A HISTORY OF LEPROSY AND THE DERBY LEPROSARIUM

GS 5.13 Australian History for Experienced Teachers.

Assignment Two.

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On the edge of the marsh, about twenty minutes drive from Derby, exists a very picturesque, tiny settlement set amongst the mango and gum trees, and abounding in wildlife. This peaceful settlement is the Derby Leprosarium, where sufferers of leprosy live in a relaxed sort of atmosphere while receiving treatment for this disease. This has not always been so. In fact before the Derby Leprosarium came into existence, and also in the early history of this establishment, these people who suffered from leprosy found life extremely difficult. There was very little known about how to treat leprosy, while leprosy control was almost non-existent (that is apart from isolation). There was also very little known about the prevention of mutilation and deformity which is secondary to the disease, and which in bygone years has frightened people. Initially, nobody knew how to manage leprosy patients, and there was very little understanding of how leprosy was spread. This together with no proper treatment helped increase the spread of the disease. In fact Dr. Spargo believes that the way the Doctors handled leprosy in the early days; that is the way they conducted their leprosy surveys and gathered patients up on police patrols and moved them from one community to another; not only helped to spread the most bacillcerous disease known to man, but also to increase the fear among the sufferers of leprosy.

No wonder Aboriginal people who knew they had leprosy or as they call it 'The Big Sick' took to the bush. .........................................................(1)

I can still remember the ecstasy of Dr. Holman, in the late 1960's when a patient actually presented himself at the Derby Hospital for examination because he thought he had leprosy.

What then is leprosy and how was it introduced into Australia? Leprosy is primarily a disease of the peripheral nerves and the skin caused by the bacillus, Mycobacterium leprae. This bacillus very closely resembles the tuberculosis germ. Leprosy can be either a benign skin blemish or a severely crippling or disabling disease. ..........(2) Leprosy can be either Indeterminate, which is of the non infectious type; Tuberculous, which is seldom infectious; Lepromatous, which is highly infective, and Borderline, which is as the name implies, somewhere in between tuberculous and lepromatous. ..........(3) Leprosy is also named according to where it originates; there is Urban Non Endemic Leprosy which is confined to capital cities. This had come about through the changed migration patterns to Australia, i.e. migrants who have come from countries in which leprosy is prevalent. Then there is Remote Endemic Leprosy, which is endemic and occurs across the Australian continent in the states of W.A., N.T. and Qld. According to Dr. Spargo this area is enlarging and spreading southwards. ..................................(4)

There is evidence that leprosy is a recent introduction to Australia, and that it did not exist in Aboriginals before the settlement of the white man. Because leprosy was endemic along most areas of the South East Asian coastlines, people like Hargreaves and Davidson say that this is where leprosy was introduced from.

Dr. Davidson the former Commissioner of Public Health in W.A. in his book 'Havens of Refuge' states that the introduction of Chinese labour in the mining industry was one way of leprosy being introduced into Australia. The first diagnosed cases of leprosy in Qld., N.S.W., and Victoria were in the 1850's, whereas in W.A. and the N.T. Dr. Spargo calls this imported leprosy with at present, no known transmission of the disease from the coast to the interior.
was the 1880's and 1890's. These initial cases were all Chinese except for one, who was a West Indian.  

According to Hargraves of the N.T. Medical Service, leprosy was introduced into the N.T. through the settlement of Europeans and Asians on the northern coast, together with the breakdown in tribal lifestyles and tribal barriers among Aborigines. Through increasing contact between tribes, leprosy gradually spread to almost every tribe in the northern half of Australia.

Leprosy was introduced into W.A. probably by pearling crews along the coast and also across the border from the N.T. The first appearance of leprosy was at the end of the nineteenth century.

In W.A. leprosy cases were grouped into three regions: Metropolitan, Roebourne district and vicinity and the Kimberleys. In each region the first notified cases were again Chinese.

No more cases were reported or recorded until the 1920's when they were reported with increasing frequency in the Derby/Broome/Fitzroy area. The disease was more firmly implanted in the Broome/Beagle Bay area than the Derby area. Epidemic proportions were only reached in the Derby area in the 1960's after the migration from the stations to the towns and after the migration from Kummunya, Munja and Wotjulum to Kowanjum.

Because of the increasing number of leper patients being diagnosed, steps were taken to control and prevent the spread of the disease by isolating the patients. A Quarantine Station was set up at Woodman Point in the Perth metropolitan area, and in 1916 the Wooroloo Sanitarium (just out of Perth) came into existence. These areas were not suitable for patients in the North because of the distance and problems with transport, so Bezout Island, just out from Cossack, was established.

Dr. Davidson described the island as being/ extremely barren island about one mile long and a hundred to two hundred yards wide, with only scattered patches of spinifex, with no water or firewood. However there was a plentiful supply of sea food which the patients could live off. The local policeman from Roebourne brought supplies of fuel, water and stores.

Even though this existence was not exactly ideal it existed because of lack of finance. The Public Health Department at one time wanted to isolate the men and women (separate islands for each), and at another time was going to move to islands (Bernier and Dorre) further south in the Carnarvon area. Eventually another tidal island at Cossack took over from Bezout Island, and this remained until 1931.

In 1920 plans were made to build a new hospital in Derby. The old hospital or 'Residency' as it was called was turned into a native hospital and also for use as a 'lazaret' for leprosy cases in the north of the state. The lazaret proved unsuitable because of the run down state of the buildings, so patients were once again sent to Cossack.

The number of lepers in the Broome/Derby area was increasing. There were twenty two cases notified in the first twenty years of the twentieth century, whereas in the 1920's there were thirty five cases and in the 1931 - 1935 era, there were 161 cases.
The Government was intending to shift the Cossack leprosarium, so the then Administrator Apostolic of the Vicariate of Kimberley, Otto Raible, wrote to the Aborigines Department requesting that the St. John of God Sisters conduct a 'lazaretto' about ten miles from Lombadina, to care for the lepers. This was in August, 1930, but the offer was not accepted because of the proposed transfer of those lepers to the Darwin leprosarium. However, not many shipments were made, and in fact the St. John of God Sisters 'lazaretto' did come into being for a while.

Because of the increased number of reports of lepers and the local outcry regarding this from the Derby and Broome Road Boards, a Royal Commission was set up. An interim report was issued on 3rd July, 1934, which called for an urgent decision to be made. The Royal Commissioner requested that these patients not be 'banished from the land they knew and loved, to a foreign place, but that a Leprosarium be established in this area, and that the present position not be allowed to be continued.'

On the 21st June, 1935 the Acting Minister for Health sent a memorandum to the Premier requesting the state provide its own leprosarium near Derby. This request was accepted. The Derby Leprosarium was occupied in December, 1936 with the admission of ninety cases from the so called lazaretto at Derby.

The patients who had originally been sent to Darwin for isolation and treatment were brought back to their own country. From about 1925 leprosy had taken a stronghold over the aboriginal population and had become endemic. It was also at this time when leprosy was considered to be an incurable disease, and which often resulted in either terrible deformities and/or death. The town Doctor paid regular visits to the Leprosarium, but there was some difficulty with the Lay Administration. In 1937 the Administrator for Health advertised for nurses to work at the Leprosarium, and the St. John of God Sisters applied, but the Government was not in favour of employing women religious in Government Departments. However they decided on a three month trial or until a satisfactory solution was achieved. The Sisters arrived in June, 1937, and are still there today.

By 1939 the Leprosarium which was built for ninety patients had in fact one hundred and twenty patients, with more to come. As shown on the attached Table - The Number of Patients in the Leprosarium at Derby on 31/12/1946 - 76: there were two hundred and thirty one patients in 1946, with the peak period occurring in 1951 when there were three hundred and thirty three patients. This number then steadily decreased to thirty eight in 1976. In 1988 there were twenty patients in the Leprosarium, of these only eleven were on treatment, the others were there for disabilities or social placement. There were six new admissions in 1981, two of these were from the Pilbara.

Because of the increase in the number of patients, in 1942 workmen were sent up from Perth to build a hospital for male patients. According to Sr. Alphonsus 'this job was completed in two weeks, and this building really proved its worth in the years after it was erected.'

Patients who were not hospitalised were housed in small cottage type buildings built of cement and iron.

Sr. Alphonsus herself, together with Sisters Matthew, Gabriel and Gertrude were among the dedicated missionaries who pioneered the project for aboriginal people. The Sisters were given permission to take over the care of all the lepers under medical supervision,
and they worked in with the Lay Administrator.

As well as medical therapy for the patients, the Sisters encouraged the patients to participate in sporting events, especially football. They also formed a leper orchestra. The orchestra was established during the war years with five patients learning to play five violins. More patients became interested in the orchestra, and it grew until, over several years, 'there were no fewer than forty violins, six banjo's, one cello and a cornet - all played by full or part aboriginals.'

sr. Alphonsus described the members of the orchestra as playing 'Not only with considerable skill and feeling, but also with genuine appreciation of the works of Beethoven, Mozart, Wagner and Handel.'

The orchestra also played honky tonk music. This therapy not only helped to keep the people happy and occupied, but also aided in exercising fingers and hands. In fact when talking with an ex patient of the Leprosarium who was a member of the orchestra, one is amazed at the lack of deformities she has, and she had contracted leprosy when only fourteen years of age, and had it for approximately twenty five years before becoming negative.

Another interest for the patients is art and craft, especially wood and boab nut carving, which many Aboriginals are extremely skilled at. Others have excelled at oil and water paintings.

These interests are important according to Dr. Spargo, Director of Kimberley Health, because these people must be kept reasonably happy and interested over the long period they are kept there, for effective treatment for secondary prevention to take place. Education for children suffering from leprosy is also catered for, and began as early as 1937. During the war years there were up to thirty children on the Register.

Sr. Alphonsus looked after this aspect, along with any patients who may themselves have had a good education. Today the work is undertaken through the Correspondence section of the Education Department. At the moment there are only two young boys at the Leprosarium, and they have been the only children for a number of years.

During the war years, and more especially following the bombing raid on Broome, the Sisters, other staff and patients, moved to a site a few miles further inland and erected temporary quarters. Even a bough shed chapel was built with the tabernacle in a tree.

Daily treks were made back to the Leprosarium to replenish supplies and water was carted in drums, making life very trying. Fortunately they did not have to wait until the end of the war to return to the Leprosarium, and conditions were once again back to normal.

There has been a steady decrease in admissions to the Leprosarium over the last fifteen years. This had come about because of the outside care of potential patients by Community Health nurses, and also because of the changed living patterns of the Aborigines. Up until 1950 they lived mostly in isolated, inaccessible areas. They now live mainly in settled areas of towns, missions, communities, and a few on stations,
so surveillance and observation is now on a more constant basis. There are now not so many Aborigines on stations because of the Amendment to the Pastoral Industry Award of 1967, which granted award rates to Aborigines. (24)

With the new drugs, and the expected vaccination for leprosy in the very near future, and because of the decrease in leprosy notifications in recent years, what justification is there then for the Derby Leprosarium to continue? Why should people be 'imprisoned' and isolated from their families from six months to two years? According to Dr. Spargo, leprosariums 'provide the sort of atmosphere which allows to keep the people happy over the long period of time to reduce the leprosy bacilli, and to supervise treatment on combined schedules for the longest time possible to prevent the mutilation and deformity associated with this disease.' (26)

Also because of the properly supervised management regimes on combined schedules of multiple drugs, it minimises the risks of insensitivity to one drug occurring.

Another reason is that the Derby Leprosarium, by isolating patients, safeguards the young children in those families from becoming infected.

Fourthly, for those people who have had, and who may become infected, the Derby Leprosarium, has been to them a 'Haven of Refuge' where they can receive treatment in a relaxed and caring atmosphere. (27)

With these above points can one honestly say that the Derby Leprosarium is of historical significance to Derby? I believe to answer such a question, one has to share in the stories of the old people, or read about people like Rory, Stella, Sonny, Jenny and Laraby in 'Healing Hands. (28)

It is only when one hears of the courage, the joy and the deep sorrow of those who were confined there or who cared for the lepers that one really understands what such a place means in History. For others who remember the assistance and refuge it has been for many human beings it has something more, as well as a great historical significance.

Statistically it is of historical importance, initially because it is the only recognized leprosarium in Australia, and secondly because it has been instrumental in helping to establish the network of Community Health Services, and as a result, Derby has become the main centre for these services.

Dr. Spargo says that 'leprosy is the keystone to all public health activities in the Kimberley.' (29)
The Number of Patients at The Derby Leprosarium on
31/12/1946 – 1976. (Thiry Year Span) Figures taken from 'Leprosy'
Footnotes:

1. Dr. R.M. Spargo, unpublished interview.


3. Ibid., page 7.

4. Dr. R.M. Spargo, unpublished interview.


8. Ibid.

9. Ibid., page 10.

10. Ibid., page 15.

11. Ibid., page 19.

12. Ibid.

13. Ibid., page 45.


15. Ibid., page 46/48.

16. Ibid., page 63.


20. Ibid., page 13.

21. Ibid.

22. T. Puertollano, unpublished interview.


25. Dr. R.M. Spargo, unpublished interview.

26. Ibid.

27. Ibid.


29. Dr. R.M. Spargo, unpublished interview.
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Unpublished Interviews with the following people:

Puertollano, Teresa; Ex patient of the Leprosarium, now living in retirement at the Leprosarium. Interviewed October, 1982.

Spargo, Randolph M; Director of Kimberley Health Services, Derby. Interviewed September, 1982.