

Going Up the Line to Goodna: A History of Woogaroo Lunatic Asylum, Goodna Mental Hospital and Wolston Park Hospital, 1865-2015

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CHAPTER 1:
From quarry to park



The histories of Woogaroo, Goodna and Wacol, and of the institutions built near the junction of the creek and the river, were influenced, especially during the early decades, by environmental factors. The Brisbane River that encouraged the asylum's location and easy access also regularly forced buildings to be evacuated, and flooding eventually caused the asylum to "migrate" eastwards, uphill and away from the river. This chapter considers the site's choice, physical development and historical evolution.

THE SITE BEFORE THE ASYLUM

Woogaroo Creek was named by the 1840s, when the house erected by Moreton Bay's Crown Lands Commissioner Stephen Simpson was known by that name.¹¹ Simpson later bought land at Wolston Creek, erecting the structure now known as Wolston House, several kilometres downstream from Woogaroo Creek. In 1856, Woogaroo Village became the township of

Goodna. The “Sketcher”, writing in *The Queenslander* during 1907, claimed the word “Woogaroo” was an ‘aboriginal name for ‘the eddying waters caused by the emptying of a creek’.¹²

In 1936, H. Byam Ellerton (one of the most important figures in the site’s history) compiled a ‘Brief History of the Queensland Mental Hospitals’, including a short discussion on the origins of the name Woogaroo.¹³ Ellerton initially said the word was ‘a corruption of the aboriginal term Wangaroo, meaning “to step over a person lying down”’. Then, he listed three meanings, apparently given to him by the Chief Protector of Aborigines, John Bleakley, and a retired school-teacher, Frederick Bennett. These were: ‘(a) A gully; (b) The back of the head or nape of the neck; (c) Human evacuation’.¹⁴ Ellerton also noted that locally the word Goodna ‘came from an aboriginal name “Coodna Creek” meaning dirty water creek’.

At first “lunatics” in Queensland were imprisoned. Lunacy and madness have been recognised for many centuries, but settler-colonies often took time to provide for treatment. Prior to 1859, those settlers classed as “lunatics” were sent to the New South Wales asylum at Tarban Creek or confined in the Brisbane Gaol on Petrie Terrace. The Sheriff of the Gaol wrote to the government, drawing attention to ‘the want of a proper establishment for the confinement and treatment of lunatics’.

Money was tight. The new colony of Queensland was potentially resource-rich but needed wealthy investors and favourable publicity. The members of the Executive Council, who were ‘anxious to be in a position’ to decide ‘whether it would be more advantageous to establish such an institution here or to forward (if an arrangement for the purpose can be brought about) the patients to Sydney for treatment in the Asylum already established’, observed that ‘the Asylums in New South Wales were erected either by the Imperial Government or at the expense of the whole colony, before its recent division’.¹⁵

They decided that the Queensland Governor should ask the New South Wales government if ‘the government of that colony are willing to permit lunatics from Queensland to be forwarded to the Asylums at Sydney or Parramatta for treatment at rates to be specified, and if so, at what rates they would be received’.¹⁶ The Council members decided that ‘the number

of patients from this colony would be in all probability be very trifling', and that an institution in Queensland would only be needed 'when numbers of patients exceeded fifty'.

When the Sheriff wrote again in 1861, saying 'the number of lunatics has greatly increased and he is unable to place sufficient guards over them', this prediction of increased numbers had come true sooner than they expected.¹⁷ Eight months later, the Sheriff requested additional funds because of 'the unexpected rise in the number of lunatics to be fed and otherwise provided for'.¹⁸ A sum of £100, instead of his request for £200, was granted 'in view of contemplated arrangements that will diminish the cost of maintenance of Lunatics'.¹⁹ Discussions about an Asylum were always linked to the colony's Estimates. Two months later, a further £100 was approved.²⁰ Attitudes (like this) towards public funding continually effected government services in the colony.

In late 1862, the Sheriff wrote to the Colonial Secretary about 'the present overcrowded condition of the Gaol', asking if 'that portion of the building at present used as a Lunatic Asylum' might instead become available for Gaol purposes.²¹ He was informed: 'Steps have been taken and arrangements are now in progress for the removal of the Lunatics at the earliest practicable period'. However, the actual relocation from Petrie Terrace to Woogaroo took more than two years.

Similar delays with the implementation of "desirable" health facilities throughout the British Empire prompted London into action. On 1 January 1863, the Secretary of State for Colonies posted a circular memorandum to all colonial governors, asking for details of the general condition of all hospitals and asylums in each colony. Historian Raymond Evans notes this was prompted by the exposure of abuses at the Jamaican Asylum, leading to a full inquiry into such establishments 'throughout the British Empire'.²²

Most colonial governments provided answers, but Queensland's administrators did not. One year later, a further circular memorandum reported on the survey, listing Queensland, New South Wales and South Australia in the appendix of colonies that had not complied with London's request.²³ Tasmania, Victoria and Western Australia provided their accounts, but the Colonial Office noted, on the basis of their reports, that

their asylums were ‘inferior to the hospitals’, lacking land or space, short-staffed and had ‘insufficient provisions for visitation’ and inspection.²⁴

The lack of doctors and the shortage of nurses was a common defect throughout the Empire. London’s investigation showed the ‘perpetual cries’ for more land were everywhere ‘unanswered’, and the entertainment in asylums was, at best, minimal. One example was given—‘the Jamaica asylum provides for the occupation and amusement of 200 lunatics a barrel organ’. A second “deficiency” was ‘the insufficient provision for religious services’.

One ‘point of internal economy’ observed in the survey was the ‘general insufficiency of means for the employment and amusement of the insane’: ‘It is certain that nothing is so important in their treatment as this, and yet menial services and circulation in confined yards in many cases exhaust the list’.²⁵ Suggestions for entertainment included ‘gymnasia, regular military drill, and regular festivals to vary the monotony of life’, as well as ‘music, books, newspapers and games’.

Guidelines for medical treatment and supervision were provided. With regard to the “insane”, they were to be cared for ‘as nearly as may be as if they were sane’: medical staff were ‘to infringe firmly when necessary, but, otherwise as little as possible, both as a matter of right and for the purpose of cure, on their habits and natural independence’.²⁶ Colonial governments were left in no doubt about the expected standard of hospitals and asylums in the British world, and this imperial inquiry appears to have prompted Queensland’s public figures into action.

DOCTORS AND SUPERINTENDENTS

The 1863 inquiry that prompted Queensland authorities noted the shortage of doctors throughout the British Empire, and this included nineteenth-century colonial Queensland. Six different men served as Superintendent of the Asylum over the next forty years. The first Superintendent was local medical practitioner Kearsay Canaan. Canaan, previously the Visiting Surgeon at the Brisbane Gaol, was dismissed from the Asylum for ‘gross mismanagement’ and ‘unfitness’ in 1869.²⁷

Local Ipswich doctor, Henry Challinor, described as ‘one of the most conscientious men who ever lived’, took charge after Canaan’s dismissal.²⁸ Challinor admitted that he had had ‘not much to do with lunacy’, but his peers stated that he ‘could read up the practice and science’. He was followed by John Jaap, appointed in 1872, who visited Asylums for the Insane in New South Wales and Victoria before presenting his ‘Report Concerning Proposed Alterations and Improvements’ to the Queensland authorities.²⁹ Jaap died in 1877.

Superintendents Challinor and Jaap were followed by Patrick Smith, Richard Scholes and James Hogg. Smith held the office from 1877 until his resignation in 1881. Scholes, the Superintendent from 1881, was also appointed in 1885 as the first Inspector of Hospitals for the Insane. In 1890, a reporter from the *Brisbane Courier* described him ‘as looking every inch the right man to be in charge of the hundreds of helpless people’.³⁰ He died, suddenly, in 1898.

Hogg was the Superintendent and Inspector of Hospitals for the Insane from 1898 until his death in 1908.³¹ In 1905, he proposed the replacement of the old wooden fences with sunken, hidden fences, so patients could see the surrounding parkland and gain ‘a feeling of greater freedom’.³² Linford Row was the Acting Inspector and Superintendent after Hogg’s death.

Figure 1: Superintendents (1860-1990)

Kersey Cannan	1860-1869
Henry Challinor	1869-1872
John Jaap	1872-1877
Patrick Smith	1877-1881
Richard Scholes	1881-1894, 1896-1898
James Hogg	1898-1908
H. Byam Ellerton	1909-1937
Basil Stafford	1937-1950
J.E.F. McDonald	1943-1944
Clive Boyce	1950-1965
Orme Orford	1965-1976
Harry (Don) Eastwell	1976-1978

Victor Matchett	1976 (Acting), 1978 (Acting), 1981-1982
James Wood	1982-83 (Acting), 1983-1990

In 1909, the Queensland government conducted an empire-wide search for an administrator and doctor. H. Byam Ellerton was chosen, and appointed as the Inspector of Hospitals for the Insane and the Medical Superintendent of the Hospital for the Insane. Ellerton's mission was grand institutional reform. Evans says Ellerton 'wrote of practices current at Goodna which were long outmoded overseas, and emphasised the staff insufficiencies, as Linford Row before him had done'.³³ Stafford, his successor, acknowledged Ellerton's legacy: '[A] heritage of good buildings, spacious grounds, well equipped hospital wards, a training system for mental nurses, and an atmosphere of toleration (if not freedom)'.³⁴

Dr Raphael Cilento, appointed in 1934 as the first Director-General of Health and Medical Services in Queensland, was a specialist in tropical medicine and diseases, and particularly interested in the adaptation of Europeans to the tropical districts of North Queensland.³⁵ John Bostock, a founding member of the Royal Australian and New Zealand College of Psychiatry, co-founded the Brisbane Clinic and developed psychiatric wards at the Royal Brisbane Hospital during the late 1930s. In 1937, he was appointed as the Acting Medical Superintendent at Goodna, and in 1940, as the Research Professor in Psychological Medicine at the University of Queensland.³⁶

Basil Stafford was appointed in 1940 as Queensland's first Director of Mental Hygiene.³⁷ The position of Inspector of Hospitals for the Insane was abolished.³⁸ A graduate of the Melbourne University Medical School, and Superintendent at the Ipswich Mental Hospital since 1927, Stafford was an innovator of a quite different persuasion to Ellerton. Under the new mental health policy, Deputy Superintendents took charge at Goodna from 1949 and the Director oversaw mental health for the whole state.

Dr H.R.G. Barrett, the Deputy Medical Superintendent in 1950, was described as 'a very immaculate man, who knew every patient and staff member by name, and would address them by name'.³⁹ In 1979, the H.R.G. Barrett Psychiatry Centre was named after him. Dr Clive Boyce,

who became Medical Superintendent in 1950, oversaw the changes brought about by drug therapy, especially cardiazol and insulin, and electroconvulsive therapy (ECT). Dr Boyce claimed, in 1955, that ‘very little’ had been accomplished in mental health treatment ‘until the last decade’, when new chemotherapy methods were introduced.⁴⁰

Dr Boyce retired in 1965, and was succeeded by Dr Orme Orford, the first medical superintendent with qualifications in psychiatry. In 1975, Dr Alston Unwin, a former staff member at Wolston Park, wrote several articles about the history of mental illness treatment in Queensland.⁴¹ Dr Harry (Don) Eastwell was Superintendent from 1976 to 1978. He was succeeded by Dr Victor Matchett. Dr James Falconer Wood became Acting Superintendent in 1982, and held the office of Medical Superintendent from 1983 to 1990.

PLANNING THE ASYLUM

Woogaroo Asylum was opened in 1865, forty years after surveyor John Oxley first landed, on 3 December 1823, near a low prominence he named ‘Termination Hill’. His field-book entry described the southern bank of the Brisbane River as ‘poor land, good timber’, although he had identified better country downriver. Oxley returned to this spot on 19 September 1824, and continued his exploration of the river. This was the first recorded European visit to the place that became known as Woogaroo, and then later as Goodna and Wacol.

The asylum’s site, on a bend of the Brisbane river, was adjacent to the small farming village of Goodna. Surrounding farms would supply workers, a large proportion of the male warders, for example, initially being farm labourers or small farmers from surrounding districts.⁴² The well-timbered site, with sclerophyll forest of ironbark, white gum, mahogany, swamp box, bloodwood, wattle, and tea tree, was duly marked on a survey map.

Woogaroo was first recommended by Colonial Architect Charles Tiffin, who wrote to the Queensland Surveyor-General in late 1861 concerning a quarry reserve: ‘This site being cheerfully and healthily situated on the river Brisbane would also appear very eligible for the Lunatic Asylum which is proposed to be erected by the Government, if say, 500 or 600 acres could be

reserved with the quarries on the river bank. The majority of Lunatics being paupers and belonging to the labouring classes, the work of farming and quarrying would be a means of giving active and healthy employment to them, and they would thus assist in erecting their own Asylum and in maintaining themselves’.

‘Other advantages of the site being; that it is nearly halfway between the two most populous towns in the Colony, and at the same time sufficiently removed from either to ensure the quiet custody of the patients beyond the reach of temptation, and steamers passing at least twice a day, rendering a few miles on either side of little moment’.⁴³

This was an ideal location and there was a clear need for an Asylum to be established in Queensland. The Executive Council composed of the Governor, the Colonial Secretary and the Treasurer—the fledgling colony’s senior administrators—had discussed this pressing matter at one of their first meetings after Separation from New South Wales in 1859, but another four years passed before plans became reality.⁴⁴

The Executive Council considered the matter of an asylum in 1860 and decided that the previous circular memorandum could not have possibly applied to the colony of Queensland ‘which then possessed no Lunatic Asylum whatsoever’: ‘Previous to the separation of Queensland any lunatics belonging to the Districts now constituting this Colony were sent to the Central Asylums of New South Wales’.

However: ‘The government of the new Colony did not omit to turn their early attention to this subject, and, on their application, the Colonial Parliament voted funds for the erection of a General Lunatic Asylum, which has been built on the best Model procurable here, and is surrounded with nearly two hundred acres of gardens etc, for the use and amusement of the patients’.⁴⁵

‘The institution’, members noted, ‘will be opened in the course of next month under the care of an experienced Resident Medical Officer. Provision will be made to ensure proper supervision and inspection’.⁴⁶ ‘Deficiencies’, they said, were caused by the ‘unavoidable want of adequate knowledge of what such Institution ought to be, and the methods by which the improvements of Modern Science are to be introduced’.

There were other issues to consider, apart from the “modern science” of Lunacy. In February 1863, the Colonial Architect measured the height of a flood earlier that month, declaring ‘the new lunatic asylum will be at least fifteen feet above the level of the last flood’.⁴⁷ Despite this optimism, the site was affected by floods six times between 1863 and 1898 which ensured that the earliest buildings were soon abandoned. Low-lying wards were completely submerged and staff used boats to evacuate the asylum.⁴⁸ Temporary accommodation at the Diamantina Orphanage in Brisbane held eighty male patients in 1893, and 100 ‘quiet, amiable’ patients in 1894.

The location of “special facilities” in the Woogaroo (and later Wacol) district began early, well before the creation of the Wacol Correctional Precinct. In early 1865, shortly before the Asylum opened, a plan to build an Industrial School, Penal Depot and Reformatory at Goodna (across the creek from the Asylum) was discussed.⁴⁹

The site was, as Colonial Architect Charles Tiffin noted, ‘sufficiently removed from towns’—far enough in fact to be a slight impediment for visiting entertainers, whose visits some saw as an integral part of treatment. But the later site of the hospital was dictated by circumstances, as the initial choice of location for the buildings on this expanse of hundreds of acres was shaped mostly by the ease of access by the river.

In the early decades of the twentieth century, there was a useful reminder of Wacol and Goodna’s relative isolation. The hospital was connected to the Brisbane suburban telephone network at the Toowong exchange. When the Hospital Employees Union asked for a telephone to be installed, postal authorities refused: ‘The Asylum is outside the ten mile metropolitan radius. A Toowong Exchange public telephone in the Asylum grounds would entail loss of revenue on the Goodna Post Office telephone which is a trunk line call from Brisbane’.⁵⁰ Woogaroo’s relative isolation from the state’s capital city in the early decades meant the Asylum developed as a self-contained and almost self-supporting community.

Natural disasters affected the development of the asylum and mental hospitals as much as isolation and poor staffing. As one flood after another took its toll, and the population doubled and trebled (reaching about 1,200 in 1908), new buildings advanced eastwards up the slope. The medical superintendent advised in March 1908 that 250 patients from the lower

wards were returned after a flood, with ‘no great damage done to the institution’.⁵¹ During the flood, the hospital was ‘cut off from the township, except by boat’. In 1956, a flood washed out the bridge leading to the main entrance, and a new road was constructed through the golf course. Records from 1928 mentioned the need for a new bridge over Woogaroo Creek.⁵²

BUILDING THE ASYLUM

Tiffin’s recommendation for the site had been accepted after a further visit he made with the Colonial Secretary, the Sheriff and the Surgeon of the Lunatic Asylum, and just over twelve months later plans and specifications for ‘a Lunatic Asylum to be erected at Woogaroo’, along with tender forms, were forwarded to the Police Magistrate at Ipswich.⁵³

The Brisbane newspaper applauded the decision, saying ‘we are glad to learn that the lunatics are to be removed as soon as possible’, because this move would ‘alleviate the overcrowding at the Gaol’.⁵⁴ Tenders were due by 3 January 1863, but a last-minute decision to construct the main asylum building of brick rather than wood meant new tenders were called one week later.⁵⁵ The asylum roof was to be made of slate, while the kitchen and offices were to remain timber constructions.⁵⁶

The tender of contractors Godfrey and Johnson was accepted in early February 1863, and the previous tenant of the site was ordered to vacate soon afterwards.⁵⁷ The Clerk of Public Works inspected the structure at Woogaroo in mid-1863, reporting progress as ‘satisfactory’, but said some ‘sub-standard’ construction had to be pulled down and rebuilt.⁵⁸ Meanwhile, the vote for the Lunatic Asylum was exhausted (again!) and an extra £200 was approved in late 1863.⁵⁹

One year after work began, in March 1864, Tiffin wrote to the builders, advising that the Colonial Secretary had instructed him to ‘urge on the Contractors for the Lunatic Asylum the necessity for proceeding with the work more speedily. I have therefore to request that you will put more workmen on to the works, and use such other means to ensure the building being completed forthwith, as may be necessary’.⁶⁰



The contractors' request for more money was met with a blunt refusal: 'In consequence of the unwarrantable delay in finishing the Lunatic Asylum at Woogaroo and also in consequence of your statement to me on Saturday 16th instant, through Mr Johnson, that unless I advanced a further sum on account of the works you could not finish them, I regret to inform you that the remainder of the work will be finished by the Government at your risk'.⁶¹

In May 1864, the members of the Executive Council approved a request from the Superintendent for several wards to be lined with timber 'to the height of nine feet from the flooring'.⁶² The building, designed to cater for seventy patients, would immediately be full, but the Executive Council rejected any suggestion of extension 'as they believe arrangements may be made by which the present space would prove sufficient, it is hoped, for some time to come'.⁶³

The Superintendent's recommendation that about 116 acres of land be fenced 'for the purpose of affording ample seclusion and recreation grounds for the uses of the institution' was approved in August 1864.⁶⁴ Adequate space for inmates to exercise without risk of escape was a feature of nineteenth century asylum design, and fences were conspicuous features for many decades.

In 1865, the colony's Auditor-General advised that the budget for the Lunatic Asylum had been exceeded by nearly £1000 'caused by the large increase in the item of provisions'.⁶⁵ Members of the Executive Council decided to supplement the expenditure with funds from the 1866 Estimates.⁶⁶ Queensland's finances were directed towards other priorities such as subsidised immigration schemes from Europe, railway construction and land sales.

Tiffin had proposed that the asylum would be built and re-built with the labour of its inmates, and his suggestion was fully adopted. In 1867, for example, when the Matron's Quarters was being built, the Superintendent was instructed to 'inform the Colonial Secretary whether there are any and how many male lunatics whose labor might be turned to account during the progress of the proposed alterations and what would be the character of the assistance afforded'.⁶⁷

Inmates even assisted in their own confinement. The Superintendent was instructed in 1868: '[W]ith such labor as you can make available fill up with rubble and earth, or such other material as you may deem sufficient, the front of the cells and lavatory recently erected at the new female ward of the Asylum, so as to prevent any possibility of egress or ingress by the opening under the floor of the building named'.⁶⁸

When Tiffin gave evidence at the first inquiry into Woogaroo (held in 1869), he complained that the building called the Woogaroo Lunatic Asylum contained little of his original plan. 'None of the blocks specially designed for the accommodation of lunatics have ever been erected'.⁶⁹ When asked if his proposals had been carried out, he replied 'No, not a tithe of them'.⁷⁰

The building in use had been designed as the asylum's administration offices, and the gardens were inadequate dirty yards—not 200 acres of flowers and grass. The structures that Tiffin had designed were only ever meant to be used as temporary asylum wards: 'They were intended as a makeshift only, until the others were built, and in order to get the patients out of the Brisbane gaol as quickly as possible, just as a man in the bush would put up a kitchen, and live in it while he was building his house'.⁷¹ His estimate for the cost of building an appropriate structure was £80,000, but the government had only spent £11,500 on the asylum up to 1869.

The asylum's construction and continued development was, from this time, a credit to the work of the inmates and patients, and to the capacity of hard-pressed asylum authorities to make do with what resources they had at hand. Buildings were pulled down and re-sited, fences taken down and reconstructed as shelter sheds, mess-rooms moved to become cricket pavilions, hills were levelled, and paths and roadways smoothed and paved, much by patient labour.

Two new cottage wards, one for Male and the other for Female Patients, were recommended in 1869. These extra buildings, to be erected at a cost 'not to exceed £1000, as suggested by, and in accordance with the plans submitted by the Superintendent of Roads and Buildings', would relieve the 'overcrowded state of the present wards at the Lunatic Asylum'.⁷² However, only the female cottage ward was approved; more than a century later, evidence about the heritage of the cricket pavilion suggested the mess room that formed the basis of the pavilion may have originally been a converted cottage ward.⁷³

Four years after opening, the recreation grounds were, in 1869, 'to be immediately enlarged according to the plan prepared by Mr Tiffin, at a cost not exceeding £350'. A new fence around the recreation ground, and an enlarged exercise yard, costing a total of £455, were approved one month later.⁷⁴

Eventually more buildings and facilities were established. A new ward was described in 1873 as 'a handsome two-story brick building' featured 'well-ventilated single dormitories' and a 'spacious, airy and well lighted' living room on the first floor. A 'general dormitory' on the second floor had space for twenty beds.⁷⁵ A 'twelve-foot high hardwood fence' surrounded the buildings, and an 'esplanade' between the buildings and the fence was planned, which patients could promenade on but not use to escape.



A second article, one week later, gave more details. The female section was ‘separated by a large piece of land’ from the rest of the Asylum, and the doctor’s residence stood in the centre of this ground.⁷⁶ There was a ‘well-made road’ past the doctor’s house to the female section, and a row of stables stood about halfway along the road. A yard near the ward, ‘in a very neglected condition’, was full of weeds and grass ‘growing abundantly’.

Major additions to the site came during the three decades after 1909 when successive wards around the recreation oval were added, all of them to remain in use until the end of the twentieth century. Electric lighting and sewerage were introduced from 1911, replacing kerosene lamps and earth closets.⁷⁷ In 1922, Ellerton oversaw the construction of an infectious diseases ward, constructed from the dismantled administrative building.⁷⁸ This was only rarely used and was later referred to as a “white elephant”.⁷⁹

The hospital’s livestock was mentioned in one 1927 report: nineteen sows, fifty milking cows, ten cows rearing calves, seventeen dry cows and twenty-three heifers, and forty-six horses. ‘There seems to be horses and horse drivers everywhere, and the organisation seems extravagant’.⁸⁰ At this time, mechanised transport was being steadily introduced in Queensland, and a recommendation to dispense with horse-power completely was made:

'We are satisfied that general carting for the Institution can be done much cheaper by motor power'.⁸¹ 'A tractor', the report added, 'would do away with quite a number of horses' on the farm, located north of the hospital.

Thirty-eight horses, some 'very old', were still in use during the late 1930s.⁸² In 1939, a trainee pilot died, despite efforts by work gang members and hospital medical staff to save him, after his plane crashed in the hospital's horse paddock.⁸³ Machinery had largely replaced horses by 1945, when one tractor was in use at the farm.⁸⁴ One staff member recalled there being forty-five draught horses when he began as an apprentice blacksmith in 1946, and the horses were still used until about 1955.⁸⁵ One official photo shows a horse pulling a plow on the farm in 1961.⁸⁶

Water supply was a contentious issue for many decades. In 1869, water for washing patients was provided from open barrels, and the same water was then re-used for other patients.⁸⁷ Acting Superintendent Dr Charles Prentice recommended in 1871 that a two million gallon reservoir be constructed, using patient labour.⁸⁸ A former bathroom was removed in 1873 because Dr Jaap 'objected strongly to one bath being used by 50 or 60 patients'.⁸⁹



Dr Scholes noted in 1887 that ‘for the first time in five years’ sufficient rain had fallen to supply the asylum.⁹⁰ In the same year however, the cowsheds on the farm caught fire and the lack of water prevented any attempt to extinguish the fire.⁹¹ The Asylum dam provided water in the early years, but this had to be regularly supplemented with water pumped from Woogaroo Creek.⁹² A dedicated water main from the Mt Crosby treatment plant was promised, but ‘want of funds’ slowed completion.⁹³ Eventually, a pipeline incorporating a syphon on the riverbed was completed in 1897, and refurbished in the 1940s.⁹⁴

In 1938, an engineer’s report on hospital facilities drew attention to problems with the existing water supply, including old pipes and inadequate storage: ‘The institution has only two water storage tanks and the total capacity of these is 145,000 gallons of water, equal to a little over a day’s supply. There should be at least three days’ supply of water on hand in case of accidents to the syphon in the river and the water mains’.⁹⁵



When these tanks were erected in 1911, the main purpose was to provide a fire-fighting reserve.⁹⁶ Supply from a 30,000 gallon (130,000 litre) tank on a forty-metre high water tower, completed in 1913 and the tallest structure on the site until demolition in 2000, reduced the fire risk.⁹⁷ An extra cement reservoir was constructed during 1946.⁹⁸ A new main from Inala, constructed in the 1950s finally alleviated water shortages.⁹⁹

Coal-fired boilers were installed in the powerhouse in the early decades of the twentieth century, and the waste ash was used as land fill and as fertiliser. Engineering staff considered burning wood in the hospital's main boilers during a coal strike in 1938, although miners promised to maintain supplies for institutions.¹⁰⁰ The hospital remained unconnected to the main electricity grid until after World War Two.

Other aspects of hospital maintenance remained behind schedule, with one report from 1936 revealing that some wards had not been painted for twenty years.¹⁰¹ Dr Ellerton decried the 1917 decision to remove the hospital's own painters when maintenance tasks were transferred to the Public Works Department.¹⁰²

In 1934, Dr Ellerton said he 'rejoiced' at the news that the wooden wards Male No. 6 and Male No. 7, which he described as 'fire-hazards', were to be replaced with three new brick wards (Gladstone, Jenner and Kelsey Houses) 'arranged in a crescent'.¹⁰³ The new wards were ready in 1935. That year, Dr Ellerton reported a new staff kitchen 'made of concrete' was operational, adding: 'It is a great piece of good fortune that the Nurses' Home has never been burnt down, as more than one fire had occurred in the old wooden kitchen in the past'.¹⁰⁴

Female Ward 8, a 'Refractory Ward', holding 'a number of troublesome patients', was, in 1937, 'a row of seven small, badly ventilated single rooms' that could, he said, be replaced by twenty single rooms.¹⁰⁵ Female Ward 4 was described as 'an old galvanised building, originally built to accommodate twenty-five patients' but now occupied by fifty-three patients. Stafford suggested demolition and the construction of a new ward for 100 patients.

Records reveal the constant shortage of funds and space. Locks were fitted to cells in Female Ward 8 during 1947. In 1945, the cells, though condemned, were kept in use 'due to overcrowding'.¹⁰⁶ Removing a large window and installing wooden floors 'might prevent newspaper comment at some future date'.

Dr Boyce reported improvements in the mid-1950s, including the opening of Ward A in the Farm Colony, occupied by seventy-five male patients, with Ward B under construction.¹⁰⁷ The new cafeteria building, with kitchen, dining room and 'commodious luxurious recreation room' was 'practically ready'; new toilets and bathrooms had been provided in Female Wards No. 1 and No. 2, and Female Ward No. 12 was 'undergoing a restorative repair process'. Ward B, later renamed the Basil Stafford Centre, was opened in 1958.

Plans for a new sewerage treatment plant were begun in 1947, and a pit for the sedimentation tank was blasted in 1950 but never completed due to other 'high priority' jobs, including 'security measures, bowling green construction, pump house for farm irrigation, clothing storage rooms in Wards'.¹⁰⁸

In 1954, Boyce reported on the hospital's treatment plants and septic tanks.¹⁰⁹ Sewerage treatment works No. 1, the 'main plant', took effluent

from seven male wards, five staff residences and the Wacol Repatriation Pavilion. The waste drained into a dam on the golf course, and was then reticulated across the course. He noted 'Male Nurse ___ ___ who worked on the Golf Course died of Typhoid fever'.¹¹⁰

A second treatment plant, No. 2 Sewerage Works, catered for three female wards, five male wards and all administration and service buildings. 'Since the inception of this plant over many years the overflow has gone directly into the adjacent river'. Several septic tanks worked satisfactorily, but one located near the main entrance road, 'between the new Female Cafeteria and Woogaroo Creek', was the subject of complaint and discussion by staff and nearby residents.¹¹¹

A further expansion of the buildings took place from the 1960s, this time moving east of the old hospital as Ellerton House and the Barrett Centre were added. One engineer's report (from 1968) described the unique problems that authorities faced with regard to effluent disposal. 'In my opinion the basic reason for the odour problem is the heavy concentration of disinfectants and kerosene' that were 'used daily in considerable quantities to wash down inmates quarters'.¹¹²

The engineer mentioned previous issues connected with chemical usage: 'It will be recalled that paved areas around the Male Quarters had to be diverted to sewerage some years ago to prevent flow of the foul wash down water direct to stormwater drainage and Gailes Golf links irrigation pond'.¹¹³ A 'severe reduction' in the quantities of disinfectant used for washing down was recommended, but he noted: 'This is likely to be resisted by staff because wash down may then become a more objectionable operation. If it is done mainly by inmates resistance may not be as strong'.¹¹⁴

Building the asylum and later the mental hospital was, as this brief account has shown, a constant and delicate balance between increasing needs and perennially inadequate funds. The original location proved to be highly flood-prone, so the institution was moved, often using the labour of patients, uphill. Patients not only helped to build, but also assisted with maintenance and everyday services.

Changes from this Edwardian model of mental health institutions took another fifty years. Gradually, patients were discharged from psychiatric

hospitals, reflecting an important shift in thinking about mental illness.¹¹⁵ As an integral part of this process, some buildings of the former hospital (Ellerton House, the Medical Centre and some Barrett Wards) were demolished or replaced after 2001. One former patient offered their opinion: 'Less patients, more staff, they have knocked down a few of the buildings, I think because they sacrificed a few buildings to make a better facility. In a way its good they mutilated it'.¹¹⁶

This chapter has traced the evolution of the asylum and mental hospital beside a creek with an Aboriginal name. Doctors, planners and builders all played important parts in the site's history. Next we consider the stories of patients, beginning with the processes of admission and transport to the hospital.