

**Working at
MORISSET HOSPITAL
IN THE BAD OLD DAYS**



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As told to
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Introduction

I was in a local aged care facility on a month's respite recently, and during my time there I was invited to attend a gathering of the "old boys" where some of the ambulatory old blokes gathered for a beer or two and a bit of reminiscing.

At one stage, one of the company was regaling us with his memories of when he used to work at the Morisset (mental) Hospital. It was a reasonably long contribution to the discussion, and I was struck by how articulate he was for an old bloke, and how mentally agile he was compared to most of his peers. As he warmed to his topic I realized that what he was saying was oral history of an unusual and valuable kind.

After the meeting broke up I approached the staff of the institution, and the fellow in question, to see if it might be possible for me to record his memories of his working life (he worked at Morisset Hospital for 34 years) while I was there. All parties were quite enthusiastic about this idea, so I arranged to meet with Laurie Akers, the man in question, the next day.

I recorded three interviews with Laurie on my iPad, and transcribed them when I got back home again. The following document is what I recorded. Laurie was so coherent when he spoke that it is pretty much verbatim. Most official histories of institutions are sanitized for reasons of propriety. This one isn't. Laurie remembers the everyday details of his working life at Morisset Hospital and pulls no punches in his descriptions, no matter how unsavoury. What he describes is the way it really was. He gives us the unvarnished reality of what it was like to work in such an institution, and for this reason I think that what he has to say is rare and especially valuable. I feel privileged to have been the one to capture these memories and make them available to a wider audience, especially so since Laurie was 92 when I did so.

Bill Bottomley

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Laurie Akers

After I left school I worked on the railways. I was 16. I spent my childhood at Wards River, just this side of Gloucester. In those days timber was a big industry. Across the road from where I lived was a big sawmill, and bullock teams used to come in from the mountains with big logs. We were brought up when the Depression was on, and things were pretty bad. There was only my father working in the family, which had eight kids. Mum didn't work, because it was rare for women to work in those days. Their job was to look after the kids. We had no electric lights, no sewerage, no laid on water — it was very basic — we had a couple of tanks and that was it. We'd only have a bath on the weekend, in a big round tub out the back. Sometimes my sister who was next in age to me would have a bath in the tub and after she got out I got in. Same water.

My first job was on the railway. I was only a junior porter. I worked on the station unloading the trains and that sort of thing. I had to clean the lights on the signals and put kerosene in them every day, not like they've got now. I worked at Dungog, and so many days a week at Paterson. Each day when I knocked off I had to get back up to Wards River. The steam trains used to stop at all the little stations in those days, and when they stopped at Paterson I would go up to the driver and get a lift up to Wards River — on the engine — sitting up on the plate with the fireman. Paterson is pretty low down on the river, and after you leave Paterson the line goes up towards Dungog way. It's a pretty steep climb up to Wallarobba and there's a big tunnel right up at the top of the hill. By the time the old steam train got up there it was struggling with the big loads they used to carry and the wheels were turning slow. When we got to the tunnel the first time the driver gave me a big wet rag that they used to keep

in a bucket of water. He said "Here. Take this. Wet it and put it over your face, 'cos you'll need it." In the tunnel the roof wasn't all that high and the train was pulling very hard, and all the smoke was coming back down into the tunnel and you'd nearly suffocate with the smoke as we went through it, and that's where the wet rag came in. And that became my regular trip home.

Then I got the chance to work on Gloucester station. The troop trains were bringing troops back from new Guinea and the railway station had big refreshment rooms, and the passenger trains would stop there for about fifteen minutes so that people could go in and have a cup of tea. When the troop trains stopped there the troops would all go out to where there were lots of tables and chairs outside the refreshment rooms. While they were doing that, my job was to go along on the outside of the carriages with a hose and attach it to the taps which were at intervals along the train, and fill up their water supply.

I must have been working on the railways for about eighteen months, I suppose, and my oldest sister, who was married and lived at Morisset Park, was a nurse at Morisset Hospital. Her husband was a male nurse there too, but when the war started he joined up in the medical corps because he had a lot of nursing experience. He went overseas and was captured by the Germans in Crete and was in a POW camp in Germany for four years. My sister suggested that I could leave the railways and go down to live with her while her husband was away, and she'd get me a job at the hospital. So I did that, and that's how I came to work at Morisset Hospital. This was in 1947.

When I started at Morisset, we worked twelve hour shifts. You started at 6:30 in the morning and you finished at 6:30 at night. They were long days. The chief male nurse was the big boss of

the male side of things, which was segregated from the female side. The chief male nurse used to do the rosters, among other things. So I turned up at his office at quarter past six, and he was a big old arrogant- looking man and he looked at me over his glasses. He never said anything to me like he hoped I liked it there or anything. His first words were “Where’d you work before you came here?” and I told him that I’d worked on the railways. “Why’d you leave a good job like that to come to a bastard of a place like this?” That was my introduction to being a mental nurse. Then he gave me my key, because all the doors were locked in those days, and told me to go up to ward 9, which was a hospital ward. Back then they didn’t have pantry maids or cleaners — nothing — and the ones who looked after the pantry were the juniors like me, and there were also a couple of the patients who worked in the pantry all the time.

They had a training school in the hospital then, for both males and females, and we went to this training school. We had tutors there who used to lecture us. I went there for a bit over three years. You’d get an hour off each day to go to lectures. In the first year we had a thick book to study, all about psychiatry and mental hospitals. There were exams at the end of each year, and after you passed the third year you’d sit for your registration and you became a psychiatric nurse. So I sat for that at the end of the third year and passed it quite well. After that you became a senior nurse where your responsibilities increased. You were able to give out medications and do dressings and give injections and take blood specimens — all that sort of thing. So I did that for quite a while, and in the meantime I was sent up to the acute admissions ward where all the new ones came in, from Darlinghurst Reception House in Sydney and other places like that. There was a bloke who had a contract to bring patients up from Darlinghurst to Morisset every week. He had a taxi with about five seats in it and the nurse would come up with the

male patients. Well! They were alcoholics, some had VD — oh, they were the dregs of society, some of them. The alcoholics had gone before the courts in Sydney and the judge had told them that they could go to gaol for 12 months, or they could go to Morisset for 12 months to dry out. They all preferred to go to Morisset. Some of them had mental problems too, of course. They'd come up and we'd have to admit them and take blood specimens and all that sort of thing, and we'd try to clean them up. In those days there was no cure for VD like we've got now.

Anyhow, I worked up there in the acute admissions area for about twelve years. We used to give electric shock treatments, twice a week. There was the charge nurse, then there was a doctor, and there was the next senior nurse, and there was a junior, and we had to bring the patients in on the days we did the shock treatment. The poor buggers were kept in a sort of airing court out the back with a big high fence around it, and they used to try to escape from there because they were frightened because they knew what was happening to them. If they didn't come in voluntarily, we had about six beds on each side of the room, and we used to go and bring them in, forcibly if necessary. Sometimes they would object very strongly. They were frightened, because they knew what shock treatment was, and if they didn't come we had to forcibly bring them in and press down on their shoulders to hold them down on the bed. The poor buggers were shaking with fright, even though many of them were very mad, to put it bluntly.

They had these things like dumbbells. There was a junction thing on the end which had a lead facing on it, and the wiring came in and went out to a little machine over on the desk, which the doctor worked. There were two of these dumbbell things. We'd dip them in salt water, and there was a bed of lint on top held on with a rubber band. So we'd hold them down, and I

used to apply the pad things to their temples. You should have seen the way they jumped! Everything in their body would go as stiff as a board, their muscles were taut, and they'd froth at the mouth, and although they'd be unconscious by this they'd still be jumping up and down on the bed. You just had to hold them there till they settled down. Then it took about three quarters of an hour till they came out of it. It was a very violent thing, but they had no other treatment before the Largactyl came in, which was one of the earliest sedatives to be used.

I used to do day shifts and night shifts in the acute admissions section. Sometimes of a night there used to be another car would come in from a city reception house in Watt St in Newcastle. The local doctors would bring anyone with mental problems to the Watt St reception house, and they were sent from there to Morisset. This other car used to come down about once or twice a week and bring four or five patients — male — and we'd have the problem of looking after them. They'd have varying degrees of incapacity. Some of them weren't too bad, but some of them were so depressed they just wanted to die.

On the night shifts I was the senior nurse, and I had a junior male nurse with me, and there was only the two of us on night shift. We had about five single rooms, and the wards held about thirty patients altogether. The ones who had been there a while and had settled down and were well-behaved were held in a better section. The more acute ones were in the middle, where the observation dormitories were, and the night station was in the middle of all that, so we could observe them. Some were very violent — suicidal and all sorts of things — and they'd put them in the single rooms which were quite small. The doors on the single rooms were quite thick and there were strips of glass in the door, and we used to have to keep a watch on them through the glass.

Of course they couldn't hurt themselves or anything in there, there were no knives or anything like that that they could use to commit suicide. There was no toilet in there, and if they wanted to go to the toilet you had to be careful, because sometimes when you opened the door they'd charge straight out at you. Some of them were even homicidal too. Sometimes you'd have a quiet night, then at other times, in the middle of the night the front bell would go, and you'd answer it to find a couple of burly policemen there with some poor unfortunate who'd gone off the rails. Sometimes they had them in straitjackets. I wasn't very big, but I was in pretty good condition, and there was only me and the junior boy, who would have been only seventeen or eighteen, and as soon as you answered the door the police would shove them in with a sigh of relief, as if to say, "OK, they're your problem now" and we'd have to look after them and do the best we could. There wasn't much in the way of sedation then, and we had to put most of them into a single room where we could observe them, and where they couldn't hurt themselves, and couldn't hurt anyone else. It was quite common to use canvas straitjackets to control violent behaviour, especially homicidal men.

Then when the day staff would come on duty, the day doctor would come to look at them and prescribe shock treatment or whatever.

After twelve years of that I was promoted. I think I was a registered nurse for about fifteen years before I got to be a deputy in charge of a ward. The first in charge was a female, and we oversaw one of the first instances of the integration of the sexes at Morisset. They only integrated those who were of a fairly low mental capacity. Those days we used to call them

mongoloids. There were quite a few young men and young women in this ward. The woman who was in charge, she was the senior nurse, and when they asked me if I would like to go over and be second in charge of this mixed ward, I knew this sister, who was as hard as nails and rough as bags, you know, and I said to them “Yes. On one condition. As long as she doesn’t speak to me the way she speaks to the other nurses in the female ward.” As it turned out she was alright to me, but she was very strict. None of the male staff who were out on the airing court were allowed to smoke, and they had to be neat and tidy in their dress. Mind you, I agreed with a lot of the things she insisted upon.

I was there for I suppose about two or three years, and then I was promoted to be in charge of an all-male ward — that was when Arnold Nixon was my deputy. There were about 75 patients in this ward. They were all chronic schizophrenics and delusional old men. They were still able to walk around, but that was about the extent of their ability. After Arnold and I had been there for about two or three years I got a phone call from the Superintendent of Nursing, who was a female up in Administration, and she asked me to come up to the office at four o’clock because she wanted to have a talk to me. I was wondering what it was all about. I always tried to be efficient in my work, took it seriously, and always did my very best, and had my own strict values., but she assured me that there was nothing wrong.

So went up, and the first thing she said to me was that she wanted me to do her a big favour. I wondered even more what was going on. She told me that Milson Island, an asylum in the middle of the Hawkesbury River, had to be closed down. Everything was falling down, the sewerage was running into the river and the buildings were all decayed. There were about 34

patients there, and they were the worst of the worst. It was up the river from Peat Island, out of sight, and nobody ever knew what went on up there. It didn't matter what happened to them as long as they were fed. Most of the patients were mentally deficient. They were sort of men's bodies with a child's brain.

I told her that I was only trained in Psychiatric Nursing and knew nothing about mental retardation and she said neither does anyone else and that I should just do the best I could. She went on to tell me that we had an open ward at Morisset which was empty. I knew about this, of course. It was an old ward, but nicely painted. It was an upstairs dormitory. She said she wanted me to go down on the bus to Peat Island with some staff and fetch these patients from Milson Island and bring them back to Morisset. I told her that I would like to have a vehicle that I could drive myself so I could watch what's going on rather than be on the bus.

So the day arrived, and I had about four nurses who went down on the bus and I followed them in the hospital station wagon. Peat Island is joined to the mainland by a causeway, so we drove the bus across the causeway. The staff from there brought the patients from Milson Island down in a big old boat to Peat Island, and we loaded them onto the bus. I told the bus driver that I would follow them up the highway to Morisset.

Following them in the station wagon and watching the bus, it was the biggest bloody circus I've ever seen. The patients were just like animals. They were in new surroundings — most of them had never been out of the place before and had probably lived there for half their lives. Nobody cared much about them — they were just fed and bathed and that was it, you know. Driving behind the bus I could see them trying to get out of the windows of the bus, and the nurses grabbing them, and this

went on all the way up to Morisset.

Anyhow, we got to Morisset, and the ward they were to go into — it was on a bit of an incline and the bus drove down and backed up to the building and they opened the door to let them out. There was the medical Superintendent and the Manager — about eight or ten of the hierarchy of the hospital, all of them had come to see the new patients, because we'd never such a concentration of that type of patient before. As I said to the head female nurses, I didn't know anything about retardation, as I was only trained in psychiatric matters. She replied that neither did anybody else at Morisset. She said that she knew that I would be able to cope if she gave me the best nurses in the hospital to help me. If I picked out who I thought were the best nurses, she said she would see to it that they were sent to my ward. And that's what happened.

But oh! God! Getting them in and settled was like herding cats! Any chance they got they tried to run away. When we got them inside of course everything was strange to them. Strange building, strange nurses — they just couldn't cope with the change. They shit on the floor, they smashed the TV on the wall, they grabbed the lights and pulled the bloody things out of the ceiling, they were making all these funny noises and running around piddling on the chairs, oh! you've no idea what it was like. That went on for the rest of the day and it was on and off like that for weeks until they settled down.

The hospital had a couple of painters, and we were always ringing them up to replace panes of glass in the windows that had been smashed. There was a big day room outside of the main dining room on the verandah and we put them out there. There was a yard with a high fence around it, and we would put them out there in the daytime too. The verandah roof came

out over the edge of the courtyard, and they used to take their clothes off, and throw them up onto the top of the bloody roof of the verandah. I had to get the carpenter to come down and make me a ladder so the nurses could climb up on the roof and retrieve the clothes because they were running around with nothing on. The nurses would go up this ladder every day and get the clothes down. Well! They'd shit all over the verandah — they'd never been trained in any shape or form. The verandah, which was concrete, had to be hosed down where they'd pooped all over it, and it would run down a slope into a little open drain, and some of them would sit in the drain and drink the water that was running down! I can't describe how bad they were.

When we took them in for meals we had to put two nurses to every table, because the minute you made them sit down on a chair and put the food before them, they'd be grabbing handfuls of food, and this is how they used to eat — just jamming it in their mouths. They had never been taught anything! Milson Island was a terrible place. We'd have to take them to the toilet. I insisted that they had to be taught how to use the toilet, and not go on the floor. You can imagine what the seat was like when they got up. I had to be careful not to get it on my uniform. I said that they had to be taken to the toilet as soon as the meal was over and they had to hold them on the toilet while they do their business. I got a bag of boiled lollies from the main store, and we rewarded them with a lolly if they used the toilet properly. It was the only way we could do it. It was a very trying time indeed.

After a while they started to leave their clothes on to some degree, but it was always a battle. The nurses would come into my office to tell me that it was hopeless, and I had to tell them that it was their job to persevere, and that the only way that they would learn is through repetition. Some of the nurses would get

a bit upset, but I had to be firm with them because it was the only way we could get them to learn anything.

When I was on the day shift I'd start at 6:30 and I'd unlock the door and go into their ward. One morning they all ran towards me, and I thought they were going to attack me or something, but there was absolutely no aggression whatever, and all they wanted was some affection. They wanted to cuddle me because I was their father figure and I was familiar to them because I was there four days a week, and I always came into their ward at the same time. Around that time they gave me some female nurses as well, because they've just got that little edge as far as kindness is concerned. Men tended to be a bit less thoughtful, put it that way.

You never knew what they might have on their hands when they went to cuddle you, and one night when I went home... my wife was very fussy about being clean and all that. I'd got home and I sat down to tea. I was in my uniform — a white shirt and a red tie, and my wife used to iron my shirts beautifully, and I always used to look neat and tidy. There was only my wife and me there in the kitchen, and I could smell shit — at my own table! I looked around and I couldn't see anything until I looked down on the outside of my nicely ironed uniform trousers and there was shit all down one side of my leg. I must have bumped against it somewhere, and it had dried on my trousers.

The poor buggers in the back wards, if the shock treatment hadn't made them any better they'd be put in one of these wards which was kept for the aggressive ones, and there was another ward where we'd put the more docile ones. I'd say about 90% of the poor buggers that were sent to the back wards stayed there for the rest of their lives. Very few of them ever used to get visitors, because of the stigma that went with anyone who had gone mad or had a breakdown or something like that.

They'd be left in the back wards and put into institutional clothes. The clothes used to be made at a clothing factory at I think Long Bay gaol, out of this rough sort of serge. They had a warm jacket sort of thing, and some trousers. Very few ever had socks. They'd get thrown over the fence or get lost. Then they'd have these big boots that came from some government factory in Sydney. And they all ended up looking exactly the same.

In the early days, each of the wards had their own jumbos to heat the water. Jumbos were a big round boiler sort of thing with a fire under them to heat it, and they were hooked up inside to the bathrooms. There used to be a gang of patients who were mostly young men, but very demented or schizophrenic. They used to talk to themselves and were quite mad in their appearance. In those days, most of those who came in were there for life. They picked out about ten or a dozen of the most able ones, and every morning there was a male nurse whose job was to take them out into the bush and cut wood for the jumbos. They had a truck, and when they cut the wood — all different sizes — they used to load it up and bring it in. They had a little sawbench where they used to cut it up into short lengths and then a cart would take it around and deliver it to the jumbos for the fire. The chap whose job it was to look after this group of men was a big tall man, and very overbearing in his attitude. The men were, if not slaves, then they certainly had to do what they were told, and if they didn't they'd get a boot up the bottom or whatever, because some of them didn't know what they were doing, even though they were still chopping trees. Every Monday morning the patients who were in this group had to be paraded before the Superintendent to make sure they were well enough to go out into the bush. There'd be about eight of them and the one nurse, who ruled them with an iron fist. The

poor devils, all they had was an old pair of pants and a shirt and boots, and I don't remember seeing them with hats on, even in the summertime. But if they hadn't been chopping wood in the bush they'd have been walking around in circles, because there was nothing else for them to do.

I think they had two gardeners on the staff. They had a big flower garden, and I think the man who ran that was a qualified gardener. He used to take them out, eight or ten of the better ones who had shown a bit of interest in that sort of thing -- both male and female, and they'd bring them down to the big garden. Over the creek — Pourmalong Creek that used to run through the grounds into the lake -- and on the other side there was a big flat area with vegetables. They had a horse and plough over there — they didn't have tractors on those days. And there were a couple of men who used to go over there and plough up this area. It was good soil over there and they used to grow some really good vegetables for the hospital.

In the summertime, when the mullet used to run in the lake — I think it was around Christmas — the hospital had their own boat, a wooden boat and they would go out fishing. The man who was in charge of that knew a fair bit about fishing. They had nets and their own little jetty with a shed on the edge of the main hospital grounds. They used to go out with one bigger boat carrying all the nets and that, and a smaller boat for getting around and they'd go up the lake, very often up to Pulbah Island. In those days there weren't as many people around the lake as there are today. The nets were big. I don't know whether they were licensed, but they used to go up the lake in the afternoon and they'd set the nets up around the island, and they would camp on the island. There were only about three or four of them,

and they were very well-behaved, and they used to like doing it. They used to take food and water with them, and they'd camp there while the nets were out overnight. They'd get up early to pull the nets up, and you should see the mullet they used to get!

They tried to have fish every Friday at the hospital and for those with a religious background. I've seen the wooden boats come in — they were about 14 foot long — and they were full of mullet, and sometimes there would be hardly any freeboard. On the little wharf they had tables, and they'd bring down as many people as were capable to clean the fish. There might be thirty or forty of them down there scaling and cleaning. They used to have so many mullet sometimes they didn't know what to do with them, because there was no refrigeration. They'd take a big heap to the kitchen, then they'd tell the staff to take home as many as they wanted from what was left, because they couldn't keep them. That afternoon you'd see all the staff going home with a big parcel under their arm. That went on for years.

They had tennis courts too, and a man who looked after them, but there weren't many patients who were capable of playing, and they were mostly used by the staff. They also had a big oval and a man who kept it mowed and all that.

In the latter years they established a canteen. Before that someone would come out from Morisset with a fruit lorry, and he used to come around the wards. As well as fruit they'd have cordial. It was a common joke that this bloke was a bit of a rogue, 'cos the poor devils wouldn't know good fruit from bad fruit and he would take the opportunity to get rid of some of his second grade fruit. Anyhow, later on, the RSL decided that they would get a lease on a bit of property in the middle of the main

buildings and build a canteen, and the RSL had the canteen for years. The man who ran it paid rent to the RSL for the right to run it. He used to sell pies, chips, milk, coffee and sandwiches, and they would be bought by the patients and any visitors which might come out. It was quite a good little business because they had all the staff from the hospital too as customers.

Patients didn't have much money. Some of them used to get some money every fortnight. There might be thirty or forty in a ward who would get this, and the nurse in charge would arrange to take them all down to the canteen and they'd have a bottle of drink and a packet of chips and they'd think it was wonderful. There was a residence attached to the canteen, and there were usually a couple of girls working all the time because sometimes it got quite busy. That would have been back in the late sixties or early seventies, and over the years the canteen changed hands a couple of times. I think you had to be a member of the RSL to run it, then after a few years they decided that they would sell it to anybody.

My wife was a nurse and had been working at the hospital for many years, but by this stage she'd left work and was living at home, and when I heard that the canteen was going to be sold I asked her if she would like to run the canteen. At first she was a bit hesitant, because she came from a very basic country household when things were pretty tough. Her mother died when she was ten, so her and three or four of her siblings were left to be distributed between relatives, and the family was split up. She ended up living in Bellingham and she didn't have a high school education. It was a pretty sad upbringing, really.

Anyway, we decided to buy the canteen off the bloke that was in there at the time. I think we had it for about three years. I used to help there on my days off. I had a little utility that I used to

drive in to the warehouse at Newcastle and buy the chocolates etc. The tobacco sales there were so good that one of the travellers for Levy's the wholesale tobacco people told us that we had the best sales of cigarettes for the whole of their sales area. See, the patients didn't have much to do, so they used to smoke. Some of them would buy two packets of cigarettes a week, they had just enough money to buy them. We had, I think, three girls working full time for us, and on my days off I'd often bring a big box of Cadbury's chocolates. We used to sell a hell of a lot of them.

While we ran the canteen we lived in the attached residence, but we had our own home at Brightwater on the waterfront and my sons lived there while we had the canteen. My wife used to worry of a night, because one night there was a female patient who was only young, but she was a little devil who used to get out of the building and run away, and this night she tried to get into the canteen through one of the windows late at night, and this frightened my wife. But after about three years my wife's health wasn't too good so we decided to give it away. (Unfortunately, after that she began to get very forgetful, and I needed to look after her, so I retired then. That was in 1981. I started there in 1947).

The laundry in the hospital was very basic. These days you get pads to put on, you have your own towel, and there are rubber sheets to put on the beds, but they had none of that. I did night duty in the hospital ward which was the main one where they were sick. I was there on my own with about thirty patients. Some of them were able to go to the toilet themselves, but others couldn't. We couldn't take them to the toilet — there were no toilet chairs, nothing like that, and if they wanted to do their

business and you couldn't lift them they just did it in the bed. You'd have to clean them up and wrap up all the dirty sheets, and all that went to the laundry. God knows what it would have been like up in the laundry. Nowadays they've got all these aids, and things to lift people and all that.

The mattresses were coir, which is a coarse sort of fibre. They used to make the mattresses in one of the big hospitals in Sydney and bring them up. The pillows were stuffed with the same stuff. It was pretty terrible compared to what things are like now.

A lot of things went on there that weren't very nice. They used to have the sewerage on, and they had grease traps outside the kitchen window. There was an old patient who was still able to get around, and he had a horse and a cart with big old heavy wheels on it and his job was to go round and clean the grease traps. He'd pull up and bring a bucket up, and clean out the grease trap with a scoop and put it in the bucket and take it away. Of course he didn't always do a very good job.

They built a big boiler house with a great big furnace sort of thing, and they had a fireman there and he used to heat the water up in a big tank and it was circulated around to all the wards, and they got their hot water that way. But that was a bit later on, when they stopped using the jumbos.

The first ward I was put in charge of, I had Arnold Nixon as my Deputy, and down the back of the ward there was a great big yard. A couple of patients in the ward used to do a bit of gardening, and they started a big vegetable garden inside the ward fence. They used to grow a lot of stuff there, and when it had grown we'd contact the store and they would send a truck down and we'd load all the potatoes and cabbages and that. They would take it up to the store and then it would be taken to the

kitchen. There were only about two wards in the whole place that did that because the others didn't have the space to have a garden.

Working in a place like that I used to feel sorry for a lot of the patients, but I wasn't in a position to do anything. It was unheard of for anyone to talk about how things might be improved. You just used what you had, and you put up with it. It was only in the later years that they appointed a welfare officer. He would organise for patients who had to be transferred out to somewhere else for treatment, but prior to that we didn't have anything. And it was quite noticeable that some of the staff were only there for the money. The hospital employed most of the people in Morisset. Apart from the hospital there were only a couple of sawmills around Morisset, that's about all — and the railway line running through. There were hundreds employed as the indoor staff, nurses male and female, and then you had the outdoor staff on top of that, the truck drivers, the gardeners...

They had their own dairy there, for quite a number of years, and a piggery. Just before Christmas, they used to have a truck and they'd take the pigs into the abattoirs where they'd be killed and they'd bring the carcasses back for Christmas. They had their own butcher at the hospital, in a room with all the butchering gear inside it, and he'd cut the carcasses up and they'd be able to have a leg of pork or something for Christmas. The dairy and the piggery were right over on another hill. They also had about forty or fifty cows, and six or eight of the male patients who were well-behaved and in wards nearest the dairy would go over and milk them by hand. They didn't have any refrigeration in those days. There used to be a vehicle that would bring the milk around in big containers to each ward and tip about two gallons into a vat sort of thing. Everything was just basic and cheap.

In the admissions ward there when I was a senior, part of my job was to go out to what they called the Airing Court. This was attached to the building with a big fence around it. After they'd had their breakfast and had their showers we'd put them out into this yard. There was no occupational therapy or anything like that, and they had nothing to do and they just roamed around this yard. Anyhow I was out there one day, and some of them could be quite aggressive in their behaviour. They'd be hallucinating and delusional and all sorts of things. There was a verandah along the yard and a fence at one end. Along the verandah there were brick pillars, about seven or eight of them, and there were seats on the verandahs out of the sun. They had built bits of concrete edging around some of the gardens they had in there and some of them had cracked over time. I was there on my own when one of the patients went over and got a piece of this broken concrete from this edging, and he came at me with this lump of concrete. I would have been about in my late twenties at the time, and I used to play a lot of tennis, and I was reasonably fit. When he came at me I ducked round one of the brick pillars quickly and I grabbed him from behind. I subdued him and sang out to the other staff and they came down and they took him away and put him in a room. You never knew when you were going to get a punch in the face or something like that.

I was in the same yard sometime later, and there were about the same number of patients, but different ones to those who were there before. One of them was a little bloke, he would have been only about nineteen or twenty, and he wasn't very tall, and he was schizophrenic. Oh God he was mad! And he was suicidal. He was roaming around and around when all of a sudden I looked over and he was climbing up the heavy chain wire of the end fence, trying to get over the top, and before I could get up to

stop him he'd gone over the top. I rushed back into the building and told the nurse there that I was going after him.

I raced out of the side door and went after him. The building was on a hill, and there was about two hundred yards in an open paddock with short grass that went down to the lake. He was heading for the lake, because he was going to drown himself, see? I chased him down to the lake and when I got to the water's edge I threw down my watch and kicked my shoes off and followed him into the lake, clothes and all. I was just a bit taller than he was and as he brought his legs up to the top of water to start swimming I grabbed them and hung onto him and pulled him back to the bank. That sort of thing was all in a day's work.

In the last five years I was there I was promoted to Nurse Supervisor and I was up in the main Administration building. Among other things I had to do the rosters for the nurses. One Saturday afternoon I was there by myself because all the hierarchy were off at weekends. The next thing there's a knock on the front door, and when I opened it there was a big burly policeman from Morisset. (As it happened, about eighteen years later he was here in the nursing home himself, and the poor devil had dementia. I got to know him quite well but he went downhill and he died.) Anyhow he came to the door this day and asked me if I could spare half an hour or so, and I asked him what for. He said "I've had a report that there's a body hanging in a tree in the bush over past the Criminal Ward". He wanted me to go with him to be a witness. There used to be a bush track that started near the Criminal Ward and went through to Wyee. I rang one of the wards and told them I'd be out for a while and I went with him in a police car and we went over and down this bush track for about half a mile. When he found the tree the

body wasn't hanging there but only the head was, with the rope still around it — just the neck and the head, hanging up in this tree. The clothes and the body were under it on the ground, and the body was all decomposed. It must have been there for quite some time. He had to take photos of everything and do whatever policemen do. So that was another one of my experiences that I had on the job.

When I used to work in the Administration building on weekends I was up there one Saturday afternoon, and the female Acute Admissions was on one side and on the other side was the Male Admissions where the new ones used to come into. Patients there used to get a few visitors — they were some of the few that ever got visitors. I was there and the phone rings and a female nurse said that they had a problem in the ward where she was. She said that the male nurse in charge of the ward was drunk on the floor. He was completely intoxicated and couldn't do anything. There was a duty doctor who would come if he was needed, so I rang him and told him what had happened. He said he couldn't come at that time. I asked him why not, and he said for us to wait till Monday and we could see the medical superintendent then. I said, "but this is now, if visitors come in and happen to see a nurse drunk on the floor it will look very bad. You won't do anything about it and I'm only a nurse and I can't do anything about it because I'm not qualified as a doctor. If you don't come, I'll have to dismiss him." He said that I couldn't do that. So I was stuck in the middle. I rang the nurse back and told her that I couldn't do anything about it, and said that, as she had another male nurse with her, they should drag him into a room and lock the door, and let him sleep it off out of sight. On the Monday there was nothing at all said about it. He wasn't dismissed. He was a known alcoholic, and quite a lot of the senior staff used to drink, because it was that type of place. I

was always a bit crooked, on alcoholics because I remember as a kid, my father used to work hard in the sawmill up home where we lived. He wouldn't have a drink all week, but come Saturday morning, the old steam train going up to Gloucester used to pull up at the station near where we lived, and he'd get on that train, and go to Gloucester and go straight to the pub. Then he'd come home on another old goods train, and then there'd be arguments and fights in the house. My poor old mother had eight of us kids and she had no money whatsoever other than two pounds fourteen endowment a month. So I was a bit crooked on people who were alcoholics.

We used to go to the dining room — they had a nice big dining room at the hospital. The female wards were up the top of the hill, and the nurses used to come down for their lunch in a four wheeled horse and buggy. The driver was a patient, but he knew how to drive the buggy, and that was how the nurses used to come to get their meals. The men's wards were closer, and they just walked down.

The dining room was quite big, nice and clean, and we used to get quite a good meal there. I think we used to pay ninepence. The staff's meals were much better than what the patients got.

I made quite a few friends while I was working there. I still know where some of them are, but not many of them are left now. They retired and moved away or died, and you lose track of them. Not all of them, particularly the male staff, had done their exams and so were unqualified. Some of them found it a bit too hard and just settled for the lower pay. My eldest brother worked

there too, long before I did, and he was senior to me. He was older than me, but he was only a senior nurse and he never took it any further, so he was never in charge of the wards.

We used to be on night duty about every three weeks, and we'd work eleven nights on duty straight, in the three weekly period, and then get ten days off. And on night duty you did twelve hour shifts. That's a lot of hours. My brother preferred the night duty because he'd get the ten days off and he could go away on fishing trips, or go away for a short holiday. He preferred that to getting higher pay. When people left, there was no send-off or anything. You just said goodbye to the staff, and then you left.

They had a beautiful big hall that was part of the staff dining room complex. It had polished wooden floors, and the Administration was in the next section. It was only about a hundred yards from where the canteen was. About every three weeks they used to hold patients' dances there. There were certain ones in each ward that you could take out. The nurses on day shift would be there till half past six at night, and then they'd have to work another four hours on these dance nights. The male nurses would bring the men and the female nurses brought the women — whichever of those from each ward who they knew would be able to attend. Then they'd stay with them in the hall and look after things. They were well-behaved. There was never any trouble. There was an orchestra from outside that used to come. One bloke played the trumpet and another one played the old piano accordion. It was good music — old time dances and that. As mad as a lot of them were who went there, they used to love dancing. There used to be a cup of tea and a biscuit put on for them during the night. For them, the dances were the ultimate in entertainment but there was only a limited number

who were suitable to bring to the dances. I think they used to have pictures too, in the afternoon.

We used to get four hours overtime on dance nights. We'd work from 6:30 in the morning till half past ten at night. Most of the staff then lived in Morisset or round the lake somewhere. A lot used to ride their push bikes to work because not many people had cars in those days. When you come out from Morisset you wind down a hill and there's a bridge over Pourmalong Creek, and over the bridge is what they call The Avenue. Beside the road there was a bike track which was maintained by the bloke who used to take the patients out chopping wood who I've already mentioned. It was a gravel track, but well maintained.

One day I got a phone call, and I was asked to go up to Maitland Gaol. There was a patient up there who used to be at Morisset, but he had been playing up, and we had dropped him up to Maitland Gaol and now we had to bring him back for treatment. I went up there on my own — I didn't know what he was like or anything — and I took the train up and went to the goal to the office and picked him up. He didn't try to escape or anything, he wasn't violent or anything — just passive, you know. I had no handcuffs of course, so I sat him with me on the train and brought him back to Morisset. There used to be a little old-fashioned bus that used to run from the station out to the hospital, to bring out the staff, because there were a lot of staff in those days, and then take the ones that were knocking off back to Morisset. Jack Webster was the driver's name, and he used to like the grog. So I had to take this bloke on the bus to get him out to the hospital. It had been arranged that when I got there the chief male nurse, who was one of the bosses, would be there when I arrived and we would take him up to a lock-up ward. When we pulled up in the bus it became clear that the driver had been drinking. Coming out, the bus had been all over the

road, and when we got there the chief male nurse was standing there, waiting for us come out, and the driver got off first, and as he came out he fell, and rolled down the steps to finish up at the feet of the chief male nurse! You can imagine the reception that he got. He couldn't have fallen at a worse place. At that stage I was only in my early twenties. In those days you were asked to do all sorts of things.

There was one incident that I remember very clearly when I was working in the criminal division. There were two wards within the high walls that surrounded the place. One of them had twenty four patients, most of whom were either in there for murder, rape, or other serious misbehaviour, and they were not only mad, they were bad. On this particular day in this one ward, the man in charge was sitting at his desk as he did every day after breakfast, doing some paperwork. There was a patient there who was one of the very few you would call a "trustie", and his job each morning... he would be given a pair of the old spring-type shears which had a very sharp point on them, and he would go out and trim the garden edges with these shears, just for something to do. The activities available to them were very limited because of the risk. He was somewhat delusional, and a very sort of sullen individual who kept to himself and it was obvious that he was very intense internally with his mental condition.

Anyway, he'd been causing no trouble, so he had become trusted to the extent that he would come into the charge nurse's office and he would be given these shears to go out and trim the lawn edges. This morning, just like any other day, he came in, and the shears were in a little cupboard near where the charge nurse was sitting. The charge nurse reached into the cupboard and gave him the shears to go out and do what he did every

morning. Whether his delusions had become more intense on this particular morning I don't know, but he got the shears and squeezed them together and stabbed the charge nurse in the temple. Unfortunately the charge nurse only lasted two or three days and then he died. Well! All hell broke loose! The other staff were so upset and resentful. The first thing they said was that, without anyone knowing, they would simply let the assailant starve to death, because of the terrible thing that he had done.

The doctor that used to come to the hospital at this time was the same old army doctor that I have already mentioned. He'd heard of this idea to starve the fellow and said to the other staff members that he realized how strong their feelings were, but they couldn't do anything about it. But the feelings were running so high that some of the staff wanted to give him a meal of Epsom salts every day, because they wanted to punish him. But the doctor said that they couldn't do anything like that to him, because if word of it got out to the outside world there would be hell to play. The charge nurse that had been killed had been very strict, because it was a criminal ward, but he was also very fair. He knew all the patients by name, and he was very firm with them, but fair.

I wasn't there on the day that this happened, but I was working in that ward at the time. The man lost all his liberties, and stayed living in the hospital, (in the Crim) because there was nothing else anybody could do about it. But that was an example of the sort of things that could happen in the criminal section because most of the patients there were criminals in the true sense of the word.

We've had many instances where patients have been injured by the staff. They would knock them over and then put them in one of the little rooms. The doctor would come around and ask

if there was anybody to see, and they would be told no. They would never expose the extent of the cruelty. Some of the staff were terrible, especially the men. In the days before effective sedatives the only way to control unruly patients was by brute force, but some of the very old men who were staff used to be very cruel. A patient only had to look a little bit aggressive and they'd be told to behave themselves or they'd get knocked arse over head. Once locked away in a room some of them would be sick from being bashed. They were out of sight and they were never shown to the doctor. I was only very junior then, and if you opened your mouth you were victimized, so I couldn't say anything in case I lost my job. I've never believed in anyone being cruel, though I did believe in being firm, but fair, to the best of my ability. I grew up in a family where, if you didn't behave yourself you got smacked on the bum by my father, and I was brought up to accept that sort of behaviour, and I don't think it did me any harm.

The food was very crude. They'd just chop up a lot of cabbages with axes and chuck them into a big boiler. There was no person to supervise it all, and since it was a government run place, the cheapest way was always chosen because there wasn't much money.

There was one old ward there, and it was the only one that was built out of fibro. It was a terrible place. It had a low pitched roof on it with wide eaves, and big windows along the side that half the time had no glass in them, and only wire over them. There were four long dormitories side by side and they each held about twenty beds. At the end of the four dormitories there was a sort of communal toilet. It went all the way along with just a plain old cement floor — no tiles or anything — and an open drain,

and the urinals themselves were made out of some sort of metal coated with tar. The smell was terrible, and the flies, especially in the summertime. There was no disinfectant, and there was no toilet paper — they just had bits of newspaper if they could find any. There was nowhere for them to wash their hands, and no towels for them to wipe their hands on. There were no pyjamas supplied — only a nightshirt, just a plain calico thing, and there were no underpants or anything like that. The men who were in these dormitories were all very demented, and in this particular part they were still able to walk around in their confused state. They would walk out to the yard, and they'd just mill around there, all day. There was nothing for them to do.

In front of these dormitories was a small room we called the hospital section, and it had about eight beds in it and most of the poor old things were sat in a sort of canvas chair like a deckchair. And they just sat there all day in these chairs, the poor old buggers. They were completely out of it. This was before the introduction of Largactyl, and the amount of attention they got left much to be desired. They'd just sit there, and piddle themselves where they sat.

The kitchen was just up the yard. The yard was on a slope with a few seats in it. Then there was the dining room and the main administration office. Anyhow, at teatime — five o'clock or half past four -- they used to send some deep bowls down from the little kitchen up the top, and all they had in them was some bread with a bit of butter on it cut into little pieces and dropped into warm milk. And that was their tea, with a spoon. The patients there couldn't walk up to the dining room. It was the lowest standard of nursing that you could possibly have. That was called Male Two, and from what I could work out it had been there for a long time before I was there. The ceilings were unlined, just the rafters with the iron on it. You'd have to see it to

believe it.

Then there was another ward — Male One — which was one of the old original brick buildings. Two storeys, and it was about a hundred yards up from the one I was just telling you about. It was very well built, with beautiful stairways going up to the upstairs dormitories, and I think it housed about 115 patients. The stairway was built out of something like marble, and had handrails all the way up. The ceilings were quite high, and they had three big dormitories upstairs. There were three wards side by side, and the one in the middle we called the Epileptic Ward. There were about forty in that and everyone of them was severely epileptic. The beds were very low, so that if they had a fit during the night and fell out of bed, they wouldn't hit their head on the floor. In the middle of these three wards there was a little room for a night nurse. I used to do night shifts there, and every so often you would hear these ungodly screams when somebody was developing a seizure. There was nothing we could do about it, as they were all chronic epileptics.

Downstairs they had a big dining room of course, because there were so many patients, and the food always came in ready-cooked from the main kitchen. In the kitchen there was a huge sink with a sort of cupboard thing on the top, and this big sink was where the washing up was done. It was made out of some sort of earthenware — no stainless steel then -- and we had one little patient who worked in the pantry all the time. He was only a little bloke, and he used to stand there and do the washing up. They'd put all the dirty plates into this big sink with some water, which was only just warm. No detergent, just a bar of soap — you can imagine how effective it was. Oftentimes

he'd be washing up and the water would get cold and the poor little bugger would stand there and wash all these dirty plates, in the same water. They never used to change the water, and he'd just put the plates on the draining board at the side, and there'd be grease around the water line in this sink. And he'd be there working for hours and hours washing up after every meal. Nobody did any wiping up, the plates were just stood up in little racks, You know, when I think back about it the hygiene was terrible. In these conditions you'd think that some of the patients would get sick, but they didn't seem to. I think they must have had good resistance, because we never had anything like antibiotics to treat them with.

One of the things that we had to do in the admissions ward was to count the cutlery. The knives were fairly blunt, but you had to make sure that you got them all back so that they couldn't be used elsewhere in the building. We used to have to count them after every meal, and they were pretty strict about that. It didn't matter so much in what we called the chronic wards because they were past that sort of thing. Most of them were ambulatory, and a few of them used to work in the garden, or at the dairy, and some used to work at mowing the oval and keep the tennis courts going. It was a really nice setting, set on the hill, and there were about two miles of waterfront.

The chap who was in charge was very senior, and he was an alcoholic. I think he had five male nurses under him. He was quite arrogant, and he had a couldn't-care-less attitude, and the patients were the last of his consideration. He was the boss, and he ruled with an iron fist. You know how important it is, when you're giving medication, you have to have the pills in the correct little containers and all that? Well, he used to get the

tablets and put them all into the one jar! Some of the patients would be on anti-seizure tablets for their epilepsy, and altogether there might be two or three different tablets. He'd just go along and hand out the tablets from this jar, randomly. He never had any record of what each patient should have. Some of the things that used to go on there were barbaric, when you think about it.

The male and female patients were always segregated, and it was only in the last five years or so that I was there that they were starting to integrate them. I was in charge of a big male ward where there were about 80, I think, and I had Arnold Nixon with me again, who I think I've already mentioned. They had started to integrate both sexes, but they were fairly well-behaved patients that they started off with, and they asked me if I would go over to the integrated ward to be deputy in charge. I would be deputy to a female who was in charge who was renowned for berating the patients, and I said that I would only go there if she never spoke to me the way she spoke to the nurses. I mentioned this woman earlier, I think. So I went, and I was there for about two years, and it was just after that that I had to bring those patients up from Milson Island. We never had any trouble with the males and females getting too chummy. If it happened at all it was very rare. The only ones who would have had the opportunity would be the odd one who was well-behaved and had the freedom of the grounds, and there weren't many women in the grounds because it was mostly male patients who worked in the garden. If they did take any female patients to work in the gardens there were always female nurses with them, and we never had much trouble like that that I can recall.

After that they asked me if I would like to move up to administration and become a supervisor, and that's where I spent the last five years before I retired. You might wonder why I stayed in such a difficult and often unpleasant job for so long, but it was only the second job I had ever had, and it was my whole life. I came there in my teens and just sort of fitted in. I lived with my married sister for a while and we used to play tennis of a night. They had courts there, with lights, and the staff used to come and play tennis there. I was interested in sports, and I used to like going fishing on the lake. I used to look forward to going to work each day, and after a while I got a bit more responsibility. There was only a limited amount of what you could do when you were a junior. The place was run by a hierarchy of old-fashioned minded people, you know. A lot of the wards were almost like gaols.

I used to feel good that I was trying to do something to help some unfortunate people, but many days I'd feel like I was hitting my head against the wall. One person can't change the system, and I honestly think that out of all the other state hospitals at the time, the behaviour that we had to put up with was pretty well rampant in all the other hospitals as well. When I think back, I feel pretty confident that I tried to do the best I could, but within the limits that applied there at the time. Because if you didn't conform in your behaviour and the way you worked, you soon got the message that you were expected to do things the way all the others did.

The doctors were...oh...you wouldn't say that they were uncaring, but they would come to the ward and prescribe an aspirin or something, but there wasn't much follow up with the treatments. If someone got really sick they took them up to the hospital ward, and that was the ultimate in treatment. The treatment of mental problems was only conducted in the male and female

admission areas, where we did shock treatment and that sort of thing. The poor devils who didn't respond to treatment were put in the back wards which was in the main part of the hospital where 90% of the wards were, and they were like holding centres, and that's where they spent the rest of their lives.

I think I did my exams and was registered in about 1951, and soon after I got a phone call from the chief male nurse — he was the boss of all the male side in those days. He said that he'd like me to go up and do a post-mortem. I didn't know much about post mortems. I had a basic idea of what you had to do on my level, but that's about all. This particular morning I went up to the morgue and there was a body lying there. (They used to find bodies floating in the lake who had committed suicide. They'd be all puffed up if they'd been in the water for a few days). So I went up to the morgue, and all the equipment that we had was two or three scalpels, and some chains with hooks on them. The body was just lying on a concrete slab. Usually they had no clothes on. The morgue was a small room, and there was this concrete slab with a couple of supports underneath, and on one end was a small drain hole leading into a bucket, which is where all the fluids ran out. The body was lying there, (you didn't put on masks or anything like that, there was no air conditioning, and the lighting was very poor), and I'd take a scalpel and I would usually start from the neck. When you got to the sternum you had to get cutters to cut through the sort of gristle, and then I'd cut them right down to the top of their old feller. Then I'd have to open them up -- pull them apart -- and then put the hooks on the end of this chain onto both sides of the chest and fasten it so that it held it open and exposed all the internal organs. Next, I'd have to take the liver out. (The stomach was left in there at this stage). After about an hour and a half they expected me to have

the body ready so that the doctor could come and explain all the anatomy of the body to the trainee nurses who had come in about half past ten.

There might be four or five young girls, and four or five young boys — just starting their training. They used to stand around looking and the doctor would explain what all the organs were. There wasn't much blood, because the body was cold. Some of the young female nurses were only kids not long out of school. You'd see them not looking too good and then they'd faint and fall onto the floor.

After about an hour of the doctor explaining the organs and their functions the trainees would go back to their wards, and my job then was to put back all the organs that had been taken out, back into the cavity. Then I'd have to unhook the chains and pull all the skin back together. I had an old curved bagging needle like they used to sew old corn bags with, and some heavy string, and I'd sew the two sides together. You didn't clean the body down with antiseptic or anything, 'cos we never had any of that sort of thing. Then I'd put a shroud over the whole body, and by that time it was lunchtime down in the staff dining room. Then I'd have to wash my hands under a tap over a handbasin, wipe my hands, and go to the dining room.

I'll never forget — I went down one day, and when they brought our food around, there was roast meat on the plate and the fatty part was still fairly soft. As soon as I saw that I immediately associated it with the body that I'd just finished sewing up in the morgue. It certainly took my appetite away! I used to get ten shillings extra for doing that.

There was an old chap in Morisset who had an old black hearse. It was an old black thing with black windows like you'd see in an old English film. He used to come and take the bodies into

Morisset — he had the contract. And as I've said before, there weren't any relatives involved. I don't think they ever notified any relatives. A lot of the relatives completely forgot about them when they brought them in, because socially it used to be a disgrace to have someone in the family go mad and be put in the madhouse, as they used to call it. They were buried in the Morisset cemetery, which was where it is now. I didn't see them buried, but they had a gravedigger who used to dig the hole with a shovel. The body was just put in and covered up, and there was no recognition of who it was in that grave, and when you walk into the cemetery today you wouldn't know whether you were walking over the old graves or not because there are no headstones, just grass.

Those two wards I've just mentioned were the worst, as far as conditions go. The place was built over many years. They kept adding buildings as needed, and as time went by the buildings got a bit better than the original ones were.

I've mentioned the old army doctor we had when I was still quite junior. He was a nice enough bloke to talk to — a bit down to earth — he sort of faced facts as they are, you know. He used to do the shock treatments with me, and we used to sit down and have a cup of tea after we'd finished and have a bit of a talk. We'd discuss patients who we had treated, and discuss whether individuals had had enough shock treatment. (Some patients might respond a little bit quicker to shock than others). He'd often say something like "I'll keep giving them shock treatment till they shit 'emselves. Then I'll know they've had enough." As I said, he was very down to earth.

With shock treatment, we found that people would come in,

some with a police escort, others in straitjackets. They'd be maniacal, aggressive, homicidal, suicidal — you name it, and we used to find that some of those who came in, particularly those who were very depressed and suicidal, that shock treatment over a period of two or three weeks used to lift them out of their depression to some extent, and they'd get to what we used to call a “manageable state”. And as bad as they were when they came in, as they improved we'd take them down to the end of the dining room in the ward where we used to have our cup of tea and we'd make them a cup of tea and have a bit of a chat to them. To be lifted out of a deep depression was a very noticeable thing and we could see that they were improving each day. But of all the different types of derangement that would come in, the depressed ones and the suicidal ones were the ones where it seemed to work best. We'd have others who came in who didn't respond to it at all. Whether their conditions were too entrenched before they came in, or they hadn't been brought in quickly enough I don't know, but that's how it was.

When I was second in charge of the admissions ward I had to write a report every day on the patients who had had treatment — whether they seemed a bit brighter, or whatever, together with other comments. That way we had a record of how many shocks people had received and what their progress was. Once they left that ward and were transferred down to the bottom ward, if they hadn't responded to treatment very much, there wasn't much recorded then. They just had a card with their name on it and what their mental disability was.

About half way through my time working there they brought in Largactyl, which was one of the first sedatives. And there was another one called Stelazine which I think came in just after Largactyl. There was some improvement in some cases of those patients who were on those medications, but for others it

didn't seem to have much effect. They didn't know much about psychiatry then, especially on the drug manufacturing side of it.

These days, when I lay awake at night, a big part of what I think about is about the hospital. It's very sad in one respect that it's now nearly all closed down, and eventually it will be sold for some development, when really many of those buildings should be preserved for posterity. Many of them were q

uite beautiful. Until they decided to close it completely to the public there used to be busloads of Japanese tourists who would come to see and feed the kangaroos which were all over the grounds. They used to bring loaves of bread to feed the kangaroos, and that's not good for the 'roos. Some of them used to get so close to these kangaroos that some of the big old male ones would sit back on their tails and claw them, and sometimes they would be seriously hurt. So they stopped the tourists from coming, and I think that's when they put security guards in there.

By that time there was only one ward left. They built a new "Crim" up on top of the hill. This all happened after I'd left. It's very modern and state-of-the-art. You press a button and the doors open and there are cameras everywhere. It is much better than the old Crim was. That was when the old Crim became the subject of an Aboriginal land claim. together with all that land over there, and that was when the vandalism started. There was no security and it was open slather for everyone.

There were also two or three big old homes there that have been there for a long time. I think they were built originally for the superintendent and the manager seventy or eighty years ago. They have beautiful verandas around them and although they

are old to look at, they were beautifully built, and they're there just sitting vacant.

Outside the old Crim building there were four nice cottages for staff, and they've all been vandalized. They stole the windows and took all the tiles off the roof and they're just skeletons now. Inside the old Crim we had a beautiful swimming pool, and lately I hear that there are old burnt out cars thrown into the pool. They tell me that the big gates with the double locks on them that we used to go through have gone as well. Just about all of the place is now just a ruin.



Laurie Akers was born at Ward's River in NSW, and worked briefly on the railways after he left school. He then went to work at the Morisset Hospital in 1947. He worked there until he retired in 1981 to care for his wife when her health deteriorated.

In those 34 years Laurie saw every aspect of the hospital, which was primarily a mental institution, with the greater part of his time working there being before the discovery and introduction of effective sedative medications. In those earlier years many of the practices employed to manage difficult patients appear to be cruel, barbaric and hardly believable by the standards of today.

Here Laurie reminisces about his time working there, and his bald, colourful (and often unsettling) accounts of his experiences paint a picture which is rarely seen in conventional institutional histories.