

## David Roth review of:

### David Hastings, *Odyssey of the Unknown Anzac*

(Melbourne: Monash University Publishing, 2018), 185 pp., PB \$29.95,  
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The tragic story of George McQuay, who returned from World War I to long-term care in mental institutions, may well stand for the experiences of many mentally broken ex-service personnel. As C. J. Dennis wrote: “I’m only ‘alf a man” ’e said. “I’ve seen so much uv death”. Diggers returned to broken relationships, destroyed friendships and lost jobs, alcoholism, and all too many to lifelong confinement in asylums. David Hastings’s biography traces the early life of McQuay, his erratic behaviour en route to the Western Front, his escape to London as a vagrant and arrest there, and his subsequent 12-year confinement at Callan Park Hospital for the Insane in Sydney. Of particular interest to this reviewer is Hastings’s sympathetic description of the care of mentally ill veterans, initially at Broughton Hall, a military facility for ‘troubled’ veterans, and then at the adjacent Callan Park if their condition was long-term or unmanageable. Hastings also gives a moving account of McQuay, the ‘unknown patient’, as a living focus for the grief and longing of countless bereaved parents and siblings.

McQuay became known as the ‘Unknown Patient’ because he persistently identified himself as ‘George Brown’ after his apprehension in London in 1916. ‘Brown’ gave an incorrect regimental number, which made him impossible to find in Australian Army records. He was thought to be an absent-without-leave Australian soldier because he could not give a coherent account of himself and wore an Australian slouch hat. ‘Brown’ was found to be unfit for duty on account of mental illness and was returned to Sydney in late 1916. Initially he was sent to Number 13 Australian Auxiliary Military Hospital (Broughton Hall). Since patients were admitted putatively as ‘voluntary’ patients, this allowed them to avoid the stigma of being certified as insane, a requirement for involuntary admission to an asylum. Because of his ‘aggressive habits’, ‘Brown’ was soon sent to the Darlinghurst Reception House (an evaluation facility), certified and transferred to Callan Park. He was diagnosed with ‘dementia praecox’ (now known as schizophrenia) and ‘delusional insanity’. ‘Brown’ would not or could not give the names of friends or relatives, and he would not allow his picture to be taken. Hastings hypothesises that these tactics allowed him to escape punishment for desertion. Despite circulation of ‘Brown’s’ description, no contacts could be found. Thus ‘Brown’ became known as the ‘Unknown Patient’.

Conditions at Callan Park had been deteriorating since the late nineteenth century due to persistent overcrowding, and during the war due to staff shortages and financial cutback. Yet I am inclined to think that Hastings somewhat overstates the maltreatment of patients. Complaints from the public had indeed led to the calling of the New South Wales Royal Commission into Lunacy Law and Administration in 1923. Hastings focuses on a number of complaints from some patients at the commission who testified to inter-patient violence and the food being 'unfit to eat'. Yet the annual Reports of the Inspector-General of Mental Hospitals show that violence, while impossible to totally prevent, was at a relatively low level. My research into the menus and other related evidence indicates that the food, although basic, was indeed 'fit to eat'. Although constrained by limited budgets, management took some care to meet dietary requirements according to the nutritional knowledge of the day. In the end, as Hastings acknowledges, the royal commission found that allegations of poor treatment were 'greatly exaggerated'. Nevertheless, he draws attention to continuing claims of whitewash. But the numerous letters of praise from ex-patients tabled at the commission, and their gratitude for kind treatment, give a much more nuanced picture.

Hastings also refers to 'bizarre' methods used in US mental health care in the 1930s, such as prolonged sleep over seven or eight days induced by barbiturates, or treatment with ultraviolet light. While barbiturates and other hypnotics were used at Callan Park to assist sleep, 'deep sleep' therapy was not used in Australia until the Chelmsford scandals of the 1960s and 1970s, long after 'Brown's departure. Ultraviolet therapy had been successfully used to treat skin conditions since 1896 in Europe and had become a standard therapy by the 1920s. It may have been used on 'Brown'. There is evidence that US patients lost 'teeth, tonsils, appendixes and colons' as part of treatments for mental illness in the 1920s and 1930s, as Hastings claims. Nevertheless, he presents no evidence that any of these therapies were used on 'Brown' during his time at Callan Park. While hypnosis was tried on 'Brown' without success to attempt to bring back his memory, he refused thyroid treatment. There is no record of any other treatment.

The 'butterfly' moment, as Hastings expresses it, was the withdrawal of the Red Cross supply of tobacco to veterans at asylums in 1923. New South Wales asylums had issued a tobacco ration to all patients until 1918, when no new patients received further supplies—visitors could still donate tobacco. After four years of 'famine', and no response from a request to tobacco companies, the Returned Sailors and Soldiers League decided to launch a public appeal for a tobacco fund in early 1928. To attract publicity, they supplied the press with accounts of friendless old soldiers struggling with mental illness at Callan Park, including the story of the 'Unknown Patient'. An explosion of grief followed, with hundreds of letters from people all over Australia with missing sons or brothers asking for a description or photograph. 'Brown' became the focus of pent-up grief and loss. He was persuaded

to allow a photograph to be taken. The photograph and description were published in newspaper articles, on pamphlets distributed by the League and on League noticeboards. Two New Zealand childhood friends, now living in Australia, soon identified 'Brown' as George McQuay, who had enlisted in the New Zealand Army in 1915. When they visited Callan Park, McQuay recognised them and talked about old pals. It appears that 'Brown' had dropped hints about his New Zealand background several times to Callan Park doctors, once as early as 1917, but apparently these hints had been brushed aside and buried in the files. Brown was quickly reunited with his mother, brought from Taranaki to Sydney at New Zealand Army expense. Like many Australian mothers, Emma McQuay had searched in vain for her lost son, engaging a solicitor to make inquiries.

McQuay's New Zealand Army experiences and the details of McQuay's earlier life at Taranaki are for the first time supplied by Hastings. Together with Hastings's hypothesis about the reasons for McQuay's alleged evasiveness, these provide invaluable context and understanding for McQuay's long-term confinement in mental asylums in Australia and New Zealand. Apart from the departure of his father, an alcoholic, when McQuay was 12, it seems that he had had a happy family life, but he was a poor scholar. Hastings suggests that McQuay was already showing signs of mental disturbance before the war, such as his apparent dismissal when his employer was short of labour and indications of social isolation, a known symptom of schizophrenia. McQuay had some sort of breakdown on ship en route to the front in 1915, being disciplined several times. On landing in Egypt, the New Zealand Army ignored the shipboard medical board recommendation that he be shipped home as medically unfit. Although it is not clear from Hastings's account that McQuay was at Gallipoli, we know he was at Lemnos, where, according to his own later account, he 'disgraced himself'. He went AWOL several times on return to Egypt, but was sent on to the Western Front. At the front, McQuay may have had a traumatic experience, such as being buried by a shell, although there is no evidence other than his own account. From Hastings's account, it seems that he deserted soon afterwards and somehow made his way to London where he was picked up wandering about the city.

During the war, four New Zealand soldiers were executed for desertion—they were posthumously pardoned in 2000. Hastings conjectures that McQuay was aware that the Australian Army did not execute deserters and hence posed as an Australian, avoiding all questions about family or friends, giving a false military number and violently resisting photography until well after the conflict. Hastings also supposes that McQuay may have been additionally motivated by the white-hot 'white feather' hysteria of the war years in New Zealand and elsewhere in the British Empire, when young women were encouraged to reflect on the manhood and patriotism of 'shirkers'. He did not want to be shamed in front of family and friends. Yet it seems clear from McQuay's Callan Park case notes, his military records and his subsequent

confinement at Porirua Mental Hospital in New Zealand until 1931 that McQuay did not simulate his mental condition. It seems that the tipping point of the League's tobacco drive for McQuay was his apparent acceptance, after the flood of publicity in 1928, that the jingoistic passions of the War and the appetite for punishment had for a long time segued into grief and heartbreak. And he still missed his family.

Returning home to New Zealand in 1928 with his mother and two Callan Park attendants, McQuay was medically examined, certified and sent to Porirua in Wellington. After some remission of symptoms during his voyage home, McQuay's mental state deteriorated and his chances of recovery were stated to be 'practically nil'. Despite this assessment, McQuay was soon allowed home on leave in Stratford for a probationary period of six months. Emma McQuay had to pay for an attendant while her son was on home leave, the government would only pay his Porirua expenses. The Army hastened to sanitise McQuay's military record. While at home, he was honourably discharged as of November 1916 and was awarded the 1914–1915 Star, the British War Medal and the Victory Medal, medals awarded to most New Zealand soldiers who had served overseas. McQuay's home leave was repeatedly extended until he was formally discharged as 'unrelieved' in 1931. At home he was confined to his room and kept away from other people from fear of a return to violence. But he was not imprisoned and allowed out for excursions and family reunions with his minder. He was accepted by the local community in Stratford as a 'character'. In 1951 McQuay died from heart failure and was given a military funeral. As Hastings suggests, people like Emma McQuay and the hundreds of correspondents to the 'Unknown Anzac' are not counted among the casualties of the war. They should be.

Hastings's book is the first study that I am aware of that fills in McQuay's antecedents and his postwar life in New Zealand. Other studies have described McQuay's life at Callan Park in some detail. Hastings's suggestion that McQuay consciously hid his identity in order to avoid punishment and disgrace, while food for thought, is speculative. The latter's actions may be fully explained by his burden of mental illness. I cannot entirely agree with Hastings's metaphor that McQuay was an 'Odysseus'. McQuay was by no means 'skilled in all ways of contending', as Homer has it, but he was certainly a 'man of trouble' (the Greek meaning of 'Odysseus'). The book is a timely reminder that not all grievously wounded soldiers returned home physically disfigured or disabled. Many physically intact men bore lifetime mental scars that never healed, as did the families of the missing. It will be of interest in understanding the fate of mentally unfit men in war and its aftermath, at first despised or even executed, then stigmatised, isolated and broken.

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