

2013

Bereft: War, grief and experiences of the asylum, 1915 - 1935

Jennifer Roberts
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Bereft: War, grief and experiences of the asylum, 1915 - 1935

A thesis submitted in fulfilment of the requirements
for the award of the degree

DOCTOR OF PHILOSOPHY

from

UNIVERSITY OF WOLLONGONG

Jennifer Roberts BA (Hons)

School of History and Politics

March 2013

My Boy Jack

'Have you news of my boy Jack?'
Not this tide.
'When d'you think that he'll come back?'
Not with this wind blowing, and this tide.

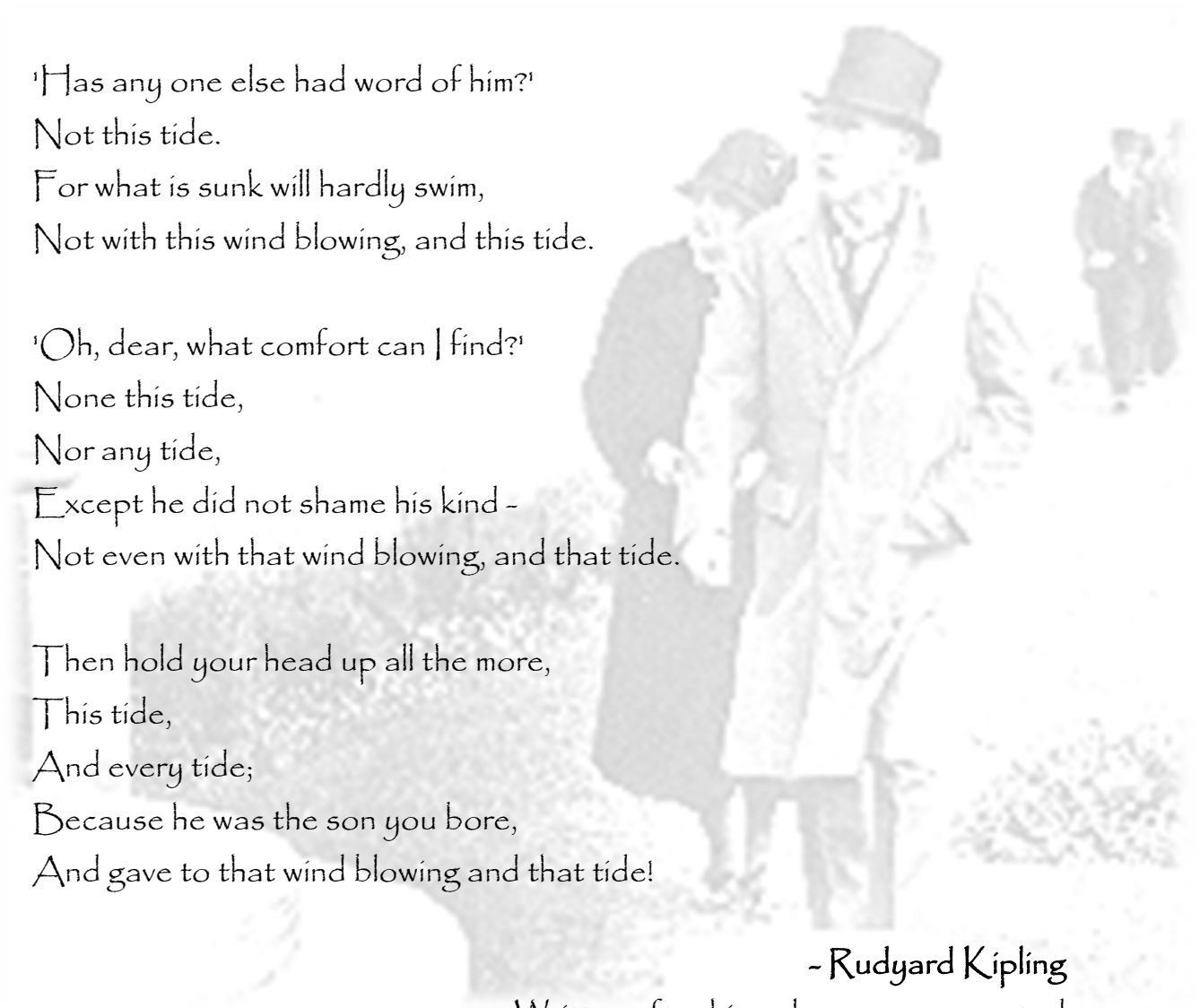
'Has any one else had word of him?'
Not this tide.
For what is sunk will hardly swim,
Not with this wind blowing, and this tide.

'Oh, dear, what comfort can I find?'
None this tide,
Nor any tide,
Except he did not shame his kind -
Not even with that wind blowing, and that tide.

Then hold your head up all the more,
This tide,
And every tide;
Because he was the son you bore,
And gave to that wind blowing and that tide!

- Rudyard Kipling

Written after his only son was reported missing, presumed killed, at Loos, France, on 27 September 1915, aged eighteen



This thesis is dedicated to my children

Declan
&
Charlotte

And my parents

Paul Roberts (1927-1996)

&
Beverley Roberts

Thesis Certification

I, Jennifer Roberts, declare that this thesis, submitted in fulfilment of the requirements of the award of Doctor of Philosophy, in the School of History and Politics, University of Wollongong, is wholly my own work unless otherwise referenced or acknowledged. The document has not been submitted for qualifications at any other academic institution.

Jennifer Roberts

March 2013

Abstract

This thesis is an empirical social history of grief and mental illness among Australian parents who suffered bereavement within the context of one of the greatest tragedies in modern history, the Great War of 1914-1918, and its aftermath. It locates the extremities of the wartime loss within the public mental asylum, and uses a fluid definition of bereavement to demonstrate its complexity. It addresses ways in which the public and private domains intersected in the inter-war years, as both medical professionals and individual families attempted to provide care for those psychologically traumatised by the war, and the factors that could either mitigate, or exacerbate, the mental distress of bereaved parents. It also examines ways in which society distinguished between war-related and 'ordinary' insanity and ways in which the public responded to mental illness and perceptions of the asylum itself.

Using ninety-one case studies from the closed patient medical files from two of the largest psychiatric institutions in New South Wales – Callan Park Mental Hospital and the Parramatta Psychiatric Centre – from 1915 until 1935, this study examines the multi-faceted and pervasive ways in which wartime bereavement manifested itself as mental illness among ordinary men and women and demonstrates that in many cases, the war was a direct cause of madness and permanent disability among those who had never enlisted nor left Australian shores. Unlike other epidemiological, medical or theoretical studies of bereavement, this thesis examines individual grief, disease and treatment at the micro-level from the perspective of the patient, their families and the doctors, police and judges who would all act as guardians of those thought to have gone insane.

This thesis questions some of the assumptions, implicit in the existing literature, regarding class-based and gendered mourning, and argues that an acceptance of 'the war' as a distinct cause of mental illness was one of the realities of life within the walls of the public asylum.

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I might also add that he is an exemplary international travelling companion, despite his scepticism regarding the benefits of potent sleeping tablets and his over-fondness for the English fry-up, and I thank him for introducing me to the peerless experience of a cold beer on a warm night along the promenade in Canakkale.

My secondary supervisor, Dr Stephen Brown, wisely left me alone to get on with it, but his suggestions and counsel during the final drafts were invaluable and I thank him for his attention to detail. My great friends, Georgia Lysaght, Linda Wade, Arwyn Hankinson and Cris Hurley, and my long-suffering mother, Bev Roberts, were generous and sympathetic proof-readers whose eagle eyes have saved me from a thousand embarrassments.

Obtaining the permission to access the closed psychiatric medical records on which this work is based was a protracted process, and I particularly acknowledge Rosemary Milkins, Betty Tu, Tim Clark and Peter Tibbitts from NSW Health for their interest and support. Kiri Rikihana from the Capital & Coast District Hospital Board in Wellington was instrumental in granting me access to the New Zealand files from the Porirua Asylum. Likewise, professional librarians, archivists, historians and genealogists assisted me greatly with their good cheer, expert advice and efficiency. I thank Emily Hanna, John Cann, Robyn Gurney, Rachael Hollis, Margaret Gallagher and Selina Williams from the Western Sydney Records Office; David Joliffe from the Australian War Memorial; Graham Jaunay from Adelaide Proformat; Roslyn Burge from the Friends of Callan Park; Susan Jones from the University of Wollongong Archives and the staffs at the National Archives of Australia, National Library of Australia, Archives New Zealand, National Library of New Zealand and the Mitchell Library, Sydney.

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Conventions

Spelling and grammar

To avoid interruption to the narrative and to provide insight into the personality and characteristics of individuals, *[sic]* has not been used to indicate errors within quoted material and the spelling and grammar contained in the original has been maintained.

Previous publications

Early in 2013, just prior to the submission of this thesis, I reverted to my maiden name. Portions of the material contained herein have previously been published in the *Journal of Australian Studies* and *Anzac Legacies: Australians and the Aftermath of War* (edited by Martin Crotty and Marina Larsson) under my former name of Hawksley.

Abbreviations

AAMC	Australian Army Medical Corps
AAH	Australian Auxiliary Hospital
AIF	Australian Imperial Force
AWL	Absent Without Leave
AWM	Australian War Memorial
CP	Callan Park Mental Hospital
CWGC	Commonwealth War Graves Commission
DOW	Died of Wounds
GPI	General Paralysis of the Insane
IWCG	Imperial War Graves Commission
KIA	Killed in Action
MIA	Missing in Action
NAA	National Archives of Australia
NLA	National Library of Australia
POW	Prisoner of War
PPC	Parramatta Psychiatric Centre
RSL	Returned Services League
RSSILA	Returned Soldiers and Sailors Imperial League of Australia
SR – D	Service Rum - Diluted
TPI	Totally and Permanently Incapacitated
VD	Venereal Disease
WSRO	Western Sydney Records Office

Illustrations

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Introduction & Literature Review

Extremities of Bereavement

Si vis vitam, para mortem
If you want to endure life, prepare for death

Sigmund Freud, 1915¹

On the morning of 2 June 1919, a local doctor was called to the home of Joseph D, at Hurstville, in Sydney's south. Dr Meeke found Joseph in a profoundly agitated state and established that he had swallowed about six ounces of methylated spirits, and the "fluid off an arsenical fly paper", with the intention of committing suicide.²

Dr Meeke recommended that Joseph be committed to the Callan Park Mental Hospital for further treatment. There, the doctors recorded the impact that the death of an only son, in a war a long way from home, could have on a father. Joseph's only son, a twenty-two year old sergeant in the 56th Battalion, had died of gun-shot wounds to his chest and arm, at Polygon Wood, almost two years earlier, on 30 September 1917.³ The doctors reported that Joseph was "utterly melancholy ... and miserable and depressed".⁴ He told Dr Gibbes that he "has no interest in

¹ Sigmund Freud, 'Our Attitude toward Death' in *The complete Psychological works of Sigmund Freud*, volume XIV (1914-1916), The Hogarth Press, London, 1973

² Letter dated 2 June 1919 from Dr Meeke of Rockdale to Dr Price at the Reception House, Darlinghurst, Western Sydney Records Office, Series Number: 4984, Admission files, 14/9412 - Callan Park Mental Hospital, No.1919-234.13080

³ Casualty Form (Active Service), NAA, B2455, Barcode 3483464. Joseph D's son had been promoted to Sergeant just two months before his death at a casualty clearing station. He is buried in Lyssenthock Military Cemetery, south of Poperinge, France.

⁴ Admission files, 14/9412, Callan Park Mental Hospital, No.1919-234.13080

life and wants to end it”.⁵ To Dr Ross, Joseph commented he “isn’t able to carry on ... [and is] so obsessed on his troubles”. Joseph’s wife reported that he had been “depressed in spirits for many months” and that he “is lacking in attention and interest and has an inclination to take his life”.⁶ Dr Price found Joseph to be “morbidly depressed ... [with] suicidal tendencies”. The cause of Joseph’s breakdown, however, was clear to all the medical professionals who saw him over the next week, and they were of one conclusion: “Worry over son killed in action”.⁷

Joseph died in Callan Park just over four months later. The cause was given as enteric colitis, exacerbated by “mania”.⁸ Mrs D apologised, to the Medical Superintendent, that she had not been able to visit her husband before to his death. She explained, on black-bordered notepaper, that “when I received the word [that Joseph was failing] it completely upset me and I was unable to go [to visit]”.

She did, however, ask one final favour: if she could retrieve “his overcoat in particular, as it belonged to my son, killed in action. I should like to keep it”.⁹ The request is instructive. Clearly, Joseph had taken to wearing his son’s overcoat as a reminder of a boy who would not come home. At that point, it was all Mrs D had left, for in just over two years, as a direct result of war, she had lost her family. The coat was at least one tangible connection with her son, and perhaps, her husband.

⁵ Admission files, 14/9412, Callan Park Mental Hospital, No.1919-234.13080

⁶ Admission files, 14/9412, Callan Park Mental Hospital, No.1919-234.13080

⁷ Admission files, 14/9412, Callan Park Mental Hospital, No.1919-234.13080

⁸ Notice of Death dated 21 October 1919, Admission Files, 14/9412, Callan Park Mental Hospital, No.1919-234.13080

⁹ Letter dated 23 October 1919 from Mrs D to the Medical Superintendent in Admission files, 14/9412, Callan Park Mental Hospital, No.1919-234.13080. A small number of Sergeant D’s personal effects, including his watch and a notebook, were also returned to his family, via Cook’s.

While the military authorities were able to calculate a reasonably accurate figure of dead, wounded and missing from the combatant nations during the First World War, Joseph D's experience of loss in war is representative of the unknowable number of fathers, mothers, brothers, sisters, wives, girlfriends and mates who were disabled, often permanently, by grief. The very nature of grief itself is private and subject to evolution and re-evaluation over time, such that the historical record only evidences the individual pain of loss when it is expressed in forms that reach the public domain; in letters, diaries, newspaper accounts, petitions and requests of government officials, and medical records.

Psychologist Erich Lindemann wrote extensively on the 'macho' warrior identity of Western men in war¹⁰, the emotional proscription of which was often to stymie and silence the overt expression of grief among the bereaved – to follow a soldier's example of quiet bravery, of stoicism. Lindemann positioned grief as a "normal reaction to a distressing situation"¹¹ and observed that failure to engage in the course of normal grief reactions¹² could result in absent or incomplete mourning leading to "agitated depression" with symptoms of self-loathing, agitation and anxiety and ultimately to acute suicidal ideations, or psychosomatic illnesses such as ulcerative colitis¹³, as in Joseph's case.

There is enough evidence that in Australia, during, and after, the Great War, Lindemann's argument held true. There was a public expectation

¹⁰ Pat Jalland, *Changing ways of death in twentieth century Australia: war, medicine and the funeral business*, University of New South Wales, Sydney, 2006, p.75

¹¹ Erich Lindemann, 'Symptomatology and Management of Acute Grief', *American Journal of Psychiatry*, 101, 1944, p.141

¹² Lindemann, 'Symptomatology and Management of Acute Grief', p.143 See also Elizabeth Kubler-Ross, *On Death and Dying*, Macmillan, New York, 1969

¹³ Lindemann, 'Symptomatology and Management of Acute Grief', p.146

that those bereaved by war would behave stoically, in public, at least. As Ken Inglis noted, the proper reaction to loss among Australian parents, both during the war, and afterwards, was deemed to be “Spartan control”.¹⁴ One elderly man recalled Anzac Day ceremonies of the 1920s when “stern faced mothers attended service standing erect and dry-eyed, their bosoms stitched with their dead sons’ medals”.¹⁵

Many bereaved parents found reassurance and affirmation in public commemoration and acknowledgement of their sacrifice. For others, however, the political rhetoric that promoted death in war as honourable and worthy could collide headlong with the raw and desperate anguish of individuals who could never reconcile their loss. Most of the bereaved, however, somehow managed to continue with their daily lives. They moved through the stages of grief and mourning, to find acceptance and, in time, fond and proud memories of their loved ones. This thesis is a study of those who did not.

This is a social history of Australian parents who suffered extremities of bereavement within the context of one of the greatest tragedies in history, the Great War of 1914-1918, and its aftermath. Using psychiatric patient medical files from 1915 to 1935, from two of the largest asylums in New South Wales, Callan Park Mental Hospital and the Parramatta Psychiatric Centre; it examines the multi-faceted and pervasive ways in which wartime bereavement manifested itself as mental illness among ordinary men and women. It demonstrates that in many cases, the war was a direct cause of madness and permanent disability among those who had neither enlisted nor left Australian shores. Unlike other

¹⁴ Ken Inglis, cited in Pat Jalland, *Changing ways of death in twentieth century Australia: war, medicine and the funeral business*, University of New South Wales Press, Sydney, 2006 p.75

¹⁵ Graeme McInnes, cited in Jalland, *Changing ways of death in twentieth century Australia*, p76

epidemiological, medical or theoretical studies of bereavement, this thesis examines individual grief, illness and treatment at the micro-level. It looks at the impact of bereavement from the perspective of the patient, their families and the doctors, police and judges who would all act as guardians of those thought to have lost their mind.

Extremities of Bereavement

Other historians have drawn on the rich source of testimony regarding the effects of wartime bereavement that are to be found in medical records, from mental asylums and psychiatric institutions. Stephen Garton, Bruce Scates and Tanja Luckins, among others, have all used such files to give a tantalising glimpse of the despair of many parents who were admitted to hospitals, during and after the Great War, suffering from delusions, depression, paranoia and melancholia. This thesis builds on their work.

But the question remains; was war the source of their mental conditions? It may have been an impossible question to answer: it seems that it still is. Even today, there is a division between those who claim that war can be a direct cause of mental illness, and those who argue that war simply exacerbates 'pre-existing conditions'. However, with the identification and mainstream acceptance of a variety of Post-Traumatic Stress Disorders, it seems that, professionally, the balance has shifted more towards war as a *cause* of mental illness, rather than war as a *catalyst* for latent mental illness to manifest itself.¹⁶ The focus in this debate,

¹⁶ See, for example, Stephen Garton, Chapter 5, 'Shell Shock', in *The Cost of War: Australians Return*, Cambridge University Press, Cambridge, 1996, pp. 143-175; Michael McKernan, *This War Never Ends: The Pain of Separation and Return*, University of Queensland Press, St Lucia, 2001; Kristy Muir, "That bastard's following me!` Mentally ill war veterans struggling to maintain control", in David A Turner and Kevin Stagg (eds), *Social Histories of Disability and Deformity: Bodies Images and Experience*, Routledge Press, Oxford, 2006, pp. 161 – 174;

however, has centred predominantly on returned men, rather than their families.

The records used for this thesis suggest that, from an early stage, the doctors at both Callan Park, and the Parramatta Psychiatric Centre, clearly recognised the stresses of war as a possible cause of mental illness. The causes of admission were noted on the front page of the file, for every patient. For example, “third insane attack since she was twenty years, when she had her first baby”¹⁷; “she has been a harmless idiot since birth”,¹⁸ is a “hopeless mental and physical derelict”¹⁹ or of “naturally weak intellect”.²⁰ Yet, when the diagnosis determined that the symptoms were caused by “worry over son at the war”,²¹ or a patient’s belief that they were “responsible for the European War”²² or, as in Joseph D’s case, ‘worry over son killed in action”, it is incumbent upon the observer to accept that the doctors were making a diagnosis based on their knowledge and skill, and that their conclusions were, to the best of their knowledge, the truth. There is little doubt that many of the families of those admitted to Callan Park, or the Parramatta Psychiatric Centre,

Kristy Muir, 'Public peace, private wars: the psychological effects of war on Australian veterans', *War and Society*, vol. 26 (1), 2007, pp. 61 – 78; Kristy Muir, *The hidden cost of war: the psychological effects of the second world war and Indonesian confrontation on Australian veterans and their families*, PhD Thesis, School of History and Politics, University of Wollongong, 2003; Damien Hadfield, 'Evolution of Combat Stress: New challenges for a new generation of Anzacs', in Martin Crotty and Marina Larsson (eds), *Anzac Legacies: Australians and the aftermath of war*, Australian Scholarly Publishing, Melbourne, 2010, pp.233-246. Also, John Cantwell (with Greg Bearup), *Exit Wounds: One Australian's War on Terror*, Melbourne University Press, Melbourne, 2012

¹⁷ Admission Files, Callan Park Mental Hospital, 3/3430 – Callan Park Mental Hospital, No.1915-422.11377

¹⁸ Western Sydney Records Office, Series 5080, Admission Files, Parramatta Psychiatric Centre, 12/824 – Reg. No.6599

¹⁹ Admission Files, 3/3430 - Callan Park Mental Hospital, No.1915-391.11346

²⁰ Admission Files, Parramatta Psychiatric Centre, 12/826 – Reg No 6719

²¹ Admission Files, Callan Park Mental Hospital, 14/9404 – Callan Park Mental Hospital, No.1918-469.12837

²² Dr Vallack, patient notes, Admission files, 14/9403 – Callan Park Mental Hospital, No.1918-434.12802

used in these case studies, would have accepted this as simple common sense.

Using case study files does raise a methodological issue. Historians examining mental illness have pinpointed a potential problem with using these sources: the evidentiary nature privileges the voices of those in power: police, doctors, magistrates. To paraphrase Garton, case papers are the psychiatric representations of patients and class, not the voices of patients themselves.²³ However, as Jill Matthews and Catharine Coleborne, as well as Garton himself, have shown, by reading “against the grain,” it is possible to use case papers as “complex cultural texts”²⁴ that illuminate not just the social history of bereavement-related mental illness, but also discussions of class and gender, implicit within it, particularly when it came to women.

As will be evident in the body of this work, this thesis has adopted that approach.

The basic sources used are the closed medical case files for patients at both the Callan Park Mental Hospital and the Parramatta Psychiatric Centre. Both institutions, however, were part of a broader network across New South Wales, with psychiatric hospitals established at Morisset and Stockton, near Newcastle, Kenmore, outside of Goulburn, and, in 1925, at Orange, in the west of the state. There were very few private treatment facilities, the only notable being Bayview House, in Sydney’s Tempe which operated between 1871 and 1943.

²³ Stephen Garton, ‘Asylum histories: reconsidering Australia’s lunatic past’, in Catharine Coleborne and Dolly MacKinnon (eds), *Madness’ in Australia: histories, heritage and the asylum*, p.18

²⁴ Garton, ‘Asylum histories: reconsidering Australia’s lunatic past’, p.18

The other main public psychiatric hospitals in Sydney were located at Gladesville and Rydalmere. Gladesville was one of the oldest, and, until 1868, had been known as the Tarban Creek Lunatic Asylum. Its overcrowding and appalling conditions, at Tarban Creek, had prompted calls for the construction of new facilities at Callan Park. While all the asylums housed some chronic patients who had little, if any, hope of recovery, The Inspector General of the Insane, Dr Eric Sinclair, encouraged some specialisation among the hospitals. Rydalmere, essentially an extension of the Parramatta Psychiatric Centre, as well as the hospitals at Morisset and Stockton, increasingly accommodated incurable and 'mentally defective' patients, while Gladesville, Kenmore and Orange had a greater number of wards for the treatment of acute cases that were more likely to recover.²⁵ Callan Park, being the largest, saw the full range of cases and the Parramatta Psychiatric Centre treated criminal patients as well.

Transfer between hospitals was common, but often without strict guidelines or protocols being obvious. Patients – particularly those who were long-term, chronic, incurable or troublesome – were moved for reasons of a change of scenery, newer facilities elsewhere, to alleviate conflict in a ward, frustration of staff or inconvenience to family members, and, most commonly, due to overcrowding. For example, in 1924, Dr Chisholm Ross, formerly the Medical Superintendent at Callan Park and, from 1909 until 1931 the Visiting Medical Officer at the Reception House at Darlinghurst, pleaded with his opposite number at Morisset, "Please do not send her back here ... We have no room at all.

²⁵ Stephen Garton, *Medicine and Madness: A social history of insanity in New South Wales 1880 - 1940*, University of New South Wales Press, Kensington, 1988 p.165

The new wards at Morisset are much better for patients than the old chronic wards here”.²⁶

Psychiatric records in New South Wales are closed to public access for 110 years. In order to comply with the conditions governing access to these medical records and case papers, as determined by the New South Wales Department of Health, all individuals named in those files have been given pseudonyms: the patients are identified only by a forename and an initial. In all, the thesis uses ninety-one case studies from closed files. To aid in the reading, where a patient appears in more than one chapter, the circumstances surrounding their first appearance in the thesis is briefly summarised.

Where information gained from the closed files was used to gain access to other documents and evidence pertaining to the individuals studied, particularly AIF personnel files, military records and contemporary newspaper accounts, I have attempted to provide a full reference to these sources, while at the same time maintaining confidentiality. Therefore, references from the AIF Personnel Records held by the National Archives of Australia are cited using the unique barcode, used to identify each file, rather than the surname of the soldier. Newspapers, and other sources within the public domain, have also been cited without reference to the particular page number, in order to protect the identity of individuals, in as much as it is possible.

Where information about people who were not patients, was not obtained from closed files or already appear in the secondary literature, the individuals concerned have been identified by their full name. The requirements placed on the research for this thesis, however, have led to

²⁶ Letter dated 17 January 1924, from Dr Ross to Dr Edwards, Admission files, 14/9423, Callan Park Mental Hospital, No.1920-78.13494

one anomaly. One of the patients used in this study has also been used by another author who had the family's permission to use the patient's proper name. To meet the requirements set by the New South Wales Department of Health for this thesis, that patient's proper name is not used.

Chapter Outline

This thesis is an empirical social history of grief and mental illness during one of the most turbulent periods in Australia's history. It attempts to directly respond to French scholars Stephane Audoin-Rouzeau and Annette Becker who have urged historians to examine, "*How did people mourn? What was their suffering like?*"²⁷ by locating the extremities of the experience within the asylum and using a fluid definition of bereavement to demonstrate its complexity. It addresses ways in which the public and private domains intersected in the inter-war years as both medical professionals and individual families attempted to provide care for those psychologically traumatised by the war, as well as the factors that could either mitigate or exacerbate the psychological distress of those affected. It also examines ways in which society responded to mental illness and public perceptions of the asylum itself. Each chapter provides the broad social context in which the case studies are situated.

Chapter 1 engages with the initial reactions to untimely deaths of young men on foreign battlefields during the Great War, particularly the importance of the grave, headstone, knowledge of death and conversely, the uncertainty of the fate of the missing. It looks at the issues of public and private remembrance, the importance of correspondence and

²⁷ Stephane Audoin-Rouzeau and Annette Becker, *14-18 Understanding the Great War*, Hill and Wang, New York, 2002, p.212

information regarding the dead, wounded and missing and the impact of silence and denial on the mental health of parents.

Chapter 2 introduces the asylum itself and explains how Callan Park and the Parramatta Psychiatric Centre operated, the manner in which patients were committed and the range of treatments employed after 1915, particularly for diagnosed conditions of shell shock, grief, melancholia and depression. It will also investigate the (then) relatively new philosophy of 'moral therapy' whereby great importance was placed on the ability and willingness of patients to perform work and the middle class, patriarchal values placed upon patients, particularly women, in terms of their capacity to look after the home and restrain their sexuality.

Chapter 3 looks at the distinct experience of women and focuses on female reactions to bereavement as well as domestic life for mainly working class women and the financial implications of the loss of a breadwinner. It also challenges the assumption that female grief was passive and stoic. Chapter 4 concentrates on the reactions of men to wartime bereavement and suggest reasons why men are under-represented in terms of asylum committal. It discusses the uncomfortable role many fathers faced as they became carers for damaged sons, together with instances of delusion, violence and suicide among bereaved men.

Chapter 5 highlights ways in which the return of damaged soldiers impacted on family life, together with resistance to, or acceptance of, treatment, as well as violence and alcoholism, shame and self-harm. Chapter 6 examines the pain of those parents whose sons were listed as missing, and never found, by focussing on the story of George Brown, the 'Unknown Patient', thought to have been killed on the Western Front in 1916, but eventually discovered in Callan Park in 1928 and reunited

with his family. The inability of many parents of the missing to ever comprehensively acknowledge their loss, and the resulting damage to their psychological and physical health, is also discussed.

Chapter 7 deals with the very prevalent concern among the public that all insanity and madness was hereditary, and the fear that families would be tainted when knowledge of the committal was known, or that children of inmates would inherit a legacy of mental illness and debilitation. It also investigates barriers to cure, and ways in which medical practitioners and families accepted, or rejected, notions of chronic and permanent incapacity.

The Literature of Wartime Bereavement

Considering that three in five of the men who embarked with the First AIF were killed or wounded and over 80% of the force had never married,²⁸ the absence of studies of bereavement in traditional histories of the conflict is somewhat surprising. Indeed, much like the experience itself, the Australian historiography of wartime bereavement has been an exasperating fusion of pathos and silence. Since the late twentieth century, however, scholars such as Stephen Garton, Joy Damousi, Bruce Scates, Pat Jalland, Tanja Luckins, Bart Ziino and Marina Larsson have placed the issue firmly at the forefront of historical investigation.²⁹

²⁸ L L Robson, 'The Origin and Character of the First AIF, 1914-1918: some Statistical Evidence', in *Historical Studies*, 15, 61, 1973, p.743. The figure was even higher in some rural areas, where up to 95% of men enlisting were single. See John McQuilton, 'Enlistment for the First World War in rural Australia: The case of north-eastern Victoria, 1914-1918' in *Journal of the Australian War Memorial*, Issue 33, 2000, available online at www.awm.gov.au/journal/j33/mcquilton.htm

²⁹ Stephen Garton, *Medicine and Madness: A social history of insanity in New South Wales 1880 - 1940*, University of New South Wales Press, Kensington, 1988; Stephen Garton, *The Cost of War: Australians Return*, Oxford University Press, Oxford, 1996; Joy Damousi, *The Labour of Loss: Mourning, Memory and Wartime Bereavement in Australia*, Cambridge University Press, Cambridge, 1999; Bruce Scates, *Return to Gallipoli: Walking the Battlefields of the Great War*, Cambridge

Prior to these studies, the emotional and psychological reaction of Australian parents who lost sons during the war was unknown territory, outside of poetry and popular literature.

Australian novelists began publishing war-related fiction even while the conflict continued, such as Arthur Wright's *The Hate of a Hun* and John Butler Cooper's *Coo-oo-ee! A Tale of Bushmen from Australia to Anzac*, both released in 1916. However, as Christina Spittel has argued, while positioning their protagonists as engaging with different manifestations of loss, the authors' over-arching themes are those of the fatalistic soldier or, on the home front, mourning as an impetus to channel grief into patriotic war work and "as a uniting experience: it is shown to connect the living — in Australia, and in the Empire".³⁰ Spittel further claims that while writers during the inter-war years were "agents of remembrance", they also carved their characters as "stoic mourners who were quick to overcome feelings of loss, and whose episodic losses are enfolded in narratives in which interest lies elsewhere".³¹

This cannot be said for Katharine Susannah Prichard's *Intimate Strangers*, published in 1937, four years after the suicide of her war-hero

University Press, Cambridge, 2006 and Bruce Scates, 'In Gallipoli's Shadow: Pilgrimage, Memory, Mourning and the Great War', in *Australian Historical Studies*, 119, April 2001, pp.1-21. Pat Jalland, *Australian Ways of Death: A Social and Cultural History 1840-1918*, Oxford University Press, South Melbourne, 2002; Pat Jalland, *Changing ways of death in twentieth century Australia: war, medicine and the funeral business*, University of New South Wales, Sydney, 2006; Tanja Luckins, *The Gates of Memory: Australian People's Experiences and Memories of Loss and the Great War*, Curtin University Books, Fremantle, 2004, Bart Ziino, 'A Distant Grief': *Australians, War Graves and the Great War*, University of Western Australia Press, Crawley, 2007 and Marina Larsson, *Shattered Anzacs: Living with the scars of war*, UNSW Press, Sydney, 2009

³⁰ Christina Spittel, 'The Deepest Sorrow in Their Hearts': Grief and Mourning in Australian Novels about the First World War, in Martin Crotty (ed), *When the Soldiers Return: November 2007 Conference Proceedings*, University of Queensland, School of History, Philosophy, Religion and Classics, 2009, p.29

³¹ Christina Spittel, 'The Deepest Sorrow in Their Hearts': Grief and Mourning in Australian Novels about the First World War, p.30

husband, Hugo Throssell, VC. The enduring complications of shell shock and war trauma are brought vividly to life as the fictional Greg, a returned man, feels “it was indecent, somehow, to survive them. It had taken him a long time to live among people who knew nothing of ... men lying smashed and dying in unutterable confusion ... he had brooded over it: brooded almost to madness”.³² Likewise, Mabel Balcombe Brookes’ grieving wife in *On the Knees of the Gods*, published in 1922, imagines her husband, listed as missing, “slowly suffocating ... left lying in No-Man’s land, bleeding and unattended ... suffering from shell shock, wandering aimlessly the French fields and villages unable to understand or be understood”.³³

Strikingly, both these novels ultimately eschewed the portrayal of the reality of unresolved loss for their Australian readers. Prichard altered the conclusion of *Intimate Strangers* prior to publication, replacing Greg’s suicide with an unlikely reconciliation with his wife, while Balcombe Brookes’ Ernestine travels to France, locates her husband, missing on the battlefields, and is able to attend his death-bed in a military hospital. It would seem that even those writers who crafted enormous challenges for their characters were still tempted to soften the narrative conclusion. During the inter-war years, a country in mourning was not yet ready to hold a mirror to its own pain.

More well-known Australian novels, such as George Johnston’s semi-autobiographical *My Brother Jack*, and more recently, Peter Yeldham’s *Barbed Wire and Roses*, Shirley Walker’s *The Ghost at the Wedding*, Chris Womersley’s *Bereft*, Tom Keneally’s *The Daughters of Mars* and Bruce Scates’ *On Dangerous Ground*, have all examined Australia’s experience

³² Katharine Susannah Prichard, *Intimate Strangers*, cited in John Hamilton, *The Price of Valour*, Macmillan, Sydney, 2012

³³ Mabel Balcombe Brookes, *On the Knees of the Gods*, cited in Spittel, ‘The Deepest Sorrow in their Hearts’, p.28

of the First World War in part through the lens of grief and trauma.³⁴ On the whole, however, these fictional accounts have concentrated on the damaged survivor or the impact on the nurses, wives, lovers or children of those who did not return. The experience of parents as a distinct, and distinctly different group of mourners, is still marginalised in the fictional literature, as well as the historical.

This is not to deny that many young soldiers would have left behind a grieving fiancé or girlfriend, but there was a reason the Official Historian, Charles Bean, often referred to the soldiers as 'boys'.³⁵ Over half of the more than 400 000 men who enlisted were under the age of twenty-four³⁶ and by 1918, the median age of new recruits was just twenty.³⁷ Some historians have argued that, traditionally, the expression of mourning by parents was often absent, because a language of mourning did not exist. The word 'widow', for example, immediately evokes a woman whose husband has died, and 'orphan', a child who has lost both parents; yet there is no English, French or German term for a parent who has lost a child.³⁸

³⁴ George Johnston, *My Brother Jack*, Collins, London, 1964; Peter Yeldham, *Barbed Wire and Roses*, Penguin Books, Melbourne 2008; Shirley Walker, *The Ghost at the Wedding*, Penguin Books, Melbourne, 2009; Chris Womersley, *Bereft*, Scribe, Melbourne, 2011; Tom Keneally, *The Daughters of Mars*, Vintage, Sydney, 2012; Bruce Scates, *On Dangerous Ground: A Gallipoli Story*, UWA Publishing, Perth, 2012

³⁵ Tanja Luckins, *The Gates of Memory*, p.35

³⁶ L L Robson, 'The Origin and Character of the First AIF 1914-1918: some Statistical Evidence', p.739

³⁷ L L Robson, 'The Origin and Character of the First AIF 1914-1918: some Statistical Evidence', p.739

³⁸ Stéphane Audoin-Rouzeau and Annette Becker, *14-18 Understanding the Great War*, p.176. In the wake of a massacre at a one room Amish school in Lancaster County, Pennsylvania in October 2006 in which five young girls were shot and killed, the local Amish community adopted the Pennsylvania Deutsch word "zeitling", roughly translated as the keen yearning or grief of a parent after the death of their child. It has also been used by some US families bereaved during the current Iraq War at www.zeitlangers.com [accessed 13 August 2008]. I thank Professor Di Kelly for alerting me to this source.

Philippe Aries has argued that high mortality rates around the world throughout most of human history meant that the notion of parental bereavement as a shocking emotional blow with life-long repercussions is a modern phenomenon, as “people could not allow themselves to become too attached to something that was regarded as a probable loss”.³⁹ Such indifference is not borne out by evidence. Islamic scholar Al-Sakhawi’s consolation treatise to bereaved parents was written in the fifteenth century after the death of his own young son, and recognised the unique psychological relationship between parent and child and the devastating impact of loss.⁴⁰ Similar lamentations were recorded during the Middle Ages when the poet Ibn Nubata rejected the idea that the death of a small child should not evoke feelings of immense loss, “The child was small’, they say, ‘not so the grief for him’, say I”.⁴¹ The Prophet Mohammed, who lost his own infant son at the age of sixteen months, was said to have proclaimed, “the greatest loss is that of a son ... who dies before his father”.⁴² An English mother who buried her fourth child, a nine year old daughter, lost to smallpox in 1640, wrote movingly that she and her husband “both wished to have gone into the grave with her ... her death made us both desirous to quit that fatall [sic] place to us”.⁴³

The still popular mourning ritual of the Irish wake has its origins in the ancient Celtic tradition of *caoineadh*, or melodic keening, performed by

³⁹ Philippe Aries, *Centuries of Childhood*, cited in Avner Giladi, “The Child Was Small, Not So the Grief for Him”: Sources, Structure and Content of Al-Sakhawi’s Consolation Treatise for Bereaved Parents’, in *Poetics Today*, 14(2), 1993, p.370

⁴⁰ Avner Giladi, “The Child Was Small, Not So the Grief for Him”: Sources, Structure and Content of Al-Sakhawi’s Consolation Treatise for Bereaved Parents’, in *Poetics Today*, 14(2), 1993, p.373

⁴¹ Ibn Nubata, cited in Avner Giladi, “The Child Was Small, Not So the Grief for Him”, p.368

⁴² Prophet Mohammed, cited in Avner Giladi, “The Child Was Small, Not So the Grief for Him”, p.373

⁴³ Lady Fanshawe, cited in Raymond A Anselment, “The Teares of Nature”: Seventeenth Century Parental Bereavement’, in *Modern Philology*, Volume 91, No.1, August 1993, p.30

women in the presence of the corpse. This is first attributed to Bridget, Temple Goddess of Irish mythology who, “came and keened for her son. At first she shrieked, in the end she wept. Then for the first time weeping and lamentation were heard in Ireland.”⁴⁴ Early modern Lutheran writings also underscored the misery of parental bereavement. In a series of funeral sermons conducted for children between 1575 and 1577, Pancratius of the parish Hof an der Saale, noted that the love of parents for their children was “amongst the most powerful of emotions that grip the human heart” and equated the extreme grief on the death of a child to “the strongest wine producing the sourest vinegar”.⁴⁵

Modern clinicians now acknowledge that “in losing the child the parent loses not only the relationship but a part of the self and a hope for the future” and that “the death of a child is the most significant and traumatic death”.⁴⁶ This is based on the ‘attachment theory’ pioneered in the 1950s and 1960s by John Bowlby and Mary Ainsworth, which revolutionised the understanding of the bond between parent and child and “its disruption through separation, deprivation or bereavement”.⁴⁷ Later theorists such as psychiatrists Beverley Raphael and Colin Murray Parkes expanded this field of knowledge; however American scholars Dennis Klass and Samuel J Marwit have contended that neither the attachment model nor its later extension, the Freudian-based psychoanalytic model espoused by Jonathon and Sally Bloom-

⁴⁴ *Leabhar Gabhála* (translated as *Book of Invasions*), cited in Narelle McCoy, ‘Madwoman, Banshee, Shaman: Gender, changing performance contexts and the Irish wake ritual’, in Elizabeth Mackinlay, Brydie-Leigh Bartleet and Katelyn Barney (eds), *Musical Islands: Exploring Connections between Music, Place and Research*, Cambridge Scholars Publishing, Cambridge, 2009, p.211

⁴⁵ Andreas Pancratius, cited in Anna Linton, *Poetry and Parental Bereavement in Early Modern Lutheran Germany*, Oxford University Press, Oxford, 2008, p.21

⁴⁶ Beverley Raphael and P J Clayton, respectively, cited in Raymond A Anselment, “The Teares of Nature, p.29

⁴⁷ Inge Bretherton, ‘The Origins of Attachment Theory: John Bowlby and Mary Ainsworth’, *Developmental Psychology*, Vol 28, No 5, 1992, p.759

Feshbach⁴⁸, among others, can “appropriately or adequately account for the phenomenon of parental grief.”⁴⁹

The relationship between parent and child is different from any other link. The connection between spouses, siblings, lovers or friends is both endless and rewarding, yet it can tend toward the superfluous.⁵⁰ There is no greater bond between a parent and a child. Regardless of whether a child was aged three, thirteen, or thirty, by the dawn of the twentieth century, there existed both a cultural and social assumption that mothers and fathers should never bury their children. This supports Miriam Guy’s claim that the intensity of losing a son in war could be greater for a parent than that of a wife who had lost her husband. Guy argues it was more difficult for parents to bear the burden of loss than wives. A young widow had some opportunity to make a new life and re-marry, whereas aging parents could never replace an adult child.⁵¹

Australian High Court Justice Henry Higgins received a condolence letter from another bereaved father, after Higgins’ only child Mervyn was killed in action in Palestine in 1917. It demonstrates how parents’ confidence in the future was totally shattered by bereavement. Mr Jeffries wrote, “My boy was named Allan, he was thirty years of age, a fine big fellow and all gold. What my hopes and yours were for our sons, and there’s

⁴⁸ Jonathon Bloom-Feshbach, and Sally Bloom-Feshbach, *The psychology of separation and loss: Perspectives on development, life transitions, and clinical practice*, Jossey-Bass, San Francisco, 1987

⁴⁹ Dennis Klass and Samuel J Marwit, ‘Toward a Model of Parental Grief’, *OMEGA, Journal of Death and Dying*, Vol 19, No.1, 1988/89, pp. 31-50

⁵⁰ Judy Tombrink-Dierkhising, *Parental bereavement: How mode of death influences the grief process*, PhD Thesis, Department of Philosophy, University of Nebraska, 1992, p.2

⁵¹ Miriam Guy, ‘The Adjustments of Parents to Wartime Bereavement’ cited in Luckins, *The Gates of Memory*, p.49. In this case, Guy was specifically referring to the 1967 Arab-Israeli War.

the end of them.”⁵² This echoes Freud’s description of bereavement, written as a direct response to the war, “our hopes, our desires and our pleasures lie in the grave with him, we will not be consoled, we will not fill the lost one’s place”.⁵³

Mothers too, faced an uncertain future clouded with anxiety and longings. For example, Mrs Johnston, who had lost her son in France, explained, “I have almost lived in solitude for the past year, I have had a good deal of depression.”⁵⁴ Mrs Mason apologised she was unable to attend an Anzac Fellowship of Women luncheon for bereaved mothers in Sydney and hinted at the possibility of a release from her torment: “I am sorry I won’t be able to attend, but you will quite understand I am sure. I have not been out anywhere for some time now, I do wish it was all over”.⁵⁵

David Cannadine views the wholesale grief of the war in the context of demographic and medical changes during the nineteenth century where the death of children and adolescents had become less frequent, with the corresponding belief that children would – and should - outlive their parents.⁵⁶ A medical study of parents bereaved during the Yom Kippur war of 1973 found that the death of an adult child in war was:

... a stressful life event demanding the highest degree of adjustment in the parents ... the deaths are untimely, often unexpected and always contrary to the

⁵² Letter dated 4 January 1917, from Mr G Jeffries to Mr Justice H B Higgins in AWM 3DRL/421, Mervyn Bournes Higgins

⁵³ Freud, ‘Our Attitude toward Death’, p.290

⁵⁴ Letter dated 3 January 1927, from Mrs A E Johnston to Mary Booth, Anzac Fellowship of Women, Mitchell Library of NSW, ML MSS 2109 1 (5) – Mary Booth Papers, 1905-1957

⁵⁵ Letter dated 5 May 1926, from Mrs N Mason to Mary Booth, ML MSS 2109 1 (5) – Mary Booth Papers, 1905-1957

⁵⁶ David Cannadine, ‘Death and Grief in Modern Britain’ in Joachim Whaley (ed). *Mirrors of Mortality: Studies in the Social History of Death*. Europa Publications Limited, London, 1981, p.217

generational law by which it is understood that parents rarely bury their children. Exceptions to this law are a major affront to biological and psychological behaviour.⁵⁷

Unsurprisingly, Israel has a strong record in the field of statistical and epidemiological based studies of loss and bereavement. One recent report established that the stage of life of the child was a major factor in understanding the impact of loss on parents. It found Israeli parents mourning the loss of an adult son killed in war showed “a significant decline in overall functioning and a higher degree of continued preoccupation with thoughts of the deceased”, in comparison with the “relative resilience” of bereaved young mothers who lost babies to Sudden Infant Death Syndrome.⁵⁸

A 1996 American study described the symptoms of ‘complicated grief’ as “yearning, searching for the deceased, intrusive thoughts, being stunned by the death” which was associated with “enduring dysfunction.”⁵⁹ Yearning and searching are certainly two behaviours that feature prominently in the stories of bereaved Australian parents. And enduring dysfunction often manifested as mental illness.

Some distinguished works have been published on cultural aspects of the European experience of wartime bereavement,⁶⁰ but these have

⁵⁷ Itzhak Levav, Yehiel Friedlander, Jeremy Kark, & Eric Peritz, ‘An Epidemiologic Study of Mortality Among Bereaved Parents’, in *The New England Journal of Medicine*, 319(8), 1988, p.457

⁵⁸ Simon Shimshon Rubin, Ruth Malkinson and Eliezer Witztum, ‘The Pervasive Impact of War-Related Loss and Bereavement in Israel’, *International Journal of Group Tensions*, Volume 28, Numbers 1/2, 1999, p.143

⁵⁹ Progerson, Holly G; Bierhals, Andrew J; Kasl, Stanislav V; Reynolds, Charles F; Shear, M Katherine; Newsom, Jason T and Jacobs, Shelby, ‘Complicated Grief as a Disorder Distinct from Bereavement-related Depression and Anxiety: A Replication Study’, *The American Journal of Psychiatry*, Volume 153, Number 11, November 1996, p.1484

⁶⁰ See particularly Jay Winter, *Sites of Memory, Sites of Mourning: The Great War in European Cultural History*, Cambridge University Press, Cambridge, 1995; Jay

tended to place mourning in an overall context of public commemoration and nationalistic mythology, rather than at the microcosm of individual family sorrow. Although Australia shared the consequences of trench warfare with Europe, it differed in one fundamental aspect: distance. Not only were the bereaved denied the physical presence of the body, they were also denied the chance to visit any gravesite, no matter how simple it may have been. Pat Jalland has noted that the absence of a body, details of burial and a gravesite created ongoing fears that loved ones had not died, but rather were still lost, injured or helpless. The trauma of not knowing often meant that death could never be fully accepted.⁶¹

The denial could last a lifetime. At the outbreak of the Second World War in 1939, a mother whose two sons had been listed as missing at Lone Pine in 1915 was reported to have said, “Wouldn’t it be funny if they found the boys wandering around and they got their memories back!”⁶²

David Lloyd claims distance and cost made it impossible for most Australians to travel to known graves in Turkey, Palestine, Egypt and Europe and this forced the Australian bereaved to appropriate local war memorials and commemorations as a surrogate for the gravesite.⁶³ Bart Ziino’s research, however, has shown that, far from the importance of distant graves being subsumed by local memorials, the foreign grave itself was a central focus of personal grief and real or imagined connections to it remained crucial to the bereaved.⁶⁴ Further, a

Winter and Emmanuel Sivan (eds), *War and Remembrance in the Twentieth Century*, Cambridge University Press, Cambridge, 1999; Alex King, *Memorials of the Great War in Britain: The Symbolism and Politics of Remembrance*, Berg, Oxford, 1998 and David W Lloyd, *Battlefield Tourism: Pilgrimage and the Commemoration of the Great War in Britain, Australia and Canada 1919 - 1939*, Berg, Oxford, 1998

⁶¹ Jalland, *Australian Ways of Death*, p.322

⁶² Patsy Adam-Smith, *The Anzacs*, Penguin Books, Ringwood, 1991, p.4

⁶³ David Lloyd, *Battlefield Tourism*, p.189

⁶⁴ Bart Ziino, *A Distant Grief*, p.5

surprising number of Australians did travel to Europe in the years immediately after the war searching for the last resting places of their sons. The agency Cook's organised 450 visits to European graves in 1923, and over 1100 in 1924.⁶⁵ Ziino acknowledges that despite these numbers, there was a largely unspoken recognition that most would never see their boys' graves or memorials in person. There was, however, a distinct impression that those few who could make the journey should act as unofficial proxies for the majority who could not, and report back to Australians on the conditions of the cemeteries and provide "a way for the bereaved to assert some personal agency in the commemoration of their dead overseas".⁶⁶

Some Australians were fortunate enough to have connections in England through which their search could be conducted. Lieutenant Abel Sheath of the 18th battalion had stayed with the Dr Jenner and his family in Devon while on leave (pictured together next page). In 1919, the Jenners made the journey to France seeking Abel's grave on behalf of his Australian family. Ella Jenner's diary records the devastation of the country, "St Quentin is utterly destroyed it makes one shudder to think of what the mental state of the inhabitants was" and their shock at seeing "land that is desolate, bearing ineradicable marks of Hun 'culture'".⁶⁷ Despite being advised that "with the uncertainty as to the grave we should need a day or two to find it",⁶⁸ the Jenners were determined to seek it out and sent photographs of Abel's grave to his family on their return to England.

⁶⁵ Bart Ziino, "The majority will never visit the graves": Australian pilgrimages to World War I graves 1918-1939', paper given at the *Australian Historical Association Conference*, Griffith University, July 2002, p.2

⁶⁶ Ziino, "The majority will never visit the graves", p.4

⁶⁷ Ella Jenner, Diary, 5 August 1919, AWM PR 83/113, Letters, diaries and photographs of Lt Abel Richmond Sheath, MC

⁶⁸ Ella Jenner, Diary, 10 August 1919, AWM PR 83/113, Sheath



Later travellers in the 1920s, when the official IWGC cemeteries were being erected, were provided with the consolation that the cemeteries “were more like beautiful parks with well-tended gardens”⁶⁹ and were able to report that “no Australian mother need fear that her son’s sacrifice has not been fittingly remembered.”⁷⁰

These early travellers, of course, were a privileged class: many fares were priced at well over a working man’s yearly wage.⁷¹ Many of the bereaved petitioned the Australian government for financial assistance to cover, or at least subsidise their fares. Mrs McMillan pointedly noted “Australia was unique in the war, the distance being so great ... and now expensive fares will prevent any mothers from going to France and Egypt”.⁷² Mrs Luttrell, having lost her son, Arthur, a month before the Armistice, begged that the Government should “help me to visit my dear one’s

⁶⁹ Ziino, “The majority will never visit the graves”, p.4

⁷⁰ Ziino, “The majority will never visit the graves”, p.3

⁷¹ Scates, *Return to Gallipoli*, p.67

⁷² Jane McMillan, letter dated 29 October 1921 to Prime Minister Hughes, cited in Scates, *Return to Gallipoli*, p.65

resting place there was seven of our sons went to war ... surely I have won the right to ask such a small favour".⁷³ No such subsidies were forthcoming.⁷⁴

It is instructive, however, to note the desire among the bereaved for a physical connection to the graves. Bearing witness to the cemetery and the headstone would bring some resolution, a comprehension of the landscape in which the war was fought and the comfort of seeing the plots well-tended. It was a theme that recurred in experiences of extreme bereavement. Annie M, committed to Callan Park due to her anxiety over the war, insisted to doctors she "was in France last night to see the graves of her sons".⁷⁵

Like the Jenners, many early pilgrims wrote and publicised their own descriptions of the new cemeteries to bring comfort to those who could not travel themselves. Mabel Dowding of Sydney, for example, travelled to France in 1928 as part of an official Australian delegation and noted, "it is a quiet little spot and is most beautifully kept", "the headstones are placed with the name of each man and a garden, bright with roses and pansies is planted at the spot ... it is really very beautiful" and at the site of the proposed national memorial at Villers Bretonneux, "a thing of beauty, being one great picture of Dorothy Perkins roses, it was truly beautiful".⁷⁶ Another father wrote in a letter published in the local newspaper, "We have just returned from ... visiting our lad's grave in

⁷³ Emily Luttrell, letter dated 16 October 1922 to Minister of Defence, cited in Scates, *Return to Gallipoli*, p.65

⁷⁴ Note however, the contrast with the experience of the United States, where the bereaved, the 'Gold Star Mothers', successfully petitioned their Government to obtain sponsored overseas pilgrimages between 1933-1945 at a cost of US\$5,386,367. See Lisa M Budreau, 'The Politics of Remembrance: The Gold Star Mothers' Pilgrimage and America's Fading Memory of the Great War', *The Journal of Military History*, 72, April 2008, pp.371-411.

⁷⁵ Western Sydney Records Office, Series Number 4984, Admission Files, Callan Park Mental Hospital, 14/9424 - 1- 30 April 1920, No.1920-150.13566

⁷⁶ Mabel Dowding, Diary, Mitchell Library of NSW, MLMSS 4249 - Mabel Dowding

Bancourt cemetery ... may I state that we were glad to see the condition in which the war cemeteries are being kept.”⁷⁷

Bruce Scates has found similar sentiments in his use of oral testimony to study more recent pilgrimages by Australians to the ‘sacred’ war cemeteries and battlefields of the Gallipoli and the Western Front.⁷⁸ To some extent, the distance between Australia and the sites of conflict continues to feature in modern day negotiations between memory, commemoration and physical location. Australia is still a very long way from Europe and, while safety, ease of air travel and greatly reduced costs have ameliorated the risks and obstacles of war grave tourism, a trip to visit the battlefields of the Great War is still a noteworthy event, and the proxy mourners bridge the generations in seeking the resting places of their ancestors as agents for those in their families who could not. At a recent Anzac Day dawn service at Gallipoli, one felt, “I’m here for you today, Dad, and I’m here for all the family”⁷⁹ while another “was not prepared for the sense of loss that came with seeing his name chiselled into stone”.⁸⁰ Many were “the first person in the family to visit his grave ... it was a bit of closure for me”⁸¹ and returned home to elderly relatives who were “delighted with the photos of her brother’s last resting place and [so pleased] that we had been interested enough to seek it out. No one in the entire family had ever visited there.”⁸²

Parental bereavement, of course, was played out within the context of community and national bereavement and commemoration. In the

⁷⁷ Correspondence dated 9 December 1927, from Mr R Finlayson to John Treloar, in AWM file 93/12/11/596, Australian War Memorial Registry file: Request for donation of private records, R B Finlayson

⁷⁸ Scates, ‘In Gallipoli’s Shadow: Pilgrimage, Memory, Mourning and the Great War’, pp1-21.

⁷⁹ Winsome P, cited in Scates, *Return to Gallipoli*, p.110

⁸⁰ John M [Mac], cited in Scates, *Return to Gallipoli*, p.106

⁸¹ Mike M, cited in Scates, *Return to Gallipoli*, p.107-108

⁸² Audrey C, cited in Scates, *Return to Gallipoli*, p.112

absence of traditional funerals and graveyards, it is not surprising that war memorials became ubiquitous landmarks across the Australian landscape in the years after the war. While these could provide a focal point for a town's commemoration and a permanent record of the sacrifice of its men and women, more commonly, divisions and contests over the meaning of these memorials divided communities more than they united them. As the official meaning of the war came to be embodied in the figure of the gallant heroic soldier, the contributions and sacrifices of parents were marginalised.⁸³

The construction of the central memorial in Wollongong, for example, was characterised more by sectarian and factional discord and formal officialdom than any overt expression of community grief. A letter published in the *Illawarra Mercury* in late 1918 urged the establishment of a memorial "to the patriotism, loyalty and self-sacrifice of those in the municipality and the immediate neighbourhood" lest the declaration of peace result in "the matter being allowed to drop and nothing be done".⁸⁴

The matter was still dragging on in April 1920 and it was felt to be embarrassing that "one of the largest country towns of the State ... has no memorial to the memory of those who died and those who returned from facing death".⁸⁵ The design was beginning to cause some dissention among the prominent local men who had assumed control of the project. Rev. Stumbles offered to donate £28 from patriotic collections but only if God was mentioned on the memorial. Mr Waters argued that the paltry £100 or so already raised was never going to grow

⁸³ See particularly, John McQuilton, *Rural Australia and the Great War: From Tarrawingee to Tangambalanga*, Melbourne University Press, Melbourne, 2001, p.133; Damousi, *Labour of Loss*, p.44; Luckins, *The Gates of Memory*, p.195

⁸⁴ Correspondence from Ernest L Sutton, *Illawarra Mercury*, 22 November 1918

⁸⁵ *Illawarra Mercury*, 23 April 1920

to the £1000 needed for a decent memorial and that a hall for soldiers be established at the School of Arts instead, a proposal that was endorsed by the RSSILA. In 1921, the lady collectors reported that a door-to-door canvass would be lucky to yield £200⁸⁶ and a design was finalised only after the architect Varney Parkes offered to donate his services free of charge.⁸⁷

The Governor of New South Wales arrived in August 1922 to set the foundation stone amid great fanfare. Schools and businesses were closed for the afternoon while a military procession headed down Crown Street to the Town Hall, which had been decorated with four hundred flags.⁸⁸ The Governor General, Lord Forster, finally unveiled the Memorial itself (pictured below) on 3 June 1923, in front of an assembly of politicians, military officers and prominent dignitaries.



The Mayor spoke of how exciting it was for Wollongong to have a vice-regal visit for the first time in twenty years, while Lord Forster recounted the importance of the Battle of Jutland in proving the reputation of the

⁸⁶ *Illawarra Mercury*, 29 July 1921

⁸⁷ *Illawarra Mercury*, 7 July 1922

⁸⁸ *Illawarra Mercury*, 4 August 1922

British Navy and said he and Lady Forster were envious of the lovely beaches in the area.⁸⁹ The families of the fallen were barely mentioned in the speeches and it was not recorded how many of them attended the ceremony. The memorial carried the names of three hundred and fifty eight locals, seventy-four of whom had lost their lives.

Ken Inglis argues that the primary purpose of the memorials were “public declarations, acts of formal homage ... honouring the sacrifice of the dead and the service of the survivors”⁹⁰ yet John McQuilton demonstrates how easily the issue of memorialisation and ownership of the war, and Australia’s sacrifice in it, could become bitterly divisive at the local level.⁹¹

Jay Winter sees the commemorative rituals at war memorials in Europe as the “means of avoiding crushing melancholia, of passing through mourning, of separating from the dead and beginning to live again”.⁹² Yet, while Jalland acknowledges it is impossible to surmise how effective war memorials were in mitigating the grief of the bereaved in Australia,⁹³ she agrees with Inglis’ conclusion that Winter’s claim is not valid for Australia, where most of the large memorials were constructed too late “to serve most bereaved people as sites of healing meditation.”⁹⁴

Linda Wade’s study of Villers Bretonneux confirms this. The construction of Australia’s national memorial in France was plagued with disagreement and dispute, whereby the project was stalled and suspended for many years until 1931. After a visit to Australia by the

⁸⁹ *Illawarra Mercury*, 5 June 1923

⁹⁰ K S Inglis, *Sacred Places: War Memorials in the Australian Landscape*, Melbourne University Press, Carlton South, 1999, p.281

⁹¹ McQuilton, *Rural Australia and the Great War*, p.210-215

⁹² Winter, *Sites of Memory, Sites of Mourning*, p.115

⁹³ Jalland, *Australian Ways of Death*, p.325

⁹⁴ Inglis, *Sacred Places*, p.223

IWGC's doughty champion Sir Fabian Ware, consensus was finally reached, albeit with a contribution from the Australian government whittled from the earlier promised £100,000 to just £10 000.⁹⁵ Wade contends that the memorial, finally unveiled in 1938, had become, as insisted by the Australian Government and the Australian War Memorial, "a soldiers' memorial"⁹⁶ and that "most people were excluded from forming an emotional attachment to it through the public memory making which surrounded it".⁹⁷

In contrast to the Government's refusal to grant financial assistance to mourners in Australia who sought aid to travel to France, Prime Minister Lyons agreed to subsidise Australian soldiers still in living in England the amount of £1 to assist with their travel across the Channel for the unveiling. On the recommendation of Stanley Melbourne Bruce, however, the grant was confined to soldiers as he felt there were too many "widows and mothers of deceased soldiers".⁹⁸ Far from becoming a focus of familial grief or a site of "healing meditation", Australia's national memorial in Europe emphatically stood as the embodiment of all the clichés of male nationalistic imperialism of its time.

In his study of mourning and commemoration in both the United States and Great Britain, Gerald Parsons shows ways in which the establishment of sacred memorials, rituals, symbols and days of commemoration created a 'civil religion'.⁹⁹ Such civil religions are concerned with "providing beliefs, values, rituals and ceremonies that

⁹⁵ Linda Wade, *By Diggers Defended, By Victorians Mended: Searching for Villers Bretonneux*, PhD Thesis, School of History and Politics, University of Wollongong, 2008, p.242

⁹⁶ Wade, *By Diggers Defended, By Victorians Mended*, p.252 See also McQuilton, *Rural Australia and the Great War*, p.210-212

⁹⁷ Wade, *By Diggers Defended, By Victorians Mended*, p.247

⁹⁸ Wade, *By Diggers Defended, By Victorians Mended*, p.254

⁹⁹ Gerald Parsons, *Perspectives on Civil Religion*, Open University, Milton Keynes, 2002, p.42

unite communities and societies, providing a shared sense of history.”¹⁰⁰ Alex King has also discussed these phenomena in the terms of a “national cult”¹⁰¹ whereby the use of the term ‘Armistice tide’ to describe 11 November in Britain gave the commemoration “the air of an ancient religious tradition.”¹⁰² The language of sacrifice, debt and honour imputed sacredness to the experience of war and provided “a focus for national unity, integration and sense of both shared history and shared duty.”¹⁰³ This is a particularly state-centric view of the mourning and commemorative process and Parsons acknowledges that it is the personal interaction with war graves and monuments that gives the process of remembrance a “degree of personal devotion or even spirituality.”¹⁰⁴

Winter has insisted the nucleus of the culture of remembrance after the Great War was “small-scale, locally rooted social action ... [some] ... were family based, but others were among people whose ties were based on experience rather than marriage or filiation.”¹⁰⁵ Winter’s research is focussed entirely on the European experience, including Germany’s, but his examination of the “fictive kinship”¹⁰⁶ of associations as expressions of local collective mourning that enabled the bereaved to cope with their grief¹⁰⁷ is reflected in the Australian experience.

The Returned Sailors and Soldiers Imperial League of Australia (RSSILA, later the Returned Services League) was important in attempting to meet

¹⁰⁰ Richard Peirard and Robert Lindner, cited in Parsons, *Perspectives on Civil Religion*, p.98

¹⁰¹ King, *Memorials of the Great War in Britain*, p.20

¹⁰² King, *Memorials of the Great War in Britain*, p.21

¹⁰³ Parsons, *Perspectives on Civil Religion*, p.43

¹⁰⁴ Parsons, *Perspectives on Civil Religion*, p.99

¹⁰⁵ Jay Winter, ‘Kinship and remembrance in the aftermath of the Great War’ in Jay Winter and Emmanuel Sivan (eds), *War and Remembrance in the Twentieth Century*, Cambridge University Press, Cambridge, 1999, p.59

¹⁰⁶ Winter, ‘Kinship and remembrance in the aftermath of the Great War’, p.54ff

¹⁰⁷ Winter, ‘Kinship and remembrance in the aftermath of the Great War’, p.60

the needs of returned men and act as a political agent on their behalf,¹⁰⁸ but other bereaved-centred organisations were established in the years immediately following the war. The fledgling volunteer organisations and support groups, such as the Diggers' and the Dads' Association, The Sailors' and Soldiers' Mothers, Wives and Widows Association of NSW; Mothers of Fallen Soldiers, and the Anzac Fellowship of Women, were organised spontaneously to fill specific needs within communities and functioned as agents of mourning and remembrance. While they may have congregated together on state sanctioned commemorative days, their origin was much more personal.¹⁰⁹ While many were early lobby groups, whose members petitioned parliament and the press for more attention to the difficulties experienced by the bereaved, they were also a way to seek solace among those who had experienced the shock of loss and a form of private remembrance. The Sailors' and Soldiers' Fathers Association (pictured next page) was formed in Victoria in May 1918 to allow "fathers to grieve by allowing overt expression of anguish, as well as of anger."¹¹⁰

¹⁰⁸ For more detailed history of the RSL, see Garton, *The Cost of War: Australians Return*, Martin Crotty, "The Anzac citizen: towards a history of the RSL", *Australian Journal of Politics and History*, 53.2, 2007, pp. 183-193 and Clem Lloyd and Jacqui Rees, *The Last Shilling: A History of Repatriation in Australia*, Melbourne University Press, Carlton, 1994

¹⁰⁹ Winter, 'Kinship and remembrance in the aftermath of the Great War', p.59

¹¹⁰ Damousi, *The Labour of Loss*, p.52



Many women's organisations were formed by a collective wish to share in the public memory of the war, a statement that they were no longer "prepared to continue to be stoic and forbearing."¹¹¹ The Sailors' and Soldiers' Mothers, Wives and Widows Association of NSW was a voice for mothers to "claim legitimacy for their grief"¹¹² in petitioning the government for pensions equal to those for widows, while Legacy was formed in 1923 to protect the dependents and children of those who never returned. For many bereaved parents, membership of these associations provided a level of understanding and companionship that was essential in relieving the loneliness and pain of loss.

Sarah Jane Powell had lost her brother in France and her second eldest son, a member of the Royal Flying Corps, in a training accident in England in 1917. She became a foundation member of the Soldiers' Mothers' Association in Victoria in 1919, and was elected President in

¹¹¹ Damousi, *The Labour of Loss*, p.42

¹¹² Damousi, *The Labour of Loss*, p.43

1921 and Life President in 1926, her understanding of the needs of invalided soldiers and bereaved families underscored by her own experiences. She was also elected to the National War Memorial Committee of Victoria in 1927 as a representative of the bereaved to advise on the construction of the Shrine of Remembrance.¹¹³ The support she received, and was able to offer others, within these voluntary consolation and commemorative networks, must have provided a lifelong solace for Sarah Jane. She was awarded the OBE for her services to returned men and their families in 1943 and attended regular meetings of the Association until five days before her death in 1955, aged ninety-two.¹¹⁴

Joy Damousi has shown that Anzac Day, and particularly women's participation in it, was highly controversial territory during the interwar period, particularly in the 1930s when some believed that the participation by women and children in the dawn services "totally destroyed the significance of the occasion".¹¹⁵ The acknowledgement of the sacrifice of parents, so prominent during the war years, as both a recruitment tool and a salve to grief, was completely marginalised during the 1920s, despite the fact that, as Anne Marie Conde has noted, the passage of time into the 1920s was, for most parents, no time at all. Their grief had experienced no resolution and as they aged, there was "diminishing energy to keep trying".¹¹⁶

¹¹³ Bruce Scates, *A Place to Remember: A History of the Shrine of Remembrance*, Cambridge University Press, Cambridge, 2009, p.90

¹¹⁴ *History of Sarah Jane Powell OBE*, in personal correspondence to the author from Mrs Edna Lemke of Box Hill, Victoria, dated July 2003, in the author's possession. Sarah Jane's persistence with the Association was also no doubt influenced by the death of her grandson Kenneth in 1945, while a POW in Borneo.

¹¹⁵ *The Age*, 27 April 1938, cited in Joy Damousi, *The Labour of Loss*, p.37

¹¹⁶ Anne-Marie Condé, 'Capturing the records of war: collecting at the Mitchell Library and the Australian War Memorial', in *Australian Historical Studies*, 36 (125), April 2005, p.12

Throughout the country, there remained many who were so traumatised by loss that no ritual or commemoration could provide comfort or relief, whose lives were haunted by the often silent sorrow of bereavement.¹¹⁷ Having been denied the comfort of pre-war mourning rituals and certain knowledge of their sons' last hours or days, many parents found themselves living in the memory of the past, unable to reconcile or resolve their grief. It is probable that many parents eschewed the pomp and public display of remembrance days, preferring their own private reflection. For those who had taken Mary Gilmore's advice and would "creep into bed in the dark and weep",¹¹⁸ the depth of their grief was so enormous that it caused many "constantly to live within, or even retreat from, the objective world to one sustained principally by memory or longings".¹¹⁹

Justice Henry Higgins felt "my grief has condemned me to hard labour for the rest of my life".¹²⁰ More than twenty years after her brother's death in battle, a daughter wrote of her father's sorrow on losing his son:

The loss of a son, an only son, is something that no other person can assess. I do not think that anyone, anyone at all, can fully know what the loss meant to my father, and increasingly as he grew older. Only the millions of other fathers who suffered in the same way can realise it. It was always in [his] heart; but he could seldom speak of it.¹²¹

¹¹⁷ Jacqueline Manuel, "We are the women who mourn our dead": Australian civilian women's poetic responses to the First World War', *Journal of the Australian War Memorial*, (29), 1996, [online]

¹¹⁸ Mary Gilmore, 'These Following Men' in Mary Gilmore, *The Passionate Heart*, Angus and Robertson, Sydney, 1918, p.2

¹¹⁹ Jacqueline Manuel, "We are the women who mourn our dead", [online]

¹²⁰ Mr Justice H B Higgins, cited in Jalland, *Australian Ways of Death*, p.321

¹²¹ K Garvin, cited in David Cannadine, 'Death and Grief in Modern Britain' in Joachim Whaley (ed). *Mirrors of Mortality: Studies in the Social History of Death*. Europa Publications Limited, London, 1981, p.216-217

The national monuments, local memorials and official days of mourning and commemoration became very public - and publicly contested - expressions of remembrance¹²² and reveal often-uncomfortable undertones of militarism and exclusionary masculinity. Of greater interest is the more private experiences of bereavement that existed in the minds and in the homes of those for whom “[a]ll days were days of commemoration”.¹²³

Implicit in the literature, however, is a recognition that bereavement was not only about the dead. One in five of the First AIF did not return, but the remaining four in five did: but they were not always the same men who had left Australia. To take two examples. As an elderly man, Les Sproule still clearly recalled the return of his two brothers, Oliver and Hugh, from the war. Oliver, the younger of the two, arrived in Jamberoo on the south coast of New South Wales, in 1919. He looked fit and well following an extended leave in Scotland and England after being discharged, but his family were shocked when Hugh, the older brother, stepped off the train at Kiama station later in 1919. Ten year-old Les, who had also welcomed Oliver home, rushed from school to meet his big brother:

I remember the hug he gave me and said he couldn't believe I'd grown so much in that time. I was so sad when I saw him. He was so thin and sick looking ... Hugh was suffering from diarrhoea, which later became chronic and he still had it until his death at forty-seven years on 1 October 1942.¹²⁴

Similarly, Patsy Adam Smith recalled her mother's revulsion after visiting a brother-in-law gassed in France, “I can't stand it. I can't go again ...

¹²² See for example, John A Moses, 'The Struggle for Anzac Day 1916-1930 and the role of the Brisbane Anzac Day Commemoration Committee', in *Journal of the Royal Australian Historical Society*, June 2002, v88, i1, pp54-75

¹²³ *Daily Telegraph*, 26 April 1920, cited in Damousi, *The Labour of Loss*, p34

¹²⁴ Les Sproule, *Those were the best years*, unpublished autobiography, University of Wollongong Archives, file D158/2/1, p.16

No, but the smell. When he coughs ... and breathes out ... oh, I'm going to be sick".¹²⁵

If we are to engage more fully with the multi-layered and complex issues surrounding individual experiences of wartime bereavement, then the term, bereavement, itself, cannot just refer to loss as death. It must also mean the loss of what existed before, the essence of self, a potential unfilled, so clearly evident in Hugh Sproule and Patsy Adam Smith's uncle. In those terms many Australian families who sent a man to war were bereaved. The idea of noble sacrifice in war was quickly seen for the lie that it was by those who nursed their damaged men at home or visited them in the asylums and hospitals. Many parents who had lost their sons in the trenches may have envied those whose men had survived. The parents of returned men might not have thought themselves so fortunate after helplessly watching their sons suffer through "days of agony and nights of torture".¹²⁶ Many families, then, mourned, if not for a life, then for the loss of confidence in the future and of a potential unfulfilled. The burden of caring for these men, trying to understand their experiences, continuing to love them; must have seemed unbearable, particularly for aging parents.¹²⁷

The often-silent trauma and shadow of a war without precedent, and the memory of sons who had met ugly, violent and sudden deaths so far from home, permeated the houses, hospitals, farms and hamlets across the country. Some quietly endured; others broke apart. The one element that may well be common to all the bereaved parents of Great War was the long-term effects of their loss. For some, grief became the primary motif for the remainder of their days, leading to psychological and physical collapse; for most, the memory of their sons haunted them into

¹²⁵ Patsy Adam Smith, *The Anzacs*, Penguin Books, Ringwood, 1991 [1975], p.3

¹²⁶ *Illawarra Mercury*, 14 November 1924

¹²⁷ See Larsson, *Shattered Anzacs: Living with the scars of war*

the inter-war years. For all of the bereaved, the war was to be a pivotal event of their lives, after which nothing would ever be the same.

Chapter 1

Stories of Loss

*“Today as we look at your photo
A soldier so brave and true
Do you know our hearts are aching
And longing, dear Jack, for you”*

In Memoriam notice, 1918¹

While the long-anticipated announcement of war in August 1914 saw scenes of jubilation and nationalism across Australia, the steadily growing casualty lists that began their dispatch around the country during 1915 went a long way to quelling the initial enthusiasm. By the end of 1916, a pall had descended on cities and hamlets, towns and stations. The scale of loss at Gallipoli, followed by the carnage on the Western Front and the wounded soldiers – limbless, blind and maimed – returning to Australia meant the reality of the conflict was brought home with shocking clarity. The war was no longer simply an abstract opportunity to prove Australia worthy of her place in the Empire, or a chance for adventure for the ‘6/- a day tourists’. Every family with a soldier at the war was primed for news as to the whereabouts and safety of its men. With bereavement an ever-present possibility, theirs was a perpetual anxiety, whereby every report of the dead, wounded and

¹ *In Memoriam notice, Sergeant Jack Buckley, South Coast Times, 25 October 1918*

missing held “for us all a horrible portentous interest”² and “newspapers were scanned daily for names of any Australians we may have known”.³

This chapter traces wartime bereavement from its genesis in 1914 and details the manner in which death was notified, the effects of, and reactions to, news of death and wounding, the importance of condolence letters and the reassurance provided by comrades, chaplains and nurses, and the significance of the grave or a site of burial. It further focuses on how the bereaved negotiated the public and private processes of remembering their loved ones both during and after the war, together with the uncertainty of the fate of the missing and the resulting denial and silence that could lead to prolonged grief and ultimately for some, mental illness.

Delivering death

In Australia, the clergy was the official messenger of death.⁴ Having accepted the Government’s request to convey the news of loss at the beginning of the war, many individual ministers and priests soon had cause to regret the decision. They found they could not visit the homes of their congregants “without frightening the relatives into a week’s nervous sickness” and protested, “it is not fair either to the minister or to the parishioners”. The Rector of Bulli Anglican Church informed his congregation that if bad news were to be delivered “you may rest assured

² Mrs Britomarte James, *My Personal Reminiscences of the War*, Mitchell Library of NSW, MSS 2871

³ Les Sproule, *These were the best years*, unpublished autobiography, UoW Archives, D158/2/1, Stuart Piggin Collection, p.9

⁴ By contrast, the class barriers so evident in the British Army persisted beyond life, where the relatives of enlisted men were sent a letter by ordinary post. Only the families of officers received telegrams, delivered by unlucky, and probably bemused, telegraph boys. See J M Winter, ‘Communities in Mourning’, in Frans Coetzee and Marilyn Shevin-Coetzee (eds), *Authority, Identity and the Social History of the Great War*, Berghahn Books, Providence, 1995, p.327

that he will not call at your house as on an ordinary visit ... you need not be frightened every time you see him.”⁵

The image of the local minister conveying the grim news was one that would stay with many younger siblings for the rest of their lives. Les Sproule recalled witnessing his mother receiving the telegram on his arrival home from school: “Miss Colley held Mother in her arms while her heart almost broke”⁶, while, as an old man, Bobby Ison vividly recalled himself as a child, sitting reading in his “hideaway” in the branches of “two large peppertrees each side of the house” when “Rev Wesley ... arrived and tied his horse and sulky up at the side gate and walked up to where Da and Uncle Harry and the men were cutting chaff”.⁷ That terrible news would be accompanied by some spiritual counsel was doubtless the reason behind the appointment, however, it was not always appreciated. A Queensland man wrote after his brother’s death, “I am afraid that there is no clergyman alive that could comfort me or give me any reasonable explanation why this blow should have fallen”.⁸

Official notification was not always the first information families received, nor did some clergy continue their role as messenger. John McQuilton in particular, has looked at the confusion and anxiety caused when news reached families from informal sources, delivered before official telegrams, and at the way responsibility for delivering the news was

⁵ Phillip Dowe, Rector of Bulli, cited in Stuart Piggin, *Faith of Steel: A History of the Christian Churches in Illawarra, Australia*, University of Wollongong, Wollongong, 1984, p.183. See also Michael McKernan, *Australian churches at war: Attitudes and activities of the major churches 1914-1918*, Catholic Theological Faculty, Sydney, 1980

⁶ Les Sproule, *These were the best years*, unpublished autobiography, p.9

⁷ Garnet ‘Bobby’ Ison Remembers, in Lynette Harrison, *Dear Da*, self-published, Dubbo, 1991, p.126

⁸ Norman Ferguson, cited in Pat Jalland, *Australian Ways of Death: A Social and Cultural history 1840-1918*, Oxford University Press, South Melbourne, 2002, p.312

diverted to local officials.⁹ One British-born private, for example, died of his wounds in an English hospital, where he had been visited by his aunt. Her telegram back to his family in Australia, “Burying Dick with honours, deepest sympathy”¹⁰, was the first indication their son had been lost.

However it was not comfort that bereaved parents craved, but certainty. The bald missives from the AIF were notable for what they did not say, rather than what they did. The manner in which death was first notified, and the amount of information subsequently conveyed to the families, was a significant determinant in how the bereaved would cope with their loss.

Reactions to news

The daily anticipation of loss was often as stressful as the realisation of it. Bereavement most certainly began for some before any actual reports of fatalities. On the day her second son embarked for the front, for example, Mrs James felt:

it seemed to me the sun had set. I went back to my lonely house, but could not go inside, nor could I seek anyone’s company. I just went into the garden and dug and dug until I felt that my heart must break.¹¹

While she attempted to keep up with her usual routine and assisted local patriotic organizations, her anxiety and loneliness threatened to engulf her. Mrs James noted that “somehow the weeks passed ... [but] every Sunday saw my dinner untasted. That always seemed the hardest day to

⁹ John McQuilton, *Rural Australia and the Great War: From Tarrawingee to Tangambalanga*, Melbourne University Press, Carlton South, 2001, p.186-187

¹⁰ Telegram dated 8 August 1916 from Mrs White to Andrew Houghton, cited in Terry Bugg, ‘Killed in Action’, in *Illawarra Branches*, No 76, September 2003, p.3

¹¹ Mrs Britomarte James, *My Personal Reminiscences of the War*, Mitchell Library of NSW, MSS 2871

bear”.¹² The reference to Sunday in particular reflects the central role of the Sabbath as a traditional family day with its accompanying ritual of the Sunday roast, making the absence more marked. The longevity of the war, in contrast to initial hopes for a quick end to the conflict, resulted in ongoing strain. A father wrote to a friend in 1918 that he was, “wondering when this awful war will end as by the time you receive this it will be four years suffering and anxiety”.¹³

Some soldiers foresaw the effects of anxiety upon their families and cautioned them to be optimistic. Lieutenant Syd Duchesne (pictured right) was among the first contingent of the AIF to embark in October 1914 and during the six months he spent at Mena Camp in Egypt, he became increasingly concerned with reports that his mother in Sydney was not coping with his absence. He wrote to his father:



... Aunt thinks I shall never return. Well, Dad, I hope you don't let Mother worry like that ... I ... wonder ... if Mother is well because by the strain of her letters, she seems to be worrying over me and that is the last thing I wish for ... PS: Mother don't worry. I am enjoying myself and am happy.¹⁴

Syd admonished his mother for fretting over “only a son”¹⁵ when many married men had left their wives and children to go to war. He advised “we must pray that they may be spared to return ... not for us single

¹² Mrs Britomarte James, *My Personal Reminiscences of the War*, Mitchell Library of NSW, MSS 2871

¹³ Letter dated 16 June 1918, from Mr Freeman to Mr Grigor, AWM PR00480 – E A Freeman

¹⁴ Letter dated 31 January 1915 from Lieutenant Syd Duchesne to his father, private papers in the possession of the author.

¹⁵ Letter dated 31 January 1915 from Lieutenant Syd Duchesne to his father

boys who have nobody depending on us”.¹⁶ Yet it was a fallacy that single men were not depended upon. As noted in the Introduction, ageing parents increasingly relied on their adult sons, not only for economic or domestic benefits, but also as companion, as carer, as potentially the provider of grandchildren and an integral part of the ongoing legacy of the parents as individuals. They saw their sons as carrying on the tradition of the business, the farm, the profession, the name and the lore of the family group, long after they themselves had gone.

The untimely and violent loss of an adult son subverted these hopes and rendered the future bleak and clouded with longings and nostalgia. One father admitted, “I cannot realise it and life can never be the same to me again as all my hopes and ambitions were centred on my boy. I hope you will forgive my speaking of him”.¹⁷

Other single men were also aware of the anxiety their absence could cause for their parents and were eager to reassure them that all was well, even from the time of embarkation. Private Stanley Little was on board the troopship *Demosthenes*, just off the coast of South Australia, when he wrote a letter, placed it in an airtight bottle and threw it overboard. Dated New Year’s Day, 1916, it requested that anyone finding the missive forward it to his mother in Hawthorn to assure her,

her son Stanley is in the best of health and has not been sick so far. We are very well fed on board. We are in the Great Australian Bight; this is not very rough – just enough to make the boat roll. We are having a very easy time on board.¹⁸

¹⁶ Letter dated 31 January 1915 from Lieutenant Syd Duchesne to his father

¹⁷ Letter dated 16 June 1919 from F Goldsmith to Mrs Venn-Brown, AWM 2DRL/0598 – Venn-Brown

¹⁸ Letter dated 1 January 1916 from Pte S Little, AWM 1DRL/420 – Little

A Mr Riggs of Elliston in South Australia found the bottle washed up on a beach on 26 August 1917. Private Little's mother received it on 10 September, thirteen months after Stanley had died of wounds received at Pozieres on 14 August 1916, aged 23.

For some, when the news of death or wounding arrived, the effects were instantaneous. Private David Blake was killed not long after entering the line for the first time in early 1917. His mother suffered a massive heart attack and died half an hour after receiving the telegram.¹⁹

Mrs James of Sydney recalled that her initial reaction to the arrival of official correspondence from the Army was "running through the house, without the courage to open it".²⁰ Her news was not the worst; her son had been wounded on Gallipoli, and she acknowledged "when I knew it was in that awful Lone Pine engagement, where so few survived, I realised what I had been spared." However, waiting for news of her son's eventual recovery after many months meant "the strain kept me at breaking point".²¹ The distance of Australians from the battlefields, and the inverse, the distance of soldiers from their families, underpinned everyday life throughout the war.²² That correspondence was irregular, inaccurate, delayed or liable to be lost was, if not accepted, at least an acknowledged reality. It did not make life any easier. Mrs James despaired that "cables [were] so inadequate"²³ while another mother, writing to her local member of parliament, complained "if you have a son

¹⁹ *Illawarra Mercury*, 2 March 1917

²⁰ Mrs Britomarte James, *My Personal Reminiscences of the War*, Mitchell Library of NSW, MSS 2871

²¹ Mrs Britomarte James, *My Personal Reminiscences of the War*, Mitchell Library of NSW, MSS 2871

²² See Bart Ziino, *A Distant Grief: Australians, War Graves and the Great War*, University of Western Australia Press, Crawley, 2007

²³ Mrs Britomarte James, *My Personal Reminiscences of the War*, Mitchell Library of NSW, MSS 2871

at the front you will have an idea what it is like to wait for months for news".²⁴

For other families, further correspondence from the authorities signalled only distress. The Meggy family of Neutral Bay had three sons away at the war, Douglas, Percy and Albert, and a daughter, Margaret, who had enlisted as a nurse. After Albert was killed at Lone Pine in 1915 and Douglas at Pozières in 1916, the family requested the military authorities not inform Mrs Meggy if anything were to happen to the third son, Percy, and to "not publish same. My mother, having lost two sons, the shock would be too severe".²⁵ The Meggy family were personal acquaintances of both the official historian Charles Bean and General Birdwood, and Margaret was able to petition Birdwood on behalf of her mother. He responded:

I feel that you have already made such a great sacrifice in the loss of your two others that I have decided that suitable employment be found for your remaining boy in England.²⁶

Douglas' body was never found and Mrs Meggy wrote regularly into the 1920s inquiring as to whether anything had been heard of her son. In agreeing to donate her boys' letters and diaries to the newly established Australian War Memorial, she admitted to Director John Treloar in 1928, "I have had a lot of worry and sickness."²⁷

²⁴ Letter dated 6 October 1915 from Mrs M Drummond to The Hon M Charlton, Member for North Lambton, NAA, B2455, Farr, VE 828

²⁵ Letter from Ivy Meggy to Base Records, dated 27 November 1916, NAA, B2455, Percy Arthur Meggy, No. 501

²⁶ Letter from W Birdwood to Mrs S Meggy, dated 3 September 1917, AWM 1DRL/0495

²⁷ Letter from Mrs S Meggy to John Treloar, dated 2 February 1932, in AWM 93/12/11/4710, Meggy Family

This experience was mirrored by the Nation family of Morphettville in South Australia who lost all three of their sons within three months in 1917. Ralph, aged 21, was killed in the line on 6 March, Cliff, aged 26, on 6 May and finally, Eric, the baby at just 18, on 10 June. Their sister wrote that their mother Emily was “prostrated after hearing of the death of her third son”²⁸ but it was their father on whom grief took a terrible toll. Mrs Nation informed the authorities in 1923 that she had separated from her husband who had become “very eccentric” such that, after receiving the three telegrams with the news of his sons’ deaths, he had undertaken to never open another letter from the military or government authorities. Base Records were probably relieved to have an explanation, as their correspondence to Mr Nation indicated they were puzzled as to why the three boys’ commemorative medals remained unclaimed and other correspondence from the Army had been marked “returned to sender”.²⁹

Mrs Nation lived with her surviving child, a married daughter, until her death in 1946. While she lived for nearly thirty years after her sons’ deaths, it is very unlikely she would ever have completely recovered from such loss. Mr Nation definitely did not recover. Physically and psychologically, his health rapidly deteriorated. He was admitted to the psychiatric wing of a private hospital in Adelaide, where he died of pneumonia on 1 August 1924.³⁰

In contrast to those who struggled to cope with their loss, were others who attempted to seek solace in the fact their loved ones were now at peace, rather than survivors of grievous injury. Oliver Cumberland had

²⁸ Letter (undated) from Mrs L G Buik to the Secretary, Defence Department, NAA, B2455, Ralph Nation

²⁹ Letter dated 6 August 1923, from Mrs E Nation to Base Records, NAA, B2455, Eric Nation

³⁰ Death certificate, S G Nation, District of Norwood Deaths, 1924, South Australian Registry of Births, Deaths and Marriages

been “broken up a bit” by the death of his younger brother Joe at Gallipoli, but suggested to their sister, “it might be for the best ... war is a terrible game, especially this war, and those that are killed quick are sometimes better off”.³¹ John Garibaldi Roberts wrote, “...the horrors of war might have sent him back home in a condition worse than death with brain gone or so mangled that he might be a wreck only of his fine old self.”³² Another correspondent consoled a family that their son was “happy now and free from pain. If you could only see some of the poor boys who have come back without some of their limbs, you would feel that your loved one is better off.”³³ These interpretations of the dead as at peace and forever young were evidence of both an enduring belief among some in the honour of battlefield sacrifice and of the increasing knowledge of the horrors – both physical and mental – wrought upon young men, and their families, when they returned home permanently damaged by war.

The burden of the shock of war wounds finds its expression in Charlotte Lawrence. Mrs Lawrence had been an active member of the Rutherglen Red Cross throughout the war, but when her son returned severely wounded in 1918, she was unable to cope with the extent of his injuries, which required multiple surgeries, or the change in his personality. After returning her Red Cross identification card and collected donations, she “went home and quietly took her own life”.³⁴

³¹ Letter from Oliver Cumberland, dated 26 July 1915 to sister, AWM PR 86/147 Cumberland

³² John Garibaldi Roberts, cited in Joy Damousi, *The Labour of Loss: Mourning, Memory and Wartime Bereavement in Australia*, Cambridge University Press, Cambridge, 1999, p.59. For an excellent study on facially disfigured veterans, see Kerry Neale, *Reconstructed Lives: The Experience of Facially Disfigured Australian Veterans of the Great War*, BA (Hons) Thesis, Australian National University, June 2007

³³ Undated letter, from Linda Johnston to Mrs Carthew, cited in Noel Carthew, *Voices from the Trenches: Letters to Home*, New Holland, Sydney, 2002, p.71

³⁴ Rutherglen Sun, 28 May 1915, cited in McQuilton, *Rural Australia and the Great War*, p.134

So sorry – condolences and reassurance

Letters of condolence from family, friends and comrades demonstrated the writers were keenly aware of the devastation of bereavement, particularly among mothers. Sapper Cecil Ashdown was nineteen years old when he was killed on the first night of the battle of Fromelles. His sister, serving as a nurse in France, wrote to their brother in Sydney, “Our darling baby boy’s death has been one huge blow and will make such a huge gap in our lives and poor old Mother. She, I think, will be well-nigh heart broken.”³⁵ It was a common theme. Letters to parents frequently contained similar sentiments: for example, “You must be broken hearted at his loss”³⁶ and “How are you two poor ones to bear it all. Poor old Hector.”³⁷ In 1922, a woman asserted, “my mother died of a broken heart six months after the death of her only son.”³⁸

A soldier acknowledged, “We know that you noble women at home are suffering”,³⁹ and another admitted, “it is hard to realize the anxious time that our people are enduring at home. Months of weary waiting and then that dread message to arrive.”⁴⁰ General Birdwood himself responded to a letter from Mrs Meggy: “I am so very grieved to hear of your great trouble in the loss of your two boys, which is indeed an overwhelming

³⁵ Letter dated 24 August 1916 from Sister Maud Ashdown to her younger brother, AWM 2DRL/286 – Sapper C P Ashdown

³⁶ Letter dated 30 June 1915, from Sister Sylvia Weigall to Mrs Petrusch, AWM PR00507 – Trooper AEJ Petrusch

³⁷ Letter dated 8 November 1917 from Douglas Ferguson to his father, James Ferguson on the death of elder brother Hector, AWM PR 00005 – Ferguson Brothers

³⁸ Joy Damousi, ‘Private Loss, Public Mourning: motherhood, memory and grief in Australia during the inter-war years’, *Women’s History Review*, Volume 8, Number 2, 1999, p.366

³⁹ Letter (undated) from Pte D Chopping to Mrs Roose, on the death of her son Pet J W Roose, *South Coast Times*, 27 July 1917

⁴⁰ Letter dated December 1916, from George Whyte to Mrs Higgins, 3DRL/421 Collection of letters Mervyn Bournes Higgins, 8th Light Horse Regiment

blow ... I well know that nothing can make up for your loss".⁴¹ This was undoubtedly true. However, the one imperative that could either ameliorate or exacerbate the pain of bereavement was specific and detailed information as to the cause and circumstances of death and the care that was taken of the deceased. Knowledge of what exactly had happened to their sons was the closest substitute for having been there. Those who were able to gain this closure were much more likely to cope better with the news of death than those who were left to their own imaginings.

Letters from nursing staff in the field hospitals show a keen empathy for parents' need for specific, factual detail. Matron Cecily Dale of the Bevan Military Hospital in Kent wrote to the parents of Private Dick Houghton, "it was a quiet death, all the pain ceased ... Your lad looked just like a boy asleep – absolutely at rest".⁴² Likewise, Matron Sampson reported the details of the death of Sarah Greenhalgh's younger son from pneumonia, "He had been unconscious for some time and the end was very peaceful. It had been a beautiful sunny day and his bed had been on the balcony in the afternoon, close to the sea ... Everything possible was done for him".⁴³ Matron Reddock, on board a hospital ship moored off Lemnos, addressed the precise fears of a mother when she wrote "he had a woman's care at the end of his young life, for there are sisters in all wards on this boat and I know they personally looked after him".⁴⁴ That the medical staff expended every energy to save their patients was also given prominence in the letters. One nurse wrote "we would have given

⁴¹ Letter dated 21 August 1918, from General Birdwood to Mrs Munro, AWM 1DRL/526 – Private E C Munro MM

⁴² Letter dated 11 August 1916 from Matron Cecily Dale, Commandant of Bevan Military Hospital, Sandgate, to Mrs Houghton, *Illawarra Mercury*, 6 October 1916

⁴³ Letter dated 20 October 1918 from Matron A M Sampson, to Mrs Sarah Greenhalgh, AWM MSS1647 – Bower and Greenhalgh Families correspondence

⁴⁴ Letter dated 28 November 1915 from Matron H L Reddock, to Mrs O'Donnell, AWM 2DRL/0316 - Frederick Warren Muir

anything to save his life”,⁴⁵ while another lamented “you are so far away. I wish we could have saved him for you”.⁴⁶

Some historians have noted, not incorrectly, that many of the letters from the front followed a formulaic pattern of skimming over the gruesome particulars of death and eulogising the dead soldier as brave, popular and lamented. Winter in particular has argued that these were stylised accounts containing stock messages,⁴⁷ an automatic and stark response of obligation rather than a genuine expression of shared grief. Luckins also ascribes a generic nature to the letters.⁴⁸ It is fair to say that the descriptions of death sometimes glossed over the ghastly nature of wounds. There was often an emphasis on death as quick or as painless and comfortable but this was not necessarily for the benefit of the families. Very probably, the hospital staff and the men in the trenches could not have brought themselves to describe to anxious families so far away, exactly what damage a machine gun or shell could do to the human body. The testimony of soldiers, though, could be blunt when dealing with more official enquiries. One witness told the Red Cross Enquiries Bureau that Private Downey “was shot first of all in the head and then a bursting bomb caught him and blew him to pieces beyond all recognition.”⁴⁹ Even such frank accounts, however, could not convey reality. A witness statement given to the Red Cross noted that

⁴⁵ Letter dated 30 June 1915, from Sister Sylvia Weigall to Mrs Petrusch, AWM PR00507 – Trooper AEJ Petrusch

⁴⁶ Letter dated 11 August 1916 from Matron Cecily Dale to Mrs Houghton, *Illawarra Mercury*, 6 October 1916

⁴⁷ Jay Winter, *Sites of Memory, Sites of Mourning: The Great War in European Cultural History*, Cambridge University Press, Cambridge, 1995, p.35

⁴⁸ Tanja Luckins, *The Gates of Memory: Australian People’s Experiences and Memories of Loss and the Great War*, Curtin University Books, Fremantle, 2004, p.48

⁴⁹ Witness Statement dated 6 June 1916, Sergeant Beale, AWM 1DRL/0428 – Australian Red Cross Society Wounded and Missing Enquiry Bureau files, 1914-18 War – 1747 Private William Downey

Private Hillcoat had been “shot in the head and part of it blown away”⁵⁰. A subsequent witness statement revealed the horror of this man’s death: Private Hillcoat lived for almost 48 hours after being wounded.⁵¹

While they may have followed a common form, these letters were very powerful, both for the sender and the recipient. The level of individual detail, their length and their poignant candour spoke to the isolation of bereavement with an extraordinary emotion that belies the stoicism said to typify the digger.

They also provide a window into the process by which men at the front transformed themselves, as Damousi has described, from “warrior to nurturer”.⁵² In what is probably an Australian first, the letters to bereaved families at home from comrades at the front have provided historians with an opportunity to view platonic male bonding and, indeed, love, through the writing of working class men. Men wrote, “this war has taken as victims most of my dearest friends ... I can realise how terrible your grief must be, for I loved him too”⁵³, “we lost our brave little officer ... I feel a great loss keenly”⁵⁴, “I grieve with you in the loss of such a fine lad”⁵⁵ and “I and all the rest of his friends loved him like a brother and he was more than a brother to me.”⁵⁶ These letters were personal, detailed and specific. They took time and effort to write. That the letters,

⁵⁰ Witness Statement dated 20 September 1917, Private Wiggins, AWM 1DRL/0428 – Australian Red Cross Society Wounded and Missing Enquiry Bureau files, 1914-18 War – 16410 Private William George Vincent Hillcoat

⁵¹ Witness Statement dated 3 January 1918, Private Thatcher, AWM 1DRL/0428 – Australian Red Cross Society Wounded and Missing Enquiry Bureau files, 1914-18 War – 16410 Private William George Vincent Hillcoat

⁵² Joy Damousi, *The Labour of Loss*, p.25

⁵³ Letter dated 23 January 1916 from Gunner G Lewis to Mrs O'Donnell, AWM 2DRL/0316, Frederick Warren Muir

⁵⁴ 2/Lt W M Cameron, cited in Bill Gammage, *The Broken Years: Australian Soldiers in the Great War*, Penguin Books, Ringwood, 1974, p.105

⁵⁵ Letter dated 21 October 1918 from George Elliott to Maria Keat, Keat Papers, cited in McQuilton, *Rural Australia and the Great War*.

⁵⁶ Letter dated 10 October 1917 from Private Waugh to Mrs Webb, AWM, PR 04017 – Papers of Gunner Cappur Mitchell Webb

and the comfort they brought, were prized by families is shown by the simple fact that they kept them. They were published in local newspapers, shared among neighbours, read and re-read, until the paper was shiny and brittle along the fold lines. And when the appeals began in the late 1920s, they were donated in their hundreds to the Australian War Memorial.⁵⁷

Burial

The focus of the bereaved on the grave, or its absence, demonstrates the importance of knowledge and certainty in not only accepting the death, but also in seeking consolation within established cultural rituals, of which the grave was a central component. While specific rituals of death and displays of mourning differed according to region and class, the Australian experience of death in the nineteenth century was characterised by deathbed attendance, the funeral service, the grave, the headstone, its inscription and the physical act of visiting the grave site to place flowers or mementoes to mark special occasions and anniversaries.⁵⁸ The majority of funerals in the pre-war period were held in the home, and were defined by the religious rites and rituals that assisted the bereaved in making sense of death.⁵⁹ For the devout, a belief in the resurrection consoled them and they looked to reunion in the afterlife. Many also saw death as a test of their faith.⁶⁰

⁵⁷ For an overview of the process by which donations to the AWM were requested, see Anne Marie Conde, "Capturing the Records of War: collecting at the Mitchell Library and the Australian War Memorial", *Australian Historical Studies*, Volume 37, (125), April 2005, pp.134-152

⁵⁸ Pat Jalland, *Death in the Victorian Family*, Oxford University Press, Oxford, 1996, p.193

⁵⁹ Graeme M Griffin, 'Defining Australian death: religion and the state' in Allan Kellehear (ed), *Death and Dying in Australia*, Oxford University Press, Melbourne, 2000, p.46

⁶⁰ Jalland, *Death in the Victorian Family*, p.41

The rituals accompanying loss were multi-layered and encompassed both the private and public. Until the increased ‘medicalisation’ of death in the post-war years,⁶¹ people died surrounded by family in the privacy of the home. The hostile Australian climate and lack of refrigeration made it imperative for the mortal remains of the deceased to be disposed of quickly, usually within forty-eight hours. Due to these constraints, many interments were private affairs attended by the immediate family. Public memorial services were held some days after the burial, especially for the more prominent members of the community. Many focused on ornate adornments and visible reminders of the deceased’s piety and social standing, which is evidence that funerals performed a dual function. They provided families with both the comfort of a religious ritual and allowed them to claim their bereavement publicly.

The connection between the body and the bereaved was primarily the domain of women; female family members, nuns or midwives would wash and dress the body, usually in the home. While undertakers commonly fulfilled this function in the cities,⁶² this was not typical of the practice in rural areas, where the laying out and dressing of the body was the solemn “last attentions to the dead”⁶³ by the living and “a charitable act of considerable significance”.⁶⁴

Two realities were required to mourn within the comfort of these familiar customs: the presence of the body (and the rituals for women associated with preparation for burial) and the knowledge of how and when the person died. The former was never available for the bereaved in Australia during and after the Great War, and the latter relatively

⁶¹ Jalland, *Australian Ways of Death*, pp.326-327

⁶² Jalland, *Australian Ways of Death*, p.118

⁶³ *Sydney Morning Herald*, 4 August 1902, cited in Stuart Piggin and Henry Lee, *The Mt Kembla Disaster*, Oxford University Press, South Melbourne, 1992, p.87

⁶⁴ Piggin and Lee, *The Mt Kembla Disaster*, p.88

uncommon. Jacqueline Manuel has argued that the war rendered useless all the traditional mourning rituals that had assisted the grieving in making sense of sudden death, leaving them isolated and vulnerable as “suddenly, the established, reliable patterns of grieving [were] stripped away by war.”⁶⁵ The overwhelming numbers of dead meant that the unique anguish of each family was unable to be honoured. As Winter has it, “the individuality of death had been buried under literally millions of corpses.”⁶⁶ For Australians, the landscape that cradled the bodies of the fallen on the other side of the world was so unknown to them, as one historian put it, “their sons were missing on what may as well have been another planet”.⁶⁷

The significance of the details of death was matched only by the need to know whether, and how, their sons had been buried. Three distinct groups of bereaved are evident in terms of knowledge of burial: those who had unequivocal information that their sons were accorded funeral rites and had a known resting place; those whose sons had not been buried at all, or whose grave was not marked, and thirdly, those who had some evidence that their loved one had initially been buried, but the location was unable to be determined after the war. The men and women from the front lines who corresponded with families were intimately aware of how important details of burial were to the bereaved, and they responded accordingly, with reports such as “I saw him put in the coffin and I placed beautiful flowers round him, mauve stock and white carnations, and I put white flowers in the middle of the Union Jack on the coffin”.⁶⁸ A Battalion chaplain assured another father that his son “had been

⁶⁵ Manuel, ‘We are the women who mourn our dead’ [online]

⁶⁶ Jay Winter, cited in Jalland, *Death in the Victorian Family*, op. cit., p.373

⁶⁷ 2007 John Laffin Memorial Lecture, Ashfield RSL, p.4 available at <http://ffaif.org.au/about/john-laffin-memorial-lecture> [accessed 1 March 2012] p.6

⁶⁸ Letter dated 11 August 1916 from Matron Cecily Dale, Mrs Houghton, *Illawarra Mercury*, 6 October 1916

buried in the military cemetery and a cross is being erected by his battalion to mark his grave”.⁶⁹ A fellow Light Horse Trooper consoled Thomas Lindsay’s parents that their son “lies in his honoured grave overlooking the famous Jordan. He rests in the Holy Land. He died in a Holy Cause”.⁷⁰ Comrades who knew the chaotic conditions of battle were realistic enough to know that ceremonial funerals were often not possible, yet they passed on any information to families. One soldier reported:

I have since had a letter from Briz telling me that he helped bury “the poor old chap” so I am sure Mitch got as decent a burial as could be under the circumstances. I know just about the exact spot so if I return to that front I will make it my business to visit and tend to the grave.⁷¹

Mr Freeman of Southport in Queensland was very grateful that a comrade had taken the effort to provide him with a detailed account of his son’s death in 1917. Mr Freeman felt it was,

some little consolation to us all to know that he did not suffer. We all dreaded the thought that perhaps he had been wounded and lay out in the open before death ended his sufferings. We are all pleased to know that his grave has a X upon it.⁷²

Another mother replied to the chaplain who had written with the details of her son’s burial, “There is none feel it like a mother. He was my

⁶⁹ Letter from Roman Catholic Chaplain Captain J Halpin to Mr and Mrs Dobing, *Illawarra Mercury*, 15 June 1917

⁷⁰ Undated, unsigned letter, *Illawarra Mercury*, 10 October 1918

⁷¹ Letter dated 10 August 1917 from Angus Waugh to Mrs Webb, AWM PR 04017 – Papers of Gunner Cappur Mitchell Webb

⁷² Letter dated 16 June 1918 from Mr E A Freeman to Mr G Grigor, AWM PR00480 – E A Freeman

youngest child ... I am so glad he was buried decent and that he never suffered any pain".⁷³

Rose Venn-Brown was a young Australian working for the Red Cross in France in 1919 when she copied the names of 209 Australians buried at Abbeville Cemetery. She sent the list to her mother in Sydney asking that:

Can you notify their people through the Red X that I planted forget-me-nots, primroses and daises on each of them this week for the people out there? I thought they would like to feel something had been done. I am also posting you some prints of the cemetery for any of the people who want them. They will like to know they are being looked after.⁷⁴

Mrs Venn-Brown had the list published in the *Sunday News* and the response from grieving parents, particularly mothers, underlines the desperation to know the certain fate of their sons. Mrs Venn-Brown was inundated with hundreds of letters; some full of gratitude, others still seeking further information. Alfred Wilson's mother wrote, "I will be very grateful if you will let me have one of the prints of my poor dear lad, God bless his Soul"⁷⁵, while Mrs Congdon was "very thankful to receive the same [photograph of the grave] as I am far too old even to be able to go to France and see where my dear boy lies."⁷⁶ Mrs Boss wrote, "There is nothing I would cherish as the photo of my darling boy's grave, no matter what ever the price might be".⁷⁷ Some parents were unable to write themselves. Mrs Evans of Neutral Bay wrote on behalf of her sister in

⁷³ Letter from Mrs E Brooks to chaplain, cited in Patsy Adam Smith, *The Anzacs*, Penguin Books, Ringwood, 1978, p.175

⁷⁴ Letter dated 12 April 1919 from Rose Venn-Brown to her mother, AWM 2DRL/0598 – Venn-Brown

⁷⁵ Letter dated 16 June 1919 from Mrs E Wilson of Kogarah to Mrs Venn-Brown, AWM 2DRL/0598 – Venn-Brown

⁷⁶ Letter dated 16 June 1919 from Mrs B Congdon of Kogarah to Mrs Venn-Brown, AWM 2DRL/0598 – Venn-Brown

⁷⁷ Letter dated 24 June 1919, from Mrs C Boss of Lyndhurst to Mrs Venn-Brown, AWM 2DRL/0598 – Venn-Brown

Hobart who had lost her “good dear son”, noting, “Poor thing, I do not think she will ever get over it, she has been ill ever since she got the bad news”.⁷⁸ Mrs Evans wrote again to thank Mrs Venn-Brown for the photograph and to let her know that “my sister will forever prize it and have it framed”.⁷⁹

The gratitude of those families fortunate enough to obtain details of their sons’ death and burial stand in stark contrast to the desperation of those who sought some confirmation as to whether their boy had been laid to rest, or at least the return of his personal effects. The return of discs, bibles, diaries, watches and wallets was important for two reasons: firstly it provided proof that the worst was indeed true and secondly, the small, familiar items provided a strong, almost physical connection to their sons that would be meaningless to strangers. In April 1918, Mrs Sproule of Jamberoo on the south coast of New South Wales received a letter from another mother in Stratford, Victoria, whose son had also been killed on the Western Front in 1917. It appeared there had been a mix-up and Mrs Swan had received a parcel from Base Records containing letters, photographs and a wallet belong to Stan Sproule. Mrs Swan promised to “forward them to you and if you should have received mine, which should have a ring enclosed, I would feel deeply indebted for same”.⁸⁰ While Mrs Sproule was pleased to receive Stan’s mementoes, she had nothing to return to Mrs Swan.

The Red Cross, AIF Base Records and battalion officers were not the only avenues for enquiries. Many were directed along less official lines and often overwhelmed the recipients. Sister Wakeford was stationed at a

⁷⁸ Letter dated 22 June 1919 from Mrs G Evans of Neutral Bay to Mrs Venn-Brown, AWM 2DRL/0598 – Venn-Brown

⁷⁹ Letter dated 4 July 1919 from Mrs G Evans of Neutral Bay to Mrs Venn-Brown, AWM 2DRL/0598 – Venn-Brown

⁸⁰ Letter (undated) from Mrs E J Swan to Mrs T Sproule, *Kiama Independent*, 13 April 1918

field hospital on Lemnos and reported receiving twenty-nine letters in one mail from people asking for information, "I can imagine how they feel and do all in their power to get into touch with anyone who might have been near their dear ones. Unfortunately, I do not know any of them."⁸¹ Vera Deakin's Red Cross Missing and Enquiry Bureau fielded desperate pleas they had almost no chance of being able to answer:

I would like to know how long he lived after the wound. I would like to know the nature of the wound, what complications set in to cause death? Also did he suffer much and was he conscious, did he ask for his parents in any way and did he send any message ... If I am not asking too much I would like you to answer this personally please.⁸²

Some families faced another challenge, that of relocating a lost grave. Many makeshift cemeteries and temporary graves were destroyed when artillery fire resumed along sectors of the front that had been previously fought over. General Birdwood noted that when the line fluctuated to and fro across an already fought over area, "men would be at once buried by the Germans with no trace left".⁸³ The details regarding a rough grave marked out and a brief ceremony conducted hastily, perhaps at night, were related back to the families during the war by chaplains, comrades and the Red Cross. One soldier's determination was admirable but impractical when he assured a bereaved father he would arrange for his son's grave to be cared for, "even after the battalion is shifted somewhere else".⁸⁴ Many families wrote to Base Records after the end of the war insisting that more be done to find lost graves. Major Lean replied to one

⁸¹ Correspondence dated 31 July 1915 from Sister Wakeford, *Illawarra Mercury*, 7 September 1915

⁸² Mrs Ellen Jones, cited in Bruce Scates, 'The Unknown Sock Knitter: Voluntary Work, Emotional Labour, Bereavement and the Great War', *Labour History*, Number 81, November 2001p.41. Vera Deakin answered the letter herself.

⁸³ Letter dated 21 April 1917 from General Birdwood to Mrs Meggy, AWM 1DRL/0495 -Meggy Family

⁸⁴ Letter (undated) from Pte Charlie Cornford to Mr Jack Merrick, *Kiama Independent*, 14 October 1916

such letter promising “an intensive search is now being made over all battlefields with a view to locating unregistered graves”.⁸⁵

Lieutenant Henry Colyer of the 36th Battalion was killed in action near Villers Bretonneux in April 1918 and hastily buried along with a French officer shot by the same sniper.⁸⁶ After the war, his young widow Eileen was distressed to find the Army could find no trace of Henry’s makeshift grave despite assurances from a former comrade, Mr Barber, that “I, with a French sergeant and several French soldiers buried both officers side by side”.⁸⁷ Understanding Mrs Colyer’s need to establish the location of her husband’s resting place, Barber had enclosed a rough, hand-drawn map, “which of course is not drawn to scale and I have marked with a red cross the exact spot where your late Husband, and my friend, was buried and that is about 10 yards from the corner of Hangard Wood”.⁸⁸

Eileen eagerly sent the sketch to the Graves Registration Unit, assuming it would enable them to pinpoint precisely the plot without delay. She received the curt reply that her treasured map had indicated an area of “over half a million square yards”, which, “you will readily realise that the map references instead of assisting have only rendered more difficult the search for the grave”, thus making further attempts to locate it “futile”.⁸⁹ In Eileen’s case, the news was a double blow; two parcels containing Henry’s possessions had been lost when the *Barunga* was torpedoed.⁹⁰

⁸⁵ Letter dated 18 October 1921 from Major Lean to Mrs Colyer, AWM PR 00599 – Henry Maxwell Colyer

⁸⁶ Copy of Form D16, accompanying Casualty Form – Active Service, NAA, B2455, Colyer, H M

⁸⁷ Letter dated 20 November 1921 from Laurie Barber to Mrs Colyer, AWM PR 00599 – Henry Maxwell Colyer

⁸⁸ Letter dated 20 November 1921 from Laurie Barber to Mrs Colyer, AWM PR 00599 – Henry Maxwell Colyer

⁸⁹ Letter dated 6 April 1922 from the Official Secretary, Australia House, London to Mrs Colyer, AWM PR 00599 – Henry Maxwell Colyer

⁹⁰ Letter dated 24 February 1919 from Mrs E Colyer to Base Records, NAA, B2455, Colyer, H M

For families such as the Colyers, a 'lost' grave was as devastating as it was for those who had had none in the first instance, as it undermined the comfort provided by the physical reality of a grave. As Thomas Laqueur has argued, "the nexus of name, body and place ... has deep cultural roots".⁹¹

Gone? Where?

Many families were hampered in their emotional recovery by the doubt and uncertainty surrounding the fate of the missing. Over 25 000 of the 60 000 Australian dead had no known grave. The silence provided the opportunity for false hope to develop and conjecture to spread. Many clung to the possibility that the men could still be alive, even into the 1920s and beyond.⁹²

A young woman whose brother had been listed as missing wrote, "I feel at times my darling brother is not killed but will return to us. ... at times I think that he is in a hospital or he might have lost his memory, we cannot tell".⁹³ Touchingly hopeful that her letter would reach someone in Europe who might recognise him, she declared, "if our darling happens to be alive, he has dark brown curly hair and blue eyes ... he is not very tall".⁹⁴

⁹¹ Thomas W Laqueur, 'Names, Bodies and the Anxiety of Erasure', in John R Gillis (ed), *Commemorations: The Politics of National Identity*, Prince University Press, Princeton, 1994, p.127

⁹² A young French soldier without identification and suffering from amnesia was found wandering around a train station in Marseilles in 1918. More than eighty bereaved families claimed him. He died in 1932 without his identity ever being firmly established. See Jean-Yves Le Naour, *The Living Unknown Soldier: A True Story of Grief and the Great War*, William Heinemann, London, 2005

⁹³ Letter dated 19 June 1919, from Miss Hannah Fenwick to Mrs Venn-Brown, AWM file 2DRL/0598, Venn-Brown

⁹⁴ Letter dated 19 June 1919, from Miss Hannah Fenwick to Mrs Venn-Brown, AWM file 2DRL/0598, Venn-Brown

Walter Farquharson (below right) had been killed in action on 3 May 1917, but was initially listed as missing and conflicting reports as to his whereabouts were sent to his parents in Kiama throughout 1917. His death was finally confirmed by telegram in January 1918. However, in a letter to his father written after the war, a comrade detailed the action at Bullecourt when Walter went missing and added, “I could not say he was killed and sincerely trust that he is still alive, although I would not entertain the slightest hope”.⁹⁵ This ambiguity would not have assisted his parents to accept the fact of his death.



Private Percy Clout’s mother, from Wollongong, continued to write to the Defence Department for many years seeking any further news of her son. A fellow soldier had written in 1916, “there is no doubt that he has fallen ... I am very sorry indeed to say that there is no hope of his safety⁹⁶ but rumours persisted that Percy had only been wounded, not killed, and “may be a mental case”.⁹⁷ Percy’s body was never found and the Clouts were still publishing annual *In Memoriam* notices until at least 1925 for the son who was “lost at Pozières”.⁹⁸ Mrs Wickens was still writing to authorities in 1936 asking that “if at any time any information of my eldest son ... should come to hand from Lone Pine, would you kindly let

⁹⁵ Letter from J C Hepher to Mr P Farquharson, 30 November 1918, in author’s possession

⁹⁶ Letter from LS Whitbread to E Clout, Wollongong Local Studies Library, file M/WHI, 1916

⁹⁷ AWM 1DRL/0428 Australian Red Cross Society, Wounded and Missing Enquiry Bureau files, 1914-1918 War - 3732, Private Edward Percy Clout

⁹⁸ *South Coast Times*, 8 August 1925

me know?”⁹⁹ In the absence of any real proof, denial was possible, making it difficult to accept the worst, and to grieve.

We will remember them

The process of creating a public memory of private pain had begun during the war with the unveiling of honour boards and framed commemorative photographs. In July 1915 two prominent Wollongong citizens donated 2/6 and 2/- respectively toward a Wollongong District School Old Boy’s Fund for a memorial tablet to be erected at the school, neither knowing that when it was finished it would record the names of



both their sons.¹⁰⁰ The Farquharsons dedicated a tablet to Walter in the Kiama Methodist Church in 1917. Beside his name was the simple inscription “An Anzac”. Another service was held in October 1918 to add the name of his younger brother,

eighteen year-old Frank (pictured above).

Mrs Meggy was very keen to see the establishment of a permanent memorial to the 3rd Battalion with whom the eldest of her two late sons had served. She sent a donation of five pounds to the fund, which Colonel Owen thought “very liberal” and noted that if everyone was so generous it would provide for “a very handsome memorial indeed”,

⁹⁹ McSkimming, *Speech Notes*, <http://fffaif.org.au/about/john-laffin-memorial-lecture> [accessed 1 March 2012]

¹⁰⁰ South Coast Times, 16 July 1915

although he did recognise that many of the bereaved were “in poor circumstances and we only hope for a shilling or so from them”.¹⁰¹ Mrs Meggy was also pleased to hear that her second son Douglas would be listed on a memorial tablet unveiled by his former employers at the British Imperial Oil Company. Mrs Meggy sought some comfort in the righteousness of the war, and the courage of her sons. The tradition of doggerel within Australian cultural literary tradition was well established.¹⁰² She wrote many poems recounting their qualities that she sent sporadically to acquaintances, the boys’ officers, and even to General Birdwood and Charles Bean. One read in part:

My beautiful boy, with the loving smile
Will never return to me
He lies with his comrades at Lonesome Pine
Close to the Aegean Sea
And I must travel my weary mile
Without his sweet and sunny smile

My beautiful boy, with eyes of love
Can never come home to me
His heart is still, his smile is gone
His eyes they cannot see
They cannot see how I try to bear
The thought of my brave boy lying there¹⁰³

Jacqueline Manuel has looked at ways in which Australian women articulated their grief through poetry and found that the poems written by grieving mothers, wives and sisters about their specific loss were “characterised by a[n] intimate register: by a deep pathos and sense of

¹⁰¹ Letter dated 9 August 1916 from Colonel Owen to Mrs Meggy, AWM 1DRL/0495 – Meggy Family

¹⁰² See Christina Spittel, "Remembering the War: Australian Novelists in the Interwar Years." *Australian Literary Studies*, 23.2, 2007, pp.121-139.

¹⁰³ Composed for Albert Meggy by his mother on Anzac Day 1917, AWM 1DRL/0495 – Meggy Family

inner struggle with the personal consequences of loss and mourning.”¹⁰⁴ While some of the stylised verses used in the *In Memoriam* notices tended to allude to higher ideals of duty and honour, the intimacy of women’s poetry often concentrated on personal vignettes of family life and childhood memories whose loss would never be consoled by the “public tropes of nationalism and noble sacrifice.”¹⁰⁵

Yet, just as communities bickered over appropriate forms of commemoration, as discussed in the Introduction, the individual bereaved themselves, did not possess a united opinion. In contrast to bereaved mothers like Mrs Meggy who were determined to ‘own’ their place in the war, and their sons’ sacrifice in it, was another who cried, “I want no Victoria Cross, I want my son”.¹⁰⁶

A memorial opened by General Sir John Monash in 1926 at the University of Melbourne bore the inscription, in Latin, “To those who served well ... their University, their Country, the Empire”.¹⁰⁷ The trinity exalted in the proclamation did not allow the bereaved opportunity to claim public acknowledgement of their loss. Many families placed their own individual memorials to sons in their local church (as the Farquharsons had done), school or lodge, perhaps as a retort to the somewhat haughty posture of elite memorials, like the University’s. Fathers were often the main instigators of need to secure public recognition of their loss. Mr Freeman of Southport sought comfort that Ned “was indeed a Son to be proud of ... We are erecting a Memorial

¹⁰⁴ Jacqueline Manuel, ‘We are the women who mourn our dead: Australian civilian women’s poetic responses to the First World War’, in *Journal of the Australian War Memorial*, Issue 29, November 1996 [available online at www.awm.gov.au/journal/J29/manuel.htm]

¹⁰⁵ Manuel, ‘We are the women who mourn our dead [online]

¹⁰⁶ Letter (undated) from Ellen Derham to George Derham, cited in Damousi, *The Labour of Loss*, p.33

¹⁰⁷ Bart Ziino, ‘Claiming the dead: Great War memorials and their communities’, *Journal of the Royal Australian Historical Society*, 89(2), 2003, p.158

Tablet in the Local English Church in appreciation of his self-sacrifice”.¹⁰⁸ The opportunity to place a memorial, a stone or a plaque within their community was one seized by many who could afford the expense. It echoed the pre-war imperative of a grave as an intrinsic part of mourning ritual and gave substance to loss in the absence of a body.

The sense of loss did not end in 1918. As noted earlier, parents whose sons had been listed as missing, and often later declared dead, still clung to hope, writing to the Defence Department into the 1930s, as did those whose sons’ graves had been lost. And the process of creating a public memory of private pain took a more substantial form after the war.

Families with known graves were given the opportunity to pay for an epitaph for the headstone at a cost of 3½d per letter, with a maximum of sixty-six letters, through the Imperial War Graves Commission. These demonstrated not only the extent of grief, but also the balm of conventional Christian references, or a suggestion of heroism, such as “The supreme sacrifice for God, King and Country. Mother, Olive,



Frank”¹⁰⁹ and “Responsive to his country’s call/He gave his best, his life, his all”.¹¹⁰ Many made particular mention of the gulf of distance: “The midnight stars/are gleaming/on a grave I cannot see” and “Tho far away you are still

¹⁰⁸ Letter dated 16 June 1918, to Mr G Grigor from Mr E A Freeman, AWM PR00480 – E A Freeman

¹⁰⁹ Epitaph on the grave of Bombardier W H Benson, Australian Field Artillery, KIA 21 November 1915, aged 25, Ari Burnu Cemetery, Anzac Cove, photograph in author’s possession

¹¹⁰ Epitaph on the grave of Private Frederick Stanley Barling, 17th Battalion, KIA 9 October 1915, aged 21, Beach Cemetery, Anzac Cove, photograph in author’s possession

near”.¹¹¹ In a similar vein, mothers in particular, exhorted visitors to foreign cemeteries to do that which they could not: “Will some kind hand in that far off land/Place on his grave a flower for me”¹¹² or to be aware of sacred ground, “Tread gently on the green grass sod/A Mother’s love lies here”.¹¹³

Some parents laid their grief bare, and chose such sentiments as “My only darling son”¹¹⁴, “My well loved laddie/Waiting for Mother”¹¹⁵ and “Only a boy but died/As a man for liberty & freedom/His Mum & Dad”.¹¹⁶ Other epitaphs ranged from ambivalence to anger, such as “Some day, some time, we’ll understand”¹¹⁷ and “I’ve no darling now/I’m



weeping/Baby and I you left alone”.¹¹⁸ Some proposed inscriptions were rejected. Alfred Wilson’s parents, from Sydney, having been told that their initial choice “exceeds the limit ... of 66

¹¹¹ McSkimming, *Speech Notes*, 2007, p.4
¹¹² Epitaph on the grave of Sergeant W Watson, Bullecourt British Cemetery, France
¹¹³ Epitaph on the grave of Private John McAllister, Shrapnel Valley Cemetery, Anzac Cove, photograph in author’s possession
¹¹⁴ Epitaph on the grave of Sergeant F A Rawlings, 10th Australian Light Horse, KIA 7 August 1915, aged 27, Ari Burnu Cemetery, Anzac Cove, photograph in author’s possession
¹¹⁵ Epitaph on the grave of Private Robert Laurence Angus, 14th Battalion, KIA 19 May 1915, Aged 21, Shrapnel Valley Cemetery, Anzac Cove, photograph in author’s possession
¹¹⁶ Epitaph on the grave of Private H J Burton, 23 Battalion, KIA 30 November 1915, aged 18, Ari Burnu Cemetery, Anzac Cove, photograph in author’s possession
¹¹⁷ Epitaph on the grave of Corporal A Capps, Quinns Post Cemetery, Anzac Cove, photograph in author’s possession
¹¹⁸ Epitaph on the grave of Private J E Barclay, 8 Battalion, KIA 21 June 1915, aged 22, Shrapnel Valley Cemetery, Anzac Cove, photograph in author’s possession. ‘Baby’, named Jack, after his father, was born four months after his father’s death. Jack Barclay served in the Second World War.

letters (each space counting as a letter)”¹¹⁹, sent their revised epitaph on Armistice Day, 1921: “Lying asleep far from home but always in the memory of Mum and Dad”.¹²⁰

Length, however, was not the only reason for rejecting proposed inscriptions. The IWGC had warned that ‘inappropriate’ inscriptions would be returned for ‘modification’. The most notable of these was “His Loving Parents Curse the Hun”, and its amended “With every breath we draw/We curse the Germans more”, both of which were ‘declined’.¹²¹ The meaning and legacy of the war was contested in even these last personal statements on faraway graves; some bereaved families were clearly still consumed with a furious anger, others may have been emboldened to intimacy by the permanency of the IWGC cemeteries, while others still continued to find comfort in the consolation of glorious sacrifice.

Grief, however, did not always unite a family. Family lore had it that Mrs Duchesne never got over Syd’s death and his younger brother always suffered by comparison. George had also fought in the war but had returned home, although he was psychologically traumatised by his experiences. The younger Duchesne, only a slight man of just over five foot, was kind and gentle but not as outgoing or as good looking as his elder brother who was considered the ‘white haired boy’ of the family. Their younger sister Annie still spoke of her wonderful big brother “Syddie” eighty years after his death. The manner of Syd’s untimely death only exacerbated his mother’s ambivalence toward her surviving son, and although George “never showed any resentment about the

¹¹⁹ Letter dated 5 November 1921 from Base Records to Mrs E V Wilson of Kogarah, NAA Personnel files, Alfred Benjamin Wilson

¹²⁰ Letter dated 11 November 1921 from Mrs E Wilson of Kogarah to Base Records, NAA B2455, Alfred Benjamin Wilson

¹²¹ Minutes of the Proceedings of the 41st Meeting of the IWGC, 17 January 1922, cited in Scates, *Return to Gallipoli*, p.48

favouritism, he mentioned it from time to time”.¹²² Some returned men paid a high price for their brothers’ sacrifice.

The post-war years also brought a different sense of loss and the marginalisation of one of the key figures promoted during the war – Australia’s mothers. The struggle to care for seriously wounded men both within the domestic sphere and the public domain of the asylum will be discussed in detail in further chapters, however, it is clear that, as Marina Larsson has noted, with the national narrative of commemoration increasingly focussed on the ‘fallen’ heroic soldier, those who endured a ‘living death’, and their families, were disenfranchised from any legitimate public remembrance of their ‘lingering sacrifice’.¹²³ The Australian Red Cross Society noted in 1926:

The women of Australia gave their men to help our country, and us all, they paid the price then in months of anxiety and often in distress, and are still paying the price in suffering from the effects of war.¹²⁴

McQuilton has demonstrated how important the mother was as a rallying point for recruitment and propaganda, particularly in the rural press during the war years. She had “selflessly done her stern duty ... and covered her name with glory and honour”¹²⁵ while both sides of the conscription debate had used ‘the mother’ in their propaganda, either exhorting other women to follow her example and encourage her son to do his bit or left cowering at the ballot box with blood on her hands. Many welcome home parades included a presentation to the ‘mother’, as

¹²² Private family papers from Rev. Dr David and Mrs Bernie Duchesne, of Killara, Sydney, in possession of the author.

¹²³ Marina Larsson, ‘A Disenfranchised Grief: Post-war Death and Memorialisation in Australia after the First World War’, *Australian Historical Studies*, Issue 40, 2009, p.79

¹²⁴ Australian Red Cross Society, *Annual Report*, 1926, cited in Larsson, *Shattered Anzacs: Living with the Scars of War*, p.120

¹²⁵ McQuilton, *Rural Australia and the Great War*, p.133

the embodiment of sacrifice and loyalty. The Fishlock brothers were the first of the Wollongong men to return after the Armistice and hundreds attended a welcome home reception at the Town Hall, with many more crowding outside in the street. Mrs Fishlock was fêted as the “heroes’ mother” and presented with bouquets of flowers while a toast was proposed for she “who had given two sons to fight for their country – two sons that any father and mother might well be proud of”.¹²⁶

While many relationships were no doubt fraught and the experience was far from universal, there is ample evidence that the bond between the soldier and his mother could be “as intense a focus for sentiment as mateship and a closer, more established, more emotional, and even a more romantic tie than many marriages”.¹²⁷ Private Foster Hunter of the 2nd Field Ambulance consoled his mother on the death of his brother:

you so loved us, even when my father forsook us, that your energies, the soul of which was motherly love, were devoted to our upbringing ... You have been both father and mother to us, your loyalty to us is beyond the highest commendation and your praises shall be sung by me, even “when old time shall lead me to my end” my dying breath will be charged with the sacred name – Mother.¹²⁸

Maria Keat wrote in intimately affectionate terms to “her darling soldier boy”, reminiscing that Alick “used to love to read in bed & have some apples to eat, I am saving some books for you to read when you come back”, signing off “lotts & lotts of love ever your loveing mum”.¹²⁹ Alick

¹²⁶ *Illawarra Mercury*, 29 November 1918

¹²⁷ Richard White, ‘War and Australian Society’ in Michael McKernan and Margaret Browne (eds), *Australia: Two Centuries of War and Peace*, Allen & Unwin, Sydney, 1988, p.418

¹²⁸ Letter dated 11 February 1917, from Private Foster Hunter to mother, AWM 1DRL/0365 – Hunter. Foster died of wounds at Ypres on 27 September 1917, aged 27.

¹²⁹ Letter dated 12 July 1918 from Maria Keat to Private Alick Keat, cited in McQuilton, *Rural Australia and the Great War*, p.135

replied with “lots of love and kisses from your loving son”.¹³⁰ The self-sacrifice of mothers was much publicised as a recruitment tool, such as the reported response of one on the death of her youngest son, “My boy’s last words to me were, ‘If I stop a piece of German lead – be a sport!’, and I’m going to be a sport. It is only my duty’.”¹³¹ McQuilton has also shown how the bravery, stoicism and devotion to Empire on the part of the ‘mother’ could be manufactured by newspapers in the absence of a verifiable example being available by the time the presses rolled.¹³² The *Argus* featured a series on ‘Mothers of Men’ during 1916 that celebrated the example set by soldiers’ mothers, however, as Joy Damousi has shown, the “eulogy of the ‘sacrificial’ mother did not endure in the collective memory”.¹³³

Many well-meaning relations, friends, religious advisors and newspaper columnists exhorted the bereaved to be stoic and forbearing in their grief. This proscription was a result of a backlash against the ostentatious funerals and immodest mourning rituals of the Victorian era and the sheer scale of death wrought by the war. It also reflected an enduring cultural model of masculinity whereby overt displays of emotion were to be restrained.¹³⁴

Soldiers themselves counselled their parents to not mourn their loss. Syd Duchesne advised his mother “my last wish will be that you all shall

¹³⁰ Letter dated 16 September 1918 from Alick Keat to Maria Keat, cited in McQuilton, *Rural Australia and the Great War*, p.136. Alick was killed in action two days later and is buried at Le Verguier cemetery in France.

¹³¹ Mrs Seager, cited in Scates, ‘The Unknown Sock Knitter’, p.41

¹³² McQuilton, *Rural Australia and the Great War*, p.133

¹³³ Damousi, ‘Private Loss, Public Mourning’, p.368

¹³⁴ Jalland, *Australian Ways of Death*, p.306 See also Martin Crotty, *Making the Australian Male: Middle Class Masculinity 1870-1920*, Melbourne University Press, Melbourne, 2001

be proud and not grieve if I never return”.¹³⁵ Syd was killed at Baby 700 on 25 April 1915. In the transport boat heading toward Anzac Cove, he reportedly admitted he had had a premonition he would not survive that day.¹³⁶ Likewise, another soldier serving as a chaplain wrote on his brother’s death, “Be brave mother”¹³⁷ while Clive Ashdown was sure his mother “will face it bravely as you have ever done in life.”¹³⁸ A family friend hoped that Mrs Meggy would find “that time will soften your grief, realising that the boys died in such a noble cause.”¹³⁹ Jane Adams, who lost two sons, was barraged with generally unhelpful suggestions to “cheer up”, “bear up”, “you must not give way” and, thoughtlessly, “look how many poor mothers are in the same sorrow as yourself” and “yours is a great sorrow ... but we must think of the thousands that have been bereaved”.¹⁴⁰

Newspapers also advocated the bereaved bear their loss with quiet acceptance. An editorial written in response to the first casualty lists from Gallipoli advised they, “may rest contented in the assurance that their dear ones have died wreathed in honour”.¹⁴¹ Another columnist saw Gallipoli as the ultimate proof that “Spartan mothers had produced Spartan sons”.¹⁴²

¹³⁵ Letter dated 31 January 1915 from Lieutenant Syd Duchesne to his father, private papers in the author’s possession

¹³⁶ Private family papers of Rev. Dr David and Mrs Bernie Duchesne, of Wollstonecraft, Sydney, in possession of the author

¹³⁷ Letter dated 4 April 1916 from Foster Hunter to Mrs Hunter, AWM 1DRL/0365 – Hunter

¹³⁸ Letter (undated) from Clive Ashdown to Mrs Ashdown, AWM 2DRL/286 – Sapper C P Ashdown

¹³⁹ Letter dated 8 January 1917, from Gerald Rainsford of Woollahra to Mrs Meggy, AWM 1DRL/0495 – Meggy Family

¹⁴⁰ Pat Jalland, *Changing ways of death in twentieth century Australia: War, Medicine and the Funeral Business*, UNSW Press, Sydney, 2006, p.94-95

¹⁴¹ *South Coast Times*, 7 May 1915

¹⁴² *Rutherglen Sun*, 21 September 1915, cited in John McQuilton, *Rural Australia and the Great War*, p.133

This model of mourning based on “stoicism, privacy and survival”¹⁴³ could lead to prolonged and unresolved chronic grief, particularly when combined with the doubt and devastation caused by the sudden, violent death of adult children a great distance from home. Australia certainly had its “cult of the dead” that persisted through the inter-war years, indicating that many families never recovered from wartime losses that they were unable to fully accept.¹⁴⁴

What now?

Traditional modes of mourning were based on intimate knowledge of the circumstances surrounding death, access to the body and the capacity to bestow the last rites according to the religion or wishes of the deceased. The war rendered such rituals inappropriate and inaccessible, causing enormous doubt and anguish. Prolonged depression and fear of madness as a result was not a new phenomenon, as it was well known that even such exalted persons as Queen Victoria had suffered in such a way.¹⁴⁵ However the scale of suffering required the concerted response of the medical fraternity. From 1915 onwards, psychiatrists, and their main employer, the asylums, were placed in the unprecedented and unprepared position of being responsible for the diagnosis and treatment of a range of mental illnesses that stemmed directly from wartime bereavement.

¹⁴³ Beverley Raphael, ‘Grief and loss in Australian society’, in Kellehear (ed), *Death and Dying in Australia*, , p.119

¹⁴⁴ David Cannadine, ‘Death and Grief in Modern Britain’, in Joachim Whaley (ed). *Mirrors of Mortality: Studies in the Social History of Death*, Europa Publications Limited, London, 1981, p.217-232

¹⁴⁵ Jalland, *Death in the Victorian Family*, p.318-322

Chapter 2

Inside the Asylum

“Of course I know that she is very insane, though she is capable of hiding some of her delusions ... but there is not a patient here that is more difficult to manage on account of her deceptive manner”

Parramatta Psychiatric Centre, Admission Notes, Rhylla B, 1916¹

Ideas of ‘madness’, social control and the custodial nature of the asylum in Australia have a long history, dating back to the arrival of the First Fleet, when Governor Phillip was charged with the care of “ideots and lunaticks”,² however as Stephen Garton has cautioned, the history of insanity and the history of the insane asylum “are not the same thing.”³ This chapter does not attempt to provide either; rather it briefly considers an overview of how insanity was viewed by both the state and individuals prior to the mid-nineteenth century and how the development of the asylum occurred within the Australian context. The detail of this chapter concerns the realities of life for patients, staff and families in both Callan Park and Parramatta Psychiatric Centre between 1915 and 1935. In examining the workings of the asylum, the procedures by which patients were committed or admitted, treatments and therapies and their successes and failures, it provides a vignette of daily life behind the asylum walls, viewed through the lens of patient records, medical notes,

¹ Western Sydney Records Office, Series 5080:, Admission Files, Parramatta Psychiatric Centre, 12/826 – Reg No 6691

² Eric Cunningham Dax, ‘The First 200 Years of Australian Psychiatry’ in *Australian and New Zealand Journal of Psychiatry*, Issue 23, 1989, p.103

³ Stephen Garton, ‘Asylum Histories: reconsidering Australia’s lunatic past’, Catharine Coleborne and Dolly MacKinnon (eds), *‘Madness’ in Australia: histories, heritage and the asylum*, University of Queensland Press, Brisbane, 2003, p.11

police reports, patient testimony and personal correspondence. In so doing, it gives context to the manner in which governments, medical authorities and individual citizens negotiated the multiple layers of meaning embodied in the asylum during and after the Great War, discussed in the following chapters.

A word on language

Psychiatric conditions, madness, insanity and mental illness are descriptors used indiscriminately in the medical, political and historical literature. Asylum, hospital and mad-house are routinely employed to describe institutions. Insane, mad and lunatic were labels doctors used to describe patients and patients used to describe themselves and each other. Each of these terms embodies a specific historical, social, political and medical meaning if one chooses to delineate the progression of the response, understanding and treatment of disorders of the mind in purely clinical, date-bound and pejorative terms. For example, between the late nineteenth century and the 1920s, alienists became known as psychiatrists, insane asylums as mental hospitals, lunatics as the mentally ill.⁴ Well into the inter-war years, however, patients and their families still regarded themselves as ‘mad’ and ‘lunatics’ who had to be ‘put away’. As late as the 1930s psychiatric patients were still labelled in official medical records as ‘idiot’, ‘demented’, ‘stupid’, ‘imbecile’ and ‘incurable’.

The terminology used, then, throughout this thesis is not intended to be scientific or proscriptive. For example, neither Callan Park Mental Hospital or the Parramatta Psychiatric Centre were technically ‘asylums’

⁴ Stephen Garton, *Medicine and Madness: A Social History of insanity in New South Wales 1880 - 1940*, University of New South Wales Press, Kensington, 1988, p.1-2

after 1915, yet the term was still used by governments, by the institution's staff, the press and – importantly – the patients themselves.

Confinement and control

Prior to what Foucault termed the age of “great confinement”, the origins of which he dated to 1656,⁵ western societies generally considered insanity as an element of everyday existence, in which the insane were cared for within the largely domestic sphere of extended families or charities and were free to wander at large. Those thought to be dangerous or a threat to public order were subjected to physical punishment and detained with the general criminal population.⁶ Foucault believed that through the exercise of power, in both knowledge and practice, the historically specific construction of an insane population enabled the emergence of a new discourse of coercion, control and discipline.⁷ He saw the confinement of the insane as a response to declining economic conditions that created thousands of persons “without resources, without social moorings, a class rejected or rendered mobile by economic development”.⁸

Ray Evans' work on colonial Queensland echoes this when he argues that the emerging speciality of psychiatry became a “tool of the socially dominant classes to govern and control those living outside the social, racial and class norms of colonial society”.⁹ Likewise, Jill Matthews' feminist study further links the language of madness and deviance to the

⁵ Michel Foucault, *Madness and Civilisation: A History of Insanity in the Age of Reason*, Vintage Books, New York, 1973, p.39

⁶ Robert Perrucci, *Circle of Madness: On being insane and institutionalised in America*, Prentice-Hall Inc, New Jersey, 1974, p11

⁷ Stephen Garton, 'Asylum Histories: reconsidering Australia's lunatic past', p.15

⁸ Michel Foucault, *Madness and Civilisation*, p.48

⁹ Raymond Evans, 'The hidden colonists: deviance and social control in colonial Queensland', in Jill Roe (ed), *Social Policy in Australia: Some Perspectives 1901-1975*, Cassell, Stanmore, 1976, pp.74-100.

role of the power elite in regulating, controlling and disciplining female sexuality.¹⁰

That those suffering from psychiatric conditions were generally not distinguished from other members of a poor underclass without political voice or economic and social means was not lost on patients well into the twentieth century. In 1922 Margaret T indignantly reported her belief that “insanity is called by another name if one happens to have enough money to grease the palms of the medical profession”¹¹, while another patient wrote “one would imagine the asylum was built as a means of support for the doctors instead of for pauper patients”.¹² A doctor summarised the distinction with remarkable clarity in 1931: “A poor man is certified insane and sent to an institution, while his wealthy fellow is able to retire to his country house where ... he can recover ... without even becoming ‘insane’.”¹³

As a British colony, New South Wales inherited the model of the asylum already emerging in England where the insane were still incarcerated with the criminal population. The differentiation between the insane and the criminal, seen elsewhere in Europe during the Enlightenment, came late to Britain.¹⁴ So, until the establishment of the first purpose-built

¹⁰ Jill Julius Matthews, *Good and Mad Women: The Construction of Femininity in Twentieth Century Australia*, Allen & Unwin, Sydney, 1984.

¹¹ Correspondence dated 13 July 1922 from Margaret T to the Governor General, in Garton, *Medicine and Madness*, p.98

¹² Correspondence dated 15 June 1902 from Ellen P to her solicitor, cited in Garton, *Medicine and Madness*, p.47

¹³ R G Williams, *Medical Journal of Australia*, cited in Garton, *Medicine and Madness*, p.108

¹⁴ See particularly Michel Foucault, *Madness and Civilisation: A History of Insanity in the Age of Reason*, Vintage Books, New York, 1973; Michel Foucault, *Discipline and Punish: The Birth of the Prison*, Penguin Books, London 1977; Elaine Murphy, ‘The administration of insanity in England 1800-1870’ in Roy Porter and David Wright (eds), *The Confinement of the Insane: International Perspectives 1800-1965*, Cambridge University Press, Cambridge, 2003, pp.334-349 and Peter Bartlett and David Wright (eds), *Outside the Walls of the Asylum:*

institution at Sydney's Castle Hill in 1811, the insane were, according to Nick Shiraev, "in the gaols and convict hospitals, but the majority probably suffered an early death".¹⁵ The language surrounding notions of insanity in the early years of the colony provides an insight not only into how these patients were viewed by those tasked with the maintenance of public order, but also how insanity and criminality remained inextricably linked in Australia. Although Governor Lachlan Macquarie had instructed the Castle Hill asylum superintendent that inmates should be treated with "mildness, kindness and humanity"¹⁶ in 1811, the *Australian Medical Journal* as late as 1857, commented on the increasing number of "half-mad criminal convicts", noting that "in many instances it is difficult to distinguish insanity from crime".¹⁷

The *Dangerous Lunatics Act* of 1843 in Victoria saw the establishment of an official discourse linking fear, dangerousness and lunacy¹⁸, which, combined with the ignorance and myths surrounding the causes of insanity, exacerbated the stigma already associated with it. As Catharine Coleborne's research on colonial asylums in Victoria has shown, "detention and surveillance, and the policing of sex and race" were also

The History of Care in the Community 1750-2000, The Althone Press, London, 1999

¹⁵ Nick Shiraev, *Psychiatric Statistics: Notes Towards a History of Public Psychiatry in New South Wales*, Division of Health Services Research Report, No, 79/1, Health Commission of New South Wales, Sydney, 1979, p.9

¹⁶ Eric Cunningham Dax, 'The First 200 Years of Australian Psychiatry', p.103

¹⁷ *Australian Medical Journal*, 1857, cited in Catharine Coleborne, 'Passage to the asylum: the role of the police in committals of the insane in Victoria, Australia, 1848-1900' in Porter and Wright (eds), *The Confinement of the Insane*, p.130

¹⁸ Coleborne, 'Passage to the asylum: the role of the police in committals of the insane in Victoria, Australia, 1848-1900', p.132. See also Stephen Garton 'Policing the Dangerous Lunatic: Lunacy Incarceration in New South Wales 1843-1914' in Mark Finnane (ed), *Policing in Australia: Historical Perspectives*, University of NSW Press, Kensington, 1987

factors contributing to the apprehension and detention of those deemed to be insane.¹⁹

The institutions

In the mid-late nineteenth century, progressive medical professionals lobbied the authorities for the establishment of new institutions that could provide decent conditions for patients and treatment that was appropriate to individual circumstances lest the asylums become, as the long-time Inspector General of Lunacy in New South Wales, Frederick Norton Manning, had feared, “cemeteries for the burial of disordered intellects.”²⁰ Prominent reformer Dr R Wilson, the Catholic Bishop of Hobart, pronounced the Parramatta Asylum a “frightful old factory prison”²¹ in 1863, while the same year the Colonial Architect, James Barnet, later instrumental in the design of Callan Park, reported that at Tarban Creek Asylum (later Gladesville) he had seen

such sights as he hoped never to see again, and they affected him so much that he was unable to sleep for three nights afterwards. The rats were running over the patients, the gutters were stinking, the closets overflowing and everything was in a fearful condition.²²

The Callan Park Hospital for the Insane was established in response to these atrocious conditions and severe overcrowding at the Hospital for the Insane at Gladesville. The 61 acres of land, on the shores of Iron Cove near Lilyfield in Sydney’s inner west, was purchased in 1873 for £12 500 and a budget of the extraordinary sum of £250 000 allotted to

¹⁹ Coleborne, ‘Passage to the asylum: the role of the police in committals of the insane in Victoria, Australia, 1848-1900’, p.129

²⁰ Frederick Norton Manning, 1868, cited in Garton, *Medicine and Madness*, p.1

²¹ Correspondence dated 25 June 1863 from Dr R W Wilson to the governor of New South Wales, cited in Garton, *Medicine and Madness*, p.21

²² *Sydney Morning Herald*, 23 April 1883, cited in Garton, *Medicine and Madness*, p.161

the firm of Low and Kew for the construction of the asylum.²³ It was one of the largest Australian public works projects of the nineteenth century.²⁴ Designed to house just under seven hundred patients,²⁵ it opened in January 1885 and was trumpeted as “a magnificent pile of buildings”, named after the progressive reformer Dr William Kirkbride, who advocated the benefits of wide, open spaces, multiple purpose built wards and physical activity in the treatment of the mentally ill.²⁶

By 1890, however, nearly 1100 patients were housed at Callan Park (shown next page in 1900). Yet despite the overcrowding, the hospital was considered to be one of “the finest Institutions in the Commonwealth for the housing and treatment of persons suffering from mental disorders”²⁷ at the turn of the century and the name was changed to Callan Park Mental Hospital to reflect this in 1915.²⁸ The distinction did not go unnoticed, as one correspondent remarked “‘Mental Hospital’ I take it is a name that this merciful age has coined instead of Asylum”.²⁹

²³ K Leong, ‘Garry Owen and Callan Park, The story of Rozelle Hospital, Lilyfield: 1819-1984’, in *Leichhardt Historical Journal*, No.14, 1985, pp.5-22

²⁴ Sydney College of the Arts, *Kirkbride Past and Present*, p. 4, available online at www.usyd.edu.au/sca/pdfs/Kirkbride_booklet.pdf

²⁵ Somewhat bizarrely, Callan Park was originally intended to accommodate precisely 666 patients. Also in 1915, Parramatta Hospital for the Insane became known as either Parramatta Mental Hospital or Parramatta Psychiatric Centre. This thesis will use the latter name.

²⁶ *Sydney Illustrated News*, 24 October 1885

²⁷ K Leong, ‘Garry Owen and Callan Park’, p.17

²⁸ Admission files, Callan Park Mental Hospital, 3/3428, No.1915-328.11283

²⁹ Letter dated 21 July 1916, from Oswald Williams, Presbyterian Church Wilcannia to Mr Wood of Home Mission Committee, Admission files, Parramatta Psychiatric Centre, 12/824 – Reg. No.6599



Although the slow process of transforming the asylum from a custodial site to a curative space had begun, patients' first experience of incarceration was being detained, observed, questioned and categorised by a senior medical officer. Acute patients were first seen at the Reception House in Darlinghurst (shown next page) where their condition and prospects for recovery were assessed and an appropriate hospital allocated for their care. The establishment of the Reception House in 1868, adjacent to Darlinghurst Gaol, was in direct response to pleas from reformers that facilities be provided for those experiencing short term, or temporary insanity, often alcohol induced, that could relieve the penal system of their care and provide more appropriate treatments.³⁰ By 1915 it functioned as a central triage facility in which the patient could be observed and treated for up to thirty days before an order of committal or release was made.³¹

³⁰ Garton, *Medicine and Madness*, p.20

³¹ Admission files, 3/3448 – Callan Park Mental Hospital, No.1917-185.12073

Conditions in Callan Park by 1915 were much superior to the older asylums that had seen outbreaks of typhoid and ophthalmia among the patients as a result of unsatisfactory waste disposal, flies and an unreliable supply of fresh water³² and which had been the subject of damning reports during the late nineteenth century,³³ yet overcrowding was an ongoing concern. Over 1000 patients were in residence by December 1915.³⁴



Curable or chronic?

Most of those committed to the asylum between 1915 and 1935 were at the mercy of the social control of Foucault's knowledge/power and discipline/punishment models. The majority of involuntary patients were still conveyed to the asylum on the order of doctors, the police, or

³² Garton, *Medicine and Madness*, p.163

³³ See particularly Frederick Norton Manning, *Report on Lunatic Asylums*, Government Printer, Sydney, 1868

³⁴ Admission files, 3/3431 – Callan Park Mental Hospital, No.1915-457.11412

members of their own families. It was the behaviour of those committed involuntarily that attracted attention and they were clinically diagnosed by the doctors, as noted earlier, with little attention paid to the factors that brought on the behaviour.

Garton has rightly suggested that high staff turnover, increased use of restraint and decreasing rates of discharge are not themselves evidence of overcrowding, but rather of deliberate policy.³⁵ There existed a marked distinction between those patients considered acute cases (a short, sharp or sudden on-set of mental illness with a clearly identified cause that might be very serious but where a cure or recovery was possible) and those considered chronic (where the condition was ongoing and recovery either long term or highly unlikely). There were also distinctions between voluntary patients, as distinct from certified. Patients were therefore treated according to their prospects for cure, with a growing 'incurable' patient population subject to increasingly custodial forms of treatment.³⁶

With the distinction between acute and chronic patients increasingly apparent, with separate wards and even separate hospitals, the difference between custody and cure was marked. During 1915, when voluntary admissions to Callan Park began, there were 48 voluntary 1346 certified admissions.³⁷ On the night of 22 September 1917, at the Parramatta Psychiatric Centre, the midnight report recorded 344 men and 16 women in the chronic wards.³⁸ The ratio of medical staff to patients between 1918 and 1939 at Callan was 1:5, but this could be as high as 1:11 at hospitals such as Stockton and Morisset, which tended to house more incurable patients, the result of which was "fewer staff

³⁵ Garton, *Medicine and Madness*, p.172

³⁶ Garton, *Medicine and Madness*, p.172

³⁷ Garton, *Medicine and Madness*, p.89

³⁸ Admission Files, Parramatta Psychiatric Centre, 12/824 – Reg. No. 6621

meant more custodial forms of care.”³⁹ Treatment such as restraint, sedation and isolation were increasingly common so that larger groups of patients could be controlled by smaller numbers of staff.

Troublesome patients could also affect the ability of the hospital to attract qualified, experienced medical staff. Dr Williamson complained in 1919 that Parramatta was having difficulty as “having so many rough women has something to do with the continual changing of nurses, as in these probationers show marked disinclination to be associated with the care of women who are violent and aggressive” and “out of a total of 71 nurses attached to the Hospital at date, no less than 34 are probationers, and that at the moment there are no less than 5 vacancies unfilled”.⁴⁰ Less staff, and inexperienced staff, also increased the likelihood of punitive treatment for aggressive or difficult patients.

Patients presenting with a sudden on-set of symptoms whose cause could be determined were much more likely to be effectively treated and discharged within a relatively short time, as opposed to those who suffered from long-term, degenerative conditions. For example, Alice S was admitted to Parramatta in December 1916. A 46 year old mother of seven, her symptoms included “lying in bed with flushed face and pupils dilated ... talking without pause ... one time she is laughing and sniggering, the next she is weeping and praying in great distress”.⁴¹ By January 1917, with the aid of rest and a break from the domestic obligations of looking after seven children and a household in the absence of her husband, it was recorded that Alice “shows distinct

³⁹ Garton, *Medicine and Madness*, p.168

⁴⁰ Letter dated 21 November 1919 from Dr Williamson to Dr Sinclair, Admission Files, Parramatta Psychiatric Centre, 12/833 – Reg. No. 7049

⁴¹ Admissions files, Parramatta Psychiatric Centre, 12/824 – Reg. No. 6598

improvement and is now getting on nicely.”⁴² Alice also benefited from physical exercise in the form of regular ‘walking parties’ around the grounds and was discharged recovered in February 1917. Alice’s family took a great deal of interest in her welfare, as evidenced by the correspondence from them to the doctors, and her short stay at Parramatta allowed her to overcome her anxiety and depression and return to her normal life.

By contrast, 27 year old Aaron W, a labourer, was admitted to Callan Park in June 1918 suffering a paranoid form of dementia.⁴³ He was placed in a general ward because of his placid nature, however, no specific curative treatments were employed and there is no record of any interest from family or friends. Aaron spent his time working in the gardens until September 1924 when, unnoticed and unprovoked, he slit his throat with a pen knife.⁴⁴ Despite severing his thyro-hyoid ligament and losing a significant amount of blood, Aaron recovered but again, in December 1924, he suddenly smashed an ornamental glass case and severed his trachea with a shard. Doctors felt both these incidents were as a result of a “sudden impulse” and attached no blame to the staff.⁴⁵ After these incidents, Aaron was transferred to a chronic ward, which was subject to a higher level of physical and chemical restraint. With his condition seen as incurable, and, now a danger to himself, Aaron ‘existed’ at Callan Park until his death from oesophageal cancer in 1956.

The attitude of the doctors is shown in the case of Walter J, whose distress at being committed to Callan Park in December 1917 was

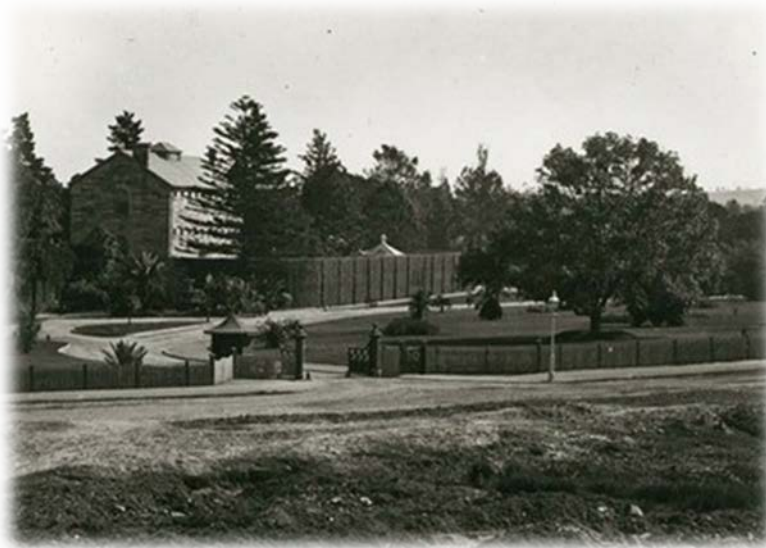
⁴² Letter dated 5 January 1917 from Clerk to family, Admissions File, Parramatta Psychiatric Centre, 12/824 – Reg. No. 6598

⁴³ Admission files, 14/9398 – Callan Park Mental Hospital, No.1918-213.12581

⁴⁴ Admission files, 14/9398 – Callan Park Mental Hospital, No.1918-213.12581

⁴⁵ Report dated 22 December 1924 from Medical Superintendent to the Inspector General of the Insane, Admission files, 14/9398 – Callan Park Mental Hospital, No.1918-213.12581

explained to the staff by his wife: “I asked him did he know where he was, and he said to me of course I do, and he told me that he was in the mad house ... and the tears rolled in his eyes.”⁴⁶ Dr Ross responded, “[h]e has always been treated kindly and we shall do all that we can for him, but we cannot cure an incurable patient”.⁴⁷ Staff had the unenviable task of explaining to family members that nothing could be done. Walter died of general paralysis of the insane in early 1919.



A letter to Eric Sinclair from the Medical Superintendent at Parramatta Psychiatric Centre (pictured above) in 1919 is worth quoting at length to provide an insight into which types of patients were likely to be housed and treated at which institutions, and the manner in which doctors differentiated their patient populations:

Rydalmere is, as I have already intimated, under staffed for the increasingly disturbed class of patients which they appear to have been receiving of late.

⁴⁶ Letter dated 3 March 1918 from Mrs J to Medical Superintendent, Admission files, 3/3456 – Callan Park Mental Hospital, No.1917-464.12352

⁴⁷ Letter dated 19 December 1918, from Dr Ross to Mrs J, Admission files, 3/3456 – Callan Park Mental Hospital, No.1917-464.12352

[The patient in question] was previously at Kenmore, whence she was transferred to Gladesville so I presume the former cannot be considered at present, which leaves only Callan Park, where the large admission rate is scarcely compatible with the transfer from other Hospitals thereto of violent women of the chronic type.

What I wish to point out is that Parramatta has been for many years regarded as the most suitable place for troublesome patients of either sex, whose transfer from other Hospitals has been desired. The result has been to fill the wards with very difficult people, and the effect on the nurses has been, particularly of late, what one might have expected. ... [in] a little over eight months ... there have been no less than 37 resignations among the nurses.

Personally, the type of patient scarcely affects me, as I have had such a long experience with those who are refractory but I do view with anxiety, having an increase in the troublesome class of women, while the nursing staff steadily deteriorates in physique and experience, and such a condition sooner or later brings about tragedy and a reflection on management.⁴⁸

Between 1915 and 1935, each patient's individual file was completed upon admission (shown next page). The receiving doctor noted symptoms, personal and family history, episodes of past insanity or admissions and a brief summary entitled "cause of present attack". A copy of the form is shown on the next page. The reasons varied and could include alcoholism, old age, syphilis,⁴⁹ change of life, lead poisoning,

⁴⁸ Letter dated 28 November 1919 from Dr Williamson to Eric Sinclair, Inspector General of the Insane, Admission Files, Parramatta Psychiatric Centre, 12/833 – Reg. No. 7049

⁴⁹ Most syphilitic patients were given the diagnosis of 'General Paralysis of the Insane' (GPI). The Wasserman Diagnostic test for syphilis was introduced in 1908.

LUNACY ACT OF 1898—FIFTH SCHEDULE.

85 2724

Section 9.

Statement in connection with Patient.

[If any of the particulars in this Statement be not known, the fact is to be so stated.]

Name in full
 Age. (Give date of birth)
 Married, single, or widowed
 Number of children living
 Do do deceased
 Age of youngest child
 Occupation
 Native place. (Give country and town)
 Residence
 Religious persuasion
 Supposed cause of insanity
 How long has the present attack lasted?
 Has been insane before? If so, state }
 the number of previous attacks, and the }
 age (if known) at first attack. }
 Has any insane relations?
 Has ever been an inmate of any insti- }
 tution for the insane? }
 Is subject to fits?... ..
 Is suicidal?
 Is dangerous to others?
 Name and address of nearest relations or }
 friends }

Special circumstances (if any) preventing the }
 patient being examined before admission }
 separately by two medical practitioners. }

(Signature)

(Address)

[When the person signing the Statement is not the person who signs the Order for the admission of the Insane person, the following particulars concerning the person signing the Statement are to be added, viz. :—

Occupation (if any)
 Place of abode
 Degree of relationship (if any) or }
 other circumstances of connection }
 with the patient. }

epilepsy, overwork, childbirth, “nerve troubles”⁵⁰ fall/accident/injury to the head, masturbation, heredity, sexual excess, pregnancy, religious mania, “excessive brain strain”⁵¹, “shock in thunderstorm”⁵², “congenital imbecility”⁵³, organic disease such as Huntington’s chorea and the revealing, “from birth”.⁵⁴ During and after the First World War, as discussed in the Introduction, “the war” itself was listed as a cause. This list shows the stark distinction between moral and physical causes, and acute and chronic cases, but regardless of the origin, the reality of life in an asylum followed a structured and hierarchical routine.

Admissions – police

Lottie R was twenty-six years old with three children under the age of six years when police arrested her at her home in November 1915 where “she was breaking up the furniture and throwing it into the street”. She was kept sedated and confined to bed at the Reception House before being transferred to Callan Park. Doctors observed, “[s]he is very noisy and restless. Screams loudly using very bad language ... she converses with imaginary people”. While the cause of Lottie’s distress was listed as “not known”, one doctor did note that such episodes had coincided with the birth of each of her three children.⁵⁵ Lottie’s condition improved during the following few years, no doubt aided by the rest afforded her in not having to care for her young family. After her husband repeatedly petitioned the medical superintendent for his wife’s release, she was granted conditional leave in March 1918.

⁵⁰ Admission files, 14/9420 – Callan Park Mental Hospital, No.1919-560.13406

⁵¹ Admission files, 14/9406 – Callan Park Mental Hospital, No.1919-66.12912

⁵² Admission files, 3/3428 – Callan Park Mental Hospital, No.1915-349.11304

⁵³ Admission files, 14/9423 – Callan Park Mental Hospital, No.1920-86.13502

⁵⁴ Admission files, 14/9401 – Callan Park Mental Hospital, No.1918-328.12696

⁵⁵ Admission files, 3/3420 – Callan Park Mental Hospital, No.1915-422.11377

As part of the leave arrangements Lottie was required to regularly report to Callan Park, however in September 1918 her husband wrote excusing her absence, explaining she was unable to come to the asylum “at present as we are expecting an addition to the family”. Lottie was re-admitted to Callan Park, in great mental distress, shortly after the birth of this fourth child in early 1919. She was not discharged as recovered until April 1925.⁵⁶ While Lottie obviously had family members who were concerned for her welfare, it would also appear that these very same familial obligations were in least a part of the cause of her illnesses. Very probably, Lottie was suffering from a form of what we would now know as postnatal psychosis, which increased with each subsequent pregnancy and birth. Wealthier patients may have had recourse to private nursing homes⁵⁷, independent doctors or the practical assistance of nannies and domestic workers in the home, but for patients like Lottie and her family, the police and the public asylum was viewed as the only available means by which she could be controlled and treated.

James Mc was arrested in January 1916 and taken to the Reception House by police after numerous complaints had been made by members of the public who complained that his conduct “frightened women and children”. James was totally blind and the cause of his mental incapacity was said to be “confusion and disability” whereby he “has morbid ideas about his capacity to build airships”.⁵⁸ James’ case demonstrates that the appearance of insanity, combined with a significant disability like blindness, generated fear and revulsion among the general public and that the police were integral in the process of determining madness and organising the removal of such people from

⁵⁶ Admission files, 3/3420 – Callan Park Mental Hospital, No.1915-422.11377

⁵⁷ See Mark Finnane, ‘Asylums, Families and the State’, *History Workshop Journal*, 20, pp.134-148 and P Horden and R Smith (eds), *The locus of Care: Families, Communities, Institutions and the Provision of Welfare Since Antiquity*, Routledge, London, 1998

⁵⁸ Admission files, 3/3432 – Callan Park Mental Hospital, No.1916-6.11434

the public sphere. James resented his incarceration and protested that it was in error. In response to the police officer's claim that he would remain in the asylum for the foreseeable future, he retorted "he could easily get out of Callan Park by applying for a transfer to Rookwood."⁵⁹

Likewise, it was the police who were responsible to committing Gordon C. They found him in Hyde Park in May 1917 "eating filth". After first being sent to the Long Bay Penitentiary for a period of observation, he was transferred to Callan Park. Gordon explained, in a long letter to the "Prosiding Magstrate", that he had long suffered from Bright's disease of the kidneys (now known as acute or chronic nephritis) and had spent more than £70 on various doctors trying to find a cure and had been in six hospitals in Queensland before arriving in Sydney where he "Atended Price Alfred Horsepittal as an out door pashent".⁶⁰ While the doctor at Long Bay agreed that Gordon was "a suitable case to be sent to a nursing home", with no means of support or income, such a move was impossible and he was transferred to a chronic ward at the Morisset Asylum accompanied by a medical note stating "he is not likely to live long."⁶¹

These cases emphasise the powers of the police over the lives of the mentally ill. There was first a judgement as to the cause of publicly unacceptable behaviour – whether it be criminal or not – and then a determination as to where the person would be held, firstly in an asylum, as with Lottie R, whose breakdown was seen as occurring within the confines of domesticity, or gaol, as in Gordon C's case, who was judged to have committed an offence against public order and decency. Police were not necessarily trained or competent to make an instant determination of whether behaviour was intentionally criminal or a result

⁵⁹ Admission files, 3/3432 – Callan Park Mental Hospital, No.1916-6.11434

⁶⁰ Undated correspondence, Admission files, 3/3448 – Callan Park Mental Hospital, No.1917-170.12058

⁶¹ Correspondence dated 30 April 1917 from the Visiting Surgeon, Long Bay State Penitentiary to Dr Ross at Callan Park, Admission files, 3/3448 – Callan Park Mental Hospital, No.1917-170.12058

of insanity, and would no doubt themselves have been influenced by headlines in the newspapers that linked insanity to violence and crime, such as “Frightful Murders by a Supposed Lunatic” and “Mutilation by a Religious Maniac”.⁶² The arbitrary nature of individual police being responsible for judging the origins of behaviour meant the results were *ad hoc*.

James Henry G, for example, told police he was “a private detective and is investigating the white slave traffic which is carried on by clairvoyancy”.⁶³ This remarkable claim led to his arrest and he was taken to the secure criminal ward at Parramatta where he remained until his death. In contrast, Henry H, who claimed to have murdered his wife and was found to be not guilty by reason of insanity, spent four years in a general ward at Callan Park before being released. He wrote to Dr Jones at Christmas, assuring him of his good progress and wished him the best for “a happy time threw the hollow days”⁶⁴ to which Dr Jones replied that I “hope that you will continue to prosper” and wished Henry “the Compliments of the Season”.⁶⁵

Public inebriation and intemperance, particularly among women, was also seen as an indicator of the necessity for incarceration by both police and the medical fraternity. In fine vernacular, Jean G was described as having “evidently been looking at the cup that was red, and was already three sheets in the wind” when she was arrested and transported to a closed ward at the Parramatta Psychiatric Centre.⁶⁶ Mary Ann F,

⁶² *Sydney Morning Herald*, 14 January 1874 and 14 March 1876 respectively, cited in Stephen Garton, ‘Policing the Dangerous Lunatic’, p.80

⁶³ Admission files, Parramatta Psychiatric Centre, 12/824, Register No. 6630

⁶⁴ Correspondence dated 17 December 1921, from Henry H to Dr Jones, Admission files, 14/9423 - Callan Park Mental Hospital, No.1920-75.13491

⁶⁵ Correspondence dated 22 December 1921 from Dr Jones to Henry H Admission files, 14/9423 - Callan Park Mental Hospital, No.1920-75.13491

⁶⁶ Admission files, Parramatta Psychiatric Centre, 12/825 – Reg. No. 6673

however, who was described as “always alcoholic and irresponsible and is constantly in trouble”⁶⁷ was treated in a general ward at Callan Park for eleven months before being discharged. Jean G was well known to the doctors at the Parramatta Psychiatric Centre. Dr Williamson wryly informed Eric Sinclair that his “old friend” was back “giving all the trouble she can” and complained “she is a bad lot, swears like a trooper, threatens violence to the nurses” and “it is a great strain keeping a woman like that after she has fairly recovered from the effects of liquor, as she is so abominably tricky and up to every move on the board.”⁶⁸ Dr Sinclair replied that he was “sorry [she] has been planted on you”⁶⁹ and arranged to have Jean transferred to the Inebriates Ward at Parramatta. Women who behaved in manners contrary to those proscribed for them within mainstream society were vulnerable to this type of control. No doubt Jean was a trial as a patient, but clearly lacking other recourse, or the financial ability to pay for it, Jean was unable to have her condition managed by any other method. Her file does not record any mention of family or outside support. She remained in the Inebriates Ward for the rest of her life.

Of course, men were also committed on the basis that their insanity was due to alcoholism. The treatments were generally punitive and based around the dual response of confinement and sedation. Jack G, a forty five year old horse breaker, was conveyed to the Parramatta Psychiatric Centre by a police officer from Forbes in the early hours of 18 November 1915 suffering “acute maniacal excitement caused by alcohol excess”.⁷⁰ He was kept in solitary confinement, to avoid upsetting other patients in the open wards, bar “being taken to the bathroom in the mornings and 1

⁶⁷ Admission files, Callan Park Mental Hospital, 14/9421- No.1920-38.13454

⁶⁸ Letter dated 31 July 1927 from Dr Williamson to Eric Sinclair, Admission Files, Parramatta Psychiatric Centre, 12/825, Reg. No. 6673

⁶⁹ Letter, undated, from Eric Sinclair to Dr Williamson, Admission Files, Parramatta Psychiatric Centre, 12/825, Reg. No. 6673

⁷⁰ Admission files, Parramatta Psychiatric Centre, 12/820 – Reg. No. 5449

¾ hours on Monday afternoon, when he was in the airing court for fresh air and exercise.” He was also administered a nightly dose of the ‘common pink draught’ containing 30g bromide, 10g chloral hydrate and ¼ grain morphia with “cerebral sedative mixture in ordinary doses” during the day. Jack died in his bed of a suspected heart attack just five days after admission.⁷¹

Some patients themselves sought the protection of the police from their perceived persecutors or other torments. One man “bumped his head against a wall in order to kill himself. He then went to the Police for protection”⁷² while another “went to police station to complain that people were following him to kill him”.⁷³ Frederick B suffered epileptic fits and “went to Police Station to complain of electricity being put on him and ask for protection.”⁷⁴ Lavinia Q “accosted Sergeant Small of Manly in the street and asked for protection. Said she was followed by some persons unknown to her”.⁷⁵ The fact that these patients, suffering hallucinations and delusions, sought help from the police rather from doctors demonstrates a number of social and economic realities of the time. Private doctors may not have been available, been too expensive, resistant to treating psychiatric patients, or, to patients in stages of psychosis and despair, not as visible a form of assistance as the uniform of a police officer. In any event, one of the few avenues to any form of psychiatric treatment for the working classes and their families was to be taken to the public asylum by the police.

⁷¹ Admission files, Parramatta Psychiatric Centre, 12/820 – Reg. No. 5449

⁷² Admission files, 14/9422- Callan Park Mental Hospital, No.1920-61.13477

⁷³ Admission files, 14/9423 – Callan Park Mental Hospital, No.1920-75.13491

⁷⁴ Admission files, 14/9423 – Callan Park Mental Hospital, No.1920-99.13515

⁷⁵ Admission files, 3/3442 – Callan Park Mental Hospital, No.1916-383.11811

Admissions – family

Many patients arrived at the asylum escorted by the police officers who had been summoned by the family. Charlotte D's file recorded "she is mentally dull and mentally and physically feeble" and that "she is inclined to ramble in her speech and states she is lonely".⁷⁶ She was ninety eight years old and had been arrested by the local police because her fifty four year-old son had taken out a warrant against her. He told the Medical Superintendent he "was unable to look after her any longer". He need not have worried. Prescribed two ounces of sedatives daily and confined to her bed, Charlotte died eight days after she was admitted. In this case, the asylum was used as a dumping ground for inconvenient family responsibilities. The staff was aware of this and concerned nurses questioned where Charlotte's wedding band had gone after her death. A scrawled note on the edge of the file noted it had been "taken by son because of no value".⁷⁷

Those who had suffered a lifelong disability could find themselves in the asylum after the death of a caring family member, the remaining relatives being unwilling, or unable, to keep them. Mary Ellen C was fifty-six years old when her elderly mother died in August 1918. Mrs C had cared for Mary Ellen since birth as "she has always been feeble minded". The doctor noted that Mrs C had "devoted her whole time to looking after the invalid" and "had spent a very large sum in medical fees on the patient's account".⁷⁸ While it is not possible to know with any certainty, it is likely that Mary Ellen was born with Down Syndrome, taking into account the advanced age of her mother and the physical description of her appearance. If this was the case, Mrs C had done well to keep Mary

⁷⁶ Admission files, 3/3430 – Callan Park Mental Hospital, No.1915-421.11376

⁷⁷ Admission files, 3/3430 – Callan Park Mental Hospital, No.1915-421.11376

⁷⁸ Admission files, 14/10016 – Callan Park Mental Hospital (deceased female patients), 328/12696

Ellen out of institutions her whole life, as there is little doubt it would have been suggested that Mary Ellen be shut away from infancy, but after Mrs C died, none of the family was willing to take on the burden of care and Mary Ellen was committed as insane in early September.

The medical staff noted that Mary Ellen “has been kept in bed for many years”, “spoon fed” and that she “amuses herself for hours at a time with post cards and other little treasures which she arranges and fixes”.⁷⁹ She was “quiet, singing in low tones to herself”. Mrs C had raised Mary Ellen as a Catholic and doctors felt because she was, “in her own way, very religious”, she might “easily become friendly with a sympathiser”.⁸⁰ However, like Charlotte D, Mary Ellen did not survive long in the asylum and died just five weeks later. The cause of death was listed as epilepsy.⁸¹

Beth G’s husband summoned the local police to his Cobargo property to see his wife who had been behaving strangely in the preceding days. Sergeant Branch reported, “I saw her walking across a ploughed paddock, where she was carrying a child about 2 years old. She had it under one arm, and its head was hanging down. I said to her, ‘Where have you been?’ She replied, ‘Oh having a walk about, I get melancholy’.” The Sergeant brought her to the local lock up and “charged her with being a person deemed to be insane and not under proper care and control”⁸² before she was transferred to Callan Park. Sixty-one year old George B’s wife called the police to her home in desperation in January

⁷⁹ Admission files, 14/10016 – Callan Park Mental Hospital (deceased female patients), 328/12696

⁸⁰ Admission files, 14/10016 – Callan Park Mental Hospital (deceased female patients), 328/12696

⁸¹ Admission files, 14/9401 – Callan Park Mental Hospital, No.1918-328.12696

⁸² Sworn Police Statement by Sergeant E C Branch, 25 August 1916 at Cobargo Court House, Admission files, 3/3439 – Callan Park Mental Hospital, No.1916-300/11728

1918, complaining “she bore with his peculiarities for a year until he said he was a doctor and proposed operating on her”.⁸³ Perhaps funds could not stretch to seeking a local doctor to advise on Beth G or George B’s case, or there may not have been one available, but the fact that their spouses called on the police to deal with the situation can be seen as evidence that the some members of the general public were comfortable with the role of the police in judging insanity and that medical and social infrastructure was so lacking for working class families that it was their only recourse in times of crisis.

Eighteen year-old Geoffrey T suffered “congenital imbecility” and his mother lamented “He wanders away and I do not know where he may go to, unless restrained by certain members of the family he is unmanageable”. Unable to leave him unattended to obtain paid employment, she surrendered his care to the doctors at Callan Park. They clearly found him a hopeless case. Dr Vallack noted, “[h]e is an imbecile, obedient to a certain degree but his intelligence is not of a high enough order to enable him to acquire a sense of responsibility.”⁸⁴ Geoffrey’s record shows he was a docile, trouble-free patient, who would sit “for long periods staring vacantly”.⁸⁵

Daily Life

Among the ideas underpinning the eighteenth and nineteenth century philosophy of ‘moral therapy’ for mental illness, advocated by the likes of Samuel Tuke, Benjamin Rush, Phillipe Pinel and Dorothea Dix⁸⁶, were

⁸³ Admission files, 3/3457 – Callan Park Mental Hospital, No.1918-42.12410

⁸⁴ Admission files, 14/9423 Callan Park Mental Hospital, No.1920-86.13502

⁸⁵ Admission files, 14/9423 Callan Park Mental Hospital, No.1920-86.1350

⁸⁶ See Garton ‘Early Developments’ in *Medicine and Madness*, pp.14-17 and Foucault, ‘The Birth of the Asylum’ in *Madness and Civilisation*, pp.241-278

wide, open spaces (clearly reflected in the design of Callan Park), access to nutritious food, work and rest.

Although Garton has shown that the diet provided by the hospitals was comparable to that of the general working class, with meat and bread the staples and a scarcity of fresh fruit and vegetables,⁸⁷ it was also monotonous and a source of friction. A typical week's menu for patients in a chronic ward at Callan Park was as follows:

BREAKFAST:

1 pint milk and egg, 4 pieces bread and jam
½ plate porridge, cup of tea
1 pint milk and egg, 2 pieces bread and butter

LUNCH:

1 pint milk, sago pudding, meat and potatoes,
1 pint milk, sago pudding, 1 plate of mince meal
1 pint milk, plate of soup, 1 plate pudding
Soup, quantity of rabbit and vegetable, sago pudding

DINNER:

1 pint milk and egg, quantity of bread and jam
1 pint milk and egg, small quantity of salmon, few pieces bread and jam.⁸⁸

⁸⁷ Garton, *Medicine and Madness*, p.164

⁸⁸ Medical files, 14/10084 – Callan Park Mental Hospital, discharged male patients, Register No.11488

Everything was supplemented with endless quantities of tea.⁸⁹ For those, like James Mc and Gordon C, who had essentially been homeless prior to their admission, three meals a day may have seemed a godsend, but for others, it was anathema. A patient's daughter complained that her mother always "begged for food [and] tears our small gifts of food like a starved animal and looks still a skeleton".⁹⁰ One woman was said to be "ravenous with food"⁹¹ while another patient protested

On Saturday I got no tea and goodness knows what one gets is not much. I work here, and can't get enough food to eat. I will write to my people about the matter and they may send my food in, for there is not sufficient here to feed the patients. I have not been used to such treatment and will certainly report the matter to the Master of Lunacy at my earliest opportunity.⁹²

William H wrote to his wife asking her to supply him with whiskey, and other comforts for his fellow patients, as, as he vociferously complained:

The mentals are all allowed rum ... I am getting only a little cheese. There is a CROOK at our table who has ham and scones and flounder fish for himself. He is as mad as those stinging trees in the Old Timber Reserve. There is a poor one-time collier with a cat's face called Isaac [T] in ward no 4. You might bring some cigarettes and Havelock tobacco for a poor woollen head called Frederick [J].⁹³

⁸⁹ In 1934, 55 000 pounds of tea were ordered for the asylums across New South Wales. See Garton, *Medicine and Madness*, p.164

⁹⁰ Correspondence dated 13 July 1923 from Mrs A to Master in Lunacy, cited in Garton, *Medicine and Madness*, p.164

⁹¹ Admission files, 3/3430 – Callan Park Mental Hospital, No.1915 – 418.11373

⁹² Undated correspondence to Dr Wallace from patient, Admission files, 14/9414 – Callan Park Mental Hospital, No.1919-335.13181

⁹³ Letter dated 23 March 1924 from William H to Mrs H, Admission Files, 14/9396 – Callan Park Mental Hospital, No.1918-117.12485

Dr Ross assured Mrs H that William “gets plenty of wholesome food and does not, of course, live entirely on cheese, as he says he does”.⁹⁴

For delusional patients, the contamination of food was often perceived as the source of their condition. Patients would refuse food “as she says it is poison”⁹⁵ or remain suspicious as “he says for years his father in law has been putting dope into his food”⁹⁶. Another patient “fancies that common foods cause her to have these attacks [insomnia and delusions of persecution]”⁹⁷ while the doctors reported that Henrietta R had “morbid ideas which have relation to food and medicine being tampered with”⁹⁸ and that she had to be force-fed. Likewise Hilda T’s condition was “complicated by the fact that she entirely refuses all food, which has to be artificially administered”.⁹⁹ Successful treatment was obviously dependent on also improving the physical health of patients and the willingness to take food was seen as a large indicator of the prospects for recovery. Records of Progress, kept on each patient, repeatedly comment “taking her food better”,¹⁰⁰ “indifferent to food”¹⁰¹, “does not take her food unless induced”¹⁰² and “remains acutely depressed and does not take his food”.¹⁰³ In some chronic cases, patients were fed “per rectum”.¹⁰⁴

Work was an integral part of daily life. The distribution of tasks was based along gendered lines with women working in the laundries,

⁹⁴ Letter dated 14 April 1924 from Dr Ross to Mrs H, Admission Files, 14/9396 – Callan Park Mental Hospital, No.1918-117.12485

⁹⁵ Admission files, 3/3457 – Callan Park Mental Hospital, No.1918-22.12390

⁹⁶ Admission files, 14/9421, Callan Park Mental Hospital, No.1920-35.13451

⁹⁷ Admission files, 3/3428 – Callan Park Mental Hospital, No.1915-325.11280

⁹⁸ Admission files, 14/9406 – Callan Park Mental Hospital, No.1919-76.12922

⁹⁹ Admission files, Parramatta Psychiatric Centre, 12/824 – Reg. No 6617

¹⁰⁰ Medical files, 14/10029 – Callan Park Mental Hospital, Reg. No.13480

¹⁰¹ Admission files, 3/3453 – Callan Park Mental Hospital, No.1917-370.12258

¹⁰² Admission files, 14/9404 – Callan Park Mental Hospital, No.1918-469.12837

¹⁰³ Admission files, 3/3452 – Callan Park Mental Hospital, No 1917-328.12216

¹⁰⁴ Admission files, 14/9398 – Callan Park Mental Hospital, No.1918-213.12581

kitchens or sewing rooms, and men in the gardens, painting or in the woodworking or machinery workshops. Both sexes were also required to undertake menial cleaning tasks, such as scrubbing floors, at the direction of attendants.

Like the intake of food, a willingness to work was often seen as a guide to progress, or the potential for progress and recovery, and some patients' files are filled with comments about the amount or quality of work undertaken. Godfrey S had a history of admissions to various asylums and on being transferred from Gladesville to Callan Park in 1920, his file noted "he is a weak minded person, who is unable to work or to take any intelligent interest in his surroundings".¹⁰⁵ In his annual Record of Progress, the doctor noted that his "Sister reports he has not done any work for 7 years and only odd jobs ... Makes nonsensical articles, ie: clappers, 100 pairs".¹⁰⁶ Although he was "quiet and no trouble" it is clear that the medical staff held out little hope for improvement. While Godfrey had claimed he was just "run down and needs a rest", the nursing staff summarised his prospects: "Always tittering to himself and shows very little ballast or intelligence. Would get up to all kinds of nonsensical behaviour."¹⁰⁷ Godfrey was transferred to a chronic ward, where he lived for twenty-seven years until his death in 1947.

Robert M was described as "a dull and incoherent old dement ... [who] leads a vegetable existence"¹⁰⁸ and while the doctors clearly held no prospect for any meaningful recovery, he nonetheless was reported to "work well in ward – scrubs floors etc".¹⁰⁹

¹⁰⁵ Admission files, 14/9423 – Callan Park Mental Hospital, No.1920 – 85.13501

¹⁰⁶ Admission files, 14/9423 – Callan Park Mental Hospital, No.1920 – 85.13501

¹⁰⁷ Admission files, 14/9423 – Callan Park Mental Hospital, No.1920 – 85.13501

¹⁰⁸ Record of Progress, 29 January 1934, Admission files, 14/9421, Callan Park Mental Hospital – deceased male patients, Register No.14/9980

¹⁰⁹ Record of Progress, 29 December 1932, Medical files, 14/9421, Callan Park Mental Hospital – deceased male patients, Reg. No.14/9980

Mabel C was twenty-eight years of age when she was admitted with 'acute mania' in 1919. She had repeatedly told her mother that she resented being forced to work at hard manual labour. The intent behind encouraging patients to work is shown in a letter written by Dr Chisholm Ross to Mabel's mother, who had complained about her daughter's treatment. Dr Ross wrote:

The work in the Laundry is really very light, all the hard work is done by machinery and the patients who have been here for a very long period. We always endeavour to get patients to occupy themselves in some way, this being for their own good and quick recovery.

If you do not wish your daughter to do any work, we will not give it to her. You may be sure she would not be asked to do anything beyond her strength.

We look upon work as a cure.¹¹⁰

Aside from explicitly linking work to recovery, this correspondence also serves to emphasise that incurable or chronic patients were given the worst, most menial or labour-intensive tasks, like Robert M, the "dull and incoherent old dement" who proved to be adept at scrubbing floors. And some patients refused point blank to work. Mary E had been transferred to the Parramatta Psychiatric Centre after a lengthy stay at Callan Park. She was appalled at requests for her to work at Parramatta, writing to her son, "the poor wretches are made slaves of, they have to work 12 hours a day. I refused to do it and was put in the punishment yard."¹¹¹

¹¹⁰ Correspondence dated 15 April 1920 from Dr Ross to Mrs C, Admission files, 14/9419 – Callan Park Mental Hospital, No.1919-496.13342

¹¹¹ Admission Files Parramatta Psychiatric Centre, 12/723 – Reg. No. 6877

Working patients were rewarded with extra food,¹¹² but some believed they should be compensated for their labour with wages. In 1895, Emmanuel S was incensed that “I am compelled to do this work for nothing ... [and sought] a fair days pay for a fair days work”.¹¹³ Cedric S complained that he had “done considerable work around these premises” and asked to “please kindly oblige me and make arrangements about me being paid off”. In the same letter, Cedric also asked for “an extended holiday if you could spare me the time off. The fact is I wish to resign my position here, whatever it may be”. He obligingly noted “Monday or Tuesday would suit me to be paid.”¹¹⁴

Meg T’s delusional state was considered chronic, however, work was still an important part of the daily structure, even for long term patients. Dr Ross wrote:

Patients are always encouraged to occupy themselves in some way as soon as they are able to do so. This is done in order to improve their condition generally and to occupy their minds, so as to prevent them from brooding. In this way, it is hoped to divert their thoughts and prevent their perverted mental condition from becoming permanent.¹¹⁵

It was not a case of all work and no play however, at least for some patients. Entertainments and other leisure activities were provided for some of the general asylum population whose conditions were controlled or improving and who were not deemed a danger to themselves or others. A Garden Fete was held in the grounds of Callan Park in April 1920 to

¹¹² Until the 1890s, beer and tobacco were used as rewards. See Garton, *Medicine and Madness*, p.165

¹¹³ Correspondence dated 1 April 1895 from Emmanuel S to Rector, cited in Garton, *Medicine and Madness*, p.165

¹¹⁴ Correspondence dated 4 January 1923 from Cedric S, Admission files, 3/3452 – Callan Park Mental Hospital No.1917-328.12216

¹¹⁵ Letter dated 4 December 1918, from Dr Ross to Dr Sinclair, Admission files, 14/9398 – Callan Park Mental Hospital, No.1918-1918-225.12593

raise funds for the Patients [sic] Comfort Fund and After Care Association (program shown next page). Attractions included chocolate wheels, jumble stalls, dancing, a band and ice cream and soft drinks. The general public were exhorted to “come along and enjoy yourselves”. Sport and other outdoor activities were also encouraged, though some felt that the division between patients who were permitted to participate and those who were not only served to emphasise the differentiation between the classes of curable and incurable patients. Garton notes that although in 1929, Callan Park held an average of eight cricket matches, six launch parties, five picture shows and three concerts each month, only a small percentage of patients were able to regularly attend.¹¹⁶

Not all these ‘amusements’ were without incident. Robert M collapsed while playing cricket in 1935 and was pronounced dead twenty minutes later.¹¹⁷ Another patient was prevented from attending outdoor activities as he “will escape if given the opportunity”.¹¹⁸ Some discharged patients however, showed their appreciation for the provision of leisure pursuits, like the returned soldier who wrote “I received a voucher for 7/- the amount standing to my credit. I will send the same back toward the entertainments and concerts at Hospital.”¹¹⁹

¹¹⁶ Garton, *Medicine and Madness*, p.167

¹¹⁷ Medical files, 14/9421, Callan Park Mental Hospital – deceased male patients, Reg. No.14/9980

¹¹⁸ Admission files, 14/9394 – Callan Park Mental Hospital, No.1918-69.12437

¹¹⁹ Admission files, 3/3446 – Callan Park Mental Hospital, No.1917-99.11987

GARDEN FETE

IN AID OF

*PATIENTS COMFORT FUND & AFTER CARE ASSOCIATION
of N.S.W. in Conjunction*

WILL BE HELD IN THE GROUNDS OF THE

MENTAL HOSPITAL CALLAN PARK

FRIDAY AFTERNOON AND EVENING, APRIL 4,
SATURDAY " " " 5,

Chocolate Wheels
Refreshment Stalls
Ice Cream & Soft Drinks
Fancy Goods
Jumble Stalls
Fruit & Vegetable Stalls
Clock Golf
Tennis Party
Dancing
Band
Hoopla &c. &c.

COME ALONG AND ENJOY YOURSELVES

Don't Forget the Dates

Friday, April 4

Saturday, April 5,

Visiting

Visiting times were strictly enforced. At Callan Park, these were set as 10am-11.45am and 2pm-3.45pm on Mondays, Tuesdays and Wednesdays. Sundays were only available “if visitors are unable to come other days because of work commitments etc”.¹²⁰ Similarly, the visiting hours at Parramatta were Monday, Tuesday and Wednesday from 10-12 and 2-4pm with a “special permit” being required for weekends, the latest time being 3pm.¹²¹

Along with food consumption and a willingness to work, visitors (or the lack of them) were seen as an indicator of the possibility of improvement or recovery; many records make specific reference as to the frequency of contact with friends and family. Hilda T’s file stated she “has friends” and when visiting was suspended due to the influenza epidemic in 1919, doctors advised her family to write regularly as “she seems to miss the visits of her relatives”.¹²² Frederick B, who had asked the police to protect him from electricity, had been admitted to Callan Park in 1920. He enjoyed regular visits from his sister, who was his sole link to the outside world and he showed genuine improvement in his outlook after each outing. However, after his sister passed away in 1931, Frederick’s condition deteriorated and he did not have one single visitor until his own death in 1952.¹²³

A lack of interest from family or friends indicated the patient would probably remain chronic. Patrick O, who was arrested by Constable O’Connor at Glebe for “taking off his clothes for no reason and talking

¹²⁰ Correspondence dated 21 December 1915 from Medical Superintendent to Mr S, Admission files, 3/3431 – Callan Park Mental Hospital, No.1915-457.11412

¹²¹ Admission files, Parramatta Psychiatric Centre, 12/824 – Reg. No. 6615

¹²² Letter dated 1 April 1919, from Clerk to Mrs T, Admission files, Parramatta Psychiatric Centre, 12/824 – Reg. No. 6617

¹²³ Admission files, 14/9423 Callan Park Mental Hospital, No.1920-99.13515

nonsense” in 1915, remained at Callan Park until his death in 1963. There is no record in his file of a single visitor or enquiry from any relation.¹²⁴ Such indifference from the outside world was much more likely to have the patient labelled incurable. This is shown clearly in the case of Godfrey S, who was said to make ‘nonsensical articles’.

Godfrey had been distressed by the death of four family members over the previous six years when he was transferred to Callan Park from the Gladesville Mental Hospital in March 1920. He admitted that he heard “voices which he is distressed by” and that “he is run down and needs a rest”.¹²⁵ His annual medical report in 1935 noted “he is quite content to remain in hospital and has no plans or interest in the future”.¹²⁶ There was little outside the asylum to be interested in, it seems. In the 27 years Godfrey spent at Callan Park before his death, his only visitors were his brother, who himself died in 1942, a sister and a nephew.¹²⁷

Visits of course were also important to relatives. Ambrose B’s wife applied for a special weekend pass each week as “I have four children and cannot bring them or leave them at home, but I have someone who will mind them Sundays for me”.¹²⁸ Visits, however, were dependent on the asylum’s proximity to family and a transfer to other institutions, either due to over-crowding or a determination of incurability, could often preclude family members from visiting. Iris O, for example, was sent to Orange after five years in Callan Park, having been admitted at twenty, and while her family hoped “the change will be for the better” they “regret

¹²⁴ Admission files, 3/3428 – Callan Park Mental Hospital, No.1915-333.11288

¹²⁵ Admission files, 14/9423 – Callan Park Mental Hospital, No.1920-85.13501

¹²⁶ Medical files, 14/9995 – Callan Park Mental Hospital, Reg. No.13501

¹²⁷ Admission files, 14/9423 – Callan Park Mental Hospital, No.1920-85.13501

¹²⁸ Letter dated 29 January 1920 from Mrs B to Medical Superintendent, Admission files, 14/9421 – Callan Park Mental Hospital, No.1920-35.13451

the distance is so great as to prevent our paying our usual visits, but I suppose we can write there for information.”¹²⁹

Similarly, in 1929, Geoffrey T, the eighteen year-old congenital imbecile, was transferred to the new facility at Orange, in the central west of NSW, owing to overcrowding at Callan Park, after nine years at what had become his home. Geoffrey was upset and confused by the change and his mother’s financial circumstances dictated that she was unable to continue regularly visiting him at Orange, as she had at Callan Park.¹³⁰ For some long-term, or chronic, patients, a transfer to another location, where the costs of travel prevented family visiting, could be frightening and detrimental to any progress they may have made.

Class and gender

Middle class values were prominent, not only in guiding daily life and routine within the hospital, but also the judgements that necessarily were made upon each patient’s circumstances and condition. The admissions files are instructive in that they allow us to see the very traditional views the medical staff brought to their work.

Dr Williamson declared when discussing his “old friend” Jean G, “Personally, I think that women, once intemperate, are never to be relied upon”.¹³¹ Geoffrey T was alleged to have gone “into Sydney without his hat and without money and wandered the streets”¹³², Frank W was

¹²⁹ Letter dated 24 September 1925 from Mrs O to Medical Superintendent, Admission files, 14/9424 – Callan Park Mental Hospital, No.1920-148.1354

¹³⁰ Admission files, 14/9423 Callan Park Mental Hospital, No.1920-86.13502

¹³¹ Letter dated 31 July 1927 from Dr Williamson to Eric Sinclair, Admission files, Parramatta Psychiatric Centre, 12/825, Reg. No.6673

¹³² Admission files, 14/9423 Callan Park Mental Hospital, No.1920-86.13502

reported to have “a big monkey face”¹³³ while Walter R had “the suave manner and bearing of the cunning epileptic”.¹³⁴ Perry C was considered a “hopeless mental and physical derelict”, who was “difficult to restrain”¹³⁵, while Donald S was admitted in a “dirty, verminous state” after being “brought in by police after acting strangely in Oxford Street after midnight.”¹³⁶ These arbitrary judgements, and the brusque manner in which a vulnerable patient population was dissected and discussed in the files, reflects a particularly conservative outlook that was applied by those who had power over the lives of those who did not.

This particularly affected female patients as their sanity could be called into question if they did not demonstrate a capacity to look after the home and restrain their sexuality. The former is emphasised in the case of Beth G, who had been found by the police with her two year old under her arm with its head hanging down, discussed earlier. Her husband had called the police to their Cobargo property initially because

Last night, about midnight, my wife got up out of bed and went outside. She was not dressed, she had no boots on. She stayed outside a long time before she came back ... She frequently goes away and leaves her children while I am at work.¹³⁷

What Beth’s husband had failed to mention to Sergeant Branch until the committal hearing, however, was that “about a fortnight ago, one of our children, two months old, died, and her condition has been worse since then. She appears to have been very melancholy”.¹³⁸ The inability of

¹³³ Medical files 14/10009 – Callan Park Mental Hospital (deceased male patients), Reg.No.12447

¹³⁴ Admission files, 3/3448 – Callan Park Mental Hospital, No.1917-185.12073

¹³⁵ Admission files, 3/3430 – Callan Park Mental Hospital, No.1915-391.11346

¹³⁶ Admission files, 3/3434 – Callan Park Mental Hospital, No.1916-120.11548

¹³⁷ Admission files, 3/3439 – Callan Park Mental Hospital, No.1916-300/11728

¹³⁸ Admission files, 3/3439 – Callan Park Mental Hospital, No.1916-300/11728

Beth to care for her family was the determining factor in the decision to commit her. Neither the police, the magistrate or her husband could see her breakdown as the result of the traumatic death of her baby.

Twenty-year-old Iris O was committed by her stepmother after the Magistrate was told “she lies in bed all day and refuses to do any household work. Refuses to wash her face”. Her father supported the application and alleged Iris “will not leave her room except for meals ... and refuses to do anything at all for him”.¹³⁹ Other comments in the files reveal a similar middle class patriarchal view based on moral beliefs regarding women. Female patients were committed because “she is mischievous and careless in her dress”¹⁴⁰, “she was locked up because she was having promiscuous sexual intercourse with several men”¹⁴¹ and “she is “unduly immodest about sexual matters. She is obviously an imbecile”.¹⁴²

Middle class patients were treated differently. John L-J, a medical doctor who had admitted himself as a voluntary patient because of his addiction to morphia, was released after a few months. The letter of recommendation from Dr Coutie was addressed to Colonel Stokes at Victoria Barracks. Rather than blame the addiction on weakness, intemperance or a character flaw, Dr Coutie explained it as the understandable consequence of a stressful occupation:

He was much worried and troubled and, like many another unfortunate medico, he began to take some morphia. He came to me and asked me to take him in as a voluntary patient, which I did. I must say that he did

¹³⁹ Admission files, 14/9424 – Callan Park Mental Hospital, No.1920-148.13564

¹⁴⁰ Admission files, 3/3434 – Callan Park Mental Hospital, No.1916-131.11559

¹⁴¹ Admission files, 3/3434 – Callan Park Mental Hospital, No.1916-131.11559

¹⁴² Medical files, 14/10017 – Callan Park Mental Hospital (deceased female patients), Reg. No.11455

everything to help himself and that he soon got over his feeling for the drug and, as far as I know, I believe that he has not taken any since.¹⁴³

John L-J already had standing within the community by virtue of his medical degree and he was known to some of the doctors at Callan Park in a professional capacity. Further, he was able to afford the sum of 15/- per week for maintenance while he was a voluntary patient at the hospital. Dr Coutie's letter and the terms in which he couched John's difficulties allowed John to resume his former occupation and he continued to correspond with the doctors at Callan Park for some time after his discharge, assuring them "everything is going on nicely with me here and I have had work every day since my arrival. My health continues satisfactory and I have every confidence in myself now and believe I can keep on the straight track".¹⁴⁴

Irene T was also a voluntary patient between February and June 1920. The list of her personal items stretches for 39 lines in her file and includes such exquisite and luxurious items as "white silk gloves, 3 calico night dresses, pink kimono, fur coat, muslin collar and 2 white silk blouses".¹⁴⁵ In contrast, Perry C was an involuntary patient. His wife asked if her husband could be given a needle and thread to mend his dishevelled clothing but was told he "would more likely do damage with a needle than otherwise. If given a new set of clothing he would soon have it torn".¹⁴⁶ Voluntary patient Irene T was permitted to retain an ordinate number of items of obviously expensive clothing, while the

¹⁴³ Correspondence dated 17 October 1917, from Medical Superintendent to Colonel Stokes, Admission files, 3/3448 - Callan Park Mental Hospital, No.1917/167a.12055a

¹⁴⁴ Undated correspondence from John L-J to Dr Coutie, Admission files, 3/3448 - Callan Park Mental Hospital, No.1917/167a.12055a

¹⁴⁵ List of Personal Items, 15 February 1920, Admission files, 14/9422 - Callan Park Mental Hospital, No.1920-48a.13464a

¹⁴⁶ Admission files, 3/3430 - Callan Park Mental Hospital, No.1915-391.11346

certified Perry C was denied the chance to mend even the few clothes he had. A privileged background could translate into being granted privileges within the hospital that were denied to ordinary patients.

Yet wealthy, middle class patients were the exception.¹⁴⁷ Fluctuating economic circumstances made the vulnerable - the poor, the indigent, casual workers and unskilled labourers - more likely to succumb to the stress of unemployment, homelessness and bankruptcy, which in turn could lead to depression and other forms of mental breakdown. Cedric S's father explained to the doctors "he has not had any money from the pension for, I believe, twelve weeks."¹⁴⁸ Geoffrey T was unable to earn a steady living as he "cannot do any simple work such as gardening".¹⁴⁹ Like Geoffrey's mother, many family members were constrained by the supervision required by violent, depressed or wandering relatives, meaning that they were unable to earn an income outside the home either. Casual or seasonal workers who did not perform to the standards expected by their employers were the first let go in leaner times. One patient's former boss wrote that he had been forced to sack the man as he could no longer afford to keep a worker on who "has been a shingle short these many years".¹⁵⁰

Violence and suicide

While some patients were calmed by the structure, routine and solitude of the asylum, and even grateful, many more were prisoners of their own delusions and distress. Given the serious and erratic nature of many

¹⁴⁷ For statistics on admissions to private hospitals and nursing homes, see Garton, *Medicine and Madness*, pp.109-111

¹⁴⁸ Admission files, 3/3452 - Callan Park Mental Hospital, No.1917-328.12216

¹⁴⁹ Admission files, 14/9423 - Callan Park Mental Hospital, No.1920-86.13502

¹⁵⁰ Admission files, 3/3446 - Callan Park Mental Hospital, No.1917-110.11998

psychiatric conditions, two possibilities were ever-present within the asylum walls: violence and suicide.

Some patients were violent, not only to themselves, but others. Herman P had previously served time for rape when he was committed to Callan Park in 1900, aged twenty four. Some years later, he was assigned to work in the piggery, a task he performed sporadically, but the attendants found “a day or two in the Ward would bring him back again ... he had a fair amount of liberty” notwithstanding the fact he “possessed all the vanity of the imbecile, and would strut about the grounds”.¹⁵¹ On the morning of December 20 1908, shortly after the commencement of his shift at the piggery, Herman bashed an attendant to death with a spade before attempting to cut his own throat. His explanation for the sudden and savage attack was that the attendant, along with other patients, had accused him of having unnatural relations with the pigs.¹⁵² Herman was charged and transferred to the Criminal Division at Parramatta in 1909. In 1917, however, the charges were dropped because he was still found to be insane. He was moved into a general ward, where he remained until his death in 1942, his “clothing all worn out”.¹⁵³

Bessie Mc, a single forty two year old woman, was admitted to Callan Park in December 1918 suffering from acute melancholia in that “[s]he states that she is possessed of the devil and the persecution never ceases”¹⁵⁴ and “is depressed, states that the devil is after her and has ideas of suicide”.¹⁵⁵ The observation afforded such vulnerable patients, provides insight into the daily structure of the ward:

¹⁵¹ Admission files, Parramatta Psychiatric Centre, 12/825, Reg. No. 6642

¹⁵² Admission files, Parramatta Psychiatric Centre, 12/825, Reg. No. 6642

¹⁵³ Admission files, Parramatta Psychiatric Centre, 12/825, Reg. No. 6642

¹⁵⁴ Medical Notes, Dr Ross, Admission files, 14/9404 – Callan Park Mental Hospital, No.1918-443.12811

¹⁵⁵ Medical Notes, Dr Price, Admission files, 14/9404 – Callan Park Mental Hospital, No.1918-443.12811

[she is] always under observation, and at night slept in the hospital ward, which communicates by an open door with the Observation Ward, where the Nurse is stationed throughout the night. This Nurse stamps the clock in the Observation Room every quarter of an hour and then passes into the Hospital Ward to stamp there also every quarter of an hour. ¹⁵⁶

Within the fifteen minute window between rounds, however, Bessie had managed to tie a bed sheet around her neck and hanged herself from the bars of the window. Despite attempts at resuscitation, Bessie was pronounced dead at 4am on 5 January 1919.¹⁵⁷ A coroner's inquest found Bessie "died from asphyxia from strangulation caused by herself at the same place on the same date, while of unsound mind".¹⁵⁸ While the incident was considered regrettable, no staff member was found to be culpable in Bessie's death.

Appreciation

For some patients, Callan Park was a place to be cured or even a sanctuary from persecution or intolerable domestic circumstances. Instead of being "a god-damned son of a bitch of a place"¹⁵⁹ as one patient had written, for others, Callan Park was not a place of imprisonment but, rather, a refuge.

¹⁵⁶ Letter dated 6 January 1919 from Medical Superintendent to the Inspector General of Mental Hospitals, Admission files, 14/9404 – Callan Park Mental Hospital, No.1918-443.12811

¹⁵⁷ Admission files, 14/9404 – Callan Park Mental Hospital, No.1918-443.12811

¹⁵⁸ Coroner's Report, 18 January 1919, Admission files, 14/9404 – Callan Park Mental Hospital, No.1918-443.12811

¹⁵⁹ James G, 1913, cited in Garton, *Medicine and Madness*, p.161

Geoffrey T, who was transferred to Orange, was not alone in seeing Callan Park as 'home'. For those who were essentially alone in the world and unable to shoulder responsibility for their upkeep or maintain paid employment, the asylum – despite its paucity of comforts and strict routines – may have provided the only 'home' that many patients had known. That certainly seemed to be the case for Susan M.

Susan had been transferred to Parramatta in 1923 and had written numerous letters pleading to be allowed to return to Callan Park. She was assured "I am sorry to say we are so overcrowded here that it is impossible for us to take any patients back. I am quite sure you will be very well cared for where you are".¹⁶⁰

Florrie H, a twenty four year old single waitress, was committed in October 1918 at the urging of her family who had told doctors "she was wandering about at Watson's Bay with a view to doing away with herself".¹⁶¹ Florrie recovered well and was discharged just over a year later. Her gratitude to the medical staff is shown through a letter sent to Dr Coutie in February 1920:

Many times during my detention I thought many unkind things, because I was not free, but now as I look back, I can thank God for such a place, for had I not been placed under your care, I don't know what may have been my ultimate end.

Now I am thankful to say I have health and happiness once more restored.¹⁶²

¹⁶⁰ Correspondence dated 17 January 1924 from Medical Superintendent to Susan M, Admission files, 14/9423 – Callan Park Mental Hospital, No.1920-78.13494

¹⁶¹ Admission files, Callan Park Mental Hospital, Admission files, 14/9402 – Callan Park Mental Hospital, No.1918-390.12758

¹⁶² Letter dated 29 February 1920 from Florrie H to Dr Coutie, Admission files, 14/9402 – Callan Park Mental Hospital, No.1918-390.12758

Henry H, the man who had been found not guilty of the murder of his wife, and who had wished Dr Jones a “happy time threw the hollow days”, was another who found Callan Park a place of healing. He was discharged in 1920, yet he continued to correspond with the doctors at Callan Park for some time after his release, writing, “I am doing very well so far and also hope you are doing well. ... I would like you to please remember me to all the other doctors ... they were all very good to me while I was there”.¹⁶³ Similarly, Richard H, a returned soldier, also gave Callan Park the credit for his renewed vigour. He wrote “I am quite free from that disease I had. I shall never forget your kindness for helping me out of that place. No doubt I was depressed ... but I have forgotten that now. I am as happy as a sand boy”.¹⁶⁴

Treatment

Once certified as insane and committed, the patient then underwent what sometimes amounted to experimental treatments. Individual therapies will be discussed in further detail in following chapters, but suffice to add here the old custodial model of the asylum required that troublesome patients be kept quiet and under control, therefore sedation was the simplest and most effective method of achieving order on the wards, with bromide, chloral hydrate and morphine the most typically used drugs.¹⁶⁵ This ‘draught’, also known as ‘the cocktail’ and the ‘common pink draught’, was used routinely to keep order on the wards, “for the good of the staff rather than the benefit of the patient”, the result of the strong sedative being that, on some wards, the majority of patients were “for all intents and purposes chronically drunk.”¹⁶⁶

¹⁶³ Admission files, 14/9423 – Callan Park Mental Hospital, No.1920-75.13491

¹⁶⁴ Admission files, 3/3446 – No.1917-99.11987

¹⁶⁵ Admission files, Parramatta Psychiatric Centre, 12/820, Reg. No. 5449

¹⁶⁶ A T Edwards, *Patients as People*, cited in Garton, *Medicine and Madness*, p.175

One young woman, admitted in an 'excitable' state after the birth of her first baby, was prescribed "egg flips with whiskey" as a stimulant,¹⁶⁷ while most patients exhibiting signs of 'mania', 'talkativeness', 'garrulousness' and 'hysteria' were dosed daily with the 'cocktail'. Physical restraint had become a less popular treatment, although it was still employed on occasion. Edith T had developed a habit of picking the skin off her face. On the morning of 22 January 1919, it was discovered she had pulled out all her hair overnight and as a result, was placed in 'muffs', two leather bands into which the hands were inserted and then locked together by means of a strap above the wrists. The muffs were not removed until 25 March, over a month later.¹⁶⁸

Seclusion was also used when deemed necessary for the safety of patients and staff, such as Jack G, the horse breaker, who had to be placed in "detention" in a single room because of the problems "associated with large numbers of other patients and the disturbance which his presence in the ward would cause."¹⁶⁹

The early twentieth century also brought new theories that physical maladies were responsible for mental illnesses, which sometimes resulted in surgical procedures to remove uteruses, ovaries, teeth and thyroid glands and other organs whose impairment was thought to underpin the mental symptoms. Ruby C is one example. Her case also demonstrates changing attitudes toward treatment. Thirty year-old Ruby was committed to Callan Park in 1916 and her brother claimed "she has been mentally deficient for years".¹⁷⁰ In 1921 her brother was informed:

¹⁶⁷ Admission files, 3/3431 – Callan Park Mental Hospital, No.1915-436.11391

¹⁶⁸ Medical files, 14/10048 – Callan Park Mental Hospital, deceased female patients, Reg. No.469/12837

¹⁶⁹ Report dated 26 November 1915 from Medical Superintendent, Admission files, Parramatta Psychiatric Centre, 12/820 – Reg. No. 5449

¹⁷⁰ Admission files, 3/3432 – Callan Park Mental Hospital, No.1916-27.11455

last night Miss [Ruby] got into another patient's bed and ... there was a struggle with the result that Miss [Ruby] has a bruise on the face.

I have changed her into another Ward in the hope that the patients there will not take so much notice of her interfering with them. As I have explained to you before, Miss [Ruby] cannot be prevented from worrying other patients. She usually grasps hold of them and sometimes shakes them and is so persistent that at times the other patients retaliate. It is not that Miss [Ruby] strikes, but she will not let go a patient nor cease saying hurtful things to them, and therefore, the other patients sometimes resent it.¹⁷¹

The inference in this report is that Ruby was moved to a ward populated by other sedated or restrained patients whose conditions were such they would not take so much 'notice' of her 'interfering' with them. Ruby's lack of improvement and continued disruptive behaviour marked her as a 'chronic' case and perhaps her family's apparent lack of interest in her made her an appropriate candidate for experimental therapy.

In 1935, Ruby's gall bladder was surgically removed.¹⁷² Yet she still showed no sign of progress or recovery. In 1940, her sister consented to Ruby receiving a full course of Cardiazol treatment, a convulsive therapy shown to have achieved some success among schizophrenic patients in England from about 1937.¹⁷³ The sister signed a waiver that acknowledged "there are certain dangers associated with this treatment and I, therefore, hereby indemnify the Hospital".¹⁷⁴ While essentially a simple procedure, its effects could be traumatic. Designed to induce a series of 'fits':

¹⁷¹ Letter dated 21 December 1921 from Medical Superintendent to brother, Admission files, 3/3432 – Callan Park Mental Hospital, No.1916 – 27.11455

¹⁷² Medical files 14/10017 – Callan Park Mental Hospital deceased female patients, Reg. No.11455

¹⁷³ Niall McCrae, "A violent thunderstorm': Cardiazol treatment in British mental hospitals", in *History of Psychiatry*, Vol 17, Number 1, March 2006, pp.67-90

¹⁷⁴ Letter dated 9 May 1940 from sister to Medical Superintendent, Admission files, 3/3432 – Callan Park Mental Hospital, No .916 – 27.11455

A wide-bore needle was pushed 2 cm into the vein ... Almost immediately, colour drained from the patient's face, which became stiff and motionless. Onset of seizure was signalled by a cough or cry ... [and] a sudden yawning spasm, at which an attendant inserted a gag to avert dislocated jaw. As tonus increased, the first clonic jerks appeared. The pupils would widen and stare. Clonic spasms [a series of alternating muscular contractions and relaxations] lasted around 40 seconds, the patient being protected from injury by manual restraint. Incontinence was common. Patients then fell into a comatose sleep for about ten minutes, their recovery monitored by attendants. Optimum dose for each patient was found by trial and error.¹⁷⁵

More error than trial in Ruby's case it seems, for though she lived until 1957, and no discernible adverse effects are listed in her file, improvement was negligible and the treatment was eventually discontinued. Ruby's almost complete absence of familial support was made more evident after the death of her brother. A niece was named as next of kin in a terse note to the doctors, with an instruction to "not notify during night in event of death".¹⁷⁶ Like Patrick O, who had no visitors between 1915 and 1963, and Godfrey S, who had none after the death of his sister, long term, chronic patients like Ruby were essentially abandoned, and completely acquiescent and subject to the authority of the hospital staff.

Tales of murder, suicide, violence and degeneracy within the asylum were reported in Sydney's daily newspapers, along with regular, and often gruesome, court and police stories, reporting what vile, unstable or dangerous persons had been recently conveyed to Callan Park and the Parramatta Psychiatric Centre and for what crimes. Despite improvements in the quality of care and change in descriptor from

¹⁷⁵ McCrae, 'A violent thunderstorm', p.71

¹⁷⁶ Admission files, 3/3432 – Callan Park Mental Hospital, No.1916 – 27.11455

‘asylum’ to ‘mental hospital’, the stigma of the ‘mad house’ and the horrors it was said to contain were alive and well in Sydney at the start of the Great War.

Concepts of moral degeneration and individual disposition toward defectiveness persisted well into the inter-war years, as evidenced by the *Australian Medical Journal’s* declaration in 1921, “the war and its aftermath have taught the great lesson that there is a large number of men and women who have an acquired or inherited neuropathic temperament”.¹⁷⁷ The police remained the main channel for the removal of citizens suffering psychological disturbances to the asylum, often at the request of exhausted, frustrated or just plain disinterested family members. Larger patient populations required treatment for increasingly complex mental illnesses and experienced staff could be difficult to retain. Overcrowding and staff shortages had seen a marked increase in the delineation between curable and incurable, acute and chronic, and certified and voluntary patients.

It was in this institutional context that the burgeoning psychiatric profession faced its most daunting challenge from 1915 onward: the influx of men and women, and their families, seeking assistance, relief and treatment for a range of psychiatric conditions brought about by the effects of a war whose scope for devastation, bereavement and disability was on a scale never before witnessed in human history.

¹⁷⁷ *Medical Journal of Australia*, cited in Garton, *Medicine and Madness*, p.77

Chapter 3

The War at Home ~ Women

*“I didn’t raise my son to be a soldier
I brought him up to be my pride and joy
Who dares to put a musket to his shoulder
To kill some other mother’s darling boy”*

Anti-Conscription song, 1916¹

Emily T’s son, a thirty-year old fruiterer by trade, enlisted in October 1916, at the height of the first conscription plebiscite, and even then it was against the strong wishes of his mother. Emily’s husband was an itinerant station hand who was known for his fondness for the bottle and had a patchy record of supporting Emily and six children – four from her first marriage to a husband who had died suddenly and two from their own.² Prior to his enlistment, her son had been his mother’s sole means of support, although he nominated his father as next-of-kin in his attestation papers.³ In September 1918, Private T suffered gun-shot wounds through the shoulder and arm, and on receipt of the telegram, Emily immediately wrote to Base Records “anxious to know what the nature of the wounds are”.⁴

The terse reply noted that Private T had been admitted to the Lord Derby War Hospital in London but that his condition was “not stated to be

¹ Song sung by pacifist Adela Pankhurst and her supporters at Anti-Conscription rallies during 1916. L L Robson, *The First AIF: A Study of Its Recruitment 1914-1918*, Melbourne University Press, Melbourne, 1982, p.101.

² Western Sydney Records Office, Series 4986, Case papers, 14/10048, Callan Park Mental Hospital (deceased female patients), Reg. No.469/12837

³ Examination of Mental Condition form, Case papers, 14/10048, Callan Park Mental Hospital (deceased female patients), Reg. No.469/12837

⁴ Letter dated 10 October 1918, from Emily T to Base Records, NAA, B2455, Barcode 8395463

serious”.⁵ That, apparently, did not satisfy her. Emily’s agitation grew and she became increasingly obsessed with the war and her son’s wounds. She travelled from her home in Nyngan in western New South Wales to stay with her married daughter in Sydney so as to be nearer to a major centre to locate news of her son. Her son-in-law reported that she was restless, sleepless and would wander the house at all hours “looking for some special item belonging to her boy”.⁶ Her daughter and son-in-law became concerned: Emily would sit “for long periods doing nothing and staring blankly in front of her”, they found her with “knives and once with a razor” and, alarmingly for the neighbours, she “will not keep her clothes on”.⁷ Emily’s increasing mental distress and detachment from daily life culminated in December 1918 when she attempted to hang herself from the staircase. In what may be interpreted as a direct comment on who she blamed for her son’s wounds, she had used the Union Jack as a noose.

Emily was taken to the Reception House at Darlinghurst. She was immediately committed to a secure ward at Callan Park where, it was recorded, she “looks careworn and depressed ... takes no interest in anything and wanders about the room, crawling under the bed”. When asked why she refused to eat, Emily responded “what is the use when I am in my grave”.⁸ The cause of Emily’s rapid decline was listed as “worry over son at the war”⁹ while Dr Sinclair noted she “has not been well for the past three months. The war has worried her”.¹⁰ Emily’s physical health declined in response to her mental deterioration. She

⁵ Letter dated 15 October 1918, from Base Records to Emily T, NAA, B2455, Barcode 8395463

⁶ Admission files, 14/9404 – Callan Park Mental Hospital, No.1918-469.12837

⁷ Admission files, 14/9404 – Callan Park Mental Hospital, No.1918-469.12837

⁸ Admission files, 14/9404 – Callan Park Mental Hospital, No.1918-469.12837

⁹ Admission files, 14/9404 – Callan Park Mental Hospital, No.1918-469.12837

¹⁰ Dr Eric Sinclair, patient notes, 2 January 1919, Case papers, 14/10048 – Callan Park Mental Hospital (deceased female patients), Reg. No.469/12837

contracted the Spanish Influenza during the epidemic in June 1919 and died “rather suddenly” two months later.¹¹

Emily’s admission was one of many during the Great War. The instances of women’s admissions to mental asylums suffering ‘mental anxiety’, ‘worry’, ‘domestic trouble’ and ‘melancholia’ rose during the War.¹² This chapter looks at the experience of mothers, and to a lesser extent, wives and sisters, as they struggled to come to terms with loss - loss of their son, husband or brother to war in the first instance, loss as death, and loss of the essence of the individual when their men returned wounded and ill. It also examines the way mothers, in particular, negotiated their loss within a framework of financial hardship and troubled family dynamics. Many soldiers were the sole providers for their mothers, while others had acted as a protector from violent husbands. The absence of these two forms of support rendered many vulnerable to acute mental distress, particularly working class women, who were far more likely to be admitted to a public institution than their middle class sisters, for reasons discussed in Chapter 2. They were more vulnerable to economic, familial and domestic stresses when the male breadwinner was away fighting, and, if he returned, in the years after if he was unable to continue to support the family, or if he did not return at all.

Distance was also a factor. As discussed in the Introduction, the great distance of Australia from theatres of war, sporadic communication, high casualty rates, grievous wounds among those returned from the front, the absence of traditional mourning rituals and political, industrial and

¹¹ Record of Progress, Case papers, 14/10048 – Callan Park Mental Hospital (deceased female patients), Reg. No.469/12837

¹² Statistics 1913-1924 in ‘Hospitals for the Insane Reports’ *The Medical Journal of Australia*, 21 April 1917, cited in Tanja Luckins, “Crazed with Grief?’: The asylum and the Great War in Australia’, Catharine Coleborne and Dolly MacKinnon (eds), *Madness’ in Australia: histories, heritage and the asylum*, University of Queensland Press, St Lucia, 2003, p.169

social upheaval on the home front, combined with rising prices and housing shortages, placed enormous pressure on women to keep the home, farm or business running, care for (often) large families and cope with the everyday tribulations of life while trying to dampen down anxiety, fear and panic. The war that would be over by Christmas had turned into a protracted, grotesque stalemate that seemed endless. For many of those women who experienced mental illness as a result, whether the war was a direct or peripheral cause, it was just that: endless.

The case studies also demonstrate the extent of extreme forms of bereavement, well into the inter-war years, and the impact of the war on mothers who found themselves unable to care for their remaining children because of their grief. Of all the women examined as case studies, about a third died fairly quickly after admission, a third remained chronic cases who were institutionalised for long periods and the remainder were released 'recovered' after treatment. The case studies also demonstrate that the prevalence of violence, violent delusions and multiple attempts at suicide challenge traditional assumptions that female grief was passive and stoic.

Worry Over War

Like Emily T, many women grieved the absence of their menfolk from the time of their enlistment and embarkation. Some were caught between wishing to appear patriotic and supportive of the Empire in peril, and their anxiety at the thought of losing a son, husband or brother and the economic assistance and companionship afforded by him. Mrs James, for example, recorded the following in her personal reminiscences of the war: “though I wanted them [two sons] to be brave enough to offer their services ... I quailed at the thought and ... I desperately searched my

mind for some excuse to prevent them”.¹³ She was tormented by the “tramp tramp of the soldiers” marching down the street but then suddenly fearful of “[h]ow ashamed I should be, if in their country’s crisis, they failed to answer its call”.¹⁴

For some vulnerable patients, the mere anticipation of some tragedy to come because of the war could precipitate a breakdown. For example, Ada B was admitted to the Parramatta Psychiatric Centre in 1915, two months after her eldest son enlisted. He was in training at the Holsworthy base, near the family home and, according to her husband, Ada “wants to run up to [him] all the time. Even after she has just seen him, she begins worrying about him again. Now she is constantly going to the cemetery to look for him”.¹⁵ Her diagnosis was “melancholia delusional” with the predisposing cause of “worry about the war”.¹⁶

Doctors could be compassionate. Mary Jane G, a widow, had succumbed to “acute mental depression” and “worry”¹⁷ after receiving word that her son, serving in France, had been admitted to Wandsworth Hospital in London suffering from shellshock “with stammering” in September 1917.¹⁸ “Miserable and depressed”, the doctors recorded, Mary Jane “requires restraint for her own protection” and “believes her son is going to be hanged”.¹⁹ One doctor took it upon himself to correspond directly with the Army, noting the “anxiety regarding the fact of her son’s being away at the front is an adverse factor in her case and

¹³ Mrs Britomarte James, *My personal reminiscences of the War*, ML MSS 2871

¹⁴ Mrs Britomarte James, *My personal reminiscences of the War*, ML MSS 2871

¹⁵ Admission files, Parramatta Psychiatric Centre, 12/721, Reg. No. 6459

¹⁶ Admission files, Parramatta Psychiatric Centre, 12/721, Reg. No. 6459

¹⁷ Admission files, 3/3453 – Callan Park Mental Hospital, No.1917-370.12258

¹⁸ Statement of Service, NAA, B2455, Barcode 4104115

¹⁹ Dr Chapple, patient notes, Admission files, 3/3453 – Callan Park Mental Hospital, No.1917-370.12258

his return would no doubt expedite her recovery”.²⁰ Private G was in fact returned to Australia in January 1918 and was discharged as medically unfit.²¹

Julia C from Wollongong had been observed at the Reception House for a month in September 1916 when her husband first enlisted without being actually admitted to Callan Park. She believed that Germans were persecuting her as a result of her husband’s decision to join up but recovered on that occasion, after her sister agreed to care for her in her own home.²² The absence of her husband, however, weighed on Julia and she became increasingly agitated until August 1918, when on receiving news that her fears had been realised and her husband had been killed in action, she became completely distraught.

Constable Larkin conveyed Julia to Callan Park after she disturbed a Catholic mass by “taking possession of the altar and addressing the congregation herself”.²³ Dr Ross reported Julia as “restless, unkempt, incoherent”²⁴ while Dr Gibbes found her “out of bed crouched on the floor covered with a blanket ... confused in speech, talking utter nonsense”.²⁵ Perhaps Julia had been an anxious woman prior to the war; certainly religious delusions and notions of persecution suggest that her skills at coping with adversity were not strong, however, there is no record of her having been unwell before 1916. At thirty-seven years of

²⁰ Letter dated 27 November 1917 from Acting Medical Superintendent to Captain Bell, Victoria Barracks, Admission files, 3/3453 – Callan Park Mental Hospital, No.1917-370.12258

²¹ Casualty Form – Active Service, NAA, B2455, Barcode 4104115 Private G did not apply for a military pension until 1965.

²² Admission files, 14/9400 – Callan Park Mental Hospital, No.1918-308.12676

²³ Dr Price, patient notes, Admission files, 14/9400 – Callan Park Mental Hospital, No.1918-308.12676

²⁴ Dr Ross, patient notes, Admission files, 14/9400 – Callan Park Mental Hospital, No.1918-308.12676

²⁵ Dr Gibbes, patient notes, Admission files, 14/9400 – Callan Park Mental Hospital, No.1918-308.12676

age, she was completely reliant on her husband, not only for financial and domestic support but also, because they had no children, her identity as a wife, which was her social anchor. Perhaps her husband had been a stabilising influence and provided her with the emotional support she required, so much so that on his departure to the front, she was unable to cope with daily life. It is not possible to know whether this was the case with any certainty, but regardless, it is clear that Julia's rapid mental decline was directly attributable to firstly her husband's physical absence when he sailed to war, and later, his sudden death in that conflict, which rendered Julia's future bleak.

Julia's was one reality of working class life, in that her entire persona was apparently embodied in her husband, and, on his death, she neither had the capacity to earn an income, keep her domestic affairs in order nor to envisage a new, or different, life without him. As Pat Jalland, in her work on Victorian era widows wrote, the "lack of available diversionary options such as paid work and remarriage obliged them to face up to their grief and work through it".²⁶ While this may have been true for many, and a cultural norm that persisted through into the early twentieth century, 'working through it' was not possible for women like Julia. She remained a chronic patient at Callan Park until she was transferred to the new facility at Orange in 1925. The sister who had cared for her during the war had since passed away and the letter informing her brother of her transfer was unclaimed and sent to the Dead Letter Office.²⁷

Beatrice B sought the refuge of the asylum. Beatrice had immigrated to Australia with her husband, who, at the outbreak of war, promptly

²⁶ Pat Jalland, *Death in the Victorian Family*, Oxford University Press, Oxford, 1996, p.250

²⁷ Letter dated 21 September 1925 from Medical Superintendent to brother, Admission files, 14/9400 – Callan Park Mental Hospital, No.1918-308.12676

caught a boat back to England and enlisted in the war. The doctor noted “She has been left stranded here ... [she] is improving but there is a prospect of a return of her mental illness through worry and overwork as she finds it difficult to keep herself”.²⁸ Beatrice was “depressed and unnaturally suspicious of some danger”. She believed that men were following her about and stated that “this condition of mind makes her feel unbalanced and she desires the security of treatment in a suitable hospital ... she feels she must be protected”.²⁹ Beatrice was discharged in August 1916, but by early January the following year she arrived at Callan Park requesting that she be allowed to return. She told Dr Ross that the men whom she believed had followed her about, had left her alone when she was at Callan Park previously, and she sought “the same sanctuary again”. Dr Cahill noted that Beatrice “cannot earn a living or bear any great stress or strain and requires a guardian which she cannot manage to procure outside”.³⁰

Outside Callan Park, Beatrice had no family, or support, and, like Julia C, no means of keeping herself. Within the walls of the asylum she felt safe. She was transferred later in 1918 to the new asylum at Stockton where she remained until her death.

The cases of Julia C and Beatrice B are instructive in that they illustrate how such patients were often viewed by the medical profession. Julia did not conform to expectations of how women should mourn or behave. Dr Ross noted she “prays without any reverential association”³¹ indicating he found her religious delusions distasteful while Dr Gibbes found her

²⁸ Admission files, 3/3430 – Callan Park Mental Hospital, No.1915-414.11369

²⁹ Admission files, 3/3430 – Callan Park Mental Hospital, No.1915-414.11369

³⁰ Admission files, 3/3444 – Callan Park Mental Hospital, No.1917-8.11866

³¹ Dr Ross, patient notes, Admission files, 14/9400 – Callan Park Mental Hospital, No.1918-308.12676

“utterly bereft of any sense or reason”³² yet no specific treatments are indicated in the file, perhaps demonstrating that Julia was viewed as a hopeless, chronic case from the outset. Beatrice, without her husband, was unable to cope with her domestic obligations or even keep herself. Dr Cahill found her “a nervous, excitable person, emotional and mentally unstable” and noted she “is afraid of again relapsing”.³³ He felt that Beatrice “cannot bear any great stress or strain and requires a guardian which she cannot manage to procure outside apparently. She is very depressed, restless and a further course of treatment at a mental hospital seems to be the best course of action.”³⁴

Jill Matthews has convincingly utilised a Foucaultian analysis of sexuality and the nature of the body to argue that “the medical profession fed its scientific knowledge into pre-existing models of social behaviour and used it to confirm both the models and its own power”.³⁵ This can be seen in both Julia C’s and Beatrice B’s case: without social or political voice, without family to advocate on their behalf, without financial means, it was almost inevitable that the male dominated medical profession would view Julia and Beatrice as chronic invalids without hope for meaningful recovery and relegate them to lifelong institutionalisation.

³² Dr Gibbes, patient notes, Admission files, 14/9400 – Callan Park Mental Hospital, No.1918-308.12676

³³ Dr Cahill, patient notes, Admission files, 3/3444 – Callan Park Mental Hospital, No.1917 – 8.11896

³⁴ Dr Cahill, patient notes, Admission files, 3/3444 – Callan Park Mental Hospital, No.1917 – 8.11896

³⁵ Jill Julius Matthews, *Good and Mad Women: the Historical Construction of Femininity in Twentieth Century Australia*, Allen & Unwin, Sydney, 1984, p.113

Long lives or extended existence?

Despite their grave medical conditions, some returned men lived a long time after their return. This could place an added burden on already ageing mothers as they attempted to continue care, or visiting, in spite of their own ill health and frailty. Their bereavement at the loss of the essence of their damaged sons remained unresolved. Paul C's mother, Molly, is a good example.

Paul had enlisted in 1916 at the age of twenty-two and saw action on the Western Front. By Christmas 1917, he was hospitalised, not because he was wounded, but because he had contracted venereal disease while on leave in France. He rejoined his unit in February 1918, but was gassed near Abbeville in June. He was evacuated to England for treatment, where he remained until the end of the war. Just prior to his return to Australia in 1919, doctors had diagnosed dementia praecox and he was transferred to Callan Park on arrival in Sydney in September 1919.³⁶ Doctors categorised Paul as "irresponsible" and "mentally bad" and informed his mother he would "not be able to care for himself outside an Institution".³⁷ Paul's condition, together with her precarious financial circumstances, caused Molly some worry. She explained to the doctors from her home in Penrith, in Sydney's outer west, "I cannot afford to come down too often to see him but would very much like to get him out on furlough for Christmas ... I am very anxious about him"³⁸ and that "since he has been in Callan Park, the Lunacy Ward has claimed his pension and, as he was our main support, it has left us without any

³⁶ Statement of Service, NAA, B2455, Barcode 3276997

³⁷ Letter dated 17 December 1919, from Medical Superintendent to Molly, Admission files, 14/4917 – Callan Park Mental Hospital, No.1919-436.13282

³⁸ Letter dated 11 December 1919, from Molly to Medical Superintendent, Admission files, 14/4917 – Callan Park Mental Hospital, No.1919-436.13282

means of getting to him”.³⁹ Like Julia C and Beatrice B, who were economically reliant on the income from a soldier’s pension, Molly and her family were struggling now that their main financial support had ceased.

When Molly’s initial request about Christmas arrived, the doctors refused it, writing, “I am afraid he would give you too much worry”.⁴⁰ Molly, however, was persistent and the doctors, reluctantly, relented, approving leave for Paul to go home for Christmas on the condition “that he does not get any drink”⁴¹. There is no record of how the Christmas of 1919 went, but Molly was determined to care for Paul at home. In August 1920 the doctors agreed to a trial. It was not a success. In November 1920, Molly and her husband “handed” Paul to the Penrith Police Station, “as [they] could not control him at home”.⁴² It must have been a wretched decision for Molly to make, but it is clear that Paul’s condition was chronic, and in all likelihood, incurable. In 1921, the doctors recorded that the “chance of his recovery is very remote”.⁴³ Molly understood this, and wrote, “about three weeks ago he was very bad and inclined to bash himself around so I do not think me seeing him too often done him any good”,⁴⁴ yet she still requested Paul be allowed another trial at home. This time, the doctors refused, assuring her “it would be impossible for you to manage him”.⁴⁵ Paul never returned to his

³⁹ Letter dated 22 January 1920, from Molly to Medical Superintendent, Admission files, 14/4917 – Callan Park Mental Hospital, No.1919-436.13282

⁴⁰ Letter dated 17 December 1919, from Medical Superintendent to Molly, Admission files, 14/4917 – Callan Park Mental Hospital, No.1919-436.13282

⁴¹ Letter dated 22 December 1919, from Medical Superintendent to Molly, Admission files, 14/4917 – Callan Park Mental Hospital, No.1919-436.13282

⁴² Admission files, 14/4917 – Callan Park Mental Hospital, No.1919-436.13282

⁴³ Letter dated 25 April 1921 from Medical Superintendent to the Master of Lunacy, Admission files, 14/4917 – Callan Park Mental Hospital, No.1919-436.13282

⁴⁴ Letter dated 5 May 1921, from Molly to Medical Superintendent, Admission files, 14/4917 – Callan Park Mental Hospital, No.1919-436.13282

⁴⁵ Letter dated 7 May 1921 from Medical Superintendent to Molly, Admission files, 14/4917 – Callan Park Mental Hospital, No.1919-436.13282

mother's home again, however, Molly devotedly visited him at least once a month for year after year and they walked around the grounds of Callan Park, unaccompanied by staff.

In 1938, Molly was upset to learn that their usual routine had been altered and she was no longer permitted to take Paul for a walk around the grounds by herself. She protested against the new rule as Paul had been enjoying these brief outings, still within the hospital grounds though they were, and there had not been any difficulties with his behaviour: "I am quite willing to take the responsibility of him. I never have any trouble with him when I have him".⁴⁶

The issue became contentious and the subject of ongoing correspondence between Molly, who demanded "Why he could not go for a walk?" and warned "if this does not alter things, I will write to headquarters ... My son is a returned soldier",⁴⁷ and the doctors who thought, "It is not considered that your son should leave the Ward unless in the company of an active man and when you visit him by yourself, it is advisable for you to see him in the Ward".⁴⁸ The doctors clearly considered that Paul's condition had deteriorated to the point where he was potentially dangerous.

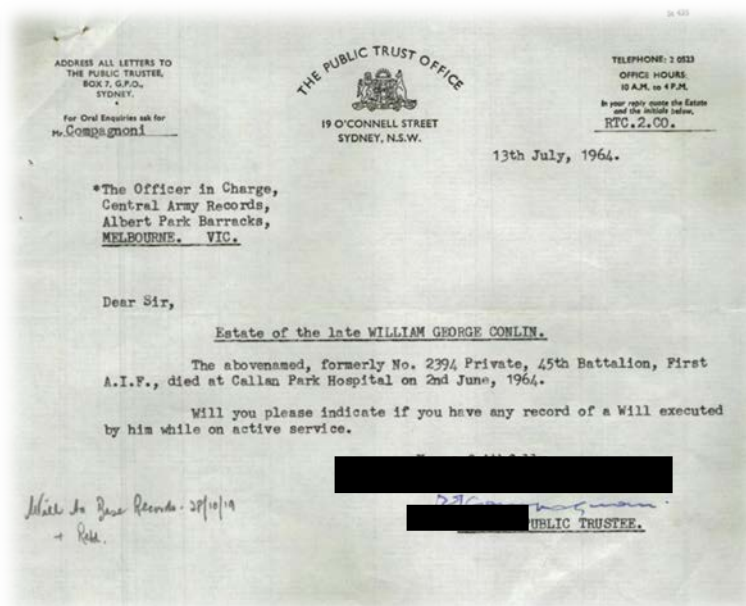
Eventually, a compromise was reached, after Molly made good her threat and contacted the Repatriation Commission. It was decided that although Paul was considered "a restless, abusive, noisy, aggressive man who cannot be controlled by his mother", nonetheless Molly would be "allowed to sit with him under some shady palm trees near Ward A,

⁴⁶ Letter dated 10 November 1938, from Molly to Medical Superintendent, Admission files, 14/4917 – Callan Park Mental Hospital, No.1919-436.13282

⁴⁷ Letter dated 26 February 1940, from Molly to Medical Superintendent, Admission files, 14/4917 – Callan Park Mental Hospital, No.1919-436.13282

⁴⁸ Letter dated 1 November 1939, from Medical Superintendent to Molly, Admission files, 14/4917 – Callan Park Mental Hospital, No.1919-436.13282

under the observation of an Attendant”.⁴⁹ This seemed to satisfy Molly, who continued to visit Paul each month until the late 1940s when her own health started to fail. Molly passed away in 1952, however Paul’s brother began to visit and was even allowed to “take my brother out for a car ride of a Sunday afternoon.”⁵⁰ Paul died in Callan Park on 2 June 1964, aged seventy, after forty-five years in the asylum. Molly had steadfastly stood by him, advocated for him and continued to love him, decade after decade, even when it must have been unbearable for her to see Paul “almost completely demented” with “no possibility whatever of recovery.”⁵¹ Molly had probably given up any real hope of meaningful improvement in Paul’s condition toward the end of her life; yet, she was determined not to abandon him. Her very last letter to the doctors at Callan Park before she died, defiantly emphasised, “He is My Son”.⁵²



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- 49 Letter dated 20 March 1940, from Medical Superintendent to the Commissioner, Repatriation Commission, Admission files, 14/4917 – Callan Park Mental Hospital, No.1919-436.13282
- 50 Letter dated 20 October 1952, from Paul’s brother to Medical Superintendent, Admission files, 14/4917 – Callan Park Mental Hospital, No.1919-436.13282
- 51 Letter dated 7 July 1942 from Medical Superintendent to the Commissioner, Repatriation Commission, Admission files, 14/4917 – Callan Park Mental Hospital, No.1919-436.13282
- 52 Letter dated 6 August 1951, from Molly to Medical Superintendent, Admission files, 14/4917 – Callan Park Mental Hospital, No.1919-436.13282

Sisters and single women

It was not only mothers and wives who experienced acute mental distress during the war. Sisters of young men serving in the war were also susceptible to exhibiting severe anxiety and depression. Myrtle E was admitted to Callan Park in early 1916, consumed with the idea that “if she commits suicide it will save her brother’s life at the front”.⁵³ Myrtle was “troublesome”, “aggressive and violent”, “suicidal and delusional”⁵⁴ and one morning had to be physically restrained by attendants as she “attempted to take a knife from the breakfast table to her room”.⁵⁵ Myrtle had fixated on her imagined capacity to take some action herself that would allow her brother to survive the war: in effect she was bargaining her life for his.

Doctors were dubious as to whether Myrtle, with such acute delusions, would ever recover significantly, however, unlike Julia C, Myrtle had a supportive family to advocate on her behalf and they remained in constant contact with the doctors in charge of her care. Myrtle’s brother did return from the war in late 1918 and her mother begged the doctors to allow him a pass to visit his sister “at any time” as it was logically thought that the safe return of her sibling might prompt a rapid recovery. While such passes were against the regulations of the hospital, Dr Ross quickly responded with the offer of “a pass for Fridays.”⁵⁶ Myrtle’s mental state, however, did not improve as her family had hoped.

⁵³ Dr Price, patient notes, Admission files, 3/3432 – Callan Park Mental Hospital, No.1916-26.11454

⁵⁴ Letter dated 11 February 1916 from the Medical Superintendent to the Master of Lunacy’s Office, Admission files, 3/3432 – Callan Park Mental Hospital, No.1916-26.11454

⁵⁵ Admission files, 3/3432 – Callan Park Mental Hospital, No.1916-26.11454

⁵⁶ Letter dated 28 November 1918 from Medical Superintendent to Mrs E, Admission files, 3/3432 – Callan Park Mental Hospital, No.1916-26.11454

By 1919 Myrtle was “not so restless as she was and has been fairly quiet and tractable”⁵⁷ but the influenza epidemic had disrupted visiting privileges as “an outbreak of influenza here would be so dreadful that it is incumbent on us to take every possible precaution against it”.⁵⁸ Not being able to visit her daughter caused Mrs E much distress as “we are so anxious about Myrtle”. She waited at the gate of the Hospital for two hours one afternoon to speak with Dr Ross on the telephone and pleaded “Is it possible for a nurse to bring her into the sportsground? Just for a few minutes. At any time you could, we would be there”.⁵⁹ Even a brief, outdoor meeting was deemed to be too risky as doctors grappled to comprehend modes of transmission and ways to contain the spread of the disease, but Myrtle’s family support meant that doctors were more aware of her circumstances and perhaps more amenable to requests for information.

Dr Ross assured Mrs E that “she does not seem to worry about not seeing you ... she understands that you are not able to see her” but noted “an exception cannot be made in the case of one patient as the others would naturally claim the same privilege”.⁶⁰ Because of the family’s intense interest in their daughter, Myrtle was not categorised as ‘chronic’ and allowed to languish indefinitely, however, the point was made moot when Myrtle died of pulmonary TB at Callan Park in 1921, aged thirty one. There had been no record of mental illness prior to the war, so it is reasonable to assume her closeness to her brother had

⁵⁷ Letter dated 16 April 1919 from Medical Superintendent to Mrs E, Admission files, 3/3432 – Callan Park Mental Hospital, No.1916-26.11454

⁵⁸ Letter dated 16 April 1919 from Medical Superintendent to Mrs E, Admission files, 3/3432 – Callan Park Mental Hospital, No.1916-26.11454. Despite all care taken to quarantine patients, there were some cases of Spanish flu at both hospitals, although these were contained fairly quickly.

⁵⁹ Letter dated 14 April 1919 from Mrs E to Medical Superintendent, Admission files, 3/3432 – Callan Park Mental Hospital, No.1916-26.11454

⁶⁰ Letter dated 16 April 1919 from Medical Superintendent to Mrs E, Admission files, 3/3432 – Callan Park Mental Hospital, No 1916-26.11454

precipitated a breakdown when he went to war. Ironically, of course, her brother survived, but the war had sentenced Myrtle to an early death.

Myrtle's case echoes Leonore Davidoff's findings that siblings admitted to asylums "tended to be single and insisted that they alone communicated with the absent, missing, wounded or dead".⁶¹ It is also indicative of the fact that a sibling relationship was not privileged to the extent of that of a parent/son or wife/husband and few files note specifically that a cause of a young woman's distress could be her anxiety or grief for a soldier brother. Many stories of sisters' bereavement may have been lost in the extant records because a more generic cause - 'worry', 'domestic trouble' or 'mania' - was ascribed instead of war related bereavement.

Single, working class women, who were often employed as domestic servants, were also susceptible to obsessing over the war even if a close male family member was not serving. Florence O, a housemaid, was twenty eight years of age when she was admitted to Callan Park just after the Armistice, reportedly "completely changed in her demeanour ... very depressed". She admitted to Dr Vallack that she "was responsible for the European War and did not know whether she ought to live herself." Her mother told the doctors Florence had repeatedly remarked that her daughter believed herself to be the Kaiser.⁶²

Again, extant records do not enable any certain explanation for Florence's mental state but a few possible scenarios emerge. At twenty-eight, Florence would have been considered quite old to have remained unmarried. Was she concerned about her future marital prospects now

⁶¹ Leonore Davidoff, cited in Luckins "Crazed with Grief?": The asylum and the Great War in Australia' in Catharine Coleborne and Dolly MacKinnon (eds), *'Madness' in Australia*, p.175

⁶² Dr Vallack, patient notes, Admission files, 14/9403 - Callan Park Mental Hospital, No.1918-434.12802

so many young men were either dead or badly wounded? Did she have a secret beau, unknown to her mother, whom she mourned? Was she predisposed to delusions and the war was simply a catalyst for collapse? In any event, Florence, like Julia C, was considered a chronic case and lived for thirty years at Callan Park until she was transferred to Kenmore, near Goulburn in 1948 “not improved”.⁶³

Consumed by Grief

Florence O was not the only one to find the end of the war a turning point. Annie W’s husband was in his mid-sixties and had lost his job just prior to the end of the war. With seven children, two of whom had served, she presented as “very depressed and melancholic” in March 1919, the cause listed as “worry over sons at war and husband hard up”.⁶⁴ Again, delusions featured prominently in her behaviour in that she had accused a daughter of “putting poison in the water” and believed a son still overseas with the First AIF was “being starved and that he makes a great deal of noise outside the house every night trying to get food”.⁶⁵

Although Annie was discharged just over a month later, she died at home that same evening of “diarrhoea and enteritis”.⁶⁶ This could indicate that either, the family had tried to care for Annie at home for some time before her admission, that her medical condition was misdiagnosed, or that possibly her family was aware the end was near and wished her to die at home. Both Annie’s sons returned from the war, and by March

⁶³ Admission files, 14/9403 – Callan Park Mental Hospital, No.1918-434.12802

⁶⁴ Admission files, 14/9407 – Callan Park Mental Hospital, No.1919-99.12945

⁶⁵ Dr Rogers, patient notes, 25 March 1919, Admission files, 14/9407 – Callan Park Mental Hospital, No.1919-99.12945

⁶⁶ Admission files, 14/9407 – Callan Park Mental Hospital, No.1919-99.12945

1919, she would have presumably been aware they were now out of danger, but the four and half long years of worry had taken their toll.

Unlike Emily T, who had relocated to Sydney from Nyngan, many rural women and their families were not able to access appropriate medical attention in their small country towns. Jessie Mc had been committed to the Parramatta Psychiatric Centre from her hometown of Lithgow in August 1917 as insane due to “her son’s death in war and anxiety on his behalf prior to death”.⁶⁷ Separated by distance from her husband and six other children who were “very anxious about her”⁶⁸ she did not sleep for over seventy-two hours straight and became “maniacal”, claiming “God Almighty is in Heaven and is rotten” and that she had “been blown up”.⁶⁹ Jessie was alternately restrained and given stimulants, but without any improvement, and doctors were concerned “her heart is not strong”. She died in September 1917 from intestinal tuberculosis.⁷⁰

It would seem likely that Jessie’s family had tried to keep her at home for some time before she was taken to Sydney. The fact that her manifestations of grief increased to the point they were unable to continue to do so, and that she had to be taken hundreds of miles away from home for any treatment, underscores the reality of rural working class economic and social dynamics. No mention is made of how Jessie’s husband dealt with the death of his son, but it may be that their gendered patterns of grieving mirrored to some extent Beverley Raphael’s

⁶⁷ Admission files, Parramatta Psychiatric Centre, 12/826, Reg. No. 6676

⁶⁸ Letter dated 14 August 1917 from husband W Mc to Dr Williamson, Admission files, Parramatta Psychiatric Centre, 12/826, Reg. No. 6676

⁶⁹ Dr Hutley, patient notes, Admission files, Parramatta Psychiatric Centre, 12/826, Reg. No. 6676

⁷⁰ Admission files, Parramatta Psychiatric Centre, 12/826, Reg. No. 6676

observations whereby women tend toward “weeping, agitation and care-eliciting behaviour” while men are more prone to “angry withdrawal”.⁷¹

Many women admitted into care after the sudden death of their son during the war share tragic similarities in their case notes. Sarah Ann C “has been so depressed that she thinks she must have died” and “is getting worse instead of better”,⁷² while Ellen T “lies in bed taking no notice of her surroundings or making an incoherent noise.”⁷³ Delusions of hearing and disturbing visions were common, where patients visualised gruesome deaths. Elizabeth H was admitted due to “worry on account of death of soldier son”. She “says she has vermin in her head and can’t get a comb to get them out. Says she is to suffer a terrible death today. Roams about at night looking for her coffin.”⁷⁴

The prospects for recovery for these extreme cases were not promising. Sarah Ann C remained in asylums for the rest of her life,⁷⁵ Ellen T died at Callan Park of “exhaustion and acute melancholia” less than two weeks after admission at the age of forty seven, leaving her husband with four other children aged between seven and sixteen.⁷⁶ Elizabeth H ostensibly ‘recovered’ and was discharged into the care of her husband in February 1918, but this was likely due to domestic obligations and the demands of her husband: there were seven other children to care for and Mr H had begged the hospital to allow her release to come home. What happened when she did is unknown.

⁷¹ Beverley Raphael, *The Anatomy of Bereavement*, Jason Aronson Inc., New Jersey, 1994, p.313

⁷² Admission files, 3/3439 - Callan Park Mental Hospital, No.1916-277.11705

⁷³ Admission files, 3/3447 - Callan Park Mental Hospital, No.1917-155.12043

⁷⁴ Admission files, 3/3457 - Callan Park Mental Hospital, No.1918-22.12390

⁷⁵ Sarah Ann was transferred to the asylum at Stockton, near Newcastle, ‘not improved’ in July 1922. Admission files, 3/3439 - Callan Park case, No.1916-277.11705

⁷⁶ Admission files, 3/3447 - Callan Park Mental Hospital, No.1917-155.12043

It is likely, then, that many women were discharged prematurely, or without adequate treatment, due to the cultural and social expectation that women were responsible for child care and home duties, and that the husband was unable, or unwilling, to take on this role in the absence of his wife. Alexandra M is another example. She told doctors at Callan Park she was “in France last night to see the graves of her sons”.⁷⁷ Admitted in April 1920 as suicidal and depressed, her husband repeatedly petitioned the medical staff to allow her to come home “as the children cannot do without her”.⁷⁸ Three times during the next twelve months, Alexandra was granted leave but each time, after only a few months, her husband was forced to return her to Callan Park for further appraisal when Alexandra’s condition deteriorated.

Alexandra’s case was typical of large families where, although some of the children were young adults (and at least one had been killed in war), another five were still dependent, the youngest being only five years old. Even for caring, dutiful husbands, the absence of the wife and mother could place an intolerable burden on his own ability to earn to keep the family if there was no other relative available to assume child rearing and household duties. For those women with husbands, like Elizabeth H’s, who appeared more concerned to have his family life restored than his wife treated appropriately, the situation could be worse still.

Domestic Violence

In her study of the impact of the Great War on instances of domestic violence among Australian families, Elizabeth Nelson found that while there was significant evidence linking war trauma with wife abuse by ex-

⁷⁷ Admission files, 14/9434 – Callan Park Mental Hospital, No.1920-150.135966

⁷⁸ Letter dated 9 June 1920, from Mr M to Medical Superintendent, Admission files, 14/9434 – Callan Park Mental Hospital, No.1920-150.135966

soldiers, there were many cases where no such connection was shown.⁷⁹ A 1917 case demonstrates the extent of troubled family dynamics that did not involve the husband going to war and returning a violent abuser, but rather the protective son's absence at war rendering his mother more vulnerable to systemic assault at the hands of his father.

Walter R had been arrested by Burwood Police for assault in early May 1917. He had threatened his wife Isabelle with an axe and seized his sixteen year old daughter by the throat, repeatedly punching her in the face with his closed fist. Walter was known to police. They had been repeatedly called to the home by an increasingly distraught Isabelle over the previous months when he would threaten to "shoot them all".⁸⁰ The family had five children aged between three years and eighteen. The eldest had enlisted in the First AIF and had recently embarked for the front. This was the catalyst for Walter's increasing violence. Isabelle reported that "he has become more violent toward them, as the oldest son, when at home, could manage him and [Walter] was afraid of him".⁸¹ She explained "since my son enlisted for the front three months ago ... my husband ... has become very violent and I am sure that my children and my own life is in danger".⁸²

Isabelle had grounds for her fear. Walter had struck her repeatedly with a heavy cedar wood mop, had threatened that he would cut her head off with a hand saw and carried a revolver which he kept loaded. On the morning of his arrest, he had attempted to retrieve the loaded weapon.

⁷⁹ Elizabeth Nelson, 'Victims of War: The First World War, Returned Soldiers, and Understandings of Domestic Violence in Australia', *Journal of Women's History*, Volume 19, Number 4, Winter 2007, pp. 83-106

⁸⁰ Letter dated 11 May 1917 from Constable Walter Pye to Dr Ross, Admission files, 3/3448 – Callan Park Mental Hospital, No.1917-185.12073

⁸¹ Letter dated 11 May 1917 from Constable Walter Pye to Dr Ross, Admission files, 3/3448 – Callan Park Mental Hospital, No.1917-185.12073

⁸² Letter dated 17 May 1917 from Isabelle R, Admission files, 3/3448 – Callan Park Mental Hospital, No.1917-185.12073

When his daughter pleaded “Don’t do that Dad” he physically attacked her. She reported to police “The blow I received in the face from my father’s fist blackened both my eyes and cut my mouth. I lost a quantity of blood”.⁸³ Isabelle tried to stop Walter by striking him over the head with an umbrella, yelling “Let her go, you are killing her!”⁸⁴ After pushing the daughter aside, Walter punched Isabelle in the head before charging into the yard, returning brandishing the axe. Mother and children barricaded themselves within the house before the police arrived.

Isabelle had not exaggerated when she claimed that her son had been able to curb the worst of Walter’s excesses, but now that he was away at the war, Walter’s violence toward his family had no restraint. Perhaps her son, having just attained the age of eighteen, was now determined to do his bit; perhaps the war afforded him the opportunity to escape an unhappy home life. Is it likely that he knew his absence would allow his father a free reign in terrorising his wife and younger children?

In contrast to other cases where male authority figures and medical personnel could appear unsympathetic to the plight of women, Isabelle and her children were fortunate to have the support of both the local Constable, Pye, and the Medical Superintendent at Callan Park to protect them. Police had escorted Walter to the Reception House after his arrest where he was committed as “epileptic and dangerous to his family”⁸⁵, no doubt partially as a result of Constable Pye’s warning that “if something

⁸³ Report to the Police, Millie R, aged sixteen, dated 17 May 1917, Admission files, 3/3448 – Callan Park Mental Hospital, No.1917-185.12073

⁸⁴ Letter dated 17 May 1917 from Isabelle R, Admission files, 3/3448 – Callan Park Mental Hospital, No.1917-185.12073

⁸⁵ Admission files, 3/3448 - Callan Park Mental Hospital, No.1917-185.12073

is not done with him he will be the cause of some injury to his wife and family”.⁸⁶

In this case, the asylum was not a refuge for a troubled wife or mother, or a cause of family stress in the absence of a primary carer. Rather, Walter’s committal enabled his wife and younger children to live free of fear in the absence of the only person who seemed able to protect them from his father’s wrath: the soldier son. Walter continued to cause distress from within the asylum by writing abusive and threatening letters. Isabelle pleaded with the Medical Superintendent, “I wish you would stop my husband writing letters ... he has sent a threat in a letter this morning to my daughter and it’s not very nice for him to write to my neighbour Mrs Healy”.⁸⁷

Although Isabelle was clearly a strong willed, capable woman, she nonetheless exhibited the same deference to the medical men common in many letters written by women contained in the files. She was reluctant to lay bare her financial difficulties despite having “to stay home from work through the strike” and did not seek pity as “it is for my children’s sake that I ask, not for myself”.⁸⁸ Isabelle was determined that she not be seen as a victim, but rather as an advocate for her children. Dr Ross assured her that while “we never like to stop a patient’s letters unless the relatives really wish it ... I shall see that his letters are not posted in the future”.⁸⁹ The doctors continued to try and protect Isabelle and her

⁸⁶ Letter dated 11 May 1917 from Constable Walter Pye to Medical Superintendent, Admission files, 3/3448 – Callan Park Mental Hospital, No.1917-185.12073

⁸⁷ Letter dated 20 August 1917, from Isabelle R to Medical Superintendent, Admission files, 3/3448 – Callan Park Mental Hospital, No.1917-185.12073

⁸⁸ Letter dated 20 August 1917, from Isabelle R to Medical Superintendent, Admission files, 3/3448 – Callan Park Mental Hospital, No.1917-185.12073

⁸⁹ Letter dated 21 August 1917 from Medical Superintendent to Isabelle R, Admission files, 3/3448 – Callan Park Mental Hospital, No.1917-185.12073

family from further abuse, contained within Walter's correspondence, even though it was not usual hospital policy to hold a patient's mail.

Walter's demeanour did not improve at Callan Park. Isabelle, perhaps propelled by some latent sense of marital duty, or social expectation, visited Walter sporadically, but resented his behaviour as "we have to do without when I take him things and he is never satisfied".⁹⁰ A doctor had mentioned the possibility of Walter being transferred to the asylum at Morisset, a plan Isabelle was keen to support. She noted, "I think it would be better to send him there as I cannot always come and see him".⁹¹ The distance between the family home and the new asylum was far from the daunting prospect for Isabelle as it had been for families like Jessie Mc's and Alexandra M's. For Isabelle, Walter's incarceration in the asylum gave her, and her children, physical and emotional safety and wellbeing. Presumably, news of it may also have been a comfort to her soldier son who could direct his energies to his war duties and not worry over the torment his father had caused in his absence.

In this case, the asylum – and the support given Isabelle by the doctors – provided a permanent reprieve from a life of abuse and violence. Walter was transferred to Morisset and never released. Trooper R saw action in Palestine with the Light Horse and returned home to his mother in 1919.⁹² Not all cases however, featured such strong, determined survivors as Isabelle. And not all perpetrators of violence were men.

⁹⁰ Letter dated 20 August 1917, from Isabelle R to Medical Superintendent, Admission files, 3/3448 – Callan Park Mental Hospital, No.1917-185.12073

⁹¹ Letter dated 20 August 1917, from Isabelle R to Medical Superintendent, Admission files, 3/3448 – Callan Park Mental Hospital, No.1917-185.12073

⁹² NAA, B2455, Barcode 8026296

Violent women

Lydia R had repeatedly come to the attention of police near her home in Lidcombe from mid-1917.⁹³ Trained as a nurse and midwife, Lydia had borne eleven children (one of whom died in infancy) and while money was tight, she was an “energetic, spirited and devoted mother” who identified with the left-wing, Catholic working class roots of her Irish ancestry. She placed great store in the value of quality education and when her oldest son showed significant promise as a scholar and a leader, he “became a particular focus of her aspirations”.⁹⁴ Always a feisty, outspoken character who tirelessly championed her children’s abilities, the death of her son, Major R, at the battle of Fromelles in 1916, shattered Lydia’s hopes for the future and precipitated a gradual loosening of her grip on reality. Major R had proved to be a particularly talented scholar, athlete, soldier and leader and Lydia had invested significant optimism in his prospects. He had graduated third in his class from Duntroon in 1914 (a year early) and was commissioned as a Lieutenant into the 7th Light Horse.⁹⁵ Major R’s rise through the ranks and his abilities and courage earned him the respect and admiration of his commanding officers. After his death, Pompey Elliott described him as “a man likely to become a second Kitchener or a Lord Roberts” whose death “terminated what promised to be an exceptionally brilliant career”⁹⁶.

Lydia wrote to the Army in September seeking clarification of her son’s death, asking “do you know if they found his body? ... I keep thinking he

⁹³ Lydia R has been identified by her real name in Ross McMullin, *Farewell Dear People: Biographies of Australia’s lost generation*, Scribe Publications, Melbourne, 2012. However, to conform to my conditions of access, and because parts of the case were published by me in the *Journal of Australian Studies* in 2009, I will continue to refer to her by her pseudonym.

⁹⁴ McMullin, *Farewell Dear People*, pp.108-109

⁹⁵ McMullin, *Farewell Dear People*, pp.128-129

⁹⁶ McMullin, *Farewell Dear People*, p.157 and p.159

might be wounded and a prisoner of war”.⁹⁷ A month later she lamented to the Red Cross, “if he is alive please try and find him for me the suspense is dreadful”.⁹⁸ Eventual confirmation that her son had been buried on the battlefield did not stem Lydia’s anxiety, nor a belief he could still be alive, and her anger at the war was palpable: “do you really think my son is dead ... it is an awful thing to leave a mother in doubt ... I can’t make anything from the war that its wrong, wrong, wrong from beginning to end”.⁹⁹ Pompey Elliott was himself concerned, “I really think the poor lady is going out of her mind over it”.¹⁰⁰

Lydia’s had been a long war. With two other sons still serving overseas, her husband performing munitions work in England and Major R’s tragic death, she still had seven children at home, one of whom – aged fourteen – was “a regular outlaw” according to Sergeant Kelly. Neighbours reported having seen him “pelt the house with stones”. Lydia’s response was unsettling: she “came out with a revolver and fired several shots at him”.¹⁰¹ She began to drink excessively, perhaps to dull her pain, and later admitted, “I had no love for it [beer] but it saved me from going mad when I was terribly depressed and worried”.¹⁰²

Lydia had fronted the magistrate “in several rather sensational cases”¹⁰³ during 1917 and had developed a highly antagonistic and combative relationship with Sergeant Kelly of the local police who charged her with

⁹⁷ Letter dated 19 September 1916 from Lydia R to Base Records, cited in McMullin, *Farewell Dear People*, p.155

⁹⁸ Letter dated 12 October 1916 from Lydia R to Red Cross, cited in McMullin, *Farewell Dear People*, p.155

⁹⁹ Letter dated 14 May 1918 from Lydia R to Base Records, cited in McMullin, *Farewell Dear People*, p.162

¹⁰⁰ Letter dated 10 February 1918 from Pompey Elliott to his wife, cited in McMullin, *Farewell Dear People*, p.162

¹⁰¹ Letter dated 12 August 1918 from Sergeant Kelly, Admission files, 14/9400 – Callan Park Mental Hospital, No. 1918-295.12663

¹⁰² Admission files, Parramatta Psychiatric Centre, 12/723, Reg. No. 6877

¹⁰³ The Cumberland Argus and Fruitgrowers Advocate (Parramatta), 1 December 1917

threatening behaviour, having chased a Mr Watson across the street yelling “you dirty, filthy mongrel, I’ll do for you and Sergeant Kelly too!”. She was fined twenty shillings.¹⁰⁴

In August 1918, Sergeant Kelly alleged she “is a danger to her neighbours and possesses a revolver which she fires at random”.¹⁰⁵ In a separate statement, Sergeant Kelly noted “she imagines that everyone is against her, especially the police and has threatened to ... ‘put a bullet in his black heart’, meaning mine” and that “the whole of the neighbourhood is frightened of her” and her “abusive and threatening language” was “getting worse”.¹⁰⁶ Lydia countered that Sergeant Kelly was determined to persecute her because she had been a vocal opponent of conscription.¹⁰⁷ Committed to Callan Park on 14 August, doctors were concerned at the severity of her delusions: she claimed “a soldier son who was killed is alive and married to an Italian princess”¹⁰⁸ and that he “was not killed [but] that he is a General at home, performing important work for the authorities and ... has been to Austria on secret missions”.¹⁰⁹

Lydia was incensed at her incarceration and repeatedly petitioned everyone from family to prominent politicians such as George Pearce and Billy Hughes for her freedom. Her correspondence provides a rich insight into not only her state of mind, but also of the stigma attached to psychiatric illnesses and the shame of the asylum as a place of

¹⁰⁴ The Cumberland Argus and Fruitgrowers Advocate (Parramatta), 1 December 1917

¹⁰⁵ Dr Gibbes, patient notes, Admission files, 14/9400 – Callan Park Mental Hospital, No.1918-295.12663

¹⁰⁶ Letter dated 12 August 1918 from Sergeant Kelly, Admission files, 14/9400 – Callan Park Mental Hospital, No.1918-295.12663

¹⁰⁷ McMullin, *Farewell Dear People*, p.165

¹⁰⁸ Dr Ross, patient notes, Admission files, 14/9400 – Callan Park Mental Hospital, No.1918-295.12663

¹⁰⁹ Letter dated 12 August 1918 from Sergeant Kelly, Admission files, 14/9400 – Callan Park Mental Hospital, No.1918-295.12663

treatment. She objected to having “the name of Callan Park attached to me to the end of my days”.¹¹⁰ After a brief period of release upon the payment of a £50 surety and an agreement to stay away from Lidcombe, November found Lydia again suffering “acute mania” and there was no “doubt she had been drinking”.¹¹¹ She was transferred to Parramatta Psychiatric Centre on 30 November 1918. Lydia was outraged. She informed Defence Minister George Pearce that although “you must throw me in to the mad house and leave my helpless children ... without a shilling ... it is absolutely impossible for ... you to cower me and break my spirit”.¹¹² She urged her son, Bob, to “make a desperate effort to get me out of here” and claimed she suspected that medical staff were drugging her as “I go stupid and dizzy sometimes after I have eaten”.¹¹³ To the Acting Minister of Defence, Senator Russell, she claimed “your department was mad to try to put me away as a lunatic ... I am not happy here ... It is a shameful thing I am kept here under these gaol conditions ... I have got all my facultys and am not likely to do anything to deserve locking up”.¹¹⁴

For Lydia, the case was simple: she was being persecuted by people madder than she was. The government had taken her eldest son from her in “your rotten commercial war.”¹¹⁵ If she was insane, so must be the Prime Minister as “Billy Hughes knows there is nothing wrong with

¹¹⁰ McMullin, *Farewell Dear People*, p.165

¹¹¹ Letter dated 2 November 1918 from the Medical Superintendent to the Inspector General of Mental Hospitals, Sydney, Admission files, 14/9400 – Callan Park Mental Hospital, No.1918-295.12663

¹¹² Letter dated 14 January 1919 from Lydia R to George Pearce, Admission files, Admission files, Parramatta Psychiatric Centre, 12/723, Reg. No. 6877

¹¹³ Letter dated 3 June 1919, from Lydia R to son, Admission files, Parramatta Psychiatric Centre, 12/723, Reg. No. 6877

¹¹⁴ Letter dated 23 April 1919 from Lydia R to Senator Russell, Admission files, Parramatta Psychiatric Centre, 12/723, Reg. No. 6877

¹¹⁵ Letter dated 14 January 1919 from Lydia R to George Pearce, Admission files, Parramatta Psychiatric Centre, 12/723, Reg. No. 6877

my head.”¹¹⁶ There were “too many petty rules and regulations for my liking and I am never allowed to see my children”.¹¹⁷ For the male dominated police and medical fraternity, however, Lydia was restless, combative, threatening and violent. This, combined with her delusions regarding her dead son and her penchant for alcohol (and loaded revolvers), made her a threat to public order and safety, like Julia C, and an affront to the accepted manner in which women were expected to behave during bereavement. Lydia’s determination and spirit however was no match for the Spanish Influenza and she died in the Parramatta Psychiatric Centre in June 1919. She was buried in the Catholic section at Rookwood Cemetery on 25 June.¹¹⁸

The years between 1914 and 1919 had destroyed Lydia’s family. While some “sympathy was felt” for her by doctors on account of the loss of her son, and with her husband and two others sons away at the front, her poisonous relationship with the police, and Sergeant Kelly in particular, whom one son described as “malicious”¹¹⁹, saw Lydia continually harassed and committed against her strong objections. The war’s direct effect on Lydia’s mental health had brought a strong, articulate, passionate mother to her knees and she died with the ignominious labels of “alcoholic” and “insane” attached to her name. But the trauma of war’s long tentacles had not yet played their last hand for her family. Lydia’s third son died from tuberculosis in November 1919 after returning home from the war. After a riotous soldiers’ reunion in the 1920s, the second returned son “snapped” and bashed his younger

¹¹⁶ Letter dated 23 April 1919 from Lydia R to Senator Russell, Admission files, Parramatta Psychiatric Centre, 12/723, Reg. No. 6877

¹¹⁷ Letter dated 23 April 1919 from Lydia R to Senator Russell, Admission files, Parramatta Psychiatric Centre, 12/723, Reg. No. 6877

¹¹⁸ *Sydney Morning Herald*, Funeral Notices, 25 June 1919

¹¹⁹ Letter dated 2 November 1918 from the Medical Superintendent to the Inspector General of Mental Hospitals, Sydney, Admission files, 14/9400 – Callan Park Mental Hospital, No.1918-295.12663

brother, Sid, so severely that Sid spent the remainder of his life in institutions.¹²⁰

When women were admitted with graphic delusions of death and war, or felt they were being persecuted for some supposed crime, they could be aggressive, violent and resistive against their committal and treatment. In cases of severe depression and mania, the violence – like that within the general insane population – could be turned upon themselves and suicide was a regular risk.

Taking their own

While cases such as Myrtle E, who believed she could trade her own life for that of her soldier brother, were more unusual, most attempted or actual suicides by women were predicated on it being the final release from the mental torment caused by the war. Elizabeth H wanted “to end it all so she will feel better”¹²¹ while Margaret C was so “miserable and depressed” over the death of her son, she had attempted to drown herself at Coogee Beach, explaining to doctors she was “tired of life and tried to end it”.¹²² Emily T, who had attempted to hang herself using the flag, had to be restrained for a period of over a month in Callan Park after pulling out all her hair, picking the skin from her face and tying a “string around her neck one morning”.¹²³

Ada B imagined her son, training at Holsworthy, had been wounded when “he is perfectly well and visits her frequently”. According to her husband, she wandered away from home at night searching for her

¹²⁰ McMullin, *Farewell Dear People*, p.169. The “regular outlaw” son was also a victim of tragedy, killed in a motorcycle accident in the 1920s.

¹²¹ Admission files, 3/3457 – Callan Park Mental Hospital, No.1918.22-12390

¹²² Admission files, 14/9401 – Callan Park Mental Hospital, No.1918-330.12698

¹²³ Admission files, 14/9404 – Callan Park Mental Hospital, No.1918-469.12837

injured son and was “always worrying about military funerals, rings people up asking who is dead etc”. She had repeatedly “threatened to take her own life”¹²⁴ and “go over the balcony”.¹²⁵

Like Ada, who was terrified that something terrible *might* happen to her loved one, Sarah Ann C was suffering severe depression caused by “worry over husband who is a soldier at the front” in early-1916.¹²⁶ Sarah Ann however, had the economic capacity to firstly seek voluntary treatment at the private facility Bayview House in Sydney’s Tempe. After four months, however, the doctors there felt she “is getting worse instead of getting better” and she was committed to Callan Park in August 1916. Her family did not oppose the committal, demonstrating either they believed she may have received superior treatment in the public institution or, perhaps, were relieved to have been able to stop paying the private medical fees.

Maud G’s case is illustrative, not only for the effect of the war on women, but also for the impact of the threat of conscription upon stresses of home life for the working class. Maud had been admitted to Royal North Shore Hospital, having made several attempts on her life. She had cut her throat, stabbed her breasts and abdomen and while in the hospital, attempted to take poison. The general nursing staff’s supervision was insufficient to watch Maud constantly and she was transferred to Callan Park in February 1916. The cause of her distress was the enlistment of her husband, leaving her with the daily care of a home and young family.¹²⁷ At the Reception House Maud had tried to pry open the

¹²⁴ Dr Pirie, patient notes, Admission files, Parramatta Psychiatric Centre, 12/820, Reg. No. 6459

¹²⁵ Dr Bowman, patient notes, Admission files, Parramatta Psychiatric Centre, 12/820, Reg. No. 6459

¹²⁶ Admission files, 3/3439 – Callan Park Mental Hospital, No.1916-277.11705

¹²⁷ Admission files, 3/3433 – Callan Park Mental Hospital, No.1916-89.11517

stitches on the wound in her neck and she was diagnosed with “acute melancholia”.¹²⁸

Her husband had entered a training camp at Marrickville. The doctors were so concerned about the effect on Maud that it was thought that, as her husband’s father had just returned from the front and his two brothers were currently serving overseas, arrangements could perhaps be made to discharge her husband. Dr Ross explained “because of his wife’s condition I think it would be desirable if it could be arranged for him not to go to the Front”. Dr Ross did “not like to ask for his discharge altogether, but I feel that the obligations at home cannot well be set aside”.¹²⁹

Mr G was given leave from training to care for his children but by September 1916 he became anxious to achieve his wife’s release as “she has improved wonderfully in fact I think she is quite herself again”. His desire to be able to re-join the Army stemmed from the fact that he felt “like a fish out of water going back to my trade ... I will not content myself at it until I have gone and done my bit”.¹³⁰ But in reality, it was the threat of conscription that bothered him. He had been promised his place back in the Artillery when his wife had recovered and “I do not want that to happen when conscription is in force. I want to leave for the front with volunteers, not conscripts”.¹³¹

Perhaps Maud’s few months of rest and freedom from domestic obligations had improved her outlook, or likely too, she may have viewed

¹²⁸ Admission files, 3/3433 – Callan Park Mental Hospital, No.1916-89.11517

¹²⁹ Letter dated 5 July 1916 from Medical Superintendent to The Commanding Officer, Field Artillery, Marrickville, Admission files, 3/3433 – Callan Park Mental Hospital, No.1916-89.11517

¹³⁰ Letter dated 7 September 1916 from Mr G to Medical Superintendent, Admission files, 3/3433 – Callan Park Mental Hospital, No.1916-89.11517

¹³¹ Letter dated 7 September 1916 from Mr G to Medical Superintendent, Admission files, 3/3433 – Callan Park Mental Hospital, No.1916-89.11517

askance the possibility of her husband being forced to the colours rather than join freely as a volunteer, but in any event she was discharged and her husband embarked in March 1917, returning to Australia in September 1919.¹³² There is no further record of any admission for Maud, but the marriage soured in the post war years and they were granted a divorce in June 1926.¹³³

Other women experienced serious suicidal ideations not because of delusions or anxiety over what *could* happen, but due to a refusal to accept what *had*. Like Charlotte Lawrence, who “quietly took her own life” after wrestling with the enormous wounds and profound emotional change in her returned son in 1918,¹³⁴ Edith W could not come to the terms with her war damaged son. Upon admission to Parramatta in April 1918, forty seven year old Edith had attempted suicide on five separate occasions: by poisoning, hanging, drowning, cutting her throat and finally shooting herself.¹³⁵ Edith’s eldest son had been shot through the neck at Gallipoli and was invalided home to Australia with “both shoulders, neck, leg and arms paralysed”.¹³⁶ Her son required an enormous amount of physical care within the home, notwithstanding any attempt to manage his psychological trauma.

Edith began to slide into denial during the two years she cared for him before being admitted. She conceded that her “husband was kind to her” but she had profound reservations about her son. He “is someone else”,

¹³² Admission files, 3/3433 – Callan Park Mental Hospital, No.1916-89.11517

¹³³ *Sydney Morning Herald*, 9 June 1926, p.10

¹³⁴ *Rutherglen Sun*, 28 May 1918, cited in John McQuilton, *Rural Australia and the Great War: From Tarrawingee to Tangambalanga*, Melbourne University Press, Melbourne, 2001, p.134

¹³⁵ Dr Gordon, patient notes, Admission files, Parramatta Psychiatric Centre, 12/828, Reg. No. 6784

¹³⁶ Letter dated 7 November 1915 from Base Records, NAA, B2455, Barcode 3444828

the returned, crippled man in her home was “not her son”.¹³⁷ At the height of the influenza outbreak, her son had someone write a letter to the hospital, enquiring as to the possibility of his mother’s health improving. He acknowledged “I know you are having a very bad time with the present epidemic” but explained his younger siblings had also contracted the illness and “cried continually for their Mother and those cries are still ringing in my ears”.¹³⁸

The reply noted that Edith had also contracted influenza and was “by no means strong” and that “it would be wise for some of her children to visit her if they are well enough”. The doctor was “so extremely busy at the moment that he is not able to enter into questions of mental illness”: the flu crisis had necessitated that the first priority was simply to keep patients alive.¹³⁹ This was a futile endeavour in Edith’s case and she died on 6 July 1919. Her son was awarded a pension of £3 per fortnight as totally and permanently disabled and when he applied for the commemorative Anzac medallion in 1967, he proudly noted he had been made a Life Member of the Gallipoli Legion Club in Sydney.¹⁴⁰

For the many women examined in this chapter, the impact of the war brought about anxiety, worry, bereavement and grief, as different in its expression as the women themselves. Some were silent, incoherent or morbidly depressed. Others like Lydia R were combative, violent and determinedly protested their sanity. Still others, like Isabelle R, found

¹³⁷ Dr Gordon, patient notes, Admission files, Parramatta Psychiatric Centre, 12/828, Reg. No. 6784

¹³⁸ Letter dated 30 June 1919 from son to Medical Superintendent, Admission files, Parramatta Psychiatric Centre, 12/828, Reg. No. 6784

¹³⁹ Letter dated 2 July 1919 from Clerk to son, Admission files, Parramatta Psychiatric Centre, 12/828, Reg. No. 6784

¹⁴⁰ Letter dated 14 April 1967, NAA, B2455, Barcode 3444828. It is clear from the writing on this letter that Private W had taught himself to write with the pen in his mouth.

that committing a violent husband to the asylum was their best respite in the absence of the grown son who had acted as protector before the war. Paul C's mother Molly did not experience mental illness as a result of bereavement, but, rather, a protracted bereavement as a result of Paul's mental illness. Edith W could not accept the wounds her son had suffered and the loss of his future potential destroyed her. Yet her collapse must also have had a profound effect on her son. Not only was he now denied a mother's care, but also had the responsibility of his younger siblings at the same time he was attempting to adjust to his permanent disability.

Sisters like Myrtle envisaged they had the capacity to save a brother through the sacrifice of themselves; mothers like Emily T, Edith W and wives such as Maud G saw suicide as the only way to end the pain. Their one commonality was that they had come to the attention of police and medical authorities because their grief and resulting behaviour was not *normal*.

They did not follow the proscribed norm of stoicism, forbearance and control, and even when surrounded by supportive families, were unable to be continually cared for in the privacy of the home. Those who were claimed by no close relations were much more likely to be institutionalised for the rest of their lives, tucked away as chronic invalids, if they did not suffer an early death.

Many working class women, particularly mothers, had valiantly fought to stave off the despair for years, both during and after the war, and had attempted to keep the family together, often in the face of huge odds, until they were ill, tired, dispirited and overwhelmed. The incidence of delusions, fantasies and denial is evidence that, for many mothers, the damage to both their psychological and cognitive abilities caused by loss

during the war was something that they would rarely completely recover from. While the manifestation of grief could be slightly different among fathers, they were no less spared its consequences.

Chapter 4

The War at Home - Men

*We have to take up life's duties and it is well that it is so,
but the sense of loss comes upon us now and then,
its reality breaks us down.*

Rev Fairey after his son Kenneth was killed in action¹

Far fewer fathers than mothers were admitted to Callan Park and the Parramatta Psychiatric Centre as a result of their grief over the loss of a soldier son during the period between 1915 and 1935. Conventional wisdom might suggest this is evidence that women were more likely to be adversely affected by bereavement than men; that fathers did not encounter the similar depth of grief on the loss of their sons in war that so often marked the responses of mothers.

This is totally and utterly untrue.

Fathers experienced the same shock, disbelief, sorrow and social rupture that the sudden, violent loss of an adult son caused mothers: the outward manifestation of that grief, however, is what tended, and still tends (in historical memory), to differentiate the genders. The enduringly popular image of a stoic, proud father finding consolation and nobility in his son's sacrifice, standing straight-backed and dry-eyed next to the crumpled figure of his emotionally broken, grief-stricken wife serves only to perpetuate an erroneous construct of gendered mourning and to prove

¹ Letter dated 29 December 1916 from Rev Fairey to Mrs Hills, on the death of his son, AWM PR 01295, Corporal Kenneth Fairey

that many experiences of wartime bereavement among men have tended to be lost or marginalised in the historical record.

Perpetrators of a conservative national mythology often focus on the 'patriarch'. Mr Handcock of Myrrhee in Victoria was a perfect example. Mr Handcock had farewelled seven of his eight sons to the front – two of whom did not return - and claimed if the younger son “desired to follow the example of his brothers, the consent of his parents would not be withheld”.² Mr Handcock's stoic sacrifice is preferable to the confronting image of the shattered Joseph D, whose attempt at suicide involved ingesting the methylated spirits and arsenical fly paper, which lays bare the reality of abject and insurmountable grief. It is these much less comfortable, and more nuanced and varied reactions to male wartime grief with which this chapter is concerned.

It begins by suggesting some explanations for the lack of parity in asylum admissions along gender lines and examines some cases of fathers who were committed as a result of wartime loss. It further looks at the experiences of fathers who found themselves as care givers for returned soldier sons within the home, and their despair at having to surrender their shell shocked and damaged boys to the care of institutions; the financial and domestic problems caused by a son's absence at the war; delusions, paranoia and suicide among bereaved fathers and briefly, the bond between brothers and reactions to the wartime loss of a sibling.

If there was one factor common to most, if not all, family interactions with the asylum that was identical for both men and women, it was class. The public asylum was primarily the domain of working class men, as it was with women. Wealthy patients, or those with family

² John McQuilton, *Rural Australia and the Great War: From Tarrawingee to Tangambalanga*, Melbourne University Press, Melbourne, 2001, p.178

members of social stature or political voice, were rarely to be found in any dealings with the institutions and their treatments and practices. Yet this did not mean they were not equally as affected as their working-class counterparts. The case study of the Grimwade family, which rounds out this chapter, demonstrates very clearly that power and privilege were no protection against the dramatic emotional toll caused by the death of a son in war: the lifelong trauma of wartime bereavement was no respecter of title, wealth or advantage.

Why so few men?

While men are prominent, and in many ways dominate the Australian historiography of war, the exception is in the area of grief.³ As Joy Damousi has rightly claimed, “[f]athers’ loss in war has not been examined in our histories”.⁴ Partly of course, this is a result of men themselves not leaving an historical footprint of their experiences in a survivable form, but it is also due to a persistent gendered binary within traditional histories of the war that positions men as participants and protagonists while relegating women to the passive role of waiting and weeping at the home front.⁵ That so few personal testimonies of the experience of male grief exist is demonstrated by the fact that the two most well-known – those of John Garibaldi Roberts and High Court Justice Henry Bourne Higgins – have been utilised *ad nauseum* by

³ Many critiques of traditional, masculinist military histories have been published since the 1980s, some strident, some thoughtful and some ill-thought. See particularly, Marilyn Lake, ‘Mission Impossible: How Men Gave Birth to the Australian Nation—Nationalism, Gender and Other Seminal Acts’, *Gender and History*, Volume 4, Issue 3, September 1992, pp.305-322; Adrian Howe, ‘Anzac Mythology and the Feminist Challenge’, *Melbourne Journal of Politics*, Vol. 15, 1983–4; Marilyn Lake, Henry Reynolds et al, *What’s Wrong with Anzac? The Militarisation of Australian History*, UNSW Press, Sydney, 2010

⁴ Joy Damousi, *The Labour of Loss: Mourning, Memory and Wartime Bereavement in Australia*, Cambridge University Press, Cambridge, 1999, p.47

⁵ For a scathing retort as to why this presumption is historically inaccurate, see John McQuilton, *Rural Australia and the Great War*, chapter 7, pp.119-137

almost every Australian historian who writes of wartime bereavement (myself included).⁶

While they are valuable collections, they are also the voices of two very privileged, wealthy, socially and politically powerful, educated white men who consciously and deliberately created a memorial legacy for their sons and a very particular reading of their own conduct and reactions to their loss. To this obsessive and calculated memory making we will return later in the chapter, but suffice at this point to establish, as Tanja Luckins has commented, that these gentlemen had “an awareness that their personal circumstances intersected with historical events” and that Roberts in particular framed his son’s life and legacy with a view to influencing future historians’ view of his family and their sacrifice.⁷ What of those men whose grief was no less real, no less painful, but whose capacity to articulate, commemorate and influence was severely limited by education, means and opportunity? Some ended up in the asylum, but, as noted earlier, the majority (in the sample for this thesis at least) did not.

Some explanations for the lack of admission of fathers to asylums, as compared to that of the mothers studied in the previous chapter, readily assert themselves. For the majority of working and lower middle class homes between 1914 and 1935, the male was the breadwinner who sought paid employment in the workplace of the wider community while the female remained responsible for the smooth operation and

⁶ See particularly Tanja Luckins, *The Gates of Memory: Australian People's Experiences and Memories of Loss and the Great War*, Curtin University Books, Fremantle, 2004; Pat Jalland, *Australian Ways of Death: A Social and Cultural History 1840-1918*, Oxford University Press, South Melbourne, 2002; Joy Damousi, *The Labour of Loss: Mourning, Memory and Wartime Bereavement in Australia*, Cambridge University Press, Cambridge, 1999 and Peter Stanley, *The Men of Mont St Quentin: Between Victory and Death*, Scribe, Melbourne, 2009.

⁷ Luckins, *The Gates of Memory*, p.254

maintenance of the home, the daily care of children and often extended family members, preparation of meals and household chores. Fathers therefore, had more opportunity for distraction from the site of loss – the family home – in which each familiar room, aspect or item may have held a reminder of a son who would not come home. This distraction could also be provided by the camaraderie of workmates, the social outlet of the pub, or club, after work and the ability to travel away from the familiar, daily ritual of domestic obligation (either literally or figuratively). While Henry Higgins felt his grief over his son’s death in Palestine “condemned me to hard labour for the rest of my life”,⁸ the existence of a daily routine that involved leaving the house, interaction and engagement with others and, perhaps, a sense of self-worth and pride in their work may have provided a respite from melancholy memories or a framework that allowed some men to work through their bereavement, or at least maintain a veneer of capability.

The corresponding bereaved mother could often be physically and socially isolated. Being surrounded daily by constant reminders of the lost son, perhaps having the continued care for other dependent children or grandchildren and the demands of endlessly repetitive mundane domestic tasks, with little opportunity for social interaction and enjoyment, may have contributed to an increase in depression and emotional vulnerability. Socially, fathers’ dependence on the ‘medicinal benefits’ of a few cold beers at the local at the end of the working day was far more acceptable – indeed expected – than the image of the distraught housewife turning to the bottle of ‘mother’s ruin’ hidden underneath the sink. While the misuse of alcohol could certainly exacerbate mental illness and contribute to conflict and violence in the home, it was

⁸ Mr Justice H B Higgins, cited in Jalland, *Australian Ways of Death*, p.321

culturally conventional for a man to 'hit the bottle' to 'drown his sorrows' in a way that was not socially acceptable for women.⁹

Lastly, it was also possible for the father to absent himself from the home and from reminders of the loss, either through an emotional withdrawal from the realities of domestic life and interactions with other family members (most especially his wife), a regular physical absence through daily paid employment outside the home or, more drastically, a permanent absence through leaving the family altogether. Women who neglected their domestic duties or who were unable to fulfil the traditional role of nurturer within the private sphere were more likely to have treatment sought on their behalf by husbands anxious to have the rhythm of their home life restored, whereas men had more opportunity to abandon their responsibilities, either physically or psychologically, on a temporary, regular or permanent basis.

Reactions to Loss

One of the most common responses among fathers on hearing of the death of their son was to seek to channel erratic emotional energies into a reliable and established pattern of acceptable male behaviour. They become the self-appointed family spokesperson; the letter writer; the seeker of information. As discussed in chapter one, the search for confirmation and detail regarding the last days and hours of dead soldiers preoccupied the thoughts of the bereaved on the other side of the world. Australian families were particularly inventive in their attempts to

⁹ For some excellent studies on the cultural history of the use (and abuse) of alcohol in Australia, see Ross Fitzgerald and Trevor Jordan, *Under the Influence: A history of alcohol in Australia*, Harper Collins, Sydney, 2009; Diane Kirkby and Tanja Luckins, *Dining on Turtles: food feasts and drinking in history*, Palgrave MacMillan, New York, 2007 and Tanja Luckins, 'Satan finds some mischief?': drinkers' responses to the six o'clock closing of pubs in Australia, 1910s-1930s, *Journal of Australian Studies*, Volume 32, Issue 3, 2008, pp.295-307

gain further information about their sons: they craved any small fact, any description of a last word or action and were doggedly determined in their pursuit of detail. One distraught father, whose son had been missing in France for six months, reportedly wrote to several British Ambassadors, the Red Cross, and even United States President Woodrow Wilson, appealing for help. He received a courteous reply from Wilson's secretary, but no reports as to his son's whereabouts.¹⁰

Private Harry Elvery had enlisted in northern New South Wales and was initially listed as missing during the battle of Pozieres, before a Court of Enquiry determined he had been killed. His father wrote of his frustration:

When Henry was reported missing we anxiously waited for fuller and more definite particulars, but after a lapse of time the military authorities reported "killed in action". Nothing more than this, in fact the authorities knew nothing.¹¹

Mr Elvery took it upon himself to meet every ship that docked in Brisbane where he sought out returned men from his son's battalion, explaining, "you may imagine how anxious I was to interview any returned men of the 15th Battalion ... I watched for the colours, and spoke to any soldier wearing them with whom I came in contact".¹² Through the surviving correspondence, we gain a glimpse of the toll Harry's death was taking on his father. Mr Elvery admitted, "It is indeed very hard for us all to lose such a Dear Boy (only 21 and 9 months). He was always so cheerfull and [as] a boy, to those that knew him was to

¹⁰ *South Coast Times*, 26 January 1917

¹¹ Letter dated 18 August 1928 from Mr Henry Elvery to John Treloar, AWM 1DRL/0267 – Private H P Elvery

¹² Letter dated 18 August 1928 from Mr Henry Elvery to John Treloar, AWM 1DRL/0267 – Private H P Elvery

D 23168 ITALIAN **MISSING** MILITARY FORCES.
AUSTRALIAN IMPERIAL FORCE.
 Attestation Paper of Persons Enlisted for Service Abroad.
 No. 3736 Name Henry Percival Elvery
 Unit 15th Battalion
 Joined on 21/8/1915.

12th Reinft 15th Battalion

Questions to be put to the Person Enlisting before Attestation.

1. What is your Name?	Henry Percival Elvery
2. In the Parish of <u>Alstonville</u> near the Town of <u>Alstonville</u> in the County of <u>New South Wales</u>	
3. Are you a natural born British Subject or a Naturalised British Subject? (If the latter, papers to be shown)	Natural Born
4. What is your age?	25 9/12
5. What is your trade or calling?	Engineer
6. Are you, or have you been, an Apprentice? If so, where, to whom, and for what period?	Yes Macott Sydney 5 Years
7. Are you married?	NO
8. Who is your next of kin? (Address to be stated)	Father Mr H Elvery Darlew Street Toowong
9. Have you ever been associated by the Civil Power?	NO
10. Have you ever been discharged from any part of His Majesty's Forces, with Ignominy, or an Incongruous and Dishonourable, or an amount of Conviction of Felony, or of a Sentence of Penal Servitude, or have you been discharged with Dishonour from the Navy?	NO
11. Do you now belong to, or have you ever served in, His Majesty's Army, the Marines, the Militia, the Militia Reserve, the Territorial Force, Royal Navy, or Colonial Forces? If so, state which, and if not now serving, state nature of discharge.	NO
12. Have you stated the whole, or any, of your previous service?	Yes
13. Have you ever been reported as unfit for His Majesty's Service? If so, on what grounds?	Yes Teeth
14. (For married men, widowers with children, and soldiers who are the sole support of widowed mothers) - If you understand that no pecuniary allowance will be issued in respect of your service beyond an amount which together with pay would reach eight shillings per day?	---
15. Are you prepared to undergo inoculation against small pox and venereal fever?	Yes

I, Henry Percival Elvery do solemnly declare that the above answers made by me to the above questions are true, and I am willing and lawfully voluntarily agree to serve in the Military Forces of the Commonwealth of Australia within or beyond the limits of the Commonwealth.

And I further agree to abide not less than three shillings, if the pay payable to me from time to time during my service for the support of my wife and children.

Date 21/8/1915 Signature of person enlisting Henry Percival Elvery

* This form should be struck out in the case of unarmoured men or widowers without children under 16 years of age.
 † Two shillings must be added to the pay, and if there are no children the shillings need be added.

love him”.¹³ Mr Elvery finally interviewed a number of his son’s comrades who were able to piece together, in some detail, the circumstances of Harry’s death and his experiences in the trenches in the days leading up to it. He was comforted that his son had been known as a brave soldier, well-liked by his platoon and committed to his duty and wrote to John Treloar in 1928, “[t]hese happenings are indelibly impressed on my heart and mind.”¹⁴ In an indication that the place of his son’s death was both a source of sorrow and pride, he had renamed his

property at Toowong, “Pozières”.

Other fathers also allowed a glimpse of their private sorrow in their official correspondence, both those searching for answers and those seeking to share their pain with other bereaved fathers. Mr Goldsmith admitted to Mrs Venn-Brown, “I cannot realise it and life can never be the same to me again”¹⁵ while Mr Jeffries asked Henry Bourne Higgins to “kindly accept this offer of sympathy from one soldier’s father to another although our social stations are far apart”, drawing on the comfort implicit in the rationale of death in war as heroic sacrifice for the

¹³ Letter dated 28 October 1917 from Mr Henry Elvery to Mr Grigor, AWM 1DRL/0267 – Private H P Elvery
¹⁴ Letter dated 18 August 1928 from Mr Henry Elvery to John Treloar, AWM 1DRL/0267 – Private H P Elvery
¹⁵ Letter dated 16 June 1919 from F Goldsmith to Mrs Venn-Brown, AWM 2DRL/0598 – Venn-Brown

enduring good of the nation: “Thank God both were good men and their names live and will live.”¹⁶

Joy Damousi has convincingly suggested that fathers in particular had an enormous emotional investment in the symbolism of the First AIF and the meaning of its sacrifices. It gave fathers a sense of belonging, of being vicarious participants in their sons’ martial endeavours, a tangible entity on which to construct both an enduring memory and meaning of the war and their loss in it.¹⁷ One father articulated the significance of the cessation of the First AIF, which occurred in 1921

I think every Dad will agree with me when I assert that the AIF was personal to us. To me it was a solemn thing, a shrine of national greatness, full of sad and proud memories, of deeds of heroism, of bright lads gone, of sorrowing parents.¹⁸

Other fathers were unable to reconcile their loss or incorporate a healthy acknowledgement of it into the public rhetoric surrounding the war. Christopher G had lost two sons in France. Aged sixty four, and residing at Forbes in south western New South Wales, he had come to the attention of the local police constable when he was found wandering around the local cemetery, looking anxious and furtive, his horse abandoned un-harnessed in the middle of the road.¹⁹ Christopher was suffering delusions of persecution whereby he believed unnamed men had “worried him at night for some time” and that people “are trying to

¹⁶ Letter dated 4 January 1917 from Mr Jeffries to Mr Justice Higgins, AWM 3DRL/421 Collection of letters Mervyn Bourne Higgins

¹⁷ Damousi, *The Labour of Loss*, p.46

¹⁸ *Our Empire*, 18 April 1921, cited in Damousi, *The Labour of Loss*, p.46

¹⁹ Sworn deposition, 15 January 1918, Constable M T McGannon, Western Sydney Records Office, Series Number 5080 – Admission files, Parramatta Psychiatric Centre, 12/827, Reg. No. 6748

steal his horses and wife”.²⁰ He was arrested after Constable McGannon discovered Christopher was carrying a concealed, and loaded, revolver and he was committed to the Parramatta Psychiatric Centre for evaluation where doctors found him “dull and listless”, “sleepless and restless” with poor recall of both recent and long term events.²¹

The ‘cause of insanity’ was listed as “grief over loss of sons at the war” but Christopher’s persecutions were unusual in that he believed his tormentors called him names such as “Chinaman”, “half caste” and “Chinese bastard”.²² Christopher was white, of British descent, and both his sons enlisted in the AIF as ‘natural born subjects’. There seems no rational explanation for why Christopher’s delusions would manifest themselves in this way. By 1920, his wife and younger children had relocated to Bankstown, in the western suburbs of Sydney, to be closer to the hospital at Parramatta and Mrs G informed Base Records that “it is not advisable to communicate to him as he is at present suffering from the effects of the news of his two lads’ being killed in action”²³ while the doctors apologised to Base Records in 1922 that he “is not in a fit state to attend any ceremony to receive war medals”.²⁴

The absence of Christopher from the home and thus his inability to contribute to household income held grave consequences for his family.

²⁰ Dr Broadbent, Patient Notes, Admission files, Parramatta Psychiatric Centre, 12/827, Reg. No. 6748

²¹ Dr Broadbent, Patient Notes, Admission files, Parramatta Psychiatric Centre, 12/827, Reg. No. 6748

²² Dr Broadbent, Patient Notes, Admission files, Parramatta Psychiatric Centre 12/827, Reg. No. 6748

²³ Letter dated 1 March 1920, from Mrs G to Base Records, NAA, B2455, barcode 4036372

²⁴ Letter dated 1 April 1922 from Medical Superintendent to Officer in Charge, Base Records, Admission files, Parramatta Psychiatric Centre, 12/827, Reg. No. 6748. It would seem that the doctors misunderstood Base Records’ initial request, and assumed they were asking if Christopher could attend some sort of official ceremony to receive the medals when in fact they had only enquired as to whether he was well enough to receive them if they were sent to the Hospital. The medals were eventually posted to Christopher’s wife.

Mrs G petitioned the AIF Canteens Funds Trust in 1926 (see next page) for financial assistance as “I am in very poor circumstances just now for I have been very ill and by the time I pay my rent and buy a bit of wood I have nothing much of my pension left”²⁵ and having been forced to move from Sydney, she apologised to the doctors at Callan Park in 1932 that she had been unable to visit Christopher “for I am struggling and cannot raise my fare”.²⁶ (shown below)

Doctors were never able to establish the connection between Christopher’s anguish at the loss of his sons and his conviction he was being victimised as a ‘half caste’ ‘Chinese’ and he passed away at Parramatta in July 1932. It would seem probable that grief caused a complete break with reality for Christopher G, a state that was unable to be explained, or effectively treated, during more than fourteen years in hospital. This was not only an extreme reaction to loss but one that also brought his family to penury.

²⁵ Letter dated 25 January 1926 from Mrs G to AIF Canteens Funds Trust, NAA, B2455, Barcode 4036372

²⁶ Letter dated 17 May 1932, from Mrs G to Medical Superintendent, Series Admissions file, Parramatta Psychiatric Centre, 12/827, Reg. No. 6748

asking if you have a photo of my son
grave as I have been waiting for one for I
never got any thing of his not even any
belonges & I thought that something
might have turn up by this. My son was
private charles alfred Cogg 5⁶ battalion
no. 365 [redacted] of his
I would be glad to have them & I heard
that there was some money payed out for
deases soldier dependons I dont no how true
it is if such is the case I would be
very thankfull as I am in very poor
circumstance just now for I have been
very ill & by the time I pay my rent & buy
a bit of wood I have nothing much left &
I would be very thankfull if you could help
me a little you would kindly oblige me

Father as carers

Another manifestation of grief was to find its expression in the experience of fathers cast into the role of full time carer of disabled and damaged returned soldier sons.

Cedric S, a twenty-four year old fireman and part of the 5th Reinforcements for the 13th Battalion, had disembarked at Alexandria in June 1915. At half past one on the morning of 3 July 1915, Cedric was weaving his way back to Zietoun Camp, after curfew, from a much-coveted leave pass in Cairo. At Palais de Kubla, a tram suddenly cut across his path and he was swept under the wheels, suffering severe injuries to his right leg, head and upper chest.²⁷

²⁷ 'Medical Report on an Invalid', 17 July 1915, NAA, B2455, Barcode, 8075393

Hastily transported to the nearest military hospital by a couple of his more-sober mates, the doctors saw that his leg could not be saved, and amputated it just above the knee. Cedric's war was over. Medically discharged as permanently unfit for active duty, although reassured by doctors that he had a "good useful stump",²⁸ he was returned to Australia on the troopship *Themistocles* and arrived in Sydney on 11 January 1916. A young man, who thought he could be a hero, instead came home a cripple without ever having sighted the enemy.

On his return home, his father would hardly recognise him. Cedric was "depressed and unhappy ... [and believed] there is a piece of glass in his heart".²⁹ He had yet to be fitted with a prosthetic leg, a process that would be ongoing for the next 35 years. While Mr S may have been relieved that his son was still alive, when so many other young men would not come home, he was to endure a different type of wartime bereavement than that associated with the telegram with its notification of death. In August 1917, Mr S reluctantly escorted an unwilling Cedric to Callan Park Mental Hospital, telling the doctors Cedric "wanders away from home ... drinks to excess [and] disturbs the whole house at night".³⁰ Dr Cahill noted that Cedric "acts strangely and is very restless ... [he] has delusions of persecution and says voices annoy him wherever he goes".³¹ He was committed to the asylum for treatment but Cedric was resistant and insisted on being informed "why I was sent to Callan Park" and demanded "some compensation for the treatment dealt me".³² He protested to the Commandant at Victoria Barracks that "mystery

²⁸ 'Detailed Medical History of an Invalid', 21 September 1915, NAA, Barcode 8075393

²⁹ Western Sydney Records Office, Series Number: 4984, Admission files, 3/3452 – Callan Park Mental Hospital, No.1917-328.12216

³⁰ Admission files, 3/3452 – Callan Park Mental Hospital, No.1917-328.12216

³¹ Admission files, 3/3452 – Callan Park Mental Hospital, No.1917-328.12216

³² Letter dated 20 January 1919 from patient to Dr Coutie, Admission files, 3/3452 – Callan Park Mental Hospital, No.1917-328.12216

influences” were attempting to “get things out of [me] about the war” and asked “is this allowed?”³³

Mr S was heartbroken at Cedric’s obvious distress and brought him home from the hospital against the advice of the doctors. After two months, Mr S again sought their assistance and reported,

[h]e has not been so well lately ... He talks a lot and swears and upsets the whole place. He was very bad this morning ... I do not know what to do with him. I tried to get him to come to the hospital but he is very obstinate and raves about the hospital. Please advise me what I had better do.³⁴

Mr S was tormented by the thought of being unable to care for his son, and of having to surrender him to the authorities. In distress, he apologised,

I am sorry to send my son [back] ... but I could not manage him ... I am cooking at night work and he would not let me rest during the day ... He was a continual worry ... He disposed of most of his clothes and lost his badges and pay book twice ... I was in the hope he would gradually get better but lately he has got worse ... I have done my best.³⁵

The doctors assured Mr S that Cedric was receiving the appropriate care but regretted “there is no improvement ... he still remains acutely depressed”.³⁶ He was further found to be “delusional”, with frequent

³³ Letter dated 23 January 1919 from patient to the Commandant, Victoria Barracks, Sydney, Admission files, 3/3452 – Callan Park Mental Hospital, No.1917-328.12216

³⁴ Letter dated 21 September 1919 from father of patient to Medical Superintendent, Admission files, 3/3452 – Callan Park Mental Hospital, No.1917-328.12216

³⁵ Letter dated 1 November 1919 from father of patient to Medical Superintendent, Admission files, 3/3452 – Callan Park Mental Hospital, No.1917-328.12216

³⁶ Letter dated 28 September 1923 from Medical Superintendent to father of patient, Admission files, 3/3452 – Callan Park Mental Hospital, No.1917-328.12216

“attacks of mental excitement” and “hallucinations of hearing”.³⁷ In July 1922, doctors reported to the Department of Repatriation that Cedric was of “a neuropathic type in whom permanent hallucinatory symptoms have occurred, probably as a result of war strain with loss of leg in an accident in Egypt”.³⁸ Cedric however, was harder to convince. He insisted “I am a returned disabled Anzac ... I have interests at home which are badly in want of my personal supervision, otherwise they will go bankrupt. I have been here a long time and am tired of wasting your valuable time as well as my own”. He requested he be “paid off” and noted he would “be extremely obliged and thankful and will accept one [a cheque] with great pleasure”.³⁹ Cedric had signed off the letter with the evocative phrase “ON ACTIVE SERVICE”. It was indicative of the delusional state the doctors had referred to because, as noted earlier, Cedric had never been in combat.

Mr S constantly wrote to the Medical Superintendent about Cedric’s progress and continued to visit regularly, although he could never be sure of the reception he would receive from his son. Over many years, Cedric would alternately beg his father “to take him home”⁴⁰ or studiously ignore him.⁴¹ Ten years of uncertainty and grief over Cedric’s deteriorating mental state took their toll, and in 1927 Mr S explained he

³⁷ Letters dated 24 May 1920 and 22 February 1921 from Medical Superintendent to Mr S, Admission files, 3/3452 – Callan Park Mental Hospital, No.1917-328.12216

³⁸ Letter dated 5 July 1922, from Medical Superintendent to Department of Repatriation, Admission files, 3/3452 – Callan Park Mental Hospital, No.1917-328.12216

³⁹ Letter dated 4 January 1923 from Cedric S to Callan Park, Admission files, 3/3452 – Callan Park Mental Hospital, No.1917-328.12216

⁴⁰ Letter dated 22 February 1921 from father of patient to Medical Superintendent, Admission files, 3/3452 – Callan Park Mental Hospital, No.1917-328.12216

⁴¹ Letter dated 26 September 1923 from father of patient to Medical Superintendent, Admission files, 3/3452 – Callan Park Mental Hospital, No.1917-328.12216

had “not been able to come and see him as I have been very ill for about six months”.⁴²

Mr S never really recovered from his severe illness: he visited Cedric sporadically until he himself passed away in 1939.⁴³ Mr S’s wartime bereavement had been a horribly protracted one. He was unable to grieve the loss of a son because Cedric was still alive and physically present. And he was constantly reminded of the permanent change in attitude and behaviour, both within and outside the hospital. What Mr S grieved was the loss of the essence of his son.

After his father’s death, Cedric’s medical files do not record one single visitor. His artificial leg was ill-fitting and often “broken and worn”⁴⁴ and had to be replaced nineteen times between 1930 and 1954. In 1949, the Repatriation Commission accepted Cedric’s “condition of schizophrenia as due to war service”, increased his TPI pension and agreed to fund his continuing care at Callan Park.⁴⁵ On 24 July 1960 Cedric was returning from a day pass when he was struck by a taxi on Balmain Road, around the corner from Callan Park, his only constant home for forty three years. He died on the way to hospital, aged seventy.⁴⁶

Domestic and financial strife

⁴² Letter dated 23 August 1927, from father of patient to Medical Superintendent, Admission files, 3/3452 – Callan Park Mental Hospital, No.1917-328.12216

⁴³ Letter dated 27 April 1939 from the Medical Superintendent to Gillott, Moir & Ahern, Solicitors, Admission files, Callan Park Mental Hospital, 3/3452 – Callan Park Mental Hospital, No.1917-328.12216

⁴⁴ Letter dated 20 November 1930 from Medical Superintendent to Repatriation Commission, Admission files, 3/3452 – Callan Park Mental Hospital, No.1917-328.12216

⁴⁵ Memorandum dated 10 November 1949 to Medical Superintendent from R W Carswell, Deputy Commissioner, Repatriation Commission, Admission files, 3/3452 – Callan Park Mental Hospital, No.1917-328.12216

⁴⁶ Memorandum dated 25 July 1960, Admission files, 3/3452 – Callan Park Mental Hospital, No.1917-328.12216

In contrast to many fathers who were able to escape the domestic sphere of the home at times, Thomas S found himself in the invidious position of being widowed when his wife died shortly after the birth of their third child before the outbreak of war. Thomas' grief for his wife was well known and acknowledged within the family, however he had managed to keep working, at least sporadically, in the interim to provide some support for his two surviving children. The tipping point for Thomas came when his eldest son enlisted in the First AIF in 1917. Morbidly depressed and fearing he would lose his boy to war, he succumbed to delusions that "he is persecuted by a revolving machine which is a constant menace and prevents him from supporting his children".⁴⁷ On his discharge back in Australia in 1919, Thomas' son explained "he had worried a good deal about my going to the front, being so young, and since my return he has gradually become worse".⁴⁸ During his soldier son's absence he had attempted to find work in the mines, but after sustaining a head injury that left a permanent indentation in his forehead, he had struggled to regain regular employment.⁴⁹

Thomas' inability to cope with his grief over his wife's untimely death, the anxiety over the future of his eldest son and severe domestic and financial stressors led Thomas, like Christopher G, to completely detach from reality: he repeatedly begged the doctors at Callan Park "for a revolver to end his life."⁵⁰ While his wartime bereavement was not conventional, in that his son returned fit and well, it was nonetheless the

⁴⁷ Dr Ross, Patient Notes, Admission files, 14/9413 – Callan Park Mental Hospital, No.19919-298.13144

⁴⁸ Letter dated 10 July 1919, from son to Medical Superintendent, Admission files, 14/9413 – Callan Park Mental Hospital, No.19919-298.13144

⁴⁹ Letter dated 10 July 1919, from son to Medical Superintendent, Admission files, 14/9413 – Callan Park Mental Hospital, No.19919-298.13144. The staff at Callan Park did not indicate there was any evidence that Thomas' head injury was a contributing factor to his mental condition.

⁵⁰ Dr Broad, Patient Notes, Admission files, 14/9413 – Callan Park Mental Hospital, No.19919-298.13144

anticipation of wartime loss, together with his unresolved previous grief, that was a significant factor in Thomas' eventual, and total, collapse. Like many of the female cases examined in chapter three, and again, like Christopher G and Cedric S, doctors were unable to affect a cure and Thomas became a chronic, long term inmate at Callan Park, where he lived until his death in 1943, half-way through another global war.⁵¹

Brothers in arms

Fathers were not the only men to end their days as catatonic, chronic mental patients as a result of wartime bereavement. In a similar vein to Myrtle E, discussed in chapter three, who believed her suicide could save her brother's life at the front, twenty four year old Norman F was brought to Callan Park by his mother in 1918 not long after his brother was listed as missing on the Western Front.⁵² Single, and a boot-maker by trade, he was found to be "aggressive and has delusions of persecution ... His account of himself is rambling and defective and he imagines that people put some mysterious evil influences over him".⁵³ Norman had a propensity to "strike fellow patients without cause – states that he cannot help it" and, bizarrely, suffered delusions, like Christopher G, "that the Chinese are taking possession of him".⁵⁴ Again, doctors were unable to establish the origin of such a conviction and the only reasonable explanation was that the grief of losing his brother in unexplained and uncertain circumstances had led to a complete severance from reality. Norman was transferred to a chronic ward at Rydalmere Mental Hospital late in June 1918.

⁵¹ Admission files, 14/9413 – Callan Park Mental Hospital, No.19919-298.13144

⁵² Admission files, 14/9394 – Callan Park Mental Hospital, No.1918-69.12437

⁵³ Dr Bowker, Patient Notes, Admission files, 14/9394 – Callan Park Mental Hospital, No.1918-69.12437

⁵⁴ Dr Ross, Patient Notes, Admission files, 14/9394 – Callan Park Mental Hospital, No.1918-69.12437

Ending it all

For some fathers, the depth of their grief over the loss of their sons was such that suicide presented a viable alternative to the ongoing pain of bereavement. Uncertainty, doubt or shame could exacerbate an already vulnerable psyche and the lack of any tangible evidence of their son's fate could have tragic consequences. Private Reg Gluyas of Adelaide was nineteen and nine months, when he was killed in France in August 1918. His father Frank wrote to military authorities and the Defence Department constantly and obsessively into the 1920s, asking for a copy of the death certificate, a photograph of Reg's grave, and, repeatedly, for the return of his only child's personal effects. Mr Gluyas wrote his last letter toward the end of 1923. He received a courteous reply from Base Records stating that no possessions had been found.⁵⁵ On 12 January 1924, Frank Gluyas sat in his Adelaide home, put a shotgun to his temple, and pulled the trigger.⁵⁶

Like Frank Gluyas and Thomas B, Francis M – a sixty two year old cook - was also overwhelmed by the news his twenty two year old son had been killed in action. Francis had twice attempted suicide before being admitted to Callan Park in February 1918. Dr Price noted “[h]e is suicidal, miserable and depressed. He has made two attempts of suicide recently, firstly throwing himself over the cliffs at Watson's Bay, second by firing at himself with a revolver. Says he wants to die.”⁵⁷ Francis' grief for his dead soldier son however, was perhaps not as straightforward as it might first appear.

⁵⁵ NAA, B2455, Gluyas, RR

⁵⁶ Death Certificate, Francis Turnbull Gluyas, District Daly Deaths Book 34, 1924-1926, South Australian Registry of Births, Deaths and Marriages

⁵⁷ Dr Price, Patient Notes, Admission files, 14/9394 - Callan Park Mental Hospital, No.1918-50.12418

Private M had enlisted in the AIF in mid-1915 and spent some months training in Egypt and England before embarking to fight in France with his battalion. His record shows he was AWL for almost a week around New Year's 1915/16 and had forfeited four days' pay⁵⁸ a period of time in which it is presumed the young Australian enjoyed himself immensely. In April 1916 he was diagnosed with a chronic form of venereal disease and was sent home to Australia in July 1916, his file marked "neurasthenia – sexual", whereupon he was admitted to Langwarrin Hospital for treatment.⁵⁹ By October of that year however, he had managed to re-enlist (as a stretcher bearer) and was sent to France in January 1917 before again being treated for sixty-one days for a painful recurrence of the affliction at Etaples beginning in April 1917.⁶⁰

There is a suggestion in Private M's file that the extended family believed his return to Australia in 1916 was due to his being 'wounded' rather than what amounted in the Army to a shameful, painful, often permanent 'self-inflicted injury'.⁶¹ A niece, writing in the 1950s, recalled her childhood and explained, "I distinctly remember meeting him when he came home wounded in 1916 and also clearly remember him going back to Europe and then months afterwards the news of his death".⁶² Private M was killed on the Menin Road on 18 September 1917. Was his father Francis aware that his son's return home in 1916 was in disgrace, rather than an honourable opportunity to recover from war wounds? Or did the Army – kindly – allow them to believe the latter? Would Private M have ever admitted such a stain on his character to his father? Was

⁵⁸ Charge Sheet, NAA, B2455, Barcode 7988935

⁵⁹ Statement of Service, NAA, B2455, Barcode 7988935

⁶⁰ War Gratuity Schedule, NAA, B2455, Barcode 7988935

⁶¹ See Marina Larsson, *Iconography of Suffering: VD in Australia 1914-1918*, MA Thesis, University of Melbourne, 1996

⁶² Letter dated 30 March 1957, from Miss W to Base Records, NAA, B2455, Barcode 7988935

Francis' grief at his son's death tempered or increased by the knowledge of his son's exploits as a young soldier abroad?

We will never know. Francis was not held for long at Callan Park and was discharged just two months after being admitted,⁶³ and no further mention is made of his treatment or recovery in the hospital files, although other records show Francis had passed away by 1921, as detailed in a letter establishing his widow's claim to their son's war medals.⁶⁴ If Francis' suicidal attempts had finally been successful or he had died from other causes is also unknown but the case is a poignant example of how complex the reasons for grief in war could be.

Complex obsession

While the manifestations of mental illness among the bereaved are most startlingly demonstrated in patient files from mental hospitals and first-hand family lore, there is a rich source of testimony available in more traditional family stories when historians are both willing and able to read 'against the grain'.⁶⁵ As previously discussed, the conscious memory making of both John Garibaldi Roberts and Henry Bourne Higgins has captured the ongoing interest of Australian historians because they remain the two most evocative of the very limited surviving representations of a father's grief during and after the Great War. Norton Grimwade, a Melbourne captain of industry, philanthropist and conservative politician, can now be added to this small band of privileged

⁶³ Patient Notes, Admission files, 14/9394 – Callan Park Mental Hospital, No.1918-50.12418

⁶⁴ Letter dated 7 December 1921 from Victoria Barracks to Base Records, NAA, B2455, Barcode 7988935

⁶⁵ Stephen Garton, 'Asylum histories: reconsidering Australia's lunatic past', in Catharine Coleborne and Dolly MacKinnon (eds), *Madness' in Australia: histories, heritage and the asylum*, University of Queensland Press, Brisbane, 2003, p.18

rich, white men. Norton went one step further however, in his obsession with the remembrance, memorialisation and perpetual commemoration of the death of his beloved son, Risdon, in war. Far from being content with distributing expensive and ostentatious commemorative souvenirs, publishing eulogistic poetry, proffering an epitaph and privately imagining his loved one's final resting place, Norton Grimwade and his wife were determined to visit their son's grave in person and in doing so, became Australia's first Gallipoli pilgrims.

George Risdon Grimwade (known as Risdon) was the second of five sons born to Edward Norton (known as Norton) and Phelia Agnes Maude Grimwade in 1895, in the Melbourne suburb of Caulfield. The Grimwades had long been a prominent family. Risdon's paternal grandfather, Frederick, using his childhood experiences as the son of a wholesale druggist in London, established a pharmaceutical manufacturing concern in the colonies in 1867.⁶⁶ By the dawn of the twentieth century, the family business was thriving, encompassing interests in the manufacture of chemicals, glass bottles, industrial gases and pharmaceuticals.⁶⁷ The business had subsidiaries in Western Australia and New Zealand, and Frederick Grimwade was active in local politics, banking and business associations and the Anglican Church, and was well known for his philanthropy. He was a long-serving Chairman of the Melbourne Chamber of Commerce and represented the province of North Yarra in the Legislative Council for thirteen years, becoming a noted free-trader and increasingly, a Deakinite liberal, as he began to support female suffrage. Frederick urged moderation in the face of factional politicking and spoke often on the issues of "gambling,

⁶⁶ J R Poynter, *Australian Dictionary of Biography*, Frederick Sheppard Grimwade, <http://adb.anu.edu.au/biography/grimwade-frederick-sheppard-3673> [accessed 24 July 2012]

⁶⁷ J R Poynter, *Australian Dictionary of Biography*, Geoffrey Holt Grimwade, <http://adb.anu.edu.au/biography/grimwade-geoffrey-holt-10372> [accessed 24 July 2012]

which he vainly hoped would be prohibited, and the legalisation of cremation, a cause he pleaded with great vigour and eventual success”.⁶⁸

Frederick’s eldest son was Risdon’s father, Norton; his second son, Harold, returned from the Great War with the rank of Brigadier General, having commanded the Third Division Artillery in France and having been awarded the Croix de Guerre.⁶⁹ A third son, Wilfred Russell (known as Russell) was a prominent scientist, botanist, businessman and philanthropist who was influential in shaping the landscape surrounding the Shrine of Remembrance before its opening in 1934 and who was a close friend of General Sir John Monash.⁷⁰ The Grimwades then were part of the ‘Melbourne set’; well-to-do, influential, privileged, powerful and unstinting in their devotion to Empire.

Upon the death of his father in 1910, Norton assumed the role of family patriarch. A keen scholar of Shakespeare, he was tall, dark and clean shaven – unusual for the day – and was known as “aloof and unapproachable” (except among his closest circle) with “a precise mind” and a reputation among business and financial colleagues as “exceptionally shrewd”.⁷¹ In 1912, he was elected President of the Melbourne Chamber of Commerce, a prominent and influential position, was President of the Australian Club, an august Melbourne institution for the rich and powerful, and closely watched over the interests of his

⁶⁸ J R Poynter, *Australian Dictionary of Biography*, Frederick Sheppard Grimwade, <http://adb.anu.edu.au/biography/grimwade-frederick-sheppard-3673> [accessed 1 August 2012]

⁶⁹ J R Poynter, *Russell Grimwade*, Melbourne University Press, Carlton, 1967, p.112 By all accounts a popular and competent officer, Harold was known among his Army comrades as ‘Grim Death’ and in business circles as ‘The General’. Early associates noted that he had returned from the war ‘a changed man’.

⁷⁰ Bruce Scates, *A Place to Remember: A History of the Shrine of Remembrance*, Cambridge University Press, Melbourne, 2009, pp.150. Unfortunately, Scates erroneously places Russell as Risdon’s father when in fact he was his uncle. Russell and his wife Mabel were childless.

⁷¹ J R Poynter, *Russell Grimwade*, p.76

siblings and children, demonstrating “integrity, but no unusual generosity”.⁷² Young Risdon followed family tradition by attending the prestigious Melbourne Grammar School, where he excelled at sports and graduated with honours, going on to study medicine at Trinity College, Melbourne University, a role already pioneered by his uncle Albert, who was a surgeon.⁷³ The only surprising element in Risdon’s enlistment in the First AIF is that it was not earlier. His father, Norton, signed the attestation papers on 11 February 1915. It is likely that Risdon had been convinced to at least complete his end of year exams before joining up, like many of his contemporaries such as Owen Lewis and Malcolm Stirling.⁷⁴

Standing five feet nine inches with his “fresh” complexion and blue eyes, Risdon was placed in the 6th Field Ambulance and at the age of nineteen years and ten months, embarked for Egypt and Gallipoli with his proud family’s blessing.⁷⁵ The 6th Field Ambulance arrived at Anzac Cove on 5 September. Risdon’s war would last just eighteen days. On the afternoon of 23 September, Risdon was on guard duty at a water tank when he was hit by shrapnel, which penetrated his heart.⁷⁶ He died within minutes. Like so many, Risdon was killed on a routine day, doing a routine patrol. The unit’s war diaries record twenty three killed, wounded and sick on that date, yet none is named, and the orders of the day are merely administrative directives forbidding “references to

⁷² J R Poynter, *Russell Grimwade*, p.76

⁷³ J R Poynter, *Australian Dictionary of Biography*, Frederick Sheppard Grimwade, <http://adb.anu.edu.au/biography/grimwade-frederick-sheppard-3673> [accessed 24 July 2012]

⁷⁴ See Brian Lewis, *Our War: Australian during World War I*, Melbourne University Press, Carlton, 1980

⁷⁵ Next to his signature, Norton appended “I consent to my son joining the Expeditionary Force”. Attestation Papers, NAA, Grimwade G R

⁷⁶ Casualty Form – Active Service, NAA, B2455, Grimwade, G R

casualties” in letters, which were to be a maximum of one page per day and “left open for censorship”.⁷⁷

Some of Risdon’s comrades in the 6th Field Ambulance were old school friends from Melbourne Grammar. A fellow soldier, and Grammar student, wrote, “We buried him this same evening. Grammar School boys dug his grave, for they wouldn’t allow others to do so.”⁷⁸ Risdon was laid to rest in Shrapnel Valley, a world away from the privilege and power of the Grimwade’s life in the upper echelons of Melbourne society, but a place to which Norton and Phelia would undertake a dangerous journey just seven years later.

The death was announced in the press in October, noting that two other brothers were serving, Fred, the eldest, with the Royal Flying Corps, and Lionel in the Royal Navy.⁷⁹ In testimony to the wide reach of the Grimwades’ business interests, Perth’s *Daily News* carried an obituary for Risdon, conveying its deepest sympathy to the family in the loss of their son “who fell doing his duty for King and Country”.⁸⁰ There are two forms of wartime bereavement demonstrated here: firstly the articulation of private loss within the public realm by the family and, in this case, their extended commercial and social interests; and secondly, the desire of peripherally connected individuals to overtly attach themselves to the emotion and kudos of private loss expressed through an imagined communal sense of grief.

The Grimwades’ placed annual *In Memoriam* notices in the *Argus* on the anniversary of Risdon’s death each, and every, year. The last one from

⁷⁷ AWM4, Australian Imperial Force, War Unit Diaries, 1914-18 War, Medical, Dental and Nursing, 26/49/1, 6th Field Ambulance, September 1915

⁷⁸ *Wadhurst News*, Melbourne Grammar School, Number 11, 26 April 2012, p.1

⁷⁹ *Argus*, 9 October 1915. This article erroneously records Risdon’s age as 26. He was in fact, just twenty.

⁸⁰ *Daily News*, Perth, 6 November 1915

Norton and Phelia appeared in 1944.⁸¹ After Norton's death, Risdon's brothers continued the tradition in 1945; however, it does not appear to have been sustained after this date.⁸² The family business erected a Roll of Honour at Melbourne Grammar in honour of Risdon and his contemporaries who served, and Norton established the Risdon Grimwade lectureship in chemistry at the University of Melbourne in the initial amount of £2500 per year,⁸³ increasing it to an extraordinary £5000 on the tenth anniversary of Risdon's death,⁸⁴ a position which continues to this day.

Risdon, however, was not the first Grimwade casualty of the war. Norton's younger sister Alice, who suffered a life-long agonising form of rheumatoid arthritis, found herself trapped in Germany at the outbreak of war after travelling there to seek an experimental treatment for the condition. She was eventually released and allowed to return home, but her health never recovered and she died, crippled, in 1925.⁸⁵ Flying an RE8 with Number 5 Squadron, Fred was shot down over France in March 1916, suffering severe gunshot wounds to his legs.⁸⁶ He was taken prisoner and suffered harsh conditions with inadequate medical treatment for twelve months, during which time he was sentenced by a German court martial on a "trumped up" charge that he had "publicly

⁸¹ *Argus*, 23 September 1944. Phelia died on 6 October 1944, Norton on 29 April 1945, the day before he was due to present an additional benefaction of a Penleigh Boyd painting and fine furnishings to Phelia Grimwade House at the Melbourne Church of England Girls' Grammar School (*Argus*, 9 October 1944, 30 April 1945 and 3 May 1945)

⁸² *Argus*, 23 September 1945. Perhaps after the conclusion of the Second World War, it was considered unseemly to perpetuate a loss from thirty years before when so many families had experienced recent war time bereavement.

⁸³ *Argus*, 14 May 1920

⁸⁴ *Argus*, 23 September 1915

⁸⁵ J R Poynter, *Russell Grimwade*, p.113

⁸⁶ Tom Roberts, *Wingless: A Biographical Index of Australian airmen detained in war time*, self-published, Ballarat, 2011. I thank Michael Molkentin for his assistance with this reference.

accused the Imperial German Navy of cowardice”.⁸⁷ Having just lost their beloved Risdon in Turkey, it was a cruel blow to the family to have Fred wounded and a prisoner in Germany just seven months later. Norton’s single-mindedness and political influence is clearly evidenced by the extraordinary lengths he took to succeed in having his son released.

On receiving the news, Norton and Phelia, together with their two youngest sons, immediately embarked for England.⁸⁸ From the Reserve Lazaret Camp in Hanover, Fred wrote that while the bullet wounds had healed, “the bone somehow got out of shape. To pull the bone straight I now have about 25 lbs of weight attached to the foot”.⁸⁹ A Swiss doctor wrote to Phelia to reassure her he had provided Captain Grimwade with “some white bread because the German bread can hardly be eaten”.⁹⁰ Meanwhile, Norton called on all his political contacts in both Australia and Great Britain to secure Fred’s transfer and release. Although Fred had been classified under the Geneva Convention as being eligible for transfer to Switzerland on medical grounds,⁹¹ he was still detained at Clausthal. This angered Norton and he repeatedly petitioned the British Foreign Office for their intervention, a persistence that was ultimately successful when Fred was suddenly repatriated to Switzerland in 1917.⁹²

Clearly, the vast majority of Australian families living with the anxiety of a son held captive by the enemy would not have had the financial or political means to intercede in such a direct, or successful, manner.

⁸⁷ J R Poynton, *Russell Grimwade*, p.113

⁸⁸ J R Poynton, *Australian Dictionary of Biography*, Geoffrey Holt Grimwade, <http://adb.anu.edu/biography/grimwade-geoffrey-holt-10372> [accessed 24 July 2012]

⁸⁹ Letter from Fred Grimwade, 26 May 1916, quoted in the *Argus*, 10 August 1916

⁹⁰ Letter from Dr Kunz to Phelia Grimwade, undated, quoted in the *Argus*, 10 August 1916

⁹¹ The National Archives, Great Britain, FO383, Foreign Office: Prisoners of War and Aliens Department, General Correspondence from 1906. My thanks to Bart Ziino for this reference.

⁹² J R Poynton, *Russell Grimwade*, p.113

Norton immediately travelled to the continent and accompanied Fred home to Australia, “broken in health”;⁹³ as well as the gunshot wounds, he was also suffering profound deafness caused by shellfire.⁹⁴ Having finally secured his son’s release, Norton’s attention returned to Risdon’s grave.

The Grimwades had received two parcels of Risdon’s personal effects in May 1916,⁹⁵ and formal confirmation of the exact location of his grave in Shrapnel Valley in November 1919. In expressing his thanks for the booklet *Where the Australians Rest*, distributed to all next of kin with known graves, Norton asked for his gratitude to be passed on to Defence Minister George Pearce, who had personally inscribed Norton’s copy, indicating his deep sympathy in the loss of Norton’s “beloved son”.⁹⁶

The gendered nature of upper class public mourning is apparent here. The public record holds none of Phelia’s grief, her part in the civic commemoration and remembrance of her son is marginalised and silenced. Rather, Norton became the family spokesman and focus of community sympathy, and busied himself with constant and consistently formal correspondence to prominent military and political identities, an echo of John Garibaldi Roberts’ reaction to his son Frank’s death at Mont St Quentin in 1918.⁹⁷ In response to the correspondence detailing the plot and grave number, Norton wrote immediately to Base Records,

⁹³ J R Poynton, *Russell Grimwade*, p.113

⁹⁴ Kristin Otto, *Capital: Melbourne when it was the Capital city of Australia 1901-28*, Text Publishing, Melbourne, 2010, p.162

⁹⁵ Thos Cook & Sons, Receipt for Consignment from Egypt, 6 May and 10 May 1916, NAA, B2455, Grimwade, G R. Again the Grimwades wealth is shown here, as some of the items included leather case of photographs, wristlet watch (damaged), camera, fountain pen and two pairs of spectacles.

⁹⁶ Letter dated 28 January 1921, from E N Grimwade to Senator George Pearce, Minister for Defence, NAA, B2455, Grimwade, G R

⁹⁷ See particularly Luckins, *The Gates of Memory*, Damousi, *The Labour of Loss* and Peter Stanley, *The Men of Mont St Quentin: Between Victory and Death*, Scribe, Melbourne, 2009

recording his appreciation for the information, and forewarned that it was of “especial value as my wife and I do hope soon to be able to visit and see the grave for ourselves”.⁹⁸ If the authorities were concerned about the suggestion of such a trip, their reply is not recorded. Perhaps they wryly thought that it was something many families talked about, and imagined, but that it could not be taken seriously such a short time after the Armistice and with Turkey in the midst of a bloody civil war. If so, they had not reckoned on Norton Grimwade’s determination, and the money and influence he had to back it.

Although Norton first indicated their desire to visit Gallipoli in his letter in late 1919, it was not until April 1922 that he and Phelia arrived at Anzac for the sad, lonely trek to the cemetery about four hundred metres south of the site of the landing. It had taken all of the Grimwades’ influence and persistence to secure a passage with the Royal Navy to France⁹⁹ after which they had boarded a Norwegian steamer at Marseilles to cross the Mediterranean.¹⁰⁰ They had initially hoped to land at Anzac Cove, but the weather thwarted their plans and they were forced to sail south around Cape Hells, into the Dardanelles to berth at Canakkale, before being met near the Kilitbahir Fortress by Colonel Hughes of the IWGC who drove the Grimwades across the peninsula to Anzac.¹⁰¹ With Colonel Hughes as a witness, Norton prepared to lay the black granite stone he had brought from Melbourne at the base of Risdon’s grave.

Norton reported, “An ex-Turkish officer, who was working for the Imperial War Graves Commission, helped me carry it and placed it on my son’s

⁹⁸ Letter dated 25 November 1919, from E N Grimwade to Base Records, NAA, B2455, Grimwade, G R

⁹⁹ Bruce Scates, *Return to Gallipoli: Walking the Battlefields of the Great War*, Cambridge University Press, Cambridge, 2006, p.80

¹⁰⁰ *The West Australian*, 10 August 1923

¹⁰¹ *The West Australian*, 10 August 1923

grave”.¹⁰² Inscribed “In ever loving remembrance”, the stone weighs about seventy pounds, and is approximately one foot square.¹⁰³ (shown next page)



Extraordinarily, the IWGC clearly did not just accede to the breach of policy, but were active participants in the ceremony placing the stone in the first instance. Modern pilgrims felt “the weight of the rock seemed to represent the weight of their grief”.¹⁰⁴ Surprisingly, given their wealth, no photographs of the event survive, but the fact that the stone was inscribed with the date – April 1922 – is evidence their resolve to be

¹⁰² *The West Australian*, 10 August 1923

¹⁰³ *The West Australian*, 10 August 1923

¹⁰⁴ Winsome P, quoted in Scates, *Return to Gallipoli*, p.80

present at Shrapnel Valley on that date was not to be thwarted, despite the long months the journey would have taken to plan and execute.¹⁰⁵

A further motivating factor in Grimwade's determination to visit Risdon's grave in Turkey may have also been widespread concern among Australians as to the maintenance of Christian graves in an Islamic enemy country after the evacuation of the Anzac Sector in December 1915. Despite the rhetoric, promoted by Bean, that the Turks were an honourable foe,¹⁰⁶ many bereaved were anxious that their loved ones had been abandoned to the questionable care of "fighting heathens and even worse murderers!"¹⁰⁷ Norton Grimwade's friend, Warren Kerr was one example. He had written to Prime Minister Hughes in December 1915, concerned that deliberate desecration, or the harsh Turkish winter, could obliterate the graves, resulting in "a cruel and additional burden of grief ... upon those who mourn the loss of dear ones in that theatre of war".¹⁰⁸ Kerr proposed that the Imperial authorities negotiate with Turkey regarding the preservation of Australian graves "perhaps by the declaration of a neutral area (with a view to subsequent purchase if need be), to give thousands of bereaved hearts in Australia at least the consolation such an arrangement would secure".¹⁰⁹ Norton agreed and wrote to his friend, "I need not assure you that my wife and I are heart to

¹⁰⁵ While Shrapnel Valley had been a cemetery during the campaign, it was not until after the Treaty of Lausanne was signed in 1923 that the IWGC was able to mark each known grave with the permanent pedestal, a process that was largely complete by 1926.

¹⁰⁶ Kevin Fewster, *Gallipoli Correspondent*, p 100, cited in Ziino, *A Distant Grief*, p.76

¹⁰⁷ Letter dated 15 May 1915 from Mary Gibson to Ellen Derham, cited in Ziino, *A Distant Grief*, p.77

¹⁰⁸ Letter dated 31 December 1915 from W Warren Kerr to W M Hughes, cited in Ziino, *A Distant Grief*, p.77

¹⁰⁹ Letter dated 31 December 1915, from W Warren Kerr to Prime Minister W M Hughes, NAA, A11849, 'Arrangements in connection with Graves of fallen Australian soldiers buried in Europe: General policy of Commonwealth Government'. My thanks again to Bart Ziino for his assistance with this source.

heart with you”.¹¹⁰ After placing the stone at Shrapnel Valley, Norton was consoled by Colonel Hughes’ assurance that “it would remain unmolested”.¹¹¹ On his return, Norton assured Australians “I don’t think there is likely to be any disturbance, and so the brave men that rest there practically lie in British territory”.¹¹²

Knowing Norton was in England, agitating for Fred’s release and visiting his other son Lionel, who had just been commissioned in the Royal Navy¹¹³, Kerr wrote Norton, asking to bring his influence to bear on the matter of the Gallipoli graves, “Would you call to see Sir George Reid, Fisher or Hughes on the subject in London?”¹¹⁴ Norton responded that he had already petitioned the Australian Agent General in London, and had secured an appointment with Andrew Fisher to discuss the matter “which lies at the bottom of both our own hearts and of those of so many afflicted parents”.¹¹⁵

Norton wrote to Captain Collins at the Australian High Commission: “My wife and I feel as if we will never overcome the deep sense of loss of our own beloved son”.¹¹⁶ And he was anxious about his other two sons, Fred and Lionel, and the potential for future loss, or, as he put it, “what we have already suffered and what we are still risking”.¹¹⁷ Captain Collins

¹¹⁰ Letter dated 21 February 1916 from E N Grimwade to W Warren Kerr, cited in Ziino, *a Distant Grief*, p.78 Kerr’s twenty-one year old son William Buchanan Kerr was KIA on 2 May 1915. His body was never recovered. See NAA, B2455, Kerr, William Buchanan

¹¹¹ *The West Australian*, 10 August 1923

¹¹² *The West Australian*, 10 August 1923

¹¹³ Lionel survived the war, attaining the rank of Lieutenant, but died in 1936 after a short illness (*Argus*, 7 September 1936)

¹¹⁴ Letter dated 11 January 1916, from W Warren Kerr to E Norton Grimwade, NAA, A11849

¹¹⁵ Letter dated 21 February 1916, from E Norton Grimwade to W Warren Kerr, NAA, A11849

¹¹⁶ Letter dated 4 March 1916 from E Norton Grimwade to Capt Collins, NAA, A11849

¹¹⁷ Letter dated 4 March 1916 from E Norton Grimwade to Capt Collins, NAA, A11849

was a judicious choice to correspond with on the issue, as he arranged to have the matter brought up with both Fisher and Hughes immediately, the latter being due to arrive in London shortly after he received Norton's appeal.¹¹⁸ In a Minute to Fisher (the High Commissioner for Australia), Collins urged action as "question of the preservation of the graves of the Australian soldiers in Gallipoli is a most important one"¹¹⁹ and "[t]he relatives of all those who have fallen there will be very anxious to see that some steps are taken to preserve these graves."¹²⁰ The fact that Norton had access to Reid, Fisher and Hughes reflects the fact that his influence and social position enabled him to achieve what was unthinkable to other Australian bereaved parents who may well have shared his concerns about the graves of their loved ones but lacked the social position to bring it to the attention of those directing Australia's war policy.

That may explain the fact that the Grimwades' stone at Shrapnel did not attract the censure of the IWGC. The IWGC had been adamant that the men who died would be represented by uniform markers, and that personalised memorials were not allowed beyond the space allocated for religious affiliation and an epitaph. The Grimwade's stone is maintained to this day. It is the only such personalised permanent memorial at Gallipoli. As Scates has persuasively argued, "there were always exceptions, especially for those with wealth, power and social standing."¹²¹ This seemingly passive acceptance of a clear breach of the Commission's principle of uniformity however, is in stark contrast to its insistence, at least in the Grimwades' case, that the limit of sixty six

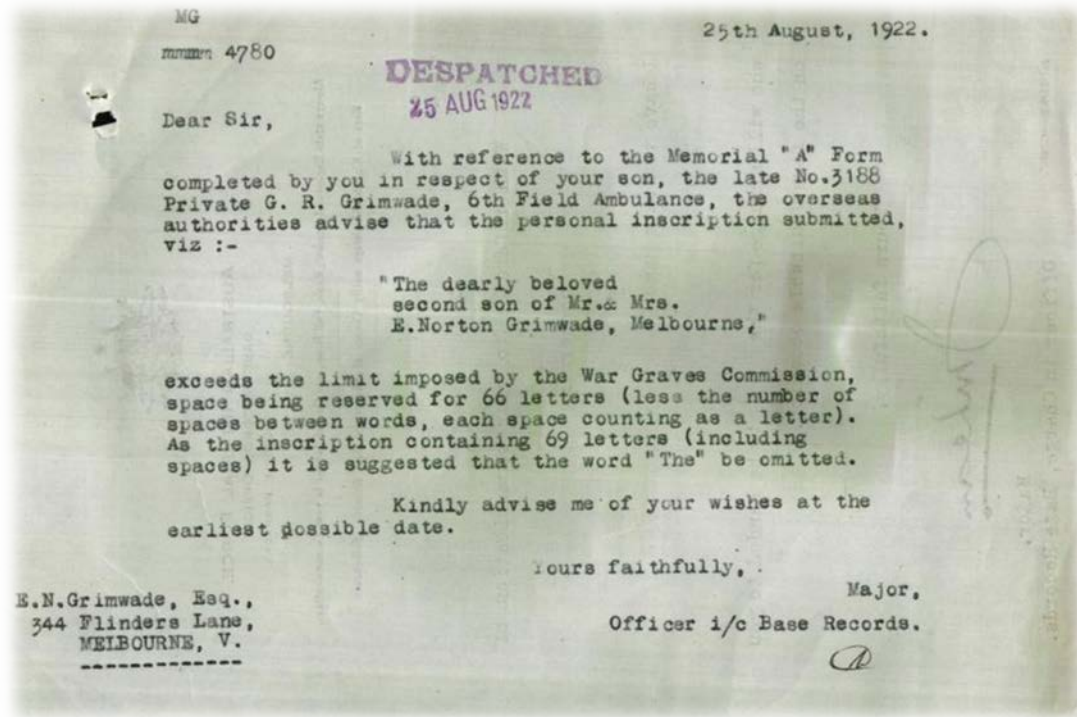
¹¹⁸ Letter dated 6 March 1916 from Capt Collins to E Norton Grimwade, NAA. A11849

¹¹⁹ High Commission's Offices, Minute Paper, dated 8 March 1916, from Captain Collins to the High Commissioner, NAA, A 11849

¹²⁰ High Commission's Offices, Minute Paper, dated 8 March 1916, from Captain Collins to the High Commissioner, NAA, A 11849

¹²¹ Scates, Return to Gallipoli, p.80

letters on the official epitaph be stringently enforced.¹²² On returning from their journey in mid-1922, the first sign of discord between authorities and the family began to appear, although Norton handled it with his customary aplomb. The IWGC informed the family in July that their suggested inscription “is too long to be engraved on the headstone”¹²³ and requested an amendment (below).



Base Records suggested to Norton that the single word “the” be omitted from the inscription, thus reducing it from the excessive sixty nine letters, to within the limit of sixty six (including spaces).¹²⁴ Norton promptly, and politely, replied the change “meets with my approval”¹²⁵,

¹²² There are many examples, at both Gallipoli and on the Western Front of the “sixty six letter” rule being haphazardly enforced.

¹²³ Letter dated 3 July 1922 from Deputy Director of Works IWGC to the Secretary of Defence, NAA, B2455, Grimwade, G R

¹²⁴ Letter dated 25 August 1922 from Base Records to E N Grimwade, NAA, B2455, Grimwade, G R

¹²⁵ Letter dated 28 August 1922 from E N Grimwade to Base Records, NAA, B2455, Grimwade, G R

with confirmation conveyed to the IWGC in early September.¹²⁶ It is interesting that Norton appears to have accepted the rather bureaucratic dictate of the IWGC without rancour, in contrast to his characteristic determination to have his way, even if it meant petitioning everyone from the Ambassador to the Prime Minister. Further, it shows the IWGC could simultaneously be uncompromising, in insisting one small word be removed from the epitaph to fit ‘the rules’, and flexible, in allowing the private headstone to remain.



There is little of Risdon’s own voice among the detritus of official, military and family correspondence that inevitably surrounds a young man lost to war. That he was thoughtful, kind and respected, we can only surmise from the fact of his popularity at school and University, and his former class-mates’ insistence that they bury one of their own. His quiet modesty and sense of humour we can sense from a half glimpse of it in a photograph taken before he left Australia (shown left). That he was a loving son, we cannot say. None of his correspondence survives, and his relationship with his parents, particularly his mother, exists out

of the sight of historical enquiry.

However, we can likely conclude that his success on the sporting field, in school and at University, his continued residence in his home town and

¹²⁶ Letter dated 5 September 1922 from Base Records to the IWGC, NAA, B2455, Grimwade, G R

enduring links with the extended Grimwade clan (his farewell photograph was taken by his Uncle), indicated his ease within the family structure. That he was a loved son is indisputable. His public memory, created by Norton, consisting of nearly thirty years of *in memoriam* notices, correspondence with Army officials, the Honour Roll, the generous support given to Melbourne University in memory of their son and the grave's inscription are all indications that the family was irrevocably changed and diminished when Risdon did not come home from the war. The greatest clue, however, is that Norton, with his faithful (and, on paper, subservient, Phelia by his side) wanted to take a piece of home to Risdon. That they accomplished this, against the odds of official protocol, arduous and expensive travel, and the very real danger of visiting the windswept hills of a former enemy country still engaged in vicious conflict, to leave a personal and permanent tribute for their boy, is testament to their determination, as well as their powerful position within Australian society.

It is also indicative of an ongoing bereavement that, for the Grimwades, focused itself not in the imagining of the grave and the emotional investment upon its meaning, but in actually visiting its physical location. There is no record that the Grimwades, or their other sons, ever returned to Gallipoli. It is possible that their first, and on the evidence, only, trip to the country of the enemy in which their son had lost his life was enough, but its almost spiritual significance for the couple is clear as Norton repeatedly referred to the journey as “our pilgrimage”.¹²⁷

Like other early pilgrims, Norton and Phelia were aware of their privileged circumstances and considered themselves proxy mourners for other

¹²⁷ *The Argus*, 24 November 1922

Australian families who lacked the Grimwades' ability to undertake such a dangerous trip. Norton acknowledged in a letter to Warren Kerr that there were "so many afflicted parents",¹²⁸ and, like Rose Venn-Brown, whose careful attention to Australian graves at Abbeville Cemetery in France had received widespread publicity and brought comfort to dozens of grieving families,¹²⁹ Norton publicly spoke of the trip, and the construction of the cemeteries, on return from his "mission on Gallipoli" which was on behalf of his family "and other bereaved friends".¹³⁰ He reported they had "visited several of the cemeteries" and were "grateful to find the perfect order in which they were kept, the beauty of the surroundings and the work that going on to protect and make them permanent".¹³¹

Norton had a sense of "obligation" to pass on the astonishing message from IWGC officers on the peninsula, Colonel Hughes and Captain Vickery, to "the Australian parents with whose saddest and proudest memories the battlefields and cemeteries of Gallipoli are inseparably associated."¹³² Norton was quoted as saying:

Tell the relatives and friends of the Australian soldiers who rest in these cemeteries and who want to find any relatives who are missing that, if they will address this Commission at Kilia, Turkey, we have every record it has been possible to make and we would be most pleased to give a full reply and make any search. Further than that, if any relatives come here, we will do what we can to help them, and, even if they like to stay a few days with us, we shall be pleased if they accept our hospitality.¹³³

¹²⁸ Letter dated 21 February 1916, from E Norton Grimwade to W Warren Kerr, NAA, A11849

¹²⁹ See AWM2DRL/0598 – Venn-Brown

¹³⁰ *The Argus*, 24 November 1922

¹³¹ *The West Australian*, 10 August 1923

¹³² *The Argus*, 24 November 1922

¹³³ *The West Australian*, 10 August 1924

Despite the lack of records that may establish how many Australian bereaved did indeed correspond with Hughes and Vickery after reading this generous offer, the fact of it being made (and publicised) would have bought incalculable comfort to many, as Rose Venn-Brown's photographs of the graves at Abbeville had done in 1919. Fathers, in particular, bound emotionally with the meaning embodied in the First AIF and pre-occupied by concerns of the possible desecration of the sepulchre in a Muslim land, would have drawn much consolation from the testimony from a fellow Australian father who had travelled so far to allay his fear.

The Grimwade case is instructive for four reasons: it adds one other to the two men who have previously dominated the study of patriarchal wartime grief and makes the clear point that manifestations of mental illness are not confined to the traditional loci of hospital, surgery or institution; it demonstrates that Australian battlefield pilgrimages to Turkey began far earlier than many would have believed possible; that the pain of losing a son was not ameliorated by the protection afforded by financial and familial power and finally, it clearly shows the vagaries of the strict system imposed by the IWGC, by which it would quibble over three extra letters in a gravestone epitaph, but allow, assist with – and indeed maintain – an illegal contravention of its policy of uniform graves.

Norton Grimwade's money and influence could not bring Risdon back, nor bring his final resting place home. It could however, take a piece of home to him, and facilitate a public process of memory making that indicates a lifetime of ongoing, chronic bereavement. While the wealthy and powerful were mainly untouched by the social stigma of madness and endless institutionalisation experienced by broken and bereft fathers like Thomas B, Christopher G and Francis M, men like Grimwade, Roberts and Higgins were never free from the private prison in which their pride, position and pain had perpetually trapped them.

The experience of male grief during the war can be more difficult to trace than that of mothers, wives and sisters. As noted in the introduction to this chapter, this is explained, to a great extent, by the cultural constraints placed upon the expression of emotion by men during the early twentieth century, and the reluctance of historians to read between and across the lines of traditional evidences and embrace unconventional sources to give a more rounded view. While there was greater opportunity for fathers to withdraw from family life and absent themselves from domestic obligations as a result of their grief, consequences of loss on the whole did not differ wildly from that of mothers, despite the diverse ways in which the reactions were expressed.

Delusions, paranoia, a complete rupture from reality, suicidal tendencies and despair all feature prominently. Of particular interest is the impact of long-term care giving on the health of fathers, cast into an often unfamiliar role as nurturer of returned sons scarred and damaged by war. In fact, the long-term effects on the health of parents, the structure of families and the operation of medical treatment facilities caused by the needs of thousands of war damaged returned soldiers would continue to feature prominently in the political, financial, cultural and emotional upheaval evident in Australia throughout the inter-war years.

Chapter 5

The Front Comes Home - Returned Soldiers

*Now, he will spend a few sick years in Institutes,
And do what things the rules consider wise,
And take whatever pity they may dole.
Tonight he noticed how the women's eyes
Passed from him to the strong men that were whole.
How cold and late it is! Why don't they come
And put him into bed? Why don't they come?*

Wilfred Owen, 'Disabled'¹

Private Horrie G was brought back to Australia in June 1916. He had not had a good war. A thirty-year old, single, engineer, Horrie had enlisted in July 1915, and first came to the attention of officers as a disciplinary problem on the voyage to Egypt.² Things did not improve when he arrived. After a long route march across the sand dunes in early 1916, Horrie had reported to the Medical Officer, complaining of a sore right foot. The MO found that while this “would cause some inconvenience in walking long distances”, the injury would “not incapacitate him for carrying moderate weights over short distances”.³

Three days later, on 17 February, an officer ordered Horrie to carry a trestle table, which was to be used as a ‘hurdle’ in a mock trench exercise. Horrie refused, claiming he could hardly walk on account of his bad foot.⁴ The officer repeated the command. Horrie again refused.

¹ Wilfred Owen, *Disabled*, 1917, in Wilfred Owen, *Wilfred Owen: War Poems and Others*, Dominic Hibberd (ed), Chatto and Windus, London, 1973

² Conduct Sheet, NAA, B2455, Barcode 4025054

³ Witness Statement, Captain A T Dunlop, NAA, B2455, Barcode 4025054

⁴ Accused Sworn Statement, NAA, B2455, Barcode 4025054

On 3 March 1916, Horrie was charged with insubordination and “wilful defiance of authority” and was court martialled in the field.⁵ The sentence was harsh, particularly considering the relatively benign nature of the incident: Horrie was packed off home in disgrace to serve eighteen months with hard labour (see below). Perhaps Horrie and the officer had not enjoyed a harmonious relationship prior to the incident. It is possible that Horrie had shown signs of mental disturbance during his time at camp in Egypt; the officer referred to him during the trial as “an odd man”.⁶ The severity of the penalty may also have reflected an increasing intolerance within the AIF of instances of insubordination, and ill-discipline, and a desire to weed out unruly recruits. Regardless, Horrie’s war was over before it began. And his troubles continued at home.

SCHEDULE.

Date 3rd March 19 16 No.

Name of Alleged Offender (a)	Offence charged	Fine	Forfeiture, and if convicted, Sentence (b)	How dealt with by Commanding Officer
No. [redacted] Pte [redacted] 10th Battalion A.I.F.	(1) Disobeying in such a manner as to show a wilful defiance of authority, a lawful command given personally by his superior officer in the execution of his office.	200	GUilty	18 months Imprisonment Hard Labour. Confirmed. (and) William Holmes, Brig. General

(a) If the name of the person charged is unknown, he may be described as unknown, with such address as will identify him.

(b) Recommendation as to mercy to be inserted in this column.

(and) William Holmes, Brig. General. (and) J. Travers, RQ.

⁵ Form from Assembly and Proceedings of Field General Court Martial on Active Service, NAA, B2455, Barcode 4025054

⁶ Prosecution Witness Statement, 3 March 1917, NAA, B2455, Barcode 4025054

In April 1918, he was arrested by police in Sydney, after causing an unspecified disturbance. From the extant records, it does not appear that Horrie's case was afforded any particular consideration because he was a returned soldier. He was taken to Callan Park where the doctors noted Horrie, "is rambling and confused in speech" and that his conduct was "erratic".⁷

He had picked all the skin off his nose, and when asked why he had done this, Horrie explained he "had been commanded to do so".⁸ Horrie was diagnosed with General Paralysis of the Insane, a euphemism for end-stage syphilis. There is no mention in Horrie's military records of venereal disease, but this does not mean he had not contracted it prior to enlistment. In fact, this is the most likely explanation as the progression of the disease was clearly advanced in 1918, just three years after he joined up. It may serve to explain why Horrie's superior officer, at the court martial, thought him 'odd'.

It would seem that, in his delusions, Horrie fixated on the idea of obeying orders, something he had failed to do while he was actually in the Army. Horrie's decline was swift and he died at Callan Park in May 1918.⁹ Was Horrie's mental condition related in any way to his military service? Did he contract a, fairly severe 'dose of the clap' while in Egypt, like many others, or had he entered the Army already infected? Was his misconduct indicative of war-related stress, pre-existing condition or a larrikin personality? There is no way to know. But, faced with a multitude of mental illnesses among returned men, these were questions,

⁷ Western Sydney Records Office, Series Number: 4984, Admission files, 14/9396 - Callan Park Mental Hospital, No.1918-116.12484

⁸ Dr Bowker, Admission files, 14/9396 - Callan Park Mental Hospital, No.1918-116.12484

⁹ Admission files, 14/9396 - Callan Park Mental Hospital, No.1918-116.12484

and judgments, that would plague the military, the government and the medical profession, well into the inter-war years.

This chapter does not aim to retrace well-trodden ground and examine issues such as the logistics of demobilisation, the establishment of a repatriation system or the cultural history of shell shock, as these matters have been well served in the existing literature.¹⁰ Instead, it seeks to focus on the experiences of returned men who were institutionalised, either in the immediate aftermath of their return or some time later, suffering from different forms of psychological trauma. It will establish ways in which soldiers were to be treated for a variety of war neuroses under a 'two tiered' system that sought to distinguish military and civilian cases, and the many exceptions to this practice.

It will also discuss resistance to, or acceptance of, admission and committal, the strain on family members unable to care for their sons themselves, violence and alcoholism, shame and self-harm. It concludes by examining some of the chronic cases of long term institutionalisation in which broken soldiers – far from the publicly acceptable returned heroes who were “sound in body and limb, of whose deeds and valour the whole world has sung paeans of praise”¹¹ - lived the majority of the remainder of their lives sequestered in the asylum, often without visitors and certainly without voice.

¹⁰ See particularly, Stephen Garton, *The Cost of War: Australians Return*, Oxford University Press, Oxford, 1996; Stephen Garton, 'Freud versus the Rat: Understanding Shell Shock in World War I', *Australian Cultural History*, 16/17, 1997/1998, pp. 45 – 59; Marina Larsson, *Shattered Anzacs: Living with the scars of war*, UNSW Press, Sydney, 2009; Marina Larsson, 'Families and Institutions for Shell-Shocked Soldiers in Australia after the First World War', *Social History of Medicine*, Volume 22, Number 1, 2009, pp.97-114; Clem Lloyd and Jacqui Rees, *The Last Shilling: A History of Repatriation in Australia*, Melbourne University Press, Carlton, 1994

¹¹ *Melbourne Age*, cited in Garton, *The Cost of War*, p.5

In discussing the plight of returned men, however, historians need to be very careful not to laud all returned soldiers as ‘secular saints’.¹² As Peter Stanley, and others, have shown, a minority of Australia’s ‘hero diggers’ were rapists, murderers, boozers and brawlers. They had hardly been the embodiment of masculine virtue before their enlistment.¹³ Violence and other appalling behaviour should not always be explained, or excused, because the perpetrator was once a soldier in a bloody war. Some returned men were of fairly poor character to begin with.

This is not to denigrate the deeds of a brand new, volunteer army from the uttermost ends of the earth: but as Bruce Scates has recently argued, the “centenary of Anzac is the time to acknowledge the obscene cost of war to the entire community and ‘comfortable, positive stories’ can never do that”.¹⁴ If this chapter attempts to respond to that challenge, it does so by providing *uncomfortable, negative* stories, which counters a prevailing one-dimensional valorisation of the Great War and the soldiers who fought in it. It was an ugly war. And some of its effects, on those who survived it, and their families, were uglier still.

Fantasies of Home

Not all military experiences, and returns, were as troubled as Horrie’s, but many shared some elements; particularly trauma, ambivalence, disgrace and mental debility.

For soldiers returning to Australia, either during or after the Great War, the process of ‘coming home’ could be either a largely positive realisation

¹² I thank John McQuilton for this neat turn of phrase; one he has made good use of in lectures since I was an undergraduate.

¹³ Peter Stanley, *Bad Characters: Sex, Crime, Mutiny, Murder in the Australian Imperial Force*, Pier 9, Sydney, 2010

¹⁴ Bruce Scates, ‘The Forgotten Stories’, *The Sunday Age*, 11 November 2012, p.19

of the yearning for place that had occupied their thoughts for up to four years of conflict, or a discomfiting experience that served only to expose existing tensions, or a rift between the men who had been to war, and the friends and family who had not. For many, there were components of both. Many found themselves “back in the community, a part of it and yet apart. There was a gap we couldn’t forget and the others couldn’t bridge”.¹⁵ On a troopship bound for Australia one man acknowledged, “We are different men; we each have our own private problems, hopes and longings”.¹⁶

Thoughts of ‘home’ had largely sustained men during the fiercest of battles and harshest conditions at the front. Soldiers admitted “it will be tremendous relief to know that it’s all over & we can go home & live in piece.”¹⁷ One eulogised a “land of sunshine warmth and happiness – a land of sweet scents and bright colours – home”.¹⁸ Laid up in a Paris hospital with severe influenza, another told the doctors that “he would be alright when he returned home ... all he wished for was to finish the job and go back home”.¹⁹ It was inevitable that some of the fantasies fell short of reality. After the war, some viewed the process of return with trepidation. Watching the first contingent depart from England, for home, Cecil Hitchcock felt those returning were bound for “the dead loneliness of civilian life.”²⁰ For some soldiers, return prompted a

¹⁵ Harry ‘Blue’ Dadswell, cited in Patsy Adam Smith, *The Anzacs*, Penguin Books, Ringwood, 1991, p.462

¹⁶ ‘Going Home’ *Karoolian*, September 1918, cited in ‘The Many Faces of Return’ in Martin Crotty and Marina Larsson (eds), *Anzac Legacies: Australians and the Aftermath of War*, Australian Scholarly Publishing, Melbourne, 2010, p.3

¹⁷ Letter dated 9 October 1915, from 2/Lt E W Harrison, cited in Bill Gammage, *The Broken Years: Australian Soldiers in the Great War*, Penguin Books, Ringwood, 1975, p.79

¹⁸ Diary dated 12 November 1915, L/C G Mitchell, cited in Gammage, *The Broken Years*, p.79

¹⁹ Admission files, Callan Park Mental Hospital, 14/94218, No.1919/493-13340

²⁰ Diary dated February 1919, Private Cecil Hitchcock, cited in Patsy Adam Smith, *The Anzacs*, Penguin Books, Ringwood, 1991, p.460

restless discontentment, an escalation of emotional and behavioural problems and an estrangement from family and community life.

At the cessation of hostilities in November 1918, over 167 000 Australian men were in military service overseas.²¹ Thousands more had already been invalided back to Australia during the war, suffering wounds, injuries and illness. By 1920, the 264 000 troops who had embarked, but lived to tell the tale, were home.²² It is almost certain that every one of these survivors was influenced, if not altered, by their wartime experiences. However, the majority of returns took place in the privacy of the domestic sphere, and the ease or struggle with which each returned soldier resumed his place within his home and community is mostly lost to historians, except through the lenses of memoirs, family anecdote and lore, and the official documentation that accompanied any contact between the soldier, and his family, and authorities: the Army, doctors, hospitals, welfare agencies, the 'Repat', police, political lobby groups or government.

The Soldiers' Hospitals

The number of soldiers being repatriated back to Australia, suffering from various war neuroses, both during and after the war, necessitated specialist psychiatric treatment facilities. 'War neuroses' was a blanket term for, not only shell shock, but other symptoms, ranging from a mild stammer or nervousness, to psychosomatic blindness or paralysis, to violent delusions, to complete catatonic collapse. Institutions that treated returned men so afflicted were different, and separate, from the repatriation hospitals, such as those at Sydney's Randwick and Concord,

²¹ Stephen Garton, *The Cost of War*, p.2

²² Kate Blackmore, *The Dark Pocket of Time: War, Medicine and the Australian State, 1914–1935*, Lythrum Press, Adelaide, 2008, p.1

which provided rehabilitation facilities and long-term care for severely disabled veterans; or convalescent homes and hostels, such as Graythwaite, on Sydney's north shore, which were operated by the Red Cross.²³ In Sydney, the care of returned men suffering mental conditions was mainly co-ordinated, in a somewhat *ad hoc* fashion, between a trio of hospitals. The three were located in a geographic triangle in Sydney's inner western suburbs.

Callan Park, of course, had been established some half century before the war, as the state's pre-eminent mental asylum. Specifically for military patients, however, two other hospitals were created: Broughton Hall, or No.13 Australian Army Hospital, within the grounds of Callan Park, and the No.28 Australian Auxiliary Hospital in Leichhardt, just down the road. Both were staffed by military doctors and run by the Army. Broughton Hall, a twenty-four acre estate, had been donated to military authorities in 1915 by the prominent Langdon family, and served as a treatment facility for mentally damaged soldiers until 1920, when it was opened to civilians. No.28 was a temporary Army psychiatric hospital. Unlike the practice in Europe and North America, there was no procedure in Australia to provide for 'voluntary admission' to public mental institutions, prior to 1915. The Inspector General of the Insane, Dr Eric Sinclair, believed that psychologically damaged returned men could more easily be rehabilitated if they were spared the label of 'insane', and advocated that the stigma of certification would impede the chances of full recovery.²⁴ By maintaining both Broughton Hall (pictured next page) and No.28 as 'military' hospitals, under the auspices of the Army, returned men were able to receive treatment without the ignominy

²³ See Melanie Oppenheimer, 'Fated to a Life of Suffering', in Martin Crotty and Marina Larsson (eds), *Anzac Legacies: Australians and the Aftermath of War*, Australian Scholarly Publishing, Melbourne, 2010, pp.18-38

²⁴ Stephen Garton, *Medicine and Madness: A social history of insanity in New South Wales 1880 - 1940*, University of New South Wales Press, Kensington, 1988, p.75

of being 'committed'. This move to voluntary admission for military patients was mirrored in general admission policy when in the same year, 1915; the first voluntary civilian patients were also admitted to the general mental hospitals as well.²⁵



Eric Sinclair had a lot of support from other doctors, who believed that soldiers suffering from shell shock, and other related disorders, were more likely to recover if they were treated away from “inveterate lunatics”.²⁶ In theory, the idea was to maintain a two-tiered system of mental hospitals, one that would treat military cases, and the other that would continue to focus on civilians.²⁷ It didn't always work like this, in practice, despite evidence that, as Larsson argues the idea behind

²⁵ Garton, *Medicine and Madness*, p.75

²⁶ Larsson, *Shattered Anzacs*, p.155

²⁷ Larsson, *Shattered Anzacs*, p.155

repatriation mental facilities that would give preference to returned men was “to repay the nation’s debt to its ‘mentally afflicted heroes.’”²⁸

The facilities at Broughton Hall, and No.28, were generally designed for non-violent, non-delusional and passive patients. For example, there were nine wards open at Broughton Hall in January 1918. The ratio of patients to staff, in over just one twenty-hour period, shown below, also supports the argument that patients treated at Broughton Hall were generally less problematic than those at Callan Park, as the staff roster shows that while thirty-six attendants were on day-shift on 13 January, only nine were rostered for night-shift for all nine wards.

Broughton Hall – 13 January 1918²⁹

Ward	No. patients	Attendants	Ward	No. patients	Attendants
1	77	3	7	105	4
2	72	6	8	18	1
3	81	3	9	36	4
4	64	5			
5	66	6			
6	39	4			

Returned soldiers who required more intensive supervision, sedation, restraint or other monitoring – for their own, and others’ safety – were likely to be transferred to the secure wards at Callan Park. However, depending on admissions, and vacancies, some returned men were taken directly to Callan Park, bypassing the military centres altogether. There seemed to be no strict guidelines regarding the process of admission to the three facilities, despite the theoretical division between military and

²⁸ Larsson, *Shattered Anzacs*, p.155

²⁹ Staff Roster, Broughton Hall, 13 January 1918, Admission files, 14/9394 – Callan Park Mental Hospital, No.1918-79.12447

civilian cases, and the 'two-tiered system' was often honoured more in the breach than the observance.

For example, some returned men were treated at Broughton Hall, in particular, for a short time, before being transferred to Callan Park. Others were brought directly to Callan Park proper, under guard, from military camps at Holsworthy and Liverpool. Occasionally, returned men were sent to the Parramatta Psychiatric Centre, without ever having been seen by two military hospitals close by. These groups of patients, however, tended to be categorised as either chronic, incurable cases, or were men who exhibited violence or unpredictable tendencies. As we shall see, doctors sometimes recommended that, to accommodate bureaucracy, returned men be committed by their families to the public mental hospitals, if they were unsuitable to be treated at the military facilities, or cared for at home.

Returned men, therefore, were able to receive treatment in one of three ways: of their own (or their family's) volition, as voluntary patients; by military order (a euphemistic way of certifying a soldier without actually using the term), and through the ordinary process of committal as insane. Despite the good intentions of keeping the returned men separated from a civilian 'insane population', however, the route to treatment could be circuitous and arbitrary. While many the returned soldiers, in the case studies in this chapter, were first treated at Broughton Hall, or No.28, and then transferred to Callan Park, not one of them ever took the reverse journey.

The Shock of the Shell

Sergeant Arthur B arrived home in Australia in June 1919, having seen three years' active service with the 7th Field Artillery Brigade in France.³⁰ Arthur had obtained a position as a clerk in a local firm, but found himself increasingly sleepless, and would walk "about during the night trying to induce sleep", complaining to his mother that he "had not had sufficient sleep ... and suffered with noises".³¹

Not long after he started his new job, in October 1919, Arthur returned to his parents' home, retired to bed in the middle of the afternoon, and claimed he was incapable of walking to the local doctor's surgery. Dr Cooley, instead, was called out to examine him, and he diagnosed Arthur's behaviour as the result of an "illness caused by the reaction to the war and nervous breakdown".³² Arthur resisted the prescribed medication at first and, in his insomnia, "constantly talked in a rambling manner, chiefly of war and imagined he was again working his gun".³³ He eventually consented to take sedatives on 30 October. Arthur "slept from one o'clock in the morning until three the next afternoon" but on waking was "very excited and active".

Arthur's father escorted him to the Reception House at Darlinghurst at ten o'clock that evening where he was held for observation before being admitted to Callan Park on 31 October.³⁴ Arthur confirmed to doctors that he had "complained of noises in his head since his return from the

³⁰ NAA, B2455, Barcode 3115241

³¹ Admission files, 14/94218 - Callan Park Mental Hospital, No.1919/493-13340

³² Letter dated 4 November 1919 from father to Medical Superintendent, Admission files, 14/94218 - Callan Park Mental Hospital, No.1919/493-13340

³³ Letter dated 4 November 1919 from father to Medical Superintendent, Admission files, 14/94218 - Callan Park Mental Hospital, No.1919/493-13340

³⁴ Admission files, 14/94218 - Callan case papers, No.1919/493-13340

war”.³⁵ Arthur’s only physical injury had been a superficial bullet wound to the hand, for which he was treated at a field dressing station before going “straight back to his gun”.³⁶ However, he assured the doctors that while he had been suffering from “head noises” and “loss of sleep” since his return, he would “be alright when [he] settled down and had had time to forget the noise of the shells”.³⁷ Despite his excitable mental state, Arthur was not violent or disruptive at the hospital and, during weekend leave, his father reported Arthur had been “quite his self again” and that being at home had “done him a great deal of good”.

The intervention of parents is of interest here. Mr B corresponded with doctors after each of Arthur’s short bouts of leave during 1920 to assure them “he has been perfectly normal both in his speech and actions”; he “was very pleased on arriving home, talking ... very calmly and joking in his usual manner”; “he is looking forward to doing up the garden again very shortly”.³⁸ Mr B’s language was clearly intended to convince the doctors of Arthur’s improvement. Mr B did not, however, assert that Arthur had any right to preferential treatment as a returned soldier, as distinct from that afforded civilian patients, or mention the war specifically in his further communications. Arthur had by-passed both Broughton Hall, and No.28. There is no mention in his file of the desirability of a ‘two-tiered system’ of treatment. In fact, Arthur’s father specifically thanked the doctors at Callan Park, for their “great kindness and attention to my son”.³⁹

³⁵ Admission files, 14/94218 - Callan Park Mental Hospital, No.1919/493-13340

³⁶ Letter dated 4 November 1919 from father to Medical Superintendent, Admission files, 14/94218 - Callan Park Mental Hospital, No.1919/493-13340

³⁷ Letter dated 4 November 1919 from father to Medical Superintendent, Admission files, 14/94218 - Callan Park Mental Hospital, No.1919/493-13340

³⁸ Admission files, 14/94218 - Callan Park Mental Hospital, No.1919/493-13340

³⁹ Letter dated 12 December 1920 from father to Dr Coutie, Admission files, 14/94218 - Callan Park Mental Hospital, No.1919/493-13340

Private Eugene D had also been committed to Callan Park in January 1919, although he was brought in by police, rather than his family. As noted earlier, Broughton Hall, and other military facilities, could be viewed as unsuitable for reasons of overcrowding or violent behaviour by the patient. In Eugene's case, it was probably the latter. He was delusional and suspicious of everyone around him. Doctors reported he was "violent and attacked some of the other patients. It is seldom that we can get him to talk".⁴⁰ Eugene's aggression was managed through routine sedation, for the safety of both staff and patient.

Eugene's mother was quick try to explain what she saw as the cause of her son's behaviour. She wrote "for some days he was afraid to go out of the house for fear of shells coming".⁴¹ Mrs D felt it important that the doctors consider how "he would stoop down and look out of the door. This shows that his nerves are bad, also I think his digestive organs are very much out of order".⁴²

Both Arthur B's and Eugene D's parents were not reluctant to see their sons receive treatment at the asylum, but were plainly keen to explain *why* their sons were behaving as they were. The 'two-tiered system' might not have worked as intended in many cases, but, in this manner, regardless of whether their sons were in a military or civilian facility, families could negotiate the fine line between the stigma of insanity and the honour of a war-related injury. As long as doctors accepted that returned men's actions and attitudes could be explained and justified by their experiences of, and service in, the war, the site of treatment was not of paramount importance. It was the acknowledgement that counted, for

⁴⁰ Admission files, 14/9405 – Callan Park Mental Hospital, No. 1919/28a.12874a

⁴¹ Letter dated 23 June 1919, from mother to Dr Coutie, Admission files, 14/9405 - Callan Park Mental Hospital, No.1919/28a/12874a

⁴² Admission files, 14/9405 - Callan Park Mental Hospital, No.1919/28a/12874a

their own peace of mind, the reputation of their boys and, importantly, to aid the prospect of being granted a military pension.

Resistance and Worry

Other parents advocated on behalf of their sons from a distance. Frank W had been admitted to Broughton Hall as a military patient in January 1917, but in February 1918, was certified and committed to Callan Park.⁴³ Frank had enlisted in early February 1915 at the age of thirty-two, but apart from a period of just over a month on Gallipoli in October 1915, he spent the majority of his time abroad in hospitals, suffering from “neurasthenia”, “influenza” and finally “mental debility.”⁴⁴ Neurasthenia, of course, was a euphemism for shell shock, however, whether Frank had suffered from some form of mental illness prior to enlistment, or if its first manifestation was during his brief time on the peninsula is unknown. By the time he was returned to Australia as medically unfit, in June 1916, it certainly was severe. His family dynamics, however, may provide some clues.

Frank had not listed a next of kin on his attestation papers. His mother was living in Poona, India, while his father had joined the British Army early in the war.⁴⁵ Frank also enlisted under a different surname from that of both his parents, and it was his mother who maintained contact during the decades Frank spent at Callan Park. Frank never mentioned her, or his father. Had he felt abandoned by his family when he joined up? Clearly there was some estrangement. Perhaps Frank’s lack of

⁴³ Letter dated 29 September 1920 from Medical Superintendent to Mr E G, Admission files, 14/9394 - Callan Park Mental Hospital, No.1918-79.12447

⁴⁴ NAA, B2455, Barcode 8860160

⁴⁵ Frank’s father – a Special Constable in a Suffolk regiment - died of illness in London in 1918. He was buried in Wandsworth Military Cemetery with full military honours.

identification with his family is evidence that he may have suffered some pre-existing mental illness.

An indication that he may have been a troubled man before enlisting lies within a single letter Frank's mother wrote in April 1918. She had previously written to the doctors at Callan Park in early 1918, asking that they might inform Frank that one of his younger brothers had been killed in action. Responding to a reply extending the sympathy of the Callan Park staff, she admitted, in April 1918, that "the death of my second, and favourite, son is indeed a heavy blow to me, and I am full of anxiety for my youngest son who is at present fighting at the front in France".⁴⁶ Perhaps, as the eldest son, but clearly not 'the favourite', Frank felt himself the 'black sheep', and had deliberately alienated himself from the rest of the family by living in, and fighting for, Australia. Whatever the explanation, the fall-out of Frank's brief war was a long one.

On admission to Callan Park, Dr Ross found Frank "morbidly suspicious, furtive ... admits that he has various sensations which he cannot understand. He cannot give any clear account of himself",⁴⁷ while Dr Price reported him to have "hallucinations of hearing."⁴⁸

Despite Frank's testimony that he "was shot by a sniper in the chest toward the left side and the bullet came out at the back"⁴⁹ there is nothing in his military record to suggest that this was true and a

⁴⁶ Letter dated 18 April 1918, from mother to Dr Ross, Admission files, 14/9394 - Callan Park Mental Hospital, No.1918-79.12447

⁴⁷ Dr Ross, Admission Notes, 27 February 1918, Admission files, 14/9394 - Callan Park Mental Hospital, No.1918-79.12447

⁴⁸ Dr Price, Admission Notes, 27 February 1918, Admission files, 14/9394 - Callan Park Mental Hospital, No.1918-79.12447

⁴⁹ Unsigned, typewritten note, undated, Western Sydney Records Office, Series 4987, Case papers, 14/10009 - Callan Park Mental Hospital, deceased male patients, Reg. No.12447

physical examination proved it completely erroneous. Frank was diagnosed with “melancholia delusional”, which was later amended to “schizophrenia”.⁵⁰ Frank, however, insisted that his incarceration was in error and he was determined to be heard. He wrote to the Inspector of Police in Calcutta in mid-1918:

Somebody has got me detained in an Asylum and I have been here for nearly six months. Things are in a state of chaos and I am firmly convinced we need an invasion to put this right. If I am detained here much longer it will probably render me useless as a soldier – not the ‘Australian service’ as it is just too crook for words. They are not a bit of good at figures, the pay being 6s per diem.⁵¹

Frank also petitioned a ‘Beatrice’, of parts unknown, in early 1919:

I am detained at the above Asylum much against my wish. Much sooner have a peaceful sleep on the other side. Ain’t a ghost of hope for the soldiers.⁵²

While it would appear his preoccupation with the powers of the Police Inspector in Calcutta had some connection with his mother living in India, Frank did not attempt to contact her at any time, although she herself was clearly worried by news of his condition, as conveyed to her by the doctors. Mrs W demonstrated the deference to medical authorities explored in chapter 2 when she wrote in early 1918 to “kindly let me know how my son ... is getting on?” and asked “will you please let him know, if you think it right to do so? You know best”. She closed with an

⁵⁰ Unsigned, typewritten note, undated, Case papers, 14/10009 – Callan Park Mental Hospital, deceased male patients, Reg. No.12447

⁵¹ Letter dated 4 September 1918, from Frank W to Inspector F, Calcutta Police, Admission files, 14/9394 - Callan Park Mental Hospital, No.1918-79.12447. The staff at Callan Park did not post the letter, but retained it in Frank’s file.

⁵² Letter dated 22 January 1919 from Frank W to Beatrice, Admission files, 14/9394 - Callan Park Mental Hospital, No.1918-79.12447. Again, the letter was not posted.

apology, “pardon me for troubling you about my affairs”.⁵³ In a later letter to doctors, she wrote,

I write every week [to Frank] and find it a task as not knowing his state of mind, it is difficult to interest and amuse him, however, I do my best to show that Mother thinks of and cares for him,⁵⁴

and again apologised, “please forgive the liberty I take in writing in this strain as I would not like to offend you for anything”.⁵⁵ Doctors summarised Frank’s condition in 1920 as “quite irresponsible, dull and seldom speaks to anybody ... his condition is such that he will never get any better.” Mrs W had asked if it might help if she tried to travel to Australia to see Frank. The doctors felt that “nothing could be gained by a visit to Australia [from Mrs W] though of course, I can quite understand how much she would like to see her boy and judge for herself his condition”.⁵⁶ So there it was. Frank was pronounced a chronic, hopeless case where no treatment was available and there was no hope of recovery.

This returned soldier would know no other life, a larger tragedy because it would prove to be such a long one. Frank lived at Callan Park until his death in 1963. In terms of the running of a large hospital however, Frank was no bother. He was quiet, reclusive and non-violent, with a deferential mother who sought only sporadic reassurance. They stand in stark contrast to other soldiers, and their parents, who would prove much more troublesome, and sometimes, dangerous.

⁵³ Letter dated 14 January 1918 from Mrs W to Medical Superintendent, Admission files, 14/9394 - Callan Park Mental Hospital, No.1918-79.12447

⁵⁴ Letter dated 27 February 1918 from Mrs W to Medical Superintendent, Admission files, 14/9394 - Callan Park Mental Hospital, No.1918-79.12447

⁵⁵ Letter dated 27 February 1918 from Mrs W to Medical Superintendent, Admission files, 14/9394 - Callan Park Mental Hospital, No.1918-79.12447

⁵⁶ Letter dated 29 September 1920 from Medical Superintendent to Mr E G, Admission files, 14/9394 - Callan Park Mental Hospital, No.1918-79.12447

Violence

Sinclair D, married with three small children, had enlisted in September 1914, at the age of thirty-five, variously giving his occupation as a musician and a waiter. He gave trouble from the start. Initially attached to the 9th battalion, he was summarily discharged from the AIF just over a month later while still at the Holsworthy training camp after an unspecified incident.⁵⁷ In early 1916, he re-enlisted and embarked firstly to Egypt, where he went AWL and absent from defaulter's parade on a number of occasions,⁵⁸ before being sent to England in September 1916, where he was sentenced to ten days confined to barracks and had his pay docked for being AWL again.⁵⁹ He was eventually sent to France in October 1916, where his officers suspected him to be a malingerer. They certainly had grounds for their fears. Sinclair was admitted to hospital "sick" on eight separate occasions between 29 October 1916 and 9 February 1917, which was followed by numerous disciplinary infractions during 1917. Sinclair was discharged and returned to Australia in early 1918, suffering from chronic rheumatism.⁶⁰ His history of ill-discipline is suggestive of behavioural issues that pre-date the war. While, technically, Sinclair was a returned soldier, a combination of ongoing illnesses and disobedience charges meant, like Cedric S in Chapter 4, he had seen no action at the front.

On his return to Australia, Sinclair D's demeanour did not improve. A police report stated he carried "a revolver which he flourished about saying he would shoot anyone" and that he was "cruel to his wife and

⁵⁷ Statement of Service, NAA, B2455, Barcode 3497090

⁵⁸ Casualty Form - Active Service, NAA, B2455, Barcode 3497090

⁵⁹ Report, dated 16 September 1916, NAA, B2455, Barcode 3497090

⁶⁰ Casualty Form - Active Service, NAA, B2455, Barcode 3497090

children and was not fit to be at large”.⁶¹ His hostility toward his wife would seem to pre-date the war, as his initial 1914 attestation papers show that he listed, erased and then re-listed his wife as next of kin.⁶² This resentment continued after the war when “his manner was most aggressive. At times he said she was not his wife, at others that she was”.⁶³

Sinclair was arrested for creating “a disturbance in the street and having used threatening language” and was committed to Callan Park in February 1919.⁶⁴ Doctors found he was suffering from “delusions of persecution and hallucinations of hearing” and his wife reported she was “greatly afraid of her husband”.⁶⁵ Sinclair continued to torment his wife and children from Callan Park. He wrote a letter to his eldest daughter “telling her not to notice her mother as she was not fit to have children” and accused his wife of “carrying on with other men”.⁶⁶ Mrs D was so terrified of her husband that, like Walter R’s embattled wife Isabelle in Chapter 3, she petitioned the doctors not to forward his letters, stating “she was quite upset at the mere sight of a letter from him ... [and] that the children also were scared of their father”.⁶⁷

Sinclair was routinely sedated and was also restrained for a period in March 1919 after attendants found him attempting to secret a billiard

⁶¹ Undated memorandum, Admission files, 14/9406 – Callan Park Mental Hospital No.1919-60.12906

⁶² Attestation Papers, NAA, B2455, Barcode 3497090

⁶³ Undated memorandum, Admission files, 14/9406 – Callan Park Mental Hospital No.1919-60.12906

⁶⁴ Undated memorandum, Admission files, 14/9406 – Callan Park Mental Hospital No.1919-60.12906

⁶⁵ Admission files, 14/9406 – Callan Park Mental Hospital No.1919-60.12906

⁶⁶ Undated memorandum, Admission files, 14/9406 – Callan Park Mental Hospital No.1919-60.12906

⁶⁷ Undated memorandum, Admission files, 14/9406 – Callan Park Mental Hospital, No.1919-60.12906

cue in his bed in an “excited and aggressive” state.⁶⁸ Viewed as a chronic case, with little prospect of recovery, Sinclair was permanently transferred to the Kenmore Hospital, near Goulburn, in December 1920. Like Isabelle R, Mrs D and her children did not need an excuse to avoid visiting a violent and abusive husband and father. Distance had made it for them.

Other returned men directed violence toward their parents. Lancelot C had initially been treated at Broughton Hall as a military patient in June 1918. However, like Frank W, he “could not be managed” there and he was discharged into the care of his father. Mr C reported Lancelot was “quite unmanageable” at home⁶⁹ and requested the advice of doctors, who urged his father to have him committed to Callan Park, which he did, in June 1918. There is a strong possibility that his father’s decision to have him committed to a public asylum, rather than to continue treatment at home or in a military facility, such as Broughton Hall, was the reason behind Lancelot’s hostility toward his parents. If Lancelot was ashamed of, or resistant to, a diagnosis of insanity, it would be logical for him to blame his parents, and in particular, his father, for instigating it.

Doctors found him “depressed, seldom speaks and at times has a violent outbreak” and that the violence was “always worse after being visited by his father or mother” to the point that they were “urged not to visit him”.⁷⁰ This was quite contradictory to most other cases where patients’

⁶⁸ Admission files, 14/10088– Callan Park Mental Hospital, Discharged male patients, Reg. No.12906.60

⁶⁹ Report dated 30 July 1918 from Medical Superintendent to Dr Eric Sinclair, Inspector General of the Insane, Admission files, 14/9398 – Callan Park Mental Hospital, No.1918-221a.12589

⁷⁰ Report dated 30 July 1918 from Medical Superintendent to Dr Eric Sinclair, Inspector General of the Insane, Admission files, 14/9398 – Callan Park Mental Hospital, No.1918-221a.12589

family and friends were encouraged to visit, and, as discussed in Chapter 2, an absence of visitors was often seen as an impediment to recovery. Lancelot never actually struck either of his parents, but regularly lashed out at whatever objects happened to be nearby. After one particular visit with his father, Lancelot smashed two large vases and a glass cabinet in a rage.⁷¹

The doctors were frustrated with Lancelot's parents, as they refused to listen to advice and were unco-operative. When they stayed away, Lancelot improved. The staff reported, he "began to speak, took his food better and had no [violent] outbreak", however, it was "difficult to keep them away" as "they persist in coming to the Hospital". Dr Ross felt "the parents are ungrateful people to deal with ... not only do they irritate him [Lancelot] but he has some antipathy toward them, whether delusional or not I am not prepared to say" yet he recommended the parents be requested to "take the boy home".⁷² It was atypical of Dr Ross' notes to contain criticism of a patient's family, which may be suggestive of a personality clash. Dr Ross certainly went to some lengths to remove Lancelot from Callan Park.

Dr Ross was concerned by the possibility that Lancelot's parents would "in the future blame the Hospital for the boy's condition; hence one reason for urging them to remove him". Lancelot and his 'ungrateful' parents were causing Dr Ross significant administrative and clinical problems. Dr Ross' treatment of Lancelot was showing progress in the absence of his parents, but any ground gained was lost when insisted on resuming their visits. Dr Ross had legitimate concerns, just only for

⁷¹ Report dated 30 July 1918 from Medical Superintendent to Dr Eric Sinclair, Inspector General of the Insane, Admission files, 14/9398 – Callan Park Mental Hospital, No.1918-221a.12589

⁷² Report dated 30 July 1918 from Medical Superintendent to Dr Eric Sinclair, Inspector General of the Insane, Admission files, 14/9398 – Callan Park Mental Hospital, No.1918-221a.12589

Lancelot's health, but his own professional credibility as the treating physician. The interference by Lancelot's parents was causing an impasse.

Taking advantage of the informal processes governing transfer between institutions, mentioned in the Introduction, Chisholm Ross essentially colluded with Eric Sinclair to devise a plan to move Lancelot on. After engaging in some fairly lengthy, yet informal, discussions, Dr Sinclair officially advised Dr Ross that if the parents sought to return Lancelot to Callan Park in the future, he was to refuse to readmit Lancelot as a military patient. Dr Sinclair suggested if the parents could not cope with Sinclair's violence at home, he could be committed to the Gladesville Mental Hospital instead.⁷³ Clearly the 'two-tiered system' could be circumvented when the easiest way out of a problem was to give it to someone else.

Doctors were never able to adequately establish the reason behind Lancelot's discord with his parents. It may have simply been because he viewed his committal as an act of betrayal by his parents, or perhaps an earlier rift was aggravated by mental illness. It is possible his war service worsened an existing condition. Like Sinclair D, Lancelot's record was less than stellar and he was held in the brig twice during the voyage to Europe on charges of insubordination.⁷⁴ Whether this behaviour is related to his post-war conduct cannot be stated with any certainty.

The Parramatta Psychiatric Centre was also seeing its share of violent returned men. John H had moved to Lithgow to live with his mother after returning from the front in 1918 but his "violent, abusive, rambling

⁷³ Letter dated 1 August 1918 from Eric Sinclair to Dr Ross, Admission files, 14/9398 – Callan Park Mental Hospital, No.1918-221a.12589

⁷⁴ Admission files, 14/9398 – Callan Park Mental Hospital, No.1918-221a.12589

and insulting” behaviour forced her to call for the police who had John committed to Parramatta.⁷⁵ While the Medical Superintendent thought John had improved enough to be considered a candidate for Broughton Hall, he raised an interesting point with Dr Eric Sinclair:

As such questions are likely to crop up ... I would be glad of your views on the subject generally. The idea I had was that once they had received their discharge from the Military, they should be treated as ordinary citizens, but cases of the kind we have here will arise, which would make it seem hard on the man.⁷⁶

While there is no response from Dr Sinclair contained in this file, it is clear that the medical profession themselves were attempting to establish if ex-soldier patients were to be considered a different class of patient from that of the civilian and if so, for how long the distinction could be made, particularly with regard to those who exhibited violence. John was discharged from Parramatta in late 1918, and was never treated at Broughton Hall.

The Bottle

Many returned soldiers were well versed in the prescription of the self-administered form of sedation.

Sinclair D, brandishing his revolver and threatening the neighbourhood, added to his notoriety by being known to police as “the worst character in Leichhardt”, and that when he drank (which was often) he “became

⁷⁵ Series Number 5080 – Admission files, Parramatta Psychiatric Centre, 12/829, Reg. No. 6813

⁷⁶ Letter dated 12 July 1918 from Medical Superintendent to Dr Eric Sinclair, Admission files, Parramatta Psychiatric Centre, 12/829, Reg. No. 6813

abusive, aggressive and threatening”.⁷⁷ When he went on a binge, it was common for him to fixate on religion, particularly “heathen deities, bat’s claws etc” and police had arrested him on occasion, in a stupor, “naked, praying in a public place”.⁷⁸

Excessive alcohol consumption, of course, made all other mental conditions worse. Robert M, a 29 year old farmer, had returned from the war with “profound melancholy” but it was not until he drank “five bottles of whisky in six days” that his sister had him committed to Callan Park in early 1920. Doctors reported Roberts “does not speak and is not able to account for his mental condition”,⁷⁹ a state that did not improve. Robert was considered “dull and incoherent” and he led a “vegetable existence” until his death, after collapsing playing cricket at the hospital, in 1935.⁸⁰ It is interesting to note that neither Sinclair nor Robert were triaged through the military hospitals, but, rather, sent straight to Callan Park, as they would have been if they had been civilian patients. This may be evidence of the *ad hoc* nature of the allocations to the various hospitals, of the fact the military hospitals were overcrowded, or even the fact that their alcohol abuse required more intensive care than could be provided at Broughton Hall, or No.28.

Heavy drinking among returned men was of such concern that the government instituted an inquiry into the matter in early 1918, where testimony was received that the “unstable nervous condition of many returned soldiers made them more susceptible than civilians to the effects of alcohol”. This was compounded by the habit of many ex-

⁷⁷ Undated memorandum, Admission files, 14/9406 – Callan Park Mental Hospital, No.1919-60.12906

⁷⁸ Case papers, 14/10088 – Callan Park Mental Hospital, discharged male patients, 12906.60

⁷⁹ Admission files – 14/9421 – Callan Park Mental Hospital, No.1922-9.13425

⁸⁰ Record of Progress, 14/9980 – Callan Park Mental Hospital, deceased male patients, No.13425

soldiers to drink straight spirits.⁸¹ Many men had grown used to the pungent taste of strong spirit in the trenches with the passing around of Service Rum - Dilute (SDR) rations.⁸² One wife, on petitioning for a divorce, explained that on her husband's return from the front in 1919,

Almost immediately I noticed that he was drinking more than he did prior to going to the war and after a lapse of about two months I came to the conclusion that the respondent was drinking to excess, as a matter of fact, he was under the influence of drink three and four days in every week and as time went on his habits became worse. He would come home at all hours of the night, abuse me[,] threaten me with a revolver which on more than one occasion was loaded, and he nearly shot me.⁸³

The propensity of disturbed returned soldiers to use weapons to menace those they felt threatened or persecuted by is probably not surprising. They were familiar with firearms and many had brought back weapons, as souvenirs, from the war. The additional volatile factor, alcohol, was readily, and relatively cheaply, available. And Australian men, in particular, had a long history of using alcohol to bond, to dull pain, to increase confidence and to just plain forget.

Memories and Shame

Whether or not they abused alcohol, there was plenty for men to want to forget. As early as 1916, a prominent doctor explained, "When you

⁸¹ Elizabeth Nelson, 'Victims of War': The First World War, Returned Soldier and Understandings of Domestic Violence in Australia, *Journal of Women's History*, 19. 4 (Winter 2007), pp. 83-106.

⁸² This rum was provided as a concentrate and required dilution before drinking. Whether it was on all occasions is debatable. See EPF Lynch, *Somme Mud: The war experiences of an Australian infantryman in France 1916-1919*, (ed. Will Davies), Random House Australia, Sydney, 2006, p.226

⁸³ G v G Divorce Case File, 1924, cited in Elizabeth Nelson, 'Victims of War': The First World War, Returned Soldiers, and Understandings of Domestic Violence in Australia, p.87

consider ‘the hell of fire’ which they had endured, you can imagine the state of their nerves”.⁸⁴ In the case studies from Callan Park considered here, however, many returned men succumbed to mental illness, not so much through the ongoing memory of front-line trauma but from the less obvious experiences of shame.

Leo H was arrested at Victoria Barracks after creating a disturbance when he barged through the Stores, demanding a “uniform to wear standing in front of a picture show so that he might be admired”.⁸⁵ Dr Price found him “noisy, restless, irresponsible and foolish” while Leo told Dr Gibbes he “went back to the AIF to get his clothes”.⁸⁶

It was only after some time in the hospital that twenty-year old Leo confessed as to what had prompted his behaviour. He had “enlisted in the AIF but was too late to get away to the Front”. That Leo attempted to acquire a uniform that he was not entitled to wear, in order to portray himself as something he wasn’t, is evidence of the powerful culture established during the war years of the virtues of the gallant volunteer, versus the shame of the shirker.⁸⁷ This was not uncommon. For example, Bob K, had been admitted to the Parramatta Psychiatric Centre because of morbid “thoughts of war” in August 1919. He explained to the doctors he “wants to go to the war to have a go at the Germans” and when it was explained “that it was too late to do that”, Bob replied “he did not know the war was over”.⁸⁸ Perhaps Bob had attempted to enlist

⁸⁴ Dr John Springthorpe, *Medical Journal of Australia*, 29 April 1916, cited in Joy Damousi, Australian Medical Intellectuals and the Great War, *Australian Journal of Politics and History*, Volume 53, Number 3, 2007, p.441

⁸⁵ Report by Constable Murphy, 24 June 1919, Admission files, 14/9412 – Callan Park Mental Hospital, No.1919-266.13112

⁸⁶ Admission files, 14/9412 – Callan Park Mental Hospital, No.1919-266.13112

⁸⁷ See John McQuilton, ‘Free Men or Shirkers?’ in *Rural Australia and the Great War: From Tarrawingee to Tangambalanga*, Melbourne University Press, Melbourne, 2001, pp.51-75

⁸⁸ Admission files, Parramatta Psychiatric Centre, 12/832, Reg. No.6978

and had been rejected, or perhaps, now that peace had been declared, he regretted his decision not to 'do his bit'. It may also be evidence that the shirker was still being shunned, even in 1919.

Thomas Q's family was mortified when their son was unable to embark to fight. Despite the fact that Thomas had a long history of admissions to Callan Park prior to the war, he managed to enlist in late 1918. Shortly after entering camp at Liverpool, Thomas suffered another breakdown, at which time he was admitted to Callan Park under military order.⁸⁹ His mother, thinking her son was in training at Liverpool, was aghast to discover he had been sent to Callan Park. She noted "it has come a big blow to us at home" and plaintively asked (even though it was October 1918), "His father takes it hard. Sir, is there no hope he will go away with the lads? Is he no better?"⁹⁰ Like Leo, ashamed that he had been too late in enlisting to embark for war, Thomas parents were also embarrassed that their son was not only unable to join his unit and claim to have been a volunteer, but he was prevented from doing so because of mental illness.

Ronald R had been treated at Broughton Hall on his return from the war in 1916, then spent a week at Callan Park in November 1919 and a further ten months there during a third admission in 1920. He had a "distressed appearance", "does not answer questions" and is "very miserable and depressed".⁹¹ Ronald's spine had been injured at Gallipoli and he informed the doctors he would periodically "take fits" and that "he did not know what he was doing for a few days after a fit".⁹² In response

⁸⁹ Admission files, 14/9402 – Callan Park Mental Hospital, 1918/366a.12734a

⁹⁰ Letter dated 24 October 1918 from mother to Medical Superintendent, Admission files, 14/9402 – Callan Park Mental Hospital, 1918/366a.12734a

⁹¹ Admission files, 14/9422 – Callan Park Mental Hospital, No.1920-70.13486

⁹² Letter dated 19 May 1924 from Medical Superintendent to NSW Branch, Repatriation Commission, Admission files, 14/9422 – Callan Park Mental Hospital, No.1920-70.13486

to questions about his conduct and experiences during the war, Ronald would only respond “I did not do it”.⁹³ What *it* was that Ronald had *not* done he never explained, but it may be possible that Ronald was ashamed of some (real or perceived) action or inaction performed as a soldier.

Ronald was discharged after a relatively short time in 1916, which may indicate the newer techniques and treatments being trialled among the more progressive members of the psychiatric fraternity – hypnosis, suggestion, persuasion, occupational therapy and psychoanalysis⁹⁴ - were finding success among that body of men whose actual or imagined experiences of war were causing them psychological breakdown. For others however, their ‘experiences’ were driving them to suicide.

All too hard

Harry B, single, forty-one, and a returned soldier, had no fixed address when he was committed to Callan Park in 1919 after attempting suicide, “believing that he would be better dead”.⁹⁵ He had been found by police at Concord, in Sydney’s inner west, bleeding freely from self-inflicted cuts made with a pen knife. Dr Gibbes found Harry to be “suspicious and obsessed with [the] delusion” that “unknown people are constantly taunting him with having enlisted under a false name”.⁹⁶ From what can be gleaned from AIF files, it is in fact highly likely that Harry had given a fictitious name on his enlistment papers, but why he may have done this in the first place, and why it bothered him so greatly, is unknown. He told doctors “a man can only die once” but it is likely his psychological

⁹³ Dr Price, Patient Notes, 27 February 1920, Admission files, 14/9422 – Callan Park Mental Hospital, No.1920-70.13486

⁹⁴ Garton, *The Cost of War*, p.149

⁹⁵ Admission files, 14/9405 – Callan Park Mental Hospital, No.1818-4.12850

⁹⁶ Dr Gibbes, Patient Notes, 2 January 1919, Admission files, 14/9405 – Callan Park Mental Hospital, No.1818-4.12850

problems had begun in Europe rather than on his return, as he arrived in Australia on a hospital ship, the *Karoola*, transporting 'mental cases'.⁹⁷ George Brown, whom we shall meet in the next chapter, was on the same ship.

Another factor that contributed to despair among returned men was the incidence of venereal disease. It was both a source of mental disturbance in its own right, particularly advanced cases of syphilis, and grounds for shame and disgrace, which drove some sufferers to the brink. By 1917, 144 in every 1000 Australian soldiers had contracted some form of VD, compared to 134 for New Zealanders and 34 for the British Army.⁹⁸

The disparity does not mean antipodean soldiers were necessarily any more promiscuous or sexually adventurous than their British cousins, but simply reflects the fact that British troops went *home* on leave. Established sexual relations with wives, together with familial and social constraints, served to control their sexual behaviour to some extent. Australian and New Zealanders, in contrast, were let loose in a strange country – France, Belgium or England – with a pocket full of pay, a longing for female company and an increasing level of fatalism as to if (or indeed when) a bullet might arrive with their name upon it. But the shame attached to contracting a sexually transmitted disease, reinforced by the social mores of the time and the vigorous promotion of eugenics in the early part of the nineteenth century that linked disease, and particularly venereal disease, to the decline of the race, was a very powerful force indeed.

⁹⁷ Admission files, 14/9405 – Callan Park Mental Hospital, No.1818-4.12850

⁹⁸ Frank Bongiorno, 'The Remaking of Australian Sexuality', in Martin Crotty and Marina Larsson (eds), *Anzac Legacies: Australians and the aftermath of war*, Australian Scholarly Publishing, Melbourne, 2010, p.86

Percy D was discharged from the AIF in Egypt in 1916 because he contracted gonorrhoea.⁹⁹ Such was his sense of shame that, prior to his admission to Callan Park, he had attempted to throw himself under a tram and had also tried to slit his wrists as he felt, “he must end his life after being returned from Egypt ... and cannot face his people”.¹⁰⁰ His report records that, on admission, he was “extremely depressed in spirits and very emotional”. As Percy put it, he felt he was “disgraced and unfit to meet his family”.¹⁰¹ Whether Percy was able to overcome his sense of shame and be reunited with his family, we will never know. He was discharged as recovered just over a month later, and he did not have any further dealings with the hospital.

While the social stigma attached to sexually transmitted diseases remained, at least there existed a little more compassion from 1916 onwards, where greater education, prevention kits and training were provided for troops,¹⁰² and the AIF began to prefer to treat infected men overseas and return them to duty rather than send them home. However, as Larsson has shown, despite a ruling that no infected soldier would be released back into the community until he had been “rendered non-infectious”, there were plenty of cases in which ineffective or incomplete treatments meant that the disease was transmitted into Australian suburban homes by husbands, and husbands-to-be, returning from the war.¹⁰³

War suicides, of course, generated significant comment in the press. Bruce Scates has recently related the story of Gunner Frank Wilkinson

⁹⁹ Admission files, 3/3433 – Callan Park Mental Hospital, No.1916-57.11485

¹⁰⁰ Dr Price, Patient Notes, 8 February 1916, Admission files, 3/3433 – Callan Park Mental Hospital, No.1916-57.11485

¹⁰¹ Dr Price, Patient Notes, 8 February 1916, Admission files, 3/3433 – Callan Park Mental Hospital, No.1916-57.11485

¹⁰² Bongiorno, ‘The Remaking of Australian Sexuality’, p.87

¹⁰³ Larsson, *Shattered Anzacs*, p.136

who was awarded the MM at Passchendaele. Ten years after his return, having failed on his soldier settler block, Frank Wilkinson “battered his wife to death with a hammer, smashed the skull of his daughter to pieces and then slit his own throat”. The papers labelled him a “victim of shattered nerves”.¹⁰⁴ Hugo Throssell, a VC winner, as mentioned previously, was a nationally infamous case of a war hero being unable to cope with peace. Destroyed by traumatic wartime memories and the shame of financial failure, in November 1934, Hugo “settled in a deckchair, bare feet up on the veranda’s handrail, and put the gun to his right temple”.¹⁰⁵

Archie H was not an Australian, nor was he a soldier. A native of England, he had held the rank of Lieutenant in the Royal Naval Air Service from 1914, making him a sailor and a pilot. Archie had sustained critical injuries toward the end of 1916, after falling from a naval aeroplane and had undergone several complicated surgeries. That he survived them, and was able to function, is remarkable in itself, yet England, apparently, was too cold. He had immigrated to Australia in 1917 on the advice of his doctors, who recommended a warmer climate.¹⁰⁶ On arrival in Australia he sought work as a station hand and “appeared normal mentally”.¹⁰⁷

Archie reported that on 24 June 1919 he had “felt something give way in his head”.¹⁰⁸ He began hallucinating and developed grossly delusional thoughts, and was admitted as a military patient to the No.28 Australian

¹⁰⁴ Bruce Scates, ‘The Forgotten Stories’, *The Sunday Age*, 11 November 2012, p.19

¹⁰⁵ John Hamilton, *The Price of Valour*, Pan MacMillan, Sydney, 2012, p.343

¹⁰⁶ Confidential Report, 10 September 1919, Admission files, 14/9416 – Callan Park Mental Hospital, No.1919-409.13255

¹⁰⁷ Confidential Report, 10 September 1919, Admission files, 14/9416 – Callan Park Mental Hospital, No.1919-409.13255

¹⁰⁸ Confidential Report, 10 September 1919, Admission files, 14/9416 – Callan Park Mental Hospital, No.1919-409.13255

Auxiliary Hospital, in Leichhardt, in July 1919. Two months later, he was certified as insane and committed to Callan Park itself. The staff at the military hospital could not provide the care that Archie's acute symptoms now required.

The committal report stated that Archie was "in a state of extreme mental confusion ... [with] marked auditory and visual hallucinations". As a result, he was "extremely impulsive and suicidal [and] requires constant supervision".¹⁰⁹ The doctors showed a great deal of sympathy for Archie's condition. They were in no doubt it was directly related to his head injury sustained after falling from the plane. There was also a certain glamour attached to Archie. Airmen, and indeed, the flying machines themselves, were seen as thrilling and prestigious.¹¹⁰ He was a victim of war, and, when not in the grip of his terrifying delusions, he was "a very gentlemanly man".¹¹¹

Archie's sister Daisy, his only living relative, still residing in England, arrived in Australia toward the end of 1920, determined that she would take Archie home to Bristol with her and care for him there. Dr Coutie persuaded Daisy that under no circumstances could she be allowed to travel with Archie without trained supervision. He feared that while Archie "may not give any trouble, considering his past history, I would not care to take the responsibility of saying he could travel without escort".¹¹² It was a legitimate concern: and a prescient one. However, in a neat coincidence, a "trained male mental nurse" from Callan Park, a Mr

¹⁰⁹ Confidential Report, 10 September 1919, Admission files, 14/9416 – Callan Park Mental Hospital, No.1919-409.13255

¹¹⁰ See Michael Molkenntin, *Fire in the Sky: The Australian Flying Corps in the First World War*, Allen & Unwin, Sydney, 2010

¹¹¹ Letter dated 4 December 1920, from Dr Coutie to Dr Russell, Admission files, 14/9416 – Callan Park Mental Hospital, No.1919-409.13255

¹¹² Letter dated 4 December 1920, from Dr Coutie to Dr Russell, Admission files, 14/9416 – Callan Park Mental Hospital, No.1919-409.13255

Cox, was travelling to England to visit his elderly mother, and volunteered to be one of the two supervisors for Archie on the voyage. The other was employed privately by Daisy. Both men were paid from her own purse.¹¹³

Daisy eventually persuaded Dr Coutie that between herself, and the two attendants, Archie would be well supervised, and Dr Coutie then recommended that Archie and Daisy take the ship, along with the two attendants, explaining that Archie was “well enough to travel and may improve on the voyage”.¹¹⁴ It would prove a fatal error of judgement.

A last minute hiccup appeared when the Medical Officer for P&O initially refused Archie’s passage. Dr Coutie explained to Daisy that “I can quite understand [the objection] ... because if anything happened, it would give him considerable worry and possibly the Company might blame him for accepting the passenger”.¹¹⁵ The departure of Daisy’s party was further delayed for a few weeks. Archie was unwell and was refusing his food, and had to be tube-fed.¹¹⁶ Daisy, however, refused to be deterred. Eventually, all the plans came together and the party of four cast off from the Woolloomooloo dock on 20 April 1920. Initially, Archie appeared to enjoy the experience, but after four days, he became “very restless, noisy and troublesome” and refused food.¹¹⁷

¹¹³ Memo dated 15 January 1921, Admission files, 14/9416 – Callan Park Mental Hospital, No.1919-409.13255

¹¹⁴ Memo dated 15 January 1921, Admission files, 14/9416 – Callan Park Mental Hospital, No.1919-409.13255

¹¹⁵ Letter dated 12 January 1921, from Dr Coutie to Daisy H, Admission files, 14/9416 – Callan Park Mental Hospital, No.1919-409.13255

¹¹⁶ Letter dated 16 March 1921, from Dr Coutie to Daisy H, Admission files, 14/9416 – Callan Park Mental Hospital, No.1919-409.13255

¹¹⁷ Report dated 18 July 1921, from Attendant Cox to Dr Coutie, Admission files, 14/9416 – Callan Park Mental Hospital, No.1919-409.13255

Mr Cox tried to distract Archie with “five hours per day exercise on board”, but just out of Durban, he “became very quarrelsome and struck [a passenger] in the face” and shortly after, asked a steward on the ship to “cut his throat as he did not want to live or see England again”.¹¹⁸

Mr Cox foiled a further suicide attempt after Archie tried to strangle himself with a necktie and, he reported, “just saved him in time”.¹¹⁹ On 30 June, Archie was morbidly depressed and spent the day mumbling incoherently to himself. At 6.30pm, Archie ate some soup and an apple tart for dinner and asked Mr Cox if he could go to his cabin. One of the ship’s stewards accompanied him, as Mr Cox was still finishing his dinner. But Archie had other plans. At the foot of the stairs, Archie turned, ran out on to the deck and threw himself overboard.¹²⁰

The alarm was immediately raised, and for a few minutes, shouts could be heard from the water. A life buoy with emergency lighting and a life boat were lowered into the water, and the “engines put at slow and then reversed to ‘full astern’”, but after nearly two hours, the search was called off. Archie, the damaged, ‘gentlemanly’ sailor, now had no grave but the sea.

The consequences of Archie’s suicide were considerable. The Callan Park Attendant, Mr Cox, was “very much cut up” by Archie’s death and doctors at Callan Park were assured by the Captain of the ship that Archie had had “the best of attention from the attendants” and that Mr Cox, in particular, had taken a “very keen interest in his [Archie’s]

¹¹⁸ Report dated 18 July 1921, from Attendant Cox to Dr Coutie, Admission files, 14/9416 – Callan Park Mental Hospital, No.1919-409.13255

¹¹⁹ Report dated 18 July 1921, from Attendant Cox to Dr Coutie, Admission files, 14/9416 – Callan Park Mental Hospital, No.1919-409.13255

¹²⁰ Report dated 18 July 1921, from Attendant Cox to Dr Coutie, Admission files, 14/9416 – Callan Park Mental Hospital, No.1919-409.13255

welfare”.¹²¹ The General Manager of P & O was desperately sorry, but assured Daisy “every effort was made to save him”.¹²² And Daisy herself? She was distraught. She blamed Cox, she blamed the steward, but ultimately, she blamed herself. She wrote to Dr Coutie:

I expect by the time you receive this letter Cox will have returned and told you the tragic news of my dear brother. It really is too dreadful to think such a thing could have happened ... Of course Cox realised he did wrong in allowing [Archie] to leave the table with such a young steward but it is no use saying anything as it is too late. I took the great risk in having him brought to England so I cannot blame anyone.¹²³

On 5 September 1921, Dr Coutie sent all the documentation to Eric Sinclair, the Master of Lunacy, for his records. Dr Cutie’s cover letter stated, “It is an unfortunate ending!”¹²⁴

As Larsson rightly asserts, because of the stigma relating to suicide, the Repatriation Department did not keep statistics on self-harm – either attempted or successful - among returned men.¹²⁵ Although attempted suicide was the cause of admission for some returned men, the incidence of suicide in the psychiatric files among returned men examined here is low, apart from the obvious case of Archie H.

This should not be construed as meaning that the desire for suicide among returned men was necessarily low, or that attempts were not made while they were either under treatment or after discharge. It

¹²¹ Letter dated 11 July 1921, from the Master of SS *Bakara* to Dr Coutie, Admission files, 14/9416 – Callan Park Mental Hospital, No.1919-409.13255

¹²² Letter dated 13 July 1921, from H Larkin to Daisy H, Admission files, 14/9416 – Callan Park Mental Hospital, No.1919-409.13255

¹²³ Letter dated 1 September 1921, from Daisy H to Dr Coutie, Admission files, 14/9416 – Callan Park Mental Hospital, No.1919-409.13255

¹²⁴ Letter dated 5 September 1921, from Dr Coutie to Eric Sinclair, Admission files, 14/9416 – Callan Park Mental Hospital, No.1919-409.13255

¹²⁵ Larsson, *Shattered Anzacs*, p.241

simply may reflect a few realities of life in the asylum: opportunities were few as all patients were constantly monitored and observed; dangerous items such as knives, needles and razors were subject to search and confiscation, and many agitated and delusional returned soldier patients were heavily sedated or even restrained during their time in the hospital. All these factors would have made it difficult for a potential suicide to both formulate a plan to take their own life, and then subsequently act upon it.

Records were not kept on patients after discharge, so there is no way of knowing how many returned soldiers may have ultimately ended their lives after leaving treatment. For men who endured significant and permanent mental illness as a result of their war service, however, and did not resort to suicide, their lives – under the gaze of the asylum – could be very long indeed.

In for the long haul

Of all the case studies in this thesis, Cedric S, who had left his right leg under a tram in Egypt, Frank W, whose mother was in India, and Paul C, whose mother, Molly, refused to abandon him, remain the most notable in terms of long-term institutionalisation. Paul C, who died in Callan Park in 1964, was the only one of the three who did not disagree with his diagnosis. Cedric S and Frank W, however, were adamant they did not belong in the ‘madhouse’. As noted in the previous chapter, Cedric died after being hit by a taxi on Balmain Road in 1960 after forty-three years at Callan Park. His delusions were marked throughout his long history as a patient, despite his protestations early on that “certain attendants

would be safer as patients”¹²⁶ and that this “is no place for soldiers, in fact, it is not for sensible men. You will find plenty here who would be glad of their liberty”.¹²⁷ Cedric’s regular contact with his father may have soothed some of his anxieties, as he did cease his early complaining. Frank W was more persistent. He also had no ongoing relationship whatever with his family, that perhaps, could have served to ameliorate his unease.

Frank W had vigorously denied the need for any treatment and informed his Calcutta police correspondent that “if you would use your influence to have me released, your kindness shall ever be green in my memory”.¹²⁸ His mother wrote regularly from Poona, India, firstly with some optimism in 1918, “I am sorry my dear son is not even a little better, but I still hope and pray for him”,¹²⁹ then more resignedly in 1919, is he “likely to regain his normal condition, even if it is at a remote period? It is something to live for”.¹³⁰ By mid-1919, she was “just longing to see him”¹³¹ and in 1923, she sent a small amount in a postal order asking for a photograph to be taken of Frank. When she received it she noted the “troubled look in his eyes”.¹³²

¹²⁶ Letter dated 20 January 1919 from Cedric S to Dr Coutie, Admission files, 3/3452 – Callan Park Mental Hospital, No.1917-328.12216

¹²⁷ Letter dated 23 January 1919 from Cedric S to Commandant, Victoria Barracks, Admission files, 3/3452 – Callan Park Mental Hospital, No.1917-328.12216

¹²⁸ Letter dated 4 September 1918, from Frank W to Inspector F, Calcutta Police, Admission files, 14/9394 – Callan Park Mental Hospital, No.1918-79.12447

¹²⁹ Letter dated 27 September 1918, from mother to Medical Superintendent, Admission files - Callan Park Mental Hospital 14/9394, No.1918-79.12447

¹³⁰ Letter dated 3 January 1919, from mother to Medical Superintendent, Admission files, 14/9394 – Callan Park Mental Hospital, No.1918-79.12447

¹³¹ Letter dated 12 July 1919, from mother to Medical Superintendent, Admission files, 14/9394 – Callan Park Mental Hospital, No.1918-79.12447

¹³² Letter dated 10 February 1924, from mother to Medical Superintendent, Admission files, 14/9394 – Callan Park Mental Hospital, No.1918-79.12447

In 1927 Mrs W explained she was “anxious about my boy, he being far away from me,”¹³³ and the following year, she acknowledged that after eight years, “now he must feel as if it is his home ... Poor Son!”¹³⁴ However, she was “quite satisfied he is well looked after”.¹³⁵ In 1933, after news Frank was suffering from pulmonary tuberculosis she was “very grieved and troubled ... I only wish I was sitting beside him, for I have not seen his dear face since 1914”.¹³⁶ Yet it was her own health that was beginning to suffer and Mrs W passed away in 1935.¹³⁷

As mentioned earlier, Frank never spoke of his mother, or the rest of his family. He made no attempt to contact them, correspond with them or solicit their assistance in achieving his release. Dr Ross wrote to Mrs W in 1924 and explained, “I have asked him if there is any particular item of news he would like to hear from you, from India, but he does not indicate that there is anything is particular he would like to know about”.¹³⁸ While Mrs W never gave up on Frank, it would seem Frank never gave her a second thought. After her death, there is no record of one single letter, enquiry or visitor. It would seem that Frank’s mother was the only person who had any interest in his welfare. His father, and one brother, had died in the war. Frank clearly had no desire to communicate with any other member of his family, or they with him. In 1943, doctors had written to a Miss W, at a Sydney address, who had lately been listed as a sister, seeking her permission to perform electric

¹³³ Letter dated 14 April 1927, from mother to Medical Superintendent, Admission files, 14/9394 – Callan Park Mental Hospital, No.1918-79.12447

¹³⁴ Letter dated 29 March 1928, from mother to Medical Superintendent, Admission files, 14/9394 – Callan Park Mental Hospital, No.1918-79.12447

¹³⁵ Letter dated 24 June 1928, from mother to Medical Superintendent, Admission files, 14/9394 – Callan Park Mental Hospital, No.1918-79.12447

¹³⁶ Letter dated 26 December 1933, from mother to Medical Superintendent, Admission files, 14/9394 – Callan Park Mental Hospital, No.1918-79.12447

¹³⁷ Letter dated 2 May 1935 from Eloise S (daughter) to Medical Superintendent, Admission files, 14/9394 – Callan Park Mental Hospital, No.1918-79.12447

¹³⁸ Letter dated 23 October 1924, from Medical Superintendent to mother, Admission files, 14/9394 – Callan Park Mental Hospital, No.1918-79.12447

shock therapy on Frank. The letter was returned, unclaimed, through the Dead Letter Office.¹³⁹

Dr Ross himself gave permission for Frank to undergo electric shock therapy, however it did not result in any improvement and was discontinued.¹⁴⁰ Frank had 115 recorded physical examinations during his life at Callan Park. The same terms to describe his condition are repeated over and over again in his file: “delusional, demented, idle, mute, takes no interest, silent, morose, miserable, depressed, dull, surly”.¹⁴¹ In 1943, after the failed course of electric shock treatment, he was transferred to ‘E’ Ward – for chronic, incurable cases – but somehow managed to get hold of a large roofing nail and “sharpened the point, without being seen, and at night made deep scratches across his left chest”.¹⁴²

In 1959, he sustained a fracture of his left arm after a fall, owing to his being “incoherent, feeble and of unsteady gait.”¹⁴³ Frank was transferred to the Repatriation General Hospital at Concord, where he died of pneumonia and dementia on 16 June 1960, aged seventy-eight, after forty-two years as a mental patient. His next of kin was listed as “C/Mental Home, Callan Park” and the entirety of his personal effects was listed as “1 singlet, 1 pr sox”.¹⁴⁴

¹³⁹ Letter dated 17 June 1943, from Medical Superintendent to Miss W, Admission files, 14/9394 – Callan Park Mental Hospital, No.1918-79.12447. The existence of a sister in Sydney had not been mentioned in the files prior to this letter. And it was not mentioned again. There is no evidence that, if this woman actually was his sister, that she ever visited Frank.

¹⁴⁰ Memorandum dated 1 July 1943, from Dr Ross to Dr Henry, Admission files, 14/9394 – Callan Park Mental Hospital, No.1918-79.12447

¹⁴¹ Admission files, 14/9394 – Callan Park Mental Hospital, No.1918-79.12447

¹⁴² Patient Notes, 9 June 1943, Admission files, 14/9394 – Callan Park Mental Hospital, No.1918-79.12447

¹⁴³ Patient Notes 29 September 1959, Admission files, 14/9394 – Callan Park Mental Hospital, No.1918-79.12447

¹⁴⁴ Admission files, 14/9394 – Callan Park Mental Hospital, No.1918-79.12447

Frank's total active war service was at Gallipoli between 23 October and 29 November 1915, or just on five weeks. The price he paid was almost five decades of psychological and physical imprisonment. There is no way to know what caused Frank's sudden and severe debilitation, whether it was due to the war itself or merely coincided with it. The fact remains that an Australian-born soldier who saw action with the AIF at Gallipoli, returned home damaged, spent over forty years in Callan Park without one single visitor, and died owning nothing more than a singlet and a pair of socks.

The disabled veterans returning blind, limbless or disfigured, the men Patsy Adam Smith recalled of the 1920s – men called 'Hoppy', 'Wingy', 'Shifty' and 'Stumpy'¹⁴⁵ - were the visible living casualties of the Great War. They were, mostly, accorded a measure of respect and reverence for their sacrifice and were more likely to gain a sympathetic ear from the Repatriation Department in terms of a pension¹⁴⁶ than the thousands "wounded souls" who suffered "hidden wounds".¹⁴⁷

Coming into an era when the development of compassionate theories of shell shock and associated psychological damage among progressive practitioners was dismissed by A G Butler, as "Bulsh' of the most unpleasant kind" and "appalling muck"¹⁴⁸, soldiers often struggled with silent, and sometimes insurmountable, psychiatric conditions that were not always obviously directly caused by war service. Long-term institutionalisation, like that experienced by Cedric S, Frank W and Paul C, demonstrate that some mental illnesses, either caused or exacerbated by the war, were not only incurable, but interminable.

¹⁴⁵ Adam Smith, *The Anzacs*, p3.

¹⁴⁶ See Blackmore, 'What an Australian is worth by cut and by kilogram', *The Dark Pocket of Time*, pp.172-193

¹⁴⁷ Sir Philip Gibbs, cited in Blackmore, *The Dark Pocket of Time*, p.173

¹⁴⁸ A G Butler, cited in Blackmore, *The Dark Pocket of Time*, p.174

The process of 'return' was often fraught, either reigniting old hurts, or failing to live up to the romantic prospect the men had clung to in the trenches. Some former soldiers were resistive to treatment and rejected their diagnosis completely. The strain on parents who could only view from the sidelines as their sons fought their demons was clear, as was the impact of violence and alcoholism on families. Shame – of real or imagined – activities, failures, disease and labels, was the latent cause of breakdown in many men. Instances of suicide and acts of self-harm were over-represented in the ex-military population generally¹⁴⁹, however this was not necessarily reflected among hospital patients, for who, with the notable exception of Archie H, the capacity and opportunity to affect such an end, were limited, because those suspected of being potential suicides were closely monitored within the institution.

Despite the initial determination, among the military and medical fraternity, to assist a more rapid cure among returned men with a 'two tiered system' that differentiated between military cases of war neuroses and those of civilian insanity, the case studies examined here do not demonstrate any particularly intensive effort by families to insist their returned men be recognised as a different class of mental patient.

However, many did feel that there was one particular group of soldiers, who did deserve special privileges. Concerted efforts were both expected and demanded, on behalf of those who lay somewhere between life and death – the missing.

¹⁴⁹ Larsson, *Shattered Anzacs*, p.241

Chapter 6

Missing Closure

“Everything was terribly mixed up. It is supposed that he wandered away in an unconscious state and died. Nothing was heard of him afterward.”

Witness Statement, 1916
Red Cross Wounded and Missing Enquiry Bureau¹

Jack Kipling was eighteen years old when he vanished amid the carnage of the Western Front in September 1915. Listed firstly as wounded, then wounded and missing, then presumed killed, his parents, Rudyard and Carrie Kipling, conducted a prolonged and compulsive search for their only son, visiting cemeteries, interviewing wounded soldiers and writing letters well into the inter-war years. Given Rudyard’s fame as both a literary giant and member of the IWGC, their pursuit received great publicity but neither Jack’s body, nor any grave, was found. Carrie Kipling believed Jack may have been taken prisoner and lost his mind. She wrote, “I often think I shall do the same”.² She felt, “No news – a great darkness seems to be settling down on it all”.³ The Kiplings needed verification, some evidence of Jack’s death in order to begin to be able to

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- ¹ Witness Report dated 23 February 1916, Lieutenant S L Berry regarding Lieutenant Francis Horatio Faddy, 13th Battalion, AWM1DRL/0428 – Australian Red Cross Society Wounded and Missing Enquiry Bureau files, 1914-18 War. The sheer frustration of witness reports can be seen here. How could an unconscious person ‘wander’ anywhere? Francis Faddy is listed on the memorial to the missing at Lone Pine.
- ² Letter from Carrie Kipling to Violet Cecil, cited in Pat Jalland, *Death in War and Peace: Loss and Grief in England, 1914-1970*, Oxford University Press, Oxford, p.50
- ³ Letter from Carrie Kipling to Violet Cecil, cited in Jalland, *Death in War and Peace*, p.50

accept the fact of it. Carrie admitted, “All day and every day I cry for some confirmation, some real proof that John is dead and there are thousands of mothers who feel as I do”.⁴ But there was never any end to the uncertainty. As Pat Jalland has commented, the Kiplings were “marked by grief forever”.⁵

‘Closure’ is a modern and, often, unhelpful term. It is at once bland and trite, a product of the mid-late twentieth century’s preoccupation with psycho-babble. It was a concept unknown to the bereaved of the Great War – perhaps they more readily would have recognised ‘resolution’ - and yet, regardless of semantics, it was something where, in its absence, grief was much more likely to become chronic, leading to a lifetime of debility. We can hear the urgency of the words of the bereaved almost a century later, as they relentlessly pursued this resolution, this closure, this *end* to uncertainty. A woman writing of her brother:

Please I am writing a few lines just to ask you please if you can give any trace ... please can you tell me any way in which I might be able to find my dear brother ... I have done all I can but [I can’t] find out anything ... how can I find out, please can you tell me.⁶

A mother anxiously looking for some reassurance wrote, “I will have to stop for I am broken hearted. I cannot settle. I am worried to death and I can’t help it ... I feel crazy”⁷, while another exclaimed, “the suspense is telling on me it seems to eat into one’s very soul ... how helpless I am”.⁸

⁴ Letter from Carrie Kipling to Violet Cecil, cited in Jalland, *Death in War and Peace*, p.50

⁵ Jalland, *Death in War and Peace*, p.51

⁶ Mrs Pill, cited in Bruce Scates, *Return to Gallipoli: Walking the Battlefields of the Great War*, Cambridge University Press, Cambridge, 2006, p.6

⁷ Mrs Kirkpatrick, cited in Patsy Adam Smith, *The Anzacs*, Penguin Books, Melbourne, 1978, p.162

⁸ Mrs Fox, cited in Scates, *Return to Gallipoli*, p.6

This chapter explores the particularly poignant plight of the families of those listed as 'missing' on the battlefield. It examines reasons why there were so many dead who were unable to be accounted for and how the absence of established ritual, which included knowledge of the manner of death, details of burial and location of the grave, inhibited the normal grieving process. It looks at a number of case studies to demonstrate the lengths the bereaved went to in seeking information of their sons and brothers, including resorting to spiritualism, and the impact a lack of 'closure' could take on their mental health. It concludes with an in depth examination of the story of the amnesiac 'George Brown', presumed by his family to have been killed in France, but discovered in 1928 in Callan Park, after being repatriated to Australia suffering from shell shock in 1916.

Magnitude of the Missing

The worst notification a family could receive came with the simple noun: 'missing'. As one young woman wrote in 1917:

'Killed' is final; 'wounded' means hope and possibilities; 'Prisoner of war' implies a reunion in the glad time when peace comes again to a stricken world; but 'Missing' is terrible, in that one word the soldier's friends see him swallowed up behind a cloud through which pierces no ray of light.⁹

As mentioned in Chapter 1, over one third of the 60 000 Australians who died during the war were either unidentified or unidentifiable. Men simply disappeared in the chaos of the front-line, or were lost in the mud, literally blown to pieces, or hastily buried in mass graves during

⁹ Mary MacLeod Moore, cited in Joanna Bourke, *Dismembering the Male: Men's Bodies, Britain and the Great War*, University of Chicago Press, Chicago, 1996, p.230

brief cease-fires, or at night.¹⁰ The statistics were even higher for the British forces. Of the over one million British casualties, 530 000 were never identified.¹¹ Even after the war when the earth gave up many of her grisly secrets – over 40 000 British war dead were found in Europe between 1922 and 1934¹² – only one in five was interred with a name.¹³ The sheer scale of warfare and fluctuation of the forward lines meant the collation and distribution of information was an arduous and protracted process. It was inevitable that some official communications were vague, confusing or inaccurate. The families of the missing were in an invidious position. They knew something dreadful had happened, but little more.

Parents in particular fretted about the lack of information surrounding their sons. What had happened? Where? Had he suffered? Were the authorities certain? Surely their boy could have been confused with another? Mourners like Eileen Colyer (discussed in Chapter 1), who searched for a lost grave, at least knew there had been a grave. Her husband's death had been confirmed and he had had a marked, final resting place. For the families of the missing, however, there was never any grave to find. As Pat Jalland has argued:

The lack of a corpse, a known burial place and an individual grave created fears, which could last for years, that their loved ones were not dead, but maimed, lost or helpless ... many continued to grieve for the rest of their lives, traumatised by wartime losses that they never completely accepted.¹⁴

¹⁰ J M Winter, 'Communities in Mourning', in Frans Coetzee and Marilyn Shevin-Coetzee (eds), *Authority, Identity and the Social History of the Great War*, Berghahn Books, Providence, 1995, p.333

¹¹ Bruce Scates, 'Finding the Missing of Fromelles' in Martin Crotty and Marina Larsson (eds), *Anzac Legacies: Australians and the aftermath of War*, Australian Scholarly Publishing, Melbourne, 2010, p.216

¹² Sam McSkimming, *Speech Notes*, 2007 John Laffin Memorial Lecture, p.6

¹³ Scates, 'Finding the Missing of Fromelles', p.216

¹⁴ Pat Jalland, *Australian Ways of Death: A Social and Cultural History 1840-1918*, Oxford University Press, Oxford, p.322

Many clung to the possibility that their soldier could still be alive. As Jay Winter wrote, “What if the man was a prisoner of war? What if he were lost and wandering around the battlefield? What if he was wounded and in need of care?”¹⁵ One young woman, seeking her betrothed among seemingly endless wards of wounded men consoled herself, “I am afraid there is little hope, but still, one hears very extraordinary tales of lost men re-appearing”.¹⁶

The vision of the return of the missing, or of the dead, is a recurring theme in both the actual history of war and its representation in popular culture. From the man who claims the identity of a missing veteran in *The Return of Martin Guerre*,¹⁷ the ghosts of men rising from the earth to march beneath the Menin Gate at midnight in Will Longstaff’s evocative painting, to the poignant letters from families begging for information, news and confirmation, the absence of the missing and the corresponding permanence of uncertainty is central to the experience of wartime bereavement.

The Kiplings found their search for answers often only uncovered more conflicting testimony and increased their confusion and anxiety,¹⁸ and this was certainly the case for many Australian families as well-meaning witnesses often reported vague or erroneous evidence through both official and unofficial channels, particularly the Red Cross. This confusion is illustrated by the experience of the Ettingshausen family of Kiama. Sapper Herb Ettingshausen was first reported missing on 20 July 1916. His mother was “naturally in great distress” and twice cabled men of his unit, the 14th Field Company Engineers, seeking clarification,

¹⁵ JM Winter, ‘Communities in Mourning’, p.333

¹⁶ Letter dated 8 March 1917 from Beatrice Wood to Vera Deakin, AWM, 1DRL/0428, No. 5376

¹⁷ Natalie Zemon Davis, *The Return of Martin Guerre*, Harvard University Press, Cambridge, 1983

¹⁸ Jalland, *Death in War and Peace*, p.50

while his sister wrote to the Red Cross pleading for “some satisfactory news concerning his whereabouts”. No trace of Herb could be found and the Red Cross extended “sympathy in your great anxiety”.¹⁹ In early 1917, the Ettingshausens received word through the Red Cross that it had been reported Herb had been taken prisoner and was in Germany. One report noted that witnesses “state they absolutely saw him being taken [prisoner]”.²⁰ The news that he was still alive, albeit in captivity, caused “rejoicing outside his home in his native town where it can be imagined how deep the joy would be at hearing such news”.²¹ Ettingshausen’s name however was not on German prisoner lists and in April, the Red Cross admitted that they now “placed little reliance on this rumour”.²²

The Red Cross received yet more reports. On 1 March 1917, a Lieutenant Merkel reported, “while he did not see Sapper Ettingshausen after the attack began [on 19 July 1916] he feels sure that he was killed during the night”. On 12 April 1917, Private Paxton did not “think he could possibly have recovered from his wounds” and described Herb as tall, slight, thin-faced and about thirty-five years old, while another report from March 1917 had described him as short, thickset and twenty-one.²³ Herb Ettingshausen was actually twenty-four years old, slim, 5 ½ foot tall with a dark complexion and green eyes.²⁴

On 19 May 1917, an AIF Court of Enquiry confirmed that he had been killed in action in the early hours of 20 July 1916. The news brought anguish to Mrs Ettingshausen’s “loving mother’s heart, and shattered

¹⁹ AWM 1DRL / 0428, No. 5376 Sapper Herbert Vaughan Ettingshausen

²⁰ AWM 1DRL / 0428, No. 5376 Sapper Herbert Vaughan Ettingshausen

²¹ *Kiama Independent*, 21 January 1917

²² AWM 1DRL / 0428, No. 5376 Sapper Herbert Vaughan Ettingshausen

²³ AWM 1DRL / 0428, No. 5376 Sapper Herbert Vaughan Ettingshausen

²⁴ NAA. B2455, H V Ettingshausen, 5376

hopes valiantly cherished through nearly a year of silence”.²⁵ Despite the apparent certainty, the local paper, the *Kiama Independent*, continued to list Herb as ‘missing’ in the Roll of Honour throughout most of 1917. His name was not moved to the ‘Fallen Heroes’ column until November.²⁶

The sheer mayhem of the battlefield itself explains a great number of the missing. Records were unable to be kept under heavy bombardments, trenches and dug outs collapsed destroying documents and discs, rough graves were re-opened and destroyed when shelling resumed on an area of ground previously fought over.

In the case of Australian soldiers, two other factors impacted on the ability to identify bodies later discovered. Firstly, at the beginning of the war, identification discs were made from compressed cardboard, not metal. Covered in blood and gore, lying in mud and rain, the cardboard rotted quicker than the corpse it belonged to. In addition, comrades would often strip bodies of discs (only one per man was provided until 1917), letters, papers and other personal items in an attempt to retrieve something to return home to grieving families. While admirable in its intent, the result of the practice meant that there were more unidentified bodies than there needed to be.²⁷

The total number of the missing and bodies without a name – the ‘unknown’ - posed two significant difficulties. Firstly, how were so many families to begin to accept a loss that could not be proven? As discussed in previous chapters, the cultural traditions that made sense of death and gave comfort to the bereaved were knowledge of the circumstances of death and the physical location of the grave. The families of the missing

²⁵ *Kiama Independent*, 12 May 1917

²⁶ *Kiama Independent*, 28 November 1917

²⁷ Scates, ‘Finding the Missing of Fromelles’, p.216

were denied this consolation: their soldiers had simply disappeared. Secondly, how were such men to be commemorated when the underlying ethos of the IWGC was that each dead soldier be individually, but uniformly, remembered?

The bereaved agitated persistently that the search for the missing should continue, well after the war's conclusion. Major Allen of the Australian Graves Service had been lauded as a "discoverer of missing men" and it was said that eight times out of ten, he could recover an identity that "solves the mystery and sets the seal of certainty on lingering hopes and doubts at home. For lack of knowledge is more agonising than assurance of death".²⁸ However, this praise itself raised false hopes by suggesting that it would only be the minority of bodies located who could not be re-buried with a name. One realistic official noted that, after a period of time, all "possible sources of identity having been removed, it was, at this late stage, a matter of practical impossibility to identify bodies".²⁹

Prime Minister Billy Hughes heard the anguish of the families and in 1919, proposed that graves be erected for each of the missing, regardless of whether his body had been located, on the premise that every soldier was entitled to "his 6 feet of ground".³⁰ The IWGC was horrified at the thought, believing it would call into question the legitimacy of all graves, while Kipling himself found the idea of fake or 'dummy' graves "distasteful"³¹ and the matter was quietly dropped. Many bereaved however, asserted their loved one's right to a personal commemoration, notwithstanding the absence of a body. Mr Alford wanted a permanent

²⁸ John Oxenham, cited in Bart Ziino, *A Distant Grief: Australians, War Graves and the Great War*, University of Western Australia Press, Crawley, 2007, p90

²⁹ Samuel Macmillan, cited in Ziino, *A Distant Grief*, p.94

³⁰ Ziino, *A Distant Grief*, p.98

³¹ Ziino, *A Distant Grief*, p.98

headstone erected at Ari Burnu, where his brother had taken part in the landing, instead of just the anonymous ignominy of having been buried at sea and listed on a panel.³² Mr Lord also suggested that the cemeteries be extended to “erect some little tribute to his [son’s] memory.”³³ Many others felt aggrieved that the missing were not entitled to an epitaph, like those with known graves.

During the 1920s when the majority of the massive memorials to the missing were established – at Lone Pine, at Thiepval and the Menin Gate for example – for every member of the bereaved heartened by Lord Plumer’s consolation, “He is not missing. He is here”³⁴ as he proclaimed at the opening of the Menin Gate Memorial in 1927, there were those who felt cheated. Some would never give up the quest to give their boys a proper grave that would offer some acknowledgement of their sacrifice.

Desperate searchers

Mrs Mary Drummond, of Catherine Hill Bay, near Newcastle, had been writing increasingly desperate and angry letters to Base Records since being first notified in August 1915 that her son, Private Victor Farr, had been wounded.³⁵ She was assured that, in the absence of anything to the contrary she should assume “all wounded are progressing satisfactorily” and was advised to write to Victor at Alexandria.³⁶ Her initial deference to the authorities gave way to insistence, as she complained:

³² Scates, *Return to Gallipoli*, p59

³³ Scates, *Return to Gallipoli*, p.59

³⁴ Field Marshal Sir Herbert Plumer, *London Times*, 25 July 1927, cited in *ibid.*

³⁵ Letter dated 4 August 1915 from Base Records to Mrs M Drummond, NAA, B2455, Farr, VE 828

³⁶ Letter dated 4 August 1915 from Base Records to Mrs M Drummond, NAA, B2455, Farr, VE 828

it is now 10 weeks since I first got a cable stating he was wounded ... Now Sir, I think it is your duty to see or have this seen to for me. I think when a mother gives her son, seeing that he is under age, when that son is wounded she ought to have some news ... It is now 10 weeks, I think they have had ample time to let me know something of my son³⁷

Mrs Drummond explained that, as she lived some distance from Newcastle and was finding it difficult to retain paid employment, sending cables was inconvenient and expensive, but while “hoping that I am not asking too much” she believed she “should know where my son is” as she was “waiting anxiously for day after day” for information.³⁸

Some letters seemed to indicate that she was experiencing great difficulty in entertaining even the possibility of Victor’s death. She wrote, “It is very odd that I have had no word from him before this as he used to write so regular. Before this, the last letter I received from him was written on April 24.”³⁹ Having received no satisfactory response as to Victor’s whereabouts, she enlisted the help of her local member of parliament, (see over page) explaining “we cannot get any tidings of him” and imploring him to “do anything to find out where my son is, if he is living or not.”⁴⁰ A Court of Enquiry in January 1916 determined that Victor had been killed at the landing on 25 April 1915, but it was not until 1921 that the authorities conceded that exhaustive enquiries had failed to find his body. She replied “I only wish you could tell me if you knew he was buried, my sorrow would not be so great” and explained, with a

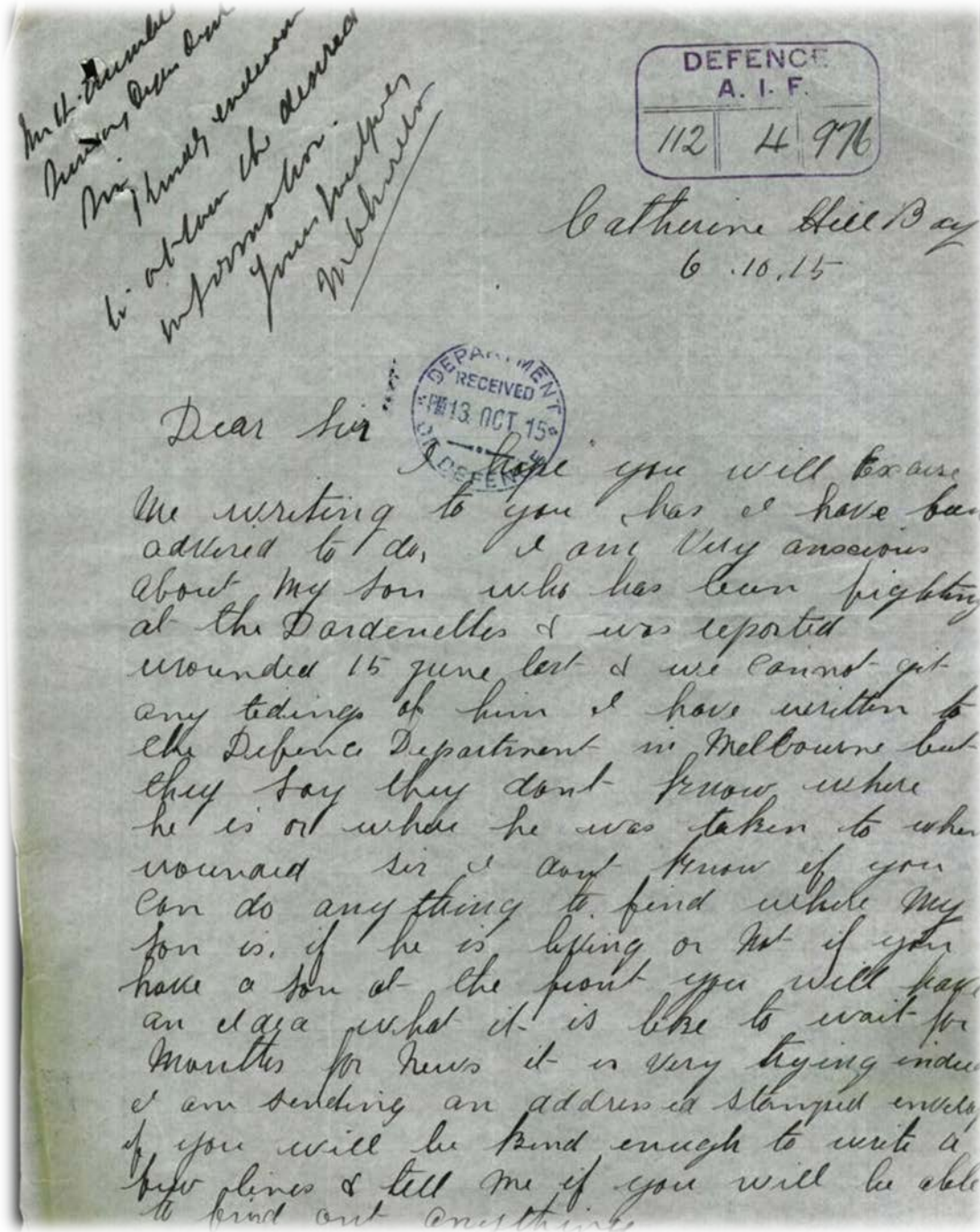
³⁷ Letter dated 23 August 1915 from Mrs M Drummond to Base Records, NAA, B2455, Farr, VE 828

³⁸ Letter dated 23 August 1915 from Mrs M Drummond to Base Records, NAA, B2455, Farr, VE 828

³⁹ Letter dated 10 September 1915 from Mrs M Drummond to Base Records, NAA, B2455, Farr, VE 828

⁴⁰ Letter dated 6 October 1915 from Mrs M Drummond to The Hon M Charlton, Member for North Lambton, NAA, B2455, Farr, VE 828

note of apology, "[e]xcuse me, as I am very much worried at the loss of my boy".⁴¹



⁴¹ Letter dated 14 May 1921 from Mrs M Drummond to Base Records, NAA, B2455, Farr, VE 828

While Mrs Drummond then disappears from the historical record for many years, it is apparent that her anxiety and uncertainty over Victor's fate did not abate. His personnel file shows that she was still writing to authorities in 1935, seeking any further news of her son. Base Records informed her "in common with those of other of his comrades who fell at Gallipoli and have no known graves, his name has been commemorated on the Lone Pine Memorial to the Missing."⁴² The Defence Department received a second letter in 1935 from Victor's family, this time from his step-brother, stating that he "had heard a rumour that he [Victor] was still alive", but had taken the liberty of confirming it with Base Records, rather than "write to Mother".⁴³

The letter from the step-brother is revealing in two ways. The first is the fact that Victor's siblings had accepted the fact their brother was dead. The second lies in the implicit sense that the family were worried by their mother's ongoing obsession over his fate, and feared that any new rumours that Victor was still alive could affect Mary's mental health. Mary Drummond, however, was not alone in her constant search for confirmation. Another mother, Mary Wickens, wrote to Australian authorities in 1936, asking "[i]f at any time any information of my eldest son ... should come to hand from Lone Pine, would you kindly let me know?"⁴⁴ The responses to either of these requests are not recorded in the files. What was there to say?

⁴² Letter dated 23 September 1935 from Base Records to Mrs M Drummond, B2455, Farr, VE 828

⁴³ Letter dated 19 September 1935 from Mr E Thompson of Waverton, to Base Records, NAA, B2455, Farr, VE 828.

⁴⁴ Sam McSkimming, *Speech Notes*, 2007 John Laffin Memorial Lecture

What comfort can I find?

There is considerable evidence that many bereaved Australians in urban areas resorted to spiritualism in an attempt to gain and maintain a communication and connection with their sons. Jalland, Damousi and Winter have each explored in detail this phenomena of communicating with the dead through mediums⁴⁵ and found it to be “one of the most disturbing and powerful means by which the living ‘saw’ the dead of the Great War, and used their ‘return’ to help survivors cope with their loss”.⁴⁶ As Garton has correctly argued, there was a wide audience seeking solace in the notion that death could be transcended.⁴⁷

Jalland has contended that many ceased to engage with Ouija boards and séances when their raw grief diminished over time and they admitted to themselves that the practice seemed futile.⁴⁸ However, large crowds in Melbourne continued to attend public séances, ‘spirit photography’ exhibitions and lectures featuring such advocates as Arthur Conan Doyle well into the 1920s, among them John Garibaldi Roberts’ wife (and Frank’s mother) Berta.⁴⁹ Conan Doyle’s aim was to comfort the bereaved by bringing a message of “consolation to bruised hearts and bewildered minds”.⁵⁰ Rudyard Kipling was both compelled and repelled by the practice and “strove to overcome the temptation to believe in the presence of the dead and the possibility of communicating with them.”⁵¹

⁴⁵ See Jalland, *Australian Ways of Death*, pp. 314-317, Damousi, *The Labour of Loss*, pp.131-133 and Winter, *Sites of Memory, Sites of Mourning*, pp.54-64

⁴⁶ Winter, *Sites of Memory, Sites of Mourning*, p.54

⁴⁷ Stephen Garton, *The Cost of War: Australians Return*, Oxford University Press, Oxford, 1996, p.70

⁴⁸ Jalland, *Australian Ways of Death*, p.316

⁴⁹ Tanja Luckins, *The Gates of Memory: Australian People’s Experiences and Memories of Loss and the Great War*, Curtin University Books, Fremantle, 2004, p.154

⁵⁰ Garton, *The Cost of War*, p.70

⁵¹ Jalland, *Death in War and Peace*, p.53

By contrast, Norman Lindsay was a committed believer and saw messages from his younger brother Reg, killed on the Somme, as coming from a place “hardly higher than the earth” but not the current world “littered with bland, mad, dumb and shattered cripples”. Norman cautioned their other brother against being swayed by sceptics.⁵²

Neither McQuilton, McKernan or my own study of the Illawarra, have found evidence of widespread public participation in spiritualism in rural areas.⁵³ In the large cities, people had the advantage of anonymity to mask a reliance on unorthodox mourning behaviours, while the closeness of regional communities and lack of privacy in many small towns would have precluded the bereaved from publicising such a profane departure from Christian tradition.

Private William R was just shy of his nineteenth birthday when he enlisted in the AIF less than two weeks after the outbreak of war. Wounded at Gallipoli, he showed uncommon promise as a leader of men and was promoted to Company Sergeant Major within the year.⁵⁴ His first foray into the war on the Western Front was at Fromelles where he was last seen leaping into the German trenches on the night of 19 July. His family received a telegram in August 1916 informing them that William was missing, but it would be another twelve months before a Court of Enquiry confirmed their worst fears. William had been killed in action in France and the body could not be accounted for.⁵⁵

⁵² Norman Lindsay, cited in Luckins, *The Gates of Memory*, p.155

⁵³ See John McQuilton, *Rural Australia and the Great War: From Tarrawingee to Tangambalanga*, Melbourne University Press, Carlton South, 2001, Michael McKernan, *Australian churches at war: Attitudes and activities of the major churches 1914-1918*, Catholic Theological Faculty, Sydney, 1980 and Jennifer Hawksley, *'Days of Tears and Longing': War, Grief and Memory in the Illawarra 1914 - 1925*, BA (Hons) thesis, School of History and Politics, University of Wollongong, 2004

⁵⁴ Field Service Form, NAA, B2455, Barcode 8037612

⁵⁵ 'Casualty Form – Active Service', NAA, B2455, Barcode 8037612. The Court of Enquiry brought down its finding on 26 July 1917.

After the war, perhaps reflecting the implied promise in Major Allen's work, his mother Henrietta R pleaded for further information. The Army could only repeat that William had been "killed in action,"⁵⁶ that they had forwarded the death certificate⁵⁷ and that "Graves Services have failed to locate the soldier's last resting place".⁵⁸

The grief of losing William, the eldest of her three children, compounded by uncertainty and doubt, severely affected Henrietta. She retreated to a world where "she can see Christ sitting on a cloud where the light is"⁵⁹ and where she "has been communicating with God who assures her that everything will come right."⁶⁰ Her husband became alarmed when Henrietta began to obsessively visit a series of clairvoyants and spiritualists in an attempt to contact her son. With police assistance, he brought Henrietta to Callan Park and told the doctors she insisted she had received spirit messages from William which "upset her mentally" and was adamant that these people be prevented from visiting her.⁶¹

The practice of spiritualism was one that sharply divided families, as in Henrietta's case. While Henrietta may have perceived some sense of peace and comfort from the ritual of attempting to communicate with her son William, her husband was deeply concerned that those who claimed to act as mediums were wicked and were causing great harm to Henrietta. She had cheerily claimed to "receive messages from God

⁵⁶ Letter dated 16 May 1918 from Commandant, AIF Headquarters, London, NAA, B2455, Barcode 8037612

⁵⁷ Letter dated 16 May 1918 from Base Records, NAA, B2455, Barcode 8037612

⁵⁸ Letter dated 23 August 1922 from Base Records, NAA, B2455, Barcode 8037612

⁵⁹ Dr Ridler, Western Sydney Records Office (WSRO), Series Number: 4984, Admission files, 14/9406 – Callan Park Mental Hospital, No.1919-76.12922

⁶⁰ Dr Ross, Admission files, 14/9406 – Callan Park Mental Hospital, No.1919-76.12922

⁶¹ Dr Price, Admission files, 14/9406 – Callan Park Mental Hospital, No.1919-76.12922

which direct her actions”⁶² and regularly “receives messages about the Bible”.⁶³ Delusions based on seeing and hearing the dead, and religious mania had long been harbingers of mental instability and were generally viewed with a jaundiced eye. Yet, as Luckins has proposed, a belief that dead soldiers had gone to a “timeless, immortal world, unsullied and peaceful, beyond the grave”⁶⁴ was immensely consoling for grieving families, particularly those who had no grave to mourn over.

Some weeks after her admission, a friend wrote enquiring as to Henrietta’s progress and explained:

I do hope she will be able to write to me. If only we could trace her dear son ... who has been missing over 2 years. I feel she would soon be her old self again. She has had very much to try her in her home life since [he] left for the front.⁶⁵

Henrietta was discharged from Callan Park on 23 June 1919, but continued to be plagued by her depression and grief and she had separated from her husband by 1922. Mr R was determined to travel to France to resume the search for William’s body.⁶⁶ William’s name is listed on the Australian Memorial at V C Corner. Henrietta died in 1950.⁶⁷

⁶² Dr Ridler, Admission files, 14/9406 – Callan Park Mental Hospital, No.1919-76.12922

⁶³ Dr Ross, Admission files, 14/9406 – Callan Park case papers, No.1919-76.12922

⁶⁴ Luckins, *The Gates of Memory*, p.155

⁶⁵ Letter dated 14 March 1919 from Mrs E H to Medical Superintendent, Admission files, 14/9406 – Callan Park Mental Hospital, No.1919-76.12922

⁶⁶ Letter dated 14 August 1922 from husband to Base Records, NAA, B2455, Barcode 8037612

⁶⁷ Death Certificate, Registration Number 20606/1950, NSW Department of Births, Deaths and Marriages

The unknown patient

In March 1928, almost ten years after the end of the war, the Sydney *Truth*, acting on a tip-off from Callan Park, published a photograph of a soldier who had been a patient at the Callan Park Mental Hospital since 1916. He did not know his name. He did not know where he had come from. He had been discovered, dishevelled and incoherent, behind the lines in France. He did not know his rank, his unit or his pre-war occupation. Apart from an Australian army hat, he had possessed no insignia or identification.⁶⁸ Visibly distressed, agitated and panicked, he had been placed in the care of an Australian field hospital where he eventually proffered that his name was George Brown, that he had enlisted in the AIF from his home in Tasmania and that his regimental number was 2584.

None of this was true.⁶⁹

Details regarding what had happened to him before being found are vague but a persistent story in the files indicates he may have been buried alive in a trench when a mortar shell exploded. If so, it is perhaps likely that he wandered away from the frontline, disoriented and without memory, possibly suffering a head injury. This hypothesis was seized upon by the editors of the *Truth* who appealed to their readers to help identify the man.

⁶⁸ Medical Superintendent to Deputy Commissioner, Repatriation Commission, 29 May 1928, Admission files, 14/9395, No 1918-81.12449

⁶⁹ His real name was not George Brown however as he was known as such throughout much of his medical history, this chapter will refer to him by that pseudonym. By an extraordinary coincidence that Brown could not have been aware of, an Australian soldier with the regimental number 2584 was also named Brown and had been listed as missing at Fromelles in July 1916, only weeks before. See NAA, B2455, Alexander Malcolm Brown, 2584

Playing fast and loose with the facts, the paper described Brown's war:

A shell whizzes through the air. It lands and bursts with a mighty roar! A stupendous crashing, shattering sensation. The world must have broken in halves.

Then comes a tumbling, some thuds, darkness ... oblivion.

Twelve years ago, "George Brown" was buried alive under sandbags somewhere in France. Later, they dug him out – out of the sandbags anyway. But he has remained buried alive, lost to all the world, a man without home or friends or foes, a man who has lost his personality.

At Callan Park Asylum he broods, mentally warped, a lone lost soul, as poignantly pathetic in his splendid isolation as any figure in history. He is Australia's Unknown Soldier – buried, not in a Cenotaph, but alive.⁷⁰

Initially, the doctors in the field had put his condition down to shell shock and noted Brown was:

Dull, depressed, has not improved ... Moody and apathetic. Shows loss of memory, completely disorientated. Expression vacuous, semi-stuporous. Recommended for discharge as permanently unfit.⁷¹

Further, they stated he was "suffering from hallucinations of hearing ... easily startled ... distressing dreams ... wakes in fright".⁷² After being transferred to the Lord Darby War Hospital in London, a Medical Board enquiry ordered Brown's return to Australia for continued treatment. As to the cause of 'the Case', the registrar was emphatic: 'Stress of the

⁷⁰ *The Truth*, Sydney, 25 March 1928

⁷¹ Captain McLeathy, Archives New Zealand, New Zealand Expeditionary Force Personnel Record, 12/2582

⁷² Major Lewis, Archives New Zealand, New Zealand Expeditionary Force Personnel Record, 12/2582

Campaign'.⁷³ He was returned to Australia as medically unfit aboard the *Karoola* and was immediately transferred to the military facility at Broughton Hall in December 1916.

After just over twelve months at Broughton Hall, Brown was removed "owing to his aggressive habits"⁷⁴ and "on account of violence toward orderlies".⁷⁵ On 27 February 1918 he was committed as insane at the Reception House at Darlinghurst and transferred to the secure wards at Callan Park. The certifying doctors recorded Brown's state: "He is morbidly dull and confused. Has next to no idea where he is, when or why he came here and is indifferent. He cannot care for himself".⁷⁶ The second doctor made a telling observation:

He is childish, dull and confused in manner and speech. He states that people's voices, who are unseen, worry him by calling him a coward. His memory is so dull that he cannot answer any question except by answering 'I don't know. I don't know'.⁷⁷

The doctors at Callan Park, in the absence of any other information, had taken the lead from the Army and created a file that officially recorded him as 'George Brown'. The staff began to refer to him as 'the unknown patient'.

As noted earlier, many families of the missing fixated on the idea that their loved ones had lost their memory, that they were alive but unable to

⁷³ Major Lewis, Archives New Zealand, New Zealand Expeditionary Force Personnel Record, 12/2582

⁷⁴ Medical Superintendent to Deputy Commissioner, Repatriation Commission, 29 May 1928, Admission files, 14/9395, No 1918-81.12449

⁷⁵ Personal history, Case Papers – discharged male patients, Callan Park Mental Hospital, 14/10082

⁷⁶ Dr Chisholm Ross, 27 February 1918, Admission files, 14/9395, Callan Park Mental Hospital, No.1918-81.12449

⁷⁷ Dr A Chapple, 27 February 1918, Admission files, 14/9395, Callan Park Mental Hospital, No 1918-81.12449

find their way home. Carrie Kipling clung to the hope that Jack had ‘lost his mind’, while Hannah Fenwick and her mother had invented a comforting scenario whereby their brother and son ‘is in a hospital or he might have lost his memory’. Under his real name, the unknown patient’s family knew him to be listed as missing, presumed killed, but he *was* alive. The man they called George Brown *was* in a hospital. He *had* lost his memory. He could *not* find his way home.

The often unspoken, but sometimes unshakable faith in the possibility of the men eventually returning says something very profound. There was a pitifully naïve expectation that, if they were to be found, the missing would be as they had been before the war; that he could come home and things would be as they were. That he would return whole, both in body and in mind. Even the most cursory view of the unknown patient’s medical files belies that belief, for even if he returned to his family in body, his mind was another matter entirely.

Observations made by the medical staff over many years demonstrate how debilitated Brown was and may help explain why avenues to aid his identification were continually hampered. The diagnosis on his admission to Broughton Hall had been dementia praecox, a condition now known as schizophrenia, together with ‘delusional insanity’.⁷⁸ His mental state was described as “extremely dull and sluggish ... sits idly in the ward taking no notice or interest in anything. Expression is blank”.⁷⁹ He “converses with difficulty”⁸⁰ and had a habit of rolling “up his coat and nurs[ing] it as a doll”,⁸¹ but was unable to explain why he did this.

⁷⁸ Case papers – discharged male patients, Callan Park Mental Hospital, 14/10082

⁷⁹ Examination of Mental Condition, Case papers – discharged male patients, Callan Park Mental Hospital, 14/10082

⁸⁰ Examination of Mental Condition, Case papers – discharged male patients, Callan Park Mental Hospital, 14/10082

⁸¹ Record of Progress, 30 September 1917, Case papers – discharged male patients, Callan Park Mental Hospital 14/10082

Brown's file from Callan Park in 1918, after his transfer from Broughton Hall, noted he was "apt to be violent"⁸² and by early 1919, he had become "abusive, irritable, sometimes violent"⁸³ and doctors believed he had "probably concealed persecution delusions"⁸⁴, although how such a deliberate act of concealment could coexist with a patient with "no actual mental acuity or memory"⁸⁵ is unclear. The relatively new therapy of hypnosis was attempted on a number of occasions with no success and any other specific treatments are not recorded in Brown's medical file.⁸⁶ It is probable that at various times, he may have been sedated, or physically restrained, as both these were relatively common practices at the time, especially for violent patients, but this cannot be verified from the information that exists in the files. It is clear that until the campaign to identify him in 1928, Brown was considered a hopeless, chronic case with little to no prospect of recovery.

As noted in Chapter 2, participating in work was seen as an important indicator of the chances of improvement and this was particularly so in cases of damaged returned soldiers, whom it was thought would gain satisfaction and confidence through physical labour. Conversely, failure to participate in work, either in the wards, gardens or vocational pursuits such as metal and wood working, was a significant sign that the patient was either lazy and stupid, or incurable. Brown's file reported that "at

⁸² Record of Progress, 30 March 1918, Case papers – discharged male patients, Callan Park Mental Hospital, 14/10082

⁸³ Record of Progress, 30 March 1919, Case papers – discharged male patients, Callan Park Mental Hospital, 14/10082

⁸⁴ Record of Progress, 30 September 1920, Case papers – discharged male patients, Callan Park Mental Hospital, 14/10082

⁸⁵ Record of Progress, 30 September 1920, Case papers – discharged male patients, Callan Park Mental Hospital, 14/10082

⁸⁶ No records survive of specific medication or other prescribed treatment. One folder within the medical file has the name 'Brown, George' handwritten across it, but it is completely empty.

times he does hard work”⁸⁷, but this seems to have been the exception. Most medical officers commented that he was “mischievous and troublesome”, “irresponsible and erratic” and “careless and untidy”.⁸⁸

Brown’s deterioration during the 1920s is documented with clinical precision. Reports on progress were made once, occasionally twice, per year, and are rarely more than one sentence long, indicating again the belief that his was a chronic, incurable case. Euphemistically, personal habits were described on a scale ranging from clean, to faulty, to dirty to depraved. George Brown descended through the list. In 1923 it was recorded, he “sticks matches in his ears and says there are broken clay pipes all over the ward.”⁸⁹ A year later: he “stuffs his nose with rags. Very destructive”⁹⁰ which escalates to “careless and untidy in his habits”⁹¹ and then “very dirty in habits. Places foreign bodies in various orifices”.⁹² By 1927: he “drinks urine. Faulty habits ... Restless, destructive, noisy”⁹³ and “rubs faeces all over himself at night”.⁹⁴

Shortly after this last entry, the public campaign began to finally identify the unknown patient but why it had not occurred to the medical staff to contact newspapers before 1928 is unclear and who it was who initially contacted them is also unknown. Perhaps a doctor or nurse who took

⁸⁷ Record of Progress, 30 June 1922, Case papers – discharged male patients, Callan Park Mental Hospital, 14/10082

⁸⁸ Record of Progress, 30 June 1922, 26 August 1924 and 31 August 1925, Case papers – discharged male patients, Callan Park Mental Hospital, 14/10082

⁸⁹ Record of Progress, 16 October 1923, Case papers – discharged male patients, Callan Park Mental Hospital, 14/10082

⁹⁰ Record of Progress, 16 December 1924, Case papers – discharged male patients, Callan Park Mental Hospital, 14/10082

⁹¹ Record of Progress, 31 August 1925, Case papers – discharged male patients, Callan Park Mental Hospital, 14/10082

⁹² Record of Progress, 15 July 1926, Case papers – discharged male patients, Callan Park Mental Hospital, 14/10082

⁹³ Record of Progress, 6 May 1927, Case papers – discharged male patients, Callan Park Mental Hospital, 14/10082

⁹⁴ Record of Progress, 23 November 1927, Case papers – discharged male patients, Callan Park Mental Hospital, 14/10082

pity, or a fellow patient may have mentioned this wretched lone veteran to a visitor. Or it may have reflected a decision made by the Repatriation Department in 1926. Having been unable to establish any proof of Brown having been in the Australian army at any time, the Repatriation Department had declared in 1926 that he was now none of their concern:⁹⁵ perhaps the hospital was more concerned now to have someone take over the financial costs of his care, or at least provide for his comfort fund.⁹⁶ The campaign gained the immediate backing of the Returned Services League, who felt that, even if he had not enlisted in the First AIF, he had been in France, he had been in uniform, he was a missing soldier that must have, at one time, belonged to somebody who loved him.

And so the chase was on to track down the family of the phantom George Brown. But what, or who, would any family find behind the gates at Callan Park that resembled the man they once knew?

The story, of course, was great fodder for the newspapers, particularly the more lurid tabloids of the time, the *Truth* leading the march as they described the collapsed dug out, and then the “willing hands set feverishly to work and the man who had been buried was pulled out ... But his mind did not come out of that nerve-shattering pit of disaster”.⁹⁷

⁹⁵ *The Sun*, 15 March 1928

⁹⁶ Each patient had a small account with which to purchase goods such as tobacco, razors and sweets etc. Usually, the patient's next of kin would be responsible for this, however, in Brown's case, the State assumed the burden until donations arrived just prior to his release.

⁹⁷ *The Truth*, Sydney, 25 March 1928

Brown was portrayed as:

the Digger who had gone away from Australia's sunny shores as somebody, had returned as nobody – a man who had as thoroughly and effectively lost himself as if he had been stranded in the barren heart of the Sahara Desert.⁹⁸

The article further sensationalised:

from being a sane and healthy man, he was turned into a gibbering lunatic, mumbling nonsense, starting in fear and at times becoming paralysed with terror as he remembered, probably, the indescribable moment when the dug-out crashed in above him and crushed his face and body to earth in a vice-like grip ... Here, if ever, was instanced the frightful things that war can do to a man.⁹⁹

Newspapers throughout Australia ran with the story and published Brown's photograph, many under the caption of "The Unknown Patient of Callan Park". Front page headlines asked, "Does any Queenslander know this Face?"¹⁰⁰, "Do you Know Him?"¹⁰¹, "Unknown Soldiers' Living Death"¹⁰², his photograph overlaid with a large question mark. Even *Reveille*, the official organ of the RSL, took up the cause. A series of photographs in the *Truth* was captioned:

It is under the name of 'George Brown' that this worried looking Unknown Soldier spends aimless days and years at Callan Park. Back from the European War came the Unknown Warrior, mentally buried alive in far away Flanders, but physically here in Sydney. He passed through these gates to Callan Park. Will he ever come out?¹⁰³

⁹⁸ The *Truth*, Sydney, 25 March 1928

⁹⁹ The *Truth*, Sydney, 25 March 1928

¹⁰⁰ Newspaper clipping, name and date unknown, Case papers – discharged male patients, Callan Park Mental Hospital, 14/10082

¹⁰¹ The *Truth*, Sydney, 25 March 1928

¹⁰² The *Truth*, Sydney, 25 March 1928

¹⁰³ The *Truth*, Sydney, 25 March 1928

The *Truth* explained that while other returned men suffered similar afflictions, “others all seemed to have relatives and friends around them to visit them, to cheer them up” while Brown “remained the unknown soldier ... buried away in a mental hospital, without kith or kin”.¹⁰⁴

The response from bereaved Australians was overwhelming. Hundreds of people from all over New South Wales and around the country appealed to the hospital, the newspapers and the RSL for a detailed description or further photograph. The Sydney *Sun* newspaper reported:

Most of them write in similar vein. They cannot believe, they say, that their father or husband or brother is dead – though officially reported killed or missing – because they received none of his personal belongings, not even the identification disc.¹⁰⁵

One mother from country Victoria wrote to the RSL asking for a photograph and description to be sent at once. She had recently dreamed that her son, reported killed during the war, had “come to life after ten years, but very much changed in features”. Her family wrote supporting her request, and noted, “although naturally, we all think he must be dead, she [the mother] has had presentiments before, so we would like a photo”.¹⁰⁶ A woman from Haberfield, in Sydney, visited Callan Park in person to meet George Brown. She insisted she recognised him as the soldier son of a station hand who worked at stations at Dunlop and Winbar, on the Darling River between Bourke and Wilcannia in far north-western New South Wales.¹⁰⁷

¹⁰⁴ The *Truth*, Sydney, 25 March 1928

¹⁰⁵ The *Sun*, 15 March 1928

¹⁰⁶ Newspaper clipping, name and date unknown, Case papers – discharged male patients, Callan Park Mental Hospital, 14/10082

¹⁰⁷ Newspaper clipping, name and date unknown, Case papers – discharged male patients, Callan Park Mental Hospital, 14/10082

A man from Castlemaine in Victoria wrote seeking more particulars after he experienced a vivid dream in which his brother, who was reported killed at Pozieres, “suddenly returned from nowhere, so to speak, and could not account for his movements during the intervening years”.¹⁰⁸

One report described the “sad procession” of over one hundred callers to Callan Park “mostly parents” who had “cherished through the years the fading hope that perhaps their boy might have been wrongly reported missing”.¹⁰⁹ New Zealand newspapers had also picked up the story and reported that inquiries had come in from all over the country, some,

of a most pathetic nature, some from widowed mothers who, through the long years since the war, had still retained hopes that their boys reported missing would one day be restored to them.¹¹⁰

After more than a decade, the majority of families of the missing would have accepted, if reluctantly, that the worst was indeed true, and their boy had perished on the battlefield. The return of just one, such a long time later, however, engendered enormous doubt and misgivings among those families. Perhaps they had been right all along, he was not dead. If there was one in a hospital, surely there could be more?

The publicity surrounding the plight of the unknown patient had wider ramifications than just for his own family. Hoping and then having to accept that Brown was not their missing soldier would have re-opened all the old wounds that had taken so long to heal, if indeed they had ever healed at all. The initial hope, disappointment and grief would have been relived once again, just as it had over ten years before. The lack of

¹⁰⁸ Newspaper clipping, name and date unknown, Case papers – discharged male patients, Callan Park Mental Hospital, 14/10082

¹⁰⁹ *The New Zealand Truth*, Wellington, 5 April 1928

¹¹⁰ *The Dominion*, Wellington, 26 April 1928

evidence proving death enabled some of the bereaved to begin to believe in the miracle of a reunion. Even the slightest hint of hope was preferable to ongoing hopelessness.

For all but one family, it would prove to be a cruel and futile optimism. The irony of George Brown's story, however, lies in the fact that all evidence points to the fact that Mrs Brown may have accepted George had died in the war. Between 1916 and when he was finally found in 1928, she did not write repeated letters seeking detail and confirmation. She did not petition governments or the IWGC or the military, urging them to do more to find the missing. When she was informed, during the war, that further information may be forthcoming but it had been lost when the troopship carrying the mail went down¹¹¹, she did not follow it up. Yet, it seems that Mrs Brown had some lingering doubt that her son was dead. She clearly lacked the tenacity of other mothers like Mary Drummond and Mary Wickens, but she may well have been closer to Henrietta R, without Henrietta's obsessive beliefs, that her son, somehow, still lived.

It was not only the families of the missing who were touched by Brown's story. A mother from Western Australia wrote to the Medical Superintendent demanding an assurance that there was no record of any other unknown soldier patient, in theirs or any other institution. He replied that they "believe Brown's case to be unique and have never heard of one like it".¹¹² The newspaper reported that this woman's son had been killed in France, rather than was missing, so it is unlikely that she thought it was possible the unknown patient belonged to her. This mother was a surrogate, or a symbol, for all the other mothers who had

¹¹¹ *New Zealand Herald*, 23 May 1928.

¹¹² Newspaper clipping, name and date unknown, Case papers – discharged male patients, Callan Park Mental Hospital, 14/10082

lost their sons, searching, on their behalf, for proof that no other had vanished in similar circumstances.

Many others corresponded with the hospital, wanting to know what they could do to help trace Brown's family, or assist his comfort. An elderly lady sent in packets of cigarettes for him. She had lost three sons in the war.¹¹³ Here is demonstration of Jay Winter's 'fictive kinship', where bonds are developed between strangers united by a common trauma. The publicity surrounding Brown's case also encouraged newspapers to publish sympathetic articles on other psychologically damaged returned soldiers. These may have served to remove some of the stigma attached to mental illness among the nation's heroes. One paper reported that Callan Park had "300 returned soldiers in residence ... [it] has become a sanctuary for many war wrecks" but assured readers that,

the mental condition of a number of these Diggers is quite within the bounds of cure ... They are mostly nerve and shell shock cases ... They do well under the efficient and kindly treatment of the medical and nursing staff.¹¹⁴

This article gave a comprehensive account of the work of representatives of the RSL in visiting patients and seeking to lobby the Repatriation Department on their behalf for war pensions. It included the case of a "Digger patient" who claimed to be "receiving a pension for a shrapnel wound in the leg."¹¹⁵ Nothing out of the ordinary there, however, it is interesting that this particular patient made much to the journalist of the fact that "because this leg was not robust and dependable ... he collapsed on the train line, losing his good leg when the wheel of a tram

¹¹³ Newspaper clipping, name and date unknown, Case papers – discharged male patients, Callan Park Mental Hospital, 14/10082

¹¹⁴ Newspaper clipping, name and date unknown, Case papers – discharged male patients, Callan Park Mental Hospital, 14/10082

¹¹⁵ Newspaper clipping, name and date unknown, Case papers – discharged male patients, Callan Park Mental Hospital, 14/10082

passed over it”.¹¹⁶ The patient is not named, but it is possible that here is evidence of George Brown’s story intersecting with Cedric S’s, and his amputated leg after his drunken escapade in Egypt, from Chapter 4. If this is the same man, Cedric was living a fantasy in 1928 because, of course, he had never been near the front to sustain any shrapnel wound. Despite the barrage of hype and sensationalism in the press regarding the unknown patient’s case, it was a complete coincidence that saw him identified. The physical description of Brown circulated in the press mentioned a tattoo of a small flag etched into his upper left arm.¹¹⁷ A William Porter travelled from Canberra to the asylum after the article appeared, claiming he had known a man matching the description who had such a tattoo. They had been friends as children. In New Zealand. A fellow New Zealander by the name of Rawson who was travelling through Sydney at the same time also recognised his old school friend. Mr Rawson reported to Callan Park and produced a photograph of a much younger Brown and another boy and the Medical Superintendent, without much hope, took it to show Brown. He recorded that Brown looked at the photograph, looked away, and then said, firmly and clearly, “That’s me and Billy Porter eating peaches”.¹¹⁸ Brown was also able to engage Mr Rawson “in conversation about a favourite dog”.¹¹⁹

Having established a name, both Australian and New Zealand authorities moved quickly to confirm the identification. A telegram was sent to Mrs Brown, on the west coast of the North Island of New Zealand, suggesting

¹¹⁶ Newspaper clipping, name and date unknown, Case papers – discharged male patients, Callan Park Mental Hospital, 14/10082

¹¹⁷ The Australian newspapers did not specify the design of the tattoo, other than it was a flag. However, his medical form, completed on his arrival in New Zealand clearly states it was a Southern Cross. Strangely, it places the tattoo on his *right* upper arm, as opposed to the left, as was reported in Australia. See Medical History – form 57, Case papers, Porirua Mental Hospital, registration number 7499.

¹¹⁸ Case papers – discharged male patients, Callan Park Mental Hospital, 14/10082

¹¹⁹ *The Reveille*, 31 March 1928, Case papers – discharged male patients, Callan Park Mental Hospital, 14/10082

that there seemed to be reason to believe that Callan Park's unknown patient was her son. A journalist from the *New Zealand Truth* travelled to her home to show her the photograph of Brown, which had been sent via wire by the RSL. The journalist reported, "she clasped the photograph to her, murmuring 'Yes that is my George, God bless him, God bless him!'" before fainting into the arms of her daughter.¹²⁰ That night, in a shaky hand, she wrote possibly the happiest letter of her life (shown next page):

We have been looking for you to come home for a long time. Thank God you are found ... hope to see you soon, fondest love from your loving Mother.¹²¹

A seemingly definitive identification made a reunion an immediate priority, yet authorities were still cautious. With all the publicity the case had generated, now on both sides of the Tasman, it would be disastrous if, on finally meeting, a mistake became obvious, if "some trick of fate might be leading her into false hopes".¹²² Mrs Brown sent a family photograph to Callan Park to assist with confirmation. She received a prompt reply, "Soldier identified as Private George Brown, Taranaki, New Zealand".¹²³

¹²⁰ *The New Zealand Truth*, Wellington, 5 April 1928

¹²¹ Letter dated 28 March 1928 from mother to G Brown, Case papers – discharged male patients, Callan Park Mental Hospital, 14/10082

¹²² *Sydney Morning Herald*, 2 May 1928

¹²³ Newspaper clipping, name and date unknown, Case papers – discharged male patients, Callan Park Mental Hospital, 14/10082

Stratford

March 28, 1928

To my dear son [REDACTED]

Dear [REDACTED] we have been
looking for you to come home
a long time. Thank God, you
are found & will your Brothers
Willie & Aisy be home
have you the Brown morkie on
the calf of your leg
hope to see you soon

kindest love from
 your loving Mother
 [REDACTED]

Stratford Tomahie
H2

Despite misgivings that had prompted the New Zealand government to try “vainly to persuade her not to attempt the 1200 mile journey to Sydney that might only have disappointment at its end”,¹²⁴ they agreed to pay Mrs Brown’s passage to Sydney, and arrangements were made for representatives of Callan Park to meet her at the dock when her ship arrived. They were joined by a phalanx of journalists and photographers,

¹²⁴ Sydney Morning Herald, 2 May 1928

for here was the romantic figure, the soldier's mother, come to claim her son back from the dead. Mrs Brown claimed, "It would take more than a Government to keep me from my boy!"¹²⁵ Yet this was far from an enchanted conclusion to a fairy-tale that had featured in the minds of the families of the missing since the war. George Brown was not returning whole in body and mind. He was suffering from a severe psychiatric condition that twelve years in hospital had failed to improve. He could be violent, abusive, 'depraved' in his habits.

The Medical Superintendent tried to impress upon Mrs Brown that her son may never recall his past, or even recognise her¹²⁶ and asked her to wait at her hotel until the staff felt Brown was amenable and capable of coping with the meeting. She was having none of that: Mrs Brown arrived at the gates of Callan Park before eight in the morning.¹²⁷

The *Truth* journalist who had shown Mrs Brown the photograph at her home had travelled with her to Sydney, and accompanied her to the asylum. Typically, the paper did not constrain itself in reporting the reunion of mother and son:

How can that dramatic, pathetic moment be described? A tense second of mutual bewilderment, then the mother embraced her son, calling him: "Darling! Darling!" and with tears flooding her eyes, kissed him and kissed him again ... The tender demonstration puzzled him. "You have been crying Mum", he said".¹²⁸

¹²⁵ *Western Mail* (Perth), 17 May 1928


¹²⁶ *The New Zealand Truth*, Wellington, May 10, 1928

¹²⁷ *The New Zealand Truth*, Wellington, May 10, 1928

¹²⁸ *The New Zealand Truth*, Wellington, May 10, 1928

‘YOU HAVE BEEN CRYING, MUM!’

Pathetic Moment
When
Unknown Soldier
Meets
Mother After 13
Years



Recalls
Happy
Days and Chats
About
Incidents of His
Youth

“TRUTH” ARRANGES TOUCHING REUNION

The *Sydney Morning Herald* was somewhat more restrained in its report. It noted she “was all excitement and all hope” and that witnesses “will long remember the Spartan calm that she showed through all the strange interviews that followed”.¹²⁹ Mrs Brown gave full credit to the newspapers for publicising the case: “if it had not been for them I should never have found George,”¹³⁰ she said. The publications, however, bickered between themselves to establish exactly which masthead had achieved the coup. The *Truth* in Sydney accused the *Dominion* in Wellington of a “weak, petty, jealous attempt to steal ‘Truth’s’ thunder” that was “unworthy of decent journalism, literary enterprise and common sense.”¹³¹ *Reveille* felt that it had “never swerved from the belief that the man was an ex-soldier and the duty was cast on us to find out exactly who he was” and that “we succeeded in having the patient identified within a few weeks from the time we launched our intensive and systematic campaign”.¹³²

¹²⁹ *Sydney Morning Herald*, 2 May 1928

¹³⁰ *Western Mail*, Perth, 17 May 1928

¹³¹ *The Truth*, Sydney, 10 May 1928

¹³² *Reveille*, 31 March 1928

A concurrent case of bickering was also looming between Callan Park, the Repatriation Department and the New Zealand Government. The Medical Superintendent at Callan Park suggested to the Master of Lunacy that now that Brown had been positively identified, it could reasonably be said that “his mental condition is probably due to war service” and suggested a claim for 6/- per day maintenance be levelled upon the Australian Repatriation Commission from the time Brown had been admitted.¹³³ The ‘Repat’ however repudiated any responsibility and while admitting that the New Zealand government was “meeting the whole cost of [Brown’s] repatriation from Sydney to Wellington” they could not confirm if New Zealand would accept his “mental derangement as a war responsibility”. At this stage, all the New Zealand government was doing was “simply completing a task which was undertaken by all of the Dominion governments”¹³⁴, in that they were paying the passage for a soldier to return to his country of enlistment. Despite some initial misgivings, the New Zealand government accepted Brown’s debility as war related from July 1928.¹³⁵

The passage home to New Zealand had to be carefully orchestrated. Although Mrs Brown had trained as a nurse, she had no experience in dealing with psychologically disturbed patients and no one thought it wise that she embark on the journey alone with George.

¹³³ Letter dated 4 May 1928 from Medical Superintendent to Master of Lunacy, Admission files, 14/9395, Callan Park Mental Hospital, No 1918-81.12449

¹³⁴ Letter dated 15 May 1928 from Deputy Commission, Repatriation Commission to The Manager, Admission files, 14/9395, Callan Park Mental Hospital 1918, No 1918-81.12449

¹³⁵ Archives New Zealand, New Zealand Expeditionary Force Personnel Record, 12/2582. There is no record in the file as to whether the New Zealand government paid the 6/- daily maintenance for Brown’s care for the twelve years he resided at Callan Park.

Two experienced attendants from Callan Park were selected to accompany him at all times and a letter was sent to the Captain of the *SS Maunganui*, warning:

It is necessary that his mother should not take the patient away from the direct charge of these attendants any time while he is aboard ship.

He is an impulsive patient and might at any minute suddenly dive overboard, not with the intention of committing suicide, but from uncontrollable impulse. The patient's mother, when she has been visiting him at this Hospital, has been allowed to take him away, with an attendant nearby, but the same arrangement could not be made on board ...

I hope he will not give you much difficulty in management on the way to New Zealand.¹³⁶

Here we can begin to see the conflict between the domestic and the public spheres when it came to helping and treating psychologically disabled veterans. Mrs Brown, naturally, wanted to take her son home herself and look after him, rather like Molly C, discussed in Chapter 3, and Daisy and Archie in Chapter 5. The medical officers, who had known Brown for last twelve years and seen him at his worst, were not convinced that any meaningful recovery was likely and were sceptical that Mrs Brown could handle her son's neuroses without assistance. They did however acknowledge that his best chance of improvement entailed him being surrounded by familiar people and places. Mrs Brown explained "it has been a great joy to have [him] restored to us, for we counted him as missing".¹³⁷ She had "dreaded, she said, that he

¹³⁶ Letter dated 17 May 1928 from Medical Superintendent to Captain, *SS Maunganui*, Case papers – discharged male patients, Callan Park Mental Hospital, 14/10082

¹³⁷ *The Dominion*, 23 May 1928

might not know her, but now that terrible fear had gone, her joy knew no bounds".¹³⁸

At the docks, Mrs Brown expressed her gratitude:

I can never thank the New Zealand Government and the Australian Government enough for having given me the opportunity of going to Australia, staying for some weeks with my son, and returning with him to New Zealand. ... my son shows much improvement since I landed in Sydney and ... I am going back to New Zealand with a very much lighter heart than when I arrived.

... I also feel that it is probably only a question of time when my son will have his mind fully restored.¹³⁹

Despite the reservations held by the hospital staff, the voyage was uneventful and Brown was greeted at the docks in Wellington by his sister, brother and brother-in-law. The *Herald* reported "he immediately recognised relatives on the wharf. During the voyage he was able to play a fairly good game of euchre and to keep count."¹⁴⁰

Despite hopes that the family reunion would 'bring him back', Mrs Brown conceded that "at times [he] appeared quite normal, but would relapse into periods such as had been his condition through the years he had been in the Sydney hospital"¹⁴¹ and George was admitted to the Returned Soldiers Ward at the Porirua Mental Hospital in Wellington (shown next page) where he was diagnosed as "suffering from terminal dementia".¹⁴²

¹³⁸ The *Truth*, Sydney, 10 May 1928

¹³⁹ Newspaper clipping, name and date unknown, Case papers – discharged male patients, Callan Park Mental Hospital, 14/10082

¹⁴⁰ *Sydney Morning Herald*, 23 May 1928

¹⁴¹ *The Dominion*, 23 May 1928

¹⁴² Statement as to Mental and Bodily Condition, Case papers, Porirua Mental Hospital, registration number 7499

Medical reports over the ensuing months found him “mischievous, touching everything and everybody” with “repulsive table manners” and faulty habits in that he “spits anywhere even in food ... collects rubbish, desecrates himself.”¹⁴³ During an examination in May, when “asked as to whether he had been wounded at the war” Brown responded he “had been shot in the chest by ‘one of those big fellows that used to knock out a living chewing brass” and was determined to “sign his signature’ because he saw papers on the desk”.¹⁴⁴ A second doctor reported he “talks a lot of nonsense such as that a shark hit the propeller of the steamer with its tail”.¹⁴⁵



Dr Blair recommended a regime of ultra-violet light therapy every second day, together with physical massage, however the massage had to be discontinued because Brown was “very resistive and will not submit to

¹⁴³ 29 May 1928, Case papers, Porirua Mental Hospital, registration number 7499

¹⁴⁴ Medical Certificate, 22 May 1928, Case papers, Porirua Mental Hospital, registration number 7499

¹⁴⁵ Medical Certificate, 22 May 1928, Case papers, Porirua Mental Hospital, registration number 7499

treatment”.¹⁴⁶ Despite this unpromising beginning, the care and attention lavished upon him, particularly by his mother and sister, appeared to have brought about significant improvement in his condition and he was permitted to return to the family home for periods of leave. Following this, the Chief Medical Officer, Dr Hayes, concluded that while “he is degraded but is neither dangerous to himself or to others”¹⁴⁷ and recommended Brown be given leave to live with his sister on the condition that a full time attendant be employed. In October 1930 doctors recorded a “definite mental improvement during the last twelve months” and recommended a further period of probation.¹⁴⁸ His sister wrote to Dr Hayes that “George is improving all the time. He is coming back all the time. He recognises quite a lot of people that knew him before the war”.¹⁴⁹ Dr Williams formally discharged Brown from the hospital in November 1931 as ‘unrecovered’ and Brown continued to live with his sister and a full time attendant, which must have been a significant financial burden.¹⁵⁰

This improvement, however, was not recovery. He was never able to detail the events that had led to him being found on the Western Front, nor any of the experiences in the twelve years he spent in Callan Park. He never married, nor fathered any children.¹⁵¹ The local paper noted “she [his mother] recognised him and he came out of his world of shadows to recognise her, but he still had no recollection of what had

¹⁴⁶ Physical Therapy form, 8 June 1928, Case papers, Porirua Mental Hospital, registration number 7499

¹⁴⁷ Medical Certificate, 11 June 1928, Case papers, Porirua Mental Hospital, registration number 7499.

¹⁴⁸ Dr Gordon, 16 October 1930, Case papers, Porirua Mental Hospital, registration number 7499

¹⁴⁹ Letter dated 18 June 1928 from sister to Dr Hayes, 18 June 1928, Case papers, Porirua Mental Hospital, registration number 7499 files.

¹⁵⁰ Letter dated 3 November 1931, from Dr Williams to mother, Case papers, Porirua Mental Hospital, registration number 7499

¹⁵¹ New Zealand Department of Births, Deaths and Marriages, Death Certificate, Folio Number 1951/45404, reference 70187721

happened to him”.¹⁵² In 1950, Brown’s heart was beginning to show signs of failure and he was released from the hospital into the care of his younger sister, in whose home he passed away on 28 December 1951, aged 64. The death certificate listed myocardial degeneration and schizophrenia as the cause of death.¹⁵³

George Brown was given a full military funeral at the Church of the Holy Trinity in Stratford. A large proportion of those in attendance were “returned servicemen of both the 1914–18 and 1939–45 wars.”¹⁵⁴ As the Last Post was played, Brown’s body was interred in plot 40 in the Kopuatama Soldiers’ Cemetery.¹⁵⁵ The unknown patient was home, with his name, with his family, and with his record as a serving soldier finally recognised. A timber cross and headstone were ordered for the grave in 1952 and records show his sister was still visiting the grave until at least 1958.¹⁵⁶

The account of Brown’s war and its aftermath is a lens through which we are able to increase our understanding of the long term effects of war on the human psyche and the ongoing process of bereavement experienced by many families who were unable to reconcile their loss during the war, or be provided with any solace as to what had become of their missing men. George Brown’s circumstances galvanised a public still traumatised by the huge losses on foreign battlefields and the permanence of uncertainty created by the absence of the missing is shown starkly in their responses.

¹⁵² *Taranaki Daily News*, 2 January 1952.

¹⁵³ New Zealand Department of Births, Deaths and Marriages, Death Certificate, Folio Number 1951/45404, reference 70187721

¹⁵⁴ *Taranaki Daily News*, (Taranaki), 2 January 1952.

¹⁵⁵ Archives New Zealand, War Grave Index Card, AAC W3065, Box 101

¹⁵⁶ Archives New Zealand, War Grave Index Card, AAC W3065, Box 101

The long awaited return of just one of their number saw the return of hope among hundreds of bereaved parents who looked to Callan Park, and other institutions like it, for the resolution of their loss. It also emphasises the surrogacy of 'fictive kinship' in which strangers could not bear to hear of a veteran, so damaged and alone, such that nobody even knew his name. They sent cigarettes, they wrote letters. They sought assurance on behalf of all the bereaved that there were no other George Browns lost to their families. Perhaps for some, the solving of Brown's case may have brought some form of acceptance of their own loss.

The sheer length of time families of the missing engaged in an ongoing battle between denial and acceptance, and the fact that there would never be resolution, means their grief was the most terrible of all. Unlike the Grimwades, who had unequivocal knowledge of their son's last hours and minutes and an actual grave to both imagine and, in their case, visit, or Eileen Colyer, who knew her husband had been buried initially, the families of the missing existed in limbo. Mrs Drummond and Mrs Wickens were still negotiating the process in the 1930s while Henrietta R never accepted her son's death, and so could never recover her equilibrium. Henrietta's husband visited France at least once in the late 1920s, desperately, and fruitlessly, searching for the body of a son which would never be found.

The reaction of families to the plight of the unknown patient is further evidence that, out of all the bereaved, those whose men remained unaccounted for were never free of the chronic grief a lack of closure, of resolution, of acceptance could bring. Without a name, a grave, a place and a chance to commemorate their own personal place on the battlefield, the spectre of tipping over the edge into insanity loomed just at their shoulder, like Carrie Kipling, or consumed them, like Henrietta R. And if there was one more thing to be frightened of in those dark

inter-war years, it was that the demons could be passed on; that the legacy of madness would be bequeathed to those that came after.

Chapter 7

Legacy

“... if you marry one of these blokes just back, you’ll take the full weight of the war on your shoulders. If there’s no crippling outside, it’ll be inside for sure.”

Shirley Walker, *The Ghost at the Wedding*¹

The tentacles of the psychiatric problems caused by the Great War were long, complex and pervasive. Although the bells of peace may have rung in 1918, for many of the victims the war had not ended. It is this legacy, both in terms of the longevity and continuance of extreme wartime bereavement, and the implications of mental illness, across the generations, with which this chapter is concerned.

It examines notions of the environmental or hereditary nature of mental illness and ways in which the shame of institutionalisation could be mitigated or aggravated. It explores ways in which families rejected ideas of predisposition and, in some cases, embraced the suggestion of being able to explain their loved ones’ condition as directly attributable to the war. It investigates the stigma of madness within families and the fear of passing it on to children; the shock of finding out that a soldier son was being treated at all, and the, sometimes tragic, results of the refusal to accept that treatment was even necessary. It also demonstrates ways in which disputes between family members as to how a patient should be treated, could cause, or intensify, rifts between parents and siblings. Underpinning it all was the fear and disgrace of ‘madness’.

¹ Shirley Walker, *The Ghost at the Wedding*, Viking, Melbourne, 2009, p.131

The stigma of insanity

The social stigma attached to insanity, and the asylum, was not simply about insanity itself: rather, it was the result of several complex, interlocking and complicated elements: eugenics, shock, shame, rejection, fear, predisposition, and, particularly, heredity.

Medical theorists had identified many causes of madness prior to 1914. These had included isolation, anxiety, intemperance, sunstroke and heredity², together with degeneration caused by poor environments and bad nutrition.³ By the early twentieth century, concerns over race, population, and the growing popularity of eugenics, stemming from unease about Australia's vast land mass, warm temperatures, and her place as a white nation in an Asian region, meant that heredity was now considered the major underlying factor in the cause of insanity.⁴ This did not mean that *everyone* in the family would succumb, but that it was more likely they would be *predisposed* to mental illness, should other environmental factors be present.⁵ But the fear of hereditary madness had clearly passed over into society at large.

The standard admissions forms used by the hospitals themselves are evidence of the prominence, among medical professionals, of the theories of predisposition and heredity in the origin of mental illness. The *Statement in connection with Patient* form, (reproduced in chapter 2), was part of the Fifth Schedule of the *Lunacy Act* 1898, by which patients were

² Stephen Garton, *Medicine and Madness: A Social History of Insanity in New South Wales, 1880-1940*, UNSW Press, Kensington, 1988, p.55

³ Catharine Coleborne, *Madness in the Family: Insanity and Institutions in the Australasian Colonial World, 1860-1914*, Palgrave MacMillan, London, 2010, p.54

⁴ Garton, *Medicine and Madness*, p.57

⁵ Garton, *Medicine and Madness*, p.57

committed. It required two attending doctors to indicate how long the “present attack” lasted, if the patient had “been insane before”, if they had “any insane relations” or if they had previously “ever been an inmate of any institution for the insane”.⁶ The complex issues inherent in the diagnosis were intertwined in such a way they could not be separated into disparate elements.

Shock, fear, shame and rejection

Many families rejected the label of ‘insanity’, and any implication that it was hereditary, in its entirety. For example, Timothy A’s sister was “shocked and surprised” to hear her brother was in Callan Park. She wanted to know “who made arrangements for him to go there?” and insisted she could not “understand him going like that, as there is no insanity in our family”.⁷ Likewise, Violet Q’s husband was “very worried” and while he admitted Violet had been behaving in a “peculiar” manner of late, he insisted that there must be some other explanation as “none of her people have been mentally troubled”.⁸

Bill B had immigrated to Australia after serving in the British Army. Not long after arriving, he was admitted to Callan Park suffering from an advanced case of General Paralysis of the Insane. Bill’s sister made it known she “cannot understand it, as no illness of that kind has been known in our family” but, in an echo of the social and racial reformers’ concerns, rationalised that “probably it is due to a different mode of life

⁶ *Lunacy Act 1898 (NSW) – Fifth Schedule, Statement in connection with Patient, Admissions files - 3/3450 Callan Park Mental Hospital, No.1917-262.12150*

⁷ Letter dated 5 February 1918, from Mrs B to Medical Superintendent, Admission files - 3/3448 – Callan Park Mental Hospital, No.1917-200.12088

⁸ Letter dated 3 December 1917 from Mr Q to Medical Superintendent, Admission Files, Parramatta Psychiatric Centre, 12/827, Reg. No.6728

and climate”.⁹ By clinging to the idea that Bill’s illness was a result of tropical temperatures, the dilution of the white race or other ‘external’ factors, Bill’s sister was able to isolate the rest of the family from the taint of madness.

The stigma of having it said that mental debility ran ‘in the family’ was so strong that many relatives, like Bill B’s sister, embraced any alternative explanation to that which implicated a defective and shameful stain on the family name. This could be particularly marked when previous issues regarding mental health had not been known to relatives.

Maurice J, for example, was a twenty-two year old private who was in training at Liverpool Camp in 1915. He had been sent to the Reception House at Darlinghurst under military escort, after experiencing “acute mania”. A Medical Board hearing determined that Maurice had been “mentally defective probably since birth” and recommended his immediate discharge from the AIF, and a period of treatment at Callan Park.¹⁰ Maurice was discharged from the hospital in 1917 and later married.

His time at Callan Park was unknown to his wife until the early 1930s when, increasingly concerned about Maurice’s behaviour, she sought advice from doctors, who replied they would be “very pleased to help you in any way, if you will tell us exactly what is the present trouble and what it is you wish us to do.”¹¹

⁹ Letter dated 27 July 1919, from Miss J to Medical Superintendent, Admission files, 14/9398 – Callan Park Mental Hospital, No.1918-218.12586

¹⁰ Letter dated 16 October 1915 from the Commanding Officer, Field Hospital, Liverpool Camp, to the Medical Superintendent, Admission files, 3/3429 - Callan Park Mental Hospital, No.1915-375.11330

¹¹ Letter dated 18 February 1932 from Medical Superintendent to Mrs J, Admission files, 3/3429 - Callan Park Mental Hospital, No.1915-375.11330

Mrs J replied that Maurice:

is always accusing me of carrying on with other [men] which is absolutely untrue ... [he] carried on that way that I have been forced to leave him ... I was that afraid of him that I took my children and went elsewhere to live ... [he] appears to me to be imagining things half his time.¹²

Having discovered that Maurice had previously been ‘an inmate’ at Callan Park, she asked for reassurance regarding his past behaviour, but also admitted, “I did not know, nor had I any idea, that he had been an inmate of any Mental home and I can tell you I received a shock when I received your first letter”.¹³ Dr Henry responded that while Maurice had been “restless and erratic” during his previous admission, and had been considered “recovered”, he recommended that Mrs J contact medical staff at the Kenmore Mental Hospital, closest to their home in Goulburn, “with regard to having your husband certified and admitted ... before anything serious happens”.¹⁴

Both Mrs J’s and Dr Henry’s responses are indicative of common attitudes toward mental illness. Mrs J was horrified, and embarrassed, that Maurice had, firstly, been institutionalised for treatment previously, secondly, that she had been ignorant of this, but, thirdly, she was keen to have some explanation for her husband’s recent behaviour. Dr Henry clearly viewed Mrs J’s account of Maurice’s conduct as an indication that his previous condition had manifested itself again. Was Dr Henry concerned that this could, perhaps, lead to violence toward Maurice’s family? Why was Dr Henry concerned about ‘something serious’

¹² Letter dated 20 February 1932, from Mrs J to Medical Superintendent, Admission files, 3/3429 - Callan Park Mental Hospital, No.1915-375.11330

¹³ Letter dated 20 February 1932, from Mrs J to Medical Superintendent, Admission files, 3/3429 - Callan Park Mental Hospital, No.1915-375.11330

¹⁴ Letter dated 22 February 1932 from Dr Henry to Mrs J, Admission files, 3/3429 - Callan Park Mental Hospital, No.1915-375.11330

occurring? Perhaps medical staff did not wish to reveal their entire knowledge to the relations of patients. The pressure to 'fix' the situation would have been all the greater under such circumstances. And not all patients could be cured.

Maurice's wife, Mrs J, was not the only relative to be 'shocked and surprised' to discover a family member was receiving treatment in a mental hospital.

Percy D, the returned soldier who had contracted gonorrhoea and felt he was unfit to face his family, had tried to hide his admission to Callan Park from his family. The subterfuge was unsuccessful and his sister was stunned. Just before Percy was discharged, she wrote, "lunacy was the last thing I would expect in my family. I thought he was in Egypt with his brother".¹⁵ It is likely that, from her use of language in this letter, it was the fact of Percy's admission, rather than the cause of it, that had become known to her, but her insistence that such troubles were unknown in the family is evidence that the suggestion that they may have been so, was of the utmost concern.

Likewise, Ernest C's brother wrote, "[n]o one in the family can understand his case at all – no mental trouble of any sort has ever shewn itself in the family before", and explained, that while "we feel this great blow very severely [,] ... I should like to say that his case is not hereditary".¹⁶ Doctors dodged the issue of genetics and merely replied, "your brother is a case of paranoia and ... the prospects are not too satisfactory but his case is being given every attention ... [but] there is no

¹⁵ Letter dated 25 February 1916, from Miss D to Medical Superintendent, Admission files, 3/3433 – Callan Park Mental Hospital, No.1916-57.11485

¹⁶ Letter dated 26 November 1917 from Mr C to Medical Superintendent, Admission files, Parramatta Psychiatric Centre, 12/825, Reg. No.6647

reason why you should not write to him”.¹⁷ The contrast between different doctors is obvious here. Some, like Dr Henry, could be blunt in their assessment as to the predisposition of patients to relapse; others did not address it at all, but merely offered platitudes that all possible efforts to effect a cure were being made.

It was not only families who resisted the notion of both insanity and the asylum. Patients, too, often refused to concede they required treatment at all. This could be a result of two main factors: a complete denial of the existence of mental illness, which could, in itself, be a symptom of the condition, and the notions of shame and disgrace such a diagnosis could cause.

They are inferring that I am insane!

Like John L-J, the doctor in Chapter 2, who had developed a fondness for his own morphia prescriptions, Clara R was a voluntary patient at Callan Park, seeking treatment for her narcotic addiction.¹⁸ It seemed, however, that her acquiescence existed only on paper. Clara, in reality, had been pressured to seek treatment by her sister, but after only five days at Callan Park, when given a day pass requiring her to return by 9pm, Clara decided that there really was no need to be treated at all. Clara had left the hospital at 2.30pm and in the late afternoon mail, a postcard, written in an almost illegible hand, declared to the doctors her intention to stay out. She wrote, “I am not returning and my sister is not to blame. If I did I would end up losing my reason. Being stuck in there night and day has really and truly got on my nerves.”¹⁹

¹⁷ Letter dated 2 January 1918 from Clerk to Mr C, Admission files, Parramatta Psychiatric Centre, 12/825, Reg. No.6647

¹⁸ Admission files, 14/9401 – Callan Park Mental Hospital, No.1918/333a.12701a

¹⁹ Postcard dated 26 October 1918, Admission files, 14/9401 – Callan Park Mental Hospital, No.1918/333a.12701a

Perhaps Clara's free afternoon, outside of the asylum, gave her the motive and opportunity to resume her drug habit. It may also be that Clara's frustration could also be ascribed to her belief that *she* did not belong in *there*, with people who were clearly mad, in contrast to perfectly normal people, like herself, who did not need assistance.

Like Frank W and Cedric S, returned soldiers who were committed, rather than voluntary patients, also tended to dispute their incarceration, diagnoses and treatment.

Samuel A was a particularly prolific and expressive protestor. Samuel had been a Warrant Officer on the AIF Instructional Staff. Initially admitted to Broughton Hall for "nerve treatment", his increasingly delusional and paranoid behaviour necessitated his committal to Callan Park in September 1919.²⁰

Samuel wrote a lengthy letter to the Editor of *Smith's Weekly*, a prominent Sydney tabloid magazine, with a wide circulation, and a reputation for uncovering scandal, in November 1919. Samuel begged the Editor not to "throw this aside as the imaginings of a lunatic" and warned that if they did decide to publish, Samuel believed he "may require some protection or there may be another mysterious disappearance, and this time, I may not be found". Samuel recounted, in detail, the circumstances surrounding his removal to the secure ward at Callan Park. He alleged a series of instances of verbal abuse, of being locked up "in a cell" without food or water, and a disrespectful, dismissive and autocratic attitude from the doctors.

²⁰ Admission files, 14/9407 – Callan Park Mental Hospital, No.1919/448a.13294a

At first, Samuel recalled, he was “surprised” at this treatment, but played along, having “decided I had fallen among thieves”. Yet, horrifyingly for Samuel, he soon “began to realise that they were treating me as a lunatic”.²¹ Samuel was appalled that he was being categorised as one of those who deserved to be in the asylum. Like Clara R, of the heroin trouble, Samuel refused to believe that *he* belonged with *them*. After an encounter with Dr Coutie, whom, Samuel reported, was to have said “if I was a good boy and behaved myself I might get out again in a few weeks”, Samuel “got wild” and “raved and swore but it had no effect ... I refused to take any medicine”.²²

Samuel objected strongly to being treated “as if I was not responsible” and “because I could not control myself”. Even worse, his family was being poisoned against him, as his wife had been informed “I was much worse, been carrying on awful, and they had to lock me up”.²³ After some ten days, Samuel reported he saw “something was expected of me, so ... I pretended to go a little out of my head ... the doctor came, and he appeared to be quite pleased”. Samuel took the opportunity of being in better graces with the doctors to seek an audience with his wife, whereupon, he asked her to take some papers to the press and intercede on his behalf. He was furious when “she failed me”. Samuel rationalised his wife’s siding with the doctors against him was a result of her being “broken hearted and in despair” at her inability to stop the injustice to her husband. In Samuel’s mind, his wife had, herself, been “driven crazy.”²⁴

²¹ Letter dated 2 November 1919, from Samuel A, to the Editor, *Smith’s Weekly*, Admission files, 14/9407 – Callan Park Mental Hospital, No.1919/448a.13294a

²² Letter dated 2 November 1919, from Samuel A, to the Editor, *Smith’s Weekly*, Admission files, 14/9407 – Callan Park Mental Hospital, No.1919/448a.13294a

²³ Letter dated 2 November 1919, from Samuel A, to the Editor, *Smith’s Weekly*, Admission files, 14/9407 – Callan Park Mental Hospital, No.1919/448a.13294a

²⁴ Letter dated 2 November 1919, from Samuel A, to the Editor, *Smith’s Weekly*, Admission files, 14/9407 – Callan Park Mental Hospital, No.1919/448a.13294a

According to the doctors, Samuel was suffering paranoid and violent delusions, with a grandiose belief in his own prowess. According to Samuel, he was perfectly sane and was being persecuted by the hospital and its staff, who were intent on slandering his family's good name. The shame, stigma and fear of a label of hereditary insanity, was summed up succinctly by Samuel, as he implored the Editor of *Smith's Weekly* for help:

On one occasion I told a young doctor of a very insulting remark by one of the attendants, and he said "Oh no, he didn't say that, you have imagined it", but I mean to prove to that young gentleman that he did say it. This was the only occasion I felt a tinge of fear and this was more on account of my little boy, as I thought, Good God! What in the world does it mean, they are inferring that I am insane! I did not get much sleep that night, for you see, my boy is not four years old yet and if they can make up an excuse to show that I am permanently insane, what will he do?²⁵

The Editor did not intercede, nor did he investigate Samuel's claims. He never received the letter. Like Frank W's missives to the Police Inspector in Calcutta, the letter was retained by staff and included in Samuel's file. Samuel clearly had a serious mental condition. Regardless of his refusal to accept the reality of his plight, however, his plaintive plea for help still assists us in understanding the insult he believed the label of 'insanity' would bring to his name, and the future of his family. Samuel also had a tart retort for those who had kept their silence: "I would inform my kind friends who allowed me to rot in a cell for five weeks that I have no further use for them".²⁶

²⁵ Letter dated 2 November 1919, from Samuel A, to the Editor, *Smith's Weekly*, Admission files, 14/9407 – Callan Park Mental Hospital, No.1919/448a.13294a

²⁶ Letter dated 2 November 1919, from Samuel A, to the Editor, *Smith's Weekly*, Admission files, 14/9407 – Callan Park Mental Hospital, No.1919/448a.13294a

Samuel was eventually released from Callan Park, but died shortly after, from chronic nephritis, in 1924.²⁷

Even more tragic outcomes awaited other patients who refused, or resisted, treatment for fear of being labelled insane. A case in point is forty-two year old Roy F, who was admitted to Callan Park in July 1917 after the death of his soldier son. Doctors recorded Roy was “despondent and indifferent to food ... imagines that he murdered his son and threatens suicide”.²⁸ Roy’s wife agreed to allow him to come home on leave in 1919, but shortly afterward, she reported to doctors that Roy, “is more trouble than my little baby (2 ½ years old)”.²⁹

Roy had insisted there was nothing wrong with him, and that he “is perfectly sane and should never have been in the asylum”, however Mrs F, somewhat wryly, commented to Dr Ross, “of course, you and I know differently”.³⁰ Like Cedric S’s father, James, who struggled to care for Cedric outside the asylum, Mrs F found it a trial, but, unlike James, who had to return Cedric to Callan Park, and Isabelle R, who was terrified of her violent husband Walter, Mrs F noted:

Several times I have been going to send him back but I try and persevere with him ... [he] does not seem to ever get rid of some delusions he has, but I don’t take any notice of what he says, and am not the least afraid of him. I shall try and bear with him as long as I can.³¹

²⁷ Letter dated 27 October 1924, from the Australasian Temperance and General Mutual Life Assurance Society to the Medical Superintendent, Admission files, 14/9407 – Callan Park Mental Hospital, No.1919/448a.13294a

²⁸ Admission files, 3/3450 – Callan Park Mental Hospital, No.1917-271.12159

²⁹ Letter dated 25 February 1919, from Mrs F to Medical Superintendent, Admission files, 3/3450 – Callan Park Mental Hospital, No.1917-271.12159

³⁰ Letter dated 25 February 1919, from Mrs F to Medical Superintendent, Admission files, 3/3450 – Callan Park Mental Hospital, No.1917-271.12159

³¹ Letter dated 25 February 1919, from Mrs F to Medical Superintendent, Admission files, 3/3450 – Callan Park Mental Hospital, No.1917-271.12159

The medical staff had requested a progress report from Mrs F during Roy's next period of leave at home in May 1919. She replied Roy "had been keeping very well indeed", and although there had been short bouts of "severe depression", Roy did not desire any treatment. It was unnecessary. Mrs F assured the doctors, "he gets right again."³²

Roy denied his condition was psychiatric in origin, and had firmly rejected the doctors' diagnosis, and the ability of the asylum to treat him, perhaps in part, because of the stigma of being labelled mad. Mrs F may also have encouraged or, at least enabled this belief, to avoid the stares and gossip from the neighbours. The refusal to submit to treatment, because of the fear of the consequences of it being known, had proved troublesome for Samuel A, but even more wretched for Roy F.

Roy did not 'get right' again. On 29 August 1919, Roy was found dead at Queenscliff, near Manly. He had shot himself through the mouth with a revolver.³³

As has been discussed previously, working class families like Roy's, did not have the financial means to engage private doctors, or the more socially acceptable nursing homes, for treatment for their depression. If they rejected the ignominy of the public asylum, refused treatment, and had family, like the long-suffering Mrs F, who could – and did – continue to care for them at home, non-violent patients like Roy were generally left in the care of relatives.

Returned soldiers, in particular, were eager for their discharge from the hospital to be made official, in order that their futures not be clouded by

³² Letter dated 20 May 1919, from Mrs F to Medical Superintendent, Admission files, 3/3450 – Callan Park Mental Hospital, No.1917-271.12159

³³ Report dated 10 September 1919, Admission files, 3/3450 – Callan Park Mental Hospital, No.1917-271.12159

the insinuation of mental illness. One former soldier, Howard V, had been discharged into the care of his brother-in-law, who reported, Howard “has been splendid and quite himself again”. The brother-in-law did request that the doctors make the decision to, “now release him altogether, as I feel sure, when once this is lifted, he will be pleased”.³⁴ An official declaration of discharge was important: firstly, it implied that the patient was cured, and secondly, for returned men, that the war was the cause of an illness now successfully, and permanently treated.

The social stigma attached to madness was also evident in the way some returned soldiers estranged themselves from relatives after their discharge, possibly to avoid confrontation with, or further humiliation for, their families. Thomas Q, for example, as we saw in Chapter 5, had been sent to Callan Park from the Liverpool Camp, with a recurrence of pre-existing mental troubles after he enlisted too late to get away to the Front in 1918. His parents had been very concerned that Thomas’ psychological problems, already obvious before the war, had prevented him from being a part of it. His mother reported it was “a big blow to us at home” and that his father, in particular, “takes it hard”.³⁵ She repeatedly wrote for news of Thomas, and stated she would be, “so glad if you had the time to explain why he is at Callan Park”.³⁶

However, it would seem Thomas was not eager to correspond with his mother. He instead wrote to a family friend, “asking for any aid to regain his freedom”.³⁷ Like Clara R, Samuel A and Roy F, Thomas rejected the

³⁴ Letter dated 24 September 1918 from Mr F S to Dr Coutie, Admission files, 14/9397 – Callan Park Mental Hospital, No.1918-187.12555

³⁵ Letter dated 24 October 1918, from Mrs Q to Medical Superintendent, Admission files, 14/9402 – Callan Park Mental Hospital, 1918/366a.12734a

³⁶ Letter dated 24 October 1918, from Mrs Q to Medical Superintendent, Admission files, 14/9402 – Callan Park Mental Hospital, 1918/366a.12734a

³⁷ Letter dated 16 December 1918 from Mr Kilgour to Medical Superintendent, Admission files, 14/9402 – Callan Park Mental Hospital, 1918/366a.12734a

premise of his incarceration. Perhaps Thomas was embarrassed for his family. Perhaps relations were already strained. Thomas was officially discharged from hospital in May 1919. He told the doctors he would make use of some money owed him by the military and would seek work in the country. His mother wrote to the doctors at Callan Park for some time afterward, as she had had no word from him, but the files do not record whether the hospital, or his family, ever heard from Thomas again.³⁸

Rifts in the Family

The shame of diagnosis, incarceration and the prospect of a hereditary mental illness could cause enormous rifts within families, or, conversely, exacerbate existing tensions. Family members disagreed over the reliability of information, the best manner in which to affect a cure, and ways to keep both the name, and the structure, of the family unit intact. Ronald R and Jimmy N are two, quite different, examples.

Ronald R, the patient whose response to questions about his wartime services was 'I didn't do it', was introduced in Chapter 5. Although South African born, he had lived in Australia for some time. He enlisted in the First AIF, giving his occupation as a cook, and his next of kin as his wife, Alice.³⁹

Assigned to the 1st Light Horse, Ronald briefly saw service at Gallipoli, before being evacuated to hospital with "concussion of spine" after being caught in a massive shell blast. Shortly afterward, he started to experience fits. A Medical Board enquiry established that the most likely

³⁸ Letter dated 20 October 1919 from Medical Superintendent to Mrs Q, Admission files, 14/9402 – Callan Park Mental Hospital, 1918/366a.12734a

³⁹ Attestation Papers, NAA, B2455, Barcode No.8073387

diagnosis - epilepsy - was caused by shell shock, and that Ronald's illness was directly attributable to active service.⁴⁰ As discussed previously, Ronald was sent home to Australia, where he was treated at Broughton Hall for six months in 1916. Ronald's continued fits saw him again seek voluntary treatment at Broughton Hall in November 1919, before he was certified and committed to Callan Park on 27 February 1920.⁴¹

Now aged thirty-four years, Ronald was reported by the doctors to have "a distressed appearance strongly suggestive of delusions which seem to colour his life."⁴² Unlike Samuel A and Thomas Q, Ronald did not protest his certification or diagnosis. It was his wife, Alice, and his sister, Mary, who were at odds over his case. There was clearly a long history of hostility between the two women.

According to Mary, Ronald's errant wife Alice had visited him at Callan Park and attempted to coerce him to assign his pension to her, in addition to asking him to sign other financial documents, again in her favour. Mary was livid, and reported to doctors that Alice was "very untruthful in serious matters [and] that my unfortunate brother was cajoled into a marriage with this woman under the impression that she was pregnant to him by some months ... which was a pure fabrication on her part."⁴³

Mary emphatically denied heredity was a factor and was adamant that "... he is the only one in my family ever to have so serious a complaint". She was convinced that Alice's deceit and trickery had contributed to

⁴⁰ Detailed Medical History of an Invalid, NAA B2455, Barcode No.8073387

⁴¹ Admission files, 14/9422 - Callan Park Mental Hospital, No.1920-70.13486

⁴² Dr Ross, patient notes, Admission files, 14/9422 - Callan Park Mental Hospital, No.1920-70.13486

⁴³ Letter dated 10 February 1920 from Mary F to Medical Superintendent, Admission files, 14/9422 - Callan Park Mental Hospital, No.1920-70.13486

Ronald's illness. Alice's antics, she wrote, had "preyed on my poor brother's mind ... and instead of assisting his weakness, it has helped him into his present state of mind."⁴⁴ Subconsciously, it seems Mary did realise that Ronald had a 'weakness', but she still insisted the blame for making it worse rested on Alice.

Alice, however, claimed that Ronald "may be dangerous" to her. The doctors disagreed, establishing that he was non-violent, yet was experiencing "ideas of persecution that everybody was down on him."⁴⁵ If Mary's view of Alice's machinations was correct, these ideas may not have been completely irrational. Mary argued that the doctors should favour her version of events, which she gave "wholly and solely in all sense of justice for both concerned", because, "I have nursed him since he was a baby and know him better than he knows himself".⁴⁶ Ronald was discharged from Callan Park at the end of 1920, but his hospitalisation had worsened an already acrimonious relationship between the two prominent women in his life.

It did not help his marriage either. In 1923, Ronald sued Alice for the restoration of conjugal rights. Alice returned suit, requesting a decree for judicial separation, citing cruelty, but the judge found in Ronald's favour and ordered Alice to return to the marital home within twenty-one days.⁴⁷ The forced reunion was unsuccessful. Ronald sued Alice for divorce on the grounds of desertion in 1924,⁴⁸ and the same judge

⁴⁴ Letter dated 10 February 1920 from Mary F to Medical Superintendent, Admission files, 14/9422 – Callan Park Mental Hospital, No.1920-70.13486

⁴⁵ Letter dated 19 May 1924 from Medical Superintendent to Department of Repatriation, Admission files, 14/9422 – Callan Park Mental Hospital, No.1920-70.13486

⁴⁶ Letter dated 10 February 1920 from Mary F to Medical Superintendent, Admission files, 14/9422 – Callan Park Mental Hospital, No.1920-70.13486

⁴⁷ *Sydney Morning Herald*, 12 May 1923

⁴⁸ *Sydney Morning Herald*, 23 September 1924

granted a *decree nisi* in April 1925.⁴⁹ Ronald's sister Mary's view of the matter is, of course, not recorded.

Like Samuel A, Jimmy N believed that he did not belong in an asylum. There was most certainly nothing wrong with him. Unlike Ronald R, however, Jimmy was spared a feuding wife and sister. Rather, Jimmy had a father desperate to blame his son's appalling conduct on a head injury sustained in the war, a mother more open to accepting that Jimmy had always been a 'bad egg', three brothers, all serving soldiers, who were ashamed of him; and a sister who believed the whole family was wrong.

Jimmy was twenty-two when he enlisted in the AIF in 1914. Like Sinclair D, from Chapter 5, he was a regular disciplinary problem, serving twenty-eight days detention for threatening an NCO in March 1916, and another twenty-one days for conduct prejudicial in May of the same year.⁵⁰ Jimmy was critically injured in the trenches in 1917 and, during a series of operations in London military hospitals, had over 4½ inches of bone removed from his skull. This was followed by another major cranial operation on his return to Australia, where more shrapnel was removed.⁵¹

Jimmy was committed to Callan Park in April 1918, after physically threatening his mother at the family home. Jimmy's father was determined to believe that Jimmy's war wound, and the subsequent surgeries, were what were responsible for the change in Jimmy's personality. Mr N reported, "[h]e was like a different man: violent, dictatorial and threatening to shoot his mother on more than one

⁴⁹ *Sydney Morning Herald*, 22 April 1925

⁵⁰ NAA, B2455, Barcode No.7993409

⁵¹ Letter dated 14 April 1918 from Mr N to Medical Superintendent, Admission files, 14/9396 – Callan Park Mental Hospital, No.1918-131.12499

occasion ... no one was safe.”⁵² Mr N also admitted that it was necessary that, “we take care not to leave the girls at home with him”.⁵³ Whether this was to simply avoid exposing Jimmy’s sisters to the possibility of physical violence, or if Jimmy’s father was concerned that Jimmy posed a threat of sexual abuse toward his siblings, is not clear. It is worth noting, however, that this is the only testimony from a family member, in the case studies for this thesis, that the suggestion of the possibility of molestation is made.

Jimmy’s mother’s interview with Dr Ross, however, flatly contradicted her husband’s. Her testimony was that Jimmy had not changed so much since the war. In contrast to her husband’s view, Jimmy was not ‘like a different man’. He was just playing true to type.

Mrs N told Dr Ross a “very bad tale about her son”, tracing irresponsible, violent and destructive behaviour back to his early teenage years. Mrs N had paid £80 for tuition at the prestigious Newington College – he ran away. She then arranged tutelage at Hawkesbury College – he stayed a month. At seventeen, she secured him employment with a dairy farmer at Richmond. Jimmy pawned his possessions and went on a week’s drinking spree before “clearing off” without notice and drifting between various unskilled jobs “under assumed names”⁵⁴ Mrs N reported that Jimmy had run amok in London whilst on leave, spending over £100 in a short amount of time and that his three brothers “were quite ashamed of him”.⁵⁵

⁵² Letter dated 14 April 1918 from Mr N to Medical Superintendent, Admission files, 14/9396 – Callan Park Mental Hospital, No.1918-131.12499

⁵³ Letter dated 14 April 1918 from Mr N to Medical Superintendent, Admission files, 14/9396 – Callan Park Mental Hospital, No.1918-131.12499

⁵⁴ Letter dated 5 June 1918 from Dr Ross to Dr Sinclair, Admission files, 14/9396 – Callan Park Mental Hospital, No.1918-131.12499

⁵⁵ Letter dated 5 June 1918 from Dr Ross to Dr Sinclair, Admission files, 14/9396 – Callan Park Mental Hospital, No.1918-131.12499

Jimmy, of course, insisted that he was perfectly well and that the problem was that his mother was German. Predictably then, as he saw it, she would constantly “interfere unnecessarily with his affairs ... and accuses her of going against him”.⁵⁶ Jimmy, for reasons best known to himself, asked that a hand-written statement be delivered to a Major Davidson at Victoria Barracks. In it, Jimmy claimed:

[I] hereby state that the reason I got wild yesterday the 8th of April was because I have been continually told for the last 6 weeks that I was mad and would be put in an asylum. This by the woman who is supposed to be my mother, and I lost my temper and asked them to prove I was mad.⁵⁷

Jimmy’s elder brother, however, who had also returned from the Front injured, reported that Jimmy had in fact “been violent and threatened his mother ... [and] went to throttle her ... and told the policeman if he had a revolver he would shoot him”.⁵⁸ No other member of the family indicated that their mother was of German origin. Dr Ross, with a fine degree of scepticism, was inclined to dismiss Jimmy’s claims as the product of “a history of alcoholic indulgence which he denies.”⁵⁹

Jimmy continued to reject any notion of a legitimate diagnosis of mental illness, and his committal to Callan Park. In June 1918, he wrote to Dr Coutie, demanding “an idea of when to expect my discharge from this

⁵⁶ Letter dated 5 June 1918 from Dr Sinclair to Dr Ross, Admission files, 14/9396 – Callan Park Mental Hospital, No.1918-131.12499

⁵⁷ Statement dated 9 April 1918, Admission files, 14/9396 – Callan Park Mental Hospital, No.1918-131.12499

⁵⁸ Dr Cosh, patient notes, 8 April 1918, Admission files, 14/9396 – Callan Park Mental Hospital, No.1918-131.12499

⁵⁹ Dr Ross, Admission files, 14/9396 – Callan Park Mental Hospital, No.1918-131.12499

institute ... [I] understand that someone else is keeping me here ... Hoping you will oblige me with my liberty".⁶⁰

While Mr N was reluctant to accept the concept that Jimmy's war injuries were not solely responsible for his psychiatric condition, he also did not favour Jimmy's release.

Jimmy, however, had one sister who was not living at home. She was married and it was she who was appalled that nothing was being done to acquire her brother's freedom. She wrote to Dr Ross that, "it hurts me to see poor [Jimmy's] plight".⁶¹ She also hinted at some conflict between her parents over Jimmy's illness when she explained, "I wrote Dad to come and see us, but Mother must have got the letter. So Dad has not come down".⁶² Although she not wish to be seen by the Callan Park doctors as "obnoxious", she was dogged in her belief that Jimmy did not belong in a mental hospital and her determination to secure his release.⁶³ She would take him home with her, she wrote, even if it were against the wishes of her parents. Jimmy's sister confirmed her husband had agreed that they could take Jimmy, and care for him, in their home, and that Jimmy had promised not to go near his parent's property if he was able to leave the asylum to live with his sister.⁶⁴

It may have been with a certain amount of relief that Dr Ross signed the papers discharging Jimmy into the care of his sister on 4 September

⁶⁰ Letter from Jimmy N to Dr Coutie, Admission files, 14/9396 – Callan Park Mental Hospital, No.1918-131.12499

⁶¹ Letter dated 30 August 1918 from Mrs R to Dr Ross, Admission files, 14/9396 – Callan Park Mental Hospital, No.1918-131.12499

⁶² Letter dated 30 August 1918 from Mrs R to Dr Ross, Admission files, 14/9396 – Callan Park Mental Hospital, No.1918-131.12499

⁶³ Letter dated 30 August 1918 from Mrs R to Dr Ross, Admission files, 14/9396 – Callan Park Mental Hospital, No.1918-131.12499

⁶⁴ Letter dated 30 August 1918 from Mrs R to Dr Ross, Admission files, 14/9396 – Callan Park Mental Hospital, No.1918-131.12499

1918. The record does not indicate if Jimmy ever had dealings with his parents or brothers again.

While Mrs N and her other sons were quite adamant that Jimmy's conduct was not be blamed on the war, her husband, Mr N, and their eldest daughter seemed to insist that the war must be the cause of Jimmy's decline. The latter was the more palatable option, because the idea that Jimmy's illness pre-dated the war indicated firstly, that it was something more sinister than 'merely' war-related trauma, and secondly, it raised the spectre of hereditary madness.

Passing it on

In 1923, the doctors at Callan Park received a letter about Arthur B, whom we met in Chapter 5. Arthur's father had sought treatment for him at Callan Park toward the end of 1919 when Arthur went days without sleep and hallucinated he was "again working his gun".⁶⁵ Arthur recovered well and was formally discharged whilst on leave on 27 September 1921. The letter was not so much about Arthur himself, however, but his brother, Jonah, and the family.

Jonah B had been hit by mustard gas near Rouen in 1917 and, after extensive therapy in England, was discharged as medically unfit and sent back to Australia in mid-1918.⁶⁶ By 1923, Jonah had met Vera, the girl he wanted to marry. Vera's mother had heard that the brother of her daughter's fiancé had spent time in Callan Park, and was concerned. The crux of the problem was simple: was Arthur's condition simply one of war-related shell shock, or did insanity run in the family?

⁶⁵ Admission Files, Callan Park Mental Hospital, 14/94218 - Callan Park Mental Hospital, No.1919-493.13340

⁶⁶ Casualty Form – Active Service, NAA, B2455, Barcode 3115263

Vera's mother had been told two different stories; firstly, that Arthur had been in Callan Park for "merely war-caused shell shock", but, secondly, and much more worryingly, that he had, in fact, suffered from "recurring insanity not due to war".⁶⁷ Vera's mother felt the information she sought from the doctor's at Callan Park was "of vital importance" to Vera's "whole future and the future of any children she may become the mother of".⁶⁸ She was further troubled to discover that an aunt of Arthur and Jonah's had also been a patient in a private mental hospital at one time. Jonah had tried to assure Vera's mother that Arthur's "insanity was due to war and that he is now permanently cured and that his aunt's case is an individual case, not inherited."⁶⁹

Here we can clearly see the distinction Vera's mother was drawing between the two forms of madness. If Arthur's troubles were related to his war service, that was acceptable because it was clearly caused by external factors. But the other side of the equation was unthinkable. Vera's mother put it succinctly:

You will understand I dare not permit my child to marry into a family where there is even a remote possibility of insanity in any form, both for her own sake and the sake of a possible family ... In the case of Arthur [B], was his mental illness due to the war or not? Is it a recurring insanity or not?⁷⁰

It is also clear that it was the added news of the aunt's admission that caused concern as Vera's mother felt "two cases occurring in the one family makes me fear for my child", and she noted, "I am horribly

⁶⁷ Letter dated 19 December 1923, from Mrs M to Medical Superintendent, Admission files, 14/94218 – Callan Park Mental Hospital, No.1919-493.13340

⁶⁸ Letter dated 19 December 1923, from Mrs M to Medical Superintendent, Admission files, 14/94218 – Callan Park Mental Hospital, No.1919-493.13340

⁶⁹ Letter dated 19 December 1923, from Mrs M to Medical Superintendent, Admission files, 14/94218 – Callan Park Mental Hospital, No.1919-493.13340

⁷⁰ Letter dated 19 December 1923, from Mrs M to Medical Superintendent, Admission files, 14/94218 – Callan Park Mental Hospital, No.1919-493.13340

anxious”.⁷¹ Vera’s mother, then, was drawing a distinction between types of madness. If his aunt’s mental illness had been caused by external factors, and Arthur’s illness had been due ‘merely’ to war service, she would accept Jonah as a suitor for her daughter. If a streak of insanity ran in the family, however, and was confirmed by the doctors, there is little doubt that Vera’s mother would have moved heaven and earth to stop the relationship and any potential marriage.

The file does not record what, or, if any, reply was sent to Vera’s mother. Perhaps the issue of patient confidentiality prevented any confirmation of her concerns being issued by the doctors at Callan Park. As frustrating as this is, however, it is largely irrelevant, as the language and tone of the letter conveys ample evidence of the manner in which war-related mental illness was completely separated from other, more malignant, forms of madness in the eyes of the general population in the 1920s. The fear of bequeathing madness was very real and Vera’s mother was not the only one to make the distinction. Vera may have been the mother of a daughter contemplating marriage: Dora C was already a mother.

Dora C had been admitted to Callan Park as a voluntary patient in 1919, suffering from a nervous breakdown. She was discharged in 1920. She married and had children but was still haunted by two fears that she expressed in letters to Dr Wallace in 1931. The first was that her stay at Callan Park was public knowledge. It was not common for many patients to have their details printed in the newspaper, unless the cases were particularly salacious or dramatic. Yet, Dora’s concern about her illness being publicly known is another example of the way the shame of being ‘mad’ and in the ‘asylum’ was viewed by the wider community.

⁷¹ Letter dated 19 December 1923, from Mrs M to Medical Superintendent, Admission files, 14/94218 – Callan Park Mental Hospital, No.1919-493.13340

She was assured that, because she had been a voluntary patient, her year-long stay at Callan Park “would not appear in the newspaper.”⁷² Dora, however, was also concerned about another matter: whether her ‘mental illness’ might have been passed onto her children. She described them as “all very strong and healthy in every way”, and, perhaps reflecting on her memories of her own troubles, added that they “have no appearance whatever of being nervy”.⁷³ What prompted Dora to write in the first place is unknown. Her concern about it being known that she had been in Callan Park may have been prompted by local rumours that, as a patient in an asylum, her mental health was doubtful and that her children would inherit her mental illness.

The file indicates that Dora was so persistent in her letters to have some affirmation that she was *not* mentally ill, and that her children were safe from the taint of hereditary madness, that Callan Park issued her with a certificate. It stated that her admission had been “due to physical debility and not ... to any mental disturbance” and this “would not affect her children in any way and should not be considered as a hereditary factor”.⁷⁴

Is it ‘just’ the war?

The causes and culpability of shell shock, or more generally, ‘war neuroses’, were still being debated in medical and military circles, well after the Armistice. These had run the gamut from Sir Frederick Mott’s belief in a physical cause, to A G Butler’s ‘percussive’ effect of shellfire on the brain, to British doctors MacCurdy and Bartlett’s exhaustion

⁷² Letter dated 26 February 1931 from Mrs C to Dr Wallace, Admission files, 14/9416 – Callan Park Mental Hospital, 1919/410a.13256a

⁷³ Letter dated 26 February 1931 from Mrs C to Dr Wallace, Admission files, 14/9416 – Callan Park Mental Hospital, 1919/410a.13256a

⁷⁴ Certificate dated 5 March 1931, Admission files, 14/9416 – Callan Park Mental Hospital, 1919/410a.13256a

argument, to H C Miller's categorisation of victims as 'mother's boys' and W H R Rivers' explanation that war provided a unique context, without which most damaged men would have led normal lives.⁷⁵

Prominent Australian doctors such as R J A Berry, A M Wilson, J W Springthorpe and Oliver Latham were advocates of the view that a certain percentage of soldiers were likely to succumb to the stresses of war, not because of their experience or environment, but because of an inherent character defect or hereditary predisposition. Latham famously commented that many Anzacs were "doomed to insanity no matter what life they took up".⁷⁶

There is a certain logic in this approach, and may explain the life-long debility of returned men such as Frank W, who wanted to correspond with the Calcutta Police Chief, and Cedric S, the Egyptian tram amputee, who had seen little, if any, action during their time in the First AIF. The gatekeepers of the Anzac legend, however, particularly men like the medical historian, A G Butler, were uncomfortable with these new-fangled psychological approaches, suggesting, as they did, that some of Australia's newest heroes were weak and flawed. Well after the war had ended, Butler, and others, persisted in pursuing a rational *physical* explanation.⁷⁷ There were cases where psychological illness was clearly, and directly, caused by physical injury, for example, in the case of Archie H and his critical head wounds after falling from the plane, as discussed in Chapter 5. But for some time, doctors like Butler, were also keen to attribute physical causes in the absence of an actual wound.

⁷⁵ Stephen Garton, *The Cost of War: Australians Return*, Oxford University Press, Oxford, 1996, pp.148-158

⁷⁶ Dr O Latham, cited in Garton, *The Cost of War*, p.155

⁷⁷ Garton, *The Cost of War*, p.151

Butler argued that, “neurosis in the field” was of “very minor importance”.⁷⁸ The problems of identifying those who may have already been suffering some mental disturbance, independent of the war, were significant and the division between the professionals, along with the sheer scale of war-related admissions to mental hospitals, during and after the war, prompted the *Medical Journal of Australia* to declare, in 1921, that “the war and its aftermath have taught the great lesson that there is a large number of men and women who have an acquired or inherited neuropathic temperament”.⁷⁹

Not all the Australian public shared the qualms of the doctors, or indeed, the military itself. As we have seen, among the general population, the stigma of mental illness was still rife, and the notion of committal to the asylum still abhorrent. Unlike Butler, however, many believed that the war *was* the cause of psychological trouble, and that it was *different* to other forms of mental illness. It could be explained. It could be rationalised. It could be understood. And the families of returned men were quick to emphasise the link.

As we saw in Chapter 5, John H had returned from the war and taken up residence with his mother at Lithgow. His violent and abusive behaviour resulted in his committal to the Parramatta Psychiatric Centre. His mother, however, was at pains to remind the doctors that what she described as John’s “nervous breakdown” was “directly” attributable to his war service. Dr Williamson agreed that John’s “maniacal excitement” was due to both “his experiences in connection with his military work and by the fact that he has been wounded”, and an ongoing dispute regarding pension money owed him.⁸⁰ John’s mother was relieved. The

⁷⁸ Garton, *The Cost of War*, p.153

⁷⁹ *Medical Journal of Australia*, 1921, cited in Garton, *Medicine and Madness*, p. 77

⁸⁰ Admissions Files, Parramatta Psychiatric Centre, 12/829 – Reg. No.6813

fact that John was “repeatedly breaking down mentally” was certainly a concern, and she must have been worried about the notion that John may well have been predisposed to mental illness before the war. Her stubborn insistence that the war explained her son’s behaviour, however, had been confirmed by the doctors at Parramatta. She had both a palatable explanation and, indeed, justification.⁸¹

To take a similar example: Helena D had been arrested, and committed to the Parramatta Psychiatric Centre after her husband called the police to their home at Gulgong in November 1917. Helena had been using obscene language, repeatedly taking off her clothes, smashing household goods and threatening to burn down the house.⁸² Doctors initially noted that this behaviour was “contrary to usual custom”⁸³ and her husband insisted “she should be sent for treatment at once” because the problem was caused by “news being received of the death of her nephew at the front to whom she was greatly attached”.⁸⁴ Helena made a rapid recovery and was discharged just weeks later.

Likewise, the friends of Henrietta R, discussed in Chapter 6, whose troubles were thought to stem from her visiting spiritualists to commune with her missing son, were determined that her condition was solely related to the war. If only the mystery of her son’s disappearance at the Front could be solved, they knew, “she would soon be her old self again”.⁸⁵ Paul C’s mother, Molly, (from Chapter 5) also regularly reminded doctors that Paul was a “returned soldier” in her

⁸¹ Admissions Files, Parramatta Psychiatric Centre, 12/829 – Reg. No.6813

⁸² Admission files, Parramatta Psychiatric Centre, 12/826 – Reg. No.6719

⁸³ Dr Lees, patient notes, Admission files, Parramatta Psychiatric Centre, 12/826 – Reg. No.6719

⁸⁴ Sworn statement of Mr D, 5 November 1917, Admission files, Parramatta Psychiatric Centre, 12/826 – Reg. No.6719

⁸⁵ Letter dated 14 March 1919, from Mrs H to Medical Superintendent, Admission files, 14/9406 - Callan Park Mental Hospital, No.1919-76.12922

correspondence, and was grateful to receive written confirmation from the doctors stating they had “no doubt that [Paul C’s] condition has been aggravated by his employment in connection with warlike operations.”⁸⁶

Clearly, there were two schools of thought regarding the war as cause of mental illness. The medical fraternity was becoming more convinced that while the war could be said to have exacerbated an existing condition, its actual cause was more likely to be an organic tendency toward disorder. The latter attitude certainly goes a long way to explaining why mentally disabled veterans had such difficulties in proving their illnesses were war-related.⁸⁷

Yet, there was a level of acceptance among some Australians, that the war was an understandable cause of mental illness. For the families of returned men, this belief may have offered the chance to cling to the trope of sacrifice and establish that they had ‘done their bit’. Hugo Throssell’s suicide was widely accepted as the tragic result of the trauma of his war service. At the funeral service, the chaplain noted Hugo had “died for his country as surely as if he had perished in the trenches”.⁸⁸ Even tabloid newspapers sheeted home blame to the war. The *Sun* newspaper explained the state of mind of the unknown patient, George Brown, as the result of “the frightful things that war can do to a man.”⁸⁹ The war was a legitimate reason to explain a nervous breakdown, tempered of course, by the confirmation that there was no hereditary

⁸⁶ Letter dated 6 August 1920 from Medical Superintendent to the Master of Lunacy, Admission files, 14/9417 – Callan Park Mental Hospital, No.1919-436.13282

⁸⁷ See Kate Blackmore, *The Dark Pocket of Time: War, Medicine and the Australian State, 1914-1935*, Lythrum Press, Adelaide, 2009; Clem Lloyd and Jacqui Rees, *The Last Shilling: A History of Repatriation in Australia*, Melbourne University Press, Carlton, 1994 and Garton, *The Cost of War*, pp.74-117

⁸⁸ John Hamilton, *The Price of Valour: The triumph and tragedy of a Gallipoli hero, Hugo Throssell, VC*, Macmillan, Sydney, 2012, p.346

⁸⁹ *Sun*, 15 March 1928

factor at play. This, in turn, alleviated an ever greater fear: the fear that madness would be 'passed on' to the next generation.

The stigma of the supposed hereditary nature of insanity coloured the response to it. Family members, like Violet Q's husband, Timothy A's sister and Ernest C's brother, vehemently rejected any suggestion of a family trait. Many sought an alternative explanation, embracing the explanation of the war itself as a cause in, and of, itself, such as the mothers of John H and Paul C. Others, like Vera's mother, made a distinction between two very different forms of madness. If it were 'merely' caused by the war, she would not stand in the way of her daughter's marriage. If however, there was a suggestion of family predisposition, nothing would prevent her from thwarting such a dangerous union. And doctors understood the fear. As in Dora C's case, they went to great lengths to assure former patients they were not at risk of infecting their children.

Some returned soldiers, like Ronald R, did not reject their diagnosis, but others, such as Samuel A, most certainly did. Families were also torn apart by disagreements regarding treatment and support, or lack thereof, like Jimmy N, whose sister was at odds with both her parents and her brothers, and Ronald R, whose wife and sister could barely contain their mutual antagonism.

The one factor common to almost every case examined in this chapter, has been the complexity and inter-relationship between the symptoms, beliefs and behaviours, and reactions and responses to them. Unlike physical wounds and injuries, mental illnesses were not able to be easily compartmentalised, easily understood or easily accepted. The very real fear of the bequeathing of debilitating psychiatric disorders through the generations, and the resulting stain and disgrace on the family name,

meant the stigma of insanity, either caused by the war or not, would continue to permanently plague both patients, and their families.

Conclusion

*"But I don't want to go among mad people," Alice remarked.
"Oh, you can't help that," said the Cat,
"we're all mad here. I'm mad. You're mad."
"How do you know I'm mad?" said Alice.
"You must be," said the Cat, "or you wouldn't have come here."*

Lewis Carroll, *Alice in Wonderland*¹

The Great War wrought profound social, cultural, economic and political changes upon both Australia, and, Australians. Many of these have been extensively, and expertly, evaluated by historians. There is one aspect of the legacy of the war, however, that has received little attention. It does not inform our national narrative of sacrifice and it is not included in our notions of debts owed. It does not allow for comfortable consolation and nor is it used to acknowledge the cost of conflict.

Joy Damousi, Stephen Garton, Marina Larsson, Bart Ziino, Tanja Luckins, Pat Jalland and Bruce Scates have all contributed to our body of knowledge on the topics of grief, wartime bereavement, commemoration and memory. Some have also used medical records of the mentally ill to illustrate the experiences of individuals. This thesis, however, has taken the connection between wartime bereavement and mental illness among Australians as its central focus, extending the existing body of scholarship by using mental illness and the asylum as the lens through which wider patterns of loss, with reference to both gender and class, can be viewed. It has also challenged assumptions on the gendered nature of mourning, the refusal of authorities to accept war as a cause of mental illness and the perception of the asylum as a house of horrors.

¹ Lewis Carroll, *Alice in Wonderland*, J M Dent, London, 1929

Traditional forms of mourning, and expressions of grief, generally centred on an ideal of stoic acceptance and established tropes of religious and cultural consolation. These were all focussed on specific realities: the knowledge of the circumstances of death, access to the body, participation in a funeral service and agency over the structure and maintenance of the grave. The absence of most, if not all of these elements, for the bereaved of the Great War, could lead to manifestations of extreme bereavement, which in turn could lead to mental illness; particularly among parents.

Wartime bereavement was often harder for parents to endure, compared to wives. It was possible to replace a husband, never a child. Parents invested an enormous amount of emotion, energy and pride in the future of their sons, in particular. The sons were not only expected to provide economically for ageing parents, maintain the family name and provide grandchildren, but also to give companionship and the comfort that the line would continue, even after the parents themselves had gone. Improvements in medical knowledge, nutrition and housing created an expectation, by 1914, that parents would die before their children, unlike earlier generations where the death of a child, although still tragic, was more likely. One of the more persistent mortality trends in the late nineteenth century was a declining infant mortality rate with more children reaching adulthood.

Three distinct categories of parental wartime bereavement became apparent during and after the war: the parents of the dead, of the missing and of the returned. Edith W, who was not able to accept that the wounded man who returned was her son, attempted suicide on five separate occasions. The cause of her mental illness was listed as “worry

over son – a wounded soldier.”² Christopher G’s odd conduct, when he believed himself persecuted as ‘Chinese’ after receiving news that two of his sons had been killed, was due, according to the doctors, to “grief over loss of sons at the war”.³ ‘Pompey’ Elliot believed that Lydia R’s severe breakdown was due to her promising soldier-son’s death at Fromelles: “I really think the poor lady is going out of her mind over it”, he wrote.⁴

For a parent to have to bury an adult son was an unanticipated heartbreak. For a parent *not* to be able to bury an adult son, because he was killed fighting in a brutal war on the other side of the world, it was even more so. The traditional pre-war cultural comfort of mourning rituals and behaviours were denied those bereaved in the Great War. For those who attempted to nurse and care for damaged returned soldier sons, theirs was an ongoing bereavement, as they mourned for the loss of the essence of their boy and his potential. Not all parents were able to cope.

Mental illness could affect those who anticipated a loss that had yet to occur, like Ada B and Julia C. Suicidal ideations, cosmic bargaining, (reflected in Myrtle E who wanted to trade her life for her brother’s), and uncharacteristic violence and delusions plagued families of both the bereaved, and the returned, who had otherwise thought themselves ‘normal’. Others were tormented by the lack of information surrounding the missing, such as Henrietta R, or the lack of detail of burial, as in the case of Mary, Victor Farr’s mother. The pervasive doubt among mourners in the absence of proof as to the fate of sons is starkly shown in the story of George Brown.

² Admissions files, Parramatta Psychiatric Centre, 12/828 - Reg. No. 6784

³ Dr Broadbent, Patient Notes, Admission files, Parramatta Psychiatric Centre, 12/827 – Reg.No.6748

⁴ Letter dated 10 February 1918 from Pompey Elliott to his wife, cited in Ross McMullin, *Farewell Dear People*, Scribe, Melbourne, 2012, p.162

Cedric S, the amputee who had seen no active service, was a burden on his father for nearly twenty years as Mr S tried – in vain – to care for Cedric at home and then, in despair, had to return him to hospital. Mr S apologised, “I am sorry to send my son back to the hospital, but I could not manage him ... I have done my best”.⁵ Parents of returned men, like Cedric’s father, experienced an ongoing bereavement, as they repeatedly petitioned the asylums for advice or respite. They reported, “[h]e was quite unmanageable”,⁶ “his nerves were bad”⁷ and that “he drank, then became abusive, aggressive and threatening.”⁸

Lingering war wounds, and illness, impacted on families well into the inter-war years, and, even longer, in some cases. The traumatic reaction of parents over the loss of a son was transmitted to subsequent generations. George Duchesne lived all his life in the knowledge that he could never compete with his dead brother Syd; his mother’s favourite son. He always paled in comparison with the memory of the golden-child who was immortalised forever by the family as a hero warrior; forever aged twenty-one. George’s children were aware of the favouritism and resented their grandmother because of it.⁹

Bereavement, then, cannot just mean loss to death. It must be given a wider definition to encompass the grief over the loss of the essence of the self, and any future potential. For some parents, the image of a dead

⁵ Admission files, 3/3452 – Callan Park Mental Hospital, No.1917-328.12216

⁶ Letter dated 30 July 1918 to the Inspector General of the Insane, Dr Eric Sinclair, from Dr Ross, Admission files, 14/9398 – Callan Park Mental Hospital, No.1918/221a.12589a

⁷ Letter dated 23 June 1919 to Dr Coutie, Admission files, 14/9405 – Callan Park Mental Hospital, No.1919-28a.12874a

⁸ Memorandum re patient, Admission files, 14/9406 – Callan Park Mental Hospital, No.1919-60.12906

⁹ Private papers in the possession of Rev. Dr David and Mrs Bernie Duchesne, of Killara, Sydney

hero, perfect and whole, may have seemed preferable to the ongoing trauma of a psychologically disturbed 'war wreck'.

Both genders are represented in the case studies, and though symptoms and treatments could differ, guided generally by notions of patriarchy and expected standards of behaviour, particularly for women, the intensity of grief was marked in both. If these case studies are any indication, the stereotype of the stoic father and hysterical mother is not based on fact. Christopher G and his wife are good examples: men could be psychologically destroyed through grief as much as women, while women had to find the strength to keep the family intact in the face of their own loss, and the collapse of their husband.

One of the roles of the public asylum was to regulate and control behaviour seen as abhorrent, harmful or threatening to the wider community. Yet these were public institutions and, as noted in Chapter 2, this meant that most of the patients who were used for this study were working class men and women. In many ways, then, this thesis is more an examination of the impact of the war on the mental health of members of the working class. What remains to be examined more fully by historians is the area of private doctors, mental institutions and related nursing homes. It is still basically uncharted territory - despite Melanie Oppenheimer's work on Graythwaite, which was operated by the Red Cross - and deserves further research.¹⁰ Messrs Roberts, Higgins and Grimwade were not the only middle or upper class men to struggle with chronic grief. And the voice, and grief, of middle class women is almost entirely absent in the current historical record of institutions like Callan Park and the Parramatta Psychiatric Centre.

¹⁰ Melanie Oppenheimer, 'Fated to a life of suffering': Graythwaite, the Australian Red Cross and returned soldiers', in Martin Crotty and Marina Larsson (eds), *Anzac Legacies: Australians and the aftermath of war*, Australian Scholarly Publishing, Melbourne, 2010, pp.18-38

The war also brought with it a different sense of 'class'. Broughton Hall was established in 1915 to treat returned men suffering mental illness, and initially, they were seen as being separate from the patients in Callan Park. They were 'military patients'. Yet it is clear that this differentiation did not last long and some from Broughton Hall were transferred from the military sphere to the civilian sphere, such as the unknown patient, George Brown. The attempt to treat military patients as a separate group may have had unintended consequences. The men at Broughton Hall were voluntary patients. In the same year, the public institutions also began to accept voluntary patients, such as the morphia-addicted doctor John L-J, which reduced, a little, some of the stigma of being 'taken' to the asylum. The second consequence was more intriguing: when returned men were transferred to places like Callan Park, the case studies suggest the doctors treated these men as civilian patients, not as 'military' patients. If a diagnosis of a war-related cause was made, it was mostly maintained in connection with the patient throughout their treatment, however, by 1920, there was little to differentiate the manner of treatment between military and civilian patients. Underpinning it all was the stigma of madness.

The social stigma surrounding the spectre of insanity was a result of several interlocking, complex elements: eugenics, shock, shame, rejection, fear, predisposition and, especially, heredity.

Many families rejected the label of 'insanity' and any implication that it may have been hereditary, in its entirety. They were eager to embrace any alternative explanation that removed a defective or shameful stain on the family name. The war provided the explanation.

This study has also raised an issue that may warrant further investigation. The diagnoses offered by doctors at home when it came to

treating returned men differed from those recorded by their peers treating men at the front.

Many of those admitted to the two institutions studied for this thesis exhibited similar symptoms and behaviours to those admitted for other causes before 1915: the doctors noted symptoms such as “very depressed”, “confused and incoherent”, “over anxious” and gave what they thought the causes might be. They would do so for the rest of the war. However, from 1915, the doctors diagnosing those with sons, husbands or brothers abroad, began to specify the war as a cause for the mental illness they treated. They wrote for the files, “says she is going to the grave today”, “saw blood spattered about and on her hands”, “sees visions in her dreams, sees her son lying in the trenches”.¹¹

These reflect Bruce Scates’ analysis of Mary Jane in *Return to Gallipoli*. Her file noted her “frightful appearance” and her refusal to eat. The doctor recorded how “she would howl in pain and sorrow and dream every night of piecing together the scattered bones of her child’s body”.¹² It is significant, then, that in Australia, doctors had already accepted that secondary trauma could be a cause of mental illness. And, as this thesis has shown, so, too, did the civilian population at home. The families of damaged returned men were also insistent that the war, and no other factors, particularly heredity, were responsible for their demons. It removed the spectre of a streak of ‘insanity’ in the family.

This level of acceptance among Australians, and the doctors at the two institutions studied, that the war was an understandable cause of

¹¹ Admission files, 3/3457 – Callan Park Mental Hospital, No.1918-22.12390 and Tanja Luckins, ‘Crazed with Grief?’ in Catharine Coleborne and Dolly MacKinnon (eds), ‘Madness’ in Australia: histories, heritage and the asylum, University of Queensland Press, St Lucia, 2003, p.171

¹² Bruce Scates, *Return to Gallipoli: Walking the battlefields of the Great War*, Cambridge University Press, Cambridge, 2006, p.218

mental illness among returned soldiers, is in contrast to the view of many in the military. As Stephen Garton has demonstrated, among the military medical men, there was a move away from the idea of war-related trauma as a cause of mental illness, and predisposition was sought as an alternative explanation. It was a view that was particularly championed by men like Oliver Latham and one that would bedevil the Repatriation system after the war. Yet, for ordinary Australians outside the profession, and some of the doctors at Callan Park and the Parramatta Psychiatric Centre, a clear distinction was made between 'ordinary' madness and war-related madness.

Regardless of cause, though, there were those who could not shake the stigma of the asylum itself, of insanity and of having failed to adequately care for a loved one at home. Wally J, a returned man whose 'tears rolled in his eyes' when he knew he was in 'the mad house', died in April 1919. His wife lamented:

I shall never be able to forgive myself for allowing him to go back to such a place to end his days. Everyone that came to see him said he looked as if he suffered a terrible time ... I shall never be able to forget his sad death.¹³

Despite a new and more compassionate recognition of the war as a cause of mental illness among civilian patients, and then returned soldiers, by the doctors at home, for many cases it is impossible to state with certainty that the war was the *only* cause. There are many examples where it was certainly the dominant factor, such as Archie H's critical head injury and Arthur B, who thought he would improve if given 'time to forget the noise of the shells'.¹⁴ But the doctors sometimes did not

¹³ Letter dated 9 April 1919, from Mrs J to Dr Coutie, Admission files, 3/3456 – Callan Park case papers, No.1917-464.12352

¹⁴ Letter dated 4 November 1919 from father to Medical Superintendent, Admission files, 14/94218 - Callan Park Mental Hospital, No.1919/493-13340

accept the war as a cause for mental illness in returned men who were committed. There was a leavening of wastrels within the returned soldier population whose behaviour was unlikely to have been caused by war trauma. Men like Sinclair D, Horrie G and, particularly, Jimmy N, had all displayed objectionable behaviours long before they had been exposed to war. Sinclair D was merely diagnosed with “delusional and erratic behaviour”, Horrie G with General Paralysis of the Insane and Jimmy N with “delusions of persecution” exacerbated by “heavy drinking”. Although it was noted that the men were returned soldiers, the doctors did not suggest the war itself was a contributing factor to their mental problems.

The individual cases examined in this thesis demonstrate that the study of bereaved parents in Australia following the Great War, and the responses of the medical profession to psychological conditions brought about by intense and prolonged grief, open up a huge area of Australian social history and the cost of war, which, until now, has not been widely explored. Out of a population of just over 4 million in 1914, this new Commonwealth had sent more than 324,000 men to Europe and the Middle East to fight in a war that was in no way of their making. The end result would be 60 000 dead, and over 166 000 wounded, a casualty rate of 65%, the highest of the war. Most of the soldiers were not married. Most had at least one living parent. To paraphrase Bill Gammage, the Great War cast a pall of despair and dejection over Australian society: there had never been a greater tragedy.¹⁵

This study began in an attempt to answer two questions, put by Audoin-Rouzeau and Becker: ‘*How* did people mourn? What was their suffering *like?*’ It ends by providing a revision of the question, and a response.

¹⁵ Bill Gammage, *The Broken Years: Australian Soldiers in the Great War*, Penguin Books, Ringwood, 1975, p.xvii

How did people *suffering chronic, ongoing extremities of bereavement* mourn? What was *their* suffering like?

The answer is as simple as it is poignant. For the majority of the ninety-one case studies which comprise the heart of this thesis, they mourned in a manner that was denied, incomplete and complicated by mental illness stemming from the trauma of war. Their suffering was fearful, confused and persistent. It was also played out in the gaze of the public asylum, with all its accompanying connotations of shame and disgrace. And for parents, in particular, the suffering was mostly permanent.

There is a reason why the study of the extremities of parental wartime bereavement and its connection with mental illness has often been overlooked by historians. It is ugly. It is uncomfortable. It forces us to examine a profit and loss sheet: global and national political and economic gain, versus individual and localised cost. The ultimate price could never be determined by double-entry book keeping.

And the price was high. It still is.

Coda

Despite the disputes both among patients, and within their families, over the legitimacy of committal and diagnosis and the social indignity of the label of insanity which have been explored in this thesis, there was another legacy of the treatment of mental illness between 1915 and 1935. It is a minority voice, yet it deserves acknowledgment. The amount of power and control vested in the asylum, and the doctors, was explored in Chapter 2. This was almost the reverse. There was an acceptance on the part of some families, and the men and women committed to the asylum, of the ability of the doctors to treat and heal; gratitude for treatment provided and appreciation that doctors did not always see their patients as merely clinical cases. Chisholm Ross is one example.

Ross had been appointed to the prestigious post of Medical Superintendent at Callan Park in 1901, but well before the war he left to set up a private practice in Phillip Street in Sydney. However, he maintained contact with the hospital and filled the role as the Visiting Medical Officer at the Reception House in Darlinghurst. It is clear from the files that Dr Ross was a regular visitor to Callan Park, and a senior authoritative figure, during the period under study for this thesis. His comments and notes appear frequently in patient files, admission reports, reports on progress, administrative directives to other doctors and institutions, advice on treatments and, importantly, correspondence with patients and their families.

Dr Ross was a diligent, compassionate professional whose genuine interest in his patients, and his empathy with them, and their families, is

obvious from his significant body of correspondence in the files. A fine example of this is his response to a letter from a patient who had been discharged some time previously. Dr Ross wrote:

I was wondering how you were getting on and was pleased to receive your letter and to hear that you are doing so well.

I am glad that you have been able to get work to do since leaving the Hospital and hope that you will continue to prosper.¹⁶

Although most families were horrified at the thought of committal, others were trustingly optimistic about the miracles the asylum could perform. Sometimes they were right. Evelyn F's fiancé was killed in France in 1917. After hearing the news, she suffered a complete psychological and physical collapse. A week after her committal to Callan Park, Evelyn's mother replied to a letter from the doctors regarding her daughter's condition:

I wish to thank you for the most welcome news of my darling child. Oh, if you but knew what anguish I have known since she was taken away. I had only one comfort, and that was faith in God and the Hospital's care, for I remember having heard of more than one who went into your Hospital and came out again restored in health.

God abundantly bless you and all there who has ministered to my dearest girl.¹⁷

For some patients, who had had little comfort or support in the outside world, the asylum could represent a haven from responsibility, poverty, isolation and neglect. Minnie L begged to be allowed to return. Dr Ross replied, "I should be glad to help you in any way I could, but first would

¹⁶ Letter dated 22 December 1921 from Dr Ross, Admissions files, 14/9423 – Callan Park Mental Hospital, No.1920-75.13491

¹⁷ Letter dated 27 May 1917, from Mrs F to Medical Superintendent, Admission files, 3/3448 – Callan Park Mental Hospital, No.1917-189.12077

like to know what really is the matter. If you are not well and would like to come back, you may do so”.¹⁸ She did, and remained there, contentedly, for the rest of her life.

While many may have initially despaired of their committal and subsequent futures, some had cause to give thanks. The returned soldier, Richard H, who ended up as ‘happy as a sand boy’ assured doctors, “I am getting strong, I work hard and eat well and sleep well. I am quite free from that disease I had.” Richard asked Ross to “remember me to Dr Jones and the attendants and the tradesman in the shop ... thank you for your kindness and thoughtfulness”.¹⁹

Likewise, Elizabeth-Jane L, admitted in 1915 suffering violent hysteria and delusions of persecution, was effectively treated and released in 1921. Her mother wrote, “[s]he keeps very well and will continue to, we hope. I take this opportunity of thanking you ... for kindness shown her. She speaks well of her treatment there and will ever cherish a sense of gratitude for her ultimate recovery.”²⁰ Ross replied he had shared the letter with other staff and asked Mrs L to “remember me to her [Elizabeth-Jane] and say that we are all glad to know she is so well”.²¹

Ross was not alone in his approach to the mentally ill. Matilda W, for example, was troubled, both mentally, and by an overbearing mother whom doctors admitted was “a dreadful woman, very much worse than

¹⁸ Letter dated 24 March 1920 from Medical Superintendent to Minnie L, Admission files, 14/9423 – Callan Park Mental Hospital, No.1920-107.13523

¹⁹ Letter dated 22 March 1918 from Richard H to Dr Ross, Admission files, 3/3446 – Callan Park Mental Hospital, No.1917-99.11987

²⁰ Letter dated 13 October 1921, from Mrs L to Medical Superintendent, Admission files, 3/3428 – Callan Park Mental Hospital \ No.1915-325.11280

²¹ Letter dated 21 October 1921, from Dr Ross to Mrs L, Admission files, 3/3428 – Callan Park case papers, No.1915-325.11280

the patient”.²² After spending a few weeks under observation at the Reception House at Darlington, Matilda refused to go home with her mother. She told Dr Bornstad that since she had been there, “she has been kindly treated and has had complete rest and would like to stay here for a month or so”, in contrast to her home life, where she “she gets no rest there day or night as she is worried and pecked at by her sisters and mother.” Dr Bornstad concurred and, in sending Matilda to Callan Park, remarked, “I have no doubt that this is correct, from what I have seen of the family” and noted Matilda believed “she will be even more contented [there]”.²³

Even when treatment had ultimately been unsuccessful, family members expressed gratitude for the quality of care. After his death from a terminal illness, Clive B’s widow wrote, “on behalf of the children and myself to thank you for your untiring attention and kindness to their father and my late husband ... I cannot but speak highly of all you have done for him.”²⁴ Similarly, Eliza A’s daughter was grateful for the way her mother had been treated at Callan Park. Eliza, a long term chronic patient, had spent twenty-four years at Callan Park. Her daughter wrote, “in all that time, I had never heard her speak anything but highly of the treatment she received. I should also like to thank the doctors who did everything they could to relieve pain and make my mother’s passing easier”.²⁵

²² Patient notes, Admission files, 3/3455 – Callan Park Mental Hospital, No.1917-448.12336

²³ Dr Bornstad, Patient notes, Admission files, 3/3455 – Callan Park Mental Hospital, No.1917-448.12336

²⁴ Letter dated 20 May 1929, from Mrs B to Medical Superintendent, Admission files, 14/9421 – Callan Park case papers, No. 1920-35.13451

²⁵ Letter dated 16 December 1942, from Mrs A to Medical Superintendent, Admission files, 14/9397 – Callan Park case papers, No.1918-191.12559

For some patients, then, who had nowhere else to go or who did not want to leave the grounds and walls of the asylum because it provided order and a sense of safety; the asylum became a surrogate home. It was not a house of horrors, but a hospital with heart.

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3DRL/421	Higgins
3DRL/65545 (A)	Graham
AWM4	Australian Imperial Force, War Unit Diaries, 1914-18 War, Medical, Dental and Nursing, 29/49/1 – 6 th Field Ambulance
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AWM131	Roll of Honour Circulars, 1914-1918 War, Army
AWM194	Allotment of 1914-1918 War Trophies

MSS1647	Bower and Greenhalgh
PR00005	Ferguson
PR00259	Parton
PR00480	Freeman
PR00507	Petrusch
PR00591	Schumack
PR00599	Colyer
PR00624	Capel
PR00734	Shapland
PR00932	Mills
PR00975	Thompson
PR01040	McWhae
PR01295	Fairey
PR01559	Farquharson
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PR02042	Lee
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MSS 4229	Mabel Dowding Papers
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Series 4984	Admission Files, Callan Park Mental Hospital
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University of Wollongong Archives, Wollongong

D158/2/1	Les Sproule, <i>Those were the best years</i> , unpublished autobiography
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Wollongong Local Studies Library

M/WHI	Letter from LS Whitbread to E Clout, 1916
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