How many lepers in early Brisbane were sent offshore to Peel Island

More than **500 people** (with total admissions around **740** people) were sent offshore to the leprosy lazaret (colony) on **Peel Island** in Moreton Bay, east of Brisbane, between its opening in 1907 and its closure in 1959.

In addition, in **January 1940**, **49 Indigenous patients** were forcibly transferred from the Peel Island lazaret to another offshore colony on **Fantome Island** (part of the Palm Island group near Townsville) so that Peel Island could be reserved for white patients.

Key Facts on Peel Island Lazaret:

- **Operating Years:** 1907 to 1959 (52 years)
- **Total Admitted:** Over 500 to 740 individuals diagnosed with Hansen's disease (leprosy).
- **Segregation:** Patients were strictly segregated by sex and race. White patients received better-furnished individual huts, while patients of colour (Aboriginal, Torres Strait Islander, Melanesian, and Chinese) were housed in inferior shared timber and paperbark structures.
- **Offshore Transfers:** In January 1940, 49 non-European patients were transferred further north to Fantome Island Lazaret.
- **Closure:** The facility shut down in August 1959 after the introduction of effective sulfone drug treatments.

If you would like, I can share more about:

Daily life and conditions for patients on Peel Island

Daily life and conditions for patients on Peel Island

Daily life and conditions for patients at the Peel Island Lazaret were defined by forced isolation, institutional neglect, intense institutionalized racism, and a rigid, repetitive routine. Under the Queensland *Leprosy Act of 1892*, patients were torn away from their families—often given only hours to pack a single suitcase.



structed for patients on Peel Island, Moreton Bay, 19



PEEL ISLAND LAZARET.

ETAKERS AND WARDSMEN'S QUARTERS—MALE PATIENTS' QUARTERS ON THE LEFT, FEMALES ON THE RIGHT.









Peel Island was Australia's first purpose-built multi-racial lazaret, housing both European and non-European patients. However, care was entirely separate and unequal:

- **White Patients:** Lived in individual, ventilated timber huts equipped with a spring-mattress bed, chest of drawers, table, and chair. Their compounds were fenced off by gender.
- **Patients of Colour:** Indigenous, Torres Strait Islander, South Seas Islander (Melanesian), and Chinese patients endured vastly inferior conditions. Initially, they lived in tents or small, shared huts built from bush timber and paperbark with earthen floors. The huts were so low that patients could not stand up inside them.
- **Rations and Labor:** White patients had water and firewood delivered to them, whereas non-white patients were forced to gather their own. A 1908 inquiry revealed that patients of colour were allocated only half the meat, butter, and tobacco rations given to white patients, and were denied amenities like beer.

Medical Neglect and Ineffective Treatment

For the first 40 years, the lazaret operated with sparse medical infrastructure:

- **No Resident Doctor:** Until 1947, a medical superintendent only visited the island once a week by boat. The first permanent purpose-built surgery was not constructed until 20 years into the colony's operation.
- **Painful "Cures":** Early treatment relied on **chaulmoogra oil**, a thick, foul-smelling liquid injected into patients' veins. It caused severe nausea and pain yet did absolutely nothing to halt the disease.
- **Hygiene and Basic Care:** Dental work was performed on a wooden barber’s chair using a manual foot-pedal drill. Basic surgery tools were boiled over a primus stove. Because

medical care was so poor, patients often tried to treat their own open skin ulcers using homemade remedies like grated apple and flower paste.

The Daily Routine

Life on the island was highly regimented, governed heavily by the staff and cook's rosters:

- **Morning:** Nurses conducted a morning medical round to check temperatures, dress wounds, and administer medication/injections.
- **Meals:** Life literally revolved around the cook's schedule. Breakfast, lunch (noon), and the evening meal (4:30 PM) dictated the timeline of everyone on the island.
- **Lockdown:** At night, patients were securely locked into their separate gender- and race-specific compounds to prevent inter-racial mixing or "illicit" relationships. No night nursing staff were rostered on the island; if an emergency occurred, patients had to try to summon the Matron.

Agency, Community, and Resistance

Despite the bleak conditions, patients fought aggressively for their dignity, creating their own self-governing committees to pressure the government for basic human rights:

- **Recreation:** Over the decades, patients built a remarkably tight-knit community. They established orchards and vegetable gardens, built a tennis court, formed bands, and held social gatherings. Letters became their primary lifeline to the outside world.
- **Remarkable Achievements:** Some patients found purpose through focus; an 11-year-old boy named Noel Agnew, who was sent to the island and died there decades later, meticulously documented 76 species of birds on the island, eventually publishing his scientific findings.
- **The Escape:** Conditions were so oppressive that during World War II, two patients managed to escape the island entirely. They successfully crossed to the mainland and boarded a train to Canberra to directly confront the Federal Health Minister, successfully advocating for better treatment conditions on Peel Island.

Change finally came in 1947 when Dr. Eric Reye became the first resident doctor and introduced **Promin**, a new sulfone drug. The daily injections successfully cured the disease, leading to the gradual release of patients and the eventual closure of the colony in 1959.

How contagious was leprosy in the 1800s in Australia

Leprosy (Hansen's disease) was **not highly contagious**, but in 1800s Australia, the medical community and the general public **wrongly believed it was a highly infectious, airborne plague**.

Modern medicine shows that over 95% of the human population has a natural immunity to the bacterium (*Mycobacterium leprae*), and it requires months of close, frequent, and prolonged contact to spread. However, the severe stigma and lack of scientific understanding in the 19th century created widespread panic, leading to extreme and unnecessary isolation laws.

The 1800s Medical and Public Panic

During the 1800s, Australia experienced a massive wave of fear regarding the disease, which shaped public health policies:

- **The Theory of "Contagion":** Before the discovery of antibiotics, doctors could not cure the physical disfigurements caused by leprosy. Because cases often appeared clustered within families or specific crowded living quarters, authorities assumed it spread rapidly through casual contact, touch, or even the air.
- **Severe Legislation:** Driven by this panic, the Queensland government passed the *Leprosy Act of 1892* (with similar laws enacted in New South Wales). These laws gave police and health authorities the power to forcibly remove anyone suspected of having the disease and detain them indefinitely on offshore islands or isolated lazarets.

Social Factors and Targeted Stigma

The perceived "contagiousness" of leprosy in 1800s Australia was deeply intertwined with the racial prejudices of the colonial era:

- **Scapegoating Immigrant Communities:** The disease was heavily associated with Chinese immigrants who arrived during the gold rushes, as well as South Seas Islanders (Melanesians) brought to work on sugar plantations.
- **The "Sanitary" Excuse:** Colonial authorities frequently used the fear of leprosy to justify the segregation of non-European populations. If a white Australian contracted the disease, it was often hidden or treated with relative discretion, whereas cases among Chinese or Indigenous populations triggered immediate, heavy-handed roundups and forced isolation under the guise of "protecting public health."

Ultimately, the extreme measures taken in early Brisbane and across Australia—like the establishment of the Peel Island colony—were reactions to a **social panic** rather than the actual biological contagiousness of the disease.

If you would like to explore further, I can share details on:

- **How the discovery of the bacterium** by Gerhard Hansen in 1873 slowly changed medical minds

Discovery of the bacterium by Gerhard Hansen in 1873 and its role in Queensland

On February 28, 1873, Norwegian physician **Gerhard Armauer Hansen** discovered *Mycobacterium leprae*, the rod-shaped bacterium that causes leprosy. This was a monumental milestone in global medicine: **it was the first time a specific microorganism was identified as the cause of a human disease**.

However, Hansen’s discovery did not bring immediate relief. Instead, it triggered an international shift toward strict quarantine laws—a shift that heavily influenced the colonial government of Queensland and directly led to the formation of the island lazarets like Peel Island.

1. The Global Shift: From "Hereditary Curse" to "Infectious Threat"

Before Hansen’s discovery, leprosy was widely believed to be an inherited genetic condition, a curse, or a disease of "moral decay".

- **The Contagion Paradigm:** By proving that leprosy was caused by a transmissible bacterium, Hansen shifted the global medical paradigm. He argued that if the disease was infectious, the only way to eradicate it was through the absolute, forced isolation of patients.
- **The Blueprint for Legislation:** Hansen helped draft the *Norwegian Leprosy Acts* of 1877 and 1885, which legally enforced the isolation of patients. Because Norway successfully saw its leprosy numbers drop following these laws, countries around the world—including the British colonies in Australia—copied this legislative model.

2. The Role in Queensland: Weaponizing Science

Hansen's discovery arrived in Queensland at a time of intense social and racial anxiety. The colony was seeing cases of leprosy among Chinese gold miners and South Seas Islander plantation labourers.

Initially, the white colonial government treated the disease with mild concern, assuming it was a "foreign" affliction. However, Hansen's scientific proof of contagion gave the government the perfect medical justification to enact severe, authoritarian public health laws.

The Queensland Leprosy Act of 1892

When twelve white men were diagnosed with leprosy in 1891, public panic peaked. The government immediately passed the ***Leprosy Act of 1892***, heavily inspired by the isolationist philosophies born from Hansen's work.

- **Legalized Kidnapping:** The Act made it a crime to harbor anyone with leprosy and gave police the power to forcibly detain anyone suspected of having the bacterium.
- **Establishing the Island Lazarets:** Under this Act, the government proclaimed a succession of offshore islands as official lazarets: first Dayman Island, then Friday Island, Stradbroke Island, and eventually **Peel Island** in 1907.

The Paradox of "Hansen's Disease" in Brisbane

While Queensland authorities used Hansen's discovery to justify locking people away, they completely ignored the nuances of his scientific findings:

- **Misjudging the Contagion Rate:** Hansen's work proved leprosy was bacterial, but subsequent international research quickly realized it was actually *very difficult* to transmit. By 1907 (the year Peel Island opened), global experts explicitly stated that forced isolation was archaic, inhumane, and ineffective at stopping the disease. Queensland ignored this and kept Peel Island running for another 52 years.
- **A Tool for Social Cleansing:** The "bacterium" became a shield for institutional racism. While the law was technically passed to protect public health from a microbe, records reveal that the state government was far more concerned with hiding the "unsightliness" of the disease and maintaining a clean, white colonial aesthetic.

Ultimately, Gerhard Hansen's 1873 discovery took away the historic stigma of leprosy as a spiritual curse but replaced it with a clinical fear of contagion. In Queensland, that fear was codified into law, creating a system of mandatory island exile that lasted long after the medical community knew better.

If you want to know more, I can explore:

- How the **introduction of sulfone drugs** in the 1940s finally dismantled the isolation laws
- The **unethical human experiments** Hansen himself performed in Norway to prove his theory

How the introduction of sulfone drugs in the 1940s finally dismantled the isolation laws

The introduction of **sulfone drugs in the 1940s—specifically Promin and later Dapsone—completely revolutionized the treatment of leprosy** and effectively dismantled the archaic isolation laws that had sent hundreds of people to offshore islands.

For over half a century, the Queensland *Leprosy Act of 1892* operated on a grim premise: because there was no cure, isolation on islands like Peel or Fantome was a life sentence. Sulfone drugs fundamentally changed the equation by turning a highly stigmatized, supposedly "incurable" plague into a manageable, curable bacterial infection.

1. The Breakthrough: Promin at Carville (1941)

The breakthrough occurred at the National Leprosarium in Carville, Louisiana, USA. In 1941, Dr. Guy Faget began trials of a sulfone derivative called **Promin**.

- **The Magic Bullet:** Unlike chaulmoogra oil, which was agonizing and ineffective, Promin successfully targeted the *Mycobacterium leprae* bacteria, halting its replication.
- **Rapid Healing:** Within months, patients' severe skin lesions began to heal, their energy returned, and crucially, their mucus and tissue samples stopped showing active bacteria. They were no longer infectious.

2. The Arrival at Peel Island (1947)

The news of Carville's success reached Australia, but it took years for the drug to become available due to wartime shortages and institutional inertia.

The turning point for Queensland came in **1947** with the appointment of **Dr. Eric Reye** as the first resident medical superintendent on Peel Island. Dr. Reye was horrified by the conditions and immediately secured a supply of Promin.

- **The Injections:** Initially, Promin had to be given intravenously every day, which was painful and caused veins to collapse. Despite this, the results were miraculous. Patients who had been bedridden for years began to walk, and their ulcers closed.
- **The Shift to Dapsone:** By the early 1950s, a refined sulfone called **Dapsone** was introduced. Dapsone was a massive upgrade because it could be taken orally as a simple, inexpensive daily pill, eliminating the need for daily intravenous medical intervention.

3. Dismantling the Isolation Laws

As sulfone drugs proved their efficacy, the entire justification for the *Leprosy Act of 1892* collapsed. If a patient could be rendered non-infectious within weeks by a pill, locking them on an island became legally, medically, and morally indefensible.

- **The Discharge of Patients:** Starting in the late 1940s, patients whose lab tests consistently came back negative for the bacteria were granted "conditional release." They were finally allowed to leave Peel Island and return to society, provided they continued their medication and checked in with health authorities.
- **A Redefinition of the Disease:** In 1948, the International Leprosy Congress officially adopted the term **"Hansen's Disease"** to help strip away the ancient, terrifying stigma of the word "leprosy."
- **The Shutdown of Peel Island:** By the mid-1950s, the population of Peel Island had dwindled significantly as cured patients were repatriated. In **August 1959**, the final ten patients were transferred to a specialized, open ward at the Princess Alexandra Hospital on the Brisbane mainland. The Peel Island lazaret was officially closed.
- **The End of Fantome Island:** The segregationist northern colony on Fantome Island took longer to wind down due to slower government action regarding Indigenous health, but it too was finally closed in 1973 as outpatient, community-based antibiotic care became the universal standard.

Through the triumph of biochemistry, the sulfone era transformed Hansen's disease from a reason for permanent exile into a routine outpatient medical condition, permanently closing one of the darkest chapters in Queensland's public health history.

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