

Memoirs of the Queensland Museum | **Culture**

Volume 11

Queensland Remembers 1914-1918

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National Library of Australia card number

ISSN 2205-3220

E ISSN 2205-3239

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Typeset at the Queensland Museum

The Last Resort: the experience of First World War returned soldiers in the Dunwich Benevolent Asylum and the Dunwich Inebriate Institution

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Jackson, L. 2020. The Last Resort: the experience of First World War returned soldiers in the Dunwich Benevolent Asylum and the Dunwich Inebriate Institution. *Memoirs of the Queensland Museum – Culture* 11, p. 155-170. Brisbane. <https://doi.org/10.1082/j.2205-3239.1110.011>

Over 450 men who returned from fighting overseas during the First World War were admitted to the Dunwich Benevolent Asylum on North Stradbroke Island. The Asylum had been established at Dunwich in the 1860s to house and care for people who were unable to provide for themselves. Many returned soldiers who were suffering from the long-term effects of wounds, trauma, shell shock, gas, tuberculosis, venereal disease, and enduring mental illness sought shelter and support at Dunwich. Almost all the veterans who were admitted to the Asylum became inmates of the Inebriate Institution, which was part of the Asylum at the time. This was not necessarily because they were alcoholics, although some were, but also to create an illusion that the soldiers were receiving better treatment than the general population of the Asylum. Despite public concern and expectations that returned soldiers would be looked after well, the facilities at Dunwich provided the men with only their basic needs, and not the specialised medical care, psychological support and rehabilitation the returned soldiers required. Many soldiers died as inmates and were buried in the Dunwich cemetery in graves that are now unmarked. The experiences of these returned soldiers demonstrates the impact that a lack of understanding of war trauma had on the veterans who did not have the security and stability of family life to provide the environment necessary for recovery from wartime experiences. For men without families to nurture and support their return to civilian life, the Asylum was a place of last resort.



returned soldiers, First World War, Dunwich Benevolent Asylum

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FIG. 1. Four men leaning on a fence overlooking the Benevolent Asylum at Dunwich, 1938. State Library of Qld, Negative number: 53682.

Over 450 men who returned from fighting overseas during the First World War were admitted to the Dunwich Benevolent Asylum on North Stradbroke Island.¹ In the early years after the war, these returned servicemen were suffering from a range of conditions, including shell shock and mental trauma, alcoholism, tuberculosis from the effects of gas, loss of limbs and other war-caused injuries affecting their health and employment opportunities. By the 1930s and 1940s, returned servicemen were entering the Asylum because they were aging and had no money or family to support them.

For tens of thousands of returning men, the task of caring and nurturing their recovery was done inside families, primarily by mothers, wives, sisters and daughters. However, the Queensland soldiers who did not return home to the security, warmth and privacy of a family were forced to live life in public – moving between various Red Cross, YMCA and Salvation Army Homes around Brisbane, and between regional towns as they searched for work. In general, the men who became Benevolent Asylum inmates were single, unemployed and destitute. Many were homeless and living their lives on the margins of society. The Dunwich Benevolent Asylum offered these men a bed and three meals a day. The Asylum was consistently under-resourced, poorly staffed and crowded, and the accommodation was barely adequate. But for the veterans who did not have family support, or whose lingering war trauma meant that care for them at home was not an option, the Asylum was their place of last resort.

This paper examines the lives of some of these 450 individual soldiers. All the soldiers mentioned were inmates of the Asylum at some stage, some only for a few weeks, others for many years. Some came and went over decades. For the many who never married or had their own children, government records are the last remaining trace of their lives: their military service records, and the admission forms kept by the Asylum shed faint light on their experiences. The files compiled by the Commonwealth Government's Repatriation Department (the Repat) record their ongoing battles with the government for recognition of their

ongoing health conditions, and for financial sustenance to support them while they rebuilt their lives.

TWO INSTITUTIONS, ONE LOCATION

The Dunwich Benevolent Asylum (figure 1) was established by the government of the new colony of Queensland on North Stradbroke Island in 1865. Its purpose was to house and care for people who were unable to provide for themselves – the poor, the disabled, diseased, the old and infirm, and in some cases, those with untreated mental illness. It was a major institution, with over 1100 inmates at the turn of the century. It served the whole of Queensland.

Within the Asylum, an Inebriate Institution was established to manage alcoholics. For a few years the Inebriate Institution operated on Peel Island, but it was moved back to Dunwich just as men started returning from the First World War. Of the 450 soldiers admitted to the Benevolent Asylum, at least 220 were admitted specifically into the Dunwich Inebriate Institution in the years between 1919 and 1925.

WHO WERE THE RETURNED SERVICEMEN IN THE DUNWICH BENEVOLENT ASYLUM?

The returned soldiers who were admitted to the Dunwich Benevolent Asylum and the Dunwich Inebriate Institution came from all around Queensland, and from a wide variety of backgrounds. There were veterans from the British, New Zealand and Canadian armies. Some had served at Gallipoli and in the Middle East, most had endured the battlefields of the Western Front in France or Belgium.

The servicemen who became inmates of the Asylum share certain characteristics:

- They were generally older than most soldiers – over half of the returned soldiers who were admitted to the Dunwich Benevolent Asylum were over the age of 35 when they enlisted. Less than 10% were young men under 25. Many lied on their enlistment papers, claiming to be 45 (the official cut-off for enlistment) when they were actually older.

- Many were veterans of the Boer War or other previous conflicts.
- Over 85% were unmarried. In the general population, only around 30% of men in the total population over 25 years old were single (Commonwealth Bureau of Census and Statistics, 1924).
- They had little or no extended family support in Queensland. A substantial number cited their next-of-kin on their enlistment papers as their parents or living somewhere in Britain.
- They struggled to find permanent employment, if they had any job at all. After the war, unemployment in Queensland was around 11%, and up to about 25% in the agricultural, pastoral and mining sector where a lot of soldiers had worked pre-war. Unemployment rose to over 30% by the late 1920s, and work for returned soldiers was difficult to find. Large numbers of returned soldiers were itinerant – travelling around country areas with a tent and a swag, looking for whatever work they could find.

Many of the returned servicemen in the Asylum enlisted late in the war. As the battles in Europe dragged in, the military was forced to widen its enlistment criteria to achieve its recruitment targets. Men who had previously been rejected for being under-height, too old, or of limited intellectual capacity were able to join up. Handwritten notes on some of the service records of men who enlisted late in the war (and subsequently became Asylum inmates) indicate they were probably unsuited to military service:

This man is slow-witted and mentally defective. His condition is not likely to improve. This man was only placed under arrest for safe custody. He is absolutely unfit for the work of this unit. (Keys NAA)

Walks with a marked limp and is quite useless for any military service. Should be never have been enlisted. (Kennedy NAA)

Unable to stand the stress of service. Should never have been allowed to enlist. Aged 54 claimed to be 44. (Hannibal NAA)

BECOMING AN INMATE

From 1919 until 1925, almost all returned soldiers who spent time in Dunwich were admitted to the Inebriate Institution, rather than the general Asylum. There were two ways to be admitted to the Dunwich Inebriate Institution at this time. People were able to 'check themselves in' and be admitted for rehabilitation by declaring to the courts they were seeking treatment for alcoholism. Others were sentenced to the Institution by a magistrate after being repeatedly picked up by the police for vagrancy or for being drunk. Soldiers brought before a magistrate usually received a three-month term, sometimes longer (figure 2).

There is evidence that military authorities, doctors, and charities such as the Red Cross, actively encouraged soldiers to self-admit to Dunwich as a way of getting troublesome men off their books. After grappling with the challenging case of a particular returned soldier, one doctor wrote:



FIG. 2. Illustrated Front Cover from The Queenslander, November 24, 1927 by Garnet Agnew. State Library of Qld, Image number: 702692-19271124-s001.

Sometimes the Health Dept expect (sic) me to find a place for all the derelicts of Brisbane and neighbourhood. I persuaded him after a lot of bother to go to Dunwich. It is exasperating sometimes. (Manners NAA)

The Repat even brought charges against soldiers to try to get them committed to the Institution under the *The Inebriates Institutions Act of 1896*, in some cases against their will. One such soldier was sentenced to three months in 1918, despite not claiming a service pension, and having good family support. His comments to the magistrate were reported in the press: 'After what I have done for England and Australia, to be sent away for three months' punishment, it is a hard-boiled egg!' ('Returned soldier detained' 1918, *Daily Standard*, 27 June, p. 7).

LIFE IN DUNWICH

Dunwich was portrayed as a place where returned servicemen would be offered an opportunity to recover from their war experiences and receive appropriate treatment for their alcoholism. For those suffering from shell shock, or from war-caused injuries affecting their employment prospects, the Island environment offered 'sea air', space for quietness and contemplation, companionship, rest and good food. In the case of ex-soldier Joseph Slack, a concerned friend wrote on his behalf to the Repat: '...the Medical Officer advised him to go to a 'Home for Soldiers' at Dunwich, where there were nurses and doctors, plenty of fishing etc, and three months holidays there would set him up again' (Slack NAA). Another ex-soldier John Kelly told his doctor he was '...trying to get into the Dunwich Benevolent Home, where he hoped he would be able to pull himself together' (Kelly NAA).

However, the realities of day-to-day life for the soldier inmates in Dunwich were basic. The men were housed in large dormitory-style rooms and took their meals in the communal Mess Hall. There were always complaints about the quality of the food, tea and tobacco. The Asylum was often filled beyond its capacity and crowded. When beds in the 'Soldier's Ward' were filled, men were

accommodated in the Top Tents, a group of semi-permanent shelters where inmates could have some privacy, and perhaps grow a few vegetables and cook for themselves over an open fire (figure 3).

If inmates had financial means, they were required to make a contribution towards their board (figure 4). Men were usually charged between 14-17 shillings per week. Service pensions were paid directly to the Asylum, and soldiers were paid an allowance of 12 shillings per fortnight 'while being maintained...at the public expense' (Carlill NAA). Some soldier's families contributed cash directly to the Asylum, to afford a few extra comforts and make life more bearable for their relatives. Stanley Read's family wanted him well-cared for in the Asylum, so they paid more than the required 34/- per fortnight, and his wife left money with the staff so he could receive a weekly shave (Read QSA). This was a rare situation.

The Medical Superintendent had substantial disciplinary powers over inmates, who could be discharged for inappropriate language or bad behaviour (Mangan QSA). Violence against other inmates was not tolerated – when James McGregor was convicted of assaulting a fellow inmate in 1935, he was sentenced to two months in prison, and the Asylum requested he not be returned (McGregor QSA). Patrick O'Gorman was 'Readmitted on the understanding that he will obey the rules and regulations governing the Institution' in 1943, after previously making a nuisance of himself (O'Gorman QSA). There were strict rules against fraternisation with the female inmates, and with the Aboriginal people who lived on the Island.

For some men, life in Dunwich was more bearable and comfortable than on the streets of Brisbane or country Queensland, and they lived in the Asylum for months or even years. Others were not so fond of the place, such as the case notes of this soldier suggests: 'States that the last week here spent in Dunwich was the worst week he spent in his life' (Rogers QSA). Another soldier resorted to poetry to express his feelings about being confined to a beautiful but desperate place:



FIG. 3. Tent Town in Dunwich, Queensland, Ca. 1928. State Library of Qld, Negative number: 59294.



FIG. 4. Waiting for their meal at the Dunwich Benevolent Asylum, 1938, SLQ negative number: 67206.

Dunwich most beautiful, Dunwich most horrible,
 Dunwich the place of a million tears,
 God made thee lovable, man made thee damnable,
 Who can translate they depressing fears,
 Set in the midst of an ocean of loveliness,
 Thy beauty a vampire, that lures to destroy,
 Into the misery 'mongst all the brokenness,
 They break him once more, the fool soldier boy.'
 ('Soldier inmates' 1918)

'THE REPAT'

When the Repatriation Department was established in 1917-18, it was the first of its type in the world (Lloyd & Rees 1994). The Commonwealth Government, with no previous experience in delivering health, education, land settlement or housing programs, took on the responsibility of resettling veterans back into civilian life. The Repat established local committees to look after the returned servicemen in their area. These committees were responsible for processing applications for benefits, conducting investigations into applicants, administering allowances, finding appropriate employment opportunities, overseeing medical treatment, and dispensing grants for furniture, equipment and transport.

The repatriation scheme provided sustenance payments to returned servicemen until employment was available (Commonwealth of Australia 1918). A veteran was required to accept any job offered, even if the job was not suitable, or was located far away. Many men travelled from town to town around regional Queensland, living in tents or hostels, working where they could in mining, the emerging sugar cane industry, timber cutting, fencing or land-clearing. Others earned sustenance payments by clearing the prickly pear which was taking hold of valuable farmland. Some applied to the Repat for loans to purchase tents and equipment for their jobs, or to pay the costs to travel to an employment opportunity. Some applied for funds to buy or establish a business, but most were rejected. In some cases, the men gained a Soldier Settlement allocation of land, but these ventures were very rarely successful.

The key documents underpinning the Repatriation Scheme were the medical records collated during their service overseas, and the examination each soldier underwent before they were officially discharged: 'A soldier's medical documentation, or its absence, was decisive in the process of determining eligibility for war pensions and repatriation benefits' (Lloyd & Rees 1994, p. 135). Unfortunately for many veterans who were anxious to be reunited with loved ones, fears of a delayed discharge may have caused a reluctance to report their true medical condition. These medical records were later used in the process of determining their eligibility for war pensions and repatriation benefits, and if a particular injury or condition was not properly documented, the soldiers' application for benefits was refused.

Similarly, a soldier's medical records from the front had an impact on the treatments he could receive at home. Back in Australia, Alfred Horne suffered repeated bouts of malaria, but the Repat would not grant him a pension because he had not been diagnosed with malaria while serving overseas (Horne NAA). Edmund Kickham's claims that gas had affected his lungs were dismissed because it was not recorded on his file, and because he had spent time in the outback towns of Winton and Roma, the Repat dodged responsibility: 'Bronchial trouble is common in civilians of that age who are engaged in labouring work in the west' (Kickham NAA). John McBride's file recorded 'trench fever' in France in 1917, not 'trench feet', so when he was hospitalised with gangrene and lost several toes upon his return, the Repat denied his war service was the cause (McBride NAA). Dental treatment was only offered where 'loss of teeth was due to gunshot wounds on active service' (Teare, NAA).

The reliance on service medical records had major impacts on the lives of men who had suffered mental trauma which may not have been obviously present at the time of discharge. Men like Harold Lapworth, who married, had children and built a happy family life after the war. However, he always struggled to hold down a job, and he gave up driving in 1929 because of his nerves. Despite his limited capacity for work, he never received treatment for

psychological trauma, and his family received only limited financial support. He became increasingly distressed in the late 1930s when the world was again sliding towards war. His anxiety and mental deterioration – remembered by his children – led to aggressive behaviour that was out of character, and eventually to his committal to the Goodna Mental Hospital (J Lapworth & A Rudd 2018, pers. comm 28 Feb). When he was stable, he was sent to Dunwich where he died in 1942, aged 48.

SHELL SHOCK

Two of the most prevalent First World War illnesses were tuberculosis and shell shock (Larsson 2009). Tuberculosis had clear symptoms and treatment, but people suffering the more ill-defined behaviours of shell shock was new territory for medical practitioners and the community in general. The phrase ‘shell shock’ was first used in 1914, initially in medical journals, but soon spread into general usage and was widely understood to explain the unusual behaviour exhibited by returned soldiers, including nervous tics, paranoia, delusions, memory loss, insomnia, flashbacks, melancholy, dementia and nervous breakdowns (Winter 2000). As the war progressed, the medical profession shifted its understanding of shell shock. It was initially thought to be a physical injury to the brain caused by the impact of exploding shells near the skull, but research began to emerge of it being a psychological condition. Although the medical profession was learning more, the dominant view within the military was that shell shock was a weakness of character, caused by cowardice and lack of mental strength. Service records note ‘neurasthenia’, ‘hysteria’ or ‘war neurosis’. There were not enough trained psychiatrists or beds in military hospitals to treat the victims, and many struggled with their problems throughout life without any help (Millen 2012).

Soldier Lovatt Davidson (figure 5) described his health like this in 1918:

I hereby declare that my condition if anything is worse than at the time of my discharge. I suffer with palpitations,

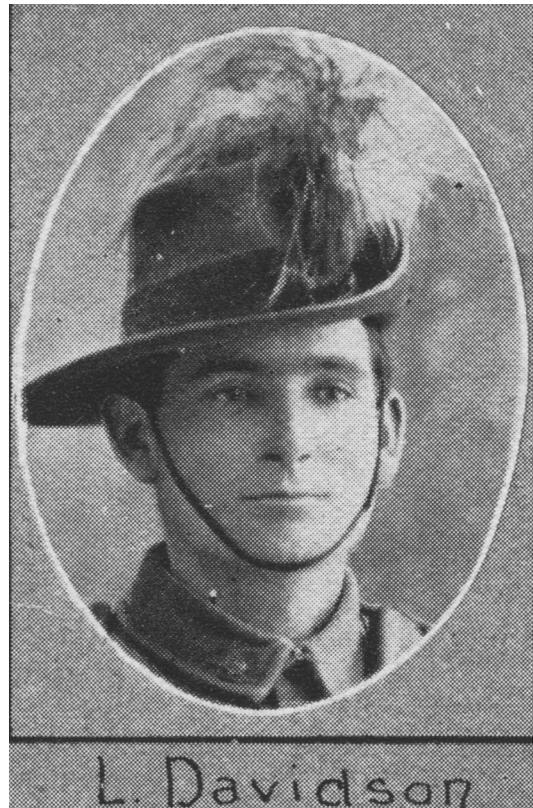


FIG. 5. Soldier Lovatt Davidson. State Library of Qld, image number 702692-19150724-s0022-0011.

giddiness and shortness of breath. For some time past I have not been sleeping well and have gone off my food. My nerves are giving me considerable trouble and I am shaky, the least excitement knocking me over. (Davidson NAA)

After several months in the Inebriate Institution in 1925, circumstances were no better for him:

‘At night I am unable to sleep properly through pains in my body and my heart. I have to sit up very often to get my breath again. I also get very bad dreams of which I cannot explain the sensations. These dreams leave me very weak. (Davidson NAA)

For some former soldiers, their wartime trauma took years to affect their mental and physical health. William Hutton received a Military Medal for

‘conspicuous gallantry and devotion to duty’ during the attack on the Hindenberg Line in September 1918:

‘...it was greatly due to Gunner Hutton’s grit, courage and determination throughout that the efficient service of the gun was maintained.’

He was gassed several times in France. On his return to Australia, he worked for Cooks Travel, and tried to resume a normal life. However, by 1933 he applied to the Repat for a pension because of gas and shell shock. He claimed: ‘I am unable to sleep at night time. If I happen to doze off I awake up suddenly in a fright as a result of bad dreams.’ He talked of experiencing nervousness, hallucinations, deafness and crying. His pension is rejected by the Repat because his ‘Neurosis is probably started by alcohol excesses in London when times were prosperous and now aggravated by economic troubles’ (Hutton NAA). When Hutton was admitted to the Asylum in 1935 because of a ‘complete breakdown due to war service’, the Medical Superintendent tried to refer him to the Military Hospital, but the Repat rejected him. He died three years later, aged 48 and is buried in an unmarked grave in Dunwich.

ALCOHOLISM

The Repatriation Department refused to accept alcoholism as a war-related condition. The use of alcohol or other drugs was never considered to be related to a veteran’s military experiences, and inebriate ex-soldiers had a harder time than others in maintaining their service pensions. Veterans who fronted up for their regular medical showing any evidence of drinking had their pensions immediately cut or completely cancelled. Even when the Repat accepted that an ex-soldier was suffering shell shock, any evidence of alcohol consumption overrode their compassion. The Repat declined Robert Teare’s application for support as early as April 1918, despite repeated hospitalisation for shell shock, because ‘his condition is accentuated by overindulgence in alcohol.’ He was admitted to the Inebriate Institution a few times, but the Repat continually rejected his pension applications ‘due to age and habits’, and because his ‘present condition is due to post-war causes’ (Teare NAA).

When George Spry Bartlett applied for pension because of his ‘neurosis due to war service’ in 1938 it was declined by Chief Medical Officer Minty: ‘There is a history of alcohol being taken to mitigate the nervous effects of previous indulgences.’ His psychologist was even harsher, writing to him ‘...a peculiarity concerning the particular neurosis from which you suffer is that patients do better if they face their responsibilities than if they do not’ (Bartlett NAA).

Even a Military Medal and the loss of an arm did not secure a pension for life, as in the case of Albert Lambert. At five foot three, Albert Lambert was initially refused entry to the Army for being under-height, but eventually was able to enlist and served in France. He was awarded the Military Medal for repeatedly returning to No Man’s Land to rescue wounded men under heavy fire. The citation praised his ‘splendid example of bravery and coolness under fire’. Later in the war, his arm was amputated below the elbow after a mortar shell shattered the bone, and he returned to Australia with a pension of 1/1 per week for 6 months. The Repat refused him treatment soon after returning home, because of his alcoholism. His file notes ‘Admits alcohol but says his stump has been painful and irritating...that this has driven him to drink.’ He worked at a mental hospital in Melbourne as a messenger. By 1921 he was working in Murwillumbah as a banana chipper. ‘The arm does not chafe at all and I use it for everything.’ His last correspondence with the Repat is in 1923 and has him writing ‘I will be able to carry on by myself, thanking you’ (Lambert NAA). He was admitted to the Inebriate Institution at least four times in the 1920s, and into the Benevolent Asylum another four times until he died in 1944 aged 63, with no money, no property. He is buried in Dunwich Cemetery in an unmarked grave.

A soldier’s admittance to the Inebriate Institution should not define them as being an alcoholic. Not all the men who were admitted to the Inebriate Institution suffered an ongoing problem with alcohol. Many simply consumed large amounts of alcohol sporadically – and the contemporary newspapers reported the subsequent brawls, broken shop

windows and car accidents that resulted. And after a three or six month in stint in Dunwich, most went back to their lives. Despite at least two terms in the Inebriate Institution in 1921, William Darby became an outspoken prohibitionist, writing regular letters to the newspapers. He admitted 'I like beer, but am teetotal, as it has an injurious effect on me since the war' ('Mr. Darby in reply' 1923, *The Queensland Times*, 18 August). Darby maintained his fitness, and worked as a model for various art organisations. Sir Bertram Mackennal used him as the model for the bronzed statue of the soldier at the Martin Place Cenotaph in Sydney ('Obituary' 1935, *The Courier-Mail*, 21 November 21).

OUTCRY AT SOLDIER'S TREATMENT

From as early as 1918, there was considerable public debate about the treatment of the returned servicemen at Dunwich, with concerns raised about the quality of the medical care, the standard of accommodation and the food. Advocates campaigned for soldiers to have access to an institution dedicated to their needs, noting that men who had made such sacrifices should be offered specialised care, not what was being offered at Dunwich. This letter to the editor reflected community concerns: 'These men want to shake off the horrors of war, so we send them among the broken fragments of civilisation' ('Soldier inmates' 1918, *Daily Mail*, 28 October 28, p.6).

This sentiment was even felt within the Department of Repatriation, as evidenced a letter that the Deputy Comptroller wrote to his superiors in Melbourne in regard to a soldier's case he was overseeing:

I feel, however, that the Returned Soldier who apparently owing to war service has become mentally deficient should not be placed with the ordinary lunatic, but should be in a ward or home where Returned Soldiers in a similar condition to himself only are housed. (Christie NAA)

A friend of inmate Joseph Slack was shocked at his living conditions when he visited Dunwich, and took up his case with Senator Reid, writing:

... how very depressing it is for these brave returned heroes, suffering from shell shock, etc., to see the open graves, the funerals, the miserable wreck of humanity. Surely with all their faults, those who have so nobly fought for us deserve better treatment than this. (Slack NAA)

Senator Reid subsequently raised concerns in the Federal Parliament, creating a media storm that eventually led to an inquiry into the Asylum. The inquiry – conducted by the Returned Sailors and Soldiers Imperial League of Australia (RSSILA) in 1918 – found that the Inebriate Institution was not a suitable place for the returned servicemen, most of whom had entered voluntarily:

It is alleged that it was represented to them that they were being sent to a place where the food and the facilities of Sport and Recreation would enable them to repair damage which has been done to their nervous system by the strain of active service. These men do not seem Inebriates in the ordinary sense of the term, but it is to be remembered that the shell shock and the experiences of men who have undergone a long spell of fighting brings their nervous system into such a state that a slight indulgence in Alcohol or any undue excitement or strain effects them immediately. (Hughes, Fisher & Runcorn 1918)

The RSSILA inquiry was widely reported in the popular press and led to a range of specific improvements to the conditions at Dunwich, including the introduction of Ward 9½ – a specific ward for returned soldiers. The soldiers were no longer required to work inside the Asylum, and the rations provided for them were slightly better and more plentiful. The Red Cross and other charities supplied cricket equipment, care packages and reading material for the men (Australian Red Cross Society 1915-1935).

Unfortunately for the soldiers, the Medical Superintendent at the time, Dr James Booth-Clarkson (figure 6), did not approve of these 'privileges'. Booth-Clarkson had experienced a long

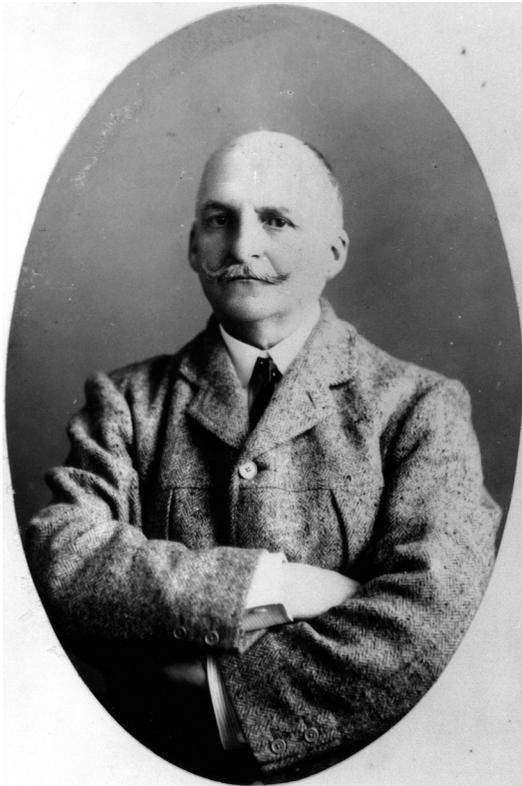


FIG. 6. Dr James Booth Clarkson, State Library of Qld Negative number: 177937.

military career including service in the Spanish-American War and the Boer War. He was of the opinion that alcoholism indicated a weakness in character, and thought the best treatment was sedation for several days, followed by a regime of abstinence and hard work. He resented what he saw as special treatment for the soldiers. He wrote in his Annual Report: ‘...in many cases there are readmissions, which is not to be wondered at when the surroundings are so comfortable and pleasant’ (Booth-Clarkson 1919). To discourage these soldiers enjoying the ‘luxuries’ of Dunwich, he advocated to the Repat that if a soldier was admitted to the Inebriate Institution more than twice, he should only be further committed to the Benevolent Asylum as an ordinary inmate, where there were expectations of work, fewer rations and a lower standard of accommodation.

A second enquiry was conducted in September 1923. It found there was growing tension between the treatment of the inebriates (largely, but not all, returned soldiers), and the regular inmates, most of whom were sick, old men in the last stages of their life. Booth-Clarkson submitted to the Inquiry:

There is a very decided objection to the position regarding inebriates. Men from Brisbane and elsewhere are sent down there time after time. They are given jobs that are going, they stay long enough to get a few pounds together, they come up to town, have another go at the booze until their money is exhausted, and can always get back then and repeat the process. This is not only unfair to the bona fide old men for whom the Institution really exists, from the standpoint of the work available, but also hurts them inasmuch as it is making Dunwich a home for very undesirable persons all of which is lowering the tone of the place. (Booth-Clarkson 1923)

Debate ensued in the media and in Parliament about creating a dedicated home to cater for the specific needs of the servicemen. Despite repeated recommendations that a soldier’s facility be established, it never eventuated. And by 1924, there was little practical difference in the treatment of ordinary inmates and inebriates at Dunwich.

THE FAILURE OF PROHIBITION

The Inebriate Institution – although co-located within the Dunwich Benevolent Asylum – was intended to be a dry community. Its isolation from the temptation of the pubs of towns and the city was a key reason inebriates were sent to the island environment. The Medical Superintendent did, however, allow rum or beer to be added to the rations of the ordinary inmates on special occasions, and it was customary for men who worked within the Asylum to be issued a rum allowance in lieu of payment. Some inmates were prescribed a daily dose as medicine.

There is evidence that there was an active and lucrative sly grog trade, involving visitors, staff and inmates. The *Smith's Weekly* reported:

Dunwich is supposed to be dry, no grog being allowed other than what can be ordered by the doctor, or when on special occasions a tot of rum, or half pint of ale, is doled out to all hands. It is not unusual, however, for inmates who have been placed on a grog allowance by medical orders, to save up their issue and sell it to others, more especially to those in "9½ ward"; which is the habitat of those whom drink has driven to the settlement (Anon 1915).

Four returned soldiers and an Aboriginal worker in the Asylum named Tom Tate were banished from the Island when their role in trading alcohol became apparent. It appears Tate took a boat to Dunwich on Christmas Eve in 1921, with orders from a number of inebriate inmates. Four soldiers subsequently had a party with the assistance of a bottle of whisky, three of rum and a dozen bottles of beer. This resulted in an all-night drunken brawl, where a soldier's face was wounded by a heavy piece of iron piping, a wardsman suffered a broken nose and at least one soldier being found near the visitor's quarters, frightening some young females who were spending Christmas with their relatives. All four returned soldiers – as well as Tate – were expelled from the Asylum (Booth-Clarkson 1921).

One of those expelled was returned soldier Leland Virgil Edmund Noel (figure 7), a committed alcoholic with a long list of convictions even before he enlisted in 1917. Being denied appropriate treatment for his alcoholism had terrible consequences for Noel. In 1930, he was admitted for the fourth time to Dunwich, this time with 'optic atrophy', blindness caused by drinking methylated spirits (Noel QSA). When he passed away in the Asylum a few months later, the local papers noted:

NOEL DEAD. The death occurred at Dunwich on Monday last of Leland Noel, perhaps one of the best known figures in Brisbane for years: A son of the late



FIG. 7. Sketch of Leland Virgil Edmund Noel. Published in the *Truth* (Brisbane), October 19, 1913, p.6

Judge Noel, Leland was in his youth, one of the finest athletes of his time, and was a remarkably good player of Rugby Union football. He had considerable literary talent, and at times produced some pleasing poetry. He was about 52 years of age. ('Leland Noel dead' 1930, *Daily Standard*, 23 July, p. 6.)

Some of his 'literary talent' was published in a series of booklets. His colourful prose provides a unique insight into his experience with prohibition as a punishment:

'O dipsomaniac! Can you ever forget those Sundays you spent in the dank, darksome, lousy, foetid lockups, when you saw your own hopelessness written in your brothers' tragic eyes? Can you ever forget that fellow who died in the corner, the hideous convulsions of his terror, and his last delirious utterances which seemed goitred in his throat? Can you ever forget that awful night when you leapt with a scream from that semi-coma or half-sleep of 'the recovery' when you felt and smelt the presence of death; when lockup lice, like lazy lizards, wormed through the alcoholic

ooze of your suffering self-loathed self, and in the phantasmagoric delirium of your preternaturally terrored eyes, canine-fanged fiends fandangoed lasciviously with betailed and naked harlots, hissing madrigals of hell?' (Noel 1920)

At no time did inebriates such as Leland Noel receive what would be considered appropriate medical treatment for their alcoholism. Around half of the soldiers who were discharged after their sentence returned to the Institution at least one more time. Booth-Clarkson attributed this recidivism to lack of ongoing treatment for inebriates once they left the Island:

Without this there will be a large percentage of relapses subsequent to discharge which seems very regrettable after they have been to a considerable extent 'renovated and repaired' in Dunwich. (Booth-Clarkson 1919)

After Booth-Clarkson, a succession of Medical Superintendents seemed to be at a loss as to how to deal with ex-soldier's needs. When they were not in Dunwich, hundreds of returned servicemen spent years travelling around Queensland looking for work or moving between hostels set up by organisations such as the Red Cross and the YMCA to provide medical care, housing and support. The matrons in charge of these soldiers' homes had little or no tolerance for drinking, and soldiers could be banned if they arrived drunk or misbehaved, causing them to find themselves back on the streets or returning to Dunwich.

FAMILIES CARING FOR INMATES

Even as late as the 1940s, returned soldiers were being admitted to Dunwich. For some, this was because their symptoms of war-related trauma took years to manifest. Some families found coping with a returned soldier suffering from shell-shock, alcoholism, or a chronic condition such as tuberculosis, too much to bear. In some cases, families sent their returned soldier to Dunwich for family respite. Asylum admission forms record

comments such as 'wife requests that he not be granted leave or discharge as she has no home for him' (Gow QSA), and 'Not to be granted leave or discharge without the permission of his son' (Clarke QSA). When Charles Pettigrew was put into the Asylum, paralysed and unable to speak, his family requested he not be able to leave the Asylum without his brother's permission (Pettigrew QSA). The sister of returned serviceman John Callanan clearly struggled with her brother's chronic alcoholism and mental health. The Asylum admission records note 'Miss Callanan who is responsible for his maintenance desires that he be detained here for a period of at least 3 months, and not be allowed out. In the event of Probationary Leave being granted afterwards, communicate with her first' (Callanan QSA).

John Christie's parents battled for years to look after their invalided son. Christie was shot in the shoulder in France in 1918. He was discharged with a mental condition, and returned to live with his family in Mackay. His mother and family struggled for many years to care for him, battling with his depression and violence as best they could, and he spent time in Goodna after particularly violent episodes. Back at home in 1937, he wrote to the Repat: 'I am in receipt of a pension of 2 pounds per week on account of shell shock. My nerves are getting worse; my hand shakes if I write in anyone's presence; I am unable to sleep and there is a burning pain in my head. Would you please advise me if I can obtain treatment and relief?' The medical assessments record that 'He requires constant nursing and is unable to feed himself. His mother is capable and efficient and I think he is better at home than in an institution.' However, by March 1938 he is 'melancholic and getting delusions of persecution...He suspects his mother (who nurses him)...He has delusions that men are going to get him and boil him.' He began to be worried that he was being poisoned, and by June 1938 he was starving himself and threatening violence against his mother. He was admitted to Goodna, and eventually sent to the Benevolent Asylum in 1944, at his own request. He died in Dunwich two years later (Christie NAA).

DUNWICH CEMETERY

At least 60 Benevolent Asylum inmates who fought in the First World War are buried in Dunwich cemetery. Most are in unmarked graves, only a few have headstones. At the time of their burial, their graves would have been marked with an iron clover-leaf shaped grave maker, with an identification number. Very few of these grave markers are still in place. The Asylum staff made attempts to communicate with next-of-kin when inmates died, but sometimes bodies were buried in Dunwich before successful contact was made. One such case was returned soldier Rutland Manners, whose mother in North Queensland was saddened not to receive the telegram in time to organise for her son to be buried with his father and soldier brother in Toowong cemetery (Manners NAA). He is one of very few returned soldiers to have a headstone on his grave in the Dunwich Cemetery.

CONCLUSION

The long-term effects of trauma, shell shock, gas, tuberculosis, venereal disease, enduring mental illness and of wounds that continued to hurt for years are not easily found in the records left by the soldiers of the First World War. For some veterans, their families hold their stories. But for those on the margins, without family, and who could not conform to the Repatriation Department's requirements of keeping an address and a steady job, their presence in the institutions of Dunwich is a reminder of our poor understanding of – and compassion for – the lingering effects of war trauma.

The social conditions of family and class had a major impact on the post-war lives of returned soldiers in Queensland. The fact that more of the 57,000 Queenslanders who volunteered for the First World War were not admitted to Dunwich is surprising. The cohort of soldiers who were



FIG. 8. View approaching Dunwich from Peel Island, Queensland, ca. 1934. State Library of Qld Negative number: 62915.

admitted to Dunwich were older than the average soldier, unmarried and struggled to find permanent work. Most did not have the security and stability of family life to provide the environment for recovery from wartime experiences. And the reputation of Dunwich as an under-resourced, overcrowded, worn-out institution to be avoided wherever possible – a place of last resort – was a well-founded reality.

ACKNOWLEDGMENTS

I am grateful to the State Library of Queensland (SLQ) and the QANZAC 100: Memories for a New Generation program for the opportunity to research this topic in depth as a QANZAC100 Fellow at SLQ in 2017/18. I acknowledge the support of colleagues at the North Stradbroke Island Museum on Minjerribah, especially Barry Brown and Joan Benham for assisting with the initial painstaking identification of asylum inmates who may have been WW1 soldiers. Elisabeth Gondwe collaborated on the ongoing research the Museum is doing to honour the WW1 soldiers who spent time in the Dunwich Benevolent Asylum and made useful comments on early drafts of this paper. I am especially grateful to former Museum President Geoff Moore for his ongoing encouragement, and to Howard Guille for his thoughtful and critical readings of this paper, as well as his contribution to the statistical analysis contained within.

John Winterbotham has dedicated many years to researching the archival records of war veterans, and his assistance in identifying Asylum soldiers was invaluable, as was the assistance of the staff at the National Archives of Australia in Brisbane. I am also indebted to the family of WW1 returned soldier Harold Lapworth – John Lapworth, Agnes Rudd and their families. Their willingness to share their memories of their father greatly influenced my thinking on a range of themes in this paper, and I very much appreciate their generosity and openness.

LITERATURE CITED

ANON, 1915, OM91-46 Dunwich Benevolent Society Clippings ca. 1920 – 1930, State Library of Queensland.

AUSTRALIAN RED CROSS SOCIETY, 1915-1935. OMBH Red Cross Society, Queensland Division Records, State Library of Queensland.

BARTLETT, George Spry - Service Number 133. NAA BP709/1, M901 Part 1.

BOOTH-CLARKSON, J 1919, 'Annual report of the Inebriate Institution, Dunwich, for the year ending 31st December 1919', QSA Item ID18242, Batch file.

— 1921, Letter to Under-Secretary, Home Department, December 27, QSA Item ID18242, batch file.

— 1923, Letter to the Visiting Justice J.S. Colling, October 5, QSA Item ID18242, batch file.

CALLANAN, J 1932, Dunwich Benevolent Asylum admission form, QSA Item ID298731, Index.

CARLILL, Edgar Leslie - Service Number 38. Letter from Repatriation Department to the Public Curator. NAA J34, C26051.

CHRISTIE, John - Service Number 2410. NAA BP709/1, M8418.

CLARKE, William. Dunwich Benevolent Asylum admission form. QSA Item ID298731, Index.

COMMONWEALTH BUREAU OF CENSUS AND STATISTICS 1924, 'Census of the Commonwealth of Australia taken for the night between the 3rd and 4th April, 1921', Government Printer, Melbourne.

COMMONWEALTH OF AUSTRALIA 1918, 'Parliamentary debates: Senate: official Hansard', vol 18, pp. 4306-4323.

DAVIDSON, Lovatt - Service Number 2296, NAA BP709/1, M4266.

GOW, Alexander. Dunwich Benevolent Asylum admission form, QSA Item ID298731, Index.

HANNIBAL, Vivian Isaac - Service Number 6824, NAA B2455.

HORNE, Alfred William [aka Horn] - Service Number – 3330, NAA J26, M7729.

Hughes, F.A., Fisher, W.A. & Runcorn, A.E., 1918, 'Dunwich Report, 6 November 1918', Returned Soldiers' and Sailors' Imperial League of Australia (Queensland Branch), QSA 18243, Batch file.

HUTTON, William - Service Number 1576. NAA J26, M46087.

KELLY, John - Service Number 1645, NAA BP709/1, M4266.

Lisa Jackson

KENNEDY, William Arthur - Service Number 3328, NAA BP709/1, M2482.

KEYS, Robert - Service Number 1973, NAA J26, M6178.

KICKHAM, Edmund Michael - Service Number 2845, NAA J26, M3664.

LAMBERT, Albert - Service Number 222, NAA J26, M8918.

LARSSON, M 2009, 'Shattered Anzacs: Living with the Scars of War', UNSW Press, Sydney.

LLOYD, C & REES, J 1994, *The Last Shilling: A History of Repatriation in Australia*, Melbourne University Press, Carlton.

MANGAN, Thomas. Dunwich Benevolent Asylum admission form, QSA Item ID298731, Index.

MANNERS, Rutland - Service Number 7733, NAA BP709/1, M22685.

MCBRIDE, John Joseph - Service Number 5729, NAA: BP709/1, M4586.

MCGREGOR, James. Dunwich Benevolent Asylum Admission Form, QSA Item ID298731, Index.

MILLEN, H 2012, 'Australian veteran's health: WWI. Medical Association for Prevention of War', <https://www.mapw.org.au/files/downloads/WW1.pdf>

NOEL, L 1920, *Disjointed grunts: a series of satires: number one: Mary Brokenheart*, Standard Press, Brisbane.

NOEL, L & CHEER, B 1926, *Musings from Vagabondia*, Standard Press, Brisbane.

NOEL, L. Dunwich Benevolent Asylum admission form. QSA Item ID298731, index.

O'GORMAN, Patrick, Dunwich Benevolent Asylum admission form, QSA Item ID298731, index.

PETTIGREW, Charles, Dunwich Benevolent Asylum admission form, QSA Item ID298731, index.

READ, Stanley, Dunwich Benevolent Asylum admission form, QSA Item ID298731, index.

ROGERS, Arthur. Dunwich Benevolent Asylum admission form, QSA Item ID298731, index.

SLACK, Joseph - Service Number 654, Letter from S Parkinson to Senator Reid, October 1918, NAA: J26, M969.

TEARE, Robert - Service Number 4347, NAA J26, M3114.

WINTER, J 2000, *Shell-Shock and the Cultural History of the Great War*, *Journal of Contemporary History*, vol. 35, no. 1, Jan 2000, pp. 7-11, doi:10.1177/002200940003500102.

❏ ENDNOTES

1. The Asylum did have separate quarters for women and provided support and accommodation for many women, but despite extensive research, no women who served in WW1 have been identified as subsequently being admitted to the Dunwich Benevolent Asylum.