Headlines such as 'Leper Leaves No Tracks'³⁰⁸ and 'Hungry Lepers Caught Near Darwin'³⁰⁹ might have been referring to the pursuit of predatory animals. The *Sydney Morning Herald* headline, 'Escaped Leper in Sydney',³¹⁰ about a Peel Island escapee, preyed on the fear of infiltration into the southern cities and homes by what writer Ion Idriess termed in 1934 the 'Silent Menace from the North'.³¹¹ Readers who were not entirely convinced by this journalism may have paid more heed to senior government medical

³⁰³ NAA: A1928, 715/38/1 SECTION 3, various files.

³⁰⁴ Bashford and Nugent, 'Leprosy and the Management of Race, Sexuality and Nation,' p. 116.

³⁰⁵ Gussow, *Leprosy, Racism and Public Health*, p. 222.

³⁰⁶ Anderson, *Colonial Pathologies*, p. 179

³⁰⁷ 'Leprous Natives at Large on Roper River,' *The Canberra Times*, 25/10/1946, p. 4.

³⁰⁸ *The Daily News* (Perth), 3/1/1941, p. 9.

³⁰⁹ Untitled, *The Daily News* (Perth), 16/10/1946, p. 2.

³¹⁰ 'Escaped Leper in Sydney,' *SMH*, 6/12/1944, p. 3.

³¹¹ Ion L. Idriess, 'Silent Menace of the North,' *The Courier-Mail*, 22/2/1934, p. 10.

officers who stressed the threat of Hansen's disease to white populations in the north and forecast its eventual spread to the south.³¹²

Such fears were used in the Press to highlight the heroism of the leprosarium nursing Sisters and, for a time, lifted the public image of Catholic religious Sisters in Australia. A 1940 article with the title 'Brave Nuns devote lives to nursing lepers' reported on the Fantome Island Sisters, quoting the Queensland Minister for Health:

They are educated, delicately nurtured women, and they have cheerfully set themselves to a task that people of lesser nobility of character might regard as repulsive, especially as their patients are aborigines.³¹³

A similar contrast was drawn between carer and patient on Channel Island by a reporter of another article in 1945 who described "efforts to chain up a leper who had gone beserk" and then "a nun in a gleaming white habit... a brave sight in that environment."³¹⁴

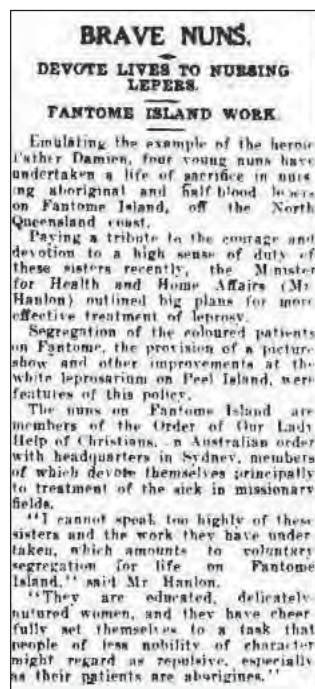


Figure 34: Newspaper cutting - 'Brave Nuns.'
(*Cairns Post*, 12/11/1948, p. 3).

³¹² 'Spread of Leprosy, Victorian Doctor's Warning: "Grip of Australia,"' *The Courier-Mail*, 10/4/1934, p. 14; 'Points to Danger Spot in Leprosy,' *Sunday Times*, 9/10/1949, p. 5; 'Leprosy Scourge Threatens N. Territory,' *The Canberra Times*, 24/10/1952, p. 1.

³¹³ 'Brave Nuns Devote Lives to Nursing Lepers,' *Cairns Post*, 12/11/1940, p. 3.

³¹⁴ 'Nuns Defy Bombs to Care for Lepers,' *Daily News* (Perth), 26/10/1945, p. 5.

In the context of World War II, the Sisters' work was ascribed with special courage, and a sense that a duty of national importance was being undertaken, particularly in the case of the DOLSH nurses who "came to Darwin in the desperate days of air raids and invasion fears to care for the abandoned lepers."³¹⁵ The role was important enough for the Minister for Air to grant special permits in early 1944 for the OLHC Sisters to fly to Fantome Island "in order to proceed as quickly as possible to what could ultimately be the place of their self-immolation."³¹⁶ What is significant here is that the Sisters, having stepped in for government staff unavailable due to the War, are shown in the same light as other Australian citizens performing essential services in this period, in playing their part towards the country's defence. Their deeds were part of the diet of concurrent stories of bravery and martyrdom published about other Catholic Sisters in the War.³¹⁷ The articles emphasised the humanitarian aspect of their work but, in truth, the Sisters were mainly valued for maintaining the isolation of the patients in the chaos of war.

But developments in the post-war period brought the leprosaria under closer public scrutiny and, to varying extents, the Sisters were forced to publicly defend, or at least, define their positions as Hansens-sufferer carers. The regions in which the three leprosaria were located, having been vulnerable to enemy attack in the war, became accessible once again, and journalists, missionaries and others brought the welfare of the Hansens sufferer back into the public arena with a series of complaints about their social disadvantage.³¹⁸ Of the numerous examples was the front page of Adelaide's *The Mail* in 1946, in which reporter Douglas Lockwood asked "Will Australia Stand This? Leper Colony Herded in Abject Misery on Grim Darwin Alcatraz" and then outlined the "merciless heat and iron huts...sandflies in their millions" and the impossibility of "cultivating their own food."³¹⁹ There was a sense of shame that Australia would support the kind of inhumane practices reminiscent of the war from which it had recently emerged.

Most of these articles portrayed the Catholic religious staff in a positive light, doing their best to compensate for the deficiencies imposed by the government. But, in the latter half of the 1940s, a series of attacks by outsiders on the administration of Channel and Fantome Islands drew the performance of the Sisters into public question. To take the example of Channel Island, in 1947,

³¹⁵ 'Nuns Defy Bombs to Care for Lepers,' *Daily News* (Perth), 26/10/1945, p. 5.

³¹⁶ Untitled, *Townsville Daily Bulletin*, 17/2/1944, p. 2.

³¹⁷ E.g. 'Peace Saved Nun from Execution,' *Townsville Daily Bulletin*, 28/11/1945, p. 2; 'Native Nuns Defy Japs,' *The Daily News* (Perth), 29/9/1945, p. 4.

³¹⁸ E.g.: 'Commission on Leprosy,' *TDB*, 18/3/1950, p. 5; 'Health Dept Indicted for Shameful Conditions on Channel Island Leprosarium,' *Northern Standard*, 15/10/1948, p. 12; 'Full Pension Rights for Wives of Lepers,' *Northern Standard*, 13/10/1950, p. 5.

³¹⁹ Douglas Lockwood, 'Will Australia Stand This?' *The Mail* (Adelaide), 17/8/1946, p. 1.

the Anglican Synod, disturbed by poor conditions on the island and perhaps stirred by the post-war re-ignition of sectarian hostilities, sent a statement to the Minister for Health pressing for the relocation of the leprosarium to the mainland and replacement of Catholic religious staff with government workers.³²⁰ News of the statement led to a sectarian skirmish played out in the national press during which the St Joans Alliance, a Catholic feminist organisation, launched its own inquiry, concluding in a letter to the Melbourne *Argus* that “the nuns who took over this unenviable task are highly qualified nursing Sisters. It is an unquestionable fact that the work is carried out in the most efficient manner commensurate with the circumstances.”³²¹ In late 1948, public doubt was again cast over the Sisters’ abilities when a coroner’s inquest was held into the death of a Channel Island patient, sparked by suspicions of negligence by a building contractor temporarily employed on the island. The coroner cleared the Sisters of any culpability and expressed his “respect and admiration” for them.³²²

For the Catholic mission authorities in Darwin, the inquest tipped the scales after what they saw as a succession of attempts to undermine the Sisters’ work on Channel Island, and the only solution was to withdraw all religious staff. Although the Sisters’ critics professed humanitarian motives, their identification with causes such as Protestantism and Communism was evidence, as far as the Catholics were concerned, of a deliberate contrivance to remove them. However, the leprosarium Sisters wanted to remain, and, with the support of their Sydney superiors (who did not want to “play into the Commos hands”) turned the public spotlight to their own advantage by issuing a statement through their solicitor to the Australian press describing their inadequate living conditions, the lack of hygiene and their paltry remuneration (of 10 shillings per week), with the implication that should they not improve, they would have to leave.³²³

In early 1949, a list of demands issued by the DOLSH Provincial Council were almost all acceded to by the Commonwealth Health Department, including approval of the payment of £4 per week per Sister plus back-pay from 1946, bringing remuneration more in line with the Fantome Island (£4) and Derby (£3.6) Sisters.³²⁴ The salary increase was important to the DOLSH in symbolising the public worth of their work. As their Darwin Superior wrote, reflecting on the recent experience of the coronial inquest, “If they (Canberra) are sincere in

³²⁰ ‘Plight of Lepers Worries Synod,’ *The Argus*, 28/7/1947, p. 20.

³²¹ A similar sectarian stoush regarding the Fantome Island Sisters was carried out in the *TDB* in October 1947.

³²² ‘Death at Leper Station,’ *Centralian Advocate* (Alice Springs), 12/11/1948, p. 1.

³²³ ‘Grim Life on Leper Island Described,’ *The Mail* (Adelaide), 13/11/1948.

³²⁴ NAA: A1928, 715/38/1 SECTION 1, letter from CDGH to Minister, 22/3/1949.

their appreciation of the absolutely marvellous work of the Channel Island Sisters, they would show it in a practical way now that things are so dreadful them.”³²⁵

While the Sisters on Channel Island had battled for public acceptance and the government, embarrassed at the terrible conditions, restricted all visits to the island, Derby and Fantome Island became showpieces for the achievements of the Sisters with their Indigenous patients. Outback travellers, government officials and visiting priests were among those who expressed amazement at the patients’ adept and compliant performance of Western achievements, challenging notions of the intractability of the indigenous.³²⁶ In 1947, *Smiths Weekly* reported of the Sisters at Fantome Island,

They are much more than mere nursing sisters...They teach the women patients - there are 30 of them - cooking, sewing and knitting...They teach men and women to read and write and speak English, and it is not an uncommon sight to see a Myall black poring over a book in the island library.³²⁷

Concert performances for visitors were a favoured means of displaying the cultural development fostered by the Sisters and the hard work and adaptability of the patients, and those held at Derby were particularly admired. As Margaret Walsh wrote of performances at Catholic schools in the twentieth century, concerts were a way of letting others know that “because of the presence of the Sisters, ‘a civilizing centre had been established in their midst.’”³²⁸ The concerts held at the leprosaria produced the same, yet a far deeper, impression, for the performers were not white schoolchildren displaying the artistic proficiency of their own culture but members of a race consistently labelled as intrinsically wild and primitive. One observer who was affected in this way was travelling photographer and journalist, Stuart Gore, who visited Derby leprosarium in about 1950:

They gave us a concert. That does not sound very exciting. But what if it is given by a black orchestra whose instrumentalists are men, women and children, many of whom cannot read and write, much less read music? Aborigines who have never seen a white man’s orchestra? ...Whose only form of musical self-expression has been the hollow wail of the didgeridoo and the rhythmic beating of sticks upon the ground?³²⁹

³²⁵ NAA: A1658, 756/11/1 PART 1, Mother Damien quoted in letter from Mother Juliana to Minister for Health, 12/11/1948.

³²⁶ Examples include Stuart Gore, ‘Leper Colony’, *Walkabout*, 1/11/1951, pp. 18-20; J.H. Adams, ‘Life Among the Lepers,’ *Pix*, 13/9/1947, pp. 3-5; Coralie and Leslie Rees, *People of the Big Sky Country*, North Sydney, NSW: Ure Smith, 1970, pp. 13-15.

³²⁷ *Smith’s Weekly*, 9/8/1947.

³²⁸ Walsh, *The Good Sams*, p. 278, including quote by priest, Fr. Downey.

³²⁹ Gore, ‘Leper Colony,’ p. 20.

Other newspaper and magazine writers from the late 1940s were as impressed as Gore with the system at Derby, in direct contrast to Channel Island. They portrayed the leprosarium as an almost idyllic self-sufficient society run on the basis of cooperation between the European staff and obedient but competent Indigenous patients who had been successfully educated in Western hygiene, work practices and morality. It was presented almost as a triumphant social experiment for the broader government assimilation project, suggesting that if ‘lepers’ could achieve all this, then so could any Aborigine, given the appropriate environment and training. One article tellingly stated, “the aborigines live far better in the [Derby] institution than in their tribal country.”³³⁰

This kind of publication also served, less explicitly, and perhaps unconsciously, to subdue public anxiety about the unconfined ‘leper’ by implying that he or she was complicit with the detention policy. In 1947, a magazine article claimed of the Derby leprosarium, “A number come into the settlement voluntarily for treatment. They take a liking to the place and show no inclination to run away.” A 1950 article in the same vein stated that “Aboriginal lepers have such a pleasant life at Derby Leprosarium that some refuse to leave when the disease is cured. This is a long cry from the days infected natives fled from police patrols.” Yet, these patrols continued at least until the late 1940s, possibly into the early 1950s, and patients continued to abscond from the leprosarium.³³¹

Into the 1950s, the public might equally be assured of the welfare of confined ‘lepers’ with increasing reports that they were, in fact, “happy.” “Happiness, not sadness, predominates at the leprosarium” was the opening line of a report in the *West Australian* on Derby in 1950, and two years later, a headline in the *Townsville Daily Bulletin* announced, “Fantome Is. A Happy Community.”

In Darwin, publicity was avoided until the move to East Arm where much better conditions made this institution the source of pride to government and the Catholic Church. In 1957 authorities permitted the Australian Broadcasting Commission (ABC) to run an interview with doctors, staff and patients to showcase the leprosarium. The desired impression was that it was a happy leprosarium, despite the suffering. The interviewing journalist was at first nonplussed that a disabled patient named Smiler, known for his happy disposition was not living up his name, as the transcript indicates:

³³⁰ Adams, ‘Life Among the Lepers,’ p. 4.

³³¹ Jebb, *Blood, Sweat and Welfare*, pp. 152-3; Ambrose Mungala Chalarimeri, *The Man from Sunrise Side*, Broome, WA: Magabala Books, 2001, pp. 95-96; Sgt King, Derby Police, quoted in Leslie and Coralie Rees, *Spinifex Walkabout*, Sydney: Australian Publishing Co., 1953, pp. 108-9.

Interviewer: You're not laughing very much today. I heard you laughing the other day.

Smiler: (laughs) Is that the idea?

Interviewer: Yes, that's the idea. We wanted YOU to hear this hopelessly crippled man inspire us and a crowd of his dusky friends, with the sort of infectious laughter one would never expect to hear in – a Leprosarium.³³²

These patients may well have been cheerful much of the time, as former staff have privately attested, but, in the abovementioned cases, they were held up in an undignified manner to soothe the public conscience - to "inspire us", as the interviewer put it – and to prove rather deceptively, as both this and the following chapter demonstrate, that the leprosarium was a contented and harmonious community of people. Zachary Gussow has alluded to the 'happy leper' representation as a tactic for attracting funds to the American Leprosy Mission. It is used differently by Australian mass media which has no such motive but with every bit as much force in publicly portraying the disease "as an extreme and unusual phenomenon".³³³

The Sisters worked hard to create favourable impressions on their visitors, evidently anxious to convince Australian society that the Catholic women religious were more than up to the task they'd been assigned. One former patient of Fantome Island remembered the frantic efforts to ensure the buildings were clean and that fresh linen was on show before official guests arrived, when, in normal circumstances, such trouble was not taken.³³⁴ Cleverly, Mother Alphonsus tailored her patient performances to the guest in question. When Governor Sir Charles Gairdner visited Derby in 1952, with press in attendance, she prepared something suitably vice-regal to win him over. It was noted that "the smell of strong disinfectant [was] everywhere" and that the party was greeted with "a chorus of girls, each waving a Union Jack, the orchestra behind swelling into 'Rule Britannica.'"³³⁵ The SSJG archival history records that "tears were running down his cheeks" and reveals a particular sense of satisfaction in the statement that he was "not a Catholic".³³⁶

The Sisters' efforts helped to nullify attempts by patient rights' advocates to expose poor conditions in the leprosaria. Hinton of the RFA, having formerly been a strong critic of policy

³³² NAA: E51, 1960-277, 'A New Look at East Arm,' ABC Radio Broadcast, prepared and narrated by V.T. Brauer, July 1957.

³³³ Gussow, *Leprosy, Racism and Public Health*, p. 222.

³³⁴ "Warwick," interview with C. Robson, 2011.

³³⁵ 'The Natives Sang in the Leprosarium,' *The West Australian*, 19/7/1952, p. 15.

³³⁶ SSJGB, 2.67A, 'Province of St Francis Xavier: Chronology of Events.'

and conditions at Fantome Island, came away from his visit to the island to report in the *Moreton Star* that the stories of patient maltreatment were “make-believe,” that the “attacks made on the Queensland Government, and the Department of Native Affairs concerning this Island were unwarranted,” and that the patients were “happy and contented.”³³⁷

The leprosaria were an opportunity for single women professed in the Catholic Church from the early twentieth century to fulfill their personal and religious aspirations of bringing the Christian faith, health care and Western ways of life to Indigenous Australians. To attain these goals, they adopted a far broader role than the nursing duties allotted them by government health departments would suggest. Many of the Sisters’ self-appointed tasks, especially in the earliest years, were aimed at the physical support and survival of the patients in the light of deficiencies in material provisions and medical care resulting from government parsimony and wartime shortages. In addition, the Sisters established educational and training programs to ‘civilise’ and ‘Christianise’ the patients. While some Sisters never lost hope for a cure for Hansen’s disease before effective drug therapy was introduced, the main purpose of these programs was not so much to prepare patients for society, than to equip them for a meaningful and contented long life spent inside the leprosarium. Essentially, patients were encouraged to accept, rather than contest, their confinement, and inculcation with the Sisters’ Catholic ethos and culture held the key to enabling this transformation. The adoption of new skills and occupations were seen as avenues to self-improvement but they were also used as substitutes for the life that patients had been forced to leave behind and still yearned for, thus serving to distract them from the nub of their discontent. While, inevitably, traditional culture and ways of life were eroded in this process, some practices survived, due in part to the missionaries’ recognition of their importance to patients’ wellbeing and due also to the determination of patients to maintain them.

The Sisters conveyed the Christian message through various means, of which direct religious instruction was just a small part. Rather it permeated daily activities, rules and practices. In the leprosarium, therefore, the Sisters did not necessarily have to juggle the twin goals of evangelisation and care-giving, a concern raised by the priest on Channel Island. For the Sisters, Christianity was exemplified - in the performance of their nursing care, the values they lived and upheld in daily life, and the hymns taught to the children.

³³⁷ NAA: A886, C174, E.H. Hinton, ‘Report on My Visit to Fantome Island, 12 December 1951.’

If, after their appointments, any doubts remained in official circles about Catholic Sisters' willingness and ability to carry out their leprosarium duties according to government expectations, they were soon dissolved. Officials were ultimately supportive of the Sisters' liberal interpretation of their given roles on finding that their aims coincided with governments' ideals. The inevitable promotion of the Catholic faith in the leprosarium was only of concern if it provoked sectarian opposition and led to adverse publicity for the government. Christianisation was an integral part of the civilising process, and it is doubtful that officials were particular about which form of Christianity was imparted. Although religious sectarianism was temporarily suspended during World War II, it later re-emerged to once again rattle the Sisters' security, but their record of competence and heroic loyalty to the nation during the War left governments assured of the value of their service. Governments also continued to support the Sisters after threats to their positions came from groups and individuals concerned for the welfare of the patients in the post-war period. Patients themselves initiated or joined protests, and they were often led by those of European descent, unaccustomed to strict controls prior to admission to the leprosarium. This kind of activism was more pronounced at Fantome Island, as a result of parallel activity at the Queensland leprosarium for white patients on Peel Island.

Coinciding with these calls to improve conditions for the Indigenous Hansens sufferer were claims by sections of the press, public and Catholic Church that the leprosaria at Derby and Fantome Island patients were, in effect, successful social experiments. Here, contrasting with images of the Indigenous suspended in the stone-age stagnation, they were shown as cheerful and industrious people, living and working as white Australians, courtesy of the remarkable work of the Sisters. Through the implication that patients were supportive of Hansen's disease policies, this portrayal served to soothe society's conscience and thus justify leprosarium isolation for Indigenous sufferers, while also validating the roles of the Catholic nursing Sisters in the post-war period. Channel Island, of which even government officials were ashamed, received no such positive publicity. Only after the middle of the 1950s, when the East Arm Leprosarium opened, did the doors open to the public for their blessings.

By assuming that Christian morality and the distractions of Western culture promised a resolution to the patients' predicament, the Sisters shared the paternalism that characterised the attitudes and approach of Christian religious working at mission stations in Australia at this time. But in the leprosarium where compliance with treatment, sexual restraint, and the policy of detention were crucial to disease control, this paternalism operated as a less brutal alternative to the jail, chains and police deployed by state authorities. It can thus be seen that elements of the Catholic mission and the Aboriginal reserve were present in the leprosaria in the time period

of this chapter, but that the latter was more evident in the state institutions in Western Australia and Queensland, therefore confirming to some extent the claims made in Parsons' work regarding Fantome Island. However, there were many more features regarded as essential to Australian Catholic missions in this period, such as the leadership and participation of Catholic priests, an issue that will be explored in detail in the following chapter.

Chapter Four

Catholic Male Missionaries and the Indigenous Leprosaria 1940-c.1955

If government health authorities saw their engagement of the Catholic nursing Sisters at the leprosaria as a practical working arrangement, there were sections of the Australian Catholic Church who viewed it, more significantly, as opening up a new mission field in which their priests and Brothers would naturally take part. Senior missionaries and local bishops, having been instrumental in brokering the Sisters' appointments in the 1930s and early 1940s, went on to continue their close involvement with the institutions, drawing them into the small but expanding network of mission stations and schools under their domain in the north and northwest. The Hansen's disease patient, in embodying the desecration by white Australians of the Indigenous race, laid a strong claim on the self-proclaimed, collective sense of duty informing much of this movement.

This chapter examines how the Catholic Church pursued its missionary ends in the leprosarium through the work of its male religious in their roles as chaplain and superintendent in the 1940s and early 1950s. The main focus is on Channel and Fantome Islands where the presence of Catholic male missionaries was tolerated to a greater degree than at Derby, partly due to a continued reliance on their services by governments, dating back to the stringent wartime conditions in which these leprosaria were established (or re-established, in the case of Channel Island). The isolation of these islands also lessened the gaze of rival denominations caught up in the prevalent sectarian rivalry between Protestants and Catholics. At Derby leprosarium, the only institution in this period to employ a dedicated lay superintendent, non-sectarianism was studiously asserted, as Chapter Three has explained. Catholic priests still found ways to evangelise the patients, but always with a great deal more caution that was necessary in the other two leprosaria.

For many individual Australian Catholic priests and Brothers, as with the religious Sisters, the Hansens apostolate was a long-held aspiration and a meaningful way to "spend themselves in the salvation of souls."¹ Male religious no doubt identified more strongly than their female counterparts with legendary religious figures, such as Damien of Molokai, around whom heroic work at international Catholic leprosaria had long centred. Opportunities for work in Australian leprosaria came to priests in the position of visiting chaplain to both the Sisters and Catholic

¹ Missionaries of the Sacred Heart, *Constitution of the Society of Missionaries of the Sacred Heart of Jesus*, Kensington: Sacred Heart Monastery, 1942, no. 3.

patients, and to religious Brothers, in the case of Channel Island only, in the position of superintendent appointed to undertake government duties.

In the introduction to this thesis, the question was posed as to whether the leprosaria could be defined as “Catholic missions.” They never did become this kind of institution in the official sense, although Catholic directories throughout the period of this thesis implied as much. Unofficially, there were different ways in which missionaries could pursue their own mission mandate and that of their Church. For example, Peter Hearn’s research of MSC missions in Australia indicates that in the 1940s missionaries were less focused on the older impulse of the salvation of souls, and more influenced by the later doctrine of the “implantation of the church.”² This chapter explores how and to what extent priests and brothers could express these ambitions in the leprosarium. Fortunately, unlike the primary sources available for the Sisters, personal correspondence by several of the male missionaries permits close insight into their expectations of the work and their reactions to its realities as they panned out.

The Catholic Male Missionary Imperative

Among the first Catholic chaplains to the Sisters were Fathers William Henschke and Patrick Moloney who arrived in the early 1940s at Channel and Fantome Islands respectively where, according to reports, most of the patients were of the Anglican faith.³ Their experiences as missionaries and the attitudes they developed in regard to Indigenous people informed the way they went about the evangelisation of leprosarium patients. Aged sixty-four and fifty-four respectively, Moloney and Henschke had put the most active phases of their religious vocations behind them when they began their leprosarium ministries, yet they both remained highly driven missionaries. Henschke was a veteran of Indigenous missionary work, having spent many years at the side of Bishop Gsell on Bathurst Island Mission, before heading up the Darwin parish.⁴ His efforts to have the SSJG Sisters installed at Channel Island and his subsequent involvement in the appointment of the DOLSH Sisters have been discussed in Chapter Two. Moloney was known for his pioneering endeavours at Palm Island, Alice Springs and Menindee in the 1930s and had been a main protagonist of the Church’s interwar remote mission enterprise, as has also been briefly discussed. For Moloney, Indigenous missionary work was part of a collective moral duty, specifically directed towards addressing the wrongs inflicted by unscrupulous white

² Hearn, *A Theology of Mission*, p. 30.

³ Letter from Fr Henschke to Provincial Superior, 2/12/1943 (MSCK, Prov.Corr, N.T.Darwin,1943; Fr “Biggins” to Provincial Superior, 25/8/1941(MSCK, Palm Island 1940-41).

⁴ James J. Littleton MSC (ed.), *Brotherhood in Mission: Deceased Missionaries of the Sacred Heart, Australia 1882-1991*, Coogee: MSC Provincial House, 1992, p. 75.

Australians.⁵ His letter to a government minister in 1938 to protest moves to close his Alice Springs mission station couches this duty in explicitly political terms, while it demonstrates his contempt for claims of Australian egalitarianism:

We boast of our civilisation, our culture and advancement, our broadmindedness and willingness to give everyone a fair deal, yet we have shot, poisoned and starved to almost complete extinction a most noble black race. The soil of this Continent has been steeped in black blood, and anyone who takes up the cause of the few that remain, becomes as bitterly hated even as are the blacks.⁶

There seemed to be no doubt in the minds of Henschke and Moloney that amends to the Indigenous could be made, in the words of their associate, Reverend Johnston, “by putting within their reach the Faith and all its blessings.”⁷ Under state health detention laws, the leprosarium ensured the men had a captive population – Indigenous people, who in other circumstances, might reject or never experience the overtures of missionaries. As one priest noted of the Derby leprosarium, “Avenues of approach to the pagans closed to the missionaries through bigotry or difficulty of access are now being opened up in this perhaps providential manner.”⁸

Moloney and Henschke displayed a self-assurance in their methods that contrasted with the Sisters’ approach to evangelising the patients. Despite being allowed only as visitors, both men slipped unobtrusively into full-time residence on the islands, taking up makeshift accommodation, and boldly flouting the health regulations that kept most other people away. Clergy of other denominations were given only visiting permits and, with access to the island difficult, they could not possibly attain the dominant presence the Catholic priests achieved. The men were both known for their engaging personalities and friendly paternal ways. Henschke is remembered as “a gentle giant” who, on returning to Channel Island from a trip to town, brought with him a huge bag containing chewing gum for the children and tobacco for the adults. The patients, especially the women, would gather around him to hear him tell stories.⁹

⁵ See Chapter 2 for more discussion of the articulation in the 1930s of the Catholic Indigenous mission endeavour as a national duty.

⁶ NAA: A1, 1938/403, ‘Sacred Heart Mission School, Alice Springs’, extracts of letter from Fr P.J. Moloney to A. Macalister Blain, 3/1/1938.

⁷ Very Rev. H. Johnston, S.J., Rector, Corpus Christi College, ‘Australian Catholics and the Aborigines,’ in J.M. Murphy and F. Moynihan (eds), *The National Eucharistic Congress*, 1934, Melb., p. 177.

⁸ Rev.D. Breslin, O.M.I., ‘Aussie Nuns and Aussie Lepers,’ *Catholic Missions*, March 1947, p. 14.

⁹ “Sr Jeanne,” interview with C. Robson, 2008.

Converting an old building into a chapel specifically for the patients, he hoped to “gradually make an impression on the patients.”¹⁰

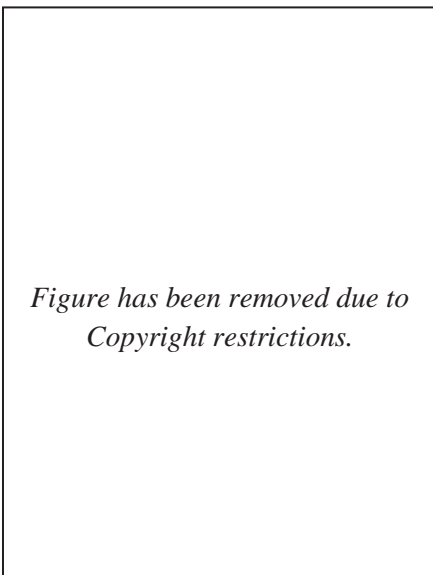


Figure 35: Father William Henschke.



Figure 36: Father Patrick Moloney with young flock, Little Flower Mission, Alice Springs, 1939. (*Catholic Missions*, October, 1939, p.14).

Moloney and Henschke, as with several other priests, performed numerous baptisms at the leprosaria, most without full instruction and acceptance of the Catholic faith.¹¹ In this practice they differed from other MSC mission veterans such as Bishop Gsell who held little concern for the prospect of eternal damnation without salvation.¹² Yet, perhaps in the leprosarium of the 1940s, when the death toll was high, there was more urgency to ensure patients could die as Catholics, that “our poor Australian brothers obtain [their] real inheritance,” as one priest expressed it.¹³ Success was measured in numbers baptised or head counts in church. In 1954, resident priest, Fr Monckton, could report of the Fantome Island Leprosarium in the *Townsville Catholic News*,

Since the Mission was established, there have been eighty-two baptisms, forty-three confirmations and thirty-eight burials. The total number buried on Fantome is eighty-two so nearly half of those who died was won to the faith... there were ten Catholic marriages in total.¹⁴

¹⁰Letter from Fr Henschke to Provincial Superior, 2/12/1943 (MSCK, Prov.Corr, N.T.Darwin,1943); TCA, Palm Island and Fantome Island Catholic Register.

¹¹ Letter from Henschke to Provincial Superior, 8/1/1944 (MSCK, Prov.Corr, N.T.Darwin,1944).

¹² Hearn, *A Theology of Mission*, pp. 30-31.

¹³ Letter from Fantome Island priest[name omitted due to privacy considerations] to Provincial Superior 25/8/1941 (MSCK, Palm Island-1940-41).

¹⁴Fr V.Monckton, ‘Fantome Island: Our Diocesan Leper Station,’ *TCN*, 1/12/1954, p. 11.

Proselytisation, if attempted by the Sisters, seemed to have occurred with caution, whereas the priests confidently and quite openly tried to bring all they could to their Church without any concern for existing religious beliefs. One case at Fantome Island suggests that the priests' evangelical fervour left very little space for the supposedly multi-denominational nature of the institution. In 1942 Moloney administered Baptism and first Holy Communion to a young girl who 'belonged' to the Church of England, without the consent of her legal guardian.¹⁵ The outrage of Palm Island Anglican minister, E.R. Gribble, and his resultant campaign to discredit the Sisters in the eyes of the public, led Mother Peter to ask Moloney to allow the girl to return to her former Church which he refused to do.¹⁶ The girl fled into the bush every Sunday, no doubt preferring to avoid Mass altogether rather than be caught up in this clerics' tug-of-war.¹⁷ Mother Peter, apart from her upset at the resultant publicity, regretted the damage it caused to the Sisters' relations with the Anglicans, telling Moloney, "If we acted squarely with Canon Gribble he would act squarely with us...He passes by our very door and never calls in through you."¹⁸ Yet, for Moloney, the patients owed the Church their allegiance as gratitude to the Sisters. He was critical of a Baptist patient who, on her deathbed, refused one Sister's attempts to baptise her as a Catholic, as the former "not only nursed her, but taught her in school."¹⁹

From the late 1940s, the Fantome Island 'Catholic mission' surged forward. Having completed the building of a church and presbytery, the MSCs withdrew, due to a shortage of priests, and Bishop Ryan took the project in hand, appointing Fr Basil Foster, a diocesan priest, as resident chaplain in 1947, and paying him £100 annual stipend.²⁰ Fantome Island was the only leprosarium to retain a Catholic priest in formal full-time residence, a position that continued almost until its closure in 1973. More than any other religious, Foster worked to transform the leprosarium into a Catholic mission. He made converts, both of the living and dying, with vigour. He also spent much time in giving patients religious instruction and, to this end, published a small periodical, the *Catholic Koro*, written "in simple language which would confine itself to stating plainly the doctrines of the Catholic faith."²¹

¹⁵ Letter from Moloney to Provincial Superior, 7/11/1942 (MSCK, Palm Island-1942-3); TCA, 1145, Box 57, Folder 921, Mother Peter to Bishop Ryan, 10/11/1942.

¹⁶ Letter from Moloney to Provincial Superior, 12/11/1942 (MSCK, Palm Island-1942-3).

Claims in the Queensland Protestant periodical, the *Clarion*, in October, 1942, that the Fantome Island Sisters were forcing their patients to attend Catholic church services probably originated in this incident. The Health Department asked for a written response from Mother Peter (see TCA, 1145, Box 57, Folder 921: Letter from Acting Secretary, Dept of Public Health, QLD to Mother Peter, 2/11/1942 and her reply, dated 9/11/42).

¹⁷ TCA, 1145, Box 57, Folder 921, letter from Mother Peter to Bishop Ryan, 10/11/1942; Fr. Moloney to Provincial Superior, 7/11/42 (MSCK, Palm Island-1942-3).

¹⁸ Letter from Moloney to Provincial Superior, 7/11/42 (MSCK, Palm Island-1942-3).

¹⁹ Ibid.

²⁰ TCA, Holdings, Box 108, Folder 1: letter from Diocesan Secretary to Fr B. Foster, 9/9/1948.

²¹ TCA, 1140, Box 56, Folder 916, letter from Foster to Bishop Ryan, 15/5/1954.

Figure has been removed due to Copyright restrictions.

Figure 37: Father Foster and the Fantome Island Catholic congregation.

Foster also turned his energies to the visual and the ceremonial aspects of the practice of the Catholic faith. The ubiquitous religious statuary and the elaborate vestments that typically define a site of Catholic worship first found their place in a government leprosarium under his influence. Overlooking one beach, a statue of Mary Immaculate “high on a column of gleaming white...proclaims the faith and love of the children of Fantome Island” while Our Lady of Lourdes, illuminated at night by electric light, looked from her grotto.²² Together they were reminiscent of the Marian spirit alive in the Catholic world outside, emblematic of a common struggle against “immorality, communism and war.”²³ Foster added a “wooded grove with outdoor Stations of the Cross and shrines of some saints.”²⁴ He began the tradition of holding Eucharistic processions on the island each year on the feast day of Corpus Christi, as celebrated in Australia’s cities.²⁵

²² Fr V.Monckton, ‘Fantome Island: Our Diocesan Leper Station,’ *TCN*, 1/12/1954, p.10; ‘A Visit to Fantome and Palm Islands, *TCN*, 1/6/1957, p. 9.

²³ Katharine Massam, *Sacred Threads: Catholic Spirituality in Australia 1922-1962*, Sydney: UNSW Press, 1996, p. 92.

²⁴ Monckton, ‘Fantome Island,’ p.11; TCA, 1141, Box 56. Folder 917, letter from Bishop Ryan to Fr Foster, 11/7/1952.

²⁵ Fr Roch Allen, OFM, ‘Eucharistic Devotion on Fantome Island Leprosarium,’ *TCN*, August, 1962, p. 4.

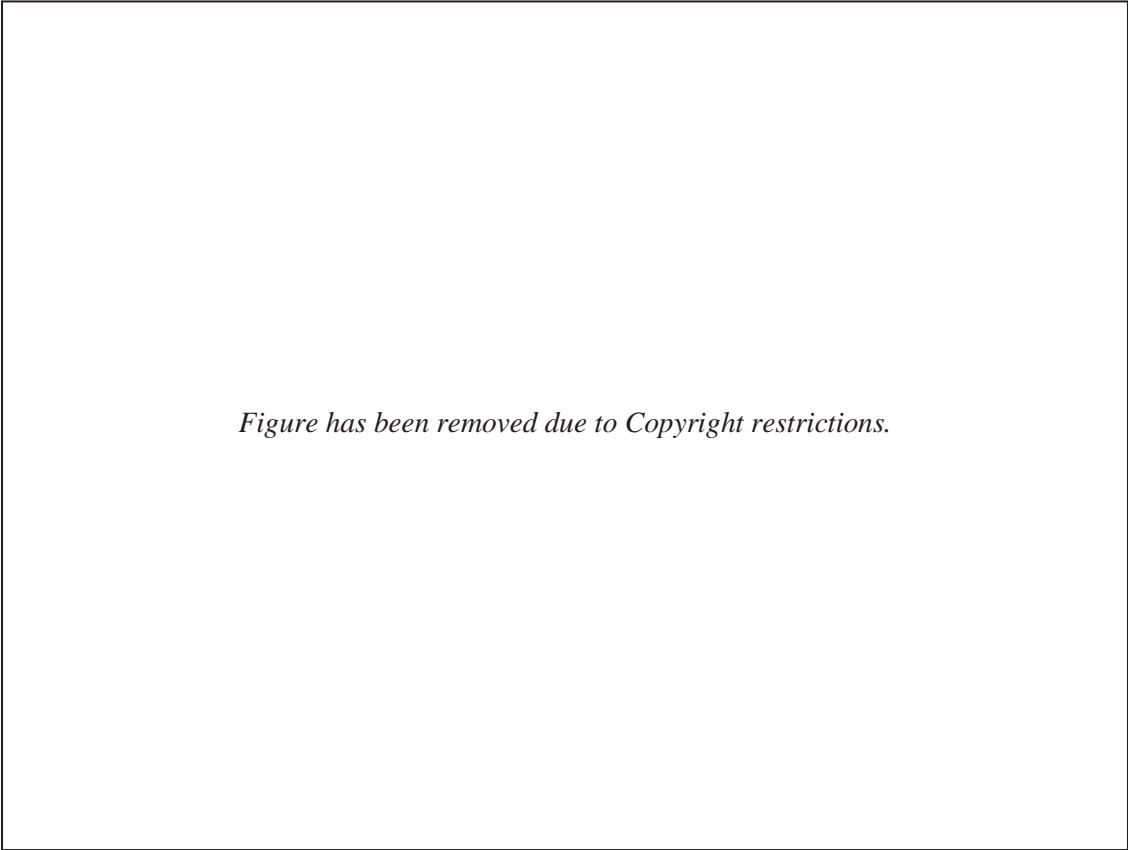


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Figure 38: The Fantome Island Catholic Church.

Sacred objects were not merely ornaments or even devices to assist the religious staff in their spiritual reflections. They were markers of Catholic territory, etched into the virgin landscape as statues, or shifting through it as the flowing habits of the religious, impervious to the rusted ideals and dented hopes of the succession of missionaries who bent their heads beneath them. They suggested, if not the victory of a sturdy Catholic patient congregation, then at least an assertion that this should be so, a prospect that filled some on the other side of the sectarian divide with a fear for the spiritual fate of the patients under their own ministries.

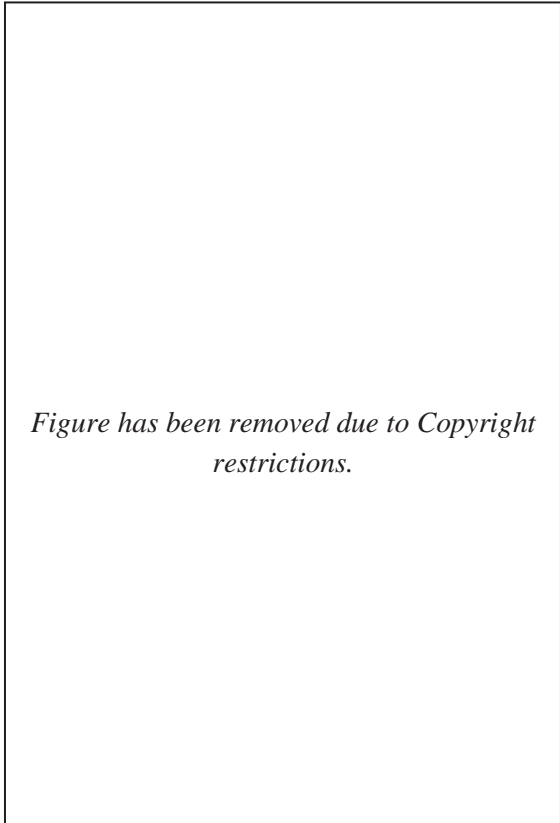


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Figure 39: Catholic statuary at Fantome Island Leprosarium.

The mission-building occurring at Fantome Island was not implemented to the same extent on Channel Island. The Catholic missionaries, throughout the years 1945 to 1950 saved their plans for the proposed relocation of the leprosarium to Melville Island where the MSCs already operated a mission for mixed race children. Here, Fr Henschke hoped, would be “a wonderful opportunity to care for and nurse poor afflicted people and to do good for their souls whereas little can be done in the present place as other denominations interfere.”²⁶ But reports concluded that Melville Island had all the deficiencies of the current leprosarium site, being even more remote from services and lacking the water supply needed for subsistence farming. The consequences of its proximity to the mission on Bathurst Island were also of concern.²⁷ In many ways, these disadvantages also characterised Fantome Island but there they were allowed to continue and isolation served the Catholic mission project well. However, in 1950, recently-appointed bishop of Darwin, John O’Loughlin, overturned the plans for Melville Island on the abovementioned grounds, stating that a mainland site close to Darwin should be chosen, even after the MSCs were offered the entire management of the new leprosarium.²⁸ His decision was

²⁶ Letter from Henschke to Provincial Superior, 29/3/45 (MSCK, Prov.Corr, N.T. Darwin,1943).

²⁷ NAA: A1658, 756/10/3, Bishop O’Loughlin and Dr Humphry, report of a Visit to Proposed Site on Melville, 22/6/1950.

²⁸ NAA: A1658, 756/10/3, letter from O’Loughlin to CMO, 10/7/1950; Acting NT CMO to CDGH, 18/7/1950.

evidence of a change of guard in the Catholic missionary hierarchy in which practical and materially beneficial considerations outweighed uncompromised missionary zeal.

At the Derby leprosarium, government warnings against the overt proselytisation of patients meant that the evangelisation of patients was attempted in subtle ways. In 1947, the Pallottine Fathers established a parish centre at Derby town, bringing priests, for the first time, a short drive away from the leprosarium. Many patients at Derby had no prior Christian affiliations so conversion entailed the introduction of entirely new beliefs. Former visiting priest from the 1950s, Fr Joe Kearney explained that most religious instruction at Derby was provided by catechists who were also patients. Each Saturday, he would offer encouragement while the male catechist instructed male patients. Corresponding arrangements were organised for the female patients under the supervision of one of the Sisters. Instruction continued for about six months before a person was ready for baptism. Fr Kearney has pointed out that having learned the Christian message from other Indigenous, rather than from Europeans, patients became motivated to pass on their new beliefs to others in their communities after leaving the leprosarium.²⁹

But Catholicism did not have a monopoly on these activities, according to Kearney, who remembered that Protestant patients also instructed others in the ways of their faith.³⁰ Rather than dictate the direction of Christianity at Derby, there is evidence that visits of the Catholic priests spurred ministers of other denominations into taking action to ensure their Churches were represented in the leprosarium and that patients from their missions did not transfer their affiliation to Catholicism.³¹ They became regular visitors, presiding over services in a second church built for use by all Christians other than Catholics. New patients joined cliques identified by a common home region, at least several of which assumed a particular Christian affiliation and practised their religion under the guidance of a senior member, thus strengthening the multi-denominational character of the leprosarium.

These practices also occurred at the other two leprosaria, but were not so successful in competing with the dominance of Catholicism. However, with the Darwin leprosarium's relocation to the mainland in 1955, Methodist and Anglican ministers could more readily access patients who had originated from missions under their societies' control, holding separate

²⁹ Fr Joseph Kearney, SAC (Former visiting priest, Derby Leprosarium). Typed transcript. Recorded at the Pallottine Rossmoyne Community, WA, 5/10/2009.

³⁰ Ibid.

³¹ Letter from Secretary of Correspondence, UAM to CPH, 17/7/1937 (PHD, 1935/0251; SROWA, Cons 1003).

services each Sunday. Being drawn to the festivity and music of Mass, some patients reportedly attended every service, regardless of the faith they followed.³² Catholic male religious, therefore, played significant roles both in their direct evangelisation of patients into their Church and by inadvertently providing the stimulus for missionaries of other Churches to do the same, with the result that, generally, Christian worship and the promotion of Christian beliefs proliferated in the leprosaria. This phenomenon has been noted also by historian Noel Loos who argues that United Aborigines Mission and Anglican missionaries tolerated one another's activities on Palm and Fantome Islands until the arrival of Catholic religious, and, then, "Never had black souls seemed so precious."³³ It also goes some way to explaining why not all patients who first found Christianity in leprosaria, later identified with Catholicism.³⁴

Martyr Male Missionaries

Throughout the 1940s and beyond, missionary societies and the Catholic press continued to affirm the sanctity of the relationship between leper and missionary, emphasising the spiritual richness of the Australian leprosarium ministry. Published articles spoke of Christ's presence or another Damien of Molokai in the person of the religious, sometimes articulating the great sacrifices they made.³⁵ Several were written by visiting priests on short stopovers as they toured the missions. They wrote rapturously of the devout and appreciative 'native leper', transformed from "roam[ing] the bush with his tribe in pain and misery" to "finding peace of mind and joy of soul" under the care of the religious.³⁶ The impression was invariably given of a flourishing Catholic community who "flocked to the Communion rails in heart-warming numbers."³⁷ The administration of the sacraments, in which the priest shares a more intimate interaction with the recipient, was conveyed with disquieting drama and pathos, the patients' disabilities juxtaposed against their pious humility:

³² Sr M. Whelan, interview by C. Robson, 2008.

³³ Loos, *White Christ, Black Cross*, p. 82.

³⁴ Paddy Bedford, 'God Knows' in Peter Bibby (ed.), *The Telling of Stories: A Spiritual Journey of Kimberley Aboriginal People*, WA: Catholic Education Office, Kimberley Region, 1997, p. 37; Charles Darwin University, 'Gawirrin Gumana – Biography,' <http://www.cdu.edu.au/newsroom/documents/biography-gawirrin-gumana.pdf>. Accessed 27/06/11.

³⁵ Morris, 'Darwin and Channel Island,' pp. 228-9; Frederic Foley SJ, 'Leper Christmas,' *Messenger*, 1/1/1955, p. 32; 'Chaplain for Leprosarium,' *TCN*, 1/2/1947, p. 3; "'Ad Multos Annos:" Two Priestly Jubilarians,' *TCN*, 1/1/1953, p. 4; Fr V. Monckton, 'Fantome Island: Our Diocesan Leper Station,' *TCN*, 1/12/1954, p. 10; 'A Visit to Fantome and Palm Islands,' *TCN*, 1/6/1957, p. 9; Eldridge, 'An Island Lazaret,' p. 41.

³⁶ Morris, 'Darwin and Channel Island,' p. 229.

³⁷ Rev. Thomas Whitty MSC, 'The Lepers' Faith,' *The Annals*, 1/7/1948, p. 212; see also Foley, 'Leper Christmas,' p. 32.

That night I heard the Confessions of the Catholic lepers. Again I nearly cried with sadness as the poor creatures humbly murmured their peccadilloes in the rasping voices produced by the disease...³⁸

Another priest, writing of Palm Sunday rituals, mused, “It was touching to see the lepers reverently kiss the palm and receive them, sometimes with fingerless hands.”³⁹ And another explained how the prayer [of communion] “is said with deeper meaning by a priest when he distributes Communion to the sick – particularly to those afflicted with leprosy.”⁴⁰

Some Australian priests and brothers expressed particular interest in working with Hansens patients. Of the Channel Island ministry, Fr Henschke had written “it was the ambition of my life realised,” and for Br Lucas, the superintendent’s job was “special work” and had been his “ambition for years.”⁴¹ Before accepting an appointment at Fantome Island in 1954, Fr Roch Allen OFM, had “been begging for years for missionary work among the lepers.”⁴² Fr Aquinas Howard OFM, who missed out on the position, was, according to another religious, “very anxious to devote his life to the lepers.”⁴³ There was competition for leprosarium work both between men of the same order, of different Catholic orders, and of different Christian denominations. It was highly sought, both as a church missionary project and as a personal religious endeavour.

The misty ambitions of would-be Damiens and the biblical rhetoric of passing priests, however, did not necessarily reflect the reality that many male missionaries faced in their positions as leprosarium personnel. Mission warhorses, Moloney and Henschke, survived in the miasma of their optimism and on the strength of their old rock-solid vocations. But for the young and more vulnerable who’d joined “the army of the real heroes of the world in the ceaseless search for souls,” postings at the leprosarium often descended into disappointment, anguish, and, not uncommonly, injury to physical and mental health (see Fig. 40) The real sacrifices they faced were not the risk of contracting the disease or sharing life with those “selected to undergo Purgatory on earth”; they were attendant solitude and the isolation and feelings of powerlessness.⁴⁴

³⁸ Morris, ‘Darwin and Channel Island,’ p.229.

³⁹ Whitty, ‘The Lepers’ Faith,’ p.212.

⁴⁰ Rev.V.P.Copas MSC, ‘Lepers in North Australia,’ *Annals*, 1/6/1957, p.168.

⁴¹ Letters to Provincial Superior from Br “Lucas” (fictitious name due to privacy considerations), 31/3/1943 & Fr Henschke, 29/4/1943 (MSCK, Prov.Corr, N.T.Darwin, 1943”).

⁴² TCA, 1140, Box 56, Folder 916, letter from Fr Joseph Gleeson OFM to Bishop Hugh Ryan, 9/2/1954.

⁴³ Ibid., letter from Sr Maree de la Merci FMM to Bishop Ryan, 2/10/1946.

⁴⁴ “‘Unclean, Unclean!’ The Lepers: August Missionary Intention,’ *Catholic Missions*, 1/8/1935, p. 3.



The Question—

What Shall I Do With My Life?

● Yes, what will you do with your life, boy with the puzzled frown? Is it adventure you are thinking about—real adventure, worthwhile adventure? Do you want to sit down and let the world go by, or do you want to go out

and take it into your hands and make something of it?

It may not be for you, boy at your books, but if you listen you will hear God's whisper. It is a call to join the army of the real heroes of the world—of the men

who are tramping the trails, crossing the oceans, paddling the rivers of the world, in search of the gold that lasts into eternity—in the ceaseless search for souls.

Have you, Australian boy, ever thought that you should be a missionary priest?

Figure 40: Missionary priest recruitment article, 1941 'What Shall I Do With My Life?'
 Pitched to divert boys from a career in the armed forces to "...join the army of the real heroes of the world...in the ceaseless search for souls."
 (*Catholic Missions*, April 1941, p. 4).

Provincial superiors did not delegate their most promising or capable missionaries to permanent positions at the leprosaria, being alive to the shortcomings of the Australian institutions as mission projects from an early date. In 1941, just a year after the Fantome Island leprosarium opened, the MSC Provincial Superior and the Bishop of Townsville agreed that the "elderly

man or the man with a hobby is the type of chaplain required.”⁴⁵ In 1945, the former was thinking of “some old mission priest who may be happy to spend his days attending to the lepers.”⁴⁶ More active and skilled missionaries were preferred for building and maintaining large mission stations overseas or on the small Indigenous stations where talents in carpentry, mechanics and agriculture were necessary.⁴⁷ The evangelisation of thousands of Papuans took priority to fifty native Australians when personnel were scarce. Often, however, short-term or intermittent postings of men of a variety of ages and temperaments were made to the leprosaria, stretching out to many months or years.

The priests who served at Fantome Island in the early 1940s found the leprosarium was not the missionary enterprise they envisaged. There were never more than seventy-five patients in residence and admissions hardly kept up with the numbers who died. Many were either firm adherents of other churches, or the old, frail and dying, leaving little for the priests to do apart from conducting a disproportionate number of deathbed baptisms, leading one priest to comment on learning of his departure from the island, “I am delighted to be able to do something besides sit down and watch lepers get daily worse.”⁴⁸ Church congregations were very small and individuals found to have little understanding of the faith, due to hasty conversions by over-enthusiastic predecessors.⁴⁹ Fr “Giles” found himself overcome by inertia when it came to extending himself from chaplaincy to evangelistic work. The prevalence of “paganism”

...one might imagine would stir a zealous man to vigorous action. Yes! Sitting in the front seat of the chapel it might and does, but when one comes bump up against it all, it staggers one, gives a jolt and you hear yourself saying, ‘Cui bono?’ They’re doing alright! Why worry? Say daily mass for the Sisters, say your office...⁵⁰

In the eyes of several of these young ambitious priests, Fantome Island compared unfavourably with the overseas missions run by the MSCs such as New Guinea, China and the Pacific islands. Fr “Don Murphy” was disappointed to hear he was not to be transferred away as he had been “dreaming of New Guinea.”⁵¹ Fr “Biggins” rejoiced in his own transfer there.⁵² Such missions

⁴⁵ Letter from Provincial Superior to Bishop Ryan, 18/11/1941(MSCK, Palm Island 1943-1947).

⁴⁶ Letter from Provincial Superior to Fr “Giles” (fictitious name due to privacy considerations), 27/8/1945 (MSCK, Palm Island 1944-1946).

⁴⁷ Letter from the Bishop to Provincial Superior, 21/8/1948; “Murphy” (fictitious name due to privacy considerations) to Provincial Superior, 18/8/1950. (MSCK, Prov.Corr, N.T. Darwin, 1948).

⁴⁸ Letter from Fr “Biggins” to Provincial Superior, 4/12/1940 (MSCK, Palm Island 1940-41).

⁴⁹ Letter from Fr “Giles” to Provincial Superior, 22/6/1942 (MSCK, Palm Island 1944-46).

⁵⁰ Letter from “Giles” to Provincial Superior, n.d. (between 1942 - 1948) (MSCK, Palm Island 1944-46).

⁵¹ Letter from “Murphy” to Provincial Superior, 17/12/1944 (MSCK, Palm Island 1943-47).

boasted thousands of potential converts, unspoiled by rival Christian denominations, and the 'natives' were reputedly far more amenable to evangelisation than the Australian Aborigines.⁵³ These then were the places where a missionary could feel he was doing worthwhile work.

Several male missionaries found the spiritual and intellectual separation from their fellow religious at the leprosarium extremely challenging, leading some to the collapse of their mental or physical health. Whereas the leprosarium Sisters, once established, formed communities of at least four women, the priests and brothers lived mostly well away from the company of their confreres. For young priests, turned out of twentieth-century seminaries, where for many years they had learnt and lived in a communal environment of likeminded religious, the leprosarium was a lonely experience. Priests who took up work in suburban parishes, in contrast, "shared experiences, exchanged ideas and told each other about the books and articles they were reading."⁵⁴ Fr Giles found small-talk with the Fantome Islanders poor compensation. "After all they have never done 'Three years' nor are particularly interested in Plain Chant!"⁵⁵

For missionary priests, work as the Sisters' chaplains was sometimes unrewarding and it distracted from their main vocational purpose. As a 1953 authority on the subject explained, the chaplain's role was very different to the usual ministries of the priest as it was not "a question of doing good, spreading the kingdom of God and procuring the salvation of souls," but centred on perfecting a community of "chosen souls."⁵⁶ The MSC fathers at Fantome Island found the Sisters overly demanding in their continual requests for more frequent Mass while simultaneously running the Palm Island mission. They also resented what they saw as unwarranted intervention by the Sisters in their attempts to fulfil their missionary projects. Fr Moloney objected to Mother Peter's criticism of his proselytisation of the patients, telling his superior, "Mother Peter was parish priest before I came and she can't get used to the change over," and, mimicking her, " 'Who are you?- you are only the chaplain.'"⁵⁷ In a sense, the roles of Sister and priest had been reversed, the latter losing the seniority and centrality he'd come to expect on the mission station or in the parish, and, the former, the lynchpin upon which hinged the Catholic mission imperative at the leprosarium.

⁵² Letter from Fr Biggins (fictitious name for privacy considerations) to Provincial Superior, 4/12/1940 (MSCK, Palm Island 1940-41).

⁵³ For example, in 1943, 45 priests and 15 brothers of the MSC served 124,000 Catholics in the Philippines diocese of Surigao; 64 priests and 50 brothers served at the MSC mission at Rabaul where there were 64,000 Catholics. (*Annals*, 1/10/1943, p. 184)

⁵⁴ Campion, *Ted Kennedy*, p.28.

⁵⁵ Letter from Fr Giles to Provincial Superior, n.d., c. 1942 (MSCK, Palm Island 1944-46)

⁵⁶ Canon le Terrier, 'The Chaplain' in *The Direction of Nuns* (Being the English version of *Directoire des Pretres charges des Religieuses*, trans by Lancelot C. Shepherd), London: Blackfriars Publications, 1956, p. 123.

⁵⁷ Letter from Fr Moloney to Provincial Superior, 7/11/1942 (MSCK, Palm Island 1942-3).

The Franciscan Missionaries of Mary who replaced the OLHC Sisters in 1944 continued to voice complaints about the chaplaincy work of the MSCs and, of Fr Foster, after their departure in 1947. When their longstanding request for a resident priest of their co-fraternity, the Order of Friars Minor, was eventually satisfied in 1952, relations appeared to improve, or, perhaps any friction was kept more carefully under wraps.

Between 1943 and 1955, a series of MSC Brothers filled the role of government superintendent at Channel Island, apart from a short interlude in the late 1940s. The Northern Territory administration was particularly grateful for the services of Denis McCarthy, the first Brother superintendent, who arrived during the Darwin military occupation when most laymen had been evacuated. Experience on Indigenous Catholic missions was qualification enough for the work brief, listed as ordering and distributing all supplies and rations, and controlling visitor permits.⁵⁸ Only later did it become clear that other, more demanding duties were expected, including looking after machinery, organising male patient labour and maintaining law and order.⁵⁹ McCarthy's labour came cheaply as, for the five years he held this position, neither he nor his religious society received any financial remuneration from the government, not even the small sum paid to the Sisters per week for their personal requirements.⁶⁰ Nor would McCarthy, as a religious Brother, be likely to ask for better conditions either for himself or for the others on the island. Whereas for the Sisters, a certain - albeit poor - standard of accommodation was always provided, McCarthy moved into a garage, open at both ends. A feature on Channel Island in his order's journal, *The Annals*, portrayed him as a willing martyr living in a "tin shed", but he "did not come here for a holiday, he would tell you, so he does not want a mansion. He ought to be satisfied."⁶¹

McCarthy, who "likes doing little pottering jobs about the place, is easy tempered, and religious," was soon noted by his colleagues to be neither adept at either carrying out repairs nor at evangelising the patients.⁶² His superiors were not worried, deciding his talents lay elsewhere and "he will do with his prayers what many others could not do with their efficiency."⁶³ It became clear, however, that it was more his despondency than lack of skill that led to such

⁵⁸ Letter from Brother McCarthy to Provincial Superior, 28/9/43 (MSCK, Prov.Corr, N.T.Darwin,1943).

⁵⁹ DOLSHK, Commonwealth of Australia, Department of Health, Northern Territory Division, 'Channel Island Leper Hospital – Organisation', 06/05/1946.

⁶⁰ In 1949, after McCarthy left his position at Channel Island, the Society of the MSC received a lump sum payment of £1000 from the Commonwealth Health Department to cover the three years since they took control of the NT Medical Service. (NAA, NAA: A1928, 715/38/1 SECTION 1, CDGH to Minister 10/3/49).

⁶¹ Whitty, 'The Lepers' Faith,' p. 211.

⁶² Letter from Fr Henschke to Provincial Superior, 29/4/1943 (MSCK, Prov.Corr, N.T.Darwin,1943).

⁶³ Letter from Provincial Superior to Fr Henschke, 14/10/1943 (MSCK, Prov.Corr, N.T.Darwin,1943).

reticence. Within the year, he asked for a transfer back to the missions where he could avail daily Mass.⁶⁴ However, over the next five years, repeated requests and declining spirits were all met with refusal by his superiors to authorise his removal, as no replacement could be found. The Brothers who had expressed interest were either deemed completely unsuitable or were needed for their skills on the missions.

McCarthy's actions continued to prove to his fellow religious and his superiors that he was unfit to perform the work. Fr Murphy noted that he tried to do the work of three men without ever requesting additional assistance and that "for weeks he has been tinkering with the fridge engine instead of reporting its failure...I won't be surprised if the next issue of the *Darwin Standard* has glaring headlines, 'No refrigeration at lep.'"⁶⁵ After a group of patients walked off the island in 1946 to protest at conditions, a government inquiry revealed him to be ineffectual at enforcing the sexual segregation policy and maintaining the orderly behaviour of the patients.⁶⁶ But the accompanying recommendation that he be replaced with a layman was not at this time enacted.

Several MSC priests protested the injustice of leaving McCarthy to endure appalling living conditions and an onerous workload, and pushed to have their Brothers permanently withdrawn from the superintendent's position. The current Darwin MSC Local Superior found nothing noble in a martyrdom arising from government thrift, unlike his predecessor, Henschke. In 1948, a similarly disapproving Murphy argued that "I do not think our Constitution or Statutes can justify his presence there."⁶⁷ The current documents stressed that MSC mission work was to be voluntary and, furthermore, that "missionaries be so placed on mission stations that no one suffers spiritual harm because of isolation."⁶⁸ It was only in 1949, after religious nursing staff on Channel Island were implicated in charges of neglect towards a dying patient (but were subsequently exonerated) that Bishop Gsell finally agreed to withdraw McCarthy. He and other senior clergy believed the charges were part of a communist plot to remove the Catholic religious from the leprosarium and did not want the MSCs subjected to further attack.⁶⁹

That the MSC superiors prevaricated for so long before authorising McCarthy's removal suggests that his importance for them lay not in how he performed his role as superintendent, or

⁶⁴ Letter from Br. McCarthy to Provincial Superior, 4/4/1944 (MSCK, Prov. Corr., N.T.Darwin, 1944).

⁶⁵ Letter from Fr Murphy to Provincial Superior, 9/11/1948 (MSCK, Prov. Corr., N.T.Darwin, 1948).

⁶⁶ NAA: A1928, 715/38/1 SECTION 3, report of committee of inquiry, part 2, p.8, 19/11/1946.

⁶⁷ Letter from Fr Murphy to Provincial Superior, 9/11/1948 (MSCK, Prov. Corr., N.T.Darwin, 1948).

⁶⁸ *Constitution of the Society of Missionaries of the Sacred Heart of Jesus*, Sacred Heart Monastery, Kensington, 1942, no.4 (f); *Statutes for the Australian Province of the MSC of Jesus*, 1946, LVII, 254a.

⁶⁹ Various correspondence (MSCK, Prov.Corr, N.T.Darwin,1948).

even as a religious, but in the mere fact that he, as a Catholic missionary, continued to occupy the position. Throughout discussions around his removal, the superiors had always expressed concerns about the consequences for their missionary ambitions at the leprosarium if, in the likely event they could not replace him, the position was vacated. A lay superintendent in his place, some thought, would make the Sisters so uncomfortable, they would resign their positions, and, if a Communist sympathiser, would influence the patients with his beliefs.⁷⁰ Even more worrying was the possibility that a Protestant missionary might take the job. Bishop Gsell believed “the Protestants are looking for the place. They’ll jump in as soon as we leave. It would be a disgrace to our church and society.”⁷¹ Even if the resident Catholic male religious was not effective in making mission inroads at the leprosarium, his presence at least prevented any other denominations from doing the same.

As government authorities quickly discovered, a religious Brother as superintendent was their best asset in masking the appalling conditions at the leprosarium. The layman installed after McCarthy’s departure in 1949 lasted just nine months, resigning after alerting the newspapers to the severe water shortage on the island.⁷² These were old problems, known to government officials, but, since the 1930s, they had decided not to make any improvements pending the relocation of the leprosarium to a new site. After the MSCs agreed to supply another Brother on condition that more comfortable quarters and financial remuneration be supplied, things settled back almost to the same quiet privations of the previous years. Brother Lilwall “attends to the welfare of some 200 leper patients. He is often required to act as peacemaker amongst the natives, maintain the various buildings, supervise the work of natives who are capable of working and a multitude of other duties...his day begins at 4 am and he is often still working at 11 pm.”⁷³ Notably, by minimising outside influences, his presence protected the interests of both his Church and the government, allowing them to continue operations as they intended. Although he had a “grueling time,” he held out until 1956, just after the leprosarium was re-established on the mainland, spelling the end to its insularity and demanding a larger and more complex administrative staff structure than any religious order could supply. The DGH “regret[ed] that he leaves us at a time when I feel the road was becoming a little easier.”⁷⁴

⁷⁰ Letter from Fr Henschke to Provincial Superior, n.d and, 2/10/46 (MSCK, Prov. Corr, N.T. Darwin, 1946); Murphy to Provincial Superior, 28/10/1948 (MSCK, Prov.Corr, N.T. Darwin, 1948).

⁷¹ Letter from Bishop Gsell to Provincial Superior, 3/4/1947 (MSCK, Prov.Corr, N.T.Darwin, 1947). (N. B. The word ‘society’ here refers to the MSC religious society).

⁷² ‘Lepers Suffer in Water Cut,’ *The Courier-Mail*, 6/10/1949, p. 5; ‘Leprosarium Chief Resigns,’ *SMH*, 9/10/1949, p. 7.

⁷³ NAA: A1928, 715/38/1 SECTION 1, letter from Metcalfe to Inspector, Public Service Board, c. 1955.

⁷⁴ Letter from CDGH to Bishop O’Loughlin, 14/3/1956 (MSCK, Prov.Corr, N.T.Darwin, 1956).

Whereas Catholic nursing Sisters mostly evangelised their patients discreetly, the priests used ceremony, sacraments and the church to “dazzle the natives with mitre and crozier.”⁷⁵ Some, in addition, brought imposing, charismatic personalities and gifts. Familiarisation with the non-Catholic patients had to be cultivated in an obvious and self-conscious way, unlike the bonds that formed more easily in the nursing and educational activities undertaken by the Sisters. The Catholic priests showed no hesitation in their determination to bring both the dying and living, whether “pagan” or Protestant, to what they believed to be the true Church, fuelling and fearing the sectarian competition in their midst. Male missionaries of other Churches responded by intensifying their efforts to claim the souls of the patients, resulting in a powerful yet diverse Christianising impulse, wherever the conditions allowed for their influence to be felt.

Yet, as this study shows, leprosarium work in Australia largely failed to fulfill the expectations of the male religious. Its isolation, the thin harvest of souls, the limitations of the men’s official roles as chaplain and superintendent, and clashes with the religious Sisters put this apostolate, as one Catholic magazine phrased it, “on the margin of mission life.”⁷⁶ Loneliness, boredom and disempowerment at times saw a lifelong commitment to the ‘lepers’ commuted to a short and unhappy sojourn.

In spite of low numbers of converts and disenchanted missionaries, the Catholic Church continued for longer than was justifiable to use male religious to maintain a dominant presence in the leprosaria. Of paramount importance for the Church was to always be able to claim that the leprosarium was a Catholic mission.

By the middle of the 1950s, the influence of the Catholic male missionaries in the leprosaria had waned. In the Northern Territory, Bishop O’Loughlin’s decision to turn down the government’s offer of the leprosarium on Melville Island, and his withdrawal of the Brothers from East Arm, implied different priorities in which the men under his authority were not to be martyrs for the government, no matter how attractive spiritually the Hansens apostolate might appear. On Fantome Island, as will be explained, there were no more than about twenty-six patients after 1955, so at this leprosarium, too, the Catholic mission project lulled. Visiting Catholic priests continued to provide pastoral care to leprosarium patients at East Arm and Derby but, as time went on, they increasingly made way for missionaries of other denominations.

⁷⁵ Letter from Fantome Island priest[name omitted due to privacy considerations] to Provincial Superior, 25/8/1941 (MSCK, Palm Island, 1940-41).

⁷⁶ ‘Catholic Missions and the Lepers,’ *Catholic Missions*, 1/8/1935, p. 4.

Chapter Five

Catholic Sisters, Doctors and Hansen's Disease Policy 1955 -1980s

In 1962, in a reference to Christian missionaries and their past treatment of Hansen's sufferers, leading international leprologist, Dr Stanley Browne, commented, "the emotional sentimentalism of a former generation is being replaced by practical help in curing the disease, in preventing the deformities it leads to, and in mitigating its psychological and social consequences."¹ Chapter Three has argued, rather to the contrary, that in their care of Australian Hansen's patients from the 1930s, trained missionary nursing Sisters pursued these same therapeutic objectives in pragmatic and innovative ways, limited only by the meagre resources available to them. But Browne, himself a medical missionary with thirty years' experience with Hansen's sufferers in Africa, should not be seen as critical of his fellow workers, as much as optimistic for new possibilities foreshadowed by the scientific progress of the postwar era. Only in retrospect can we see that it would take more than medical milestones and sincere hard work to wipe away a tarnish of more than two thousand years' duration.

Browne was not the only churchman to reappraise the Christian Hansen's disease apostolate following the advent of the sulphone drugs. In 1951, Pope Pius XII called to account the many Catholic religious involved in this work, stressing the need for professional training and knowledge before embarking on "the fairest flowers of mission endeavour."² At the same time he acknowledged that "there are nuns with full professional qualifications who have earned well merited recognition by the special study of loathsome diseases, such as Hansen's disease, and by discovering remedies for them."³ If his choice of words to describe the disease did nothing to support the force of this appeal, then at least other sections of the Catholic Church in this period, especially those working with patients, were urging other religious to take up the campaign for the de-stigmatisation of Hansen's disease launched by Carville patient, Stanley Stein. "In your sermons," Sr Sullivan of Carville told budding priests, "do not use the word [leprosy] as a synonym for sin."⁴

In the Australian leprosaria, the period from about the middle of the 1950s, when this chapter begins, was distinguished from the earlier years by the opportunities accorded to the Sisters to

¹ S.G. Browne, 'Leprosy: The Christian Attitude,' *The Expository Times*, 1962, no. 73, p. 242.

² Pope Pius XII, 'Evangelii Praecones,' Vatican, 1951 (accessed March 15, 2010) http://www.vatican.va/holy_father/pius_xii/encyclicals/documents/hf_p-xii_enc_02061951_evangelii-praecones_en.html, s. 45.

³ Ibid., s. 47.

⁴ Sr Catherine Sullivan quoted in Brown, *World Survey of Catholic Leprosy Work*, p. 33.

partake in more effective healthcare strategies. Medical advances and greater participation by specialist doctors enabled some Sisters to take important roles in modern medical and surgical treatment, and in the rehabilitation of the patients. Drugs developed in the 1940s and continually refined in the ensuing decades, not only radically improved patients' health, but reduced the infectivity of the disease, and thus offered enormous potential for restoring patients' freedom from detention in the leprosarium. Another change occurred in 1955, with the replacement of the Channel Island leprosarium with a new institution at East Arm, a mainland location close to Darwin. The patients became less isolated, facilities were vastly improved and they were also in closer contact with health personnel.

In the same period, the policy of assimilation for Indigenous people was promoted by all levels of government, bringing with it the promise of equality with white Australians. The Commonwealth government, through its administration of the Northern Territory, was especially proactive in the furthering of this policy. Only in the 1950s was it in a position to reactivate a plan dating back to the late 1930s that had been interrupted by the Second World War. In addition, as a founding member of the United Nations (UN), Australia had emerged from the war committed in principle to the support of international human rights. Furthermore, under the umbrella of the UN, the World Health Organisation (WHO) set up the Expert Committee on Leprosy in 1952, publishing the same year its first set of international guidelines for humane and efficacious medical treatment regimes. As far as Indigenous Hansens sufferers in Australia were concerned, Derby and Fantome Island, tucked away at the far western and eastern extremities of the continent, might escape public scrutiny. Not so for East Arm with its proximity to Darwin which, since the war, had become the site of a busy international airport through which politicians, journalists and international visitors passed. The Commonwealth government was then under considerable pressure for self-examination.

This chapter examines the extent to which Australian authorities fulfilled the obligations implicit in international demands and local policy statements for ensuring the delivery of high standard medical care and equitable treatment to Indigenous Hansens sufferers after the middle of the 1950s. It also considers the parts play by both religious and lay staff in furthering these objectives.

Government Discharge Policy

Therapy with the sulphone drugs beginning in the late 1940s brought bright prospects for Hansens patients. The positive response of Indigenous patients over the next few years suggested that strict isolation policies would soon be discarded. Most patients, it might be

assumed, would be returning to their home countries and families, to enjoy a degree of freedom and independence not possible in the leprosarium. Similarly, newly diagnosed sufferers might never again need to be subjected to long-term detention. Indeed this was the result for most European patients, but there were many barriers, mostly in the form of racially differentiating government policies of the late 1940s and early 1950s that prevented Indigenous people over the following decades from taking advantage of the windfalls of medical science.

In the early to mid 1950s many patients, having been stabilised on one or other of the new sulphone class of drugs, were showing marked improvements in their disease and were increasingly being discharged from the leprosaria. The impact of this therapy was most dramatic at Fantome Island where, before 1948, only two patients had ever been discharged. The population peaked at seventy-seven in early 1949, decreased to sixty-five by 1954 and then, over the following two years, plunged to twenty-six. Furthermore, only a few patients were being admitted each year and the Queensland DGH, Dr Fryberg, justifiably predicted that “in a few years time Hansen’s disease will be almost completely eliminated from the coloured population of Queensland.”⁵ At Derby, reports by the religious Sisters were similarly buoyant as substantial numbers, sometimes over fifty each year, were discharged in the early to mid 1950s. Discharges in the Northern Territory, although remaining modest until the late 1950s, were well above the previous figure of only four in pre-Sulphone days. These outcomes engendered a sense of optimism among remaining patients: they were the first concrete evidence that the leprosarium was not a life sentence. Queensland medical officer, Dr Gabriel, noted on visiting Fantome Island, “...the whole outlook of the coloured patients has altered as the result of modern treatment.”⁶

As a result of similarly encouraging results overseas, new guidelines for the management of Hansens sufferers developed by leprologists in the 1950s, were presented at international congresses and prompted the formation of the World Health Organisation’s (WHO) Expert Committee on Leprosy in 1952. The first report of the Committee announced that the new treatment “calls for a reconsideration of existing practices regarding compulsory isolation.”⁷ It recommended first, that only “infectious cases needed to be subjected to some form of isolation, while all cases require treatment” and that infectivity was most reliably established using bacteriological testing, specifically the ‘smear’ method.⁸ Second, the Committee expressed its

⁵ Queensland Health and Medical Services Branch, *Annual Report 1955-1956*, p. 19.

⁶ Queensland Health and Medical Services Branch, *Annual Report 1956-1957*, p. 17.

⁷ WHO Expert Committee on Leprosy, *WHO Expert Committee on Leprosy: first report*, Geneva: World Health Organisation, 1953, p. 9, 4-6.

⁸ *Ibid.*, p. 9.

opposition to compulsory isolation due to its failure in the past to inhibit the spread of the disease by deterring patients from coming forward for treatment. This policy was also considered detrimental to family relationships and to the financial welfare of patients' dependents. The Committee concluded that "the old idea that leprosy is so infectious that patients must be segregated in a distant place is one to be deprecated."⁹

Australian health authorities were unwilling to adopt these recommendations in full. In 1950, the Tropical Hygiene and Medicine Committee of the NHMRC issued a resolution that would be restated in 1958 and followed in the case of most Indigenous Hansens sufferers until the 1970s: "The time is not yet ripe in Australia for abandoning the present prophylactic system. It is in the interest alike of the patient and the general public that all cases of leprosy should be isolated and placed under treatment if necessary in special hospitals."¹⁰ However, also as a result of the 1950 meeting, the Committee began to unravel the more stringent conditions for managing European Hansens sufferers, as well as for part Indigenous people "regarded as white."¹¹ Those found with clinical signs of the disease were only to be isolated if yielding positive bacteriological examination results whereas "Native Full Bloods" were to be isolated even if such results proved negative." In the case of suspects (i.e. those without clinical or bacteriological evidence of the disease), "Native Full Bloods" were to be detained in hospitals until a definite diagnosis could be made while corresponding Europeans were to be discharged and kept under medical surveillance.¹²

The most significant changes for European patients were implemented in the late 1950s when, after taking study tours to Hong Kong and the USA, the Queensland Director-General of Health, Dr Fryberg, relaxed requirements "for the release of white patients from strict isolation."¹³ The number of consecutive negative smear results required for discharge from Peel Island Leprosarium, where most European patients in Australia were detained, was reduced from twelve to three. The following year, those who had not already been discharged under the new policy, were transferred to an isolation ward at South Brisbane Hospital and the leprosarium was closed.¹⁴ Proportionately large discharges also occurred at lazarets outside Perth and Sydney. The net effect was to reduce the total number of European patients in

⁹ WHO Expert Committee on Leprosy: first report, p. 9.

¹⁰ NAA: A1658, 258/1/1 PART 1, Report of the NHMRC Committee on Tropical Physiology and Hygiene, 2/11/1950, p. 2; 'Leprosy and its Management' in Australian Department of Health, *Journal Health*, Canberra: The Department, March 1958, p. 21.

¹¹ 'Report of the NHMRC Committee, 1950,' p. 3.

¹² Ibid., pp. 2-4.

¹³ Dr Fryberg, 'Hansen's Disease in the White Population' in Queensland Health and Medical Services Branch, *Annual Report 1958-1959*, p. 20.

¹⁴ Ibid.

isolation from seventy-six in 1950 to nineteen in 1960, by which time Indigenous and mixed descent patients accounted for 94% of the total population in isolation in Australia.¹⁵

There were two main reasons for the disparity in policies. First was the perception that Hansen's in the European population was petering out in the late 1950s while increasing and spreading out among Indigenous groups. Having been the only region where the disease had been endemic in both races, Queensland from the mid 1950s was enjoying decreasing notifications overall even when active case-finding operatives were carried out. Conversely, medical surveys in the 1950s to the mid 1960s revealed significant numbers of untreated Indigenous sufferers in the Northern Territory and northern Western Australia and, furthermore, showed that the disease was infiltrating previously unaffected regions. Between the early 1940s and the mid 1950s in the Northern Territory, the course of the disease had fanned out from the extreme north and northwest, around Pine Creek and the Tiwi Islands, to East Arnhem Land in the east, south to Tennant Creek, and west to the pastoral stations close to the Western Australia border (see Fig.41). In Western Australia, the centre of activity had shifted from the western Kimberley near Broome and Beagle Bay to include the north-east, the far north of the state and down along the eastern border, contiguous with the Northern Territory. New notifications between the early 1950s and late 1960s continued to come from a much wider area than from the concentrated pockets identified prior to the War, as different Indigenous groups gradually became infected.¹⁶ Dr A.J. Metcalfe, holding the twin posts of Commonwealth Director-General of Health and NHMRC Chairman between 1946 and 1960, had in 1953 publicly declared that "leprosy was the worst medical problem in Northern Australia."¹⁷ Consequently, official Hansen's disease policy, while remaining vigilant over other areas and with respect to other races, turned predominantly to the management of Indigenous populations in this endemic region comprising the expansive confluent areas of northern Western Australia and northern Northern Territory.

¹⁵ Commonwealth Bureau of Census and Statistics, *Official Year Book of the Commonwealth of Australia No.39, 1953*, Canberra: Commonwealth Government Printer, 1953, p. 303; *Official Year Book No.47, 1961*, p. 685.

¹⁶ Hargrave, *Leprosy in the Northern Territory of Australia*, 1975, pp. 39-40, 45-60, 298; Davidson, *Havens of Refuge*, pp. 138-145; *Report on the Administration of the Northern Territory for the years 1955-1962*.

¹⁷ 'Leprosy Increases Hold on Natives,' *The West Australian*, 18/2/1953, p. 1.

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Figure 41: The course of Hansen's disease through Indigenous communities of the Northern Territory 1911 to 1970. The arrows indicate the direction the disease may have taken, moving from Western Australia to the Northern Territory. The most recent map shows that earlier outbreaks in the far north of the Northern Territory joined foci in the west and spread south and east, as feared by health authorities from the late 1950s and, to some extent, informing policy.

The second reason for favouring stricter isolation practices for Indigenous people was the continued belief that their habits were conducive to causing Hansen's disease and that their behaviour needed to be controlled. For one thing, senior medical administrators in the 1950s believed that a predilection for moving around from one place to another was detrimental to Hansen's disease control. Reporting on the epidemiology of the disease in the Territory in 1952,

Director of Health, Dr Humphry, wrote that the observed spread could be traced to infection by Channel Island patients released during the War. Patients in Queensland, on the other hand, had remained secured during this period.¹⁸ Some months later, Dr Fryberg told a conference, "...in all Queensland there were very few wandering natives, and probably for that reason there was a lower incidence of leprosy in Queensland than in the Northern Territory."¹⁹ One fear, persisting from earlier days, was that Indigenous people would take Hansen's disease south beyond the twentieth degree of latitude and threaten settled European populations. Western Australia had legislated in 1941 to forbid all Indigenous people to pass this point - known as the 'Leper Line' - without a permit stating special reasons, such as for medical purposes or work. The legislation remained in place, only with some expansion of permits, until 1963.²⁰ In the Northern Territory in 1962, Health Director Ian Byrne considered the prospect of Hansen's disease being spread south to Central Australia "a disaster of appalling magnitude" and he urged the Welfare Branch to "ensure that there is no intercourse of any kind between natives of the leprosy free Centre and those of leprosy endemic North."²¹

Indigenous patients were not to be trusted with looking after their own health. Patients who had been successfully treated with the sulphones were not really cured; their disease had merely arrested and was liable to reactivate if the drugs were not taken regularly and indefinitely, or if diet and hygiene were inadequate. To a large extent, the Sisters kept control of these factors in the leprosarium. Moreover if patients required special care such as for ulcers or disabilities, they were retained in the leprosarium until it was safe for them to live independently. Health authorities continued to support the original 1950 NHMRC resolution stating that discharge from isolation could only occur if the patient was able to maintain a minimum living standard, a fixed address, and proximity to medical supervision. There was much less hope for Indigenous people to be discharged as "it will be apparent that Europeans in general may be expected to be more consistent in satisfying these requirements than will the native races."²² When Derby leprosarium reported high rates of readmissions (due to relapse) more than ten years after treatment with the sulphones had begun, the Territory's Dr Byrne vowed to maintain "tight leprosy control."²³

As with interwar motivations for stepping up Hansen's disease control, health officials in the second half of the 1950s highlighted the threat posed by infected Indigenous people to

¹⁸ Humphry, 'Leprosy Among Full-Blooded Aborigines,' *MJA*, 26/04/1952, p. 570.

¹⁹ 'The Epidemiology and Control of Leprosy,' *MJA*, 18/10/1952, p. 568.

²⁰ Davidson, *Havens of Refuge*, pp. 104-105.

²¹ NAA: F1 1959/975, letter from Dr Byrne to Director of Welfare, 30/08/1962.

²² 'Report of the NHMRC Committee,' 2/11/1950, p. 1.

²³ NAA: F1 1959/975, letter from Byrne to Director of Welfare, 30/08/1962.

development in the north by European investors. The 1955 annual report of the Territory's administration stressed the importance of persisting with Hansen's disease surveys in light of the recently established Rum Jungle uranium project east of Darwin, stating that,

Up till now tropical diseases have left the European in the Northern Territory almost unaffected, but the "invasion" of outback areas renders the white population more and more liable to endemic exotic diseases such as malaria, hookworm disease, leprosy and trachoma.²⁴

At this juncture, it is pertinent to consider the relocation of the leprosarium from Channel Island to the mainland in 1955 which, superficially, seemed to have represented a relaxation in the isolation policy. Suzanne Saunders has remarked that "it was with surprising ease that a site easily accessible to Darwin was proposed and accepted"²⁵ Pressure for a new site had been exerted since shortly after the Second World War from a number of sources including the print media, welfare advocates, embarrassed government departments, and Catholic and other missionaries, as outlined in Chapter Three. The campaign to a large extent looked to the abandonment of island detention for practical and humanitarian reasons, to allow access to mains water and electricity supplies, patients' visitors, and, most importantly, constant medical attention. But, reminiscent of pressure to open leprosaria in the interwar period, concern about increasing numbers of Hansens sufferers at loose in the Territory for whom no space was available at Channel Island was also a factor. Fantome Island had neither this problem nor the public spotlight of the Territory. This decision to relocate to East Arm was made in 1949 and planned over the next few years by a bureaucracy which, as I have shown above, was hardly enlightened in modern Hansen's disease policy as indicated in its repeated commitment to continuing segregation for Indigenous patients. Although, indirectly, the transfer effectively lessened the patients' isolation, the original intention was not to temper official policy. The kind of pressure that led to the transfer rarely, if at all, asked for the patients' freedom; it called for decent detention.

Surgery and Rehabilitation Services

Despite increasing numbers of discharges, governments made no arrangements in the 1950s to institute occupational therapy in the Indigenous leprosaria as preparation for a patient's resuming work or other activities. As Chapter Three has shown, some form of this therapy was implemented by the Sisters and it was also seen to be incorporated in labour tasks, but these activities did not take the place of trained therapists with the ability to teach practical and

²⁴ *Report on the Administration of the Northern Territory for the years 1953-1955*, p. 34.

²⁵ Parry, 'Of Vital Importance to the Community,' p. 12.

specific work skills to patients that could be realistically used in the current demands of the outside world. In 1948, a scheme of this kind was established by the Commonwealth government for invalid pensioners, as part of its package of welfare reforms. In 1953, the Relatives and Friends Association (RFA) inquired as to the eligibility of Hansens patients for this program. The Director of the Department of Social Services stated that it would not be productive to include them since public prejudice made their reestablishment in the community “almost hopeless” but that “the problem is not a big one because the number of whites suffering from Hansen’s Disease is small.”²⁶ However, in 1956, the Director-General, newly enlightened by medical wisdom and citing the psychological benefits of rehabilitation and the low infectivity of the disease, allowed only white patients to join their program, noting with almost tangible relief that “very few cases are likely to arise” and probably “only in Queensland.”²⁷

Another important means for resuming normal life that bypassed Indigenous Hansens patients in the 1950s and early 1960s was corrective surgery. In the late 1940s, Dr Paul Brand of Vellore, India, pioneered surgical techniques to repair deformities to hands and feet as a result of nerve damage caused by Hansen’s disease. These deformities made walking and grasping tools and instruments difficult or impossible.²⁸ Australian health departments appeared to have made no attempt to introduce a surgical program, despite this country’s wealth far outweighing that of India. Without surgery, many patients were forced to remain dependent on the leprosarium as a means of support.

Financial Assistance

Financial assistance for Australia’s Hansens patients in the second half of the twentieth century, irrespective of their race, was never commensurate with the degree of disadvantage they incurred as a result of their disease. However, Indigenous patients and their families were even more restricted than their European counterparts when it came to accessing social security benefits. Although throughout Australian society, similar patterns of differential treatment occurred, rarely have European and Indigenous people shared so similar a situation, thus enabling a vivid illustration of inequitable government policy. In the same period that the Commonwealth government was committing to a so-called universalist package of social welfare provisions, it strenuously ensured they remained out of the reach of almost all Indigenous Hansens sufferers. The right to social security benefits was not based on Indigenous

²⁶ NAA: A886, C174, letter from Director, Department of Social Services to Director-General, Department of Social Services, 29/7/1953.

²⁷ NAA: A886, C174, letter from Director-General, DSS to Minister for Social Services, 4/5/1956.

²⁸ Ashis Banerjee, ‘Paul Brand (1914-2003): The Surgeon who Recognised the Importance of Pain,’ *Journal of Medical Biography*, vol. 14, no. 3, 2006, p. 137.

applicants' financial needs as much as whether they were deemed worthy and responsible recipients, a moral judgment that has plagued earlier and later entitlements for other groups of Australians amid fears of consequential pauperism and social unrest. Indigenous Hansens sufferers, no matter how physically handicapped, no matter how hard they had worked when fit, no matter what government isolation policies had put them through, were still imagined by bureaucracies who wrestled to justify their discriminatory practices from every angle, as vice-ridden wasters obliged to work for little or no pay, pending certain chaos.

Until 1960, the majority of Indigenous Hansens patients were ineligible for receiving social security benefits. European and some mixed descent patients were entitled to the Commonwealth invalid, aged and service pensions as well as a dependents' allowance equating to the basic wage less one pound per week from State and Territory governments. For at least ten years from 1950, the NHMRC Committee on Tropical Physiology and Hygiene had been urging the Commonwealth government to introduce a special 'leprosy allowance' on the same basis as the relatively generous federal Tuberculosis Allowance which had been in effect since 1948. The NHMRC recommendation argued that "at no time has the sufferer from tuberculosis been compelled to endure the financial hardships and social disabilities imposed upon the leper by the drastic Australian methods of prophylaxis against leprosy."²⁹ It further claimed that the allowance would provide the means for discharged patients to look after themselves and help to prevent relapse of their disease. But, what was not made clear in their requests was that any Hansen's disease allowance, as with the TB allowance, would almost certainly exclude Indigenous people subjected to state and territory Indigenous welfare legislation. There is no doubt that the NHMRC members would have been aware of the discriminatory clauses in the Tuberculosis Act (TB Act) and therefore their campaign was motivated from consideration of the situation of the European Hansens sufferer only. In contrast, Indigenous people were still regarded as needing the "bureaucratic paternalism of government," as Sue Taffe has contended in her study of the TB Act.³⁰

Historian, John Stubbs, argued in 1966 that a 'leprosy allowance' was not introduced because the sufferers consisted mainly of a small group of Indigenous people, and were therefore one of several groups omitted from welfare provisions and whom he identified as "hidden people."³¹ Exactly as Indigenous people were seen as an aberration to the problem of TB, so Europeans were with respect to Hansen's disease, and each disease was managed accordingly. The TB

²⁹ NAA: A1658, 258/1/1 PART 1, NHMRC, Committee on Tropical Physiology and Hygiene, 2/11/1950.

³⁰ Sue Taffe, 'Health, Law and Racism: The Campaign to Amend the Discriminatory Clauses in the Tuberculosis Act,' *Labour History*, no. 76, May 1999, p. 45.

³¹ John Stubbs, *The Hidden People: Poverty in Australia*, Melbourne: Lansdowne Press, 1966, p. 137.

allowance was an inducement to white Australians to stop work and seek treatment but no such inducement was required for Indigenous Hansens sufferers since they had no choice but to submit to treatment. Payment of the TB allowance to Indigenous patients, the Commonwealth DGH stated, “would not promote the interests of the campaign one iota but would be so much public money down the drain.”³²

Battles were waged on two fronts to obtain Commonwealth invalid pensions for Indigenous patients in the 1950s, one from the Queensland Department of Native Affairs as a cost-saving measure, and the other from patient welfare groups. After the former had exempted all Fantome Island patients from the state’s Preservation and Protection Act, it then applied to the Commonwealth on behalf of all patients for invalid pensions. As the officers of the Department of Social Services (DSS) realised, the application had been an attempt to reduce the outlay by the DNA for the upkeep of the patients and they rejected the claims. The DSS defended its actions on the grounds that prior to being admitted to the leprosarium, these patients had not been exempted from the state welfare legislation. It assumed that they had not lived from their own earnings and were therefore incapable of managing money, and, furthermore, with wages they earned at the leprosarium together with the support of Native Affairs, they did not need a pension. But, as E. Hinton of the Relatives and Friends Association argued in 1952 when he took up the cause on behalf of the patients, there was no rationale to deprive those such as a former stock worker of an independent income. Furthermore, the DSS’s attitude took no account of the fact that many patients had become disabled since admission to the leprosarium and were unable to work. In Hinton’s view, a kiosk should have been set up on Fantome Island, allowing the patients to spend their own money and, aware of departmental preconceptions about Indigenous people, stated that the Sisters and white employee at the leprosarium would “supervise them...to prevent any squandering of the money they received.”³³ The Minister for Social Services, however, stated the issue was not a Commonwealth government responsibility.³⁴

The DSS could not bring itself to remove the pensions already being paid to a Torres Strait Islander and two mixed race patients on Fantome Island.³⁵ A similar inconsistency occurred at Channel Island where, in 1950, only the two white patients received Commonwealth social security payments, one a war pension, and the other, the aged pension. Mixed descent patients there who had been exempted from Native Affairs legislation did not receive any pension at this

³² NAA: A886, C174, letter from CDGH to Director, Department of Social Services, 12/2/1952.

³³ NAA: A886, C174, letter from Director, DSS to Director-General, DSS, 16/4/1952.

³⁴ NAA: A886, C174, letter from Minister for Social Services to Hinton, 26/8/1952.

³⁵ NAA: A886, C174, letter from Senior Examiner, DSS to Assistant Director-General, 5/9/1950.

stage and probably were unaware of their legal right to do so.³⁶ When it came to white patients - such as the few residing at Channel Island, or those at the white lazarets in New South Wales and Queensland - there was never any question about the right to pension payments, nor any anxiety about whether the money would be wisely spent. Yet they were in precisely the same position as the Indigenous inmates, in being housed and fed by government departments. This discrepancy almost suggests that the Indigenous were responsible for their disease and therefore should be penalised for it, whereas for the white patient, it was seen more as an unfortunate tragedy.

Discipline

The maintenance of peace and social order in the leprosaria seems to have become even more challenging to staff from the middle of the 1950s than it had been in previous years. Absconding continued to be a problem but in addition, violence was increasing and was at times of a more extreme nature. In Western Australia and the Northern Territory, where most concern was apparent, high patient numbers in this period, (approximately 250 and 200 respectively in 1954) may have been a contributing factor. Welfare officers in the Northern Territory attributed disciplinary problems to boredom, arguing that insufficient staff and funds had been supplied to keep the whole of the patient population occupied either with work or recreation. There is also evidence of considerable discontent among the patients who, although feeling well, were not discharged and continued to be subjected to restrictive ways of life.

For health departments in Western Australia and Northern Territory, suggestions of more recreational facilities were inadequate as a means to deal with the more serious patient infringements. They wanted to be able to restrain and punish the patient and, also, to deter others from following their example. Officials in this period were far more conscious of the need to do so legally, and without excessive brutality, especially in the Territory, where the leprosarium was relatively close to Darwin and therefore even more exposed to public scrutiny than previously. Furthermore, activities there were closely monitored by officers of the Welfare Branch who favoured a softly-softly approach, of which more will be discussed further on. The use of chains to restrain patients, once used freely, could no longer be justified. There was no provision in any of the state or territory Health Acts to allow for restraining the movement of patients unless they tried to abscond from the institutions. Therefore, in 1954, the Health Act of Western Australia was amended to include the *Derby Leprosarium Regulations* in which the

³⁶ NAA: A1658, 756/11/7, letter from Acting Chief MO to CDG DSS, 19/4/1950.

definition of “detention” was broadened to include confinement in locked quarters within the leprosarium.³⁷ They also spelt out the categories of patients deemed eligible for this treatment:

A mental patient or other patient whose conduct is likely to cause injury to other persons or damage to property in the institution, may be confined to detention quarters or otherwise forcibly restrained as necessary.³⁸

In addition, patients who had been convicted of serious crimes and given jail sentences could serve their time in the leprosarium cell, as public jail wardens refused to guard prisoners afflicted with Hansen’s disease.³⁹

Faced with a spate of serious spear fights and other violent episodes at East Arm in 1957 including an attack on one of the religious Sisters, Director of Health, Dr Humphry, asked his counterparts in Western Australia and Queensland how their leprosarium patients were “legally disciplined.”⁴⁰

We could take things into our own hands and lock them up without legal authority but Darwin suffers from a surfeit of reporters (mainly to interview V.I.P.s travelling to and from Australia) who would only be too pleased to make a good story out of ‘ill-treatment’ of ‘poor lepers’.⁴¹

The Queensland DGH replied that Fantome Island had a small patient population and therefore few problems, so he saw no necessity for introducing harsher penalties.⁴² Even so, only a few months previously, one patient had been convicted of the fatal stabbing of another, and had been imprisoned in a custom-built cell on Palm Island.⁴³ The Western Australian CPH, Dr Henzell, supplied Humphry with a copy of the Derby regulations and invited officers of the Northern Territory Medical Service to look over the new Derby detention quarters, consisting of a central core structure constructed of concrete blocks and a corrugated iron roof with verandahs enclosed with steel mesh.⁴⁴ Finally, he advised, “...do not let reporters into your leprosarium.”⁴⁵

³⁷ “Derby Leprosarium Regulations,” 2/6/1954, WA Health Act, 1911-1953 in *Government Gazette* (No.29) of 11th June, 1954, Section 5 (MD, 1962/5800; SROWA, Cons 2506).

³⁸ “Derby Leprosarium Regulations,” Section 7.

³⁹ “Derby Leprosarium Regulations,” Section 8.

⁴⁰ NAA: E51, 1960/277, letter from CMO to Dr Humphry to Crown Law Officer, Darwin, 30/8/1957.

⁴¹ Letter from Dr Humphry to WA CPH, 18/4/1957, (MD, 1962/5800; SROWA, Cons 2506).

⁴² NAA: E51, 1960/277, letter from Dr Fryberg, QLD DGH to Humphry, 23/4/57. Patient numbers in 1956 were: Fantome Island - 29 (as at 31st Dec.), Derby - 198 (as at 31st Dec), East Arm - 189 (as at 30th Jun). (Queensland Health and Medical Services Branch, *Annual Report 1955-1956*, p. 2; Davidson, *Havens of Refuge*, p. 131; *Report on the Administration of the Northern Territory for the year ending 30th June 1956*, p. 31).

⁴³ QSA, Item ID 349882, Inquest File, Inquest No. 177-1957.

⁴⁴ *Register of Heritage Places - Assessment Documentation-Bungarun (Leprosarium)*, Derby, 18/02/2000.

Figure has been removed due to Copyright restrictions.

Figure 42: Derby Leprosarium jail.

From information available, it appears that a purpose-built cell of the style at Derby was not built at this stage. From 1957, East Arm used its isolation block, normally reserved to restrain patients at risk of absconding or suffering from psychoses, as a punitive measure. Although keen to follow Derby's example, Humphry could find little support among others involved. The welfare officers continually disagreed with the idea of a jail, thinking it inappropriate for a medical institution, and legal advisors also doubted there was any legitimate right to confine patients on grounds of undesirable behaviour.⁴⁶ Superintendent Thomson was reluctant to impose penalties any harsher than the temporary withholding of tobacco or permission to attend the cinema.⁴⁷ And, when some of the patients discovered the proposal, they were upset that misdemeanours such as absconding and throwing spears might lead to time in the cell, one complaining in a letter to Humphry that Mother Benedicta and Mr Thompson "always take the law into their own liking."⁴⁸

⁴⁵ Letter from WA Deputy CPH, Dr Henzell to NT Director of Health, Dr Humphry, 26/4/1957 (MD, 1962/5800; SROWA, Cons 2506).

⁴⁶ Ibid.; NAA: F1,1954/321, letter from Officer Penhall to N.T. Chief Welfare Officer, 10/9/1956.

⁴⁷ NAA: E51, 1960/277, letter from CMO, Dr Humphry to Crown Law Officer, Darwin, 30/8/1957.

⁴⁸ NAA: E51, 1960/277, Letter from patient to Director of Health, 29/4/1957.

Figure has been removed due to Copyright restrictions.

Figure 43: The outdoor cinema at Derby Leprosarium, c. 1948. At all leprosaria, cinema attendance was a privilege that could be withdrawn as punishment for minor infractions. Note the segregation of Sisters and patients, and of gender.

Both at East Arm and at Derby, existing laws were liberally interpreted to allow for punishing patients whose behaviour was considered intolerable.⁴⁹ Authorities at East Arm relied on the *Leprosy Ordinance* (NT), under which patients could be restrained to prevent a recurrence of absconding, or attempting to abscond, from the leprosarium, to confine patients in the isolation block.⁵⁰ It was used to lock away patients for acts of violence but as these usually occurred after breaking out of the leprosarium and obtaining liquor, their imprisonment could be justified as a means of preventing further absconding.⁵¹

The Assimilation Policy

By the middle of the 1950s, the goal of social assimilation, albeit subject to varying interpretations, had become a major plank of official Aboriginal affairs policies throughout Australia. Certainly, endeavours to assimilate Indigenous people to the incumbent European ways of life on government settlements, missions, schools, pastoral properties, and, of course,

⁴⁹ Former patients cited in 'Farewell,' *Boab Babbler*, vol. 5, no. 14, Sept. 1986; former patient quoted in Hunter, *Aboriginal Health and History*, p. 66; Jack Gibbs, *Son of Jimmy*, Darwin: Historical Society of the Northern Territory, 1995, p. 117.

⁵⁰ *Leprosy Ordinance 1954-1957* (NT), Section 31.

⁵¹ NAA: E51, 1966/732, Arthur Spears, Acting CMO to Officer Lofthouse, 5/2/1962; Officer Shaw to Director of Health, 6/2/1962.

leprosaria, had gone on for decades previously. But, in government hands, backed with legislation, funding and the authority of the social sciences, the policy brought more vividly into focus the promise of greater rights, as articulated in the Northern Territory's 1953 Welfare Ordinance, "to promote their social, economic and political advancement for the purpose of assisting them and their descents to take their place as members of the Commonwealth."⁵² Federal Minister for the Territories Paul Hasluck saw the policy as a way "to give the chance of a happy and useful life to all our people", a vision that, in Russell McGregor's view, revealed a "liberal ideal of nationhood, harmonising individual fulfilment with community cohesion".⁵³ Rhetorically, this policy had a great deal to offer Indigenous Hansens sufferers, of stepping in where the federal social reforms of the 1940s had failed them. It promised "the same rights and privileges" as white Australians and, under further Northern Territory legislation passed in 1959, vocational training was to be provided to prepare those designated as "wards" ("aborigines who still stand in need of special care and assistance") for employment.⁵⁴ Peter Read has written, "nowhere was the Australia-wide push towards compulsory assimilation in the 1950s stronger" than in the Northern Territory, and, indeed, it was here that the direct effect of the policy inasmuch as Hansens patients were affected, can be discerned.⁵⁵

After the middle of the 1950s, partial responsibility for managing Indigenous Hansens sufferers in the Northern Territory was transferred to officers of the Welfare Branch, in accordance with their role with respect to 'wards'. To some degree, they brought an opportunity, perhaps for the first time, for patients to have their rights represented and to exercise some choice in the direction of their lives and those of their children; in this sense, they ruptured the hegemonic control of the patients by the Catholic missionaries. However, the welfare officers imposed another level of control, shaped by the principles of assimilation policy of which they were the designated agents.

Welfare officers, patrolling their allotted districts implemented the Welfare Ordinance of 1953 under the authority of their divisional head, were the successors to the less formalised system of patrol officers introduced soon after World War 2. The latter had become regular visitors to Channel Island leprosarium from the late 1940s, where they dealt with many of the individual concerns of the patients. Evidently patients appreciated their efforts in reconnecting them with

⁵² *Report on the Administration of the Northern Territory, 1953-1955*, p. 37.

⁵³ Hasluck cited in McGregor, *Indifferent Inclusion*, p. 78.

⁵⁴ 'Part 1: Welfare of Aborigines – Policy,' *Report on the Administration of the Northern Territory 1958-1959*, p. 10.

⁵⁵ Peter Read, 'Northern Territory' in McGrath (ed.), *Contested Ground*, p. 287; C.D. Rowley, *Outcasts in White Australia: Aboriginal Policy and Practice*, vol. 2, Canberra: Australian National University Press, 1971, p. 398, 406.

their former communities by organising visits from friends and relatives, and conveying letters and photographs between the parties.⁵⁶ Initially, the religious Brother who was the leprosarium superintendent was unwelcoming and regarded their visits as a departmental check on the Catholic missionaries' management.⁵⁷ In a way he was correct as, with the more intensive monitoring by officers of the Welfare Branch, who were newly educated in Professor Elkin's course in anthropology at Sydney University, many of the restrictions that characterised patient management under religious and lay authorities began to be unravelled.

In 1959, many of the policies at the East Arm leprosarium were subjected to review in light of the fact that, with more patient discharges, consideration of their future outside the leprosarium had to be taken into account. The meeting to decide on the new set of procedures consisted of welfare officers, the medical officer, and Northern Territory Director of Health, Dr Webb. Catholic missionaries, once always a part of such decision-making, were notably not included. It will be evident from the above discussions on child fostering and marriage that newer practices were based more on securing the cooperation of the patient, rather than using coercion. The same emphasis was used in methods set down in the 1959 conference for dealing with sufferers who evaded treatment. The welfare officer was to try to convince the person that treatment was in their best interests and to "induce the patient to accompany him" to the leprosarium. Police were only to be used as a last resort.⁵⁸ Similarly, rules drawn up for leprosarium staff at the same time outlawed corporal punishment and provided for the establishment of a committee of elders, drawn from the patient population, for discussing problems and suggesting punishments for offences. The committee had little decision-making power, however, as it met under the "guidance" of the medical and lay superintendents.⁵⁹

Under the new provisions, welfare officers were charged with the role of finding appropriate foster care for babies born to patients with consideration to be given to "the return of the child to the parents after they are discharged, and the location of the parents on resettlement."⁶⁰ This rule formalised what had been occurring in the previous few years. For example, in 1955, Patrol Officer Egan, after interviews with two expectant mothers, overturned the plan to send their

⁵⁶ NAA: F1, 1952/526, Reports: Patrol Officer, G. Sweeney, 15/3/1949, 1/6/49, 16/3/195; Egan, 16/7/1954.

⁵⁷ NAA: F1, 1952/526, letter from Patrol Officer Greenfield to Acting Director, DNA, 19/1/1954.

⁵⁸ NAA: F1, 1963/1615, Marriages of Patients at East Arm Leprosarium, p. 4, Reports on Discussions between Welfare Branch and Department of Health on Wishes Relating to Leprosy Patients, 25/8/1959.

⁵⁹ NAA: E51, 1959/369, Statement of Responsibilities and Duties at East Arm Leprosarium, August 1959.

⁶⁰ NAA: F1, 1963/1615, Procedural Arrangements for Care of Children born to couples living at East Arm Leprosarium, p. 4, Reports on Discussions between Welfare Branch and Department of Health on Wishes Relating to Leprosy Patients, 25/8/1959.

babies to the Catholic Mission on Bathurst Island and arranged, instead, for their transfer to their mothers' home countries, Oenpelli and Roper River, to be cared for by aunts.⁶¹

To understand the ramifications of the older arrangements, it is helpful to look briefly at the case of a couple from the Anglican mission at Oenpelli whose four children, born between 1947 and 1952, were fostered out to families on Bathurst Island, as had been customary. After their discharge from the leprosarium, the parents tried unsuccessfully to regain custody of the three younger girls and return them to Oenpelli. In 1965, with legal channels recently opened to them under provisions of the new Social Welfare Ordinance (NT), they took their case to the Supreme Court but this action and the subsequent appeal failed, mainly on the grounds of disruption to the girls'

deeply rooted bonds of family devotion and friendships and other personal interests and ambitions, all of which are confined to Bathurst Island, their disinterest in their natural parents, and the probabilities of serious injury to health and lasting unhappiness being caused to any of them being moved to Oenpelli...⁶²

The case elucidates the extent of the rift that was wrought between family members through fostering out children to locations with different cultures to those of their parents. The children, raised on Bathurst Island, had learnt Tiwi language and were unable to converse with their natural parents; they had adopted the Catholic faith, whereas their parents were Protestant; and they had been integrated into Tiwi skin groupings and promised to compatible men as brides.⁶³

In determining that the parents had consented in the first place to their children's removal to Bathurst Island, the judge justified and sustained the same practice that the welfare officers had been trying to eliminate over the previous decade. He based his view that consent had been given, first, on the absence of any evidence that the parents opposed or tried to prevent the removal, and second because the father had "handed each of three girls to an adult for escort to the Bathurst Island mission".⁶⁴ As is clear from Chapter Three, this version of the standard removal procedure is patently false. The parents were not permitted to touch their infant; in order for removal to take place, the Sister had to lift up the newborn and then carry him/her

⁶¹ NAA: F1, 1955/740, Patrol Officer Egan to District Welfare Officer, 1/11/1955.

⁶² J. Bridge, 'Judgment: R. v. Silvester Pilimapitjimiri, Simona Tampulureimulla, Dick Mirringmautimiri and Mary Torramura; ex parte Frank Ganangu and Elsie Darruma,' Supreme Court, Darwin, no. 148 of 1965 in *A Selection of the Judgements of the Supreme Court of the Northern Territory of Australia, 1951-1976*, Canberra: AGPS, 1982, pp. 786 - 787.

⁶³ J. Bridge, 'Judgment: R. v. Silvester Pilimapitjimiri,' p. 779.

⁶⁴ *Ibid.*, p. 777.

away from the mother. It is doubtful that as Indigenous leprosarium patients, the parents would have been able to provide or withhold informed consent, as was appreciated by the Director of Welfare who in 1960 cautioned an officer, "I cannot emphasise too much that the interviewing officer must be satisfied that whatever consent [the patient] gives in respect of the future of her child must be given completely willingly and without any pressure to bear."⁶⁵

One positive result to emerge from this legal fight was a change in policy in 1966 regarding the future fostering of Australian leprosarium babies.⁶⁶ New guidelines were issued stipulating that the parents were to decide where the child was to be placed, that they must retain legal guardianship of the child, and that the foster parents must return the child to the natural parents if they asked for custody. A written request by the parents to the nominated custodian was to be made. The parents were to be fully informed of their legal rights by a departmental officer before the placement of the child occurred.⁶⁷

Another procedure endorsed in the 1959 meeting was for the welfare officers, before giving permission for marriage between those classified as wards, to investigate their backgrounds in the interests of avoiding conflict when they were later discharged. Again, this precaution had already been operating since 1956 after a stabbing occurred over the breach of a marriage promise by a female patient.⁶⁸ Neither tribal law forbidding unions between people of certain groups nor pre-existing marriage promises had held force in marriages fostered by the Catholic missionaries when it seemed the couples would remain in the leprosarium permanently. As discharges were increasingly occurring, however, patients were returning to the outside world facing sometimes unhappy consequences of their unwitting contraventions.

Yet it was not the intention of the Welfare Branch to uphold traditional Indigenous laws, especially if at risk of jeopardising marriages between educated and Christianised men and women; this would run against the grain of its espoused assimilation principles. Instead, in dealing with potentially problematic marriages between parties of different backgrounds, officers were told to look for solutions, and to negotiate with, and prepare "relatives and other 'interested' parties."⁶⁹ It seemed, then, that the only change from previous practices was to

⁶⁵ NAA: F1, 1959/975, letter from Director of Welfare to District Welfare Officer, 1960.

⁶⁶ Colin Tatz, 'Access to Civil Law,' *Legal Services Bulletin*, vol. 4, no. 5, October, 1979, p. 198.

⁶⁷ Commissioner of Native Welfare, 'Derby Leprosarium - Care of Inmates' Children,' 1/8/1966 (DCW 2625; SROWA Cons. 1417).

⁶⁸ NAA: F1, 1954/321, letter from Giese, Director, Dept of Welfare to Director, Dept of Health, 26/4/1956; Dr Humphry to Giese, 11/5/1956.

⁶⁹ NAA: F1, 1963/1615, 'Marriages of Patients at East Arm Leprosarium,' Reports on Discussions between Welfare Branch and Department of Health on Wishes Relating to Leprosy Patients, 25/8/1959, p. 4.

introduce a diplomatic, supposedly culturally respectful protocol to procure these other parties' agreement to the Christian marriages. In 1961 welfare officers looked into an application for marriage from a young couple at Port Keats Catholic Mission. The woman had been discharged from East Arm Leprosarium five years previously, but she had not been sent home to Auvergne Station, presumably under health department policy at the time to discharge patients only to areas supplied with nursing services. On investigation, the Welfare officers found that her parents were opposed to the marriage as the woman had been promised to a local man since childhood. Officer Evans recommended overruling the parents, reasoning,

by virtue of her training at the Leprosarium and followed up by her education... at Port Keats [she] would be well ahead by Western standards of her relatives back at Auvergne....I do not know who this proposed husband is but he may even be a native who already has a wife or wives. We are faced with an attitude by a female ward which is contrary to the wishes of her parents but which is in fact the development of an ideal in respect of the choosing of partners and the concept of married life which we wish to encourage.⁷⁰

The Welfare branch then set their negotiating mechanism into action, attempting to bring all the parties together at Auvergne, claiming that the parents might consider the marriage if they could meet the couple. The promised husband, it was thought, could be placated by reimbursement of the bride money he had been paying the parents. Negotiations proceeded no further, however, as it was discovered that the promised husband had recently married the woman's sister.⁷¹

The bishop of Darwin, John O'Loughlin, was concerned that female patients who had been baptised Catholic in the leprosarium would be forced to enter arranged marriages if they were discharged somewhere other than the Catholic missions.⁷² Beginning with his predecessor, F.X. Gsell, who circumvented Tiwi marriage law on Bathurst Island by "buying" promised brides from their parents, the Catholic missionaries had continued, wherever they had influence, to try to suppress what they saw as barbaric Aboriginal practices and to encourage Christian marriage.⁷³ Bishop O'Loughlin, however, was reassured by the Welfare department that "provided they did not have an affiliation with other Missions, the girls may exercise their free will in the matter of religious faith and that if they require the support of this Branch in declining to marry their promised or tribal husbands, then the support would be forthcoming."⁷⁴

⁷⁰ NAA: F1, 1959/975, letter from Chief Welfare Officer, E.C. Evans to Director of Welfare, 21/6/1961.

⁷¹ NAA: F1, 1959/975, letter from Patrol Officer Milliken to Chief Welfare Officer, 31/7/1961.

⁷² NAA: F1, 1954/321, letter from Dr Humphry to Director of Welfare, 11/5/1956; E. Evans to Mr Sweeney, 1956,

⁷³ Gsell, *The Bishop with 150 Wives*, pp. 90-91.

⁷⁴ NAA: F1, 1954/321, letter from Chief Welfare Officer Evans to Mr Sweeney, 1956.

The Changing Roles of the Nursing Sisters

From the middle of the 1950s, the duties of the nursing Sisters became more specialised and clearly defined. They adopted many new skills in accordance with the increasing availability of different therapies, facilitating major improvements in the health and wellbeing of Hansens sufferers. In part, this development stemmed from the success of new and effective drug treatments but, additionally, doctors became more closely involved in Hansen's disease treatment and research in this period, opening new avenues for health and social reforms, in which the nursing Sisters played a major part.

With the introduction of sulphone drugs, the Sisters' focus had turned to clinical work, leaving little time for other tasks. The SSJG Kimberley provincial superior noted that extra attention had to be devoted to the individual patient.

The new drug has increased the work for the sisters as the patients who are getting this treatment have to be carefully watched by taking and testing their blood count and also urine testing more frequently to avoid the danger of kidney destruction.⁷⁵

After treatment with the first of these drugs was initiated, a succession of others was tried throughout the 1950s and 1960s in the effort to improve efficacy and convenience, and also for those patients who had been intolerant to earlier medication. The Sisters were therefore continually occupied in monitoring, testing, and then charting the results.

Changing therapies requiring greater medical supervision, better access to institutions and, to varying extents, greater interest by governments in treatment and control of the disease were all factors that led to the increasing participation in patient care by government medical officers from the late 1950s. The first and most influential doctor in this period was Dr John Hargrave, who began as medical survey officer in the Northern Territory in 1956. He developed particular interest and expertise in Hansen's disease care and management and, by 1963, had become medical superintendent of East Arm leprosarium, a full-time position that was never created at either Derby or Fantome Island. Hargrave was often critical of the severity and inequities of government policies affecting Indigenous Hansens sufferers, and struggled to have his progressive ideas put in place. Nevertheless, his work to a large degree depended for its success upon mechanisms set up under the government assimilation policy and on the support of particular departmental officers. In providing even conditional support for Hargrave's programs and for his appointment as superintendent, the Commonwealth Department of Health showed

⁷⁵ SSJGB, 2.62I, Entry, 'Extracts from Visitation of Provincials and Generals 1937-1976,' 6/4/1951.

that it was much more willing to spend money on Indigenous health than its state counterparts. This approach went straight to the heart of the federal government's assimilation program, which was promoted with a consciousness of its national responsibility to Indigenous Australians. This imperative is graphically illustrated in a request from the federal Department of Territories to the CDGH in late 1962, just months before Hargrave was appointed medical superintendent. Information was required such that "from the international viewpoint it will be shown that aboriginal lepers are treated in a humanitarian way." The Acting Minister for Territories

would like to be able to mention –

- (a) The education and training given to them so that they can fulfil a useful place in the community;
- (b) The medical treatment given to them and the prospects of a cure
- (c) That adequate facilities exist to give proper medical treatment and training to those handicapped by the complaint.⁷⁶



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Figure 44: Hospital ward, East Arm Leprosarium, 1958.

⁷⁶ NAA: A1658, 756/11/1 PART 2, letter from Secretary, Dept of Territories to CDGH, 9/11/1962.

Sr Marion Whelan, who served as matron at East Arm between 1959 and 1965, explained how the arrival of Dr Hargrave permitted the Sisters to carry out effective and modern clinical procedures:

From my point of view, it was a very fortunate occurrence because he was a very good teacher, very good at delegating things, and once he taught you how to do things, he would let you get on and do it. I found myself doing all sorts of things that I never dreamt of doing. Yes, that was a great blessing for me, and therefore the people, because he was really committed very seriously to the work and he was very up to date with what was happening in the leprosy field and embracing everything as it came up and translating it into action in the leprosarium.⁷⁷

Another former matron of East Arm, Sr Benedicta Carroll, stated that having doctors committed to Hansen's disease treatment "was an advance to us...because they had the advantage of belonging to the Health Department and they could see a future for these people, once we got the doctors in."⁷⁸ Her statement suggests that a sense of powerlessness had been felt by the Sisters in their earlier efforts to ameliorate the patients' illness and that in addition to the actual changes that medical qualifications enabled, the medical officer brought credibility to leprosarium nursing.

Hargrave found willing and competent assistants in the DOLSH nursing Sisters whom he trained to carry out the research and clinical tasks that would otherwise be performed by professionally trained personnel.⁷⁹ One of his first innovations, from 1958, was the supply of prostheses to patients with loss or partial loss of limbs. Some patients at East Arm were extremely disabled in this way, at least one of whom had, for years, no use in either his legs or arms. The Commonwealth government had been supplying artificial limbs to returned servicemen in Australia since World War I yet there had been no arrangement in place for Hansens sufferers until the late 1950s.⁸⁰ Fittingly, it was from one of the Department of Repatriation's artificial limb factories that Hargrave, with the support of Northern Territory Health Director, Dr Richard Webb, obtained the prostheses. After being trained in measuring, ordering and fitting, Hargrave then taught the Sisters to do the same, and, according to

⁷⁷ Sr M. Whelan, interview with C. Robson, 2008.

⁷⁸ Sr B Carroll, interview with C. Robson, 2008.

⁷⁹ Dr J.C. Hargrave, personal communication.

⁸⁰ Joanna Bourke, 'The Battle of the Limbs: Amputation, Artificial Limbs and the Great War in Australia,' *Australian Historical Studies*, vol. 29, 110, p. 54, 56. (I am not implying that the treatment of maimed returned soldiers in the twentieth century was necessarily acceptable, but highlighting the way in which different groups were deemed more deserving of Commonwealth services).

researcher Ellen Kettle, after a few years, a workshop for the manufacture of prostheses and surgical boots was set up at the leprosarium.⁸¹

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Figure 45: Mother Marion and patient with arm and leg prostheses, East Arm Leprosarium, early 1960s.

In 1958, Hargrave, again with Dr Webb's backing, began the expansion of physiotherapy services as prevention and treatment of deformities caused by nerve damage. The Commonwealth government approved visits of a physiotherapist for one afternoon a week during which she just had time to provide some treatment and to give instruction to the Sisters so that they could continue the work the rest of the time. But this was insufficient to treat 180 patients, two-thirds of whom Webb estimated required more intensive therapy "owing to the severe and often neglected nature of the lesions."⁸² Certain of these lesions, if not treated,

⁸¹ Kettle, *Health Services in the Northern Territory* vol. 2, p. 50; *Report on the Administration of the Northern Territory 1959-1960*, p. 38.

⁸² NAA: A1658, 756/11/3 PART 1, letter from Dr Webb to CDGH, 7/2/58.

resulted in “wasting, paresis, paralysis, abnormal gait or stance, eventually contractures and irreversible deformity.”⁸³ Dr Webb used the ideals of the Commonwealth government’s assimilation policy when he applied to the CDGH for permission for a full-time physiotherapist:

A settlement such as East Arm Settlement where a patient may well spend years, affords an opportunity probably unrivalled in the Northern Territory to educate and train the more intelligent native in trades and crafts – provided the physical lesions are dealt with first – it is therefore up to the Department of Health to show a lead and do everything in its power to provide a physical basis for vocational rehabilitation and indeed training.⁸⁴

The CDGH, however, felt the suggestion was “a little premature”; it would suffice to make a “start on physiotherapy” with groups sessions supervised by the Sisters.⁸⁵

In 1962, John Hargrave took up a fellowship granted by the WHO to study corrective surgery techniques under Paul Brand, at the Christian Medical College in India.⁸⁶ As a result, from 1963, for the first time in Australia, operations became available for the repair of crippling and unsightly deformities of the hands and feet. By the middle of 1966, the majority of patients had undergone surgical procedures, 179 separate operations having been conducted in the preceding financial year. In 1964, corrective surgery was also begun at Derby leprosarium by Dr L. Holman. With the surgery, as with the prosthetics and physiotherapy, the Sisters acquired more specialisation, becoming theatre nurses and research assistants.

Physiotherapy, both post- and pre-operatively, was a vital adjunct to this surgery. As neither East Arm nor Derby had qualified physiotherapists at this stage, the leprosarium nursing Sisters took over the role after being taught the appropriate techniques.⁸⁷ One Sister at East Arm, who was the first to perform this work, remembered with pride the effect on one of the patients after surgery to repair claw hand, a deformity which paralyses the hands and makes grasping objects difficult or impossible:

...when they had the surgery, they had to do exercises to keep their joints moving. One man who was sitting up in the front seat during midnight Mass with his arms raised high

⁸³ NAA: A1658, 756/11/3 PART 1, letter from Dr Webb to CDGH, 7/2/58.

⁸⁴ Ibid.

⁸⁵ NAA: A1658, 756/11/3 PART 1, letter from Acting CDGH to Dr Webb, 30/1/1958.

⁸⁶ NAA: A1658, 756/11/1 PART 2, ‘International Leprosy Expert Visits Northern Territory,’ prepared by Dr Hargrave, c.Dec.1963.

⁸⁷ “Sr Helen,” interview with C. Robson, 2008; *Report of the Commissioner of Public Health for the year 1966* (WA), p. 65.

was doing his exercises all during the Holy Mass. You could see this man – he was just so proud of his hands - he wanted everybody to see them.”⁸⁸

Dr Holman also noted the patients’ response to surgery at Derby where “the possession of a surgically reconstructed hand has become a status symbol.”⁸⁹

Corrective surgery was valuable to the patients themselves and it was also seen as of value to the Hansen’s disease control program. It restored function, enabling resumption of work and other activities, and it boosted the patients’ self-confidence because of the improvement to their appearance. It was also one of the only measures that could send a positive message to Indigenous communities about the treatment at the leprosarium, and thus potentially induce those evading treatment to come forward. European medicine seemed rather a failure when patients were discharged with permanent disfigurement, even if their infection had been brought under control. As one patient from Fantome Island told an interviewer regarding sulphone therapy: “Oooh, it wasn’t a real cure, you know. They go there real good, like you, and they come out something wrong with them. No I don’t think it was a real cure.”⁹⁰

Another important role assumed by the leprosarium Sisters was the training of Indigenous health assistants. In earlier times, the Sisters at all the institutions had taught the patients, especially the girls, to do simple tasks such as make and autoclave the dressings, as a means of reducing their workload and providing therapeutic occupations.⁹¹ After the middle of the 1950s, more complex skills were introduced by the Sisters at East Arm who began to train some of the patients to carry out laboratory and assistant nursing duties. New facilities and equipment available after the move to East Arm facilitated this program. Among the skills taught were analysing tissue samples under the microscope, giving injections to the hospital patients and excising small ulcers.⁹² Trained patients then carried out these tasks as employees of the leprosarium. As with so many developments in the leprosarium in this period, the scheme was considered in terms of its value to the discharged patient, and so was acclaimed by the Director of Health as a significant contribution towards the government’s objective “of training natives to become useful members of society.”⁹³

⁸⁸ “Sr Helen,” interview with C. Robson, 2008.

⁸⁹ *Report of the Commissioner of Public Health for the year 1966*, (WA), p. 65.

⁹⁰ S. Boyd, interview with S. McHugh 198_?

⁹¹ Sr B. Carroll, interview with C. Robson, 2008.

⁹² NAA: E51, 1960-277, ‘A New Look at East Arm,’ ABC Radio Broadcast, prepared and narrated by V.T. Brauer, July 1957; “Sr Helen,” interview with C. Robson, 2008; Sr M. Whelan, interview with C. Robson, 2008.

⁹³ NAA: A1658, 756/11/3 PART 1, letter from Dr Humphry to CDGH, 1/3/1957.



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Figure 46: Sister with health worker, East Arm Leprosarium, 1960s.

This scheme was the forerunner of the ‘paramedicals’ program initiated by Dr Hargrave in the 1960s. Paramedicals were trained Indigenous personnel working among their own communities, diagnosing Hansen’s disease and providing basic treatment. The deployment of paramedicals had been recommended by WHO in 1960 in its guidelines for local Hansen’s disease campaigns.⁹⁴ It potentially enabled much of the treatment to be carried out on an outpatient basis, thus eliminating the disruption to life and the fear engendered in patients removed to the leprosarium. Hargrave thought it important to transfer some areas of treatment from the control of European to Indigenous workers, to not only further the paramedicals’ own prospects as skilled workers, but also to temper what had for so long been a hard-handed approach to Hansen’s disease control.⁹⁵ After he enlisted the support of the Director of Welfare and various mission bodies, the government provided training grants in 1969 and an eight-month course was set up for students, mainly consisting of former Hansens patients.⁹⁶

⁹⁴ WHO Expert Committee on Leprosy, *WHO Expert Committee on Leprosy: second report*, Geneva: World Health Organisation, 1960, pp. 16-17.

⁹⁵ J.C. Hargrave, personal communication.

⁹⁶ Commonwealth Department of the Interior, *Northern Territory Report 1971-72*, Canberra: AGPS, 1972, p. 78.

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Figure 47: Paramedical Training Centre, East Arm Leprosarium, 1976.

Some Sisters, particularly the matrons of the 1960s, such as Srs Marion and Camille, developed considerable expertise in their field and for the first time, this was recognised and fostered. Some of the Sisters participated with doctors in research projects at the leprosarium and co-authored medical journal articles.⁹⁷ Sr Camille was sent overseas on a government grant for three months' study at the Carville leprosarium in the USA in 1969.⁹⁸ In contrast, fifteen years previously, at the request of Sr Michaeline, a trip to Fantome Island for the purpose of observing clinical practices there was permitted only if it could be incorporated into her respite journey to Sydney.⁹⁹ Srs Marion and Camille used their specialist knowledge of Hansen's disease to educate others, such as doctors and community members. When Sr Benedicta - whose term as matron preceded those Sisters' - was asked if she too had spoken to the public about Hansen's disease, she responded, "Not in those days...who'd want to know about it?"¹⁰⁰ Her comment points to the mystique that surrounded Hansen's disease care and treatment prior to the 1960s when it was more the business of missionaries and patients, and when religious Sisters tended to confine themselves and their work to a private sphere.

Together with the doctors' tutelage, their years of experience observing the multifarious manifestations of Hansens - a disease that is "unique with respect to the infinite variety of the

⁹⁷ Rev. Mother Marion, 'New Approach to Old Problem' in *Australian Territories*, vol. 5, no. 6, 1965, pp. 31-38 (Canberra, Dept of Territories.); J.C Hargrave & Rev. Mother Marion, 'Leprotic Involvement of Multiple Peripheral Nerves in the Absence of Skin Lesions,' *Leprosy Review*, 35, 1964, pp. 78-82; J.G McLeod, J.C Hargrave, J.C Walsh, G.C Booth, R.Gye, and Sr Annette Barron, 'Nerve Conduction Studies in Leprosy,' *International Journal of Leprosy*, 43, 1975, pp. 21-31.

⁹⁸ SSJGB, 2.47K, 'Information on Sisters 1968-1971'; see also Sr Lorna Walsh OLSH quoted in Gardiner, *The Flame in the North*, p. 49.

⁹⁹ NAA: A1658, 756/11/3 PART 1, letter from Sr Michaeline to CDGH, October, 1954.

¹⁰⁰ Sr B. Carroll, interview with C. Robson, 2008.

host response to bacterial invasion” - made the Sisters some of the few skilled diagnosticians in Australia.¹⁰¹ Sr Camille was an expert in diagnosing cases of tuberculoid Hansen’s disease, a type that can severely damage peripheral nerves.¹⁰² It is easily confused with a range of other (non-leprosy) conditions and its presence cannot be confirmed by bacteriological tests.¹⁰³ This explains many of the misdiagnoses of the disease made by unqualified people in an earlier period and resulting in unnecessary long-term stays at leprosaria. In the early 1970s Sr Camille was regularly flown on Hansens surveys in the Kimberley in this capacity and positive cases were returned with her to the leprosarium.

But her poignant reminiscences indicate that, in the context of the policy of compulsory isolation for Hansens sufferers, her ability was indeed an unenviable distinction, since a positive clinical diagnosis could lead to the immediate separation of a person from his or her family.

To pick up the cases early was very important. We would bring them in straight away if positive. Once we had to separate a mother from her baby when we diagnosed her leprosy. It was awful, but although we were supposed to take her straight away, I waited for a while so she had some time with her before she had to go.¹⁰⁴

For decades the Sisters had managed to distance themselves from this process, an experience that at the hands of police had been often demeaning and frightening for both the patients and the families they left behind. Despite the advances in Hansens therapy that had occurred, Indigenous people in 1969 still feared the leprosarium, in the words of one lay survey nurse in the Kimberley: “it is NOT the disease they fear, rather it is what our community will order for them BECAUSE they have leprosy. Some remember and others have grown up hearing stories of the harsh treatment of lepers over the years.”¹⁰⁵

Agitation for Change

In the 1960s some religious leprosarium staff began agitating strongly for better conditions and outcomes for the patients. The most prominent advocate was Mother Marion Whelan OLSH, the matron and religious superior at East Arm Leprosarium between 1959 and 1966. She and Dr Hargrave fought government departments to lessen harsh regulations and systemic inequities

¹⁰¹ Editorial, ‘Leprosy Over the Last 25 Years,’ *MJA*, vol. 2, no. 15, 7/10/1972, p. 801.

¹⁰² Sr C. Poidevin, interview with C. Robson, 2008.

¹⁰³ J.C. Hargrave, *Leprosy in Northern Territory Aborigines: A Short Guide for Nursing Sisters in the Diagnosis, Treatment and Management of Leprosy in Aborigines*, Darwin, NT: Northern Territory Medical Service, 1968, p. 15, 17.

¹⁰⁴ Sr C. Poidevin, interview with C. Robson, 2008.

¹⁰⁵ ‘Kimberley Public Health Nurse’ report in, *Report of the Commissioner of Public Health for the year 1969* (WA), p. 59.

that disadvantaged their patients and families. They were critical especially of the tough Territory policies in the early 1960s for patient discharge that followed the NHMRC's recommendations. Hargrave preferred to minimise a patient's stay in the leprosarium in the belief that prolonged isolation was unnecessary and inhumane, and, further, deterred sufferers from volunteering for treatment. In 1961, Dr Ian Byrne the current Northern Territory Director of Health, on behalf of the CDGH, issued an order that any patient who had a single positive bacterial test result would have to remain indefinitely in isolation. He further added that Hargrave was not to discharge any patients without his personal permission.¹⁰⁶ About two years later, Byrne's Acting Director, Dr Langsford, complained to the CDGH that Hargrave was still failing to observe the NHMRC criteria and that "his views on the subject are to say the least, radical, but are in my opinion alarming".¹⁰⁷

Mother Marion saw this lengthy detention of patients who were physically well and quite aware that they were eligible for discharge as provocative of the escalating violence and anti-social behaviour among the patients. In 1962, she wrote to Byrne, expressing her strong disapproval of the departmental policies:

Since we have, by maintaining a somewhat outmoded and unenlightened policy on leprosy control, contributed to a number of our present problems, we will probably have to put up with them to some degree. One wonders how many lives have to be wrecked before someone will consider it 'worthwhile' to consider a more rational, more up to date approach, taking into consideration the vast advances in leprosy treatment which have been made over the past twenty years. In the days when leprosy was almost inevitably a life sentence many of these regulations may, though regrettable, have been necessary.¹⁰⁸

For Mother Marion, other suggested measures, such as increased surveillance and security, including the deployment of round-the-clock security guards, locked gates and the use of a detention cell were never going to solve the problems. Rather, a more understanding approach was required, given the psychological problems induced by the patients' incarceration. She suggested to Dr Byrne that the health department allow the patients "short periods of leave" because "this in itself would provide a safety valve for many of the tensions which must lead to some type of outburst in most individuals."¹⁰⁹

¹⁰⁶ NAA: A1658, 756/11/1 PART 2, letter from Dr Ian Byrne, NT Director of Health to Dr J.C. Hargrave, Medical Officer, East Arm Settlement, 22/08/1961.

¹⁰⁷ NAA: A1658, 756/11/1 PART 2, letter from Langsford to CDGH, 15/1/1963.

¹⁰⁸ NAA: A1658, 756/11/1 PART 2, letter from Sr Marion to Dr Byrne, 25/09/1962.

¹⁰⁹ Ibid.

As Mother Marion tried to impress on Dr Byrne, the patients' awareness of the anomalies of their situation compared with Hansens patients elsewhere only intensified their misery and added further to the possibility of anti-social behaviour. "They would have to be very dull not to know they were getting better and have only to read *Post* or *Time* to get a fairly accurate idea of modern trends in leprosy policy."¹¹⁰

Byrne was determined to see that his department's policies were implemented, no matter what the staff thought:

We maintain and enforce our present Departmental policy in full and even render it more stringent and apply it more vigorously...That we commence now a drive to isolate all lepers in the leprosarium...That we be prepared...to lose the services of the Sisters who now staff the leprosarium and to lose the services of Dr Hargrave and prepare to replace them if they find themselves unable to accept our policy and all it implies.¹¹¹

Another disparity Mother Marion raised was the way Commonwealth social security payments were distributed. In order to understand her concerns, the system in place during her term as matron should be explained. In 1959, as part of its assimilation policy, the Commonwealth government legislated to extend old age and invalid pensions to all Indigenous people, other than those considered to be "nomadic or primitive." However most of what the Commonwealth offered to Indigenous leprosarium patients with this gesture was taken back by State and Territory authorities. Whereas European patients were paid the full amount of their pensions directly, Indigenous patients were paid only a small proportion of theirs from a lump sum issued by the DSS to the state or territory authorities in charge of the institution. Known as the "institutional" scheme, this system was also used on some settlements, missions and pastoral properties, although amounts withheld varied.¹¹² It was also in place at Derby and Fantome Island. At East Arm in 1961, of the £10.10s total fortnightly pension, £6.16 was deposited into the health department's revenue account to pay for patients' treatment and upkeep; £2.14 into a trust account with the Commonwealth Bank, and £1 given directly to the patient as "pocket money".¹¹³ The cost of maintaining one patient at this time had been calculated to be £6 per week.¹¹⁴

¹¹⁰ NAA:A1658, 756/11/1 PART 2, letter from Sr Marion to Dr Byrne, 25/09/1962.

¹¹¹ Dr Byrne quoted in Kettle, *Health Services in the Northern Territory* vol. 2, p. 52.

¹¹² Rosalind Kidd, *Trustees on Trial: Recovering the Stolen Wages*, Aboriginal Studies Press, ACT: 2006, pp. 96-7.

¹¹³ NAA: A1658, 756/11/1 PART 2, letter from Dr Byrne to CDGH, 13/10/1961.

¹¹⁴ NAA: A1658, 756/11/1 PART 2, letter from Dr Refshauge, CDGH to DG DSS, 13/7/1961.

Why were the Indigenous patients held to account with such stringency? To some extent, it was based on the same preconception of Indigenous people as squanderers that had concerned the DSS ten years earlier when requests for the pension had been made by the Queensland government, as discussed above. But there were deeper anxieties, as revealed in the following interdepartmental correspondence regarding the method of administering the Social Security Act provisions in the leprosaria, the CDGH stating,

It is to be confidently expected that payment of some 30/- weekly to natives detained under treatment for leprosy at East Arm Settlement will make the Institution completely unmanageable. Gambling, indulgence in alcohol, prostitution and hire car traffic between the settlement and nearby Darwin would very seriously impair the discipline in an Institution at present largely managed by Sisters of a religious order...¹¹⁵

Money, then, was feared to unleash moral mayhem, breaching the seams that had for so long protected the inmates from European civilisation's worst vices, against which moral reform and Christian teachings were evidently little defence.

Another feared consequence of providing the full pension was indolence among the patients. In 1961, while *still* prevaricating on how to cautiously distribute the pensions, the CDGH complained that patients would no longer "be interested in being usefully employed."¹¹⁶ He then reiterated the ways in which the performance of work, as discussed in Chapter Three, was universally beneficial in promoting discipline, community living, better mental and physical health, and, increasingly in this latter period, rehabilitation.

In addition, the CDGH stressed that the patients were provided with "free medical service...quartered, fed and supplied with some clothing" and suggested they should contribute to these costs.¹¹⁷ Here then was the suggestion of a contractual obligation between the patients and the Health Department to which the former had never consented. That European patients were not charged for these services indicates that Indigenous people were seen as being more responsible for acquiring their disease and therefore expected to pay for its treatment. What was truly disturbing to the Commonwealth health department were the imagined consequences of paying about £12000 accrued since the Act had come into force, all at once to 100 patients,

¹¹⁵ NAA: A884, A55 PART II, letter from CDGH to The Secretary, Dept of Territories, March, 1959.

¹¹⁶ NAA: A1658, 756/11/1 PART 2, letter from Refshauge, CDGH to DG DSS, 13/7/1961.

¹¹⁷ Ibid.

“whose needs are relatively simple...[and] might well result in large scale absconding with an inevitable crop of civil offences in Darwin Township.”¹¹⁸

In her protest to Dr Refshauge, the CDGH, in 1963, Mother Marion wrote, “...quite a number of the native patients are unhappy about not receiving anything like the amount received by European and part-coloured patients. It is difficult to explain this on any other grounds than racial discrimination.”¹¹⁹ Such was the anxiety of the bureaucracy about allowing Indigenous people financial autonomy that, at first, the complaints were ignored, then reactivated after further prompting from Hargrave, then passed along from one department to another then subjected to inquiry at a joint meeting of the Commonwealth departments of Social Services, Health and the Treasury in February 1965. The conference decided to defer the matter while considering whether or not to classify the leprosarium as a “benevolent institution” in which case pension funds could be withheld from residents anyway.¹²⁰

Mother Marion and Hargrave also suggested in 1963 that the accumulated funds held back from Aboriginal pensions might at least be used for providing amenities for them, such as a swimming pool. Mother Marion argued that it would be a way of reducing “our behaviour problems...One can often see quite clearly that they arise from sheer boredom.”¹²¹ Even this suggestion was seen as threatening disease control, as initially the Health department refused to give permission on the grounds that it could assist the spread of Hansen’s disease. However, eventually the pool was built.¹²²

It was evidently still important in these later years for the religious staff to maintain a public facade of security and of solidarity with government departments. For Mother Marion, working for change within the system rather than risking its destabilisation was clearly the most effective way to push for improvements. She knew from experience that much of the publicity associated with Hansen’s disease, regardless of benign intentions, resulted in sensationalist reports that were detrimental to the dignity of the Hansens sufferer. She had consequently given up on ever speaking to the press who, in the past had misquoted her on issues. She explained “their slant on it wouldn’t be my slant on it and so I said, if I’m getting quoted, you take what I write, else you don’t get anything.”¹²³

¹¹⁸ NAA: A1658, 756/11/1 PART 2, letter from Refshauge, CDGH to DG DSS, 13/7/1961.

¹¹⁹ NAA: A1658, 756/11/1 PART 2, letter from Mother Marion to CDGH, Dr Refshauge, 18/11/1963.

¹²⁰ NAA: A1658, 756/11/1 PART 2, ‘Notes on conference at Treasury on 19th February 1965’.

¹²¹ NAA: A1658, 756/11/1 PART 2, letter from Mother Marion to CDGH, Dr. Refshauge, 18/11/1963.

¹²² Kettle, *Health Services in the Northern Territory* vol. 2, p. 53.

¹²³ Sr M. Whelan, interview with C. Robson, 2008.

Mother Marion therefore sometimes displayed a loyalty to the Health department that belied both her attitude towards its policies and the distress she believed they caused, as expressed in internal correspondence. In September 1962, violent assaults on patients, allegedly by others who had gained access to alcohol had caused her to be “seriously concerned for the safety of the Sisters,” according to her letter to Dr Byrne. The Sisters had been guarding some of the young women who worked in the convent against nocturnal visits by the perpetrators of the violence. “But who is to protect the protectors?” Mother Marion wanted to know.¹²⁴ In November, she was asked to refute a statement made by an NT member of parliament, Mr Drysdale, that the Sisters were “in real fear of being attacked by patients.”¹²⁵ Part of her statement read: “No one could be more surprised than the ‘nursing Sisters at East Arm leprosarium’ to learn from Mr Drysdale that they are ‘in real fear of being attacked by patients.’” The Sisters, she stated, were “completely happy with present security arrangements.” While she admitted that there were “some behaviour problems” among the patients, she did not reveal the view expressed to Dr Byrne – that the Department’s policies were responsible – but explained it was due to “a community which is so circumscribed and composed of so many different elements” and also “people outside the leprosarium who continue to make intoxicants available to patients.”¹²⁶

The East Arm staff also saw their role in the 1960s as educators of the public in an effort to reduce the stigma attached to Hansen’s disease. Patients discharged from the leprosarium faced fear and prejudice, and found it difficult to find acceptance in society, despite posing no threat of spreading disease. Sharon McGregor’s historical study has revealed incidents, particularly in Darwin, in which former patients were prevented from participating in various training courses and in finding employment.¹²⁷ Psychiatrist John Cawte who worked in the Northern Territory observed detrimental psychological and physical consequences of this stigma on former patients of the leprosarium.¹²⁸ In 1962, the incarceration of two patients at Fanny Bay Jail sparked a public controversy when wardens refused to guard them, and locals aired their complaints in the newspaper. ‘Puzzled of Parap’ wrote,

It is all very well for Dr Byrne to say there is little health risk in looking after leprosy sufferers and to point out that the wonderful nuns of East Arm and doctors who treat them don’t catch the disease. These people know exactly what they are doing and what to look for. Anyway it is their choice. If leprosy isn’t contagious why lock them up anyway?¹²⁹

¹²⁴ NAA: A1658, 756/11/1 PART 2, letter from Mother Marion to Dr Byrne, 25/09/1962.

¹²⁵ NAA: A1658, 756/11/1 PART 2, letter from Dr Byrne to Asst. NT Administrator, 9/11/1962.

¹²⁶ NAA: A1658, 756/11/1 PART 2, statement by Reverend Mother Marion, 9/11/1962.

¹²⁷ Sharon McGregor, ‘Lepers Can’t Change Their Spots,’ *Journal of Northern Territory History*, no. 15, 2004, pp. 39-41.

¹²⁸ John Cawte, *Healers of Arnhem Land*, S.A.: J.B. Books, 2001, pp. 58-67.

¹²⁹ Letter to the Editor, *Northern Territory News*, 27.10.62.

It was against this background that staff tried to disseminate factual information and diffuse panic and confusion. Public education took the form of Health Department publications, responses to newspaper articles and speeches to various groups.¹³⁰ Mother Marion gave presentations on several occasions to groups such as the Country Women's Association (CWA) in Darwin, the Rotary Club and the MSC seminarians. She remembers feeling overwhelmed at the unexpectedly large audience in the function organised by the CWA. When asked the subject of this speech, she replied, "I told them about leprosy and I told them about things they needn't be worried about and the things that maybe they should be worried about. That's all."¹³¹

Another facet of the staff's public relations exercise was the de-stigmatisation of the leprosarium itself. Its reputation as a place of long-term strict confinement invoked terror in Aboriginal communities, sending those who suspected they had contracted the disease to head for the bush rather than come forward for help. The avoidance of treatment in an age when the resolution of the disease was highly likely and when there was no longer the necessity of spending decades in isolation led to tragic outcomes for many Indigenous people. Furthermore, as the anti-segregation brigade had warned many years previously, this response only heightened the risk of the disease being passed to others. This was the rationale behind the insistence of staff and others involved with Hansens sufferers throughout Australia, inspired also by practices overseas, on the substitution of loaded terminology such as 'leprosarium' with 'settlement'.¹³²

Comparative Conditions and Policies at the Three Leprosaria

By 1965, many of the battles had been won, and the Commonwealth government was promoting East Arm as a modern and enlightened facility in the capable hands of Mother Marion and Dr Hargrave. It was a "specialised reconstructive unit, the only one of its kind in Australia," and in which "isolation need only be applied to patients who are passing through a period of infectivity."¹³³ The NHMRC relaxed its stringent discharge policies in 1967 on the condition that adequate medical surveillance could continue after release from the leprosarium.¹³⁴ In the Northern Territory, this surveillance had been possible with increasing numbers of field staff, including survey sisters and Aboriginal health assistants since the late 1950s. In the leprosarium in the late 1960s, the religious nursing Sisters applied intensive occupational therapy sessions, and outsourced services were used to train the patients in trades

¹³⁰ An example of a publication is Marion and Hargrave, 'New Approach to Old Problem,' *Australian Territories*, vol. 5, no. 6, 1965, pp. 31-38.

¹³¹ Sr M. Whelan, interview with C. Robson, 2008.

¹³² NAA: E51, 1965/771, letter by Dr J. Hargrave to H.C. Harrison, Director of Health, NT, 4/6/1964.

¹³³ Marion and Hargrave, 'New Approach to Old Problem,' pp.34-35.

¹³⁴ 'Leprosy Control in Australia', *MJA*, 30/12/1967, p. 1209.

and other industries through which they could earn money and, by 1970, patients were making jewellery, printing Christmas cards and growing seedlings for forest plantations. As a result more and more specialist lay staff became involved in the patients' care and training.¹³⁵ In 1971, East Arm finally secured the services of a full-time physiotherapist.¹³⁶

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Figure 48: Sister in surgery, East Arm Leprosarium, 1958. These facilities were never available on Fantome Island and not until the mid 1970s at Derby.

Before considering how religious staff at the other two leprosaria dealt with unsatisfactory conditions, it is necessary to explore how these institutions developed in relation to East Arm. At Fantome Island, nothing like the same advances occurred. Neither surgical programs nor any form of rehabilitation program were ever introduced. Treatment was limited as “a doctor who has little knowledge of leprosy now visits Fantome Island once a week and the Sisters cannot be asked to administer any treatment needing fairly close medical supervision.”¹³⁷ In 1953, the Sisters rejected the offers of the Australian Red Cross Society to introduce handcrafts lessons.

¹³⁵ NAA: F1, 1969/2678, report of meeting of the East Arm Rehabilitation Committee, 5/10/1970.

¹³⁶ Kettle, *Health Services in the Northern Territory*, vol. 2, p. 53.

¹³⁷ QSA Item ID505023, Correspondence, Aboriginal and Torres Strait Islander, Dr Gabriel, Memo to DGHMS, 17/9/1965.

At this time, its workers regularly attended Peel Island where they taught the patients to make items such as bags, belts, shoes and baskets from leather, plastic and cane.¹³⁸ After being contacted by the RFA, Townsville Red Cross Secretary, Mrs Mousally, visited Fantome Island with a view to doing the same, reporting later that the Superior, Mother St Neree, had said the program was not possible due to the requirement for extra staff to supervise the “costly” materials. And, further, “that it was already difficult to make the patients do all that was required of them such as keeping themselves and their huts clean...” It is quite evident that Mother St Neree viewed the proposal as a poor reflection on the Sisters’ own efforts, and saw it as an unwelcome interference. Undoubtedly, the patients’ “lavish display of embroidery” and the “women... busy knitting” noted by an admiring Mrs Mousally were ploys to convince her of the futility of her mission.¹³⁹

There is very little evidence to indicate that the Queensland government was interested in improving therapeutics and social conditions for the patients, presumably because, from the late 1950s, with so few in detention and no lingering threat from the disease apparent, Hansen’s disease and its sufferers slipped from the health department’s radar. In 1965, when the suggestion was made that the leprosarium should be closed down due to low numbers, Dr Gabriel strongly recommended relocating the patients to the unit at South Brisbane hospital with the European Hansens patients, enabling expert medical treatment under his own attention, rehabilitation services, control of their own money and a host of other benefits. He also recommended applying the same isolation and release criteria to Indigenous patients as were in place for European patients. “We would be able to say that there was absolutely no discrimination between white and coloured patients with Hansen’s Disease.”¹⁴⁰ His advice was not taken.

The government did not even maintain living conditions to a decent standard on Fantome Island. By the middle of the 1960s, the housing was run down, facilities outdated and services remained primitive. Fr Maurice Malone OFM, the resident chaplain, began bombarding Mr Killoran, Director of the Queensland Department of Aboriginal and Island Affairs (DAIA) with long letters criticising conditions on Fantome Island. His list of grievances included the water shortage, malfunctioning refrigeration and the unreliable D.C. electricity supply. Malone’s campaign was on behalf of the entire but small Fantome Island community, but he was

¹³⁸ Queensland Health and Medical Services Branch, *Annual Report 1955*, pp. 16-17.

¹³⁹ QSA Item ID505017, Correspondence, Aboriginal and Torres Strait Islander, letter from Mrs Mousally to Assistant Director, Qld DNA, 9/5/1952.

¹⁴⁰ QSA Item ID505023, Correspondence, ATSI, letter from Dr Gabriel to DG, DHMS, 17/9/1965.

especially upset at the trials of the Sisters who had a “never complain attitude.”¹⁴¹ Bishop Faulkner of Townsville, writing for the *Townsville Catholic News* after a visit to the island in this period, knew of some of the shortcomings but, far from expressing his disapproval, took the attitude of his predecessors in extolling Christian forbearance: “The phone is a chancy affair and there is no A.C. electricity. The Sisters very seldom leave the Island. Yet they are happy that they are serving God and His ‘little ones’ there.”¹⁴²

A petition sent by patients to the Queensland DGH in 1969 echoed Malone’s complaints. The patients, many of whom had disabilities, described how in order to cook meals, they had to collect and cut wood for the stove and that buildings were rusted, leaking and “riddled with white ants.”¹⁴³ The petition was dismissed as being engineered by Fr Malone, who, Mr Killoran claimed, was suffering from ill-health and who was therefore subsequently withdrawn from the island.¹⁴⁴ Fr Malone’s complaints, however, were substantiated in a letter to Mr Killoran, this time by Sister Ubald, who in 1968 took over as leprosarium matron.¹⁴⁵ Informed by the Health department of the patients’ petition, she confirmed the poor state of the buildings and that “we were left for five days without water... We were able to collect water in a bucket, drop by drop, from what was left at the bottom of the tanks. This is the reason why the patients were so agitated.”¹⁴⁶ Some improvements to buildings and facilities followed, however in 1971, a doctor’s report indicated severe inadequacies as a residential treatment centre for Hansens sufferers:

As members of society their position is tragic, and it is a reflection on the Administration not on the provision of medical care, which is easy, but in the complete lack of appreciation of the social problems of Hansen’s disease, and the lack of any provision whatever to enable these outcasts to lead productive lives.¹⁴⁷

Despite the surgical program at Derby following close on the heels of that at East Arm, the former never evolved to be able to provide the advanced level of care provided by John Hargrave and his team. This difference does not reflect any less enthusiasm or competence on the part of the doctors and Sisters at Derby, but more a reluctance of the Western Australian

¹⁴¹ QSA Item ID505023, Correspondence, ATSI, letter from Fr M. Malone OFM to Mr Kiloran, Director, Dept. of Aboriginal and Islander Affairs, 19/1/1967.

¹⁴² Bishop L. Faulkner, ‘Visitation of Fantome Island Leprosarium’, *TCN*, October 1968, p. 2.

¹⁴³ QSA Item ID505023, Correspondence, ATSI, Petition to DG, DHMS, n.d.

¹⁴⁴ QSA Item ID505023, Correspondence, ATSI, Petition, n.d. to DG, DHMS; and Director, Dept of Aboriginal and Islander Affairs to DG, DHMS, 13/3/1969.

¹⁴⁵ QSA Item ID505023, Correspondence, ATSI, letter from Sr Ubald to DG, DHMS, 4/3/1969.

¹⁴⁶ *Ibid.*

¹⁴⁷ QSA Item ID505023, Correspondence, ATSI, Dr Bowler, Report for Public Hospitals Board, 18/1/1971.

government to provide the necessary funds and support. Derby had comparable numbers of patients with those at East Arm, but medical officers in the 1960s and 1970s at the former had to combine their leprosarium work with a range of other health department duties. The leprosarium had poor theatre equipment and other hospital facilities, could not provide patients with surgical boots and callipers, and had insufficient professional physiotherapy services, meaning that reconstructive surgery was either performed under difficult conditions or deferred.¹⁴⁸

North-western Western Australia took many years longer than the Northern Territory to incorporate three important components of Hansen's disease care: Aboriginal health assistants (late 1970s), public health survey nurses (late 1960s) and injectable long-acting sulphones (mid 1970s). All of these elements facilitated outpatient treatment and therefore allowed remotely located Indigenous people to continue treatment while working and living normally. Without them, patients had to be retained at Derby leprosarium longer than necessary. Furthermore, a Commonwealth department inquiry into Aboriginal health in 1979 concluded that these measures were responsible for the significant decline in new Hansen's disease notifications in the Northern Territory between 1967 and 1977.¹⁴⁹

Between 1967 and 1968, Derby medical officer, Dr J. Elphinstone, who also had charge of the leprosarium, petitioned the Commissioner of Public Health and the Minister of Health to increase field nursing staff and update treatment:

The hardship of prolonged segregation which inadequate field staff inevitably imposes on leprosy patients sometimes for years longer than should be necessary is something for which the Public Health Dept of WA must take full responsibility. One wonders whether its attitude of indifference would be the same if the majority of leprosy patients were not Aboriginal or part-Aboriginal.¹⁵⁰

Although having been ten years in his post, his complaints led to his demotion in 1968 to a hospital position in Perth.¹⁵¹ He subsequently took his complaints to federal parliament and to the press, comparing the more generous staffing and resources in the Northern Territory with those in Western Australia, and calling for Commonwealth control over the Western Australia's Hansen's disease management. Shortly after his departure, the Public Health Commissioner, Dr

¹⁴⁸ *Report of the Commissioner of Public Health* (WA): 1968, p. 57; 1969, p. 49; 1971, p. 54.

¹⁴⁹ *Report of the Commissioner of Public Health* (WA): 1968, p. 60, 66, 67; 1973, p. 63; 1980, p. 176; Parliament of the Commonwealth of Australia, Standing Committee on Aboriginal Affairs, *Aboriginal Health*, AGPS, 1979, p. 22, 83.

¹⁵⁰ SLWA, J.J. Elphinstone, Papers, 4585A/4, Notes made by J.J. Elphinstone, 'Medieval Lazaret Policy in WA,' c.1968.

¹⁵¹ SLWA, J.J. Elphinstone, Papers, 4585A/4, letter from Elphinstone to Sr Alphonsus Daly, 25/05/1968.

W.S. Davidson, announced a plan to employ public health survey sisters and clerical staff, build new hospital facilities and replace old huts at the leprosarium.¹⁵² Some of these improvements took several years to accomplish by which time patient numbers had decreased to the point that they were no longer necessary.¹⁵³

Undoubtedly the Derby Sisters were also aggrieved by the inadequacies of the system, but were evidently reluctant to express their sentiments in public. A farewell explanatory letter written to Mother Alphonsus by Dr Elphinstone ended with “I must now thank you for all the help and encouragement you have given me over many years, and hope that the future holds brighter prospects for our work,” implying shared efforts and visions. Furthermore, in the early 1970s, journal entries by the Superior of their community mention the possible withdrawal of the nursing Sisters if conditions did not improve and that “the efforts of the sisters to secure a new hospital block have been unavailing.”¹⁵⁴ Their reticence was disappointing to a lay nurse who was actively supporting Elphinstone’s campaign. She noted a “conspiratorial web of silence” that included “the Nursing Staff, all two of them of a religious order, and therefore silent.”¹⁵⁵

In trying to account for the failure of the two state governments to properly fund Hansen’s disease treatment in this period, it is important to remember that even in the 1930s, significant disease management initiatives were only ever enacted after pressure from interest groups and with financial subsidies from the Commonwealth government, either directly or through the NHMRC for field surveys and setting up the two leprosaria. The treatment aspect of the policies, undertaken almost entirely by the religious nursing Sisters using cheap medication, was inexpensive for state health departments. To be brought up to the standard being employed in the Northern Territory in the 1960s, including outpatient and inpatient care, much higher expenditure would have been required, with the necessity of providing improved health services to Indigenous communities as part of Hansen’s disease surveillance programs. Health historians Franklin and White argue that until the 1970s “the states tended to ignore the special health needs of Aborigines” and even then only undertook some improvements to health services with

¹⁵² ‘News,’ *The West Australian*, 3/6/68: “The state government plans to spend \$500,000 on WA’s only leprosarium near Derby, the Health Minister, Mr Mackinnon said...to upgrade facilities and accommodation, and will provide a new treatment block. About seventeen transportable units of the type used on mining projects in the North West will replace the leprosarium’s old huts. There will also be increases in in clerical staff and an expansion of the public health nursing-sister system.”

¹⁵³ SSJGB, 2.21 Y, ‘Jottings of Srs A. Moroney, C. Poidevin, N. Ryan, F. Dunne, D. Spargo, and the internet. To be delivered at the SJG Leaders of the Mission National Meeting by Sr F. Dunne on 8/3/2002.’

¹⁵⁴ SSJGB, 2.62I, Sr M. Justinian, ‘Extracts from Visitation of Provincials and Generals 1937-1976,’ 11/6/1973.

¹⁵⁵ SLWA, J. J. Elphinstone, Papers, 4585A/4, letter from Sr Marie Osborn to Mr J. T. Tonkin MLA, 6/9/1969.

finance from the new Commonwealth Office of Aboriginal Affairs.¹⁵⁶ This time, neither the state of Aboriginal health nor the threat of the disease to public health was sufficient to invoke the groundswell of criticism that had propelled the Commonwealth's interwar Hansen's disease campaign into Queensland and Western Australia. From the NHMRC in 1967 and 1973 came tactful allusions to the disparate policies across the states and territories with the statement that in order to avoid undesirable long-term isolation of patients, the states should provide appropriate facilities, but there was no attempt to compel standardisation.¹⁵⁷

It might be concluded that the Sisters working in the state leprosaria, where basic conditions were so poor, had much more cause for complaint to government authorities than Mother Marion at East Arm did. Yet these Sisters were almost silent compared with Mother Marion's tirades against policy. The difference is not so surprising when the ages and situations of the Sisters are contrasted. Many of the Fantome Island Sisters who arrived in the 1940s were still on staff twenty to thirty years later and some were in their sixties and seventies. At Derby in the late 1960s, the same can be said for Mother Alphonsus who had been at the leprosarium since 1940 and, although she was not Superior at this time, still evidently held considerable authority. These Sisters were of a generation of women religious who were more accepting of privation and, moreover, having lived in the leprosaria from early days, knew little else but humble conditions. The leprosarium was their life's work, therefore they were less likely to want to risk losing it through upsetting the authorities. One other reason for their apparent acquiescence was their insularity from the social and therapeutic changes of the 1950s and 1960s. In contrast, the Sisters at East Arm were rotated regularly with those on the missions, in accordance with the DOLSH policy. Mother Marion, therefore, could not form a long association with East Arm, and because she was relatively young, was open to new ideas and developments outside the leprosarium due to greater exposure to doctors, welfare officers and others.

It is worthwhile now to consider how levels of financial remuneration paid by governments for the Sisters' services might serve as a measure of their shifting roles. As explained in previous chapters, by 1949, the rate of payment with respect to all three leprosaria was approximately £4 per week per Sister and, in all cases, was paid as a subsidy to the Sisters' provincial communities to be put towards nurse training costs. The amounts were paid per capita, bearing

¹⁵⁶ Margaret-Ann Franklin and Isobel White, 'The History and Politics of Aboriginal Health' in Janice Reid and Peggy Trompf (eds), *The Health of Aboriginal Australia*, pp. 26-27.

¹⁵⁷ 'Leprosy Control in Australia,' *MJA*, vol. 2, no. 27, 1967, pp.1209-1210; National Health and Medical Research Council, 'Appendix XXXVII: Leprosy Control in Australia,' in *National Health and Medical Research Council: Report of the Seventy-seventh Session, Canberra, 1973*, AGPS, 1973, p.198.

no relation to the Sisters' individual qualifications or the hours they worked or duties they performed.

In 1951 the question of this disparity was raised by the provincial superiors of both the DOLSH and the FMM. In response to the latter, the Queensland government raised the subsidy for the Fantome Island Sisters and apportioned it according to their different qualifications. For the matron, two nursing Sisters and two others (whose duties included teaching, looking after supplies, and other general tasks), the amounts paid each were £12, £10 and £6 per week respectively. In addition they received £400 per annum for food, two return airfares to Brisbane for the matron, as well as free board and lodging.¹⁵⁸ These amounts were surprisingly high when it is considered that the basic wage for women in Queensland at this time was £5.16, and the maximum rate for a senior "Grade 2" nursing sister was £6.2 (also with free board and lodging).¹⁵⁹ The new nursing pay rate for the Fantome Island Sisters was defined as "an amount payable to other qualified nurses as this occurs", thus suggesting that for the first time the Sisters were being valued for their professional abilities. As documents detailing the method by which the actual rate was calculated are not available, it can only be assumed the amounts above the standard state nursing award were due to extras such as night duty and uniform costs.

The application on behalf of the Channel Island Sisters was far less successful. The provincial superior had asked that payment equate to that of regular nurses of the Northern Territory Medical Service. She wanted an "infectious nursing allowance" and remuneration corresponding to both the midwifery qualifications and the seniority of the sister-in-charge. The Deputy Director of Health supported her request in his application to the CDGH. However, separate to these negotiations and at the same time, the Catholic Bishop of Darwin, John O'Loughlin, asked the CDGH if the payslips for the existing subsidies, rather than bearing the names of the individual Sisters, could be addressed to the provincial community. His object was to avoid the payment of tax but also he felt the practice was "not in keeping with the religious vocation of the missionaries, nor does it reflect adequately the true relationship of the Mission to the Department of Health."¹⁶⁰ Whether genuinely or because it suited him more in economic terms, the CDGH took this statement as nullifying the DOLSH superior's proposal, a request which was, in his opinion, for "personal salaries". He approved a modest rise to £6.10 for each Sister to be paid in the manner suggested by the bishop.

¹⁵⁸ NAA: A1658, 756/11/3 PART 3, letter from N.T. Director of Health to CDGH, 4/8/1961.

¹⁵⁹ Government Statistician, *Queensland Year Book No.13, 1952*, Brisbane: Government Statistician's Office, 1953, p. 327, 330.

¹⁶⁰ NAA: A1658, 756/11/3 PART 1, letter from Bishop O'Loughlin to CDGH, 10/8/1951.

The provincial superiors' push for their Sisters to be recognised on the same financial basis as regular nursing Sisters - however inadequate these were - indicates that they now considered they had more leverage in negotiating the terms of their relationship with the government. For one thing, the Sisters were proving to be of value measurable to other nurses. The successful treatment of many patients from 1950, two years after sulphone therapy began, could be tied directly to their nursing. It was work that focused more intensively on the individual patient and his/her transition to recovery and discharge, rather than the more custodial and generalised care of previous years, and therefore in this sense resembled general hospital nursing. More particularly, the most senior leprosarium nursing Sister was developing, as described by the WA CPH in 1954, as "an authority on leprosy beyond the normal sphere of a nursing Sister and ... the main factor in the continuity of medical control and supervision at the leprosarium"¹⁶¹ It was a far cry from his predecessor's insistence in 1937 that the most senior sister defer on all matters to the institution's superintendent. However, the per capita system of payment continued at least until 1970 for the Derby Sisters, with small incremental rises in the rate over the years.

The provincial superiors' 1951 applications for differential rates were given added impetus by gains made in the Australian nursing industry generally in the latter part of the 1940s, such as the 44-hour week and higher awards. Historian Glenda Strachan's Queensland study has shown that after improvements in nurses' conditions and wages were achieved in the 1920s, they remained either stable or regressed over the austere years of the Depression and the Second World War. She argues that this stagnation was due to an attitude prevailing among nurses' associations and doctors that "nursing was built on self-sacrifice" and that therefore, it was "hard to request wages or shorter working hours".¹⁶² This mindset continued post-war and improvements only occurred because of an acute nurse shortage, highlighted by nurses' industrial action.¹⁶³ Against this broader context, the reasons for Bishop O'Loughlin's veto can be clarified. In his eyes, quantifying the religious Sisters' nursing work in monetary terms diminished its self-sacrificial dimension and derogated the Sisters to the status of government secular nurses. The difference, implied by O'Loughlin in a public speech in 1957, was in the Catholic Sisters' religious motivation: while secular medicine "may attempt to alleviate the suffering of these lepers", the religious Sisters provided spiritual healing in which "pain [could be] accepted in the Christian spirit."¹⁶⁴ His near-denial of the Sisters' professionalism was therefore at odds with the view of the provincial superiors, who, having charge over nurses in

¹⁶¹ NAA: E51, 1960/277, CPH, Leprosarium, Derby, 'Staff Duties,' 13/5/1954.

¹⁶² Glenda Strachan, 'Sacred Office, Trade or Profession: The Dilemma of Nurses' Involvement in Industrial Activities in Queensland,' *Labour History*, no. 61, 1991, p. 162.

¹⁶³ *Ibid.*, pp. 159-160.

¹⁶⁴ Bishop John O'Loughlin at opening of East Arm Leprosarium Catholic Church quoted in Flynn, *Northern Gateway*, p. 24.

missions and Catholic hospitals, knew full well that efficacious nursing services at low cost were being supplied to government leprosaria over which the Church had little control.

In 1966, another request was made to the Commonwealth Department of Health for the DOLSH subsidy to be brought up to standard with regular nurses' wages. Mother Anthony, the East Arm superior made the appeal through the NT Director of Health, arguing on the grounds of increased specialisation of nursing duties, such as the physiotherapy required for reconstructive surgery, as well as the fact that there had been no increase in the rate since 1955 when it had risen only to £8.10 (\$17 in decimal currency).¹⁶⁵ In comparison, the rates for nursing Sisters at Fantome Island and Derby were \$22 and \$30 respectively and the matron at the former earned \$34. The gap in payments between these institutions is even more palpable when the patient statistics and breadth of duties are compared. At Fantome Island there were four Sisters looking after just six patients in 1966 and they were not involved in the more specialist tasks as at East Arm, where eight Sisters nursed 101 patients. At the Darwin Hospital nursing Sisters received approximately \$37 (after board and lodging subtracted).¹⁶⁶ The Director of Health was supportive of Mother Anthony's request, but again, Bishop O'Loughlin's opinion was sought and sustained. He recommended continuing on the same basis as "the value of the services rendered by the Sisters depends on their efficiency as a group more than on their individual qualifications" and that a \$5 increase was sufficient.¹⁶⁷ The rise would not take effect until December 1966, nine months after Mother Anthony's original request. It was not until 1974 that the East Arm Sisters' nursing qualifications were reflected in the remuneration while at the same time the amounts finally matched those of regular nurses.

This chapter has demonstrated that by the middle of the 1950s, conditions were optimised in Australia for setting Indigenous Hansens sufferers on the road to recovery from their disease, correction of their disabilities, and reinstatement to their home communities with, if necessary, government financial support. It has shown that, as far as possible, the Catholic nursing Sisters along with the doctors worked to achieve these ends. In this period, senior Sisters became recognised experts in Hansen's disease care, trained Aboriginal health assistants and survey nurses, were involved in conducting clinical research, and provided public education to try to reduce Hansen's disease stigma.

¹⁶⁵ NAA: A1658, 756/11/3 PART 3, letter from Mother M. Anthony, Superior, East Arm Leprosarium to NT Director of Health, 8/3/1966.

¹⁶⁶ NAA: A1658, 756/11/3 PART 3, letter from Deputy CDGH to NT Director of Health, 26/8/1966.

¹⁶⁷ NAA: A1658, 756/11/3 PART 3, letter from Bishop J. O'Loughlin to NT Director of Health, 14/10/1966.

Nevertheless, it was difficult, if not impossible, for many Indigenous sufferers to take advantage of the full gamut of post-war medical advances. Therapeutic changes were introduced slowly and incompletely. East Arm leprosarium, replacing Channel Island in the Northern Territory from 1955, was the only institution to provide high standard comprehensive treatment and rehabilitation services, due to the work of committed religious and lay staff and a concerted Commonwealth government Hansen's disease program. At the state-controlled institutions of Fantome Island and Derby, these services were either never incorporated, or only slowly and partially provided.

Indigenous sufferers were also disadvantaged by the persistence of hard-line isolation practices that continued until at least the early 1970s in Western Australia and Queensland and until the middle of the 1960s in the Northern Territory, despite international recommendations for their relaxation in 1950 after demonstrated success with sulphone therapy and the more liberal conditions for European sufferers in Australia since the late 1950s. Indigenous sufferers in non-infectious stages of Hansen's disease were prevented from remaining in, or returning to, their home communities if they could not support themselves, could not access nursing services or were disabled. At the same time governments were not prepared to address these shortfalls by providing the necessary back-up services as accorded to other disadvantaged groups, such as returned soldiers and TB sufferers.

The policy of assimilation, promoted by all levels of government in the 1950s and 1960s, and coinciding with advances of Hansen's disease treatment, should have ironed out the anomalies in practices governing the lives of Indigenous Hansen's sufferers in its avowal of promoting equality with Europeans. The kinds of measures rolled out to prepare Indigenous people generally for attaining self-reliance, such as training, education, and invalid and aged pensions were ideal mechanisms for preparing and re-acclimatising patients to the world outside the leprosarium. While in the two states, it is difficult to find evidence that the assimilation policy had much effect, its more vigorous application by the Commonwealth government in the Northern Territory saw a shift in authority by the Catholic Church over patient lives to government agencies. In many ways, however, the paternalistic control of the Catholic missionaries was simply transferred to the Welfare Branch and continued to reflect the same disdain for their traditions and capacity for self-determination that had defined former practices. Stuart Macintyre has written that Australian post-war welfare provisions were always based on the "link between contribution and entitlement".¹⁶⁸ In the eventual extension of welfare benefits

¹⁶⁸ Stuart Macintyre, *Winners and Losers: The Pursuit of Social Justice in Australian Welfare History*, Sydney: Allen and Unwin, 1985, p. 79.

to Indigenous Hansens sufferers in 1960, this principle was exacted ruthlessly and was rationalised on the basis of racial preconceptions.

Yet, in the Northern Territory, the ideals of the assimilation policy were used in a positive sense, to justify and further the more rapid pace and extent of therapeutic developments, and the ultimate tempering of the isolation policy, all of which were well in progress by the middle of the 1960s. Here, along with their clinical work, doctors and Catholic Sisters fought against systemic inequities that retarded patients' access to a decent standard of health and welfare, and the Commonwealth government, concerned with its international image, ultimately fostered their efforts. Avenues for corresponding developments in northern Western Australia and northern Queensland were never opened to the same extent, in spite of pressure from doctors and some religious staff. Nonetheless, due to the assiduous efforts of medical and nursing staff at Derby and Fantome Island, hundreds of Indigenous sufferers were restored to health and their lives saved.

Epilogue

One by one the leprosaria closed as the incidence of the disease in their different regions declined and methods of local control improved. Fantome Island, in 1973, was the first, in accordance with Queensland's early changing epidemiological pattern. East Arm followed in 1982 and Derby, Australia's last leprosarium to close, four years later, spelling the end of perhaps the most racially-based public health policy. Hansens cases were thereafter treated either in regional hospitals or in outpatient community settings. At last, Indigenous people need not have feared that diagnosis would lead to removal from their homes or long-term confinement in special institutions.

At some point, Indigenous people came to feel a sense of ownership of the leprosaria. For, in spite of their close connections with the people and places of their origins, long-term patients saw the leprosaria as their homes. In part, this attachment was the result of patients' physical and psychological dependence on the institutions, the Sisters and other patients, and their yearnings may have reflected more the hardships of facing independence in an often much less supportive outside world. One ex-patient from East Arm told Dr Hargrave that when he had first arrived as a child,

I was a bit worried, you know, because I wanted to come back here to Elcho Island. It took me a long time to know everyone there and get to like them... And the two years went past and I wanted to stay there. I didn't worry for my father any more...I got used to the people over there.¹

Some patients tried to evade discharge; others, such as some Fantome Island patients discharged to Palm Island, contrived to return to the leprosarium by refusing their medication.² The problem was solved for a few patients who, cleared medically for discharge, stayed on or returned as members of staff. The published narrative of Jack Gibbs recounting how he and his wife, Nancy, both ex-patients, returned to East Arm reads almost as a homecoming after an itinerant interlude away from the leprosarium, with the pair effortlessly slipping back into work routines, domesticity and the company of familiar faces.³

The small groups of elderly and debilitated patients remaining on closure of the leprosaria illustrate most poignantly the roots of this attachment. Of those left at Derby in 1986, for

¹ "Yawirongga" (fictitious name) quoted in Cawte, *Healers of Arnhem Land*, p. 63.

² QSA Item ID505017, Correspondence, Aboriginal and Torres Strait Islander, letter from ex-patient to Secretary, RFA, 07/10/1954.

³ Gibbs, *Son of Jimmy*, p. 113, 118, 121.

example, four who had been admitted between forty-six and fifty years previously did not know “any other home except the leprosarium.”⁴ Jack Gibbs wrote that on the closure of East Arm, he and Nancy were the only ones left “because we had nowhere to go.”⁵ Mostly, these patients wanted to remain there for the rest of their days but governments could not justify the cost of maintaining the institutions for so few residents. High-dependence patients were moved to nursing homes or hospital wards. As Michelle Moran observed of Carville and Kalaupapa residents, if it came to a choice between a hospital ward and the settlement-styled leprosarium, Australian patients preferred the latter where there was at least some space and natural surroundings.⁶

Feelings of attachment by patients to the leprosaria were also premised on their importance as places where formative and often extraordinary experiences had jointly occurred. Children developed into adults, forged relationships and became parents. But they also forsook their newborns and regularly fare-welled their dying friends; they adjusted to a different way of life, and confronted severe illness, the probability of disfigurement and disability, and the prospect of early death. Patient communities at best were sources of mutual support against the suffering, loneliness and indignity of forced isolation, the strong helping the frail, the mature protecting and guiding the young.⁷ These shared distinctive experiences were the nexus of emergent collective identities among the patients and their offspring, defined by association with each particular leprosarium, and surviving decades after these institutions closed.

Oral history testimonials suggest that strong interpersonal connections were formed between some patients and the Sisters and that, to some extent, the latter also identified with the patient group. Sr Camille of Derby leprosarium explained, “we realised the terrible emotional trauma they went through. We had a tremendous bond.”⁸ As Katharine Massam has written of a comparable situation at New Norcia Mission, it seems difficult to reconcile this claim to the same emotional space as the patients with the missionaries’ role in upholding compulsory detention, the main cause of such “trauma.”⁹ Like the Indigenous mission residents of whom

⁴ Derby Leprosarium (report on future of leprosarium), October, 1985, p. 2 (HD, LEP-01v1; SROWA, Cons 4956).

⁵ Gibbs, *Son of Jimmy*, p. 121.

⁶ Moran, *Colonizing Leprosy*, pp. 198-200.

⁷ For example, when Laurelle D’Antoine said that when her young son was taken to Derby Leprosarium, “The Aboriginal people out there were very very good to him...He started to get used to the people and I’ve got a lot of time for them. People like Gabby Dolby used to take him fishing and camping so he wouldn’t have time to think about his illness and family.” (Wright, *Full Circle*, pp. 209-210).

⁸ Sr C. Poidevin, interview with C. Robson, 2008.

⁹ Katharine Massam, ““That there was love in this home;” The Benedictine Missionary Sisters at New Norcia,” Amanda Barry, Joanna Cruickshank, Andrew Brown-May and Patricia Grimshaw (eds.),

Massam writes, leprosarium patients did not necessarily align their religious carers with the government policies that saw their removal from their families. Some instead, identified with the women, seeing them also as dislocated from family life and distant homes. They highlighted their constancy and care, sometimes contrasting them to what they felt was desertion and coldness by government officers.¹⁰ A patient from Derby leprosarium said that “they are like my own sisters” and when one died, he wrote, that she “looked after me for so long, it is hard to believe she won’t be around.”¹¹ Sandy Boyd, a patient who spent many years at Fantome Island, described the Sisters as “better than your own family.”¹²

The leprosarium was seen as a shared exile, giving rise to what former Derby medical officer, Dr Holman, described as “an unbreakable bond...between everyone who knew ‘the lep’, whether as patients or staff.”¹³ Despite the differences in their positions, staff and patients shared the experience of isolation and of coping with conditions over which they had little control. So, rather than divide Sisters and patients, restrictive state policies served, at least in some cases, to meld them together, to form, in Massam’s words, “a family of outsiders.”¹⁴

Some ex-patients’ memories indicate that their relations with the Sisters had been fractious but, with the passage of time and changes to life circumstances, their perspectives of the women had softened. One man remembered that “Sr Benedicta was the toughest when we do wrong things, like smokes and so on. We were bad – we knew we were bad at East Arm.”¹⁵ With a hindsight not uncommon to past pupils of many a strict schoolteacher, some patients expressed gratitude for this uncompromising approach. One ex-patient of Derby recalled when he used to “get stubborn for small things and neglect my dressings and there she was, Sr Francis, as stern as she was, giving me orders.”¹⁶ Philomena, a Northern Territory ex-patient, was grateful that she had a strict upbringing with the Sisters, contrasting it with what she considered the lax attitude of the younger people in her community to work. The Sisters “taught me right from wrong. That’s the good thing about them missionaries, I suppose. They tell you to do this and that.”¹⁷

For many of the Sisters, particularly those of the SSJG and FMM who had very long

Evangelists of Empire? Missionaries in Colonial History, Melbourne: School of Historical Studies, The University of Melbourne, 2008, p. 202.

¹⁰ “Mary,” JCU ID 521; Eileen Pan, ‘Pray for Us’ in Bibby, *The Telling of Stories*, pp. 58-59.

¹¹ SSJGB, 2.42Y, Former patient and family (names confidential), “In Memory of Sr Francis Dunne.”

¹² S. Boyd, interview with S. McHugh, 198_?

¹³ Dr Lawson Holman quoted in Tom Mackay, ‘The Era of “The Big Sick Ends,”’ *Headway: The Magazine of the Health Department of Western Australia*, Sept/Oct., 1986, vol. 2, no. 5, p. 14.

¹⁴ Massam, ‘That there was love in this home,’ p. 202.

¹⁵ Yawirongga quoted in Cawte, *Healers of Arnhem Land*, p. 63.

¹⁶ SSJGB, 2.42Y, Former patient and family (names confidential), “In Memory of Sr Francis Dunne.”

¹⁷ Philomena Kerinaiaua, in Quall, *So Far From Home*, p. 30.

associations with the work, the leprosaria and the patients were core to their lives. As with the patients, some had hardly known a life other than this one. Mothers Peter and Alphonsus, aged in their seventies, were still on duty at Fantome Island and Derby in the 1970s, the former having left for a brief time in the 1940s to enter the FMM congregation so that she could continue her work. Other Sisters who could not remain onsite lived for much of their retirement within the communities of their former patients, at Derby or Palm Island, for example.

In appeals to the government in 1969 and 1970 to keep the leprosarium open rather than sending the last patients to Palm Island hospital, the Fantome Islander superior evinced concern for the future of both the remaining patients and the Sisters. “I think it would be too bad to take away their freedom on this beautiful Island.”¹⁸ She then adopted the same rationale as that of the SSJG Sisters forty years earlier when they were requesting the Channel Island nursing work. “Above all for the spiritual good of such patients so much could be done... We should be sorry to see these poor patients go back to drink themselves to death or to be more or less outcasts among the people.”¹⁹ Again, Indigenous patients were depicted as prone to moral decline and abandonment without the Sisters’ influence and support. And, again, there was a sense that, however devastating the separation of one group from the other would be to the patients, it would be at least equally so to the Sisters themselves.

It was not only the link to the individual patients that was important, especially to younger Sisters who had to consider their future positions in the event of the closure of the leprosaria. Sr Camille decided to leave Derby leprosarium when she knew it was going to close. “I didn’t want to be caught out. In 1974, I did child and maternal health in the eastern states then went to Pilbura, then to Balgo, then to Derby where I was a public health nurse for West Kimberley.”²⁰ As it turned out, several leprosarium Sisters were able to continue to use their professional skills to some extent. Two of the Derby Sisters continued to work in public health at the new Kimberley Disease Control Unit compiling and maintaining a sexually-transmitted diseases register.²¹ East Arm Sisters joined the Territory’s new centre for Hansen’s disease control at Katherine in the role of educators of Aboriginal health workers and lay nurses.²² Those from Fantome Island young enough to continue working were posted to Mt Isa to take up pastoral

¹⁸ QSA Item ID505023, Correspondence, Aboriginal and Torres Strait Islander, letter from Sr Bellemare to Mr Killoran, 7/9/1969.

¹⁹ QSA Item ID505023, Correspondence, Aboriginal and Torres Strait Islander, letter from Sr Bellemare to Mr Killoran, 25/8/1970.

²⁰ Sr C. Poidevin, interview with C. Robson, 2008.

²¹ Sally Murray, *We Never Counted Hours: A Brief History of the Kimberley Disease Control Unit*. Derby, WA, Sep 2002 (Priv pub), pp. 3-4

²² Sr K. Leahy, OLSH, ‘After ’39 Years’ – Farewell to East Arm,’ *Annals*, 1982, p. 6.

work. Sr Antoinette from Derby leprosarium, middle-aged in 1978, perhaps spoke for many of her generation of leprosarium Sisters, confiding to another Sister, “I realise that the work is not the ‘be all and end all’ of everything – but combined with the apostolic activity – no doubt, it leads us all closer to the Lord.”²³

Former patients, Sisters and doctors have found it important to commemorate their leprosarium experiences. On particular occasions, groups have gathered at their respective sites – now dry and silent places – to exchange stories, mourn those in the graves, and pick their way through the crumbling remnants of their past. Sadly, due to government sanitation practices, most buildings have been destroyed, except for at Derby, the last to close. Three of the four leprosarium sites in this study – Channel and Fantome Islands and Derby – have been granted government heritage status, officially acknowledging the vital roles they continue to play in attesting to past Indigenous health policies and as places of community belonging and shared memories of former staff and of patients and their families.²⁴

But to divert one’s gaze from these repositories of memory to the people themselves is to realise that death, loss and sorrow are not the only legacies of the Indigenous leprosarium system. And that Dr Cilento’s chilling pronouncement in the 1930s that Indigenous leprosarium patients, once detained, should never return to their home communities was not sustained. Not only did hundreds of people survive to live long lives outside the leprosarium, but they picked up the threads to take their places once again in society as family and community members. Many went on to become powerful and inspirational figures in both their own communities and in the general fields of Indigenous culture, health, religion, and rights movements. Some who have appeared in the public record may be mentioned here: Uniting Church minister, artist, land rights activist and community elder, Dr Gawirrin Gumana of north-east Arnhem Land; health worker, Molly Wardaguga of Maningrida; senior Kimberley lawman David Mowaljarlai; Turkey Creek artists, Timmy Timms, Paddy Bedford and Winnie Budburia, also a community Catholic religious leader; and Queensland elder, Selwyn Eggmolesse.²⁵

²³ SSJGB, 2.4K, letter from Sr Antoinette Kelly SJG to Sr Stella SJG, 7/10/1978.

²⁴ Channel Island: Commonwealth Government Heritage Register Place ID 14869, 14/5/1991; Derby: WA State Heritage Register Place No. 02980; Fantome Island: Queensland State Heritage Register Place ID 602798, 8/6/2012.

²⁵ Nicolas Rothwell, *Another Country*, Melbourne: Black Ink, 2007, pp. 11-19; Sue Kildea, ‘Molly Wardaguga’, *Aboriginal and Islander Health Worker Journal*, Nov/Dec 2005, vol. 30, no. 6, pp. 3-5; *Visions of Mowanjum: Aboriginal Writings from the Kimberley*, Adelaide: Rigby, 1980, pp. 97-99; Michiel Dolk, ‘Are we Strangers in this place?’ in Paddy Bedford with Russell Storer, *Paddy Bedford*, Sydney: Museum of Contemporary Art, 2007, pp. 17-19; *From Digging Sticks to Writing Sticks*, pp. 146-153.

What seems to have set these people apart is perhaps best articulated by Dr Gumana who attributes his world perspective partly to many years spent at Channel Island and then at East Arm: "I have three angles now on life and I try to make them agree with one another: the Yolngu, the Western and then there is God's, above all, looking down ...I was still a warrior but not with spears, no, with my speech and tongue."²⁶ Ex-patients have been effective leaders because they have been able to gain some understanding of both Western and Indigenous world views and they are adept at operating in both spheres. These people never lost their longing for their land. They were able, to a large extent, to maintain their spiritual links whilst in the leprosaria by painting, singing, dancing and speaking language. At the same time, the multiculturalism that functioned in the Indigenous leprosaria saw patients share their lives with those of other backgrounds, presenting few barriers to their familiarisation with diverse cultures, languages and religious/spiritual beliefs. Education in English, Christianity and Western ways by the Sisters empowered traditional Indigenous patients in their later interactions with white Australians at various levels. Specific skills learnt in the leprosarium have been seen by patients as beneficial in their own personal survival and development as well as in assisting others in their communities.

There is perhaps some mitigating irony in the idea that institutions defined by their austerity and oppression of freedom have played host to lively exchanges of cultural practices and religious beliefs. It suggests that the patients did not accept wholesale the single cultural and religious model promoted by the Catholic missionaries; they chose those aspects that resonated for them and that could be incorporated into their own existing systems of belief. Testimonies of some ex-patients suggest that the Judaic-Christian scriptures offered an explanation of, and sometimes an antidote to, the depredation and disease inflicted upon them by colonialism. Noel Loos has put it this way: "Aboriginal Christians had experienced the crucifixion of colonisation and contempt. Now it seemed that as a people they would experience the triumph over suffering of the resurrection."²⁷ His observation aligns closely to accounts given by Gija people Paddy Bedford and Winnie Budburria of the Eastern Kimberley, both of whom first encountered Christianity in the Derby leprosarium. For Bedford, the persecution of Christ by Roman soldiers paralleled atrocities visited on family members and friends by European settlers in the Kimberley:

When we got to know the story of Jesus we said 'That's Our Story.' We were like Jesus- he was killed too. ... We were crying for our people who were killed. That's why we can like Mary and Jesus. They are like us Aboriginal people.²⁸

²⁶ Gawirrin Gumana quoted in Rothwell, *Another Country*, p.13.

²⁷ Loos, *White Christ, Black Cross*, p. 15.

²⁸ Bedford, 'God Knows', in Bibby (ed.), *The Telling of Stories*, p. 37. Killings of Indigenous people at Bedford Downs and Mistake Creek in the first half of the twentieth century have been revisited in the

Budburria saw Christianity as a healing force, enabling her to “get really better for going back to our home country.”²⁹ After only a few years in the leprosarium she was discharged and became an enthusiastic catechist, drawing a following known as the “Catholic mob” at Turkey Creek and, in the 1960s, at Kununurra. As typifies Aboriginal interpretations of Christianity, Budburria’s Catholicism was fused with Indigenous spirituality.³⁰ Budburria indicates that it was readily accommodated by the pastoral station people whose connections with “the other old way” had dissipated after many of the old people had been removed to government reserves decades previously.³¹ For Budburria, this form of Christianity represented a vital spiritual reinvigoration for a community beleaguered by loss, violence, and disease.

Former patients have remembered their experiences at the leprosaria with a variety of emotions, ranging from sadness to mirth, but among the accounts I have examined, only one person – my own interview respondent, “Warwick” – explicitly expressed a sense that as a leprosarium detainee, he had been deprived of his rights. He states that once he had not questioned practices such as the withholding of his wages and pension by authorities, but he later became more “politically aware” and remains clearly disturbed by a number of inequities he experienced.³² I am not suggesting that he was the only ex-patient to feel unfairly treated, but that in contrast to others, his life after discharge brought him the opportunity to view his own leprosarium experiences through the lens of burgeoning public controversy on the stolen generations and contested histories of race relations from the 1990s. It has in fact often been patients’ younger relatives and community members, more than the patients themselves, who have expressed anger and hurt at past leprosarium practices inflicted on their elders. To some extent, ex-patients seemed to have resolved some of this tension over the years, and their interviews projected a vision of a stable meaningful life, created through their own agency, therefore transcending the notion of victimisation. Their relatives, however, recognise that the leprosarium policies of the twentieth century targeted Indigenous people and they are not satisfied that the depth of the oppression has been fully plumbed and brought to general notice.

stories and art of Eastern Kimberley people, such as Winnie Budburria, Paddy Bedford and Timmy Timms (Pam Smith, ‘Conflict: Ways of Remembering’, *Journal of Australian Studies*, no. 91, 2007, pp.9-23; Marcia Langton, ‘Goowoomji’s World’ in Bedford, *Paddy Bedford*, p. 55.)

²⁹ Winnie Budburria quoted in *From Digging Sticks to Writing Sticks*, p. 149

³⁰ Kevin Shaw, *Mates: Images and Stories from the Kimberley*, Australian Scholarly Publishing, 2003, p. 4. N.B. The extent and nature of such syncretism cannot be ascertained here. As Noel McMaster CSSR has argued, “A critical and thorough assessment of the [Catholic]church’s cross-cultural evangelising among Indigenous people of the Kimberley is yet to be seriously undertaken”.(Noel McMaster, *The Catholic Church in Jaru and Gija Country*, Melbourne: David Lovell Publishing, 2008, p. 209).

³¹ Winnie Budburria quoted in *From Digging Sticks to Writing Sticks*, pp. 151-153.

³² “Warwick,” interview with C. Robson, 2011.

Conclusion

The founding of three leprosaria to compulsorily detain and treat Indigenous people in the far north of Australia in the decade after 1931 was a central initiative by the fledgling Commonwealth Health Department as a means to control the northern Australian Hansen's disease epidemic that undermined its vision of a strong healthy white nation. Several interest groups played a part in expediting the establishment of these institutions. Interwar tropical medicine doctors serving as senior government administrators planned them as high-standard treatment and research facilities within isolated self-sufficient agricultural settlements along the lines of some international leprosaria. The leprosaria were also governments' responses to public agitation by missionaries and humanitarians, concerned about the introduced disease and settler violence that threatened the Indigenous race. Pressure in some cases also came from local white people who feared for their own health while Hansen's sufferers remained unconfined. With support from the Vatican, Australian Catholic missionaries looked to the leprosaria to extend their apostolate to Indigenous people, conceptualising their work as a national duty, as well as a way to fulfill their personal missionary ambitions. The determination of both male and female Catholic religious to participate in Hansen's disease care resulted in the availability of teams of qualified religious nursing Sisters ready to step in when lay nurses were unwilling or unable to take up this work. Their appointment to all three leprosaria ensured that patients were provided with at least the same standard of nursing and midwifery care proposed originally by leprosarium planners. It also somehow reassured state bureaucrats when they were unable, as planned, to procure the full-time or frequent services of leprosarium doctors.

This study has argued that the presence of the Catholic religious nursing Sisters in these institutions was a major factor differentiating the management of Indigenous sufferers from that of most white sufferers in Australia. The differences were most evident in the Sisters' distinctive form of care and stewardship informed by their own personal religious and professional ideals, and their missionary ideology. The Indigenous patient for them was an individual with the potential for medical improvement and also for moral, intellectual and social transformation. It was to the Sisters' own model of Western Christianity and culture that their programs of training adhered: the pious virtue of manual work offset by the joy of theatre and festivity; the discipline of learning rewarded with the kudos of achievement, whether in a woven basket or the flexing of a nerve-damaged hand; and sexual passion diffused by musical aesthetics. Another consequence of the Sisters' presence was the powerful Christian influence brought to bear not only by the nursing Sisters themselves, but the communities of Catholic religious who accompanied them (priests, religious Brothers and other Sisters such as teachers),

the catechists, and the Protestant missionaries who answered such an overt Catholic presence with a redoubling of their efforts. Thus the civic Christian community of the leprosarium was forged.

The apparent transformation of culturally diverse and sometimes inimical groups of Indigenous people into a stable compliant community accepting of God's plan for them brought a new respect for the Catholic Sisters in the eyes of postwar governments, rendering safe their positions as leprosarium carers. The Indigenous Hansens sufferer, regarded by authorities as wildly irresponsible and almost impossible to confine, could be secured in the benign act of the civilising and Christianising process. If, during the war, the public had viewed the Sisters as military-style heroines of the battle for the nation's health, afterwards it was intrigued to find them performing, in yet another public service, the assimilation of the Australian 'native'.

This study has found that whatever hopes the Catholic Church had for the leprosaria to become Catholic missions, they were never entirely fulfilled, although at the most isolated institution, Fantome Island, evangelisation was given its best chance and here, proportionately more Catholic converts were made. While a large number of deathbed baptisms occurred at all leprosaria by the Catholic missionaries, proselytisation of the living was rarer due to resistance by missionaries and patients of other denominations, and vigilance by governments. Nevertheless, young patients became Catholics, entered into Catholic marriages and had children who were raised in Catholic missions.

The variety of backgrounds from which patients were drawn exposed the leprosarium populations to a range of different belief systems from which they could choose. However, they were able to retain their own cultural, religious and spiritual beliefs and practices, sometimes incorporating them with those fostered by the Sisters as they saw fit. Traditional art, music, dance and language were vital links to their original land and communities and their continued practice was, to some extent, encouraged by the Sisters as important sources of patient contentment. As a consequence, patients, particularly the younger ones, became familiar with a diverse range of cultural practices and languages.

Australian Catholic male religious eagerly embraced the Hansens apostolate, spurred by Catholic missionary propaganda portraying the Indigenous patient as in need of their solicitude. Many, however, who spent long periods at Channel and Fantome Islands found the leprosaria not only spiritually unrewarding but devastatingly isolated, and were consequently plunged into mental decline. Priests found Indigenous patients mostly unresponsive to their Christian

message and, although hoping to make the leprosaria their own personal missions, faced pressure to tailor their ministries according to the expectations of the Sisters. Brothers at Channel Island, too, found their vocational aims frustrated. The role of institutional superintendent sat uneasily on their humble shoulders and they missed the spiritual outlet of regular religious worship. But Church and government ensured they remained at their post, regardless of their own wishes, as an inexpensive and uncomplaining source of labour for the former and as a shield against Protestant and Communist ascendancy, in the case of the Church.

Concomitant with the Sisters' programs of reform, a harsher system of paternalism operated. Governments implemented strict methods of discipline and control, reflecting, in the case of the two state leprosaria, operations in Aboriginal reserves. The police force, prison cell and male superintendent were directed more to violent or absconding male patients, while the Sisters guarded or restrained female patients to prevent extramarital sexual liaisons. Another practice characteristic of managed Aboriginal settlements, the retention of wages and pension in trust, was carried over into the leprosaria. It was found that this practice, along with others regarding welfare payments - the insistence that only Indigenous patients pay a portion of their invalid pension for treatment and the failure to provide some financial assistance to patients' dependents, or to provide a 'leprosy allowance' equivalent to the Commonwealth Tuberculosis allowance - revealed a deep-seated anxiety on the part of all government authorities about the degeneration of the Indigenous to a life of indolence and squandering. Inmate labour, as in Foucault's early modern house of correction, was "both ethical exercise and moral guarantee."¹ The leprosarium, too, was "a moral city for those who sought, from the start, to avoid it."²

Patients expressed their opposition to regulations at the leprosarium and the policy of detention in the ways available to them. Many Indigenous people absconded, attempting to return to their homes, but others flouted sexual segregation and other rules, while a few wrote letters of complaint to the press or government. White patients and de-tribalised mixed descent patients generally, however, had easier access to more formal and effective avenues of protest. Although framed in terms of the violations of their status as Australian citizens, their complaints served to bring attention to inequities specific to traditional Indigenous patients. Religious and government authorities saw this group as injurious to their design of a harmonious and docile Indigenous institution and attempted to remove them, only sometimes with success. Infringements and rebellion by traditional Indigenous patients, on the other hand, were often

¹ Foucault, *Madness and Civilization*, p. 55.

² *Ibid.*, p. 57.

readily forgiven on the grounds of their natural innocence and susceptibility to corruption by the others.

This study has shown that a broad range of nursing and other healthcare services in addition to specific Hansens nursing was undertaken by the Catholic nursing Sisters. Before successful drug therapy was introduced, the Sisters worked creatively with basic principles and remedies to bring physical relief to the patients, and to reduce their debilitation. As effective Hansens therapies were introduced from the late 1940s, their tasks became more complex and specialised. However, only to a limited extent did this work facilitate patients' release from detention. The very fact that nursing and medical services were superior in the leprosarium compared with those in many Indigenous settlements and communities became justification for prolonging detention. Similarly the lack of welfare services and financial support available to disabled Indigenous people lessened the chances of their release.

From the late 1950s doctors and the religious Sisters worked to overcome systemic obstacles to patients' freedom and better health. The most obvious way they did so was in their combined efforts to implement programs of surgery, prosthetics and long-acting drugs. Other measures included clinical research, training Aboriginal health workers, and public education to try to reduce the disease's stigma. Some Sisters and doctors in this later period openly tackled parsimonious governments to press for reform. The advocacy by East Arm's young Mother Marion, particularly in pushing for more lenient discharge criteria, contrasted with the quiescence of older Sisters-in-charge, or those from the earlier days. While such efforts fairly quickly paid off at East Arm due to the federal government's concern with its international image, the Queensland government remained resistant to such changes during Fantome Island's period in operation, and the Western Australian government moved only slowly, leaving a large number of patients unjustly detained and with inadequate treatment up to the 1980s.

At the beginning of this work, some historiographical points were raised that will now be considered in the closing remarks. Rod Edmond's difficulty in fitting Australia's Hansens institutions into Foucauldian analysis can be resolved, now that the "Indigenous leprosaria" opened after 1931 have been shown as examples of Foucault's "institutions of therapeutic correction," albeit less austere versions.³ As Foucault predicted, here the patient "was taken in charge," replacing the "purely negative measures of exclusion" characteristic of Australia's older island 'leper' colonies of the late nineteenth and early twentieth centuries.⁴ Only at the

³ Edmond, *Leprosy and Empire*, pp. 174-6.

⁴ Foucault, *Madness and Civilization*, p. 44.

“Indigenous” institutions can the reforming imperative reminiscent of the corrective institution be witnessed. It was the Indigenous population in the Australian context, not the beggars of seventeenth-century Europe that were Foucault’s “class rejected or rendered mobile by new economic developments.”⁵

Edmond could not reconcile the role of missionaries as overseers in Hansens institutions with Foucault’s model. He argued that therapeutic institutions, based on preparing the patients for “re-entering social life” must have differed from those under missionary care, in which preparation for the after-life was the central concern, especially in the period prior to effective Hansen’s disease treatment.⁶ But as Foucault points out, and as my study has confirmed, the primary function of reform in the modern house of confinement was not to create individuals who could be useful to society, but to train them to become good Christian citizens of the institutions: “cities of pure morality, where the law that should reign in all hearts was to be applied without compromise.”⁷ Reform, whether undertaken by government or religious agencies, was essentially derived from Christian principles, for “virtue, too, is an affair of state”, as Foucault reminds us.⁸

I have suggested in this thesis that it was neither “indifference” nor “disinterest” towards Indigenous Hansens sufferers that defined Australian policy, contrary to arguments elsewhere. Rather, in the twentieth century, the Indigenous Hansens sufferer became the unwitting object upon which society projected many of its dreams and hopes. The patients were expected to play their part in a leprosarium that, although premised on a litany of injustices, was held up to reflect an enlightened, medically sophisticated, Christian nation. Little wonder that to throw away this mirror was indeed a wrench.

⁵ Foucault, *Madness and Civilization*, p. 45.

⁶ Edmond, *Leprosy and Empire*, p. 177.

⁷ Foucault, *Madness and Civilization*, p. 56.

⁸ *Ibid.*, p. 56.

Abbreviations for sources

ABM	Australian Board of Missions
AGPS	Australian Government Publishing Service
ACR	Australasian Catholic Record
ATSI	Aboriginal and Torres Strait Islander
ADB	Australasian Dictionary of Biography
DHHA	Department of Health and Home Affairs (QLD).
DHMS	Department of Health and Medical Services (QLD).
DOLSHK	Daughters of our Lady of the Sacred Heart Archives, Kensington, NSW
FMMS	Archives of the Franciscan Missionaries of Mary, Summer Hill, NSW.
JCU	James Cook University
MJA	Medical Journal of Australia
MSCK	Missionaries of the Sacred Heart Archives, Kensington, NSW.
ML	Mitchell Library
NAA	National Archives of Australia
NLA	National Library of Australia
NTL	Northern Territory Library
PHD	Public Health Department
QSA	Queensland State Archives
SSJGB	Sisters of St John of God Archives, Broome, WA.
SMH	Sydney Morning Herald
SROWA	State Records Office of Western Australia
TCA	Archives of the Catholic Diocese, Townsville, Queensland.
TCN	Townsville Catholic News
The Annals	The Annals of Our Lady of the Sacred Heart

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“Sister Helen” (former nurse, East Arm Leprosarium), typed transcript, recorded at DOLSH Convent, Kensington, NSW, 18/08/2008, name withheld.

“Sister Jeanne” (former nurse, Channel Island and East Arm Leprosaria), typed transcript, recorded at DOLSH Convent, Kensington, NSW, 18/08/2008, name withheld.

“Warwick” (former patient, Fantome Island Leprosarium), typed transcript, recorded 07/06/2011, location and name confidential in accordance with UNSW Ethics Panel requirements.

Carroll, Sr Benedicta OLSH (former nurse, Channel Island and East Arm Leprosaria), typed transcript, recorded at DOLSH Convent, Kensington, NSW, 09/09/2008.

Kearney, Fr Joseph SAC (former visiting priest, Derby Leprosarium), typed transcript, recorded at the Pallottine Rossmoyne Community, WA, 5/10/2009.

Poidevin, Sr Camille SJG (former nurse, Derby Leprosarium), typed transcript, recorded at Derby, WA, 17/11/2008.

Whelan, Sr Marion OLSH (former nurse, East Arm Leprosarium), typed transcript, recorded at DOLSH Convent, Kensington, NSW, 12/08/2008.

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