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Histories from the Asylum: ‘The Unknown Patient’

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The bodies of over 25,000 of the 60,000 Australians who were killed during the First World War were either unidentified or unidentifiable. The grief of families of the ‘missing’ was intensified by the lack of certainty regarding their fate. Even into the 1920s, many families clung to the slim hope that perhaps a mistake had been made and their son, brother or husband might still be alive, yet unable to find his way home. The closed psychiatric files of Sydney’s Callan Park Mental Hospital have revealed a soldier whose family was informed in 1916 that he was missing, presumed killed, but who ‘came back from the dead’ in 1928. Unable to identify himself when found wandering and incoherent on the Western Front, he was returned to Sydney and committed to Callan Park for treatment. He was referred to as ‘The Unknown Patient’. After twelve years at the asylum, he was finally identified and reunited with his mother, who had never given up hope that her son somehow may have survived the war. Using New South Wales Department of Health archival files, this paper examines the power of grief and memory and the social impact of war through the lens of the story of this Unknown Patient and explores the realities of life within the asylum walls during the 1920s.

In March 1928, a Sydney newspaper published a photograph of a man who had been a patient at Callan Park Mental Asylum for almost twelve years, since being medically repatriated from the Western Front in 1916. He did not know his name. He did not know where he had come from. He did not know his rank, his battalion, or his prewar occupation. The medical superintendent, for want of anything better, had officially recorded him as ‘George Brown’. The staff referred to him as ‘the unknown patient’.2

The newspaper appealed to readers for help in identifying the man and gave, not without hyperbole, a brief account of his plight:

A shell whizzes through the air. It lands and bursts with a mighty roar! A stupendous crashing, shattering sensation. The world must have broken in halves.

Then comes a tumbling, some thuds, darkness … oblivion.

Twelve years ago, “George Brown” was buried alive under sandbags somewhere in France. Later, they dug him out — out of the sandbags anyway. But he has remained buried alive, lost to all the world, a man without home or friends or foes, a man who has lost his personality.

At Callan Park Asylum he broods, mentally warped, a lone lost soul, as poignantly pathetic in his splendid isolation as any figure in history.

He is Australia’s Unknown Soldier — buried, not in a Cenotaph, but alive.3

The vision of the return of the missing, or of the dead, is a recurring theme in both the actual history of war and its representation in popular culture. From the man who claims the identity of a missing veteran in The Return of Martin Guerre, the ghosts of men rising from the earth to march beneath the Menin Gate at midnight in Will Longstaff’s evocative painting to the poignant letters of mothers, fathers and wives, begging authorities for news, for confirmation, the absence of the missing and the corresponding permanence of uncertainty is central to the experience of wartime bereavement.4

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This is particularly true of the Australian bereaved during and after the First World War, where over 25,000 of the 60,000 dead have no known grave. The silence provided the opportunity for false hope to develop and conjecture to spread. Many clung to the possibility that the men could still be alive. As Jay Winter wrote: ‘What if the man was a prisoner of war? What if he were lost and wandering around the battlefield? What if he was wounded and in need of care?’ There was also denial, a refusal to accept that the missing were dead. It could last a lifetime. At the outbreak of the Second World War in 1939, a mother whose two sons had been listed as missing at Lone Pine in 1915 was reported to have said: ‘Wouldn’t it be funny if they found the boys wandering around and they got their memories back!’

Australian historians such as Joy Damousi, Bruce Scates, Pat Jalland and Tanja Luckins have explored many of the experiences of the bereaved of the war whose grief was exacerbated by ambiguity, whose lives were forever shadowed by the often unspoken pain of not knowing what had become of their son, their brother, their lover. Bart Ziino’s work particularly demonstrates how the physical distance between Australia and the theatres of war aggravated the distress of families who were unable to do anything to aid a search for their missing men. Stephen Garton’s *Medicine and Madness*, sets the standard for any research on the history of the asylum, and the manner in which the psychiatric treatment of war veterans evolved.

This paper acknowledges its debt to these scholars, and attempts to build on their work, by focussing on the experience of the unknown patient, and his family, as a representation of the anxiety and torment faced by families of the missing; a symbol of that lost band of men, many of whom existed in the eyes of their loved ones, as neither dead nor alive.

The conflict between tangible reality and emotional desperation is clearly demonstrated in many *In Memoriam* notices placed in metropolitan and regional newspapers during and after the war.

Jack Buckley’s mother wrote:

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But he is dead, the cable tells me
No more his native land he’ll see
But when the war is over
Still I dream he’ll come to me.¹⁰
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The *Adelaide Advertiser* carried an entry from the Lindsay family in 1918:

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He is wounded, he is missing
That is all the tale they tell
Of our dear young lad that loved us
Of the lad we loved so well
Alive, dead, wounded, missing
One of these must be true
Let this little token tell, dear Walter
How we long for news of you.¹¹
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Many others put pen to paper to appeal for assistance, for news. Private Victor Farr had vanished on the day of the landing at Gallipoli. His mother deluged Base Records with a torrent of increasingly desperate correspondence. She had contacted her local MP, imploring him to ‘do anything to find out where my son is, if he is living or not, if you have a son at the front you will have an idea what it is like to wait for months for news’.¹² In 1921 she wrote to the Chief of the Army: ‘I only wish you could tell me if
you knew he was buried, my sorrow would not be so great.' Likewise, one distraught Wollongong father, whose son had been missing in France for six months, reportedly wrote to several British Ambassadors, the Red Cross, and even United States President Woodrow Wilson, appealing for help. He received a courteous reply from Wilson’s secretary, but no information as to his son’s whereabouts.

Jay Winter has rightly observed that ‘the individuality of death had been buried under literally millions of corpses’. Yet this was meaningless to the thousands who sought only their soldier. One young woman, Hannah Fenwick, described her missing brother: ‘if our darling happens to be alive, he has dark brown curly hair and blue eyes … he is not very tall.’ She maintained: ‘I feel at times my darling brother is not killed but will return to us … at times I think that he is in a hospital or he might have lost his memory, we cannot tell.’ Her missing brother was never found.

Under his real name, the unknown patient was listed as missing, but he was alive. The man they had named George Brown was in a hospital. He had lost his memory. He had written from the ship after embarking, and from Gallipoli, but his family had received no word from him since he was supposed to have been in the front line in France. The family had been told informally that some information was being sent, but whatever it was, it was lost when the troopship carrying the mail went down. After so many years, it was unlikely that he had survived the war but his family could not be sure that he was alive but unable to find his way home either.

The often unspoken, but sometimes unshakable, faith in the possibility of the men returning says something very profound. There is a touching expectation that, if they were to be found, the missing soldier would be as he had been before the war; that he could come home and all would be well. That he would return whole, both in body and in mind.

The man who became known as George Brown first came to the attention of Australian authorities in France in 1916 when he was found, dishevelled and incoherent, wandering behind the lines. He possessed no identification and was only placed in the care of the Australian field hospital because he was wearing an Australian army hat. Details regarding what had happened to him before being found are necessarily vague but a persistent story in the files indicates he may have been buried alive in a trench when a mortar shell exploded, and was then frantically dug up by his comrades. The doctors in the field put his condition down to shell shock.

Captain McLeavy described Brown’s health in the first of many medical reports in September 1916: ‘Dull, depressed, has not improved … Moody and apathetic. Shows loss of memory, completely disorientated. Expression vacuous, semi-stuporous. Recommended for discharge as permanently unfit.’

A Medical Board enquiry held later that month agreed with the Captain and ordered that Brown be returned to Australia for continued treatment. As to the cause of ‘the Case’, the registrar was emphatic: ‘Stress of the Campaign.’

On arrival in Melbourne aboard the SS Karoola in December 1916, he was transferred immediately to Broughton Hall, a twenty-four acre estate next to the grounds of Callan Park in Sydney that had been donated by the prominent Langdon family as a treatment centre for soldiers afflicted with shell shock. This was a voluntary facility, where the men were able to take leave and visit family and friends. The Medical Superintendent, however, reported that ‘[Brown] was found to be unsuitable as a voluntary patient, owing to his aggressive habits’, and on 27 February 1918 Brown was sent to the Reception House, Darlinghurst, where he was committed by two doctors as certifiably insane and taken back to the secure wards at Callan Park.
The certifying doctors recorded Brown’s state: ‘He is morbidly dull and confused. Has next to no idea where he is, when or why he came here and is indifferent. He cannot care for himself.’

The second doctor made a telling observation: ‘He states that people’s voices, who are unseen, worry him by calling him a coward. His memory is so dull that he cannot answer any question except by answering “I don’t know”. “I don’t know”.’

The initial diagnosis at this time was ‘dementia praecox’, what we now know to be schizophrenia, and ‘delusional insanity’. The sporadic entries in his progress file demonstrate why any attempt to identify him, or even to encourage him to engage with his surroundings, were seemingly futile.

For example, in September 1917, the Broughton Hall doctors observed that Brown remained dull and lethargic and would repeatedly roll up his coat and nurse it as if it were a doll or a child. He was unable to explain why he did this. By 1918/19 the record reflects a propensity toward violence, particularly toward the orderlies. In 1921, he is described as ‘still the same: mischievous, idle, careless’. Hypnosis was attempted on a number of occasions, in an effort to free his memories from their prison in his mind, but with no success.

Other specific treatments are not recorded in Brown’s medical file. It is probable that at various times, he was sedated or physically restrained, as both these were relatively common practices at the time, especially for violent patients, but this cannot be verified from the information that exists in the archives. Participating in work was seen as an important component in recovery, particularly in the cases of damaged returned soldiers, whom it was thought would improve if they felt physically capable of labour. Conversely, failure to participate in work in the kitchens, woodworking or gardening was a sign that the patient was lazy, stupid, or incurable. It was recorded in Brown’s file that ‘at times he does hard work’, but this seems to have been the exception. Most medical officers commented that he was ‘irresponsible’, ‘careless’ and ‘disruptive’.

Brown’s further descent into acute psychosis is chronicled with clinical bluntness throughout the 1920s. By 1923, his behaviour had become increasingly erratic, when his annual report noted his habit of inserting matches in his ears, the following year, it recorded, “stuffs his nose with rags. Very destructive”. His condition was deteriorating rapidly, and his personal habits were now of concern to the medical staff, who noted variously that he “places foreign bodies in various orifices”, “drinks urine” and “rubs faeces all over himself at night”.

Just after this last entry, the concerted campaign to identify Brown commenced. Why now? Why after eleven years was something suddenly being done to try and find out who this poor man was? The records, of course, are not clear. It is possible that a particular nurse or doctor took pity and decided to act; perhaps a fellow patient had mentioned this wretched lone soldier to a visitor. Having been unable to establish any proof of Brown having been in the Australian Army at any time, the Repatriation Department had declared in 1926 that he was now none of their concern; perhaps the asylum was more concerned now to have someone take over the financial costs of his care, or at least provide for his comfort fund.

It is more likely however, that the deterioration in Brown’s psychological health was rapidly reaching its depths and the doctors would have feared for his life if nothing could be done to change his solitary existence. Perhaps a reunion with a family member or friend could bring him back?
Of course, the story was delicious fodder for the newspapers, particularly the more lurid tabloids of the time. The campaign also gained the immediate backing of the Returned Sailors’ and Soldiers’ Imperial League of Australia (RSSILA), who felt that, even if he had not enlisted in the First AIF, he had been in France, he had been in uniform, he was a missing soldier who must have, at one time, belonged to somebody who loved him. The hunt was on for the family of the phantom George Brown. But what, or who, would any family find behind the gates at Callan Park that resembled the man they once knew?

Newspapers throughout Australia published Brown’s photograph, many under the caption of ‘The Unknown Patient of Callan Park’. Front page headlines asked: ‘Does any Queenslander know this Face?’; ‘Do you Know Him?’; ‘Unknown Soldiers’ Living Death’, his photograph overlaid with a large question mark. A series of photographs in one newspaper was captioned:

It is under the name of “George Brown” that this worried looking Unknown Soldier spends aimless days and years at Callan Park. Back from the European War came the Unknown Warrior, mentally buried alive in far away Flanders, but physically here in Sydney. He passed through these gates to Callan Park. Will he ever come out?

The response from bereaved Australians was overwhelming. Hundreds of people from all over New South Wales and around the country appealed to the RSSILA for a description or further photograph. The Sydney Sun newspaper reported:

Most of them write in similar vein. They cannot believe, they say, that their father or husband or brother is dead — though officially reported killed or missing — because they received none of his personal belongings, not even the identification disc.

One mother from country Victoria wrote to the RSSILA asking for a photograph and description to be sent at once. She had recently dreamed that her son, reported killed during the war, had ‘come to life after ten years, but very much changed in features’. Her family wrote supporting her request, and noted: ‘although naturally, we all think he must be dead, she [the mother] has had presentiments before, so we would like a photo.’ A woman from Haberfield, in Sydney, visited Callan Park in person to meet George Brown. She insisted to the RSSILA officials that she recognised him as the soldier son of a station hand who worked at stations at Dunlop and Winbar, on the Darling River between Bourke and Wilcannia, in far north-western New South Wales. A man from Castlemaine in Victoria wrote seeking more particulars after he experienced a vivid dream in which his brother, who was reported killed at Pozieres, ‘suddenly returned from nowhere, so to speak, and could not account for his movements during the intervening years’.

One report in the press described the ‘sad procession’ of over one hundred callers to Callan Park, ‘mostly parents who had cherished through the years the fading hope that perhaps their boy might have been wrongly reported missing’. By 1928, of course, many parents of the missing would have finally given up any hope of a happy conclusion. To find that at least one unfortunate man had been left languishing in an asylum while his family thought him dead would have re-opened all the old wounds that had taken so long to heal. The initial hope, disappointment and grief would have been experienced again, just as it had been over ten years before.

A mother from Western Australia wrote to the Medical Superintendent seeking an assurance that there was no record of any other unknown soldier patient, in their or any other institution. He replied that they ‘believe Brown’s case to be unique and have never heard of one like it’. The newspaper reported that this woman’s son had been
listed as killed in France, rather than, so it is unlikely that she thought it was possible the unknown patient belonged to her. This mother is a surrogate, or a symbol, for all the other mothers who had lost their sons, searching, on their behalf, for proof that no other was lost in similar circumstances.

Many others corresponded with the hospital, wanting to know what they could do to help trace Brown’s family, or assist his comfort. An elderly lady sent in packets of cigarettes for him. She had lost three sons in the war. Here is demonstration of Jay Winter’s ‘fictive kinship’, where bonds are developed between strangers united by a common trauma.

In the end it was sheer luck that made identification possible. The physical description of Brown circulated in the press mentioned a tattoo of a small flag etched into his upper left arm. A William Porter travelled from Canberra to the asylum after the article appeared, claiming he had known a man matching the description who had such a tattoo. They had been friends as children — in New Zealand. A fellow New Zealander by the name of Rawson who was travelling through Sydney at the same time also recognised his old school friend. Rawson reported to Callan Park and produced a photograph of a much younger Brown and another boy and the Medical Superintendent, without much hope, took it to show Brown. He recorded that Brown looked at the photograph, looked away, and then said, firmly and clearly: ‘That’s me and Billy Porter eating peaches.’

Having established a name, authorities moved swiftly to confirm the identification. A telegram was sent to ‘Mrs Brown’, on the west coast of the North Island of New Zealand, suggesting that there seemed to be reason to believe that Callan Park’s unknown patient was her son. A journalist from a prominent Wellington newspaper travelled to her home on 28 March to show her the photograph of Brown, which had been sent via wire by the RSSILA. The journalist reported: ‘she clasped the photograph to her, murmuring “Yes that is my George, God bless him, God bless him!” before fainting into the arms of her daughter.’ That night, in a shaky hand, she wrote possibly the happiest letter of her life:

We have been looking for you to come home for a long time. Thank God you are found … hope to see you soon, fondest love from your loving Mother.

A seemingly definitive identification made a reunion an immediate priority, yet authorities were still cautious. With all the publicity the case had generated, now on both sides of the Tasman, it would be disastrous if, on finally meeting, a mistake became obvious. Understandably eager to put the matter to rest, Mrs Brown volunteered to send a family photograph to Sydney. She received a prompt reply: ‘Soldier identified as Private George Brown, Taranaki, New Zealand.’

The New Zealand government agreed to pay Mrs Brown’s passage to Sydney and arrangements were made for representatives of the asylum to meet her at the dock. They were joined by a phalanx of journalists and photographers, for here was the romantic figure, the soldier’s mother, come to claim her son back from the dead. Yet this was far from an enchanted conclusion to a fairytale. George Brown was suffering from a severe psychiatric condition that twelve years in hospital had failed to improve. He could be violent, abusive and ‘depraved’ in his habits.

The Medical Superintendent was at pains to explain to Mrs Brown that, while her son may well exist in body, she should not expect too much from him and to further prepare herself for the possibility that he may not ever recognise her nor recall his past. The asylum staff had asked her to wait in her hotel until they felt they had
prepared Brown enough to meet his mother. She was having none of it and arrived at the gates of Callan Park before 8 am.44

The journalist who had shown Mrs Brown the photograph at her home had travelled with her to Sydney, and accompanied her to the asylum. Perhaps it is best left to him to portray the reunion:

How can that dramatic, pathetic moment be described? A tense second of mutual bewilderment, then the mother embraced her son, calling him: “Darling! Darling!” and with tears flooding her eyes, kissed him and kissed him again … The tender demonstration puzzled him. “You have been crying Mum”, he said.45

The passage home to New Zealand had to be carefully orchestrated. Although Mrs Brown had trained as a nurse, she had no experience in dealing with psychologically disturbed patients and no-one thought it wise that she embark on the journey alone with George.

Two experienced attendants from Callan Park were selected to accompany him at all times and a letter was sent to the Captain of the troopship SS Maunganui, warning:

It is necessary that his mother should not take the patient away from the direct charge of these attendants any time while he is aboard ship.

He is an impulsive patient and might at any minute suddenly dive overboard, not with the intention of committing suicide, but from uncontrollable impulse.

The patient’s mother, when she has been visiting him at this Hospital, has been allowed to take him away, with an attendant near by, but the same arrangement could not be made on board for the reasons I have stated.46

Here we can begin to see the conflict between the domestic and the public spheres when it came to helping and treating psychologically disabled veterans. The mother, naturally, wanted to take her son home herself and look after him. The medical officers, who had known him for last twelve years and seen him at his worst, were not convinced that any meaningful recovery was likely and were sceptical that Brown’s mother could handle her son’s neuroses without assistance. They did however acknowledge that his best chance of improvement entailed him being surrounded by familiar people and places.

At the docks, Mrs Brown expressed her gratitude:

I can never thank the New Zealand Government and the Australian Government enough for having given me the opportunity of going to Australia, staying for some weeks with my son, and returning with him to New Zealand … my son shows much improvement since I landed in Sydney and … I am going back to New Zealand with a very much lighter heart than when I arrived.

I also feel that it probably only a question of time when my son will have his mind fully restored.47

Despite the reservations held by the asylum staff, the voyage was uneventful and Brown was greeted at the docks in Wellington by his sister, brother and brother-in-law. The Dominion reported: ‘Although he was on the top deck of the steamer when it drew in to the wharf, he recognised his brother and sister at once and called out greetings to them’.48

While the long awaited reunion with his family seemed to have precipitated some improvement in his condition, even his mother admitted to reporters in Wellington that ‘at times [he] appeared quite normal, but would relapse into periods such as had been his condition through the years he had been in the Sydney hospital’.49 Brown was admitted to a specialist psychiatric facility at Porirua, near Wellington, to continue treatment.
The care and attention lavished upon him by his mother and sister, in particular, appeared to have brought about significant improvement in his condition and he was permitted to return to the family home for periods of leave. This improvement, however, was not recovery. He was never able to detail the events that had led to him being found on the Western Front, nor any of the experiences in the twelve years he spent in Callan Park. He never married, nor fathered any children. In 1950, Brown’s heart was beginning to show signs of failure and he was released from the hospital into the care of his younger sister, in whose home he passed away on 28 December 1951, aged sixty-four. The death certificate listed myocardial degeneration and schizophrenia as the cause of death.

George Brown was given a full military funeral attended, according to the local paper, by many returned servicemen of both the 1914-1918 and 1939-45 wars. As the Last Post was played, Brown’s body was interred in the Kopuataa Soldiers’ Cemetery. The unknown patient was home, with his name, with his family, and with his record as a serving soldier finally recognised.

While the story of the Unknown Patient is extraordinary in its own right, its significance is far broader. The case of George Brown becomes a representation of the permanence of uncertainty for families regarding the fate of the missing from the First World War. The long awaited return of just one of their number saw the re-galvanisation of hope among hundreds of bereaved parents who looked to Callan Park and others like it for the resolution of their loss. It also emphasises the surrogacy of ‘fictive kinship’ in which strangers could not bear to hear of a veteran, damaged and alone, such that nobody even knew his name. They sent cigarettes, they wrote letters. They demanded to know on behalf of all the bereaved that there were no other George Browns lost to their families. Perhaps for some, the solving of Brown’s case may have brought some form of acceptance of their own grief.

1 This paper is based on a plenary presentation given at the ‘When the Soldiers Return’ Conference at the University of Queensland on 30 November 2007. The author gratefully acknowledges the helpful and constructive comments made by those in attendance, and particularly the advice of Associate Professor John McQuilton.

2 His real name, of course, was not George Brown, however the author is not permitted to identify him or his family in the public domain under conditions of access to New South Wales psychiatric patient histories as determined by New South Wales Health. As he was known as George Brown throughout much of his medical history, this paper will only refer to him by that pseudonym.

3 Truth, Sydney, 25 March 1928.


12 Letter from Mrs M. Drummond to The Hon. M Charlton, Member for North Lambton, 6 October 1915, in NAA Personnel Files, B2455, Farr, VE 828.
13 Letter from Mrs M. Drummond to Base Records, 14 May 1921, in NAA Personnel Files, B2455, Farr, VE 828.
14 *South Coast Times*, 26 January 1917.
16 Letter dated 19 June 1919 from Miss Hannah Fenwick to Mrs Venn-Brown, AWM file 2DRL/0598, Venn Brown.
17 New South Wales State Records, Series Number 4984: Admission files – Callan Park Mental Hospital, File14/9395: Case Papers March 1918, Case No 1918-81.12449 – George Brown (hereafter ‘NSW State Records – Brown’).
18 New Zealand Expeditionary Force Personnel Record, 12/2582, Archives New Zealand.
20 Letter from Medical Superintendent to Deputy Commissioner, Repatriation Commission, 29 May 1928, in NSW State Records — Brown.
21 Dr Chisholm Ross, Reception House, Darlinghurst, NSW State Records – Brown.
22 Dr A Chapple, Reception House Darlinghurst, NSW State Records – Brown.
23 NSW State Records, 14/10082: Callan Park medical files – discharged male patients (hereafter ‘NSW State Records – Brown (medical)’).
24 Record of Progress, 30 September 1917, NSW State Records – Brown (medical).
25 Record of Progress, 30 March 1918 and 30 March 1919, NSW State Records – Brown (medical).
26 Record of Progress, 5 April, 1921, NSW State Records – Brown (medical).
27 Record of Progress, 16 December 1924 and 31 August 1925, NSW State Records – Brown (medical).
28 Record of Progress, NSW State Records – Brown (medical) for 16 October 1923, 26 August 1924, 15 September 1926, 6 May 1927, 23 November 1927.
29 *Sun*, 15 March 1928. Each patient had a small account with which to purchase goods such as tobacco, razors and clothing etc. Usually, the patient’s next of kin would be responsible for this, however in Brown’s case, the State assumed the burden until donations arrived just prior to his release.
30 Newspaper clipping, name and date unknown, contained in NSW State Records – Brown; *Truth*, 25 March 1928.
31 *Truth*, 25 March 1928.
32 *Sun*, 15 March 1928.
33 Newspaper clipping, name and date unknown, contained in NSW State Records – Brown.
36 *Truth* (New Zealand), Wellington, 5 April 1928.
37 Newspaper clipping, name and date unknown, contained in NSW State Records – Brown.
39 NSW State Records – Brown (medical).
40 *Truth* (New Zealand), Wellington, 5 April 1928.
41 Letter from mother to G Brown, 28 March 1928, contained in NSW State Records – Brown.
42 Newspaper clipping, name and date unknown, contained in NSW State Records – Brown.
43 *Truth* (New Zealand), Wellington, 10 May 1928.
44 Ibid.
45 Ibid.
46 Letter from Medical Superintendent to Captain, *SS Maunganui*, 17 May 1928, in NSW State Records – Brown.
47 Newspaper clipping, name and date unknown, contained in NSW State Records – Brown.
48 *Dominion*, 23 May 1928.
49 Ibid.
50 New Zealand Department of Births, Deaths and Marriages, Death Certificate, Folio Number 1951/45404, reference 70187721.
51 Ibid.