The Dark Island: Leprosy in New Zealand and the Quail Island Colony

Benjamin Kingsbury
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After listening to Benjamin Kingsbury discuss his book *The Dark Island* at its launch, I was intrigued by this forgotten slice of history; of leprosy and the stories of New Zealanders whose lives were affected by it. A diagnosis of leprosy was often a death sentence, in more ways than one, and unlike imprisonment there was little hope of reprieve. Not only did sufferers have the social stigma to contend with, but there was also the horror of the disease itself, graphically illustrated in Kingsbury's carefully selected images. So grim was the outlook that several leprosy colonies had sufferers declared legally dead prior to arrival.[1] It is fitting, therefore, that Kingsbury has written his book to appeal to a wide audience, from its length at 141 pages, to its articulate and accessible prose. For those more academically inclined, Kingsbury has included several pages of detailed notes at the back of the book to accompany each chapter as well as a comprehensive bibliography, rather than the use of more formal endnotes.

Kingsbury narrates New Zealand's leprosy story chronologically, employing a thematic approach within this framework. Becoming "the site of New Zealand's leprosy colony almost by accident" in 1906, at its height Quail Island had nine resident patients, with only 14 in total during the 19 years of operation (p.44). Quail Island was a small colony by any standard. The primary strategy employed by the Health Department at the beginning of the twentieth century was isolation. Kingsbury (p.21) points out this was more to appease the New Zealand public than to prevent disease transmission, as health officials recognised leprosy was only mildly contagious despite being gazetted as a "dangerous infectious disease" in 1902. As Kingsbury makes eloquently clear, there was a significant difference between the treatment of leprosy sufferers and other infectious disease patients, where isolation took place in a hospital rather than on an island. However, the narrative would have benefitted from being situated in a wider international context. Kingsbury briefly mentions that the Metropolitan Asylums Board in Britain advised in 1913 that leprosy sufferers could be safely left in their homes because of the low transmission risk. This left me eager to know whether this was becoming a more prevalent view, not only in Britain but elsewhere, as strategies used in the Pacific leprosy colonies of Makogai in Fiji and Moloka'i in Hawai'i were, like New Zealand, still wholly isolationist.

Even the chaulmoogra oil treatment given to patients was unpleasant, as it induced vomiting when taken orally even after eating the large amounts of bread advised by doctors. However, contemporary medical literature indicated injections were more effective than oral administration and I would have welcomed further discussion on treatment, particularly following the appointment of onsite nursing staff in 1920.[2]

Hostile public attitudes towards leprosy meant fear, ostracism and racism were ever-present themes, especially towards Chinese and Māori. The "life-altering consequences" for leprosy patients, including loss of freedom, were seen to be worth the price for the preservation of public health and to appease public opinion. Even on the island there was no escape from these attitudes; for instance a small shelter had to be constructed to facilitate contactless milk delivery to alleviate the contagion fears of the Agriculture Department's caretaker who shared the island with the colony.

In the current climate of the COVID-19 pandemic it is easy to draw parallels with these historical attitudes and responses. Quarantine and isolation are still key preventative strategies—although islands have been replaced by hotels—while stigma and racism towards COVID sufferers have been some of the observable public responses. Kingsbury's work is, therefore, a timely reminder that for those affected by infectious disease there are often serious outcomes. As this book skillfully shows, how we respond towards people who are suffering can have a significant impact. 'Be kind' has never seemed more apt.

Much of the book is devoted to exploring the human face of leprosy, chronicling the lives and experiences of those affected, patients and staff. Kingsbury does this well. Will Valance was Quail Island's first and the longest serving patient, arriving in 1906 before being finally sent to Makogai in Fiji, along with the other patients, in 1925. Kingsbury's portrayal of Valance's stoic and cheerful countenance throughout his years of isolation, and his suffering with leprosy, makes it impossible not to feel sympathy for him and the rest of the patients after reading their stories.

Boredom and loneliness were the constant companions of the colony's residents who were not prescribed any gainful occupations and had to fill their days themselves. This was in contrast to other leprosy colonies' strategies—such as

Makogai in Fiji and, when I investigated further, at Moloka'i in Hawai'i—where patients grew their own food and participated in crafts as part of their therapy.[3] Moreover, in New Zealand patients in tuberculosis sanatoria were expected to work and exercise as part of their treatment. Kingsbury does not delve into the reasons behind this disparity, and further insights as to why the Health Department approach to leprosy differed so much from accepted contemporary practice would have been enlightening.

It is important to recognise that patients were not passive and unresisting to the regime; indeed Kingsbury discusses several incidents of patient agency. Described as "the only permanent pleasure in an almost hopeless existence" food was a primary area of conflict, particularly if it became monotonous and unappetising, which seemed to occur quite frequently (p. 56). Nonetheless, given the wretched conditions, it was surprising that resident compliance seemed quite high. Only one patient, George Phillips, succeeded in escaping during the colony's existence, to avoid transportation to Fiji. As there was no hope of ever returning to New Zealand, that certainly seemed like incentive enough.

Kingsbury has made an important contribution to New Zealand public health history by investigating a hitherto neglected disease, leprosy. Careful and in-depth research has revealed the story of a marginalised and vulnerable group of people who, through no fault of their own, contracted a horrifying disease and endured enforced isolation, often for the rest of their lives. By focusing on the human aspect of leprosy, the suffering of those afflicted, and their harsh treatment by the authorities, Kingsbury offers the reader a heartfelt sense of reality. A book well worth reading.

Reviewed by Alison Day

Endnotes

1. J. R. Trautman. "A brief history of Hansen's disease," The Star 50 (1990): 3–16.National Library of Medicine, "Chaulmoogra Oil therapy in leprosy," California State Journal of Medicine 20, no. 2 (February 1, 1922): 64–65, http://search.proquest.com/docview/84826069/
2. J. T. McDonald and A. L. Dean, "The treatment of leprosy: With especial reference to some new Chaulmoogra Oil derivatives," Public Health Reports (1896-1970) 35, no. 34 (August 20, 1920): 1959–1974.
3. 3 McDonald and Dean.