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Flu, Society and the State:

The Political, Social and Economic Implications
of the 1918-1920 Influenza Pandemic in Queensland



Submitted in fulfilment of the degree of Doctor of Philosophy (History)

College of Arts, Society and Education

James Cook University

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Figure 1 Frontispiece. Grave of influenza epidemic victim Margaret Shea
Glen Innes Cemetery, Glen Innes, New South Wales.

The inscription reads:

In loving Memory Of
Margaret Ellen
Beloved Wife of
Dallan Shea
Died at Wallangarra 24th June 1919
Aged 27 Years
“Oh Sacred Heart of Jesus
Have Mercy on Her Soul”

Margaret died of influenza on 24 June 1919 at Wallangarra, Queensland. Her body was taken by train to Glen Innes, New South Wales and interred at that town's cemetery. Margaret was only 27 years of age and had been married less than 12 months. Image: 2016, Private collection.

The shattered headstone and the unkempt grave are evocative of the shattered lives wrought by the 1918-1920 Influenza Pandemic and the cultural amnesia surrounding the catastrophe, which was at once so sudden, so devastating and so universal.

Statement on the Contributions of Others

Nature of Contribution	Contribution	Contributor
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Abstract

The influenza pandemic of 1918-1920 was the most serious pandemic in modern world history. Around the globe, tens of millions of people died and hundreds of millions more were infected with a highly virulent virus. Despite the human suffering, the social and economic costs to countries have yet to be fully assessed. Not only did the pandemic impose huge demands on public health systems, it also exacted substantial economic and emotional costs on families, communities and governments which struggled to contain “the scourge”. The possibility of a similar infectious disease outbreak in the future has focused research back to this quintessential pandemic as a foundational model for the likely impacts of a modern-day recurrence. However, much of the research has focused on the United States of America, neglecting the experience of many other regions throughout the world. This thesis aims to address this oversight in relation to Queensland’s experience of the 1918-1920 influenza pandemic. Whilst not discounting the numerous histories on the pandemic’s devastating morbidity and mortality, if one of the most significant disease events in world history is to be fully comprehended then, of necessity, the lived experience of the ordinary person must be appreciated.

Officially, nearly one thousand persons are recognised as having died of influenza in Queensland and 13,000 in Australia overall, during the pandemic. Whilst this number pales in significance compared to New Zealand, South Africa and many countries in the northern hemisphere, each death or case of illness was borne by family and friends as well as within the wider community in which the person lived and worked. Based on a critical examination of primary and secondary sources, this thesis provides a nuanced and multi-dimensional analysis of the full gamut of impacts the pandemic had on the state of Queensland and the lived experiences of its people.

The thesis begins with an outline of the pandemic as it spread around the world, before moving on to examine the powers of the state in matters of public health and the machinery at its disposal to respond to the crisis. The pandemic placed the fledgling federation of Australia in a quandary. The Queensland government felt impeded in its ability to combat the pandemic through the unwelcome interference and centralist attitude of the Commonwealth. Even so, the state government was not in a position to undertake the necessary work on the ground. The government viewed the town and shire councils as ideal vehicles to combat the epidemic that had broken out virtually simultaneously throughout the state, as well as to mobilise the thousands of volunteers, upon whom much of the day to day work in contending with the effects of the disease fell as the epidemic rolled through communities across the state.

While the impact on the public health system cannot be overstated, the pandemic period in Queensland coincided with the return of troops from the battlefields of World War One, a state-wide drought and consequent food shortage, labour struggles and maritime strikes, as well as the political tensions and intrigues of a floundering federalism. This thesis elucidates how the pandemic disrupted work and recreation schedules, caused state-wide absenteeism and lost productivity in the workplace, as well as creating an overall environment of confusion, panic and resentment. Coming full circle, the thesis ends its examination of lived experiences of the pandemic by looking at the remembrance of its victims. The conclusion reached is that, despite the Australian authorities' penchant for military sacrifice as the defining symbol of nationhood, public memorialisation of civilians – even those who sacrificed their lives in helping others during the pandemic – has long been regarded as lacking sufficient worthiness.

This thesis is not a history of the epidemiology of influenza; rather it is a historical examination of the lived experience of ordinary Queenslanders during the 1918-1920 influenza pandemic. It provides a compelling snapshot of Queensland society trying to grapple with an unparalleled civil crisis at the close of an unprecedented war. Perhaps the strongest message coming through this history is that whilst actions in a time of crisis may not always define the general tenor of societies, knowledge of a community and its people is just as important as having knowledge of epidemiology or medicine in combating infectious disease epidemics.

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Table of Historical Weight, Measurement and Currency

Imperial Weights, Measurements and £sd Currency

Length and Area

12 inches	= 1 foot
3 feet	= 1 yard
5280 feet	= 1 mile
66 feet	= 1 chain
640 acres	= 1 square mile

Weight

Bushel	= amount (usually grain) that fits into an 8- gallon container
--------	---

Liquid

8 pints	= 1 gallon
4 quarts	= 1 gallon

Currency

12 pence (12d)	= 1 shilling (1/-)
20 shillings	= 1 pound (£1)
£1/1	= 1 guinea.

2 pounds 10 shillings and sixpence = £2/10/6.

2 shillings and nine pence = 2/9

Conversion Table - Imperial to Metric

Length

1 inch (in)	= 2.5 centimetres (cm)
1 foot (ft)	= 30.5 cm
1 mile	= 1.6 kilometres (km)

Area

1 acre	= 4046.9 sq m = .4046 hectare (ha)
--------	------------------------------------

Liquid

1 gallon	= 4.6 litres (l)
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Rainfall

1 inch	= 25.4 millimetres (mm)
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Temperature

33.8 degrees Fahrenheit is 1 degree Celsius. Each 1.8 degree increase in Fahrenheit equals an increase of 1 degree Celsius.

List of Acronyms

BMA	British Medical Association (Queensland Branch)
CoPH	Commissioner of Public Health
CPoA	Chief Protector of Aborigines
CSO	Chief Secretary's Office
DoPI	Department of Public Instruction
HSO	Home Secretary's Office
MJBH	Metropolitan Joint Board of Health
MLA	Member of the Legislative Assembly (Queensland)
NAA	National Archives of Australia
QGG	Queensland Government Gazette
QGI&TB	Queensland Government Intelligence and Tourist Bureau
QPD	Queensland Parliamentary Debates
QSA	Queensland State Archives
VAD	Voluntary Aid Detachments

Introduction

“A Story That Must Be Told.”¹

I presume not here to deliver anything perfect. The thing I endeavour to show, by the assistance of a few years' observation, is how this matter stood lately with respect to my own country and the city wherein I live; in order to assist in beginning a work that, in my judgment, will greatly tend to the advantage of mankind when at length it shall be finished by posterity, and the whole series of epidemics be exhibited to view, as they shall succeed each other for the future.²

The influenza pandemic of 1918-1920 was the most serious infectious disease event in modern world history, encompassing continents and nations far removed from the battlefields of World War One. Despite the reforms in health care of the late eighteenth century that placed medicine on a firm scientific basis and improved the training of doctors and nurses, the pandemic overwhelmed public health systems.³ According to recent analysis, this exceptionally virulent strain of influenza killed more people in thirty weeks than have succumbed to the AIDS virus in thirty years, more people in a year than the plagues of the Middle Ages killed in a century and more people than both World Wars combined.⁴ The pandemic influenza moved between continents and through countries via ships and railways. For a highly infectious virus, soldiers filling liners and cargo ships to overflowing as they returned home to Australia, South Africa, New Zealand and elsewhere from World War One, it was an “unprecedented and gloriously unique

¹ *Worker*, 9 January 1919, p. 14.

² Thomas Sydenham (1682), “Of epidemic Diseases”, John Swan, ed., *The Entire Works of Dr Thomas Sydenham* (London: E. Cave, 1753), p. 12.

³ This is perhaps best illustrated in the discovery, then acceptance, of germs as the primary cause of disease and surgical infection, which changed the whole face of pathology and revolutionised surgical practice. In addition, public and professional organisations were established to oversee the standards for medical training and practice. See Humphrey Rolleston, “The Changes in the Medical Profession and Advances in Medicine during the last fifty years”, *The British Medical Journal*, Vol. 2, No. 3733 (1932): pp. 129-34. The Nightingale School of Nursing opened in London, improving the training, efficiency and status of nursing. See G. C. Cook and A. J. Webb, “Reactions from the medical and nursing professions to Nightingale’s ‘reform(s)’ of nurse training in the late 19th century”, *Postgraduate Medical Journal*, Vol. 78 (2002): pp. 18-123.

⁴ Howard Phillips and David Killingray, eds., *The Spanish Influenza Pandemic of 1918-1919: New perspectives* (London: Routledge, 2003).

opportunity” and influenza took full advantage.⁵ Authorities applied public health measures and precautions to isolate people diagnosed with the virus, but numerous cases remained undiagnosed. In Queensland, coastal towns were infected and the railway system, built mainly to export primary products, transported infected people into the interior where they spread the disease to even more remote communities by car, bicycle, horse and cart and on foot. The pandemic was not merely a medical occurrence, nor did its effects begin and end with the illness episode alone. Writing in 1974, physician Robert Katz contended that this disease event was “just as subject to sociological, political and geographical considerations as was any other event of its era”.⁶ As well as imposing huge demands on the public health system, it exacted substantial costs on families, communities and governing systems which struggled to contain it.

Up to the mid-twentieth century, historians were hesitant to attribute much meaning to the full gamut of effects of epidemics on human history, however large they may have loomed to the people who lived through them. Instead, much of the focus has been on finding political, economic and intellectual processes to explain changes in society over time.⁷ Writing in 1936, historian Edward Cheyney concluded that the effects of the Black Death, “like other catastrophic occurrences in history ... were less important than the workings of some silent and persistent forces.”⁸ Historian William McNeill argues that such hesitancy stemmed from the tenets of positivist, scientific historiography:

⁵ John Oxford, “A virologist’s foreword” in Phillips and Killingray, *New perspectives*.

⁶ Robert S. Katz, “Influenza 1918-1919: A Study in Mortality”, *Bulletin of the History of Medicine*, Vol. 48, No. 3 (1974): p. 416.

⁷ Howard Phillips and David Killingray, “Introduction”, in Phillips and Killingray, *New perspectives*, p. 1.

⁸ Edward Cheyney, *Dawn of a New Era 1250-1453* (New York and London: Harper, 1936), p. 35.

We all want human experience to make sense and historians defer to this universal demand by emphasizing elements in the past that are calculable, definable, and often controllable as well. Epidemic disease, when it did become decisive in matters of war and peace ran counter to the effort to make the past intelligible. Historians consequently played such episodes down.⁹

With the greater emphasis on social, cultural and environmental historical writing over the last forty years, historians have taken up the influenza pandemic as an epidemic worthy of study. Whilst the understanding of pandemics and epidemics has increased as a result, if the greatest disease event in world history is to be fully understood then, by necessity, the lived experience of the ordinary person and, more broadly, the social history of a pandemic must be examined.

My home town of Wallangarra played its own part in the lived experiences of the pandemic not just of its own citizens, but also those of the state, the country and even internationally. The experience was so broad that the whole of my thesis could have been focussed on the town and it would have been none the poorer for it. Yet even in the town, the significance has been lost. Growing up, the fact that a quarantine camp was established during the influenza epidemic was only ever mentioned in passing. Even more significant to me now is that it was my mother, born and raised in Gladstone, not my father, of local pioneer stock and a local Queensland Railways' employee, who spoke of the event. Whilst Dad did not live through the events of 1918-1920, his parents had, though I never heard them speak of it. I again asked Dad, just before his death in 2011, whether he knew where the camp had been. On this occasion, he again replied that he did not know, but as an afterthought, suggested that it had probably been on the New South Wales side of the state border, on the western side of the railway yards, in the sloping ground leading up from the railway siding, known by all knowledgeable railway

⁹ William McNeill, *Plagues and Peoples* (New York: Doubleday, 1976), p. 2.

shunters as “the straight”. I had often ventured there as a child. Twelve months later, to the day, I came across the site map of the camp in the Queensland State Archives; sure enough, it was exactly where Dad had suggested.

This thesis then is not a study of the epidemiology of influenza; rather it is a historical examination of the people of Queensland’s experience. The two are quite distinct. In retrospect, many decisions taken by the authorities during the pandemic appear wrong. In arguing that the implementation of public health measures was often too little too late, it is recognised that decision makers who helped make those decisions worked forward in a fog of highly imperfect understanding, burdened with misconceptions, hoping for the best while bracing themselves for the worst. This thesis highlights the weaknesses in historian Ian Turner’s and more recently physician Gerald Rée’s dismissiveness of the economic and social impact of the pandemic.¹⁰ It killed, it incapacitated, it disrupted work and recreation schedules, it caused statewide absences from work and lost productivity and it created a lived experience of confusion, panic and resentment. Yet, few histories of Queensland (including the most recent, Ross Fitzgerald, Lyndon Megarrity and David Symons’ *Made in Queensland*) mention the pandemic.¹¹ The shortcomings in the coverage of Queensland’s experience of the pandemic cannot be attributed to any lack of interesting features. On the contrary, no state was more dynamic!

¹⁰ Ian Turner, “1914-1919” in F. K. Crowley, ed., *A New History of Australia* (Melbourne: William Heinemann, 1974), Chp 8, p. 355. Turner’s only comment on the influenza pandemic was “The epidemic of pneumonic influenza which swept the country in the first half of 1919 ... was a brief interruption to the search for pleasure.” Gerald Rée, “Policing Quarantine”, in “Policing Public Health in Queensland, 1859-1919” (PhD Thesis, Griffith University, 2010), p. 351.

¹¹ Ross Fitzgerald, Lyndon Megarrity and David Symons, *Made In Queensland, A New History: Our People, Our Places, Our Stories* (St Lucia: University of Queensland Press, 2009). Ralph Cilento and Clem Lack, eds. *Triumph in the Tropics: An Historical Sketch of Queensland* (Brisbane: Smith & Paterson Pty Ltd., 1959) includes a single passing mention of the epidemic in the main text and two entries in the book’s accompanying timeline in fine print. Even so, the pandemic is not indexed in the book.

With some necessary exceptions, this thesis focuses on the year 1919, the period in which the most significant events relating to Queensland's experience occurred. Reference is made to the experience of the other Australian states and the involvement of the Australian federal government, as they were intimately concerned with Queensland's attempt to combat the pandemic. On this point, the thesis argues that the lack of co-operation between the states and the Commonwealth led to the diversion of time and resources away from combating the disease to the unnecessary and, at times, spiteful attacks by the Commonwealth on the states; which the Queensland government was only too happy to reciprocate.

The terms pandemic and epidemic appear frequently in this thesis. The word epidemic (meaning "on the people") is a term used to describe disease outbreaks that cause more cases of a given disease than normal. The *Penguin English Dictionary* defines the term as meaning "an outbreak of a disease affecting many individuals within a population, community or region at the same time". The *Oxford Dictionaries Online* explains an epidemic as "a widespread occurrence of an infectious disease in a community at a particular time." The World Health Organization (WHO) defines a pandemic as "a worldwide epidemic of a disease". According to the *Penguin English Dictionary* a pandemic is disease event occurring "over a wide area and affecting an exceptionally high proportion of the population" whilst in *Oxford Dictionaries Online* it is explained as a disease that is "prevalent over a whole country or the world".¹² In the case of influenza, WHO has stated "[a]n influenza pandemic may occur when a new influenza virus appears

¹² Robert Allen, ed., *The Penguin English Dictionary*, Third Edition (London: Penguin Books Ltd., 2007), ps. 922, 427. *Oxford Dictionaries*, April 2010, Oxford University Press. http://www.oxforddictionaries.com/view/entry/m_en_gb0601440_and_gb0269760 (accessed 13 September 2010). Peter Doshi, "The elusive definition of pandemic influenza", *Bulletin of the World health Organisation*, Vol. 89, No. 7 (2011): 532-38, 533. Doi; 10.2471/BLT.11.087173.

against which the human population has no immunity.” Although both terms were used interchangeably in the everyday lexicon of 1918-1920 to describe the situation in Australia, “epidemic” was the most prevalent by far, commonly attached to the word “influenza” (as in “influenza epidemic”). The use of the more symptomatic descriptor “catarrh” was uncommon. For the purposes of this thesis, the terms epidemic and pandemic are interchangeable. Also 1918-1920, the Imperial system of weights and measures and the £sd currency system was in use throughout Australia. Accordingly, with just one exception (p. 28) this thesis has adopted both systems respectively when weight, measurement, or monetary value is given.

Review of Literature

Historians Peter Curson and Milton Lewis both contend that infectious disease in Australia after European settlement rose and fell with the ebb and flow of immigration and economic fortune. Curson identified recurring themes commencing from the 1830s: a cyclical pattern of occurrence, importation by ship from the Old World, dissemination throughout the community by personal contact, lack of effective means of control or treatment and the high incidence of disease amongst the poorer classes.¹³ Between 1835 and 1880, the main scourges of the Australian population were the childhood infections of scarlet fever, measles, whooping cough, chickenpox and diphtheria as well as a number of enteric diseases, all of which adopted a regular cycle of occurrence and recurrence. From 1870, such diseases were joined by smallpox, typhoid and bubonic plague.¹⁴ Yet, whilst these diseases were held in great fear, those that caused the highest morbidity and mortality throughout the nineteenth century were more insidious: gastroenteritis,

¹³ Peter Curson, *Times of Crisis: Epidemics in Sydney, 1788-1900* (Sydney: Sydney University Press, 1985). Milton Lewis, *The People's Health: Public Health in Australia, 1788 -1950* (Westport, USA: Praeger Publishers, 2003).

¹⁴ Curson, *Times of Crisis*, pp. 13-15.

dysentery, diarrhoea, bronchitis, tuberculosis, venereal disease and a variety of eye and skin infections.¹⁵

Infectious disease often invokes images of poverty, poor sanitation and local council by-laws. These images were fostered in part by the histories written in the 1950s and 1960s, which documented the regulatory reforms and technical developments that created healthier environments and reduced the spread of disease. The histories of Samuel Finer, R. A. Lewis, Royston Lambert, William Frazer and Colin Fraser-Brockington reflect the ideals of nineteenth-century public health reform.¹⁶ These historians and earlier practitioners such as George Newman and Arthur Newsholme equated public health with the idea of sanitation and preventative medicine.¹⁷ This historiography represents the confining of infectious disease through environmental and preventative measures as being the triumphant culmination of a long tradition of medicine. Rene Sand and George Rosen, whose works are given over to condensed histories of the medical profession, hospitals, personal and social hygiene, public health, and industrial medicine from Socrates to the years immediately after World War Two, explored similar themes.¹⁸ Both deal with medicine as an instrument of disease prevention and health promotion and both wrote at a time when the strategies of illness prevention and public health reform were credited

¹⁵ C. M. Young, "Epidemics of infectious diseases in Australia prior to 1914", in H. Charbonneau and A. Larose, eds., *The great mortalities: Methodological studies of demographic crises in the past* (Ordina: Leige, 1979), pp. 207-27.

¹⁶ Samuel Finer, *The Life and Times of Edwin Chadwick* (London: Methuen, 1951). R. A. Lewis, *Edwin Chadwick and the Public Health Movement* (London: Longmans and Green, 1952). R. Lambert, *John Simon and British Sanitary Administration* (London: MacGibbon and Key, 1963). William Frazer, *History of English Public Health 1834-1939* (London: Balliere, Tindall and Cox, 1950). Colin Fraser-Brockington, *A Short History of Public Health* (London: Churchill, 1956).

¹⁷ Sir George Newman, *The Rise of Preventive Medicine* (London: Oxford University Press, 1932). Sir Arthur Newsholme, *The Evolution of Preventive Medicine* (London: Balliere, Tindall and Cox, 1927).

¹⁸ Rene Sand, *The Advance to Social Medicine* (London: Staples Press, 1952). George Rosen, *A History of Public Health* (New York: MD Publications, 1958).

with major reductions in mortality rates in the Western world. In the decades following, historians of health and disease challenged such assumptions.

Political scientist Nancy Gallagher described three main historical approaches to the analysis of past epidemics: epidemics as causative agents of change, epidemics as mirrors reflecting social processes, and epidemics as ways of illustrating changing medical theories and practices.¹⁹ In *Epidemics and History*, cultural historian Sheldon Watts uses all three of Gallagher's approaches in his work on the history of disease and its social, political, economic, and cultural consequences.²⁰ Later historians such as Margaret Pelling, William Coleman and Richard Evans all used economic, social, political and ideological responses to disease to explore the complex ways changes in society cause epidemics and conversely how epidemics cause changes in society.²¹ Watts, however, was not the first to tackle the subject of disease and the public health response to it as a tool of empire building.

Historian Alfred Crosby "fled from ideological interpretations of history and went in search of the basics, life and death....What kept people alive long enough to reproduce, and what killed them?"²² The result was his 1972 book on the biological and social consequences of the 1492 voyage of Columbus, which Crosby dubbed *The Columbian Exchange* in reference to the impact of living organisms that hitched a ride with Columbus

¹⁹ Nancy Gallagher, *Medicine and Power in Tunisia, 1780-1900* (New York: Cambridge University Press, 1983).

²⁰ Sheldon Watts, *Epidemics and History: disease, power, and imperialism* (New Haven and London: Yale University Press, 1997).

²¹ Margaret Pelling, *Cholera Fever and English Medicine 1825-1865* (Oxford: Oxford University Press, 1978). William Coleman, *Death is a Social Disease* (Madison, Wisconsin: University of Wisconsin Press, 1982). Richard Evans, *Death in Hamburg. Society and Politics in the Cholera years 1830-1910* (Oxford: Clarendon Press, 1987).

²² Alfred Crosby, *The Columbian Exchange, Biological and Cultural Consequence of 1492, 30th Anniversary Edition* (Westport CT: Praeger Publishers, 2003), xxi.

between the Old World and the New World. In time, *The Columbian Exchange* was to be considered a foundational work in the new field of environmental history. The works of Andrew Nikiforuk and William McNeill echo Crosby's idea that disease influenced not only relations between classes, ruling orders and political states but also the processes of imperialism and colonisation. Nikiforuk's *The Fourth Horseman: A Short History of Epidemics, Plagues and Other Scourges* (1992), argues that whilst germs cause disease, disease epidemics arise from environmental changes created by humans.²³ In *Plagues and Peoples* (1976), William McNeill considered the influence of infectious diseases on the course of history and asserted that "in any effort to understand what lies ahead, as much as what lies behind, the role of infectious disease cannot properly be left out of consideration."²⁴

Over the course of human history influenza epidemics have swept across large areas of the world, often leaving populations markedly depleted. More than 400 years before the birth of Christ, Hippocrates (Book IV, *Of the Epidemics*) described a disease strikingly similar in its symptoms to epidemic influenza. Coined "the Cough of Perinthus" and attributed to the seasonal change of winds, this disease led to frequent relapses and deaths from pneumonia.²⁵ Roman historian Titus Livius (58 BC – 17 AD) mentions another possible influenza outbreak. In August of 212 BC, during the siege of Syracuse, a respiratory illness broke out in the Roman army and among the Syracusians, which for a

²³ Andrew Nikiforuk, *The Fourth Horseman: A Short History of Epidemics, Plagues and Other Scourges* (London: Fourth Estate Limited, 1992).

²⁴ McNeill, *Plagues and Peoples*, p. 291.

²⁵ Richard Collier, *The Plague of the Spanish Lady: The Influenza Pandemic of 1918-1919* (London: Allison & Busby, 1974), p. 11.

time brought hostilities to a halt. So many were stricken that the dead were left where they fell.²⁶

In 1800, Noah Webster identified 44 influenza epidemics in Europe during the previous 500 years.²⁷ Outbreaks of an epidemic disease in Europe in 1510 and 1562 match the rate of diffusion and general symptoms now identified with influenza. In 1580, a pandemic started in Asia before spreading to Africa, Europe and America. It was so virulent “that in the space of six weeks it had afflicted almost all the nations of Europe.”²⁸ Experienced in two distinct waves, this pandemic had a higher rate of mortality in cities than in the country.

At least three pandemics occurred in Europe during the eighteenth century and at least four in the nineteenth. In London in 1847 and 1848, more people died from influenza than died of cholera during the great cholera epidemic of 1832.²⁹ Considered the “first pandemic to occur in a highly connected world” by biostatistician Alain-Jacques Vallerona, the “Russian Flu” of 1889-1890 was the largest nineteenth-century epidemic of influenza in Europe.³⁰ The transportation systems of railways and steamships greatly facilitated its rapid diffusion. Thirty years later these modes of transport were even more

²⁶ Francis Crookshank, ed., *Influenza: Essays by Several Authors* (London: William Heinemann Ltd., 1922), p. 55.

²⁷ Noah Webster, *Brief History of Epidemic and Pestilential Diseases, with the Principal Phenomena of the Physical World, which Precede and Accompany Them and Observations Deduced from the Facts Stated*, Two Volumes (London: G. G. and J. Robinson, Paternoster-Row, 1800), Vol. ii.

²⁸ William Beveridge, *Influenza, The Last Great Plague: An Unfinished Story of Discovery* (New York: Prodist, 1977), p. 26.

²⁹ Beveridge, *The Last Great Plague*, p. 26. Michael Lemay, *Doctors at the Borders. Immigration and the Rise of Public Health* (Denver: Praeger Publishers, 2015), p. 68.

³⁰ Alain-Jacques Vallerona, Anne Coria, Sophie Valtata, Sofia Meurisse, Fabrice Carrata, and Pierre-Yves Boëlle, “Transmissibility and geographic spread of the 1889 influenza pandemic”, Barry Bloom, ed., *PNAS*, Vol. 107, No. 19 (2010): pp. 8778-81.

in use and are examined in this thesis as to how local epidemics of influenza seemed to break out simultaneously across Queensland in 1919.

The Russian Flu was also the first to receive intensive coverage in the European newspapers. Communications specialist Debra Blakely (now Clark), argues that in trying to ascertain how the public's perceptions of a given disease were constructed at any given time, scholars need to go to the "mediated news stories" of the period.³¹ According to historians Bogumiła Kempieńska-Mirowska and Agnieszka Woźniak-Kosek, apart from data about where and when outbreaks occurred, contemporary newspapers described the symptoms, treatment methods, morbidity and mortality, information on the activities of public authorities and the impact of the epidemic on daily life.³² These reports often reached the people long before the epidemic arrived. In essence, there were two faces to the Russian Flu, the physical reality, obtained through infection, and the "media reality". Considering Blakely's work and that of Kempieńska-Mirowska and Woźniak-Kosek's, this thesis references and analyses archived newspapers extensively to separate and examine both the mediated and the physical experience of the epidemic for Queenslanders.

At the beginning of the twentieth-century, medical science thought itself far from helpless in the face of disease. Science had achieved considerable success in developing a cure for syphilis.³³ Vaccines prevented diseases that had previously devastated livestock and

³¹ Debra Blakely, *Mass Mediated Disease: A case study analysis of three flu pandemics and public health policy* (Maryland: Lexington Books, 2006).

³² Bogumiła Kempieńska-Mirowska and Agnieszka Woźniak-Kosek, "The Influenza Epidemic of 1889–90 in Selected European Cities – a Picture Based on the Reports of Two Poznań Daily Newspapers from the Second Half of the Nineteenth Century", *Medical Science Monitor: International Medical Journal of Experimental and Clinical Research*, Vol. 19 (2013): pp. 1131-41.

³³ Bernhard Witkop, "Paul Ehrlich and His Magic Bullets, Revisited", *Proceedings of the American Philosophical Society*, Vol. 143, No. 4 (1999): pp. 540-57.

investigations had gone far beyond the first success against smallpox. Diphtheria and meningitis had been checked and sanitary and public health measures were successfully containing typhoid, cholera, yellow fever and bubonic plague.³⁴ Antitoxin for snakebites was widely produced and a tetanus antitoxin fulfilled the high hopes of its developers, saving thousands of soldiers from the “dreaded disease”.³⁵ Despite such progress, the twentieth-century saw three major influenza pandemics. The Asian flu pandemic of 1957 was moderately virulent, whilst the 1968 “Hong Kong Flu” spread worldwide with a high morbidity rate but a very low resulting mortality rate – that is, it made many sick, but few died of the disease. Pre-dating these two pandemics by several decades was the influenza pandemic of 1918-1920.

For all the devastation it wrought, there has been a remarkable tendency to overlook the significance of the 1918-1920 influenza pandemic. For many years afterwards, one of the worst natural disasters in human history was almost completely forgotten in medical texts and by social and historical demographers writing the history of the first two decades of the twentieth-century. Alfred Crosby observed the failure to mention the disease, whilst historian John Barry noted that the event survived more in personal reminiscences than in literature.³⁶ The pandemic did not receive major historical attention until the publication of Crosby's *Epidemic and Peace, 1918* in 1976.³⁷ Even so, the disease is still

³⁴ E. Warlomont, “Remarks On The Different Methods Of Collecting, Preserving, And Employing Animal Vaccine”, *British Medical Journal*, Vol. 2, No. 1030 (1880): pp. 499-501. W. A. Hardway, “Essentials of Vaccination: a Compilation of Facts relating to Vaccine Inoculation and its Influence in the prevention of Smallpox”, *British Medical Journal*, Vol. 1, No. 1168 (1883): p. 968. A. W. Freeman, “The Conquest of Diphtheria”, *The Scientific Monthly* 35, No. 3 (1932): pp. 268-71. J. G. Fitzgerald, “Meningococcus Meningitis”, *The Public Health Journal*, Vol. 8, No. 3 (1917): pp. 67-73.

³⁵ “Snake-Poison Antivenenes”, *The British Medical Journal*, Vol. 1, No. 2362 (1906): pp. 818-19. George E. Coleman, “Investigating Tetanus (Lockjaw)”, *The Scientific Monthly*, Vol. 31, No. 6 (1930): pp. 560-64.

³⁶ Alfred Crosby, *Epidemic and Peace 1918* (Westport Connecticut: Greenwood Press, 1976), p. 320. John Barry, *The Great Influenza: The Epic Story of the Deadliest Plague in History* (New York NY: Penguin Group (USA) Inc., 2004), p. 393.

³⁷ Thomas Hill, Reviewed work(s): “Epidemic and Peace, 1918” by Alfred Crosby, *Annals of the American Academy of Political and Social Science*, Vol. 430 (1977): pp. 212-13.

a neglected episode in modern history, hidden behind the scholarship of the World Wars and to a lesser extent, the Bubonic Plague. Standard texts on the history of public health make little or no mention of it. Medical historians Dorothy Porter, Peter Baldwin and George Rosen ignore it altogether, while Roy Porter describes the epidemiology of the virus in passing.³⁸

Crosby's *Epidemic and Peace* is still regarded as an authoritative source in the study of the pandemic experience in the United States of America (U.S.) and remains seminal in any historical undertaking on the 1918-1920 Influenza pandemic. Crosby's work is more a technical document than a historical narrative *per se* and lends itself to pages of statistical detail rather than a human perspective of the pandemic. Nonetheless, his combination of medical, political and to a much lesser extent, social history is effective. In her 1999 book, *Flu: The Story of the Great Influenza Pandemic of 1918 and the Search for the Virus that Caused It*, Gina Kolata picks up where Crosby left off.³⁹ Again, the focus is the U.S. The epidemic itself is not the main subject; rather Kolata examines the scientific efforts since 1918 to understand the molecular biology of the pandemic virus. Richard Collier's *The Plague of the Spanish Lady* pre-dated Crosby by two years. In his more global approach, Collier presents a narrative on the disease in terms of human experience.⁴⁰ Based as it is on the memories of more than 1700 survivors, the work is more anecdotal than analytical. The title alludes to the "Spanish Flu", the name attributed to the pandemic from the beginning, because of the misinformation surrounding its

³⁸ Dorothy Porter, *Health, Civilization and the State, A history of public health from ancient to modern times* (London: Routledge, 2005). Peter Baldwin, *Contagion and the State in Europe, 1830-1930* (Cambridge; Cambridge University press, 2005). George Rosen, *A History of Public Health*. Roy Porter, *The Greatest Benefit to Mankind: A Medical History of Humanity* (New York: W. W. Norton & Company, 1997), pp. 483-84.

³⁹ Kolata, Gina, *Flu: The Story of the Great Influenza Pandemic of 1918 and the Search for the Virus That Caused It* (New York: Farrar, Straus and Giroux, 1999).

⁴⁰ Collier, *The Plague of the Spanish Lady*.

origins. In his 2008 book, *Living with Enza: The forgotten Story of Britain and the Great Flu Pandemic of 1918*, historian Mark Honigsbaum extensively references the collection of letters sent to Collier by people who recalled the pandemic.⁴¹

John Barry's book, *The Great Influenza: The Epic Story of the Deadliest Plague in History*, was published some twenty-five years after Crosby's. Like Crosby, Barry focuses on the U.S. and to a much lesser extent, Europe. While there are passing references to the rest of the world, there is no serious discussion of how other countries attempted to combat the pandemic. At the time, Barry's study of the political and public reactions to the pandemic was one of a few notable exceptions to the general historiography on the disease, which tended to focus on the clinical, epidemiological and demographic impacts or the scientific effort to determine the nature of the virus. Barry contextualised the pandemic within U.S. history and within the transition of medicine and medical training from folk wisdom to science. This transition is a compelling period in which to poise a study of how the U.S. and its medical profession confronted the disease.

Barry convincingly makes a connection between public health, epidemic disease and politics. In his description of the consequences that resulted when short-term political expediency trumped the people's health during the influenza pandemic in the U.S., Barry argues that both the federal and state governments' responses to the epidemic were all too often coloured by the politics of the moment. The former was sluggish at best, secretive, and dishonest at worst. Desperate to keep the war effort going and the public calm, the U.S. government used the excuse that the country was at war to control the events of the day at a local level and the press at a national level. Barry's indictment of authorities for

⁴¹ Mark Honigsbaum, *Living with Enza: The forgotten Story of Britain and the Great Flu Pandemic of 1918* (London: Macmillan, 2009).

their dishonesty and indifference to the dangers of the virus was instructive when looking at the adequateness of the responses to the pandemic by Australian authorities.

Crosby and Barry have shaped the scholarship on the pandemic. Much of the body of secondary source work is repetitive and monotonous, raking over Crosby and Barry's embers without critique, offering few original interpretations or probing new areas of investigation. Nevertheless, one of the outcomes of these studies has been the recognition that the impact of the pandemic outside the U.S. was a topic worthy of serious scholarship. Whilst keeping within the framework of the pandemic's morbidity and mortality, Howard Phillips introduced the demographics of South Africa in his 1990 book, *Black October*. Examining the very high rate of morbidity and mortality amongst the poor urban blacks and rural tribes, Phillips' linked the coincidence of the pandemic and a concurrent drought and famine.⁴² More than anything else, Phillips revealed how the epidemic highlighted the underlying norms and tensions of South African society in 1918.

Geoffrey Rice's 1988 book, *Black November: The 1918 influenza pandemic in New Zealand*, explored the Maori and Pakeha's daily encounters with the pandemic in New Zealand. It was the first study of the pandemic based on analysis of individual death certificates.⁴³ Rice systematically assessed the pandemic's impact on individual cities and towns, moving south from Auckland (the site of the original outbreak in New Zealand) to rural and then Maori communities. By doing so, he provided one of the few references in pandemic literature to victims' ages, sex, health, occupations and socio-economic position before they contracted the disease. In addition, Rice tried to link

⁴² Howard Phillips, *'Black October': The Impact of the Spanish Influenza Epidemic of 1918 on South Africa* (Pretoria: Government Printer, 1990).

⁴³ Geoffrey Rice, *Black November: The 1918 influenza pandemic in New Zealand*, 2nd ed., (Canterbury: Canterbury University Press, 1988, 2005).

victims to their usual place of residence. As he explained, although a person from Greymouth may have died in Christchurch hospital with the death registered there, the family in Greymouth felt the loss. Rice's assessment of the pandemic, as "a story worth telling because it provides us with a unique snapshot of New Zealand society at the close of an unprecedented war effort trying to grapple with an unprecedented civil emergency", was influential in deciding to devise this thesis to analyse the pandemic from the viewpoint of the lived experience of ordinary Queenslanders.⁴⁴

Historian Niall Johnson examined Britain's pandemic experience. Johnson brought a multi-disciplinary approach to a topic he regarded as being invisible to historians due to its ordinariness. In his own words, Johnson's book *Britain and the 1918-1919 Influenza Pandemic* "is more a history of the larger population rather than an individualised history."⁴⁵ He argues that in light of recent research, many of the long accepted contentions advanced by historians – that the pandemic has major implications for societies; that the response to the pandemic provides lessons for future infectious disease contingency plans – require re-examination as the evidence supporting such claims is inconclusive.

The sixteen academic papers that form the 2003 book, *The Spanish Influenza Pandemic of 1918-19: New Perspectives* were selected from the thirty-two that were presented at an international conference on the pandemic in 1998.⁴⁶ In an attempt to move pandemic literature away from its U.S.-centric focus, the editors have tried to provide a global

⁴⁴ Rice, *Black November*, p. 17.

⁴⁵ Niall Johnson, *Britain and the 1918-1919 Influenza Pandemic: A Dark Epilogue* (New York and Abingdon: Routledge, 2006), p. xi.

⁴⁶ Niall Johnson and Jürgen Mueller, "Updating the Accounts: Global Mortality of the 1918-1920 'Spanish' Influenza pandemic", *Bulletin of the History of Medicine*, Vol. 76, No. 1 (2002): pp. 105-15.

coverage in themes of virological and pathological perspectives, contemporary medical, nursing and government responses, demographic impact, long-term consequences and epidemiological lessons learnt from the pandemic. Many contributors found the contemporary official statistics of the pandemic limited and unreliable. A finding of this thesis is that this is also the case in Queensland; the bureaucracy of reporting and recordkeeping broke down and the system used in Queensland to classify the cause of death tended to downplay influenza as a contributing factor, if not the cause. Epidemiologist's Niall Johnson and Jürgen Mueller's revision of the estimate of worldwide mortality of the pandemic to that of approximately 100 million is persuasive. Despite the many new perspectives that have since been examined, research on the impact of the pandemic in Asia, Africa and particularly Latin America remains negligible.

All nations face challenges in controlling infectious disease. According to Dr Alina Baciú, past epidemiologists conceived disease management as a political enterprise, particularly when an upsurge in human movement brought with it a higher risk of transmission.⁴⁷ In Queensland, as elsewhere, public health officials believed they stood between the public and the influenza pandemic, life and death. In order to carry out their functions, they laid claim to the power of the state through a wide range of scientific knowledge and technologies, including the collection of health and disease statistics, infectious disease surveillance and the monitoring of deaths and injuries. Public health then, is not just political, it is biopolitical, a primary representation of governance over the human life and body.⁴⁸

⁴⁷ Alina Baciú, "Biopolitics and the Influenza Pandemic of 1918 and 2009 in the United States: Power, Immunity, and the Law", Ph.D., thesis, The George Washington University, 2010.

⁴⁸ The term biopolitical (first used by Michel Foucault and then others) denotes the calculated management of human, or more precisely, biological life. This phenomenon draws on the power interchange between the State and its citizens (individual or collective) in matters related to the life and health of the human body.

John McLane's 2012 PhD thesis, "Setting a Barricade against the East Wind" is an inquiry into how the response to the pandemic in the Pacific Islands determined the rate of mortality. He identified the issues of distance, isolation, lack of resources and the turbulent nature of local politics as important factors in a state's ability to mount an effective response to pandemics. McLane concluded that a Polynesian state's administrative structure and history, as well as economic imperatives, determined the success or otherwise of each state's response.⁴⁹ McLane is not alone in being critical of government bureaucracy and economic imperatives in controlling infectious disease. Two decades earlier, historian Hugh Morrison demonstrated that the same consideration – economics prevailing over the health of the people – shaped the historical use of quarantine in New Zealand.⁵⁰

Other scholarly work reflects individual authors' specific fields of interest, putting aspects of the pandemic under examination. According to social scientist Sverre-Erik Mamelund, statistics indicate the divergence between the birth rates of 1919 and the 1920 boom go beyond the usual explanation of being the result of the transition from war to peacetime.⁵¹ Health and environment economists Douglas Almond and Bhashkar Mazumder established that foetal exposure to the influenza virus during specific months of gestation was associated with statistically significant increases in the rate of cancer, heart, kidney and stomach problems and hypertension.⁵² Economist Elizabeth Brainerd and physician Mark Siegler found that influenza deaths in 1918 and 1919 among prime-age adults in

⁴⁹ John McLane, "Setting a Barricade against the East Wind: Western Polynesia and the 1918 Influenza Pandemic" (Ph.D., thesis, University of Otago, 2012), p. iii.

⁵⁰ Hugh Morrison, "The Keeper of Paradise: Quarantine as a Measure of Communicable Disease Control in the Late Nineteenth Century New Zealand" (Ph.D., thesis, University of Otago, 1981).

⁵¹ Sverre-Erik Mamelund, "Can the Spanish Influenza Pandemic of 1918 Explain the Baby Boom of 1920 in Neutral Norway?", *Population* (English Edition, 2002), Vol. 59, No. 2 (2004): pp. 229-60.

⁵² Douglas Almond and Bhashkar Mazumder, "The 1918 Influenza Pandemic and Subsequent Health Outcomes: An Analysis of SIPP Data", *The American Economic Review*, Vol. 95, No. 2 (2005): pp. 258-62.

the U.S. caused substantial business failures resulting in the economy, on average, being below trend between 1919 and 1921.⁵³ African historian Don Ohadike concluded the influenza had caused such a mass incapacitation of the labour force in Africa that an unprecedented food shortage forced communities to reconsider their food base.⁵⁴ Concentrating on the lingering doubts as to just what the disease was and how it was transmitted, author Pete Davies' *Catching Cold: 1918's Forgotten Tragedy and the Scientific Hunt for the Virus That Caused It* examines the argument, widely accepted in 1918-1920, that the infectiousness of the disease was simply not enough to explain the global devastation of the pandemic.⁵⁵ Scientists David Morens, Jeffery Taubenberger and Anthony Fauci on the other hand, persuasively demonstrate the virus can easily reassemble into variants that are both unique and unpredictable, which is why exposure to earlier strains of influenza provides little or no immunity against new strains.⁵⁶

Australian Literature

Arising from the burst of research activity into the pandemic stimulated by the publication of Crosby's *Epidemic and Peace*, are two significant research papers on Australia's experience were produced. Cultural historian Humphrey McQueen's 1975 paper, "The 'Spanish' Influenza Pandemic in Australia, 1918-19" briefly assesses the implications of the pandemic on Australia with particular reference to its social impact.⁵⁷ McQueen examined the pandemic across three major themes: nationalism, medical practice and loss

⁵³ Elizabeth Brainerd and Mark Siegler, "The Economic Effects of the 1918 Influenza Epidemic" *Centre for Economic Policy Research*, Discussion Paper No. 3791 (February 2003).

⁵⁴ Don Ohadike, "The Influenza Pandemic of 1918-19 and the Spread of Cassava Cultivation on the Lower Niger: A Study in Historical Linkages", *Journal of African History*, Vol. 22, No. 3 (1981): pp. 379-91.

⁵⁵ Pete Davies, *Catching Cold: 1918's Forgotten Tragedy and the Scientific Hunt for the Virus That Caused it* (London: Michael Joseph, 1999).

⁵⁶ David Morens, Jeffery Taubenberger and Anthony Fauci, "The Persistent Legacy of the 1918 Influenza Virus", *New England Journal of Medicine*, Vol. 361 (2009): pp. 225-29.

⁵⁷ Humphrey McQueen, "The 'Spanish' Influenza pandemic in Australia 1918-1919", *Journal of History*, Volume 4, 1975: pp. 85-107.

of certainty. This thesis contests McQueen's notion that in contrast to the "external menace" driving Australians together in 1915, the people stood apart during the pandemic.⁵⁸ If the people were unified by the nation being at war in 1915, that unity had dissipated by the time of the first conscription referendum in 1916 and had evaporated by the second conscription referendum in 1917.

Whilst not rejecting McQueen's argument that in regards to the virulence of the pandemic virus in Australia, "the position never became as bad as anticipated", this thesis contends that in early January 1919 authorities were not anticipating anything other than the successful containment of the pandemic influenza within the Commonwealth government's maritime quarantine.⁵⁹ Experience during World War One, more so after the Gallipoli campaign, had suggested that with compulsory inoculation (for example, anti-typhoid), proper sanitation and mass medical mobilisation, disease outbreaks could effectively be contained. Since federation, there had been no shortage of volunteer medical officers to serve Australian troops in time of war.⁶⁰ The outbreak of influenza pandemic in Australia, however, came at a time when the medical profession had little knowledge about the causes of the disease or the effectiveness of prevention and treatment measures. There was a shortage of doctors; five percent of registered practitioners were still abroad on war service.⁶¹ In Queensland, a high proportion of the state's population

⁵⁸ McQueen, "The 'Spanish' Influenza pandemic in Australia 1918-1919", 1975, pp. 99-100.

⁵⁹ McQueen, 1975, p. 97.

⁶⁰ John Pearn, "'Non Paulatin Sed Multum' – A Century of Service", in Harold Attwood and R. W. Homes, eds., *Patients, Practitioners and Techniques*, Second National Conference on Medicine and Health in Australia, 1984, Parkville: Medical History Unit and Department of History and Philosophy of Science, University of Melbourne, Medical History Society and the AMA (Victoria Branch), 1985, p. 90.

⁶¹ Humphrey McQueen, "The 'Spanish' Influenza Pandemic in Australia 1918-1919", in Jill Roe, ed., *Social Policy in Australia: Some Perspectives 1901-1975*, Stanmore: Cassell Australia, 1976, p. 135.

lived long distances from medical aid and membership of Friendly Societies was low, greatly reducing the ability of people to obtain timely medical intervention.⁶²

McQueen also concludes the pandemic revealed widespread public doubt about the proficiency of medical doctors. His argument is not convincing.⁶³ Whilst medicine in the second decade of the twentieth century was shown to be of little help in preventing infection or curing those infected, the prestige of doctors did not seem to diminish, albeit that respect was low to start with. Traditionally, the services of private doctors were for those who could afford their high cost and hospitals were places one went to die. Doctors in 1918-1920 may not have been any more effective than their predecessors, but as historian Martha Hildreth has shown, their practices were generally less lethal than in the past.⁶⁴

According to Australian demographer Jack Camm, concern about the upsurge in mortality and the unrest the influenza pandemic caused in the population meant that as individual towns were infected, authorities recorded each outbreak.⁶⁵ These records permit a statistical analysis of the impact the disease had on Australian society. Whilst his 1984 work on the pandemic focused on the disease's geographic spread and mortality characteristics in New South Wales, at times Camm brought to it a national perspective. In 1919, the general death rate in all states showed an increase, with the overall number of deaths in the Commonwealth being twenty-seven percent above the average mortality

⁶² Office of the Registrar of Friendly Societies, Brisbane, QSA: 12706, Correspondence. Friendly Societies were non-profit associations of subscribing members, which provided benefits and established insurance schemes for among other things, sickness, pharmaceuticals, funerals and unemployment.

⁶³ McQueen, 1975, p. 100.

⁶⁴ Martha Hildreth, Fred R. Hartesveldt, Francine King, Paul Buelow and Richard Peterson, *The 1918 - 1919 Pandemic of Influenza: The Urban Experience in the Western World*, Fred Van Hartesveldt, ed. (New York: Edwin Mellen Press, 1993).

⁶⁵ Jack Camm, "The 'Spanish' Influenza pandemic: Its spread and pattern of mortality in New South Wales during 1919", *Australian Historical Geography*, Vol. 6 (1984): pp. 13-25.

rates for the previous five years. Prior to this, there had been a general downward trend of mortality rates. Camm was unable to determine whether the slowing down in the rate of infection over time represented the normal epidemiological characteristics of disease or was the result of public health measures aimed at combating the spread of the disease. Nonetheless, he reached the conclusion that the occurrence of influenza deaths in Australia in 1919 reflected the distribution and density of population within the states, with a high correlation between urban living and death from influenza.

With the advent of more wide-ranging assessments of the morbidity and mortality of the pandemic in recent decades, particularly in the Western world, Australia has been of interest for its seemingly mild experience of the pandemic, particularly compared with the experiences of New Zealand and South Africa. Even so, any assessment of the impact of the virus upon Australia has been limited in scope and in the data collected. Although titled, “An Australian Perspective of the 1918-1919 Influenza Pandemic”, Peter Curson and Kevin McCracken’s 2006 paper focuses on the mortality and morbidity that occurred in New South Wales and only assesses the broader Australian experience in generalities.⁶⁶ Nonetheless, this thesis supports Curson and McCracken’s assertion that the accepted death toll for Australia of 13,000 is an underestimate, in their opinion, by some 3,000 to 4,000 victims.⁶⁷

One of the greatest fears of pandemic response planners is an outbreak of influenza similar to the 1918-1920 variant.⁶⁸ This fear is not without substance. In recent decades,

⁶⁶ Peter Curson and Kevin McCracken, “An Australia Perspective of the 1918-1919 Influenza Pandemic”, *New South Wales Public Health Bulletin*, Vol. 17, Nos. 7-8 (2006): pp. 103-7.

⁶⁷ Curson and McCracken, “An Australia Perspective”, p. 106.

⁶⁸ See for example Council of Australian Governments, *National Action Plan for Human Influenza Pandemic* (Canberra: Commonwealth Government, 2006).

health authorities have controlled several viruses that could have potentially become extremely infectious to human beings. An avian influenza outbreak in 1997 resulted in slaughter of every single chicken, 1.2 million, in Hong Kong. An even greater slaughter of animals occurred in the 2003 when a new virus was confirmed in the Netherlands, Belgium and Germany. The virus infected 83 people, of whom one died. Owing to its rapid spread and initial high mortality, the outbreak of “Swine Flu” in 2009 attracted global attention. Identified in March and April 2009 across the U.S. and Mexico, the H1N1 (swine) influenza was the twenty-first century’s first pandemic, with local epidemics breaking out across 76 countries worldwide. Australia was the most heavily affected country in the Asia-Pacific region, there being 4,090 cases, seven of who died. At the time, alarmists suggested the effects could be as devastating as those experienced in 1918-1920.⁶⁹ That the virus responsible for the 2009 pandemic was similar to that of the 1918-1920 strain, may be significant in explaining the anxiety and disaster discourse of public health officials at the time.⁷⁰

Indicative of the renewed interest by pandemic response planners in the 1918-1920 pandemic are two works published in 2007 by Australia’s Homeland Security Research Centre in Canberra. *Western Isolation: the Perth experience of the 1918-1919 influenza pandemic* and *A danger greater than war: New South Wales and the 1918-1919 influenza pandemic*⁷¹ are two Honours theses adapted into books by the Research Centre in the

⁶⁹ See for example Thomas Abraham, “The price of poor pandemic communication”, *British Medical Journal*, Vol. 340, No. 7759 (2010): p. 340.

⁷⁰ Robert Booy, Gulam Khandaker, Leon Heron, Jiehui Yin, Bridget Doyle, Katherine Tudo, Linda Hueston, Gwendolyn Gilbert, C Raina MacIntyre and Domonic Dwyer, “Cross-reacting antibodies against the pandemic (H1N1) 2009 influenza virus in older Australians”, *MJA*, Vol. 194, No. 1, 2011: 19-23. Booy et al.’s study suggests the 2009 (H1N1) pandemic virus was phylogenetically and antigenically similar to the 1918 A(H1N1) pandemic virus. It seems that immunity induced by the 1918 virus may have provided cross-protection against the 2009 pandemic, as shown by the much lower rates of severe influenza in older age groups during the 2009 pandemic.

⁷¹ Bev Blackwell, *Western Isolation: the Perth experience of the 1918-1919 influenza pandemic*, Athol Yates, ed. (Canberra, Australian Homeland Security Research Centre, 2007). Robyn Arrowsmith, *A*

hope “they will help Australia to learn the lessons of the past, rather than just repeating them.”⁷² Neither publication explicitly details what those lessons are. In *Western Isolation*, Bev Blackwell brings a fresh approach into historical research on the pandemic. She attempts to answer four questions: How did the influenza pandemic affect the population of Perth? In which ways did the attitudes of the people differ before and during the epidemic? What was the relationship between the reactions to the epidemic and the values of the society? Did the reactions of the population of Perth differ from those to other epidemics or of other communities?⁷³ In *A danger greater than war*, Robyn Arrowsmith attempted to connect the establishment of the Commonwealth Department of Health and other federal incursions into areas of state’s responsibility to the impact of the influenza pandemic. Echoing McQueen, Arrowsmith’s proposition that the “lack of cohesion between the States and the Commonwealth [during the pandemic] made it apparent that federation was indeed a fragile bond”, is noteworthy.⁷⁴ Arrowsmith does not expand on this statement; her work rarely goes beyond a Sydney perspective. This thesis examines the impact of the pandemic on early Australian federalism, showing how, rather than working together for the common good, the Commonwealth and the state governments, and in particular Queensland, clashed over the appropriate duration of quarantine as a public health measure.

McQueen, Curson and McCracken, Blackwell and Arrowsmith all incline, to a greater or lesser degree, to deride the internal border quarantine measures imposed in 1919 by the state governments to either reduce the possibility of the virus penetrating a state or slow

danger greater than war: New South Wales and the 1918-1919 influenza pandemic (Canberra: Homeland Security Research Centre, 2007).

⁷² Yates quoted in Blackwell, *Western Isolation*, Foreword.

⁷³ Blackwell, p. vii.

⁷⁴ Arrowsmith, *A danger greater than war*, p. 74.

down its diffusion. Their common contention that the land-based quarantine was ineffective comes about through hindsight. States adopted public health measures in terms of judgements on what might work, based on contemporary medical understanding, as well as what would be acceptable to the public. All state and Commonwealth delegates at the inter-governmental influenza conference in November 1918 accepted the implementation of land quarantine as necessary to stop or at least slow down the diffusion of the virus into virgin areas (Appendix 1).⁷⁵

A central figure at that inter-governmental influenza conference in 1918 was John Cumpston, Director-General of the Commonwealth Quarantine Service at the time of the pandemic. In 1918-1919, Cumpston was intimately involved in drafting and implementing the Commonwealth's policy response to the pandemic. A prolific writer, Cumpston produced several papers dealing with infectious disease, quarantine, the 1918-1920 influenza pandemic and the bureaucratic decision-making process.⁷⁶ Cumpston writes from the perspective of a Commonwealth official and is critical of what he saw as the intransigence of the states in matters of quarantine.

Anthea Hyslop, more than any other Australian historian, painted a broad picture of the relations between the Commonwealth and the states during the pandemic. Her 1998 paper, "A Question of Identity: J. H. L. Cumpston and Spanish Influenza, 1918-1919", provides a sympathetic examination of Cumpston's role:

⁷⁵ Commonwealth and States of Australia, Influenza Conference, 1918: Resolutions, nd, QSA: 8400, Item ID 18188. Cumpston was later to claim that the Commonwealth only agreed to the particular resolution to keep inter-government relationships harmonious.

⁷⁶ See for example J. H. L. Cumpston, *The History of smallpox in Australia, 1788-1908* (Melbourne: Government Printer, 1914).

To John Howard Lidgett Cumpston must go the chief credit for an extraordinary achievement: the halting of a disease that was raging elsewhere, and its confinement in Australia's coastal quarantine stations for almost three months, from October 1918 to January 1919. During that time its virulence became somewhat attenuated, so that, when the dread disease did finally spread through the community, its toll was less heavy here than overseas.⁷⁷

Hyslop supported this claim by citing evidence from Cumpston's own writings and those of Arthur Butler, an officer in the Australian Army Medical Corps during World War One and later the Army's historian. Butler had paid tribute to Cumpston for having insisted upon the imposition of a strict maritime quarantine, "a decision which stands out as one of the most enterprising and courageous in the history of international quarantine."⁷⁸

Gerald Rée devoted a chapter to the policing of quarantine regulations in his PhD thesis, "Policing Public Health in Queensland, 1859-1919", with a small section on the 1919 influenza pandemic.⁷⁹ Rée outlined the challenges facing the Queensland government in its land quarantine, but the "significant involvement by the Queensland Police" is more implied than explicit. Rée's conclusion, that without the involvement of the police the effects of the influenza virus may have been much more severe, is not persuasive.⁸⁰ Nonetheless, he shines a light on the overt use of the police force, as an instrument of the state, to achieve the policy aims of governments. This thesis contests Rée's finding that the pandemic had "only a minor and temporary effect on the population or the economy."⁸¹ It elucidates how the pandemic disrupted work and recreation schedules, caused statewide absence and lost productivity in the workplace and created an overall environment of confusion, panic and resentment.

⁷⁷ Anthea Hyslop, "A Question of Identity: J.H.L. Cumpston and Spanish Influenza, 1918-1919", *Australian Cultural History*, Vol. 16 (1997-1998): pps. 77-95, 77-78.

⁷⁸ A. G. Butler, quoted by Hyslop, "A Question of Identity", p. 79.

⁷⁹ Rée, "Policing Public Health in Queensland, 1859-1919", pp. 319-351.

⁸⁰ Rée, p. 322.

⁸¹ Rée, p. 351.

The morbidity and mortality rates among Australian Aboriginal peoples during the pandemic were significantly higher than Australians of European descent. This is similar to the experience of Indigenous populations' in all other countries. Gordon Briscoe's 1996 *Queensland Aborigines and the Spanish Influenza pandemic of 1918-1919*, explored the impact the disease had on the health and customs of Aboriginal people in Queensland.⁸² The picture developed is one of complex interaction. For Briscoe, the erroneous understandings of the nature and structure of the Aboriginal population by white society were crucial in the shaping of policy and administrative responses to the pandemic. Briscoe demonstrated the higher morbidity and mortality rates identified in Aboriginal groups was not the result of deliberate strategies and policies. Rather, the outcomes were the consequence of under-resourcing and blame shifting. Rice came to a similar conclusion with respect to the Maori in New Zealand and identified a further factor in that by the time the epidemic reached Maori settlements, the Pakeha populace was preoccupied with its own sick and dying.⁸³

An important but neglected aspect of the pandemic literature is historical fiction. In his 2014 study entitled *Pandemic Influenza in Fiction*, English and American Literature expert Charles De Paolo contended that between 1921 and 1946, survivors of the 1918-1920 influenza pandemic recreated and came to terms with their ordeals in autobiographical or semi-autobiographical fictional accounts.⁸⁴ In Virginia Woolf's 1925 novel *Mrs Dalloway*, the main character Clarrisa Dalloway, still suffers the effects of having contracted the influenza virus during the pandemic seven years earlier.⁸⁵ More

⁸² Gordon Briscoe, *Queensland Aborigines and the Spanish Influenza pandemic of 1918-1919* (Canberra: Australia Institute of Aboriginal and Torres Strait Islander Studies, 1996).

⁸³ Rice, p. 169.

⁸⁴ Charles De Paolo, *Pandemic Influenza in Fiction: A Critical Study* (North Carolina: McFarland & Company Inc., 2014).

⁸⁵ Virginia Woolf, *Mrs Dalloway* (London: The Hogarth Press, 1925, 1960).

recently, historical fiction writers, according to Paolo, have used the pandemic as a context rather than the key element in their imagined stories. Paolo's study is however northern-hemisphere-centric and does not touch upon Margaret Harrison's prize winning short story "His Majesty's Guests".⁸⁶ In this historical fiction piece, Harrison took real events and people from the inland town of Wallangarra on the border of Queensland and New South Wales and transplanted them into the coastal settlement of Coolangatta 250 kilometres to the east. "His Majesty's Guests" recounts imagined lived experiences, recreating people's initial bewilderment at being stopped short of their destination, their recognition of the farcical consequences of some of the public health measures imposed upon them and ultimately, their ability to adapt to and make the best of the situation in which they were involuntarily placed.

The pandemic featured as the main plot device of episode 8 of series 2 of the British historical drama television series *Downton Abbey* (first screened in the United Kingdom in 2011).⁸⁷ Several of the main characters contract the disease and the resultant death of one changes the circumstances of the relationship between another two. Episode 4 of series 3, references a teenager applying for the position of second footman at the manor, his father having died in World War One and his mother during the influenza pandemic.⁸⁸ Despite its shortcomings in terms of the accuracy in the historical timeline of the event, the two episodes brought the influenza pandemic to contemporary public consciousness, particularly in social media discussions.

⁸⁶ Margaret Harrison, "His Majesty's Guests" in John Howard Reid, ed., *Mr Christian and the Bag Lady: An Anthology of prize-Winning Essays and Short Stories from the Tom Howard Annual Short Story & Prose Contest* (Raleigh, North Carolina, U.S. A: Lulu Books, 2004), pp. 61-74.

⁸⁷ *Downton Abbey*, Series 2: Episode 8, James Strong (Director) and Julian Fellowes (Writer), ITV, 6 November 2011.

⁸⁸ *Downton Abbey*, Series 3: Episode 4, James Strong (Director) and Julian Fellowes (Writer), ITV, 7 October 2012.

Lucy Taksa titled her 1994 paper on oral history, memory and the influenza pandemic, “The Masked Disease” due to the conflating of the Bubonic Plague (1900) and the pandemic by interviewees who had lived through the later, but who were too young to remember or had no lived experience of the former.⁸⁹ While not literally true, such recollections are nevertheless full of symbolic meaning as to the disruption the influenza pandemic caused in their lives and within the community they lived. Their use of the term “bubonic plague” or just simply “plague” when speaking of the pandemic years evokes a clearer understanding of the lived experience of ordinary people during the crisis.

Primary Sources

Primary sources examined for this thesis include official correspondence, departmental reports, parliamentary debates, maps, photographs, memoirs and contemporary newspaper reports. These documents were located in libraries, archives and museums in Queensland, New South Wales and the Australian Capital Territory as well as on the World Wide Web. *Trove*, the National Library of Australia’s digital platform, was an important resource. With its headlines, “Epitome of News” and editorial columns, sporting pages and death and memorial notices, the newspaper is one of the great civic institutions of society. Each paper was designed primarily to be read in the town or district in which it was published, but it also served as an important link in the exchange of information throughout Queensland, Australia and the rest of the world. Governments used it as a ready and cheap instrument of the state.⁹⁰ With the state-wide daily

⁸⁹ Lucy Taksa, “The Masked Disease: Oral History, Memory and the Influenza Pandemic 1918-1919”, in Kate Darian-Smith and Paula Hamilton (eds.), *Memory and History in Twentieth-Century Australia*, Melbourne: University Press, 1994, pp. 77-91.

⁹⁰ David A. Copeland, *Debating the Issues in Colonial Newspapers* (Westport, US: Greenwood Press, 2000).

newspaper, the *Brisbane Courier*, publishing cables from international, national, state and local sources, the Queensland public were particularly well informed of the enormity of the pandemic (though not of the severity of the symptoms experienced by the pandemic's victims). However, as a norm any news on the impact of the pandemic in a particular town or district and the recounting of the personal tragedies was brief. Nonetheless, together with local papers, the *Brisbane Courier* supplied much information not otherwise recorded, often helped balance or lend weight to official reports and captured the atmosphere of the time in which the events occurred, which was not always obvious from official reports.

The *Medical Journal of Australia* was a significant source of information for the medical profession of Queensland at the time of the pandemic. Prior to the establishment of the journal in 1914, new treatments and related topics were published in the British Medical Association's official journal *The Lancet*, and discussed at the meetings of the Queensland Branch of the British Medical Association (BMA).⁹¹ The *Medical Journal of Australia* became an important means of communication; all significant medical developments were reported therein. The journal was not an official publication of the BMA, but it tended to endorse the BMA's policies. The pandemic itself received extensive coverage.⁹² Other sources of medical information at the time in which the pandemic was discussed were the *Sydney University Medical Journal*, Melbourne University's *The Speculum* and the MSS [Medical Student's Society] *Review* from

⁹¹ The various state branches of the BMA merged to become the Australian Medical Association (AMA) in 1962.

⁹² The first mention of the influenza pandemic in the *Medical Journal of Australia* appeared in its editorial section on 26 October 1918. *Medical Journal of Australia*, Vol. 17 (26 October 1918): pp. 352-53.

Adelaide. Additionally there were the periodicals, including *Chemist and Druggist of Australasia*, *Pharmaceutical Notes and News* and *Australasian Nurses Journal*.

Methodologically, a descriptive narrative approach that combines critical analysis and attention to detail has been adopted. The work of French philosopher Michel Foucault and Italian philosophers Giorgio Agamben and Roberto Esposito form a theoretical background to this thesis. Foucault's formation of the concept of biopolitical (power and knowledge) sheds light on the infectious disease control practices of public health, where, for example, surveillance and the collection of vital statistics are made possible by legal authority and other expressions of power. Even the mere acquisition of these vital statistics invests government agencies with power and authority.⁹³ Giorgio Agamben's historical analysis of the State is relevant as this thesis argues that the 1918-1920 influenza pandemic, like World War I, represented a crisis in the life of countries and communities, leading to a suspension of civil liberties and, on occasion, overreaction.⁹⁴ Esposito's exploration of community and immunity was useful for examining social frameworks for health and disease.⁹⁵

Public health is sometimes described as social medicine. The contemporary term to describe the field's academic disciplines and practices is population health. The terms clearly refer to society as a whole and not to individuals.⁹⁶ The concept of cultural history of social medicine (public health and disease) as espoused by Alison Bashford in her 2014

⁹³ Michel Foucault, *Power/Knowledge: Selected Interviews & Other Writings 1972-1977*, Colin Gordon (ed.), New York: Pantheon Books, 1980.

⁹⁴ Giorgio Agamben, *State of Exception*, trans. Kevin Attell, Chicago: University of Chicago Press, 2005.

⁹⁵ Roberto Esposito, *Bios: Biopolitics and Philosophy*, Minneapolis: University of Minnesota Press, 2008. Roberto Esposito, *Communitas: The Origin and Destiny of Community*, Stanford: Stanford University Press, 2010.

⁹⁶ In the face of a major infectious disease event, aggravated perhaps by extenuating circumstances (war, economic collapse), the rights and life of one person may be seen as far lesser importance than the good and survival of the collective.

book, *Imperial Hygiene: A Critical History of Colonialism, Nationalism and Public Health*, connects all the chapters and the substantive sites of analysis.⁹⁷ Bashford argues that it is difficult and even misconceived to explain public health policy decisions or practices purely in medical or epidemiological terms. To do so ignores evidence that such discussion and practices were rarely, in any historical context, designed solely on medical grounds.

When sources are historical, issues of reliability and validity arise. Persons with stakes in the events being reported often compose official documents. What is more, these same sources have been passed along by a succession of other persons, each of whom had an opportunity to filter, re-arrange and remove documents. According to influential historian Ann Stoler, these documents and files are like wood, to be read along or against the grain. Stoler argues that archives are not simply accounts of actions or records of what people thought had happened, but are an assemblage of reports of failures and victories, as well as expressions of uncertainties. Archives work to reveal and conceal opinion and indifference, ignorance and disregard and bureaucratic and personal conflict, as well as routine.⁹⁸ American historian Oscar Handlin contends that government documents are particularly susceptible to misuse. Hearings before parliamentary committees and regulatory commissions, he said, contained statements, which, though accurately transcribed, were at times factually incorrect.⁹⁹ Archive files contain only what was put there at the time. If discussions at meetings were deliberately not minuted or an official transacted business over the telephone or by walking down the corridor to

⁹⁷ Alison Bashford, *Imperial Hygiene: A Critical History of Colonialism, Nationalism and Public Health*, New York: Palgrave MacMillan, 2014, pp. 1-14.

⁹⁸ Ann Laura Stoler, *Along the Archival Grain: Epistemic Anxieties and Colonial Common Sense*. Princeton: Princeton University Press, 2009, pp. 20-43.

⁹⁹ Oscar Handlin, *Truth in History* (Massachusetts: The Belknap Press of Harvard University Press, 1979), p. 122.

speaking to a colleague and did not make a file note of what had been said, there may be no record of it.¹⁰⁰ Records regarding the European population were often superior to those of minority peoples. In short, there is often an agenda or bias involved in the creation, preservation or absence of records and this was kept in mind when evaluating the sources. The interpretations made in this thesis, in the end, are based on the traces left behind.

Chapter Outline

As the diversity of events examined often occurred simultaneously, an essentially thematic approach is pursued throughout the thesis. An attempt, however, has been made to retain some semblance of chronology. Chapter 1 provides an outline of the pandemic as it spread throughout the world. Most likely originating in the U.S., the virus was carried to the European battlefields of World War One, before spreading into the civilian population. Chapter 2 is perhaps the lynchpin of the thesis. Understanding the state of medical knowledge in the early twentieth century, the powers of the state in matters of public health and the measures available, is essential to understanding how authorities responded to the crisis. Quarantine, inoculation and isolation were not stand-alone public health measures, nor were the circumstances of their implementation, medically or politically, agreed to. It was this uncertainty during the crisis that tested the very bonds of Australian federalism.

Chapter 3 commences with the virus having penetrated Australia's maritime quarantine and the authorities' unpreparedness for the mass exodus of people from affected areas. The chapter examines the new federation of Australia in crisis as the states and the

¹⁰⁰ Anthony Seldon, ed., *Contemporary history: practice and method* (Oxford: Blackwell, 1988), p. 82. Michael Stanford, *A Companion to the Study of History* (Oxford: Blackwell, 1994), p. 94.

Commonwealth tested the Constitution and each other over rights, responsibilities and a willingness to adjust to changing circumstances in terms of land quarantine. This contest, however, was not confined to land or the power of the states. Coastal shipping was extremely important in supplying the needs of the people and in transporting the resources of the land to markets. It was also the means of moving mail and people between far-flung places not yet connected by the railway. Chapter 4 details the interplay between the Queensland and Commonwealth governments, ship owners, the maritime employees and unions over public and personal health concerns during a time of pandemic disease occurring simultaneously with a state-wide drought and food shortage, even as the Commonwealth insisted upon returning soldiers from Europe to their homes as expeditiously as possible.

Public health was a responsibility of state governments. In Queensland, much of this responsibility had devolved to local councils. With a small population spread across vast distances, in 1919 Queensland was divided into 11 cities, 24 towns and 136 shires, each with a local council. Chapter 5 explores the governance of Queensland, particularly regional areas, at a time of an unprecedented civil crisis which seemed to burst forth like a bush fire across most of the state. Chapter 6 provides a synopsis of the influenza's diffusion throughout the state and proposes Queensland's transport network was the key to why outbreaks of the epidemic occurred concurrently in regions remote from each other. During the crisis, much of the work in dealing with the day to day needs of communities, in the city or in the bush, fell upon volunteers. In 1919, volunteering was regarded within the "private sphere" of society and, where caring and nurturing were involved, more particularly a role within the "woman's sphere", albeit under the nominal direction of men. With a shortage of health workers, specifically nurses, women and men

were called upon to put themselves at risk of infection whilst tending the sick and dying. Focusing on Brisbane, Chapter 7 details how volunteers organised themselves into groups and set about providing care and assistance to the afflicted.

While the impact on the public health system cannot be overstated, the trade and commerce of the state was also affected with businesses either shutting down or offering restricted services due to the sheer number of their employees being infected. Chapter 8 provides numerous examples of the commercial and social impact of the pandemic and its effect on communities. The chapter concludes with an examination of the impact on children of the death of one or both parents from the disease.

Officially, nearly one thousand people are recorded as having died of influenza in Queensland during the pandemic. Whilst this pales into insignificance when compared to New Zealand, South Africa and most countries in the northern hemisphere, each death was felt by family and friends as well as within the community in which the person lived or worked. Chapter 9 looks at how, in Australian society, non-war deaths were commemorated, as compared with the commemoration of those who were killed on the battlefield of Gallipoli and the Western Front during World War One. It makes for an interesting comparison, but the conclusion is hardly surprising. Given the Australian authorities penchant for white male sacrifice as the defining symbol of nationhood, memorialisation of civilians – even those who sacrificed their lives in helping others during the epidemic – has long been regarded as relatively inconsequential.

This thesis is neither political nor medical, although it contains much on both topics. It is designed to be read without specialist knowledge. The reader is invited to step back to

a period in Queensland's history when, perhaps for the first time, it became part of a truly global event of epic proportions and to try to see the event through the eyes of the people who experienced it. Each chapter's introductory quotations elucidate the chapter's theme. The quotations, taken from newspapers or official documents of the time, serve as a starting point for my argument within the chapter, either by bearing directly on it or through contrast and irony. My aim is to uncover some of the rhetorical and argumentative manoeuvres that underlie each chapter's theme: fear, trauma, memory, transgression.

Chapter 1

“Spanish Influenza. The Worst Scourge in Four Centuries”¹

If the disease entered the State no man or woman would be safe from it. It was far more deadly than the war itself.²

Names are important. Names assign events, places and peoples to their historical context and at the same time colour perceptions. The names given to the 1918-1920 influenza pandemic reflect the confusion about the nature of the disease, the underlying tenor of the community and the political and social turmoil of the times. Poles talked of the “Bolshevik disease”, the British “Flanders Grippe” and the Spanish “Naples soldier”. While residents of Ceylon were battling “Bombay fever”, “Blitz Katarrh” (lightning fever) stopped Germany. Hong Kong lost its citizens to “too much inside sickness”, whereas in Zurich, people succumbed to “La Coquette”.³ In the Australia community, reinforced by newspaper headlines, it was sometimes referred to as the “dreaded scourge”, “bubonic plague” or simply “the plague”, with people conflating the pandemic with outbreak of bubonic plague in 1900. The country’s health authorities, however, designated the disease as “pneumonic influenza”, before belatedly dropping “pneumonic” part some months into the outbreak.⁴

If there is one name that continues to echo the bewilderment, panic and resentment of the pandemic it is the “Spanish Flu” and its attendant, “Spanish Lady”. The name has been attributed to the lack of wartime censorship in Spain. All countries embroiled in World

¹ *Daily Telegraph* (Launceston), 25 February 1919, p. 7.

² Ted Theodore, Acting Premier of Queensland quoted in the *Brisbane Courier*, February 18, 1919, p. 7.

³ Kirsty Duncan, *Hunting the 1918 Flu: One Scientist's Search for a Killer Virus* (Toronto: University of Toronto Press, 2003), p. 7.

⁴ Commonwealth and States of Australia, Influenza Conference, 1918: Resolutions, nd, QSA: 8400, Item ID 18188. Cumpston to CoPH, 30 April 191, QSA 8400 Item Id. 18246.

War One practiced censorship with varying degrees of success. In the main, such censorship prevented the press reporting on the spread and, more particularly, the effect of the disease on their country's soldiers – morale had to be maintained, both on the front line and on the home front. The Spanish press faced no such restriction and their detailed descriptions of the progress of the pandemic gave the impression that the disease had emanated out of Spain. The belligerent countries involved in World War One had no reason to correct the impression.⁵ After giving a brief outline of what influenza is, this chapter traces the diffusion of the 1918-1920 influenza pandemic around the world, before progressing to a brief examination of the medical symptoms and signs of the virus.

Influenza is an acute viral disease of the respiratory tract. It occurs as small, localized outbreaks, as epidemics, or as a global pandemic. It has three antigenically distinct types, Influenza A, B and C. Seasonal influenza epidemics are associated with subtle changes in the glycoproteins of the Influenza B virus by a process of point mutation and selection; a phenomenon described as antigenic drift. New pandemic strains, on the other hand, arise in humans when one or both of the glycoproteins are antigenically different to those of the preceding strain and to which a population has had no prior exposure. Such a major change in antigenic profile is described as antigenic shift.⁶ Even so, to become pandemic the virus must also be able to cause significant clinical illness and spread efficiently from person to person. Influenza A is the only type associated with pandemics and is able to infect humans, pigs, horses and a wide variety of domestic and wild birds.⁷ It is now

⁵ Barry, *The Great Influenza*, p. 92.

⁶ John Mackenzie, "Possible Future Changes in the Epidemiology and Pathogenesis of Human Influenza A Virus Infections", in N. F. Stanley and R. A. Joske, eds., *Changing Disease Patterns and Human Behaviour* (Sydney: Academic Express, 1980), p. 130. Lars Haaheim and John Oxford "Basic Influenza Virology and Immunology" in Jonathan Van-Tam and Chloe Sellwood, eds., *Pandemic Influenza* (Wallingford: CAB International, 2013), pp. 24-25.

⁷ Haaheim and Oxford, "Basic Influenza Virology and Immunology" in Van-Tam and Sellwood, *Pandemic Influenza*, p. 18. Mackenzie, "Possible Future Changes in the Epidemiology and Pathogenesis of Human Influenza A Virus Infections", p. 130.

known that the disease is transmitted directly from person to person through aerosols and droplets formed by the expulsion of the virus from the respiratory tract and by direct and indirect contact.⁸ Appreciable amounts of the virus can remain viable up to 48 hours on hard surfaces, 12 hours on softer surfaces and for several minutes on a person's hands. It is by these means that the infection, far removed from the source of those droplets in both time and distance, can be spread.⁹ A feature of pandemic influenza is the occurrence of distinct waves of infection, often with exceptionally high levels of case mortality in the second wave.¹⁰

Probably at no other time in history was the world more prone to suffer some great outbreak of infectious disease than 1918-1920. The means of communication between distant parts of the world were both easily accessible and being used to their utmost capacity in moving persons and material around the globe. At the same time, food shortages, the incessant migration of people (particularly in Europe), and the accompanying lower standards of hygiene made ideal conditions for the spread of infection. The 1918-1920 influenza pandemic circled the globe in three waves: the first in the respective hemispheres' Autumn/Spring of 1918, the second in the Spring/Autumn and the third in the Summer/Winter of 1918-1919, extending in some places into 1920.

A highly virulent form of influenza broke out in the U.S. state of Kansas in January 1918.¹¹ The disease spread along the human networks created by the wartime

⁸ A good source on the transmission of the influenza virus is Joanne Enstone and Ben Killingley, "Influenza Transmission and Infection Control Issues", in Van-Tam and Sellwood, pp. 67-76.

⁹ Mackenzie, pp. 135-137.

¹⁰ Mackenzie, p. 138. Arnold Monto and Chloe Sellwood, "History and Epidemiological features of Pandemic Influenza", in Van-Tam and Sellwood, p. 42. The underlying mechanisms and reasons for multiple waves of acute infection are not well understood. See A. Mummert, H. Weiss, L. P. Long, J. M. Amigó and X. F. Wan, "A Perspective on Multiple Waves of Influenza Pandemics", *PLoS ONE*, Vol. 8, No. 4 (2013): e60343.

¹¹ Barry, *The Great Influenza*, p. 92.

mobilisation then taking place within the U.S., before reaching the American Expeditionary Force gathering for embarkation to Europe. Brest, the port of debarkation in France, reported the first outbreak of influenza in Europe in early April 1918. From the military camps, the virus spread into the general population.¹² By June 1918, the disease had spread to Germany with the rest of Europe following over the next two months. Having cut a swathe through the British Army the previous month, it accompanied injured soldiers to Great Britain. It made its initial presence felt in China and India between May and June, before rolling across countries in the southern hemisphere between August and October 1918. Influenza was prevalent in various parts of Australia during 1918, beginning in July and continuing into December.¹³ In New South Wales during September and October that year, it took the lives of 223 people as compared to an average of 34 for the previous five years.¹⁴ People infected by the 1918 wave were not immune to the epidemic wave of 1919, though for the most part their symptoms were not as severe and recovery was quicker.¹⁵

At some time and in some place in Western Europe during the Northern Hemisphere's summer, the chance mutation or re-assortment of the virus's gene segments resulted in

¹² Other, less supported theories of alternative patterns of diffusion and origins of the pandemic virus include the Western Front as a key transmission site because of the use of gas warfare, southern China as point of origin and the possibility of contemporaneous mutation at several sites. A good source for alternative theories is Pete Davies, *Catching Cold: 1918's Forgotten Tragedy and the Scientific Hunt for the Virus That Caused it* (London: Michael Joseph, 1999).

¹³ John Cumpston and other contemporary texts as well as Historian Anthea Hyslop contend the unusual prevalence of Influenza in Australia in the second half of 1918 was what was termed "ordinary influenza". In its 1920 report on the pandemic, the Ministry of Health in Great Britain quoting an unreferenced Australian source, claimed that it was "an established fact" that whatever the influenza, it was not in any way comparable epidemiologically with the disastrous pandemic form. See Ministry of Health, *Reports on Public Health and Medical Subjects, No. 4. Report on the Pandemic of Influenza, 1918-19*, London: His Majesty's Stationery office, 1920, p. 349. It is revealing that the prevalence of influenza in Australia during the second half of 1918 correlated with the first wave of the influenza pandemic in the Northern Hemisphere (June – September) that commonly manifested as a three-day fever.

¹⁴ New South Wales, Parliament (1920), *Report of the Influenza Epidemic in New South Wales in 1919*, Parl. Paper, Section V: 139-272, Sydney, p. 173.

¹⁵ Dr A. T. Chapple quoted in *Report of the Influenza Epidemic in New South Wales in 1919*, p. 151.

the second wave of the pandemic influenza having a significantly enhanced virulence. It swept over Europe along the same networks as before. According to John Barry, civilian cases of influenza rapidly escalated from a few hundred to hundreds of thousands and from a daily death rate of one or two to hundreds.¹⁶ The highest rates of death in Western Europe occurred in October 1918; Eastern Europe buried the greatest number in November.¹⁷

In June 1918, a flotilla of troopships from Europe arrived back at the various ports along the Atlantic coast of the U.S. Not long afterward, those same ports started reporting the deaths of dozens, then hundreds, then thousands of people. In Canada, the disease spread from east to west when a non-sanctioned train movement of repatriated soldiers made its way from Quebec City to Vancouver. As the men became ill, officials on the train detached one or more carriages at every junction station along the route, virtually ensuring outbreaks in each of these communities.¹⁸ Victor Vaughan, head of the U.S. Army's Division of Communicable Diseases watched on as the virus moved around the globe, stating that "if the epidemic continues its mathematical rate of acceleration, civilization could easily disappear ... from the face of the earth within a matter of a few more weeks."¹⁹

Populations whose immune systems had experienced few variants of the influenza virus were overwhelmed. This was true not only of the Inuit, but of all indigenous Americans, Pacific Islanders, New Zealand Maori, Australian Aborigines and sub-Saharan Africans. The first reports of the second wave of influenza on the African continent came in August

¹⁶ Barry, *The Great Influenza*, pp. 176-221.

¹⁷ Burnet and Clark, *Influenza: a Survey of the Last 50 Years*, p. 72.

¹⁸ Collier, pp. 81-82.

¹⁹ Victor Vaughan quoted in Barry, *The Great Influenza*, p. 365.

1919 from Freetown, a major British coaling and supply port in Sierra Leone, West Africa, via the British troopship H.M.S. *Mantua*. Between three and six percent of the African population in the territory died from the disease over the following weeks.²⁰ Despite official warnings that Freetown had influenza and all ships from England or Sierra Leone were to be considered infected, on 13 September 1918, the S.S. *Jaroslav*, ex Sierra Leone, was allowed to dock at Cape Town, South Africa. Aboard were 1,500 workers of the South African Native Labour Corps, returning from war service. During the nine-day voyage, 90 people died from influenza. From Cape Town, the remaining workers boarded trains for cities, towns and kraals all over South Africa, taking the disease with them.²¹ September 1918 also saw influenza outbreaks in Latin America and India.²²

Upwards of twenty million Indians died during the pandemic. The mortality rate was so high that pyres were built at railway stations to dispose of the bodies dumped from trains. Most Indians, but particularly those in rural and remote areas, saw no doctor or nurse. For them, the “national calamity” was just one more in the continual stream of diseases that took more Indian than British lives.²³

Almost all influenza deaths in New Zealand in 1918 occurred from mid-October after the pandemic’s second wave steamed into Auckland harbour. On 11 October 1918, the captain of the S. S. *Niagara* sent an urgent message to Wellington, “Please advise Health

²⁰ Barry, *The Great Influenza*, pp. 182-83.

²¹ Collier, pp. 56-57.

²² Wade Frost and Edgar Sydenstricker, “Epidemic Influenza in Foreign Countries”, *Public Health Reports* Vol. 1, No. 34 (1919): p. 1362.

²³ Sanitary Commissioner, Government of India, 1919, *Preliminary Report on the Influenza pandemic of 1918*, quoted by Mridula Ramanna, “Coping with the influenza pandemic: the Bombay experience”, in Phillips and Killingray, *New perspectives*, p. 86.

Department Spanish influenza cases aboard; increasing daily. Present time over 100 crew down". The message was passed to George Russell, New Zealand's Minister for Public Health, who allowed the absolution of *Niagara* from quarantine, the cost – 6,680 lives. In the island group collectively known as Western Samoa, 7,500 died. Feelings ran so high against the New Zealand administration for its wilful disregard of quarantine that the islands' chiefs formally petitioned King George V to annex them as a British Crown Colony.²⁴ The pandemic's peak in China and the Caribbean also occurred in October 1918.²⁵ In Bermuda, the refusal of the Governor to impose quarantine cost 200 lives.²⁶

Countries that did isolate themselves escaped the worst. In contrast to Western Samoa, American Samoa, a short distance away, stayed free of infection by imposing a strict quarantine. The long sea journey of the troop ships returning from Europe gave Australian authorities time to organise a stringent marine quarantine. The Commonwealth required all ships arriving in Australian waters from infected ports to be quarantined for a minimum period of seven days. Between 1 October and 31 December 1918, eighty vessels were placed in quarantine around Australia.²⁷ No-one was allowed ashore until the ship was free of the disease. When the virus penetrated the barrier in January 1919, whilst still very infectious and lethal, it did not carry the same punch it had a few months, if not weeks before. Peak death rates in Australia were about an eighth of those in the U.S. and a quarter of those in South Africa and New Zealand.²⁸ The same

²⁴ Collier, p. 287. There is some debate as to whether or not the pandemic influenza was already in Auckland prior to the arrival of the *Niagara*. The *Niagara* was only one of dozens of ships (many of them carrying returning soldiers and war invalids) to arrive from Europe and North America in October 1918. Collier's account should perhaps be treated cautiously on this point. Western Samoa was renamed Samoa in 1997.

²⁵ Frost and Sydenstricker, "Epidemic Influenza in Foreign Countries", p. 1363. Burnet and Clark, p. 72.

²⁶ Collier, p. 153.

²⁷ *Brisbane Courier*, 13 January 1919, p. 8.

²⁸ It is the contrast in Australia's experience to that of other countries, which gives this thesis its uniqueness.

quarantine regime protected Australian-controlled islands in the South Pacific, with similar results.²⁹ However, this is not to say the authorities in Australia were any better prepared when the disease breached the marine quarantine than their counterparts elsewhere in the world.

On 23 January 1919, a conference between health officers from the Australian federal quarantine service and the Victorian Health Department was triggered by a number of suspicious cases of influenza that had been notified in Melbourne.³⁰ Uncertainty reigned supreme; whilst the cases were similar to those treated in the federal maritime quarantine stations; the symptoms were not as severe. Instead of immediately declaring Victoria to be infected, bringing into force stringent public health measures and alerting the other states, the Victorian health authorities decided to wait until a more certain diagnosis was made.³¹ That diagnosis came on the 28 January 1919, when health authorities admitted that the influenza epidemic in Melbourne was serious. Victoria was declared an infected state that afternoon.³² By then, it was all too late. The disease had already spread beyond Melbourne and Victoria into New South Wales.

Having publicly declared that there was no pneumonic influenza in Queensland on 30 April 1919, the state's Commissioner of Public Health had to about-face two days later and admit, "the disease occurring in the Brisbane General Hospital is influenza of a highly infectious character, associated in some cases with pneumonia."³³ Local outbreaks

²⁹ Andrew Cliff, Peter Haggett and Matthew Smallman-Raynor, *Island Epidemics* (Oxford: Oxford University Press, 2000), pp. 192-5.

³⁰ On 25 January 1919, major newspapers around Australia headlined the diagnosis of numerous cases of influenza in Melbourne. Six people were reported as having died from the disease.

³¹ Federal Cabinet decision and papers, 3 February 1919. NAA: Series A2, 1919/1302.

³² *Commonwealth of Australia Gazette*, No. 12, 28 January 1919, p. 1.

³³ *Brisbane Courier*, 3 May 1919, p. 5.

continued to occur in Queensland into 1920. As elsewhere, the crowds gathered for the peace celebrations on 19 July 1919 re-ignited the epidemic in Perth. Bev Blackwell noted, “This joyous occasion with its spontaneous widespread hugging and kissing provided an ideal environment for mass infection”.³⁴ The subsequent weeks saw a marked increase in both the morbidity and mortality rate from influenza, not only in Perth but also around the mainland. Having kept the disease contained within the marine quarantine barrier for six months, Tasmanian officials diagnosed the state’s first case on 15 August 1919 and declared an epidemic outbreak six days later.³⁵

Signs and Symptoms

The clinical features and severity of the illness caused by influenza depend on a range of factors including the virulence of the virus, the age and extent of immunity in the individual and the existence of any underlying health conditions. Influenza may be asymptomatic, causing only a slight fever, or result in the prostrating illness characteristic of major epidemics. After an incubation period of one to two days, there is typically an abrupt onset of symptoms commencing with a rapid rise in body temperature. Other early symptoms usually include a dry unproductive cough, a severe generalized or frontal headache, malaise and shivering. These symptoms are rapidly followed by aching muscles in the limbs and backs, joint pains and nausea. Respiratory symptoms may be entirely absent or if present, most prominent after the initial symptoms and fever has dissipated, usually three days after infection, although it may last as long as seven days. A more productive cough may persist for up to two weeks. The main complications of influenza arise from secondary bacterial infections of the ear, paranasal sinuses, bronchi

³⁴ Blackwell, p. 26.

³⁵ *Brisbane Courier*, 16 August 1919, p. 6. *Warwick Daily News*, 21 August 1919, p. 8.

and lungs and involve the lower respiratory tract and the cardiovascular and central nervous systems.³⁶

Three universal aspects of the 1918-1920 influenza pandemic set it apart from other outbreaks – its magnitude, its mortality rate and the W-shaped age profile of deaths. U.S. sanitary engineer and epidemiologist Major George Soper aptly described the scale of the event in May 1919:

The pandemic which has just swept round the earth has been without precedent. There have been more deadly epidemics, but they have been more circumscribed; there have been epidemics almost as widespread, but they have been less deadly. Floods, famines, earth-quakes and volcanic eruptions have all written their stories in terms of human destruction almost too terrible for comprehension, yet never before had there been a catastrophe at once so sudden, so devastating and so universal.³⁷

The pandemic was truly global, leaving no inhabited continent untouched. It affected people in the cities, followed them into towns and then into their individual homes. At least one-third of the world's population may have been clinically infected, with a mortality rate amongst the infected of more than 2.5%, compared with less than 0.1% of other influenza epidemics.³⁸

It is its mortality profile however, that sets this pandemic apart. Influenza usually selects the weakest in society, the very young and the very old. Graphs that correlate mortality rates and age usually start out with a peak representing infant deaths, then fall into a valley, then rise again, with a second peak representing people somewhere past age 65 or so. With mortality on the vertical axis and age on the horizontal, a graph would look like

³⁶ Mackenzie, pp. 135-136.

³⁷ Major George Soper, "Lessons from the pandemic", *Science*, Vol. XLIX, No. 1274 (1919): p. 501.

³⁸ Burnet and Clark, p. 188. G. Marks and W. K. Beatty, *Epidemics* (New York: Scribner, 1976). John M. Last (ed.), *Maxcy-Rosenau Preventative Medicine and Public Health* (New York: Appleton-Century-Crofts; 1980).

a U. However, the 1918-1920 pandemic was very different. Infants and the elderly did die in large numbers, but with the young and the strong dying in their millions, the mortality graph changed from the traditional U shape to the renowned W shape (Figure 2).³⁹

During the pandemic, most deaths occurred among young adults, a group that usually has a very low death rate from influenza. Studies of the U.S. experience conclude influenza and pneumonia death rates for persons aged 15-34 were more than twenty times higher in 1918-1919 than in previous years. It is unique among influenza pandemics in that absolute risk of influenza mortality was higher in those less than 65 years of age than in those older than 65. Persons less than 65 years accounted for more than ninety-nine percent of all excess influenza-related deaths in 1918-1919. In contrast, the same age group accounted for only thirty-six percent of all excess influenza-related mortality in the 1957 Asian pandemic and forty-eight percent in the 1968 Hong Kong Flu. Overall, nearly half of the influenza-related deaths in 1918-1920 were young adults, aged 20-40.⁴⁰ Such a mortality profile is in distinct contrast to all other influenza outbreaks. Why this particular age group suffered such extreme mortality is not fully understood.

³⁹ Burnet and Clark, p. 72.

⁴⁰ L. Simonsen, M. J. Clarke, L. B. Schonberger, N. H. Arden, N. J. Cox and K. Fukuda, "Pandemic versus epidemic influenza mortality: A pattern of changing age distribution", *The Journal of Infectious Disease*, V. 178 (1998): pp. 53-60.

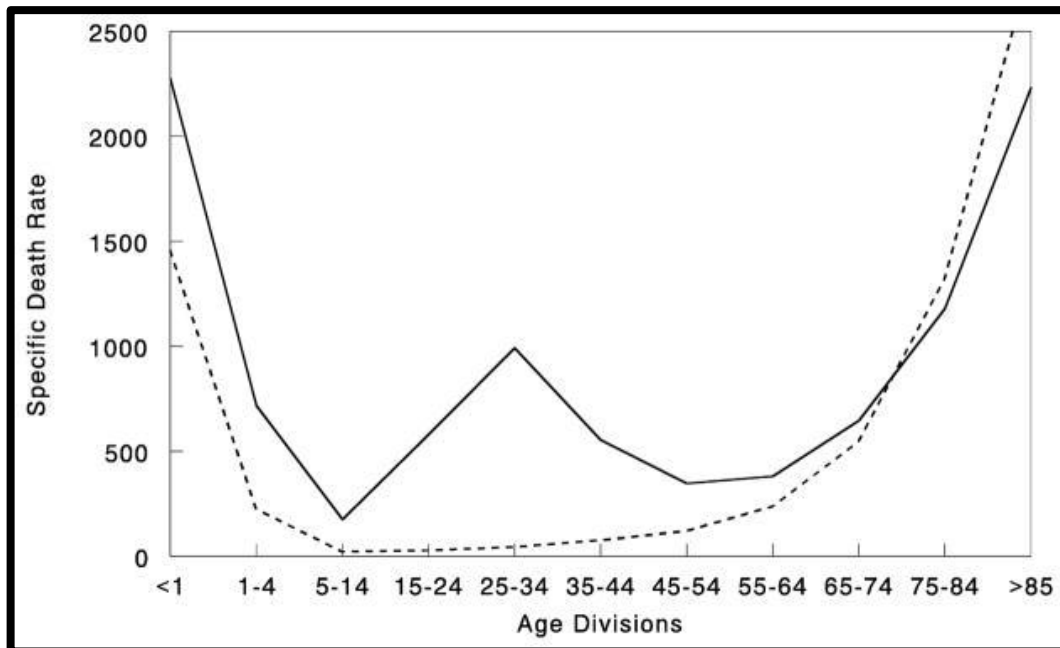


Figure 2 Influenza and pneumonia mortality in the United States

Influenza and pneumonia specific mortality by age, including an average of the inter-pandemic years 1911-15 (dashed line) and the pandemic year 1918 (solid line). Specific death rate is per 100,000 of the population in each age division. Source: Jeffery K. Taubenberger, "The origin and virulence of the 1918 'Spanish' influenza virus", *Proceedings of the American Philosophical Society*, Vol. 150, No. 1 (2006): p. 110.

For many doctors it was a time of helplessness; they could do little for those infected.

In contrast, by nurturing so many back to health many nurses found it a rewarding experience.⁴¹ Besides Aspirin to relieve the pain, the most effective remedy was bed rest combined with nourishment and protection from the cold. The majority of people improved within a week, though even with liberal doses of aspirin, joint and muscle aches often persisted for months; at times reaching such levels of severity as to leave victims feeling as if they "had been beaten all over with a club".⁴²

The symptoms for people with a severe infection were terrifying. Blood poured from the nose, ears and eye sockets, headaches throbbed deep in the skull; extreme earaches were

⁴¹ *Medical Journal of Australia*, Vol. 17 (26 April 1919): p. 350. Nancy Bristow, "'You can't do anything for influenza' Doctors, Nurses and the power of gender during the influenza pandemic in the United States", in Phillips and Killingray, pp. 58-69.

⁴² Duncan, *Hunting the 1918 Flu*, p. 9.

common. Pain seemingly located behind the eye orbit could be nearly unbearable when victims moved their eye. Loss of vision occurred and the ability to smell was affected, sometimes for weeks. One British physician noted “one thing I have never seen before – namely the occurrence of subcutaneous emphysema beginning in the neck and spreading sometimes over the whole body”.⁴³ Those pockets of air leaking through ruptured lungs made patients crackle when they moved.⁴⁴ Nurse Carla Morrissey later compared the sound to a bowl of rice bubbles. The memory of the snap, crackle and pop sound was so vivid, for the rest of her life she could not tolerate being around anyone who was eating rice bubbles or rice crisps.⁴⁵ A striking phenomenon of the disease was its ability to bring on an intense cyanosis, with “the lips, the ears, nose, cheeks, tongue, fingers and sometimes the entire body [taking on] a dusky leaden hue.”⁴⁶

Severe cases of influenza left few internal organs unscathed – the brain, the pericardium (the sac of tissue and fluid that protects the heart), the heart muscle itself, the kidneys and the liver. Even the adrenal glands haemorrhaged. Muscles along the rib cage were torn apart by internal toxic processes and by the external stress of coughing. Changes in the testes often led to short-term sterility in males. In 1918, American psychiatrist Karl Menninger linked the disease with neuropsychiatry in 100 influenza patients admitted to hospital with behavioural changes between 15 September and 15 December 1918. Elsewhere patients displayed diminished mobility and other neurological symptoms suggestive of Parkinsonism.⁴⁷

⁴³ William Thayer, “Discussion of Influenza”, *Proceeding of the Royal Society of Medicine* (November. 1918): p. 61.

⁴⁴ “Crepitus” is the medical term for crackling pockets of subdermal air.

⁴⁵ Barry, *The Great Influenza*, p. 235.

⁴⁶ Barry, *The Great Influenza*, p. 240.

⁴⁷ Karl Menninger, “Psychoses associated with influenza, I: General data: Statistical analysis”, *JAMA*, Vol. 72 (1919): pp. 235-41. Jeffery Taubenberger, “The origin and virulence of the 1918 ‘Spanish’ influenza virus”, *Proceedings of the American Philosophical Society*, Vol. 150, No. 1 (2006): pp. 86-112. Charles Maurizi, “Why was the 1918 influenza pandemic so lethal. The possible role of a neurovirulent

The majority of individuals who died during the pandemic succumbed to secondary bacterial pneumonia. The later in the local epidemic a victim died, the more likely an autopsy would find bacterial pneumonia, a secondary infection. However, a subset died rapidly from either massive acute pulmonary haemorrhage (acute bleeding from the lung, upper respiratory tract, trachea and alveoli) or pulmonary oedema (excessive fluid in the lungs) a few days or even hours after the first symptoms appeared. In the hundreds of autopsies performed in 1918-1920, the primary pathologic findings were confined to the respiratory tree, with death due to pneumonia and respiratory failure. These findings are consistent with infection by a well-adapted influenza virus capable of rapid replication throughout the entire respiratory system.⁴⁸

What was possibly killing young adults was not the virus but the person's own immune system. As the respiratory tract's function is to allow outside air to pass into the innermost recesses of the body, it is extremely well defended. The immune response filled the lungs with fluid and debris, making it impossible for the necessary exchange of gases to take place.⁴⁹ The lungs were the collateral damage of the battle between the influenza virus and the immune system, ripped apart from the attack of the immune system on the virus.⁵⁰ In the 1970s, medical scientists recognised this pathological process as Acute Respiratory Distress Syndrome (ARDS). In 1918-1920, those who contracted ARDS virtually had a one hundred percent mortality rate.

neuraminidase?", *Medical Hypotheses*, Vol. 16 (1985): pp. 1-5. Reimert Ravenholt and William Foege, "1918 influenza, encephalitis lethargica, parkinsonism", *The Lancet*, Vol. 2 (1982): pp. 860-4.

⁴⁸ Milton Winternitz, Isabel Wason, Frank McNamara, *The Pathology of Influenza* (New Haven: Yale University Press, 1920 Ebook). <https://babel.hathitrust.org/cgi/pt?id=hvd.hc4znl;view=1up;seq=35>. Ann Reid, Jeffrey Taubenberger, "The 1918 flu and other influenza pandemics: 'Over there' and back again", *Lab Invest*, Vol. 79 (1999): pp. 95-101. Jeffrey Taubenberger, Ann Reid, Thomas Fanning, "The 1918 influenza virus: A killer comes into view", *Virology*, Vol. 274 (2000): pp. 241-45.

⁴⁹ *Report of the Influenza Epidemic in New South Wales in 1919*, pp. 183-9 and pp. 209-44. Lars Haasheim and John Oxford, "Nasic Infleunza Virology and Immunology" in Van-Tam and Sellwood, pps. 19-30, 23-24.

⁵⁰ *Report of the Influenza Epidemic in New South Wales in 1919*, pp. 242-6.

The overwhelming majority of non-ARDS deaths came from bacterial pneumonias. Ten days, two weeks, sometimes even longer, after someone went down with influenza, even a seemingly mild case; they got seriously ill again with bacterial pneumonia and sometimes died. People who did survive the most severe forms of the infection faced long and difficult recoveries. Respiratory weakness was common and frequently permanent. Some were not able to return to their usual routine for six months or more. Having already lost their spouse, it was not uncommon for adults to return home after being ill to face a family of children, often while still too weak to care for themselves. The economic cost cannot be overstated.⁵¹

Inability to work doomed many small businesses and crippled many large firms. In India's Ganges valley, fields remained unreaped; Poland's potato crop grew brown. One third of Guatemala's coffee crop was lost and many Malayan rubber estates, their tappers sick and dying, closed down. Peru's copper mines ceased operating with 500,000 workers mortally infected. No trains ran from Spain to Portugal; the Dutch frontier was closed to refugees.⁵² Henry Moir, President of the Actuarial Society of America, estimated that deaths in the U.S. alone represented a loss of ten million economically productive years.⁵³ The insurance companies of England paid out twice as much in influenza claims in 1918-1919 as they had in five years of war claims.⁵⁴

Whilst Dr Victor Vaughan believed the influenza virus was threatening the very existence of civilisation, the virulence of the virus itself was under threat. Transmission of

⁵¹ Estimates of the overall impact range from a 4.25 to a 5.5% decline in GDP, an effect large enough to trigger a significant recession.

⁵² Collier, pp. 287-8.

⁵³ Collier, pp. 158-9.

⁵⁴ Duncan, p. 16.

influenza varies greatly, reflecting the relative proportion of susceptible and persons already infected in the population at any one time. Even though the majority of the population was wholly susceptible to this pandemic virus, virulence and attack rates were not consistent between countries and between communities. Local epidemics often subsided before all susceptible persons were infected.⁵⁵ In 1927, scientists William Kermack and Anderson McKendrick demonstrated that an epidemic can end because there are not enough people left to sustain its transmission. As the influenza epidemic spread, the number of unaffected members of a community was reduced. Once enough people were infected, there was less opportunity of contact with people who were still susceptible. Thus the period of the carrier's infectiousness would end before the virus could be transmitted to others.⁵⁶ In a city or town, the cycle from the first case to the end of the local epidemic in 1918-1920 generally ran from 6 to 8 weeks. In the army camps with men packed so densely, the cycle might only take 3 to 4 weeks.⁵⁷ Individual cases continued to occur but the explosion of disease ended. Even so, the pandemic did not just peter out: a third less virulent wave swept over old and new ground, perhaps rekindled by a public gathering or the premature re-opening of a school.⁵⁸

On Reflection

Influenza is one of the oldest known epidemic diseases but in 1918-1920, it was little understood. Within months, the pandemic disease had crossed oceans and spanned

⁵⁵ Mackenzie, p. 138. Monto and Sellwood, "History and Epidemiological features of Pandemic Influenza", in Van-Tam and Sellwood, pp. 40-44.

⁵⁶ William Kermack and Anderson McKendrick, "A Contribution to the Mathematical Theory of Epidemics", *Proceedings of the Royal Society of London, Series A, Containing Papers of a Mathematical and Physical Character*, Vol. 115, No. 772 (1927): pp. 700-21.

⁵⁷ George Soper, "The Lessons of the Pandemic", pp. 501-6. George Soper, "The influenza-pneumonia pandemic in the American Army camps, September and October 1918", *Science*, Vol. 48, No. 1245 (1918): pp. 451-6.

⁵⁸ Johnson and Mueller, p. 107. Children generally have a higher incidence of infection and are an important source of the spread of the disease, see Mackenzie, p. 138.

continents, touching upon nations and peoples far removed from the battlefields of Europe. It differed significantly from any other influenza pandemic before or since in terms of its virulence and in the age distribution of its victims. Though there had been a good deal of theorising and some quality research undertaken, the causative agent was unknown and diagnosis uncertain.⁵⁹ Early symptoms were so indistinct that doctors often failed to identify them and the continued, albeit futile, attempt to distinguish “epidemic influenza” from that of “ordinary influenza” led to hesitancy and delay in declaring outbreaks; nobody could speak authoritatively on the disease. In short, it was the most deadly and acute pandemic of the modern age and society was at a loss in how to respond. Yet, despite its virulence and its mystery, for more than three months the pandemic influenza is said to have been kept out of Queensland by a very careful and efficient system of public health measures. Chapter 2 examines the public health measures available to the Queensland government before and during the pandemic.

⁵⁹ Michael Bresalier, “‘A Most Protean Disease’: Aligning Medical Knowledge of Modern Influenza, 1890-1914”, *Medical History*, Vol. 54, No. 4, 2012: 481-510.

Chapter 2

“Not Yet Solved By Science”¹

*Public health is to a large extent a purchasable commodity, and many things which are at present left undone at the cost of lives and health would soon be done if the people at large understood how much can be effected by a little money wisely spent. Scientific men can discover causes and devise methods of prevention, but only the people themselves can save themselves from the results of their own sanitary sins or ignorance.*²

Historically, Queensland has not been a pioneer of public health legislation. Other than the *Quarantine Act of 1863*, it was only with the threat or presence of infectious disease epidemics (smallpox in 1872, typhoid fever in 1884 and the bubonic plague in 1900) that the government enacted or amended health laws.³ Personal health remained firmly within the private domain, provided for by a tripartite system of self-help, charity and minimal government support.⁴

In late November 1918, the Commonwealth government convened an inter-governmental conference to discuss the impending threat to Australia from the influenza pandemic. Thirteen resolutions were agreed upon.⁵ The conference urged all governments to ensure they had sufficient power to effect the necessary public health measures, and if not, to legislate for that power. The insufficiency of state power, however, was not at issue as an examination of Queensland’s health legislation makes it clear that by 1918 the state possessed a vast array of powers in matters of public health.⁶ Rather it was the exercise and co-ordination of powers that already existed that was to test the Queensland

¹ *Brisbane Courier*, 10 May 1919, p. 6.

² Queensland, Parliament (1914), *Annual Report of the Commissioner of Public Health 1913*, Parl. Paper, Vol. II: 1-70, Brisbane, p. 14.

³ Such legislation was based on that already in force in England and in other dominions or colonies.

⁴ The state only provided public funds where charities could not cover of the full cost of their services.

⁵ Influenza Conference, 1918: Resolutions, QSA: 8400, Item ID 18188. A copy of this document is contained in the appendix.

⁶ Public health, by the turn of the twentieth century, meant state-imposed prevention and control over infectious disease. There was often no limit to the powers given by the statutes.

government's response. In examining the relevant outcomes of the conference, this chapter discusses the public health measures – quarantine, notification, inoculation, inhalation, sanitation and education – as well as the legislation available to the Queensland government as it set about to first prevent and then combat the pandemic.

Resolutions of the inter-governmental conference, November 1918

Due to the heavy mortality connected to the disease in other countries, the inter-governmental conference considered it to be “in the public interest to take any measures to check public travel that are at all likely to lessen the spread of the disease.” Whilst recognizing that any restriction imposed was liable to be ineffective over the medium to long term, the delegates opined it should, nonetheless, be attempted and “be continued until proved unsuccessful”. Any delay in the spread of the disease, it was hoped, would result in a lessening of the virulence of the epidemic. As such, a principal component of the resolutions of the conference was that the Commonwealth would declare a state to be infected with influenza on the notification of that state's Chief Medical Officer. Declaration of infection meant the closure of the state's land borders with any adjacent state that was free from the infection. All inter-state passenger traffic with the infected state was to be suspended. However, the transfer of goods and mail between states remained unrestricted. If a case were later diagnosed in an adjoining state, traffic between the two infected states would resume. There were two provisos: interstate passenger traffic by sea would be allowed under “strict quarantine” conditions imposed by the Commonwealth, and border restrictions were not to apply to residents within ten miles of a border. In the event of the Commonwealth taking “complete control of all Interstate traffic both by land and sea”, the states were to render “every possible aid and co-

operation” to the Commonwealth.⁷ The delegates also agreed that the states, where necessary, impose local and district isolation and quarantine.

Quarantine or Isolation

Historian Jean Foley defined the word quarantine as it relates to people as “strict isolation designed to prevent the spread of disease”.⁸ Academic Frank Hansford-Miller likewise used the word isolation as synonymous with the term quarantine in his publication “Quarantine in Early Colonial Western Australia”.⁹ Robyn Arrowsmith equated isolation with quarantine when she contended isolation was an effective way of checking the spread of influenza after it had penetrated the population at the end of January 1919.¹⁰ However, Gerald Rée argues there is an important distinction between the two terms. According to Rée, the word isolation means “the removal of symptomatic individuals from contact with the general population”, whilst quarantine meant the removal of people who may have had contact with infected persons but had not displayed symptoms.¹¹ The Centers for Disease Control and Prevention (CDC) in the United States of America more sharply distinguishes the two terms. According to the organisation, isolation means the separation of persons who have an infectious disease from those who do not, whereas quarantine separates and restricts the movement of healthy persons who may have been exposed to an infectious disease.¹² It is the CDC’s meaning that more fully accords with the application of the public health measures enacted by the states and the Commonwealth in

⁷ Influenza Conference, 1918: Resolutions, QSA: 8400, Item ID 18188.

⁸ Jean Foley, *In Quarantine: A History of Sydney's Quarantine Station 1824-1984* (Kenthurst: Kangaroo Press Pty Ltd., 1995), p. 9.

⁹ Frank Hansford-Miller, *A History of Medicine in Western Australia 1829-1870*, Volume 5, “Quarantine in Early Colonial Western Australia: Including the Extraordinary Case Histories of ‘Anna Robertson’ and the ‘Will Watch’” (Perth: Abcado Publishers, 1990), p. 6.

¹⁰ Arrowsmith, p. 33.

¹¹ Rée, p. 269.

¹² Centers for Disease Control and Prevention, “Quarantine and Isolation” [Online] Updated 6 August 2013. Accessed 18 October 2013, <http://www.cdc.gov/quarantine/>

1919. Queensland used both measures in its attempt to control and combat the epidemic virus. Isolation of people with infectious disease in specially designated hospitals or wards within a general hospital was a long-standing public health practice, whilst the government had been operating quarantine since the founding of the colony in 1859. During the influenza pandemic, the issue of quarantine in Australia was not whether the practice was a legitimate tool for protecting public health but under what circumstances it was to be used.

The detention of people or goods for observation is one of the oldest public health measures. For centuries, authorities have generally erred in favour of quarantine with considerable margins of safety¹³. However, the duration of quarantine imposed has varied depending upon era, location, perceived threat and the incubation and infectiousness period of the specific disease.¹⁴ Nonetheless, any hindrance to the movement of goods or people had significant financial and economic implications.¹⁵ Britain abandoned quarantine in 1873. In lieu of formal quarantine, suspected ships were inspected and, where applicable, persons were removed to isolation hospitals. People who had been in contact with those who had been infected but were not themselves sick were released under medical surveillance. In 1877, the Secretary of State for the Colonies attempted to persuade the Australian colonies to introduce a system of medical surveillance in lieu of

¹³ The root meaning of the term “quarantine” is “forty or so”, be it of days or anything else. Its application to the detention of travellers or goods on sea or land, in the interests of public health, was based on the fact that such detention was most commonly of forty days duration.

¹⁴ In 1900, during the plague epidemic, mayors of local authorities pressured the Queensland government to fully enforce the Act and impose the designated seven-day quarantine on all vessels arriving in Queensland from Sydney and other infected places. The government found the suggested course of action impractical; “it would mean stopping all intercourse.” On this occasion it was thought sufficient that vessels were disinfected after discharging cargo and before loading and for passengers to be examined before being allowed to land. See *Morning Post*, 12 May 1900, p. 3.

¹⁵ George Rosen, *A History of Public Health*, (Baltimore: The John Hopkins University Press, 1950, 1993), pp. 43-45.

a strict quarantine regime. Neither Queensland, nor the other colonies, countenanced the change.¹⁶

According to John Cumpston, by the 1800s the format of legislation in matters of health contained a statement of purpose and arbitrary powers of interpretation and administration vested in the Governor.¹⁷ This is evident in the New South Wales *Quarantine Act* of 1832, the first legislation dealing with infectious diseases in Australia. It provided for the Governor in Council to proclaim any place or places beyond the seas as being infected with cholera or any other infectious disease. All vessels, goods and passengers arriving from such places or having come into contact with them, were liable to quarantine and to any order or direction that the Governor thought to be necessary and expedient.¹⁸ The first vessel recorded as quarantined by the new colony of Queensland was the immigration ship *Erin-go-bragh*. The quarantine took place in 1862 under the legislation inherited from New South Wales.¹⁹

Queensland's *Quarantine Act* of 1863 bore much resemblance to the Act it replaced. All vessels, goods and passengers arriving from places notified as infected by proclamation of the Governor and the Executive Council were liable to quarantine. In the event that a vessel with infectious disease onboard arrived from some place not previously so proclaimed, clause 3 of the Act empowered the Governor in Council to meet any emergency. Health officers, or in lieu, the local police magistrate or justices, were

¹⁶ R  , p. 276.

¹⁷ John Cumpston, *Health and disease in Australia: a history*, M. J. Lewis, ed. (Canberra: Australian Government Publishing Service, 1989), p. 394.

¹⁸ *An Act for subjecting Vessels coming to New South Wales from certain places to the performance of Quarantine*, No. 1, 28th July, 1832. [online] http://www.austlii.edu.au/au/legis/New South Wales/num_act/qa1832n16158.pdf. An example of the discretion allowed a Governor was in the length of time quarantine was to be performed by particular vessels, persons or goods, which could be set as the Governor in Council saw fit.

¹⁹ *Queensland Government Gazette Extraordinary*, Vol. III, No. 73, Monday, 4th August, 1862, p. 409.

conferred with the power of placing vessels in quarantine. Section 18 of the Act gave any police officer the power to arrest any person breaking quarantine.²⁰ It was a most stringent and encompassing piece of legislation, proven through Queensland's very efficient administrative control of infected vessels and people over a long period.

In the lead up to Australian federation, there was recognition during the constitutional conventions of the importance of a rigorous quarantine for Australia. Until 1 July 1909, when the *Quarantine Act 1908* became operative, the Commonwealth's responsibilities were met through the uniform state quarantine legislation then in effect. However, Queensland, along with other states, did not have a stand-alone Department of Quarantine that they could transfer to the Commonwealth. Administration of quarantine was intimately entwined with the state government functions of public health, policing, customs, harbours and marine and government health officers.²¹ In addition, neither the *Quarantine Act 1908* nor the *Constitution Act 1900* nor any Act of the states at the time defined, limited or interpreted the meaning of the term "quarantine".²²

Notification

As governments started to recognise the importance of understanding changes in population, the collection of statistics became an essential function of the state.²³ In 1859, the Registrar-General of Births, Deaths and Marriages was listed as an important functionary of the new colony of Queensland. A census was held in 1861 and thereafter nominally at decennial intervals. Against the census returns, the Register-General could

²⁰ *Rockhampton Bulletin and Central Queensland Advertiser*, 12 September 1863, p. 2. Cumpston, *Health and Disease in Australia*, p. 408.

²¹ The Commonwealth Department of Trade and Customs administered the Act until 1921.

²² The *Quarantine Act 1908* only provided for the term's scope.

²³ William Rothstein, *Public Health and the Risk Factor* (New York: University of Rochester Press, 2003), p. 25. See also Swakbreck Hall, "On the epidemic diseases of Tasmania", p. 69.

compute the likely population for the years in between each census, enumerated by age, sex and race. Notification of death was the responsibility of duly qualified medical practitioners. In 1866, Colonial Secretary Robert Mackenzie recognised many parts of Queensland did not have ready access to a doctor and that “non-medical people notified about a third of deaths, a situation that obviously leads to inaccuracies.”²⁴ As late as 1914, under certain conditions, a police officer could order a burial without a death certificate having been issued.²⁵ From the data gathered, mortality rates and causes of deaths were determined. The information was published annually as the *Vital Statistics of Queensland*.

Queensland’s *Health Act 1900* included provision for the compulsory notification of certain infectious diseases including plague, smallpox and cholera. Other diseases (for example tuberculosis, venereal disease and influenza) were added from time to time. By 1911, the legal obligation in Queensland to notify health authorities lay with the attending medical practitioner and the occupier of the house.²⁶ The notification had to be made in writing on the prescribed form (Figure 3). Even so, there was a degree of “apathy” amongst medical practitioners toward compulsory notification, more than one doctor being prosecuted for failing to follow the correct procedure.²⁷ This thesis argues that during the epidemic, notification and cause of death became problematic leading to a significant underestimation of the morbidity and mortality rates attributable to the influenza virus. This matter is explored further in Chapter 5.

²⁴ Robert Mackenzie, 23 May 1866, *QPD* 1866, pp 294-295.

²⁵ As late as 1914, under certain conditions, a police officer could order a burial without a death certificate having been issued.

²⁶ Section 134 of the *Health Act 1900* made notification mandatory. A medical practitioner who attended upon or was called in to visit a patient suffering from an infectious disease was to immediately notify the case to the occupier of the premises, Commissioner of Public Health and the relevant Local Authority.

²⁷ See for example “Infectious Disease. Failure to Notify. First Summons Issued.”, *Telegraph*, 10 January 1913, p. 2.

REPORT of Case of INFECTIOUS DISEASE to the MUNICIPALITY.			
Disease	mod Se. Influenza		
Name of Patient	Surname Cheney	Christian Name ?	
Sex, Age, and Duration of Illness	Sex male	Age	Duration 1 day
Address (including street and number or name of house. If in an institution, state last place of abode)	104 Somerset St Richmond		
Municipality			
Occupation			
Place of Occupation or Location of School			
Name and Address of Milk Supplier			
REMARKS. (a) If patient is associated with production or distribution of milk, give particulars. (b) In case of tuberculosis state whether sanitary environment is satisfactory or not. (c) In case of puerperal fever, give name and address of midwife.	<div style="border: 1px solid black; padding: 5px;"> <p>O. H. M. S. NOTIFICATION of a Case of INFECTIOUS DISEASE.</p> <p>The Municipal Clerk, Municipality of Richmond</p> <p>URGENT. <i>John Hill</i> Richmond</p> </div>		
Signature and Address	<i>h. e. Haynes M.B.S.M.</i> 337 Church St Richmond		
Date	6 / 2 / 1917		

Figure 3 Prescribed form for the notification of influenza in Victoria

In Victoria, as in Queensland, in 1919, influenza was on the list of notifiable diseases, necessitating doctors to advise the relevant authorities of any case they diagnosed. In this instance, Dr Haynes had reported a case of influenza to the Municipal Clerk at Richmond, Victoria. That the given name of the patient is indicted as not known, might be indicative of the seriousness of the case? Private collection.

Quarantining Smallpox, Plague and Influenza epidemics

All outbreaks of smallpox in Australia have been associated with international shipping; the disease regularly penetrated maritime quarantine barriers. Historically, smallpox was

chiefly transmitted by contact between infected persons and others before any symptoms were evident. Regulations introduced in 1872 placed a reliance on maritime quarantine and medical surveillance and authorised government medical officers, police magistrates and police and customs officers to use such force as might reasonably be necessary to prevent any person from leaving a quarantined ship or premise.²⁸ As the century progressed, Queensland ports served as important maritime quarantine barriers against smallpox epidemics originating out of Asia.

Smallpox had little impact on Queensland itself. Only two of the twenty-three epidemics that occurred in Australia between 1850 and 1918 touched upon the state. In 1892, a quarantine official was infected by a passenger onboard a foreign vessel. During the height of the New South Wales' "Great Epidemic" of 1913-1918, unvaccinated persons were not permitted to enter Queensland from Sydney until 28 days had elapsed from the reporting of the last case of smallpox. Passengers purchasing a train ticket to travel from Sydney into Queensland had to be in possession of a certificate of vaccination and supply their name, address and destination. At least one government medical officer was always on hand at Wallangarra, on the Queensland and New South Wales border. This officer could vaccinate the passenger "on the spot", before sending the person back eleven miles to Tenterfield to wait out the quarantine period; much to the annoyance of the residents of that New South Wales town.²⁹ Yet despite these measures and the three-figure penalty for not complying with the quarantine restrictions, some people still crossed into the state by surreptitious means.³⁰

²⁸ Cumpston, *Health and Disease in Australia*, p. 407.

²⁹ *Telegraph*, 5 July 1913, p. 2 and 9 July 1913, p. 7; 14 October 1913, p. 2.

³⁰ *Telegraph*, 3 January 1914, p. 8.

There is no record of bubonic plague in Australia prior to 1900, when several states were affected by the pandemic infection that had originated in China in 1894. Limiting the spread of plague in Australia by sea or water routes had little correlation to the quarantine measures imposed. The ports of Sydney, Brisbane and Fremantle remained continuously infected for years and acted as hubs from which other centres were spasmodically infected.³¹ In Queensland, the epidemic recurred every year until 1907. Except for a single case in Charters Towers, all cases of plague occurred in port cities. The statistics varied from year to year, but in total, there were 464 cases. Male victims outnumbered females 3 to 1, a reflection of occupations at the time. One hundred and ninety-five cases resulted in death, an overall mortality rate of forty-two percent. This statistic hides the fact that for Chinese, South Sea Islander, Aboriginal and Japanese people, infection meant almost certain death. Of the twenty-six cases recorded amongst these groups, twenty-four ended in death, a mortality rate of 96.5%.³²

The “scare, alarm and excitement of the populace” occasioned by the plague led to a demand for public health reform and the legislating of the *Health Act of 1900*.³³ There was, however, no Department of Health. The Act only provided for the establishment of the position of a Commissioner of Public Health, who, with a few assistants, formed a sub-department of the Home Secretary’s Office. The responsibility of the Commissioner, as the central authority, was to provide leadership, coordination and encouragement to local authorities. Another important outcome of the epidemic was the transfer of the

³¹ Cumpston, *Health and Disease in Australia*, pp. 192-195. Curson, pp. 144-146. William Armstrong, “Some Notes on the Epidemic of Plague in Sydney, From a Public Health Standpoint”, *Transactions of the Intercolonial Medical Congress* (1902). John Thompson, “The Mode of Spread and the Prevention of Plague in Australia”, *Australasian Medical Gazette*, Vol. XXVI (1907): pp. 557-64.

³² Queensland, Parliament (1907), *Report on the Epidemic of Plague in Queensland, 1900-1907*, Parl. Paper, Brisbane, pp. 22-24. In comparison, the mortality rate for whites over the seven years ranged from 25.8 to 56.6% per annum with an average of 34.84%.

³³ *Report of the Epidemic of Plague in Queensland, 1900-1907*, p. 32.

responsibility for administering Queensland's quarantine laws from the Chief Secretary's Office to that of the Home Secretary, giving the latter control over both health and quarantine. In 1918-1919, the Home Secretary was John Huxham and the Commissioner for Public Health was Dr John Moore. Both were central figures in combating the influenza epidemic.

Influenza was first recorded officially in Australia in 1820. In 1847, an epidemic affected nearly every household in Brisbane. Epidemics in Queensland after 1860 generally coincided with the years in which the disease was prevalent worldwide. In 1891 a virulent epidemic claimed the lives of over two thousand people in New South Wales and Victoria. In Queensland, whilst the morbidity rate was high, the mortality rate was significantly less.³⁴ In 1918, the most virulent form of influenza in recorded history called for the most stringent of maritime quarantine. The Commonwealth required all ships arriving in Australian waters from infected ports to be quarantined for a minimum period of seven days. Between 1 October and 31 December 1918, approximately 1,100 persons were diagnosed as having pandemic influenza. A further 20,000 people were isolated and administered the preventative treatment of inoculation and inhalation.³⁵ The maritime quarantine was hailed as triumphant in stopping the "scourge". Newspapers and the *Medical Journal of Australia* all pointed to Cumpston's achievement. The *Brisbane Courier* of 3 December 1918 spoke of the quarantine service in eulogistic terms:

³⁴ Cumpston, *Health and Disease in Australia*, p. 313.

³⁵ "Exclusion from Australia. Fine Quarantine Achievement." *Brisbane Courier*, 13 January 1919, p. 8.

Notwithstanding the fact that the disease could have been introduced from three countries, namely America, South Africa and New Zealand, it is a remarkable fact that not a single infected person gained an entrance to the Commonwealth. No risks were taken, and the quarantine authorities did not even fear to incur the displeasure of some of the State officials and of the public, by taking their responsibility most seriously, and refusing to relax their efforts on a single occasion. ... The disease is now dying down. ... In another week the Federal quarantine service will be in the proud position of having achieved the greatest triumph of its kind in the history of epidemiology.³⁶

Five days later, Cumpston expressed the opinion that the greatest danger was over, although a “constant watchfulness would continue to be exercised.” In his view, the public did not know how lucky it was to have the federal quarantine service.³⁷

Cumpston’s maritime quarantine was not without its critics, especially in Sydney where the quarantine station was in close proximity to the suburb of Manly. Members of the New South Wales Legislative Assembly spoke of the cavalier way in which the service treated any suggestion by state authorities and the “gross incapacity and disregard of the necessities of the moment which seemed to characterize every action of the federal Government.”³⁸ Such criticism was also to be a feature of the Queensland Government’s relationship with the federal authorities in 1919.

Maritime quarantine as a public health measure was at best only a first line of defence and both smallpox and the bubonic plague had previously broken through. With the large number of entry ports around the Australian coastline, it was only a matter of time before the influenza virus breached the quarantine as well. Cumpston himself had noted that a ship’s records were sometimes falsified to avoid the vessel and the crew going into

³⁶ “Influenza on Ships – A Quarantine Triumph”, *Brisbane Courier*, 3 December 1918, pp. 7-8. See also *Medical Journal of Australia*, Volume II, No. 22 (30 November 1918): pp. 454-5 and *Brisbane Courier*, 13 January 1919, p. 8.

³⁷ *Brisbane Courier*, 9 December 1918, p. 7.

³⁸ *Brisbane Courier*, 26 November 1918, p. 6.

quarantine.³⁹ In addition, there had been several instances of soldiers breaking quarantine, the most significant of which had South Australian MHR Gunner George Yates and Private George Friend court-martialed and sentenced to 60 and 30 days detention respectively.⁴⁰

Inoculation, Inhalation and Masks

Quarantine dealt with the external cause of infection; personal susceptibility to disease could only be alleviated by inoculation, hygiene and sanitation. The inter-governmental conference in 1918 recommended states take immediate action to establish vaccine depots.⁴¹ Immunisation for disease prevention was widely used by 1918. Multiple bacterial pathogens, beginning with smallpox, had been developed into effective vaccines. Yet, according the Queensland Commissioner of Public Health, the very word “‘vaccination’ to the majority seemed to ... spell ‘anathema,’ and as soon mentioned met with unconditional refusal. People seemed to prefer running the risk of contracting ... disease rather than submit to any process which might incapacitate them for a day or two at the most.” Despite the threat posed by smallpox in 1913-1914, only 30,000 Queenslanders, out of a population 625,555, opted to be vaccinated; less than five percent.⁴²

Although very little was known of influenza’s pathology – investigations had cast significant doubt upon the belief that Pfeiffer’s bacillus of influenza was the causative

³⁹ Anne Hardy, “Cholera, Quarantine and the English Preventive System, 1850-1895”, *Medical History*, Vol. 37, No. 3 (1993): pp. 250-69. Hardy recounts the lengths captains and ship-owners went to avoid quarantine regulations.

⁴⁰ Humphrey McQueen, “Spanish Influenza – 1919: Political, Medical and Social Aspects”, *Medical Journal of Australia*, Vol. 1 (1976): pp. 565-70. *Advertiser*, 10 March 1919, p. 7.

⁴¹ Influenza Conference, 1918: Resolutions, QSA: 8400, Item ID 18188.

⁴² Queensland, Parliament (1915-1916), *Annual Report of the Commissioner of Public Health 1914*, Parl. Paper, Vol. II: 291-356, Brisbane, p. 5.

agent – a large variety of vaccines were produced and administered during the pandemic.⁴³ Though not of the same value as, or nature of, the vaccination against smallpox, health authorities in Australia were initially adamant that the bacterial serums produced for use in inoculating against the influenza virus diminished both the risk of contracting the disease and the potential for secondary complications should a person be infected. Cumpston had little doubt that the “mixed” vaccine produced at the Commonwealth Serum Laboratories was effective both as a preventative and curative agent against pneumonic influenza.⁴⁴ As part of the Commonwealth quarantine measures in 1918-1920, persons so detained had their temperature taken daily, underwent steam inhalation and were inoculated with an injection of vaccine made, in part, from the “organism of common Coryza (cold in the head)”.⁴⁵ Authorities elsewhere, as well as certain sections of the Australian community, were not so assured.

The Director of the South African Institute of Medical Research viewed it as “entirely unjustifiable, in the present state of knowledge, to claim that any bacterial vaccine conferred any protection against the epidemic influenza.”⁴⁶ Victorian anti-vaccinationist, Francis Kemp, regarded inoculation against the influenza as the most “audacious swindle” of the people of Australia by the inoculators for the sake of “fleecing the Treasurys (sic) through Australia to get rich quickly and escape all responsibility” and that “These treacherous & venomous inoculators & vaccinators ... [were] worse than a venomous snake.” According to Kemp, the “true cause” of the influenza epidemic

⁴³ *Report of the Influenza Epidemic in New South Wales in 1919*, p. 162.

⁴⁴ *Daily Mail*, 18 November 1918, p. 7.

⁴⁵ Foley, *In Quarantine*, p. 112. Anyone with a temperature of 99 degrees Fahrenheit or over was further isolated for observation. Those infected with influenza were administered 150 grams of calcium lactate at four-hourly intervals. See also *Report of the Influenza Epidemic in New South Wales in 1919*, pp. 153-4. *Queenslander*, 30 November 1918, p. 11. *Daily Standard*, 5 December 1918, p. 6. Burton Bradley, “Vaccine Preparation” (Letter to the Editor), *Daily Mail*, 9 December 1918, p. 8.

⁴⁶ *Brisbane Courier*, 23 October 1918, p. 6.

outbreak was the “injecting of filth, ‘calf lymph & serum,’ firstly into soldiers ever since the outbreak of the war and then into the civilian population”. Kemp’s “splendid Preventative & sure cure” was a spoonful of sugar saturated with kerosene oil.⁴⁷ Nevertheless, with the assurance of Cumpston on the value of being vaccinated, the New South Wales Health Department opened depots for that purpose at the end of November 1918. Queensland followed suit on 4 December 1918.

Brisbane’s vaccination scheme was suspended over the Christmas and New Year period, as the authorities did not consider it advisable to inoculate people during the festive season!⁴⁸ In early January 1919, the *Brisbane Courier* was again informing its readers of the value of inoculation. The best course, it said, was to follow the advice of “practicing medical men”. Ironically, according to the same newspaper, there was, in those medical men consulted, an acute difference of opinion on the subject.⁴⁹

With the causative organism unknown, all vaccines described as preventative could only be more or less experimental. Thus the serum used by the Commonwealth Quarantine Department differed from that used by the New South Wales Department of Public Health and both differed from that adopted in Queensland. The use of a vaccine had previously been discussed by British military and civil bacteriologists when the influenza epidemic was rife in England:

The general question of the employment of a bacterial vaccine for the control of the incidence and severity of the epidemic was discussed ... inoculations with a suitable vaccine might be expected to be of value in both directions.⁵⁰

⁴⁷ Kemp to Theodore, 14 July 1919. QSA: 5402, Item ID 862687.

⁴⁸ *Brisbane Courier*, 19 December 1918, p. 6.

⁴⁹ *Brisbane Courier*, 9 January 1919, p. 8.

⁵⁰ Ibid.

The phrases in this communique that go to the crux of the use of inoculation as a public health measure are “a suitable vaccine” and “might be expected”. The question therefore arises, just what was a suitable vaccine?

According to Dr. Alfred Paul, Chief Quarantine Officer for the General North-Eastern Division, which encompassed Queensland, only vaccines supplied by the Commonwealth Serum Laboratories were effective (Figure 4). These vaccines had been “tested at [the] Sydney Quarantine Station and found ‘not to be wanting’”.⁵¹



Figure 4 Bottle of the Special Influenza Vaccine

Produced by Commonwealth Serum Laboratories in 1919, the “Special Influenza Vaccine (Mixed)” was administered in two doses, seven days apart. The term “mixed” describes a serum derived from a number of strains of organisms found in the greatest profusion in the sputum of persons infected with the virus. Museum Victoria Item HT13153.

⁵¹ *Brisbane Courier*, 5 December 1918, p. 6.

On the other hand, Dr. Burton Bradley, Director of Bacteriology and Microbiology in Queensland, publicly promoted the use of a vaccine that had been “locally prepared” at the Queensland laboratory, which he claimed, might prove more effective than that imported from the south or elsewhere; the freshness of the Queensland serum could not be doubted.⁵² On the face of it, the meaning behind Paul’s assertion was that the experts were located at the Commonwealth laboratory and only they could be trusted to prepare a vaccine that the public could have absolute confidence in. Conversely, Bradley’s statement gave the appearance of highlighting some possible, but unproven, advantage of a locally produced serum. Played out in the public, the dispute between Paul and Bradley in 1919 demonstrates medical opinion was sharply divided on what was the most effective serum.⁵³

At best, the serums administered helped in alleviating the symptoms and even prevented bacterial complications, but successfully producing a vaccine that brought immunity to influenza proved elusive.⁵⁴ Inoculation as a preventative public health measure in 1918-1920 was an expedient measure, not a reliable line of defence. Apart from the scientific difficulties and doubts, it could never have more than limited application. One thing that talk of inoculation did serve, however, was in giving the impression that governments were in control of the situation and were concerned about the people’s welfare.

Inhalation – the use of medicated steam spray for the disinfection of throat and air passages – was another preventative measure on which the federal and state authorities

⁵² *Brisbane Courier*, 4 December 1918, p. 6.

⁵³ Alfred Paul, “The Matter of Vaccine” (Letter to the Editor), *Brisbane Courier*, 6 December 1918, p. 7. Burton Bradley, (Letter to the Editor), *Brisbane Courier*, 7 December 1918, p. 4.

⁵⁴ For the simple fact that influenza is a viral and not a bacterial disease.

initially placed much reliance.⁵⁵ Convalescents and other people detained in the Commonwealth's quarantine stations underwent such disinfection. This involved the inhalation of steam ejected at pressure from a watery solution of 1 to 2.5% of zinc sulphate, usually administered in four-minute intervals, twice a day, over three days. Inhalation as a preventative measure was introduced in New South Wales and Queensland when the influenza epidemic first penetrated the maritime quarantine barrier. As a public health measure, inhalation was undertaken en masse in a fit-for-purpose spray room either in an existing building or in a prefabricated shed (chamber). An apparatus for the production of steam under pressure was attached to the chamber.

The use of inhalation chambers in Queensland in early 1919 was delayed by the oversight of there being no sulphate of zinc in the state; another example of the lack of preparedness despite the long recognized potential of an epidemic outbreak at any time.⁵⁶ After belatedly obtaining the zinc sulphate in the necessary quantities from interstate, the Queensland government set about erecting chambers at Wallangarra and Coolangatta on the state's southern border, and in Brisbane.⁵⁷ They were not thought to be immediately necessary elsewhere in the state.⁵⁸ At Wallangarra, where the chamber was erected at the railway station, a locomotive produced the required steam.⁵⁹ A stationary vertical boiler was used at Coolangatta.⁶⁰ Another inhalation chamber was erected on a punt. This floating chamber was to be used by passengers on ships that had been allowed to come up the Brisbane River.⁶¹

⁵⁵ *Brisbane Courier*, 30 January 1919, p. 8.

⁵⁶ Queensland, Parliament (1919-1920), *Annual Report of the Government Analyst and Chief Inspector of Explosives, 1919*, Parl. Paper, Vol. IV: 1091-94, Brisbane, p. 1092.

⁵⁷ Memorandum – List of Inhalation Chambers, nd, QSA: 8400, Item ID 18278.

⁵⁸ *Brisbane Courier*, 29 January 1919, p. 8. The Queensland government considered the greatest risk of the disease entering the state was overland from the south and via the port of Brisbane.

⁵⁹ *Brisbane Courier*, 29 January 1919, p. 8.

⁶⁰ *Brisbane Courier*, 7 February 1919, p. 8.

⁶¹ *Brisbane Courier*, 20 February 1919, p. 7.

In a reassuring message to the public, the Home Secretary stated that the inhalation process was especially efficacious in “killing germs or in preventing their appearance” in a person’s respiratory passages.⁶² Both the Victorian government’s Medical Advisory Committee and its New South Wales equivalent initially concurred.⁶³ Victoria’s Advisory Committee, however, soon put a proviso to its recommendation: The water solution was to contain no more than two percent zinc sulphate and suitable overalls were to be provided so that a persons’ clothing were not saturated. Crowding people into the chambers and afterwards exposing them to the chilly air were to be avoided. The Committee also warned against the use of irritating substances like Formalin in vapours, as they were likely to be harmful.⁶⁴ Such precautions had not occurred at the Commonwealth’s quarantine station in Sydney, as described by one correspondent to the *Bulletin*.

Into one small closed chamber capable of seating about 20 people, I have seen 42 herded for their vapour baths which a few took in bathing togs but the majority in their ordinary dress. No shower was available after coming out of the vapour bath and the bathers walked in their steam clothes to their own compound 600 yards away.⁶⁵

The New South Wales Medical Consultative Council’s study into the effects of inhalation came to the conclusion that its value as a public health measure was not proven; it had in a few cases even been found to be harmful. There was the additional drawback of the possibility of spreading the infection by crowding people inside a small room.⁶⁶ New South Wales’ discontinuation of inhalation in April 1919 was widely reported in

⁶² *Brisbane Courier*, 30 January 1919, p. 7.

⁶³ At the outset, the New South Wales government made inhalation compulsory for persons travelling on the state’s railways.

⁶⁴ *Brisbane Courier*, 15 February 1919, p. 5.

⁶⁵ “A recently-suspected person” (Letter to the Editor), *Bulletin*, 12 January 1919, quoted in Foley, p. 111.

⁶⁶ *Report of the Influenza Epidemic in New South Wales in 1919*, p. 164.

Queensland. Yet two days after that announcement, the Queensland Home Secretary underwent the treatment himself, reasserting the process as a certain safeguard against infection.⁶⁷ Despite Queensland's continued use of inhalation, evidence for its value as a preventative measure was, at best, anecdotal; no controlled trials were ever carried out.⁶⁸ Medical evidence had shown the transmission of the influenza virus from one person to another was through the medium of the fine spray ejected from the mouth whilst speaking as well as coughing and sneezing. The inter-governmental conference recommended the states arrange for the distribution of "respirators" to the public.⁶⁹ A general supply of masks was not forthcoming but in recommending the wearing of facemasks, state health authorities claimed that at least three or four layers of surgical gauze or butter muslin were necessary to prevent the ejection of microbes from the mouth. Providing a mask covered the nose and mouth and was boiled daily, it "would materially reduce the risk of infection."⁷⁰ For a time, New South Wales made the wearing of masks compulsory, especially enforced on train trips.⁷¹ The Queensland authorities recommended the wearing of a mask from the time the person left home until they returned. It was not until Queensland was officially declared an infected state in May 1919 that the government sought to regulate the use of facemasks. Even then, it was only to promulgate that the Commissioner of Public Health could, at some time in the future, require (by gazetted notice) persons in nominated situations to wear a facemask. Nonetheless, a monetary penalty for non-compliance had been incorporated into the regulation if a requirement for their wearing was ever issued (Figure 5). Photographic evidence suggests that at least for

⁶⁷ *Brisbane Courier*, 19 April 1919, p. 6.

⁶⁸ The now-standard methodology of randomised controlled trials was not widely adopted until after World War II, so the absence of such studies in 1919 is, historically, quite reasonable.

⁶⁹ Commonwealth and States of Australia, Influenza Conference, 1918: Resolutions, nd, QSA: 8400, Item ID 18188.

⁷⁰ Public Health Notice, nd, QSA: 8400, Item ID 279744. *Report of the Influenza Epidemic in New South Wales in 1919*, p. 163.

⁷¹ *Government Gazette of the State of New South Wales*, 31 January 1919, Issue No. 17, Supplement, p. 733.

a short time, some nurses in Brisbane wore appropriate facemasks (Figure 6), but there was never a general requirement issued by the Commissioner of Public Health.

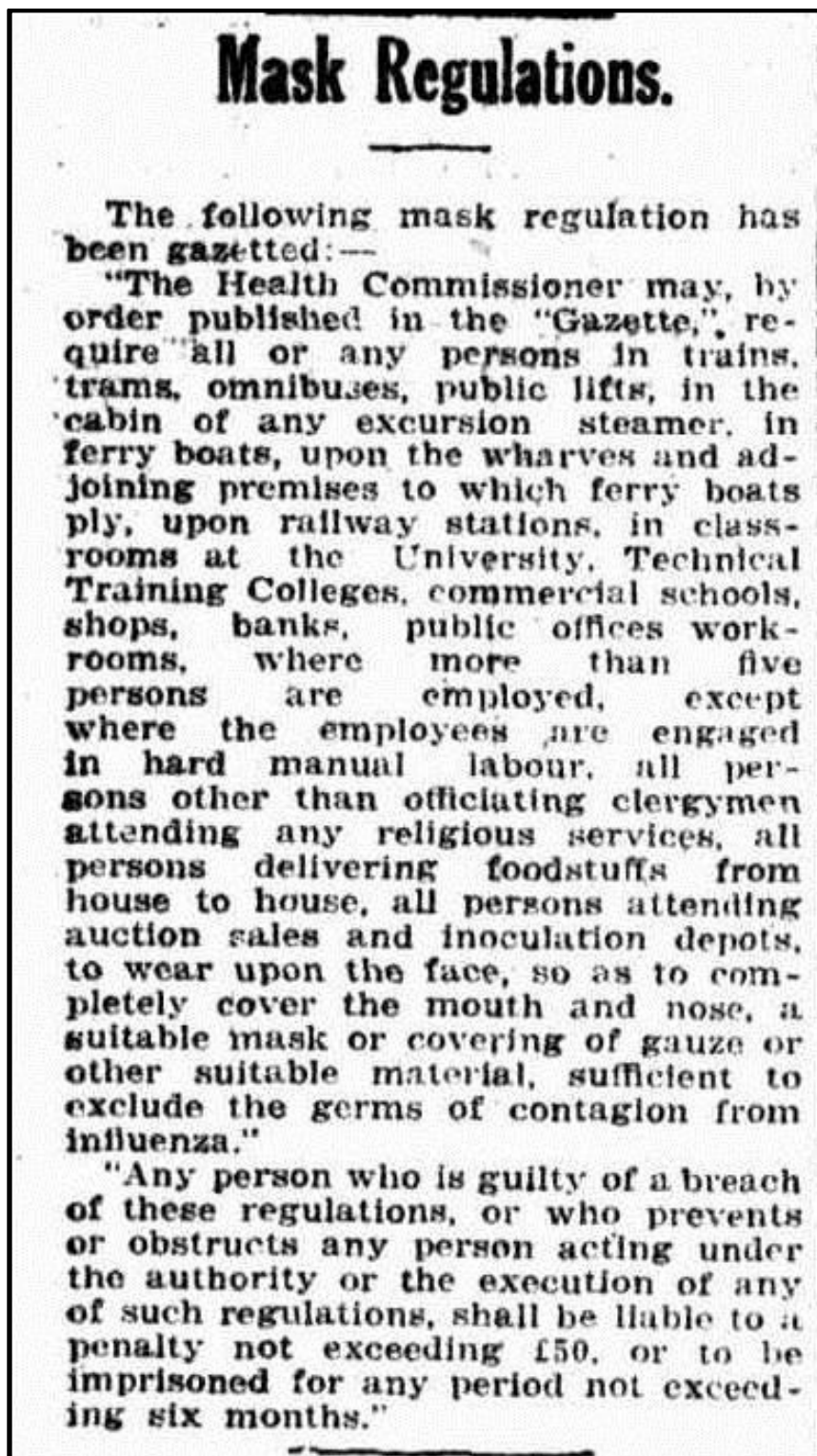


Figure 5 Mask Regulations

On Thursday 22 May 1919, the Queensland government gazetted a new set of influenza regulations. One regulation gave authority for the Commissioner of Public Health to issue an order requiring the wearing of masks by in certain situations. As far as can be ascertained no such order was ever issued. Newspaper article: *Telegraph*, 22 May 1919, p. 5.



Figure 6 Brisbane nurses wearing surgical masks

For face masks to be effective it was considered that at least 4 layers of surgical gauze were necessary to materially reduce the risk of being infected or to pass the infection on when coughing and sneezing. Image: circa May 1919, John Oxley Library, State Library of Queensland Neg: 108241

Councils, Hospitals and Medical Services

Resolution 10 (2) and (3) of the inter-governmental conference recommended states plan for the establishment of special hospitals and make provision for ambulance transport. What the states needed was to secure the full co-operation of local authorities, doctors and nurses and the public. Experiences in Britain and elsewhere had demonstrated that diffusion of infectious disease was preventable by good drainage and sanitation. Sanitation was chiefly the responsibility of local authorities. However, through what the Commissioner of Public Health regarded as a lack of foresight and false economy, local authorities in Queensland were often reluctant to retain the services of a medical officer or sanitary inspector. According to the Commissioner, this laxity, particularly on the part of rural councils, was responsible for outbreaks of disease in those areas.⁷²

⁷² *Report of the Commissioner for Public Health 1914*, p. 5.

With the onset of epidemic influenza cases in Melbourne in January 1919, Moore required all councils to furnish a report giving particulars as to which streets and premises had undergone sanitation measures in the previous twelve months. At the same time, the Home Secretary criticised local authorities in Brisbane for not being sufficiently vigilant in attending to the sanitation of the communities within their boundaries. Huxham wanted the councils to be more rigid in enforcing sanitation laws.⁷³ The responses of the Brisbane metropolitan councils can be placed into one of three categories. One, shifting the blame on to the disenfranchised; two, adopting a waiting game (that is to say, await instructions from the Commissioner of Public Health as to how and when to act); or three, taking positive action by employing more inspectors and giving the council's health committee greater autonomy to act.⁷⁴

Under Section 117 of the *Health Acts*, the responsibility for providing hospital accommodation for the treatment of cases of notifiable infectious disease lay with the local authority. In 1915, councils throughout the state were required to enter into an arrangement with the public hospitals in their respective area at a cost per case of £2/2/- per week for persons confined to bed and £1/5/- per week whilst convalescent. Previously councils endeavoured to evade their responsibility. Instead of reimbursing hospitals for the actual patient costs, many councils merely paid a small annual fixed sum, leaving hospital committees out of pocket and seeking money from the public to meet their financial obligations.⁷⁵ As such, coping with outbreaks of infectious disease was severely

⁷³ "Shouldering of Responsibility", *Brisbane Courier*, 25 January 1919, p. 7.

⁷⁴ See for example, "The Municipal Attitude. Ready For Developments.", *Brisbane Courier*, 29 January 1919, p. 9. "Ithaca Nuisances, Long Discussion, Little Done.", *Brisbane Courier*, 29 January 1919, p. 8. "Pneumonic Influenza. City Council Aroused.", *Brisbane Courier*, 29 January 1919, p. 9.

⁷⁵ Queensland, Parliament (1915-1916), *Annual Report of the Commissioner of Public Health 1915*, Parl. Paper, Vol. II: 291-356, Brisbane, p. 294.

taxing for hospitals with limited accommodation. Some hospital committees resorted to tents, as “temporary expedients” to accommodate diphtheria cases in 1915.⁷⁶

Medical practitioners faced a suite of symptoms and a degree of severity outside of the experience of all but a few. Whether or not they acknowledged it as influenza meant little in the attempt to control or cure the malady. The cause was unknown. The reason for the range in severity was unknown. Prescribed pharmaceutical interventions tended to be local and experimental.⁷⁷ Little was known about safe dosages; doctors often simply raised the dosage until they saw signs of toxicity then backed off. According to infectious disease specialist Karen Starko, inadvertent overdosing on Aspirin, the new “wonder drug” prescribed throughout pandemic, may have caused many of the pandemic’s cyanotic deaths.⁷⁸

Other treatments came to the fore. New Zealand’s Dr Peter Macdonald presented authorities with a brief treatise detailing how tongue cleansing could not only prevent influenza, it could also cure those currently infected and prevent long-term problems from the disease.⁷⁹ The Acting Premier of Queensland, however, took greater interest in a treatment developed by Dr Boelke of Sydney, who promoted the use of collosol hydrargyrum, a preparation containing a 1 in 2000 colloidal solution of pure mercury,

⁷⁶ *Report of the Commissioner for Public Health 1915*, p. 295. See also *Gympie Times and Mary River Mining Gazette*, 12 April 1919, p. 2. *Telegraph*, 18 December 1914, p. 4. *Brisbane Courier*, 24 November 1910, p. 4.

⁷⁷ Various poultices, compresses and cough syrups had their sworn adherents.

⁷⁸ Karen M. Starko, “Salicylates and Pandemic Influenza Mortality, 1918-1919: pharmacology, Pathology, and Historic Evidence”, *Clinical Infectious Diseases*, Vol. 49, No. 9 (2009): p. 1405. With little in the way of primary source autopsy reports and other documents to support it, the theory remains contestable, see for example Andrew Noymer, Daisy Carreon and Niall Johnson, “Questioning the Salicylates and Influenza pandemic Mortality Hypothesis in 1918-1919”, *Clinical Infectious Diseases*, Vol. 50, No. 8, (2010): p. 1203.

⁷⁹ Macdonald to Watt, 13 June 1919 (Influenza and air-borne diseases treatise), NAA: A1336, 7500.

injected intravenously, as a cure.⁸⁰ A private practitioner, Dr Boelke was convinced of the value of the treatment but on inquiry, the New South Wales Health Department was sceptical. The success of the treatment, given to a limited number of patients in New South Wales did not correlate with Boelke's enthusiasm; "frequently the general condition [of the patient] improves immediately in response to an injection – but the beneficial effects are not sustained."⁸¹ Around the same time it was reported in the *Journal of the American Medical Association* that collosol hydrargyrum had been declared "inadmissible to New and Nonofficial Remedies; if "injected intravenously as directed, death might result", which is what occurred in six of the recorded cases in New South Wales.⁸²

Without an effective treatment for the epidemic influenza, nourishment, clean beds, fresh air and focused nursing care were the most important elements in caring for patients until their bodies could cope with the disease and/or a secondary infection. 1918-1920, however, were years of shortages, strikes and droughts in Queensland. Five percent of registered doctors were still abroad on active service as were many of Queensland's nurses.⁸³ The Queensland government, unlike those of New South Wales and Victoria, did not appoint a formal advisory committee to assist the Home Secretary and Commissioner of Public Health in the control of the epidemic disease. Instead, the Home Secretary called upon the necessary experts and qualified departmental officers as the situation required.⁸⁴ At a hastily arranged conference on 31 January 1919, those in

⁸⁰ Professor C. Marshall and G. Killohn, "The Bactericidal Action of Collosols of Silver and Mercury," *The British Medical Journal* (January 16, 1915): p. 102.

⁸¹ New South Wales Premier's Department to Theodore, 4 July 1919, QSA: 5402, Item ID 862691.

⁸² W. Puckner, "Coflosol preparations. Report of the Council on Pharmacy and Chemistry", *Journal of the American Medical Association*, Vol. 72, No. 23 (1919): p. 1694.

⁸³ Humphrey McQueen, "The 'Spanish' Influenza Pandemic in Australia 1918-1919", in Jill Rae, ed., *Social policy in Australia: Some Perspectives 1901-1975* (Stanmore: Cassell Australia, 1976), p. 135.

⁸⁴ Brisbane Industrial Council to Huxham, 3 February 1919, QSA: 8400, Item ID 18246. This notwithstanding, a Medical Advisory Committee, being a sub-committee of and appointed by the BMA to

attendance were the Home Secretary and Under-Secretary, Commissioner for Public Health, Commonwealth Quarantine Officer, President of the Queensland Branch of the British Medical Association (BMA), Medical Superintendent of the Brisbane General Hospital and its nursing matron. On other occasions, the Commissioner of Police and the Commissioner of Railways attended. In between times, the Cabinet met daily to give effect to any matter that required attention.⁸⁵

Information and Regulation

Prior to the inter-governmental conference, the Queensland government had been criticised for a lack of action in preparing for an outbreak. In comparing Queensland's effort to what had already been done in Sydney and Melbourne, the *Brisbane Courier* asked whether it was "Apathy or Indifference" on the part of the state authorities and even went so far as accusing the Home Secretary of being too "cocksure" that there would be no outbreak of influenza in Queensland.⁸⁶ In response, Dr Booth-Clarkson, Queensland's Deputy Commissioner for Public Health, attended a public meeting in Brisbane on 3 December 1918, assuring those present that the Commonwealth's maritime quarantine, the first line of defence, as he put it, would effectively prevent any outbreak of the pandemic influenza in Australia. If it did not, the second line of defence, the "Department of Health", would take "very drastic and complete measures" as it had done in the recent outbreak of yellow fever and plague.⁸⁷ On a previous occasion, Booth-Clarkson had referred to his ongoing contact with federal authorities with a "view to being prepared in case of an outbreak."⁸⁸ Whatever Booth-Clarkson may have meant by this, any

advise the Deputy-Commissioner of Public Health on the pandemic had been established in December 1918 upon the latter's request. BMA to Moore, 3 March 1919, QSA: 8400, Item ID 18277.

⁸⁵ Medical conference, 31 January 1919, QSA: 8400, Item ID 18277.

⁸⁶ *Brisbane Courier*, 21 November 1918, p. 7 and 23 November 1918, p. 5.

⁸⁷ *Brisbane Courier*, 3 December 1919, p. 7.

⁸⁸ Dr Booth-Clarkson quoted in *Brisbane Courier*, 26 November 1918, p. 6.

preparedness seems only to have occurred in the abstract rather than in actual planning.⁸⁹

What the public needed more than anything was reliable and definite information on the prevention and treatment of the disease and its likely virulence. The inter-governmental conference recommended states provide such advice through “the press and by circular.”⁹⁰

The most effective and efficient means of conveying information to the public in 1919 was through the daily newspapers. Contained in the columns of Queensland’s print media, the reader could find information as to the progress of disease, recommended treatment or prevention methods. Newspapers also allowed an avenue for readers to write in supporting or condemning the public health measures imposed. Newspapers were the means by which the government informed, warned and reassured the public, stated its case for the imposition of health measures, and publicly asserted the correctness of its actions. Health regulations proclaimed in the *Queensland Government Gazette* were reprinted in full. In addition to newspapers, the Commissioner of Public Health released information via circulars and public notices (Figure 7), sent to local authorities and hospitals throughout the state for distribution. A recipe book for the nourishment of influenza patients was published by the Department of Public Instruction. Approximately 7,500 copies of the booklet were initially printed and distributed to hospitals and local authorities throughout the state.⁹¹

⁸⁹ In contrast, the Victorian health authorities had already issued regulations for the reporting of influenza and the establishment of inhalation chambers. They had also published a pamphlet that outlined the history of the epidemic, how the disease was spread, its symptoms and the personal measures that could be taken to reduce the likelihood of being infected.

⁹⁰ Influenza Conference, 1918: Resolutions, QSA: 8400, Item ID 18188.

⁹¹ DoPI, Memorandum: Recipes for Invalid Cookery suitable for Influenza Patients, 13 June 1919. QSA: 6477, Item ID 997166.

Issued by the Department of Public Health, Queensland.

Pneumonic Influenza—What to do.

Sir/Madam,—

You are respectfully asked, in the event of an outbreak of suspicious illness in your home, to communicate at once with either of the following persons :—

- (1) A medical practitioner preferably resident in your district ; or
- (2) The Town or Shire Clerk in whose Area you are situated ; or
- (3) The nearest Officer of Police.

You are also requested to read the following simple instructions. If these instructions are carefully observed, the risk to the patient, and persons connected with the patient, will be greatly minimised :—

Incubation period short, varying from under twenty-four to ninety-six hours.

Onset sudden and violent in almost every case. The patient may be unconscious in six hours.

TYPES.

Mild Type—Muscular pains, backache, pains in limbs, etc. Rise of temperature 101 to 103. Sweating, which may end in lysis in three days. Muscular weakness marked.

Dangerous Type—The mild type may suddenly assume a dangerous character, accompanied by profuse sweating.

Gastric Type—Vomiting, with hæmorrhages from nose and bowels.

Septic Type—Early coma and delirium are observed in this type. **Backache and uneasiness general ; moist tongue and sore throat.**

PREVENTIVE RULES, MASKS, INOCULATION.

Masks should be worn.

All medical evidence goes to show that epidemics of the influenza type are transmitted from one person to another through the medium of the fine spray that is ejected from the mouth in ordinary speaking as well as in coughing and sneezing. There is further evidence that at least four layers of surgical gauze are necessary to prevent the ejection of microbes from the mouth in this way ; therefore, the wearing of a mask, covered by at least four layers of gauze, would materially reduce the risk of infection. This mask must cover both nose and mouth, and must be boiled daily.

Inoculation.

Inoculation diminishes both the risk of infection as well as the liability to grave complications if infection should occur. Every person should be inoculated.

Simple Rules to be Observed.

Keep away from the cougher, spitter, or sneezer who does not use a mask or handkerchief.

Keep out of crowds.

Keep in the fresh air and sunlight as much as possible.

Keep out of doors, if possible, or in a well-ventilated room.

Be temperate in eating, and avoid alcohol.

Wash your hands and face immediately upon reaching your home.

Change your clothes before mingling with the rest of your family.

Exercise, short of fatigue, should be taken regularly.

Keep the mouth and teeth clean.

Curative Measures.

Go to bed in a room to yourself directly you feel symptoms like pain in the head or limbs, or a cold, and take light diet.

Stay in bed until recovery is complete.

The sick person should cough, sneeze, or expectorate into gauze or a piece of clean rag which should be burnt at once after use. Persons handling the gauze or rag should wash their hands after each attention.

Patient's room should be well ventilated, and care should be taken that draughts do not strike him.

Visitors should be kept from the sick room as far as possible. Only one member of the family should attend on the patient, and the attendant should wear a mask.

J. I. MOORE,

Commissioner of Public Health.

Department of Public Health,
Hope Street, South Brisbane.

Figure 7 "Pneumonic Influenza – What to do."

Circular issued by the Queensland Commissioner of Public Health for distribution throughout the state during the influenza epidemic in 1919. QSA: 8400, Item ID 279744.

The inter-governmental conference considered it advisable, in the event of an outbreak:

To close all places of public resort such as theatres, music halls, picture shows, race meetings, churches, schools; to prohibit all public meetings; and to take action for the regulation of all out-patients Departments of General Hospitals.⁹²

Section 166 of *The Health Acts 1900 to 1917*, authorised the Queensland Commissioner of Public Health to make regulations for the purpose of preventing or checking the spread of infectious disease. Under section 20 of the same Acts, in any emergent situation, the Commissioner could promulgate the limits of any locality subjected to an infectious disease epidemic.⁹³ He could issue regulations for state intervention of a person's civil rights: house-to-house visitations, mandatory inoculation, examination, detention and isolation of any person likely to have been infected or of any person who had been in contact with such a person, the speedy disposal of the dead and the promotion of cleansing, ventilation and disinfection. The Commissioner could also direct the disinfecting and/ or closing of any church, school, library, theatre, hall or other place where persons gathered. To ensure the observance of the public health measures, regulations proclaimed during the influenza epidemic gave the Commissioner or any Health Officer the power to appoint guards. Those guards could use such force as was reasonably necessary to prevent any breach, or to apprehend any person who had committed or was suspected of committing a breach of the regulations. Non-cooperation or failing to obey a direction was an offence punishable by a penalty of no more than £100.⁹⁴

⁹² Influenza Conference, 1918: Resolutions, QSA: 8400, Item ID 18188.

⁹³ *The Health Acts 1900 to 1917*.

⁹⁴ *Brisbane Courier*, 3 February 1919, pp. 7-8.

On Reflection

On accepting the resolutions of the inter-governmental conference in total, the Commonwealth forwarded a copy to the premier of each state for their respective government's concurrence and signature agreement.⁹⁵ By 31 December 1918, every state except Queensland had endorsed the resolutions.⁹⁶ Whilst the conference resolutions and action to be taken in the event of an outbreak of pandemic influenza was not on the agenda for the scheduled conference of Premiers and Acting Prime Minister in late January 1919, the "Co-ordination of Commonwealth and State powers with respect to quarantinable and other diseases" was listed by the Commonwealth for discussion.⁹⁷ As of 17 January 1919, the Home Secretary's Office did not consider there had hitherto been any lack of co-ordination between the two levels of government. The line of demarcation between the powers of the two was "clear and definite".⁹⁸ Under the *Quarantine Act 1908*, the Commonwealth was responsible for all overseas and interstate maritime quarantine – what was commonly known as the first line of defence. The Commonwealth had the power to order ships and passengers into quarantine and generally take all necessary measures to prevent quarantinable diseases entering Australia. Queensland government had always recognized that, notwithstanding the disease may have come from overseas and had penetrated the first line of defence, under its health legislation the state was responsible for the prevention and eradication of infectious disease within its boundaries. With a wave of infectious disease about to break over Australia, Chapters 3 and 4 examine the application of state power and the dynamics of constitutional and executive government forces which made and unmade government policy and approaches to public health and its impact on the lives of ordinary Queenslanders.

⁹⁵ Watt to Ryan, 28 November 1918, QSA: 8400, Item ID 18246.

⁹⁶ Watt to Hunter, 30 January 1919, QSA: 8400, Item ID 18246.

⁹⁷ Agenda item 10, Premiers' Conference, 14 January 1919, QSA: 5402, Item 862680.

⁹⁸ Huxham to CSO, 17 January 1919, QSA: 5402, Item ID 862674.

Chapter 3

“To think you pay 7/6 a day for this!”¹

Sir, – I have received an account for £2 12s 6d from the accountant to the Home Department ... being for seven days at 7s 6d per day. I decline to pay this charge on the following grounds: - (1) That we were not in camp seven, or six days.... (2) That I was not imprisoned by my own free will.... (3) That I did not receive for the money any reasonable consideration....²

On 25 January 1919, the *Brisbane Courier* had informed Queenslanders that numerous cases of pandemic influenza and six related deaths had occurred in Melbourne.³ However, it was only on 28 January 1919 that the government of Victoria declared the state to be in the midst of pneumonic influenza in epidemic proportions.⁴ The option of closing the border between Victoria and New South Wales, as anticipated by the resolutions of the inter-governmental conference in November 1918, was gone. People with the disease had already crossed into New South Wales. Ironically, New South Wales was the first state declared to have the pandemic influenza within its borders.

On the afternoon of Monday 27 January 1919, approximately 350 passengers left Sydney for Queensland on the Brisbane mail train unaware that events then unfolding in New South Wales would prevent them from completing their journey. As the train travelled on its overnight journey, the New South Wales government gave notice that several cases of pandemic influenza had been diagnosed in Sydney. Shortly after ten o'clock that night a special Commonwealth Gazette declared the entirety of the state of New South Wales a quarantine area and that all persons and goods therein were subject to quarantine.⁵ Upon

¹ Ethel Roberts quoted in *Brisbane Courier*, 6 March 1919, p. 7.

² Brisbane Merchant (Letter to the Editor), *Daily Mail*, 25 March 1919, p. 9.

³ *Brisbane Courier*, 25 January 1919, p. 5.

⁴ *Commonwealth of Australia Gazette*, No. 12, 28 January 1919, p. 1.

⁵ *Commonwealth of Australia Gazette*, No. 11, 11 January 1919, p. 1. *Brisbane Courier*, 28 January 1919, p. 7.

this declaration being promulgated, Commonwealth regulations effectively closed the border between New South Wales and Queensland, imposing significant restrictions on interstate travel and commerce.

Resolutions 2, 4 and 5 of the inter-governmental conference as described in chapter 2 and contained in the appendix, are particularly relevant to this chapter, which, in part, looks at the rationale of establishing land quarantine along the border of New South Wales and Queensland. The primary means of inter-state travel in Australia in 1918-1920 was either steamship or railway. Conference resolution no. 4 indicates that in the event of the land borders between the states being closed, the Commonwealth envisaged the movement of people between states would only be undertaken by sea. Focusing on three towns, Tenterfield, Coolangatta and Wallangarra (Figure 8), this chapter scrutinizes the effect the closing of the border between Queensland and New South Wales had on the lives of ordinary Queenslanders.



Figure 8 Map showing the towns of Tenterfield, Coolangatta and Wallangarra

Image: Extract, Map of Queensland to accompany the Commissioner for Railways' Report for 1919-20 (Qld). Private collection.

Tenterfield, a “tragi-comedy” and a “wretched bungle”⁶

The declaration of New South Wales as a quarantine area brought into force Commonwealth regulations with regards to entering and leaving the state. No person was allowed to cross overland from New South Wales into a “clean” state, save for bona fide residents living within ten miles of the border; the only point of departure from New South Wales was by boat from Sydney; no person was allowed to leave by sea without first receiving an official permit to do so.⁷ The prohibition was immediate and came just at the close of the Christmas/New Year holiday season with many Queenslanders still to make their way home from holidaying interstate.⁸

As a result, the journey of those 350 travellers aboard the Brisbane mail train came to an abrupt early morning termination at Tenterfield, a small town some twelve miles south of the New South Wales and Queensland border. The inter-governmental conference had not contemplated this eventuality. Consequently, no planning for such a contingency was undertaken and no logistics had been put in place. The train’s passengers were more or less dumped onto the platform and left to fend for themselves.⁹ The train itself continued on to Wallangarra, the border station, to deliver the mail and prepare for its return journey to Sydney that evening with mail and passengers from Queensland.

In Tenterfield, the first intimation the town had of the situation was when motor cars and coaches were requisitioned to bring the stranded passengers into the business centre. According to the town’s newspaper, accommodating these extra people was no easy task:

⁶ *Brisbane Courier*, 1 February 1919, p. 5.

⁷ Statutory Rules 1919, No. 21, 27 January 1919, QSA: 8400, Item ID 18169.

⁸ *Brisbane Courier*, 29 January 1919, p. 8.

⁹ Cooper to Huxham, 28 January 1919, QSA: 8400, Item ID 18186. *Brisbane Courier*, 29 January 1919, p. 8.

The restaurants and hotels were crowded to the doors all day. At some restaurants, no less than seven relays of people had to be fed. The butchers quickly ran out of meat, and the bakers were not much better off.¹⁰

Despite the mayor's telegram to the New South Wales' Health Minister requesting the movement of people from Sydney to Tenterfield be stopped, the trains kept coming. Tenterfield was soon struggling with its newfound population. There was no attempt to segregate the visitors from the local populace or recent arrivals from those not so recent; they were in effect "jumbled in anywhere and everywhere."¹¹ The town's accommodation, for rent or otherwise, was soon exhausted. People slept anywhere they could find, some going without any shelter at all.¹² If not for some fortuitous rainfall, the town would have run out of water.¹³ In the confusion, enterprising persons among those stranded hired motor cars and made a dash for the border, only to be stopped and turned back by the police.¹⁴ Another snuck out of town one night and coming upon a stray horse made a bolt for Queensland. He too was seen, chased and rounded up.¹⁵ Numerous illicit attempts at crossing into Queensland were made in the months ahead.

A well-attended meeting of "Marooned Queenslanders" (Figure 9) called on the federal and state governments to take immediate action to get them home and at the same time offered a solution to the situation – a quarantine camp. Despite already having put up with several days of hardship, the stranded Queenslanders were prepared to set up the camp themselves and undergo a further seven days' delay so they could get back home.¹⁶ It was a solution that was taken up – eventually.

¹⁰ *Tenterfield Star*, 30 January 1919, p. 4.

¹¹ *Brisbane Courier*, 31 January 1919, p. 8.

¹² *Tenterfield Star*, 30 January 1919, p. 4.

¹³ *Tenterfield Star*, 3 February 1919, p. 2.

¹⁴ *Brisbane Courier*, 29 January 1919, p. 8.

¹⁵ *Tenterfield Star*, 3 February 1919, p. 2.

¹⁶ *Brisbane Courier*, 31 January 1919, p. 8.



Figure 9 “Marooned Queenslanders” at Tenterfield

The meeting of marooned Queenslanders on 30 January 1919 called upon the Queensland government to establish a quarantine camp on the state’s border with New South Wales. Image: E. Tooley, *Queenslander*, 22 February 1919, p. 28.

The 100 persons who arrived on the morning train on 31 January 1919 brought the number of people at Tenterfield wanting to cross into Queensland to approximately 800. The hardships imposed were amply illustrated in newspaper reports and official communications – eleven people occupied one small room, one woman with seven children was destitute and five men were living in a horse-cart. Taking advantage of the situation some hotelkeepers increased the price for accommodation to an exorbitant two guineas per night. The *Brisbane Courier* described the situation as a “tragi-comedy” and a “wretched bungle”.¹⁷

Similar chaos occurred elsewhere. In contrast to the situation on the New South Wales and Queensland border, where travel into New South Wales was unrestricted, the New

¹⁷ *Brisbane Courier*, 1 February 1919, p. 5

South Wales government closed its border to all traffic from South Australia despite the influenza not yet having penetrated into that state.¹⁸ Persons wanting to cross into New South Wales from South Australia had to stop at Cockburn, an isolated and tiny community just on the South Australian side of the border.¹⁹ Nearly 200 persons landed there within a couple of days. Conditions were far worse than at Tenterfield. Food, milk and water for washing, were virtually unobtainable and sanitary conditions bleak. Most of the women and children did not change their clothes for four days. It was not until the people of Broken Hill organised relief that the situation at Cockburn improved.²⁰

Unable to obtain a guarantee from the New South Wales government to cover the expense it was incurring in feeding and housing those stranded, the Tenterfield council sought financial assistance from the Queensland government. Queensland, however, told the council that it was a matter for the Commonwealth government and suggested it make inquiries with them. The council's telegrams to the Commonwealth went unanswered.²¹ Only when William Cooper MLA, who was amongst those stranded at Tenterfield, convinced John Huxham, Queensland's Home Secretary, of the urgency of the matter did the Queensland government agree to cover the cost of the relief to necessitous cases.²²

In accordance with Commonwealth regulations, William Watt, Australia's Acting Prime Minister, notified the Acting Premier of Queensland that the stranded passengers could

¹⁸ It was not until 5 February 1919, that South Australia was declared an infected state. See *Commonwealth of Australia Gazette*, No. 17, Wednesday, 5 February, 1919.

¹⁹ *Barrier Miner*, 30 January 1919, p. 4.

²⁰ *Barrier Miner*, 1 and 3 February 1919, p. 4.

²¹ *Brisbane Courier*, 31 January 1919, p. 8 and 1 February 1919, p. 5. See also Macartney to Acting Prime Minister, 31 January 1919, NAA: AWM38, 3DRL 606/65/1.

²² Cooper to Huxham, 29 January 1919, QSA: 8400, Item ID 18186. *Brisbane Courier*, 1 February 1919, p. 6.

travel from Sydney to Brisbane by steamship on and from 31 January 1919.²³ Those stranded at Tenterfield were offered free train travel back to Sydney. The offer was considered a “doubtful concession”, entailing, as it did, having to go back to where the epidemic had first taken hold. Travellers then had to find and pay for accommodation and other living expenses, whilst waiting for an expensive berth on a steamship (to cover costs caused by the quarantine regulations the federal government had authorised shipping companies to raise the fare to £10, some £3/10 above the usual rate) when or if one become available.²⁴ Where previously there had been at least three per week, between the end January and the beginning of March 1919, only three civilian passenger-carrying ships left Sydney for Brisbane.²⁵

By early February, a good proportion of the stranded Queenslanders had been in Tenterfield for seven days. According to “the manager of a well-known Brisbane sawmilling business” the people there, having been patient, were nearing breaking point:

The State Government was acting unwarrantably in trying to detain the passengers indefinitely at Tenterfield....unless the State Government awakened to the position, and tried to realise the hardships it was imposing, some of the passengers, in sheer exasperation, would defy the State authority, and cross the border into Queensland.²⁶

It was, perhaps, only natural for the people to lay the blame entirely at the feet of the Queensland government, whereas the situation was a lot more complicated than that. It was not only a social issue, but also involved political, public health, economic and inter-

²³ Statutory Rules 1919, No. 21, 27 January 1919, QSA: 8400, Item ID 18169. Watt to Theodore, 31 January 1919, QSA: 8400, Item ID 18246. Cumpston to HSO, 29 January 1919, QSA: 8400, Item ID 18186. *Brisbane Courier*, 1 February 1919, p. 6.

²⁴ *Brisbane Courier*, 29 and 30 January 1919, p. 4.

²⁵ Interstate shipping even at this early date in the epidemic was becoming problematic. See *Brisbane Courier*, various issues, 2 December 1918 to 31 March 1919. The effects influenza and the influenza regulations had on coastal shipping are explored in detail in chapter 4.

²⁶ *Brisbane Courier*, 4 February 1919, p. 8.

governmental considerations, with perhaps the issue of co-operation and co-ordination between state and federal governments being of foremost significance.

In addition to those at Tenterfield and others at Tweed Heads to the northeast, there were at least 600 Queenslanders in Sydney, with more arriving daily from all parts of New South Wales and Victoria, all wanting to get back home.²⁷ The Queensland government urged the Commonwealth to make the steamship *Wyandra* available for that purpose. The request was denied.²⁸ Alternative proposals were considered. Instead of going back through Sydney, it was thought a small steamer might be obtained to transport those from Tenterfield and Tweed Heads to Brisbane, where they would undergo the seven days' quarantine. Another was that they be sent directly to the Commonwealth's Lytton quarantine facility in Brisbane by a specially run train.²⁹ Neither proposal came to fruition. An arrangement between the governments of Queensland and New South Wales to establish quarantine camps at Tenterfield and Tweed Heads with expenses shared equally had been scuttled by the Acting Prime Minister on the grounds that it would have been a contravention of the decision of the November 1918 conference.³⁰ The Commonwealth government was adamant that there would be no quarantine camps on the New South Wales / Queensland border (Figure 10).

²⁷ Volkman to Theodore, 1 February 1919, QSA: 8400, Item ID 18186.

²⁸ Watt to Acting Premier Queensland, 1, 2 and 3 February 1919, QSA: 5402, Item ID 862675. Theodore to Watt, 29 January 1919, NAA: AWM38, 3DRL 606/65/1.

²⁹ *Brisbane Courier*, 4 February 1919, p. 8.

³⁰ Watt to Hunter, 3 February 1919, QSA: 8400, Item ID 18246. *Telegraph*, 4 February 1919, p. 5.

URGENT TELEGRAM. Charges to Pay—Message _____ Portorage _____ <small>B.774/17—C.1919.</small>		COMMONWEALTH OF AUSTRALIA. Postmaster-General's Department,	
To Moore Commr Health Brisbane. No. 71699 TRANSMITTED BY TELEPHONE		This message has been received subject to the Post and Telegraph Act and Regulations. All complaints to be addressed in writing to the Deputy Postmaster-General. DATE STAMP: 28 JAN 1919 TRANSMITTED BY TELEPHONE	
STATION FROM.	No. OF WORDS.	CHECK.	TIME LODGED AND RECEIVED.
120 Melbourne	28 4/	11 20p	
283 Regulations now gazetted prohibit absolutely egress from new South Wales into Queensland stop No quarantine for observation at Tenterfield but absolute prohibition Cumpston Copy to Home Sec 29.1.19 12 12ahx			

Figure 10 “No quarantine ... but absolute prohibition”

The Commonwealth government was adamant that there would be no quarantine camps on the New South Wales / Queensland border. Cumpston to Moore, 28 January 1919, QSA: 8400, Item ID 18246.

William Watt and the Commonwealth Director-General of Quarantine, John Cumpston, continually claimed that all state governments accepted the resolutions of the inter-governmental conference without dissent or qualification. This might have been true of the conference delegates but the Queensland government does not appear to have given any indication of such. Cumpston later wrote a number of papers in which he was very critical of the actions of the state governments, yet he provides the evidence that the inter-governmental agreement was not as unanimous as had since been made out. There were divisions of opinions between the delegates as to the measures to be taken.³¹ All of which suggests the resolutions resulted from a compromise of positions rather than a consensus

³¹ John Cumpston, *Health and Disease in Australia*, p. 319. See also Hyslop, “A Question of Identity”, where she notes the different positions taken by state and Commonwealth delegates at the conference.

of opinion. Additionally, the New South Wales government argued that as Victoria had failed to make a timely declaration of the infection in accordance with the recommendations of the inter-governmental conference, the state was free to take whatever action it thought necessary to protect its citizens without waiting for the Commonwealth.³²

As late as 30 January 1919, Watt was still trying to persuade Queensland to acquiesce in the resolutions.³³ Although a written notation indicates Acting Premier John Hunter did not agree to all the resolutions, if Hunter ever replied to Watt's telegram or letter, no such record has been located in either the Queensland State Archives or the National Archives of Australia. Gerald Rée argues that no such agreement was forthcoming because the resolutions of the conference and the subsequent Commonwealth quarantine regulations required a ten-mile buffer zone on either side of the border, which, he claims, Queensland felt unable to adequately police.³⁴ But no matter where it was placed, any line of demarcation required policing. The ten-mile buffer zone was opposed by Queensland on the advice of the Commissioner for Public Health and the Queensland branch of the British Medical Association, who stated that such a zone compromised the health and wellbeing of the state.³⁵ As explained by John Hunter:

It seems possible, owing to the interpretation that has been put upon it, that a Queensland resident, say, at Goondiwindi, may cross into New South Wales, and perhaps go as far as Sydney, return to his home, and, if he so desires, visit any other part of Queensland. That is the position as it now seems to exist. That undoubtedly would permit contacts having free movement and being a danger to the community.³⁶

³² New South Wales, Parliament (1920), *Report on the Influenza Epidemic in New South Wales in 1919*, Parl. Papers, Section V: 139-272, Sydney, p. 159-61.

³³ Watt to Hunter, 30 January 1919, QSA: 8400, Item ID 18246.

³⁴ Rée, ps. 329, 333-334.

³⁵ *Brisbane Courier*, 31 January 1919, p. 8. See also, Hunter to Watt, 4 February 1919, NAA: A2, 1919/1302.

³⁶ *Brisbane Courier*, 31 January 1919, p. 8. See also, Hunter to Watt, 4 February 1919, NAA: A2, 1919/1302.

On 1 February 1919, Hunter advised the Commonwealth that no exemption with regards to crossing the border would be allowed to bona fide border residents. This, according to Cumpston, made Queensland the fourth state government to act contrary to the resolutions of the 1918 inter-governmental conference and the Commonwealth regulations then in force.³⁷ For Hunter it was a matter of putting in place all necessary safeguards to protect the state and if that meant a certain amount of inconvenience to border residents, so be it.

Australian demographer Jack Camm dismissed the conflict as mere “matters of politics” arguing that for the public, particularly the victims of the crisis, the “wrangling” between the states and the Commonwealth was of “little importance”.³⁸ While this could well have been true for residents of New South Wales, as that is where Camm focused his 1984 study, the same cannot be said for those Queenslanders stranded in southern states and wanting to get back home. The telegrams, letters and newspaper reports all attested to the bewilderment and resentment of the population that the relevant authorities were not co-operating for the common good. For the *Brisbane Courier* of 12 February 1919, the fact that instead of working together for the good of people, the two jurisdictions were in conflict indicated that “influences not attuned to the general welfare were in operation.”³⁹

Historians Humphrey McQueen, Peter Curson and Kevin McCracken, Bev Blackwell, Robyn Arrowsmith and Anthea Hyslop all mention the conflict between the states and the Commonwealth over quarantine measures. None, however, explicates the context

³⁷ Cumpston to Watt, 3 February 1919, NAA: A2, 1919/1302. Watt to Acting Premier Queensland, 3 February 1919, QSA: 8400, Item ID 18246.

³⁸ Camm, “The ‘Spanish’ Influenza pandemic”, p. 14.

³⁹ *Brisbane Courier*, 12 February 1919, p. 6.

within which the divisions took place. The nation had just come through its most divisive period since federation. Prime Minister William Hughes had split the Labor Party and divided the country over his determination to impose conscription during the latter part of World War One. His use of the *War Precaution Act 1914* (the dominant federal legislation of the period) and accompanying regulations to silence political opposition and to usurp the states in a number of areas was particularly resented in Queensland. Australian political biographers William Johnstone and Denis Murphy argue that the stance the Queensland government took, chiefly that of Premier Tom Ryan and Treasurer Ted Theodore, in opposing conscription in the 1916 referendum led to a serious breach with the federal government. The animosity between Ryan and Hughes intensified into a “personality-power brawl” during the second referendum in 1917.⁴⁰ All this was against the backdrop of many a bitter fight between Queensland and the Commonwealth over the price of sugar, control of meat exports, powers over coastal shipping and industrial disputes amongst many other issues.⁴¹

Despite the very public condemnations of the Commonwealth that Hunter, Huxham and Ted Theodore (ordinarily Deputy Premier) made in the weeks and months ahead, there is no record of the Queensland government making any public comment about not accepting the resolutions of the inter-governmental conference. Nevertheless, a position had arisen that had not been anticipated. For Queensland, having hundreds of people at its doorstep demanded a response in the public interest. By stubbornly sticking by its regulations, the

⁴⁰ The relationship between the chief ministers of each government remained difficult at best, not because they took up opposing sides of the debate, but rather because Prime Minister Hughes branded Ryan and Theodore as disloyal and sought to use the machinery of the *War Precautions Act* to intrude upon the governance of Queensland and have them jailed.

⁴¹ William Johnston and Dennis Murphy (1988), “Ryan, Thomas Joseph (Tom) (1876-1921), in *Australian Dictionary of Biography*, Volume 11, Canberra: Australian National University. [Online] Retrieved 21 October 2013.

Commonwealth chose not to recognise the reality of the situation – people were stuck at the border unable to go forward and unwilling to go back. Watt and Cumpston refused to accede to the demand to establish land quarantine, something the Queensland government was coming under immense pressure to establish.

Though the Queensland government provided monetary relief to the extent of 35/- a week for those in financial distress, public pressure to provide bona fide Queenslanders a safe means by which to make a timely return home continued to mount. The numerous telegrams, petitions and letters sent to the Queensland and federal governments and the many articles published in newspapers, illustrate the urgency of the demand. Frank Cooper MLA urged Hunter to “do something for [the] people here with all possible speed.” Cooper feared that if nothing were done, the people would take it upon themselves and cross the border in their hundreds. Cooper told the Acting Premier that delaying the transfer of people back to Queensland was “courting disaster”.⁴²

Eighty Queensland women petitioned the Home Secretary to take their “miserable condition” into careful consideration and immediately “establish a rigid quarantine either at Tenterfield or Wallangarra”.⁴³ The petition contains a handwritten annotation addressed to Mrs. Helen Huxham, the Home Secretary’s wife. The notation asks Mrs. Huxham to “try and use your influence” in doing the best for the Queensland women held up in Tenterfield. The women stuck in Tenterfield were not just asking for Mrs. Huxham’s help as the wife of the Home Secretary; they were calling upon her assistance as a well-established and influential proponent for Queensland women.⁴⁴

⁴² Cooper to Hunter, 4 February 1919, QSA: 8400, Item ID 18186.

⁴³ Petition of the Women of Queensland to HSO, 4 February 1919, QSA: 8400, Item ID 18186.

⁴⁴ *Brisbane Courier*, 17 November 1924, ps. 4, 15. *Worker*, 20 November 1924, p. 14. Helen Huxham was one of the outstanding female figures at the time, one of the few women able to exercise influence in

Other people stranded used the newspapers to try to influence the government. A “well-known Brisbane citizen” wrote:

To every one the repatriation of Queenslanders who are marooned in the Southern States is most important.... How any reasonable person, official or other, can object to frontier quarantine areas I cannot understand? A well organised camp ... would serve every purpose.⁴⁵

In a letter to the *Brisbane Courier*, a correspondent signing himself “Simple Justice” stated:

My wife and daughters, in company with a great many other Queenslanders are marooned in Sydney. We have waited patiently day after day since the outbreak of pneumonic influenza in the hope that some real effort would be made by the Government to bring our citizens home. Apart from the anxiety, a very serious expense is involved which many of us can ill afford. ... I trust, Sir, that you will use the influence of your valuable paper with a view to some ... scheme being adopted.⁴⁶

In other words, if an effective quarantine barrier could be established at the Port of Brisbane, it could just as effectively be established elsewhere.

The Commonwealth did not share this view. Acting Prime Minister Watt felt that the circumstances did not justify the risk of an epidemic outbreak in a “hastily established and ill equipped quarantine station ... which would necessarily have no proper sanitary or hospital conveniences.”⁴⁷ Hyslop argues persuasively that the federal government did not want to bear the responsibility of introducing what Cumpston considered was an inappropriate measure, having then to rely on the states for its day-to-day running, only to be blamed if it all went wrong.⁴⁸ Yet by taking no action, the risk of an epidemic outbreak at Tenterfield and all along the Queensland border as more people gathered with

the public sphere of Australian politics. The *Brisbane Courier* stated that she was an able platform speaker, often eloquent, but always deliberate, logical and argumentative.

⁴⁵ “well-known Brisbane citizen” (Letter to the Editor), *Brisbane Courier*, 5 February 1919, p. 9.

⁴⁶ “Simple Justice” (Letter to the Editor), *Brisbane Courier*, 14 February 1919, p. 8.

⁴⁷ Watt to Hunter, 6 February 1919, QSA: 8400, Item ID 18279.

⁴⁸ Hyslop, p. 73.

no provision for their circumstances only increased. Had it occurred, the Commonwealth would not have been able to avoid responsibility.

Watt and Cumpston were not the only ones to object to establishing a land quarantine camp. The permanent residents of Tenterfield were not keen either. On 6 February 1919, Tenterfield residents passed a resolution emphatically protesting against the establishment of a quarantine camp, temporary or otherwise, in or near Tenterfield. Despite their kindness towards the stranded Queenslanders, they regarded them as a possible source of infection.⁴⁹

Tenterfield Quarantine Camp

Although aware of the inconvenience and hardship, both Cumpston and Watt made it clear that the Commonwealth would not agree to any proposal to establish a quarantine station at Tenterfield and urged Queensland to arrange with the New South Wales government for the return to Sydney of those at Tenterfield.⁵⁰ A request from the Queensland government for the Commonwealth to accept total responsibility for the return of Queenslanders from New South Wales and Victoria was refused on the basis that by acting independently the various states had violated the agreement of the inter-governmental conference.⁵¹ That same day the Commonwealth gave notice that unless the states fell back into line, it would renounce the agreement and “revert to the constitutional position it occupied before the agreement”. On 6 February 1919, the Commonwealth gave effect to its threat and amended its Pneumonic Influenza Quarantine

⁴⁹ *Tenterfield Star*, 10 February 1919, p. 4.

⁵⁰ HSO to Cumpston, 29 January 1919 QSA: 8400, Item ID 18186. Watt to Acting Premier Queensland, 3 February 1919, QSA: 8400, Item ID 18246.

⁵¹ Federal Cabinet decision and paper, 3 February 1919, NAA: A2, 1919/1302. Watt to Hunter, 3 February 1919, QSA: 8400, Item ID 18246.

Regulations to encompass only that concerned with inter-state shipping.⁵² This now left the New South Wales and Queensland governments free to organise the movement of peoples between the two states as they saw fit.

On 6 February 1919, the Queensland government announced that it would establish, in co-operation with its New South Wales counterpart, two temporary land quarantine camps, one at Tweed Heads and the other at Tenterfield. The latter camp was ready for occupation at midday on Monday 10 February 1919 and a designated contingent of some 412 Queenslanders marched in.⁵³ Seven days later they all marched out in military file to the railway station to board the train to Wallangarra.⁵⁴ Having left Sydney on 27 January 1919, for three weeks their home state had been the “promised land” – so near and yet so far. On 17 February 1919, with the Ipswich City Vice-Regal Band playing “Home Sweet Home” they finally stepped onto the platform at Wallangarra and into Queensland. Not one government official was present.⁵⁵

Coolangatta / Tweed Heads

One hundred and eleven miles to the northeast of Tenterfield, the settlements of Tweed Heads and Coolangatta on either side of the New South Wales and Queensland border effectively comprised a single town. Coolangatta, in Queensland, had no post office, no school, no doctor, no baker and no butcher, all of which were located at Tweed Heads on the New South Wales side of the border. The border gate, allowing access between the

⁵² Commonwealth Statutory Rules, 1919, No. 32, 6 February 1919 QSA: 8400, Item ID 18246.

⁵³ Memorandum – Number of persons who have passed through the various quarantine camps, 22 July 1919, QSA: 8400, Item ID 18279. As with all statistics during the pandemic period, the number of people accommodated in the camp at Tenterfield varies between sources; the newspapers reported 520, whereas the stated number comes from the aforementioned memorandum.

⁵⁴ Interim Report of Medical Officer in Charge, Tenterfield Quarantine, 18 February 1919, QSA: 8400, Item ID 18186.

⁵⁵ *Tenterfield Star*, 24 February 1919, p. 5.

two settlements, was closed without notice at 12.30 p.m. on 30 January 1919. Unlike Tenterfield, the absolute closing of the border predominately affected local residents. Parents, who had left young children at home at 12 noon to step across the border to buy food, were at 12.30 p.m. stopped at the border fence by police. Persons who walked to the post office to send a letter found themselves unable to get home.⁵⁶

That afternoon residents demanded to be able to go back and forwards freely, for students on the Queensland side of the border to be allowed to attend their school at Tweed Heads and that the day-to-day exchange of goods and trade be permitted. The Queensland government refused all but the last. The following morning sixty-five children were prevented from attending school and a variety of carts were lined up at the border. Bread was sent across the line for delivery in Coolangatta, whilst its residents lined the fence with jugs and cans in hand for their daily milk supply.⁵⁷ By 4 February 1919, more orderly arrangements had been made for households to obtain meat and milk (Figure 11), and a postal money order and banking system had been established. The manager of the Tweed Heads branch of the English, Scottish & Australian Bank initially sat on a box inside a designated area conducting business with Coolangatta residents through a barbed wire fence by means of cigar box attached to a string (Figure 12). The mailman simply threw the mailbags from Sydney for Queensland over the border fence.⁵⁸ Nonetheless, residents of Coolangatta and elsewhere in Queensland who had been on the New South Wales side of the border when it was closed were still there.

⁵⁶ *Brisbane Courier*, 31 January 1919, p. 8.

⁵⁷ *Brisbane Courier*, 1 February 1919, p. 5.

⁵⁸ Commissioner of Police – Influenza Epidemic Correspondence Register, 3 February 1919, QSA: 16865, Item ID 318614. *Brisbane Courier*, 4 February 1919, ps. 4, 8.

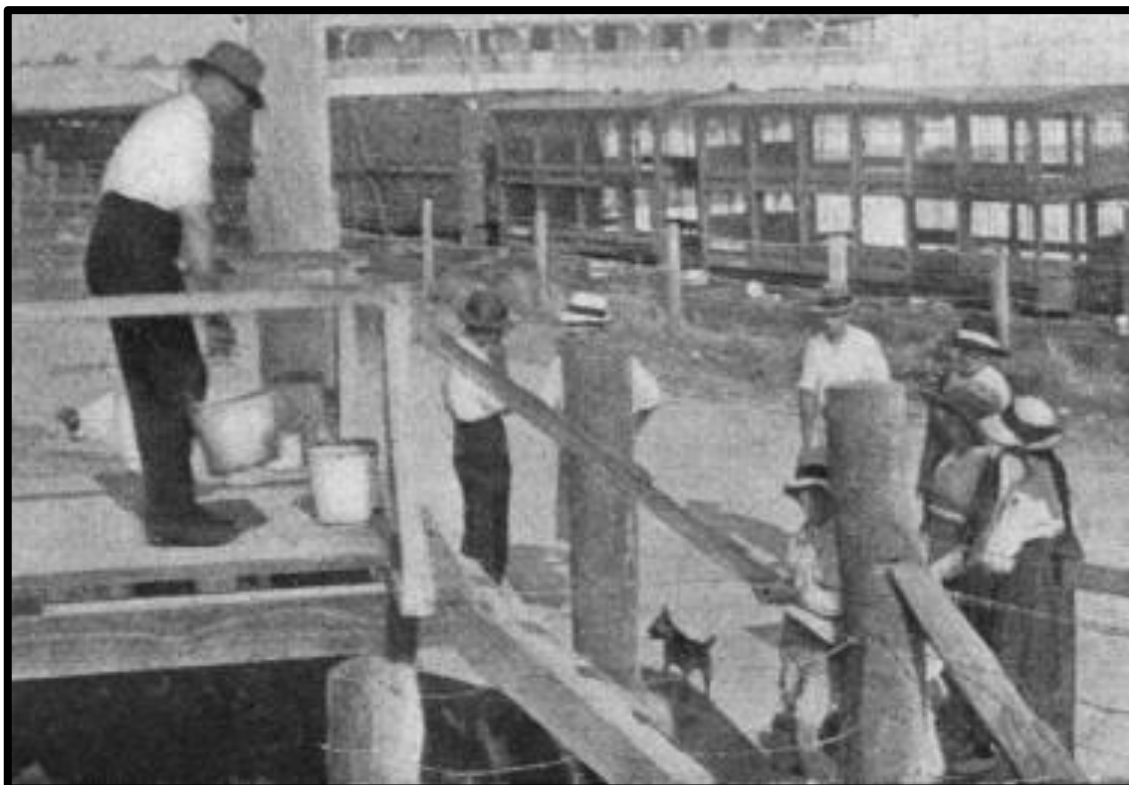


Figure 11 Tweed Heads' milkman serves his Coolangatta customers

Coolangatta, in Queensland, had no milk delivery or bank of its own, both of which were located at Tweed Heads on the New South Wales side of the border. In this image, residents of Coolangatta have placed their milk jugs and cans on a bridge giving access through the border fence, before retiring. The milkman then stepped up from the New South Wales' side of the border to fill the cans. Image: circa February 1919, John Oxley Library, State Library of Queensland Neg: 203580.

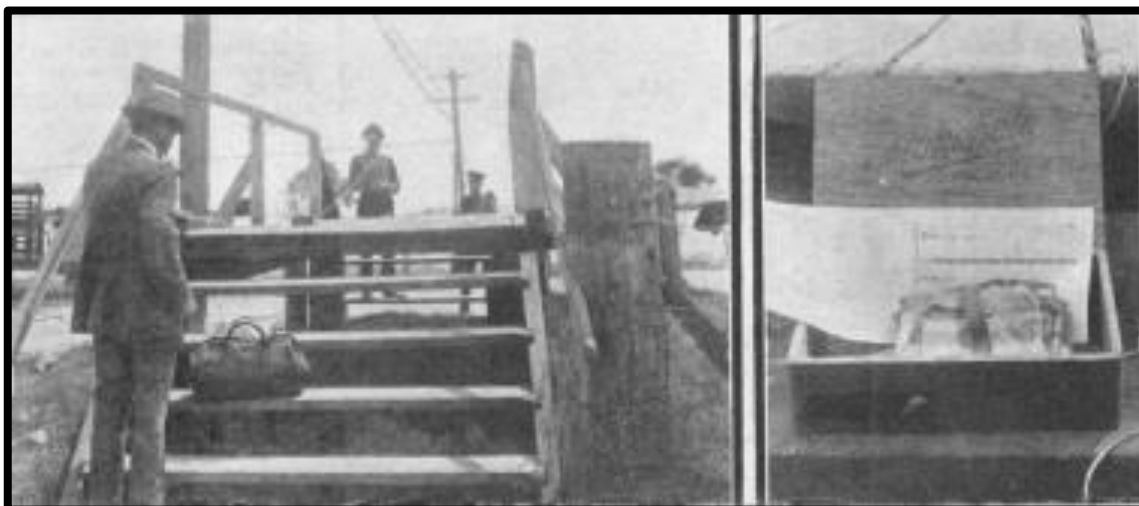


Figure 12 Tweed Heads' bank manager serves his Coolangatta customers

This image depicts the same bridge being used to enable banking transactions to take place. Coolangatta residents placed their cheques, cash, etc. in the cigar box (image on the right), which was drawn across the bridge by means of a string. The bank officer receives the money, and returns the deposit slip or bank note the same way. All this takes place under the watchful eye of a Queensland Police Officer. Image: circa February 1919, John Oxley Library, State Library of Queensland Neg: 203579.

Acting Premier John Hunter decided the wisest thing to do was to leave the line of demarcation where it was and for people to put up with a temporary inconvenience to ensure the “scourge” did not run unchecked. In any event, it was time, the Acting Premier said, for Coolangatta to become self-sufficient and to get all of its supplies from within Queensland.⁵⁹ One of the immediate actions taken by the Queensland government was to open a permanent state school at Coolangatta.⁶⁰ The impact the epidemic had on Queensland’s school system as a whole is examined in chapter 8.

With no reliable information as to what the authorities were doing about the situation, residents of Coolangatta and other towns in Queensland who were, by now, gathering at the border, petitioned the government to establish a scheme similar to that provided at Tenterfield. The names and addresses on the petition indicate a diverse group, with persons from as far afield as Home Hill and Cunnamulla.⁶¹ Their petition was granted on 5 February 1919, with the announcement that material and staff to establish a temporary quarantine camp had been despatched.⁶² Further to the west, in the Queensland border towns of Wallangarra, Texas, Goondiwindi, Mungindi, Hebel and Hungerford arrangements were also made to control the border line. Using Wallangarra as a case study, the routine of the border quarantine camps is examined in detail.

Wallangarra Quarantine Camp, 15 February – 17 May 1919

Established in 1885 and situated on the border of New South Wales and Queensland, Wallangarra was a purpose-built town to service the break of gauge railway station. As the only direct railway link between the two states, Wallangarra was a small but important

⁵⁹ *Brisbane Courier*, 1 February 1919, p. 6 and 4 February 1919, p. 8.

⁶⁰ Memorandum – New school at Coolangatta, 6 February 1919, QSA: 12607, Item ID 14267.

⁶¹ Petition for the establishment of quarantine facilities at Tweed Heads, nd, QSA: 5402, Item ID 862675.

⁶² Hunter to Tunley, 5 February 1919, QSA: 5402, Item ID 862675.

town.⁶³ Here, passengers were required to change trains, while goods, parcels, agricultural produce and livestock were transhipped between the respective state's railways. A medical officer was stationed at Wallangarra during the smallpox epidemic in 1913-1914. If land quarantine between the two states was thought advisable in 1919, it made sense to establish the largest and longest running camp at Wallangarra.

The quarantine camp at Wallangarra (Figure 13) was established entirely on the New South Wales' side of the border.⁶⁴ However, except for its perimeter, which was patrolled from the outside by the New South Wales Police Force, the camp was controlled and funded by the Queensland government. The primary purpose of the camp was for the repatriation of Queenslanders from elsewhere within the Commonwealth.

In its initial guise, the camp was divided into two segregated compounds, each accommodating up to 250 internees. This permitted staggering of intakes whilst providing some measure of mitigating the spread of the virus should an outbreak occur amongst the internees of one or other of the compounds. For example, the third intake of 177 people arrived on 23 February and was accommodated in No. 1 compound, whilst the fourth intake of 192 people was admitted to No. 2 compound on 27 February, thus allowing an orderly transition between intakes.⁶⁵ Except for where the showering facilities backed onto each other, a twenty-foot wide strip known as "No Man's Land"

⁶³ New South Wales' railway operated on a 4 feet 8½ inch track gauge, whilst Queensland's trains ran on a 3 feet 6 inch track gauge.

⁶⁴ Theodore to Premier of New South Wales, 18 February 1919, QSA: 5402, Item ID 862691.

⁶⁵ Memorandum – Number of persons catered for at Wallangarra, 21 March 1919, QSA: 8400 Item ID 18186.

separated the two compounds.⁶⁶ The staff was divided into three groups, one to each compound and the third employed outside the boundaries of the camp.⁶⁷



Figure 13 “Arrival at Quarantine Camp, Wallangarra”

Between February and May 1919, Queenslanders returning from southern states were required to spend 7 days in the quarantine camp at Wallangarra. This image depicts the scene shortly after the arrival of another contingent on 7 May 1919. Image: John Oxley Library, State Library of Queensland Neg. 67478.

The first intake of 128 Queenslanders arrived on Saturday 15 February 1919. The camp at this early stage was still something of a makeshift affair. Constable Healy of the Wallangarra police described it as a “farce”; the staff within each compound and those outside constantly being in contact with each other. Even Health Inspector Butts, sent to Wallangarra to watch over the movements of all arrivals and to prevent the fraternisation of Queensland and New South Wales railway employees, was seen within the confines of the camp.⁶⁸ Ensuring camp arrangements fully complied with the quarantine

⁶⁶ Plan drawing showing proposed alterations to Wallangarra Quarantine Camp, nd, QSA: 8400 Item ID 18186.

⁶⁷ Memorandum – Staff and Duties, Wallangarra Quarantine Station, nd, QSA: 8400 Item ID 18186.

⁶⁸ Constable Healy to Inspector of Police, Toowoomba, 17 February 1919, QSA: 8400 Item ID 18186.

regulations remained problematic, but the subsequent provision of a clearly identifiable boundary line (i.e. a rope) helped mitigate the risk to some extent.⁶⁹

Estimated to be operational only until the end of February 1919, the camp remained opened until 17 May that year. In that time, at least 3,715 people endured a stay of seven days in quarantine rather than the usual twenty-minute stopover for breakfast and a change of trains.⁷⁰ During those seven days, people from all backgrounds, such as former Queensland Premier Sir Arthur Philp, Eli (listed in the camp's register as a "native servant" from Thursday Island), Mrs. Ethel Roberts and her four children and American Eugene Chafin, intermingled in the closed confines.⁷¹ All shared the same hardships and good times of camp life and in having to make an unwelcome financial contribution towards the cost of operating the camp.

But even gaining a place in the quarantine camp was an ordeal for many. Queenslanders in other states had first to get to New South Wales. From 13 February to 17 May 1919, Bertram Mathieson, Director of the Queensland Intelligence and Tourist Bureau in Sydney, had the task of allocating permits (Figure 14) and organising the movement of Queenslanders from throughout New South Wales to Wallangarra and for a lesser time, Coolangatta.⁷² Initial estimates of the number of Queenslanders requiring repatriation

⁶⁹ Camp Commandant, Wallangarra, to HSO, 25 February 1919, QSA: 8400 Item ID 18186.

⁷⁰ Memorandum – Number of persons who have passed through the various quarantine camps, compiled 22 July 1919, QSA: 8400 Item ID 18186. Again, statistics vary between sources. The camp's Admissions Register only contains 2,554 entries. The discrepancy might be explained by returning soldiers, VIPs and special groups not being entered into the register, but nonetheless undergoing the stipulated quarantine (this is implicit in the numerous telegrams and reports). On what record the memorandum of 22 July 1919 is based has not been identified.

⁷¹ Merle Grinly, *Wallangarra Quarantine Registers 1918-1919*, Adelaide: Gould Genealogy & History, 2011. CD-ROM.

⁷² Mathieson was also involved in organising the camp at Tenterfield.

proved a gross underestimate and the few staff at the Bureau were soon inundated with demands for the immediate issuing of a permit to return to Queensland.

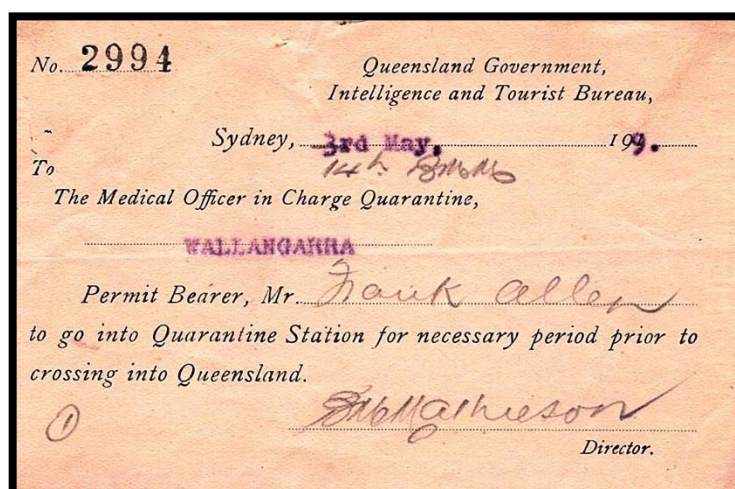


Figure 14 Permit to go into Quarantine Station at Wallangarra

To be admitted to a border quarantine camp, a person had to be in possession of a permit issued by the Director of the Queensland Intelligence and Tourist Bureau, Sydney. QSA: 8400, Item ID 18246.

Within the foremost aim of repatriating stranded Queenslanders, at first the allocation of permits to enter the camps was on an ad hoc basis, according to the perceived merits of individual cases, as assessed by Mathieson, and the length of time on the waiting list.⁷³ It was only on 11 April 1919 that the Queensland government gave written guidance to Mathieson as to an order of priority for persons wanting to enter the camp.⁷⁴ On any given day in February, hundreds of people congregated in the sweltering heat to register their names at the Bureau's office.⁷⁵ Invariably there was crushing, fainting and injuries, necessitating calling on the "splendid and tactful services" of the New South Wales Police Force to keep order. It was common for people to have to return the following day and line up again.⁷⁶

⁷³ Mathieson to CSO, 20 February 1919, QSA: 5402, Item ID 862691.

⁷⁴ CSO to Mathieson, 11 April 1919, QSA: 8400 Item ID 18186. First priority, Queenslanders who had been outside of the state prior to the closing of the border, particularly those coming from Victoria, Tasmania or South Australia; second, Queenslanders who had left the state on legitimate business or under pressing circumstances; third, government officials connected with the welfare of Queensland.

⁷⁵ Whip to Coyne, 18 February 1919, QSA: 5402, Item ID 862691.

⁷⁶ CSO to Mathieson, 19 February 1919, QSA: 5402, Item ID 862691. Roberts to Huxham, 27 February 1919, QSA: 8400, Item 18186. HSO to CSO, 11 April 1919, QSA: 5402, Item ID 862691.

In time, the camp at Wallangarra experienced nearly all the events that might occur in the average Queensland town of the era, from deaths to christenings. Agnes McDonald had left Goondiwindi, Queensland on 24 January 1919, going to Sydney to witness the arrival of her son from Europe.⁷⁷ On her return journey, Agnes was admitted to the first intake at the Wallangarra quarantine camp on the morning of 15 February 1919. She had a high temperature on admission and along with her two traveling companions, was further isolated.⁷⁸ On 17 February 1919, Agnes' husband was advised by telegram of her being seriously ill with what was diagnosed as "ordinary pneumonia".⁷⁹ Mr. McDonald arrived from Goondiwindi that night and was present when Agnes died in the camp at 1 p.m. the next day.⁸⁰



Figure 15 "Christened in Quarantine"

James Arthur Hammell, aged 3 ½ months, was christened at Wallangarra during a period of detention in the quarantine camp. James is pictured here with his parents in Sydney just before the journey back to Queensland was undertaken. Image: *Queenslander*, 15 March 1919, p. 28.

⁷⁷ *Brisbane Courier*, 7 March 1919, p. 9.

⁷⁸ Memorandum – Particulars relating to case of Mrs. Macdonald, 27 February 1919, QSA: 8400, Item ID 18186.

⁷⁹ HSO to C. Macdonald, 17 and 18 February 1919, QSA: 8400, Item ID 18186.

⁸⁰ *Brisbane Courier*, 7 March 1919, p. 9.

Having been taken to Sydney to visit his grandfather, three-month-old James Arthur Hammell, resident of Brisbane, along with his mother was detained at Wallangarra in March 1919 (Figure 15). During James' time in the camp, his mother had him baptised, perhaps not wanting, in the circumstances, to take any chances with the spiritual wellbeing of her son. James and his immediate family survived the epidemic, but his grandfather succumbed to pneumonic influenza in May 1919.⁸¹

Conditions at Wallangarra, particularly for the first two intakes, did not tend towards personal comfort. Each tent contained four stretchers, a table of sorts, a hurricane lamp and a cupboard made from packing cases. The latrines were located close to the tents and the shower-baths had to be filled with water and then the string pulled.⁸² For Ethel Roberts and her four children, their experience brought despair:

We arrived here about 9.30 this morning, when it was raining heavily. The train drew up just before reaching the station and you had to climb down from the side of the carriage the best way you could and carry what you could with you.... You have to find your own tents and get on the best way you can, like a lot of blackfellows. Of a more disgraceful, disgusting way of treating people one cannot imagine. When a bell rings you go to a tent and get your meat and potatoes together in a pie dish, a plate of bread and butter, cut a good 1 ¼ inch thick, and a saucer with jam. We have had two lots of tea, and have thrown both outside.... To think you pay 35/ per week and 7/6 a day for this! It is a perfect disgrace.... I just sat down and cried.⁸³

There were the usual grumblings about the quality of the food, the poor drainage and sanitation (diarrhoea being bad in some intakes), the coming and going of the doctor between the compounds, the nurses administering the separate compounds occupying the same sleeping quarters, and the ever-present swarms of flies.⁸⁴ Describing the scene at the Central Railway Station in Brisbane on the arrival of 200 persons from Wallangarra,

⁸¹ *Queenslander*, 15 March 1919, p. 28. Sid Hammell, email correspondence, 20 April 2011. Neither James nor his mother is recorded in the Wallangarra Quarantine Camp's Register under Hammell.

⁸² *Tenterfield Star*, 1 May 1919.

⁸³ Ethel Roberts to husband, 3 March 1919, published in *Brisbane Courier*, 6 March 1919, p. 7.

⁸⁴ *Brisbane Courier*, various issues February – May 1919.

the *Brisbane Courier* stated that the “satisfaction at being home was stamped upon the faces of all the travellers”. One “highly gratified” man was reported as saying wild horses would not get him away from Brisbane again.⁸⁵ St Claire Donaldson, Church of England Archbishop of Brisbane, expressed empathy with Ethel Roberts, agreeing, “conditions were certainly rough.”⁸⁶

For other intakes, the sky was clear and the encampment took on more of a feel of a holiday camp, except that as guests they were quarantined, segregated and fumigated before being allowed to go home. The Queensland government at first intimated that a condition to entering the camp was being inoculated against the influenza. Writing to the Queensland health authorities on 23 February 1919, a F. E. Morey wanted to know, among other things, if it was compulsory to “undergo inoculation while in quarantine?” “Yes”, came the reply from the Home Secretary’s Office.⁸⁷ The situation is, however, far from clear. Besse Seccombe wrote to the government on the same day as Morey, asking “Must one be inoculated before entering the Camp?” Whilst it was a similar question to that of Morey’s, procedurally the two were very different. Again, the reply was a simple “Yes”.⁸⁸ On 10 March 1919, Morey again wrote to the Home Secretary stating that he and his wife had strong objections to being inoculated and could not see why “we should be compelled to undergo it or be debarred from returning home.” On this occasion, Morey was advised that inoculation was optional, but in the event of not undergoing inoculation at Wallangarra, they would be required to report to the Department of Public Health on three consecutive mornings after arriving back in Brisbane.⁸⁹ In later correspondence to

⁸⁵ *Brisbane Courier*, 3 March 1919, p. 8.

⁸⁶ *Brisbane Courier*, 7 March 1919, p. 7.

⁸⁷ Morey to HSO, 23 February 1919 and reply 4 March 1919, QSA: 8400 Item ID 18168.

⁸⁸ Seccombe to HSO, 23 February 1919 and reply 4 March 1919, QSA: 8400, Item ID 18168.

⁸⁹ Morey to HSO, 10 March 1919 and reply 14 March 1919, QSA: 8400 Item ID 18168.

other inquiries, there is no mention by the Home Secretary's Office of internees having to report to the Department of Health if they did not undergo inoculation. At no time was it compulsory for internees at quarantine camps to wear facemasks.⁹⁰

Harry Keesing claimed that even on arrival, the high spirits of the people were manifest and within an hour most tents had a board hanging outside bearing a humorous name bestowed on it by the occupants. Keesing's tent adopted the name *The Better 'Ole*, but the one alongside went one better with *The Best 'Ole*. Other names included *Hotel Virtue*, *The B's Nest*, *Abode of Love*, *Goeasy* and *Sunshine Shanty*.⁹¹ Except for cooking and the washing out of "lavatory goods", the internees were required to do everything for themselves. So, having named the tent and entered it into the "best tent" competition, the next task was to volunteer for one of the committees – Hot Water, Sports and Entertainment, Food and Sanitary to name but a few.⁹² Meals were brought to the compound boundary by the contract caterer and placed on a table, where the "Food Committee" collected them. The committee divided the food into servings and distributed it. At least an hour elapsed between the cooking and the serving of the food.⁹³

Even though the internees were quarantined, they were well in touch with the outside world. They were in sight of the railway station, there was a trunk line telephone and a post office within the camp and the Brisbane newspapers could be bought from the canteen. Other items purchased from the canteen in quantities included lime juice, cigarettes and tobacco and, of all things, boot polish.⁹⁴ In addition to selling fresh fruit,

⁹⁰ Seccombe to HSO, 23 February 1919 and reply 4 March 1919, QSA: 8400, Item ID 18168.

⁹¹ Harry Keesing, "Boxers in Quarantine Compound", *Arrow*, 28 March 1919, p. 6.

⁹² *Daily Mail*, 24 March 1919, p. 8. *Tenterfield Star*, 1 May 1919, p. 4.

⁹³ *Tenterfield Star*, 1 May 1919, p. 4.

⁹⁴ Wallangarra Quarantine Camp Registers: Canteen Account, Petty Cash & Postage, QSA: 6605, Item ID 212580. See also Roe to HSO, 7 May 1919, QSA: 8400, Item ID 18186.

cigarettes and other luxuries, two men made a business out of taking photographs of individuals and families within the camp who wanted a “souvenir” of their interment. These goods were passed, for a fee, across the boundary rope under the ever-watchful eye of the police.⁹⁵ The two Fletcher children were one such photographed group (Figure 16). Their parents having given possession of their home at White Swamp, New South Wales, to the new owners the day after the border was closed, they found themselves homeless and stranded on the wrong side of the border.⁹⁶

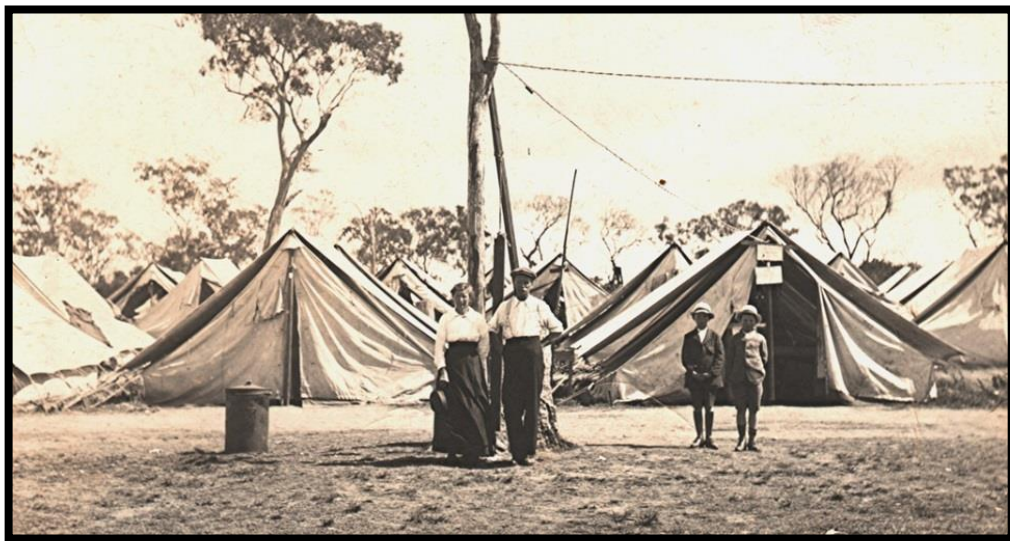


Figure 16 “souvenir” photograph

The Fletcher boys pose for their photograph at the Wallangarra Quarantine Camp, circa March 1919. The photographers had a permit from the police to enter the railway yards to take and sell the photographs in addition to selling fruit, cigarettes and other items to the internees. The adults to the boys’ right have not been identified. Image: available at <http://trove.nla.gov.au/work/13051817>

Sports programs during the day, campfire concerts at night and the “motely crowd assembled round the cauldron” of a morning to read the *“Atishoo”*, incorporating the *Wallangarra Wail* (the camp’s very own newspaper) over a cup of tea were ongoing features of the daily ritual of camp life. Another was having to line up outside the medical tent at 2.30 p.m. each afternoon to have one’s temperature recorded. One of the most

⁹⁵ Ferguson to Huxham, 1 April 1919, QSA: 8400, Item ID 18186.

⁹⁶ Milward to Huxham, 3 March 1919 and reply 10 March 1919, QSA: 8400, Item ID 18168. HSO to Ferguson, 12 March 1919, QSA: 8400, Item ID 18168.

popular spectacles during the detention of the professional boxers Bob Williams, Billy Tongie and Sid Cally were their daily training exhibitions. There was also a sprinkling of musical talent in each camp. Invariably one or other of the internees was in possession of a violin, banjo, mandolin or the inevitable mouth organ, and with the piano hired from the Wallangarra School of Arts Committee a number of enjoyable concerts were arranged. Vocalists included actor Tom Leonard and soprano Miss Lalla Ward, who was on her way to Brisbane to join Hugh Huxham's Serenaders as a principal troupe member.⁹⁷ Money was raised during the concerts for prizes for the children's sports and for assisting "deserving cases" within the camp.⁹⁸ Five-month-old Ivy Hitchens won the one guinea prize offered by Sir Arthur Philp for the best baby less than 2 years of age.⁹⁹

Harry Keesing described his detention for seven days "under strict routine", as "a beneficial holiday for all."¹⁰⁰ The Rev. Hugh Paton spent "a pleasant week in Wallangarra." The one thing that marred Sir Arthur Philp's time in the camp was the water quality, which, though clear and palatable contained some sort of mineral content, which caused minor stomach complaints for some people. Philips had an "otherwise comfortable sojourn".¹⁰¹ Winifred Moore, who went on to become a respected woman's advocate and prominent columnist for the *Brisbane Courier*, had fond memories of her seven days:

⁹⁷ *Brisbane Courier*, 7 and 29 March 1919, p. 7. *Telegraph*, 24 March 1919, p. 7. *Daily Mail*, 24 March 1919, p. 8. *Arrow*, 28 March 1919, p. 6. Hugh Huxham's Serenaders was one of the leading purveyors of costume entertainment in the Antipodes during the 1910s and 1920s.

⁹⁸ *Brisbane Courier*, 27 February 1919, p. 9.

⁹⁹ *Telegraph*, 24 March 1919, p. 7. See also *Daily Mail*, 24 March 1919, p. 8.

¹⁰⁰ Harry Keesing quoted in *Arrow*, 28 March 1919, p. 6.

¹⁰¹ *Telegraph*, 24 March 1919, p. 7. Additional detail in *Daily Mail*, 24 March 1919, p. 8.

White tents ranged in orderly rows on a slope above the railway station: yellow flags marking the boundary on one side, and on the upper end a grove of gum trees in which kookaburras and magpies hailed the morning sun; campfire concerts and community meals Grumbles about primitive camp arrangements and not very good food were plentiful enough, but mixed with them was a lot of fun and happy companionship. After all this time I look back on that experience as one which leaves more pleasant than disagreeable memories, and which, if the choice were given, I would not have been without.¹⁰²

Stranded in Sydney, a Mrs. Poole had been given to understand that the seven days spent in quarantine at the border would be the worst experience of her life. Poole, however, found the opposite to be true – the food was good and varied, the sleeping accommodation superb, whilst the “whole staff did their utmost for us.”¹⁰³ Even if Poole’s description is inflated, the work of the nursing staff and medical officer at Wallangarra and for that matter at Tenterfield and Coolangatta was generally held in high regard. At times, a small monetary gratitude was presented in recognition of their work.¹⁰⁴

For most, even if not complaining, the completion of the seven days could not come soon enough as indicated by the verse published in the “*Atishoo*” under the title “A Bolshevik’s Lament”:

O-O-Oh to be in Brisbane, oh, to be at home,
Where the ‘flu has claimed no victims,
and the gentle zephyrs roam,
Where there ain’t no darn committees,
And waitin’ in the sun,
Where they treat you like a Briton—
Not like a bloomin’ Hun.

¹⁰² Winifred Moore, “Winifred Moore’s Weekly Letter”, *Courier-Mail*, 18 July 1940, p. 9.

¹⁰³ Grinly, Merle D, *Wallangarra Quarantine Registers 1918-1919*. Memorandum – Number of persons catered for at Wallangarra, 21 March 1919, QSA: 8400, Item ID 18186. Mrs. Poole, “In Praise of Wallangarra Camp” (Letter to the Editor), *Brisbane Courier*, 31 March 1919, p. 9.

¹⁰⁴ See for example *Brisbane Courier*, 18, 19 and 26 February 1919, p. 7.

Where you feed in style and comfort—
No shortage there in chops—
No scrambling for your tucker,
Nor watchin' by the cops;
No prickin' by the doctor,
No ticklin' by the nurse
With a blinkin' ther-mo-meter
To make your temprachure get worse!

O-O-Oh, to be in Brisbane!
How I'm longin' for the train,
To leave Wallangarra behind me—
May I ne'er see it again!
So three husky cheers for Brisbane!
Watch your step ere next you roam!
Guess I'll tune me old mouth-organ
For that grand old "Home Sweet Home".¹⁰⁵

If there was one common complaint amongst the thousands who passed through the camps it was the resentment at having to pay a fee for their internment. Nothing was charged for children up to 2 years but from 2 to 12 years the charge was three shillings and nine pence (3/9) a day and over 12 years 7/6. The full rate amounted to £2/12/6 per person per seven-day stay. The charge had to be paid before an internee was allowed to leave the camp. Those people with insufficient funds had to sign a formal undertaking to make good the payment upon returning home.¹⁰⁶

According to the Queensland government, the internees received value for their money. The actual daily cost to run the camp was 10/ 8½d per person per day and the inmates were only being made to cover three-quarters of that amount.¹⁰⁷ For most people, however, the charge was a travesty. They had done the right thing in trying to keep the influenza out of the state by happily submitting to the seven-day's quarantine, on top of

¹⁰⁵ "A Bolshevik's Lament" (*Atishoo*, 1919, republished *Tenterfield Star*, 6 March 1919, p. 7).

¹⁰⁶ Attempts to obtain payment for maintenance in quarantine during influenza epidemic, QSA: 8400, Item ID 18276.

¹⁰⁷ Memorandum – Expenditure to 31 March 1919, Wallangarra Quarantine Camp, 5 April 1919, QSA: 8400, Item ID 18186.

which many had given freely of their services within the camp. To avoid the charge, a number of persons resorted to using false names and addresses, a fact well known to the authorities. Whilst government officials were sympathetic to cases where the charge involved hardship, they nonetheless made every effort to recoup the money.¹⁰⁸ Reminder notes (Figure 17) were sent out; police made discrete and tactful enquiries of defaulters and the Crown Solicitor threatened legal action if payment was not made.

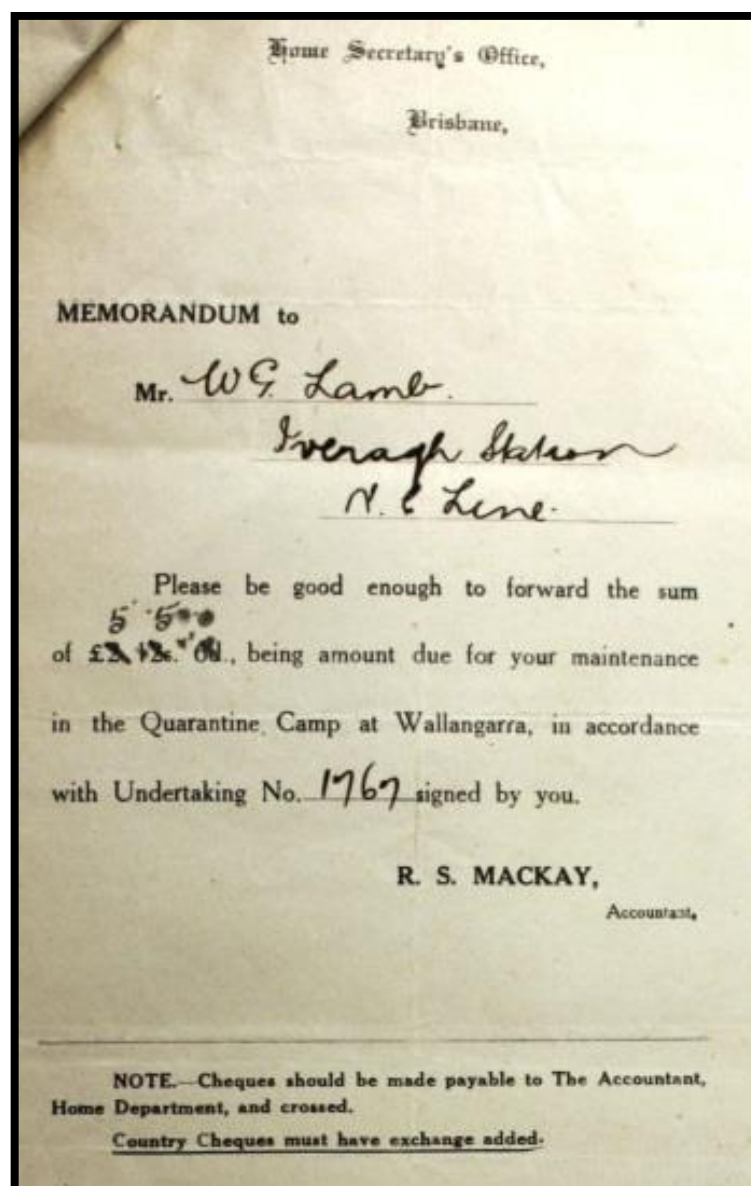


Figure 17 Reminder note to pay the maintenance fee

Reminders were sent to former internees of the border quarantine camps who had yet to reimburse the government the fee for their internment. QSA: 8400, Item ID 18276.

¹⁰⁸ Huxham to Crown Solicitor, 26 July 1919, QSA: 8400, Item ID 18276.

On 26 February 1919, John Dunn, his wife and three children arrived at Wallangarra. Dunn entered into an undertaking to pay for the maintenance of himself and his dependants whilst in the camp (Figure 18).¹⁰⁹

Whereas I *John Dunn*
of *154 Macquarie St New South Wales*
in the State of Queensland
but at present of *Wallangarra*
in the State of New South Wales and my wife
and *3 children ages 13, 12, 7*
children (hereinafter called "my dependants") have by virtue of the
Regulations and Orders now in force under "The Health Acts 1900 to 1917"
been prevented from crossing from New South Wales into Queensland owing
to the outbreak in New South Wales of the infectious disease known as
"Pneumonic Influenza" **And Whereas** Isolation Camps have been formed
by the Government of Queensland at various places in Queensland to which
persons so prevented as aforesaid and desiring to enter and be at large in
Queensland may be admitted and in which they may be detained for such
time as the Commissioner of Public Health deems to be necessary in the
interests of the health of the Public of Queensland prior to their being allowed
at large in Queensland **And Whereas** I desire that I and my dependants
may enter and be at large in Queensland and for such purpose may be
admitted to the Isolation Camp at *Wallangarra* in Queensland
and there remain until such time as we may be set at liberty by order of the
said Commissioner to which the Government of Queensland has agreed upon
my agreeing to pay for the maintenance of myself and my dependants therein
as hereinafter set out **Now I do hereby** in consideration of the said
Agreement and in fulfilment thereof agree with the Government of Queensland
and undertake to pay to it or to such Officer as may be appointed in that
behalf on demand the sum of seven shillings and sixpence for the maintenance
of myself in respect of each day or part of a day during which I shall be so
detained in the said Isolation Camp as aforesaid and the sum of seven shillings
and sixpence for the maintenance of each of my said dependants in respect of
each day or part of a day during which such dependant shall be so detained
in the said Isolation Camp as aforesaid.

As Witness my Hand this *26th* day of
February 1919.

Signed by the said *John Dunn*
in the presence of *John Dunn*

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Figure 18 Undertaking to pay the required maintenance charge

On 26 February 1919, John Dunn entered into an undertaking to pay the stipulated maintenance charges for himself and his family at the Wallangarra Quarantine Camp. QSA: 8400, Item ID 18276.

¹⁰⁹ Undertaking No. 471, 26 February 1919, QSA: 8400, Item ID 18246. The total cost of maintenance was £10/10/-.

Despite being happy to suffer a week's detention in the public interest, Dunn refused to honour his written undertaking. In response to the government's claim for maintenance, Dunn asserted that he had incurred additional expenses in having to spend three weeks in Sydney trying to obtain a permit for entry into the camp. If his family's detention at Wallangarra, was, "for the welfare of our State", why, he asked, was he required to pay an expense of the state?

According to Dunn, it was anything but equitable to pay the government's maintenance charges and in any event as a citizen of Queensland he and his family had a right to return home.¹¹⁰ Unlike John Dunn, most other non-payers claimed an inability to pay the cost of their maintenance, rather than bluntly refusing to do so. Being at the time in the temporary employ of the Department of Health, Edith Sunners appealed directly to the Under Secretary of the Home Office. Having spent the whole of her time at Wallangarra as a volunteer waitress on the Meals Committee, she asked that the claim of £2/12/6 be cancelled in remuneration of her services. The Minister was not persuaded, as at 22 August 1919 the claim remained unpaid.¹¹¹ Nonetheless, a fortunate few were not required to pay, as in the case of the Reverend W. G. Sands who had the claim for the same amount, incurred during his second period of quarantine at Wallangarra, waived.¹¹²

By the time the last camp was dismantled in late May 1919, some 3,715 persons had passed through the quarantine camp at Wallangarra. The length of time the camp was open and the numbers of people accommodated was considerably more than initially

¹¹⁰ Dunn to Huxham, 16 April 1919, QSA: 8400, Item ID 18276. Constable Kakl to Inspector of Police, Depot, 10 May 1919, QSA: 8400, Item ID 18276.

¹¹¹ Sunners to HSO, 17 June 1919, QSA: 8400, Item ID 18276. Constable Deverel to Inspector of Police, Depot, 2 July 1919, QSA: 8400, Item ID 18276.

¹¹² Sands to Theodore, nd, QSA: 5402, Item ID 862679.

estimated. If this was a surprise to the Queensland government, it should not have been as information about the number of people passing through Wallangarra was available. Since the opening of the interstate railway connection in 1888, the stationmaster at Wallangarra had been responsible for collating interstate migration data, including the passenger numbers and the departure and destination points and forwarding the data to the Queensland government statistician on a daily basis. The same requirement was made of the stationmaster at Coolangatta and of steamship companies.¹¹³

On Reflection

The primary purpose of the quarantine camps was to offer bona fide Queenslanders a reasonable hope of getting home in a reasonable period; something the Queensland government was generally successful in achieving. Of the 5321 persons who passed through the various quarantine camps along Queensland's southern border over a 4-month period, not one case of influenza was ever diagnosed. It is a remarkable statistic given the infectiousness of the disease and it being in epidemic proportions throughout New South Wales and Victoria at the time. Additionally, few trains that arrived at Wallangarra were solely for taking Queenslanders to the border station. Passengers for other destinations in New South Wales would have got on and off throughout the overnight journey from Sydney. As will be demonstrated in later chapters, the railway was very efficient in quickly spreading the infectious disease across distances and populations. It points to the state government's assertion that the Commonwealth's maritime quarantine was the most likely place through which the influenza virus penetrated into Queensland.

¹¹³ See for example Memorandum – Queensland Government Statistician, 24 December 1913, QSA: 13251, Item ID 18964.

Having withdrawn, for the time being, from the fight on land, the federal government sat back and licked its wounds before again entering the fray, this time on the waterways where it was much surer of its constitutional position and power to control the situation. Chapter 4 examines the effect on the people of Queensland of the determination of the Commonwealth to enforce its constitutional prerogative in matters of maritime quarantine in Brisbane's Moreton Bay and the equally determined stance of the Queensland government in keeping the pandemic influenza virus out of the state.

Chapter 4

“The Art of Muddledom”¹

*No Government had ever brought itself into such disrepute as the Commonwealth Government had done in dealing with a question which affected the lives of the community.*²

*The delays or detentions asked for by the different States, ... and the difficulty of handling large numbers of piled-up vessels in the harbours of Australia would mean the reduction of the so-called quarantine system to a mere blockade. This would seriously endanger the lives of returning troops and lead to the almost inevitable breakdown of the illusory system by which the States imagine they are now protecting themselves.*³

At the same time as Queensland and the Commonwealth were contesting the number of days quarantine should be imposed for public health purposes, the coastal shipping industry also had a stake in the matter, but one that did not necessarily have the health of the people as its major concern. To the ship owner, vessel turn-around was of utmost interest. Time spent in ports represented lost earnings.⁴ This chapter examines these two separate, yet intertwined areas, firstly focusing on how the differences between Commonwealth and Queensland governments came to a head in three actions over maritime quarantine. Two of these involved the blunt instrument of legal manoeuvring and the other a more nuanced courting of public opinion. Shifting focus, the chapter then examines how the influenza epidemic affected the coastal shipping industry and, by flow on effect, the communities of North Queensland. Labour historians have extensively covered the history of waterside unionism and no attempt is made to expand on that history. Yet for the most part, those historians have neglected the effect of the influenza epidemic on the industry. It is the unique circumstance of the epidemic and it made

¹ *Brisbane Courier*, 4 February 1919, p. 8.

² Michael Kirwan MLA (Queensland) quoted in *Brisbane Courier*, 18 February 1919, p. 8.

³ William Watt, Acting Prime Minister of Australia, quoted in *Brisbane Courier*, 12 February 1919, p. 7.

⁴ Kevin Burley, *British Shipping and Australia 1920-1939* (London: Cambridge University Press, 1968), p. 197.

coastal shipping a point of contention for Australian federalism and the residents of Queensland that is addressed.

“Precipitating a Crisis”⁵

Described at the time as a “constitutional crisis”, the dispute between the Commonwealth and Queensland governments over matters of quarantine in combating the 1918-1920 influenza pandemic was at its zenith between February and May 1919 and nowhere more so than on the waterways of Moreton Bay.⁶ Since the outbreak of the pandemic in the northern hemisphere in 1918, the Commonwealth had carried out on-board quarantine of all shipping emanating directly from overseas ports. Having undergone a seven-day quarantine period, everyone aboard a vessel was medically examined. If declared free of influenza, they were landed at Lytton Quarantine Station, a federal facility on the outskirts of Brisbane. From there they were able to return to their homes and family.

The Queensland government agreed with this approach and was caught off guard when, on 2 February 1919, the Commonwealth advised that it proposed to now have all soldiers returning from World War One undertake the required quarantine period at the station itself. Fearing the possibility of the soldiers breaking bounds and mingling with the community, the state government regarded this proposal as a menace to public health. The Queensland government argued that soldiers should not be allowed to disembark directly onto Queensland’s mainland without first having undergone the prescribed treatment – seven days’ quarantine, inoculation and two usages of the inhalation chamber.

⁵ *Darling Downs Gazette*, 9 May 1919, p. 8.

⁶ See for example, “A Constitutional Crisis. Which authority will prevail?”, *Brisbane Courier*, 4 February 1919, p. 4.

Whilst the first ship to arrive under the Commonwealth's new scheme carried soldiers who were mostly "cot cases", succeeding troopships were expected to contain for the most part "strong able-body men", whom John Hunter, then Acting Premier of Queensland, supposed would "not so quietly submit to quarantine."⁷ Rather than undergoing the prescribed quarantine on board a ship, as had been occurring, Hunter suggested a quarantine camp could be established on one of the many islands in Moreton Bay – a place that could be patrolled from the coast and from which escape would not be possible.⁸ Despite Queensland's position, the Commonwealth did not waver in its determination to disembark the returning soldiers at Lytton. As a result, over the course of the first half of 1919, the Commonwealth and Queensland governments sought to contest each other's position in the High Court, the Police Court and the court of public opinion.

On 4 February 1919, 260 soldiers were landed and quarantined at Lytton as proposed by the Commonwealth government. Beyond protesting to the Acting Prime Minister, the Queensland government did nothing to interfere. The only option for Queensland was to apply to the High Court for an injunction, which, even if successful, could not have been obtained in time to prevent the soldiers from being landed.⁹ As feared, four soldiers broke quarantine that very night, before being located by military police in the early hours of the following day. Between times, making their way into Brisbane the men had visited friends throughout the city. In the aftermath of the event, Hunter described the action of the Commonwealth government in landing returned soldiers on the mainland as showing

⁷ *Brisbane Courier*, 5 February 1919, p. 9.

⁸ *Brisbane Courier*, 4 February 1919, p. 4. As early as November 1918, the Deputy Commissioner for Public Health, Dr Booth-Clarkson, directed Commonwealth authorities' attention to the islands in Moreton Bay as being the most suitable site for quarantine. See *Brisbane Courier*, 26 November 1918, p. 6.

⁹ *Brisbane Courier*, 5 February 1919, p. 9.

“a criminal disregard for the health and well-being of the people of [the] State” and stated that he could not “exonerate the Acting Prime Minister in acting as he had done”.¹⁰ In response to criticism of the Commonwealth quarantine authorities, Massy Greene, Minister for Customs and responsible for the Quarantine Department, contended, “We have adopted certain regulations to regulate sea traffic, and we propose to operate them. We have as great a regard for the health of the community as any of the States, and will do our best to safeguard it.”¹¹ A garrison guard consisting of 16 officers and 300 soldiers was quietly installed at Lytton.¹²

The breakout and the earlier failure to diagnose influenza cases on the troopships at Sydney only reinforced Queensland’s position that there was an unacceptable risk in quarantining large numbers of soldiers close to a civilian population. On 9 February 1919, despite a strong police presence along the Sydney wharves and regular patrols of the harbour, at least 43 soldiers from the troopship *Argyllshire* broke quarantine and made their way onto the mainland. The soldier’s actions were condemned as having put the safety of the people of New South Wales at risk.¹³

On 8 and 10 February 1919, Justice Duffy of the High Court of Australia heard the Queensland government’s application for an interim injunction to the landing of soldiers at Lytton. In referring to the Commonwealth’s quarantine regulations, Sir Edward Mitchell KC (for the Queensland government) argued that it was dangerous to allow troops on any ship that had come from an infected port to land under conditions whereby

¹⁰ *Brisbane Courier*, 6 February 1919, p. 8.

¹¹ *Brisbane Courier*, 8 February 1919, p. 5.

¹² *Brisbane Courier*, 7 February 1919, p. 8.

¹³ *Brisbane Courier*, 10 February 1919, p. 8.

it would be difficult or impossible to restrain them from escaping and mixing with the general population. The territorial sovereignty of a state was an important point of contention. In Duffy's opinion whilst a state may have the power to say who should or should not enter its territory, the Commonwealth government had the right to return the soldiers it had enlisted, wherever it thought was suitable. Duffy declined to grant an interim injunction and adjourned the proceedings to a date to be determined.¹⁴

The Queensland government left its application in abeyance. If its argument was valid, it was of importance to all state governments, thus a matter that could be definitively decided only by the Full Bench of the High Court. In any event the Queensland government's own legal advice was equivocal on whether the regulations the government was seeking to uphold were likely to be found consistent with the Constitution and the Commonwealth's *Quarantine Acts 1908-1915*. Whilst Mitchell believed there was a reasonable probability of any regulation brought into force under the state's *Health Acts 1900-1917* being upheld, barrister Hayden Starke concluded that such regulations were essentially quarantine restrictions.¹⁵ The Commonwealth having legislated a complete code as to overseas traffic, whether foreign or interstate, in the form of the *Quarantine Acts 1908-1915*, any state legislation or regulation that imposed other or different restrictions was likely to be invalid or ineffective. In any event, section 14 of the *Quarantine Acts* enabled the Commonwealth to exempt vessels and persons from quarantine. For all practical purposes therefore, the power of the state of Queensland was only effective after persons had landed and completed all requirements imposed by the Commonwealth.

¹⁴ *Brisbane Courier*, 11 February 1919, p. 7.

¹⁵ Legal Opinions, Sir Edward Mitchell, nd and Hayden Starke, 12 February 1919, QSA: 8400, Item ID 18169.

The lack of unity between the Commonwealth and state governments threatened an impasse. According to the federal authorities, there were no vessels in quarantine in Brisbane on 10 February 1919. Yet Queensland health authorities asserted that there were a number of ships detained under the state's Influenza Regulations.¹⁶ The federal medical officer boarded the *Sphene*, which called into Brisbane en route from Newcastle to Bowen in North Queensland. After sighting a certificate of health issued at Newcastle, the officer granted the *Sphene* and its crew pratique. Soon after the vessel was boarded by Dr Booth-Clarkson, Deputy Commissioner of Health for Queensland, who was making medical inspections of ships in Moreton Bay. As the *Sphene*'s last port of call was in New South Wales, a state declared to be infected with the epidemic influenza, Booth-Clarkson ordered the *Sphene* into quarantine. The *Buninyong* was similarly detained under Queensland law after being granted pratique by federal authorities.¹⁷

Booth-Clarkson's boarding of the *Sphene* appeared to have contravened at least four sections of the Commonwealth's *Quarantine Acts 1908-1915*.¹⁸ Acting Prime Minister Watt wired Ted Theodore (who by this time had resumed the role of Queensland's Acting Premier) wanting to know if the boarding of the *Sphene* by Booth-Clarkson was undertaken with the knowledge and consent of the Queensland government.¹⁹ It was a blunt telegram from Watt and it received an equally blunt reply from Theodore:

¹⁶ *Brisbane Courier*, 11 February 1919, p. 7.

¹⁷ *Brisbane Courier*, 11 February 1919, p. 7. Seven men who initially refused to be inoculated underwent the treatment the next day, *Brisbane Courier*, 12 February 1919, p. 9.

¹⁸ Namely Sections 3, 18, 24, 30 of the *Quarantine Acts 1908-1915*.

¹⁹ Watt to Theodore, 10 February 1919, QSA: 5402, Item ID 862694.

It is the intention of the Queensland Government to take similar action with regard to all vessels arriving from infected ports, because the Commonwealth Government has issued regulations which practically exempt such vessels from quarantine. In our opinion the relaxation of the quarantine regulations by the Commonwealth Government will inevitably lead to the introduction of pneumonic influenza into this State unless the State Government is successful in its measures to secure the effect of quarantine.²⁰

Queensland was not questioning the power of the Commonwealth, but the way in which that power was being exercised. The substance of the complaint was that with authority came responsibility and the Commonwealth was not managing its quarantine responsibility in such a way as to safeguard the population of Queensland. In addition to the breakout from the Lytton Quarantine Station, in contravention of the Queensland's shipping and harbour regulations shipmasters were being told by Commonwealth officials to take their ships up to the city wharves in Brisbane. Elsewhere in Australia, ships passed clean by the Commonwealth officers had afterwards been found by state authorities to have aboard cases of pneumonic influenza.²¹ This left the Queensland government in no doubt that the Commonwealth's application of quarantine was inadequate.²² With little likelihood of successfully challenging the Commonwealth's position in the High Court, the Queensland government felt it had no other option than to use its jurisdiction over harbours, pilots and wharves to close the gaps in the Commonwealth's scheme. On the other hand, in the Commonwealth government's view, Queensland's duplication of quarantine measures was creating a shortage of shipping and negatively affecting its policy of expediting the return of soldiers from Europe.²³

²⁰ Theodore to Watt, 10 February 1919, NAA: A2, 1919/887 PART 2.

²¹ *Brisbane Courier*, 10 February 1919, p. 8. New South Wales authorities had already found it necessary to enforce their own 7-day quarantine period on every troopship entering its waters after two cases of influenza were reported on the *Wyandra*, a ship that had previously been declared free of influenza by a Commonwealth officer. If there were a delay of twelve to twenty-four hours between inspections, it would have allowed the possibility of the acute onset of the disease in previously healthy persons. No evidence was located suggesting such a period between inspections.

²² *Brisbane Courier*, 12 February 1919, p. 6.

²³ *Brisbane Courier*, 18 February 1919, p. 8.

The Commonwealth's legal action against Booth-Clarkson was heard in the Police Court at Brisbane on the 12 April 1919 (Figure 19). Mr. Blair, appearing for the Commonwealth, quoted section 24 of the *Quarantine Acts 1908-1915* to show that boarding a vessel whilst the quarantine flag was hoisted could be done only under authorisation of the Commonwealth Minister for Customs and Trade or his delegate. Mr. Macrossan, for Queensland, asked for a dismissal of the case on the grounds that the evidence did not establish the offence charged. Macrossan argued that Booth-Clarkson was *intro vires* (within the legal power or authority of a person or official or body) and that the evidence established the absence of *mens rea* (knowledge that an act is wrong) and furthermore that Commonwealth and state legislation bearing on quarantine matters operated concurrently and were not in conflict. In essence, it was Macrossan's argument that in accordance with Section 51 of the Constitution, any state had the power to make laws and regulations in areas where Commonwealth law was deficient.²⁴ Blair countered that there was no evidence to show that anything had transpired to justify Booth-Clarkson boarding the vessel.

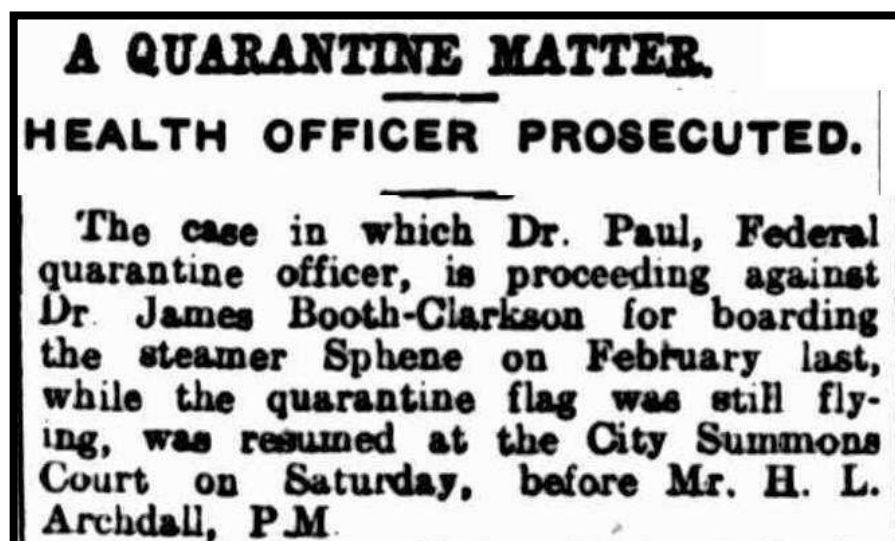


Figure 19 "Health Officer Prosecuted"

Queensland's Deputy-Commissioner of Public Health, Dr Booth-Clarkson was prosecuted by the Commonwealth authorities in the Brisbane Police Court for the unauthorised boarding of a vessel under federal quarantine. *Brisbane Courier*, 14 April 1919, p. 8.

²⁴ *Brisbane Courier*, 14 April 1919, p. 8.

On 15 April, the Police Magistrate handed down his decision in favour of the Commonwealth, being of the opinion that Booth-Clarkson's actions constituted an offence under the Commonwealth's Quarantine Acts. The Police Magistrate imposed a token one shilling (1/-) fine; the Act allowed for a fine of £100.²⁵ A nominal fine of 1/- had also been imposed in a similar case in Sydney, in which according to Macrossan, the "Commonwealth were so ashamed of themselves that they had not the cheek to ask for costs."²⁶ In Macrossan's opinion, the Commonwealth would be much better occupied in protecting the health of the community than in conducting petty prosecutions. It was an opinion shared by many Queensland newspapers and residents.

On the night of 17 February 1919, a large meeting of Brisbane citizens took place to support the state government in its conflict with the Commonwealth (Figure 20).



Figure 20 "Citizens' Monster Meeting of Protest"

Many of the state's newspapers and residents shared the Queensland government's view that the Commonwealth was recklessly putting the lives of Queenslanders at risk through the perceived laxity of its quarantine restrictions. *Brisbane Courier*, 14 February 1919, p. 2.

²⁵ *Sydney Morning Herald*, 16 April 1919, p. 6.

²⁶ *Brisbane Courier*, 14 April 1919, p. 8.

The organisers of the meeting wanted to send a clear message, backed by all sections of the community, to the Commonwealth about the perceived laxness of its quarantine restrictions. The meeting was told that when the influenza had broken out in Victoria the Commonwealth thought it useless to try to prevent it from spreading. When the states found it necessary to adopt rigid border precautions, “the Commonwealth Government threw up the sponge.”²⁷ The meeting condemned the unwarranted action of the Commonwealth in relaxing the quarantine restrictions and demanded the Commonwealth establish a quarantine station on Moreton Island for the proper quarantine inspection and supervision of all persons arriving from infected ports abroad and interstate. The meeting also called upon the Commonwealth to co-operate with the state government in its endeavours to keep Queensland free from the pandemic influenza.²⁸

A public meeting had also been held in the town of Wynnum (Brisbane) on 6 February during which citizens expressed their appreciation of the action taken by the state government “in the interests of the general public of Queensland”.²⁹ In expressing its gratitude, the Australian Natives’ Association (Queensland) urged the government to continue to “adopt and rigidly enforce such measures as they deem necessary to keep our State clean.”³⁰ The Brisbane United Coal Workers and Lightermen’s Union backed the Queensland government stance, refusing to coal any ship entering the Port of Brisbane that had not been passed by the state authorities as having a “clean bill of health”.³¹

²⁷ *Brisbane Courier*, 18 February 1919 pp. 7-8.

²⁸ Buchanan to Watt, 18 February 1919, NAA: A2, 1919/887 PART 2.

²⁹ Wynnum Town Clerk to Acting Premier of Queensland, 7 February 1919, QSA: 8400, Item ID 18246.

³⁰ Australian Native Association to HSO, 12 February 1919, QSA: 8400, Item ID 18279.

³¹ Irwin to Theodore, 12 February 1919 and reply 13 February 1919, QSA: 8400, Item ID 18246.

In an uncommon intervention in the dispute by Queensland's federal politicians, on 12 February 1919 the federal member for Lilley (Brisbane), George Mackay, wired Massy Greene urging the Commonwealth government to accept the offer to use an island in Moreton Bay as a quarantine camp or "make a strong statement justifying your position".³² In a telegram to the Acting Prime Minister on 20 February 1919, federal member for the seat of Herbert (Townsville), Frederick Bamford, expressed his dissatisfaction with "high-handed and autocratic methods of the Federal Quarantine department" towards Queensland.³³ Yet by March 1919, questions in Queensland and in other states, notably South Australia, were being asked as to what their respective members of the Senate and House of Representatives were doing to uphold their states' efforts to counter the perceived laxity of the Commonwealth system of quarantine. "If these members were not lost to all senses of responsibility to their constituents", the *Brisbane Courier* contended:

[I]t would be well for them to remember that there are bounds even to party loyalty – the health and well-being of their State being of paramount concern to every elector.... [T]he State Government in this matter represents no mere obduracy, but the deliberate and resolute public opinion of the State.³⁴

The lack of public action on the part of senators in particular, gave ample demonstration that they were not in the federal parliament as guardians of the states.

The emergence of the two-party system by 1908-1909 was the beginning of the end of any hope that the Senate would act effectively as a "States" House. Essentially the Senate had devolved into a party house.³⁵ That was not what the framers of the Constitution appear to have had in mind. The Constitution assumes that while the Senate would fulfil

³² Mackay to Greene, 12 February 1919, NAA: A2, 1919/887 PART 2.

³³ Bamford to Watt, 20 February 1919, NAA: A2, 1919/887 PART 2.

³⁴ *Brisbane Courier*, 19 April 1919, p. 4.

³⁵ Leslie Crisp, *Australian National Government*, 4th edition (Melbourne: Longman Cheshire, 1978), pp. 324-39.

the ordinary functions of a reviewing chamber, when any questions arose in which the interests or claims of a state were in conflict with the policy of the Commonwealth, senators would support their respective state. However, according to political scientist Leslie Crisp, by 1919 the Commonwealth had acquired an impetus and loyalty of its own that few at the Convention debates, with their strong first-hand attachment to colonial politics, could have expected to develop in such a short time.³⁶ Speaking in March 1919, South Australian Premier Archibald Peake labelled the working of the Senate as a “state” house, an utter failure:

[T]he Senate has failed to answer the expectations of the framers of the Constitution; that is, that it should particularly safeguard the interests of the States. I think in the public interest, it is important to point out that the use of federal members in these matters is the proper course and should be more effective than bringing the State government into conflict with Commonwealth, especially where the State has no power beyond protesting.³⁷

Even so, the Commonwealth was sensitive to public criticism.³⁸ Dr Paul, the Commonwealth’s senior quarantine officer in Brisbane, was incensed at the use of the words, “Federal Laxity” in the by-line of an article in the *Brisbane Courier*.³⁹ In a letter to the editor, Paul accused the newspaper of bias:

[Y]our stock phrase “Federal laxity” is just one more instance of the intense bias exhibited by your paper towards the Federal quarantine service, and is rather regrettable, in view of the fact that your paper enjoys the reputation of being impartial in all matters relating to the public welfare.⁴⁰

³⁶ Leslie Crisp, *Australian National Government*, p. 330.

³⁷ *Brisbane Courier*, 5 March 1919, ps. 6, 8.

³⁸ See for example “Mr Watt Resents Criticism”, *Brisbane Courier*, 14 February 1919, p. 7.

³⁹ See *Brisbane Courier*, 7 April 1919, p. 8. The term “Federal Laxity” had been applied by some newspapers in southern Queensland to describe the Commonwealth’s quarantine since early February 1919. See for example *Daily Standard*, 7 February 1919, p. 5 and *Darling Downs Gazette*, 8 February 1919, p. 5.

⁴⁰ *Brisbane Courier*, 8 April 1919, p. 7.

Paul also accused the Queensland government and its health officials of flagrant misrepresentations and withholding the facts from the public.⁴¹ In rebutting what he described as the tendency to blame the Commonwealth government, Acting Prime Minister Watt asserted:

The State authorities claim that by detaining troopships, they discover cases of influenza, which otherwise would have been landed. ... the detention of these troopships keeps men under conditions in which an initial case is likely to produce widespread infection among the men, ... (an) extensive epidemic, attended possibly with heavy mortality.... If, on the other hand, the State system of notification of disease is working effectively and if the troops were allowed to land, such an individual case would be detected at an early stage, when, at the most, only the other members of family would be infected.⁴²

Queensland, however, did not hold to the position that the returning soldiers be quarantined on the ships; the state government simply did not want the men landed at Lytton, which was in close proximity to the metropolis of Brisbane. Watt's claim that only members of a soldier's family would be infected went against all experience of the disease at the time. The incubation period of the influenza virus was such that a person could transmit the disease before any symptoms became noticeable. Thus, in all probability the disease could not be confined to just one family; more likely the disease would be transmitted unregulated throughout the population. It was a risk either way, to keep the men confined and have the disease spread rapidly within a closed population or put the men on a notification system and have the disease spread into populations and regions in which it may not have otherwise done so, or at least as quickly.

Throughout this politicking, the troopships kept arriving. According to the federal authorities, the *Bakara* would have completed its quarantine period before reaching Brisbane on 22 February 1919 and providing no cases of sickness were found aboard on

⁴¹ *Brisbane Courier*, 22 February 1919, p. 5.

⁴² *Telegraph*, 12 February 1919, p. 8.

arrival, the seventy-nine returning Queensland soldiers would be landed at Brisbane without having to undergo quarantine at the Lytton Quarantine Station. Queensland's stance on the other hand, had the quarantine period starting from the last port of call.⁴³ This meant that if the *Bakara* took two days to travel from Sydney, the troops would need to spend five days at Lytton and conform to the usual regulations once there. "It is quite possible", the Home Secretary protested, "that the *Bakara* may be a clean ship, but it is not for us at the present time to take any possible risk of our people being infected and for that reason we [Queensland] propose carrying out our regulations with the utmost rigidity." The Commonwealth ignored the protest and continued to set the precedent on the handling of such ships.⁴⁴

The *Bakara* episode highlighted the powerlessness of state governments over the movement of troopships. The Constitution and the *Defence Act* gave almost exclusive power to the Commonwealth over the quarantine of soldiers. No matter how serious the situation might be the states were impotent. Queensland could not enforce its regulations on the troopships as they could on other shipping.

"Shipping Uncertainties"⁴⁵

Australia's coastal shipping industry was a vital element of Australian domestic trade well into the twentieth century. The foundation of coastal steamship services in Australia dates back to at least 1851, when regular trade was established between Melbourne and Geelong in Victoria. Private shipping companies were soon established and from the attended success of these enterprises, coastal services were rapidly extended and

⁴³ Theodore to Watt, 21 February 1919, NAA: CP103/11, 409.

⁴⁴ *Brisbane Courier*, 21 February 1919, p. 7.

⁴⁵ *Brisbane Courier*, 13 February 1919, p. 7.

broadened. By 1890, coastal shipping in Australia had developed into a vigorous industry with which land transport was unable to compete.⁴⁶

In 1918-1920, nearly all of Australia directly or indirectly depended upon shipping, but it was North Queensland, where the regular arrival of a steamship was often the only link with the outside world, that utilised coastal shipping to overcome its isolation to a greater extent than most other regions. Faced with its immense transportation issues, particularly heavy freight costs, coastal shipping was indispensable in the transportation of large volumes of commodities – no other avenue existed to carry the people's groceries, building materials, wool, wheat, meat, sugar, fruit and mail.⁴⁷

Queensland defied the otherwise centralist tendencies of the southern colonies' transport networks and in the process, North Queensland's trading links were forged with Sydney and Melbourne rather than Brisbane. Geography had much to do with this, Brisbane did not occupy the same dominant intra-colonial position as other capitals. In *A History of the Ports of Queensland*, Glen Lewis argues persuasively that the rail links into the western districts of the colony from the larger ports along the Queensland coast centralised trade into those port towns.⁴⁸ By 1885, fourteen ports had been established including Thursday Island, Townsville, Rockhampton, Mackay and Bowen. Fifteen years later, Queensland's ports had attained their maximum effectiveness in the colony's transport system. For localities such as Townsville and Bowen in 1919, the quickest form

⁴⁶ Barry Pemberton, *Australian Coastal Shipping*, Melbourne: Melbourne University Press, 1979, pp. 1-14.

⁴⁷ Pemberton, *Australian Coastal Shipping*, p. 185.

⁴⁸ Glen Lewis, *A History of the Ports of Queensland: A Study in Economic Nationalism*, Brisbane: University of Queensland Press, 1973. It was only with the completion of the coastal railway in 1924 that this horizontal pattern of trade was broken, eventually pulling most of it towards Brisbane.

of transport and re-supply remained the coastal steamship.⁴⁹ Any disruption of coastal traffic had adverse and wide-ranging impacts on the economy of those communities and thus their viability.

Although relatively slow in forming themselves into unions, their strategic position in the economic life of the states and the Commonwealth gave maritime and waterside workers considerable strength.⁵⁰ Queensland's first major waterfront confrontation occurred in 1917.⁵¹ However, in an era of industrial turmoil, it was 1919 that was dubbed "The Year of Strikes".⁵² The threat of deteriorating living conditions, coming on top of wartime discontent, exploded into the most costly series of strikes Australia had yet known. The principal contributors were the maritime unions and the mining unions. According to historian Raymond Evans, unionism in Queensland increased nine fold between federation and 1916; twice as fast as the Australian average, causing Governor William McGregor to lament in 1911, "The labour agitator ... is everywhere".⁵³

To some extent, events in Australia mirrored the social upheaval occurring elsewhere at the time. Economic and political pressures in 1916 and 1917 produced strikes in America and the Bolshevik Revolution in Russia. From 1918 to 1920 and beyond, social unrest disrupted economies and transformed the politics of Great Britain and other European

⁴⁹ Terrence Cutler, "Sunday, Bloody Sunday" in John Iremonger, John Merritt & Graeme Osbourne, eds., *Strikes: Studies in Twentieth Century Australian Social History*, Sydney: Angus and Robertson, 1973, pp. 81-82.

⁵⁰ Frank Broeze, *Island Nation: A history of Australians and the Sea*, St. Leonards: Allen and Unwin, 1998, p. 205.

⁵¹ According to Tom Ryan's biographer, Denis Murphy, the dispute came dangerously close to a personal confrontation between Ryan, Premier of Queensland and Prime Minister Billy Hughes. See Denis Murphy, *T. J. Ryan: A Political Biography*, St Lucia: University of Queensland Press, 1975, 1990, p. 153.

⁵² Ian Turner, *Industrial Labour and Politics: the dynamics of the movement of the labour movement in eastern Australia, 1900-1921*, Sydney: Hale & Iremonger, 1979, p. 354.

⁵³ Raymond Evans, *A History of Queensland*, Port Melbourne: Cambridge University Press, 2007, pp. 148-149.

countries.⁵⁴ Reviewing the 1919 maritime strike in Australia, Mr Justice Higgins declared that the main cause of the strike was “the teachings of overseas theorists”.⁵⁵

The 1919 maritime strike in Australia is generally portrayed as another battle in the ongoing conflict between capital and labour that was taking place in the early twentieth century. Historian Frank Broeze asserted that the era’s class struggle was at its sharpest in the various ports scattered around the country.⁵⁶ Bad living conditions matched the physical toll extracted at work. Besides the risk of accidents, maiming and death, waterside workers suffered the gradual deterioration of their bodies. While restitution was required for a broken barrel, employers cared little for safety; there being no shortage of men to fill the place of an invalided employee. If work was available, it often meant overwork, which increased the risk of injury.⁵⁷

Seamen in particular were harbouring a considerable cargo of grievances. They had made an important contribution to the war effort but had not benefited from the gratitude given to those whose active service had been in uniform. Whilst the *Seamen’s Award of 1911* had established an 8-hour day for all seamen, grievances over holidays, conditions of work and especially wages remained unresolved. The *Navigation Act of 1913*, passed by the Fisher federal government to regulate shipboard conditions, had yet to be proclaimed and the insistence of shipowners that their coastal vessels run to tight schedules had

⁵⁴ Robin Gollan, *Revolutionaries and Reformists: Communism and the Australian Labour Movement 1920-1955*, Canberra, 1975, pp. 1-5. D. Geary, “Socialism, Revolution and the European Labour Movement, 1848-1918”, *The Historical Journal*, Vol. XV, No. 4, 1972: 794-903. See also George Cole, *Communism and Social Democracy 1914-1931*, Vol. IV of *A History of Socialist Thought*, London: Macmillan, 1965, p. 419. George Pelling, *American Labor*, Chicago: Chicago University Press, 1960, pp. 134-5.

⁵⁵ *World*, 9 June 1919, p. 2.

⁵⁶ Broeze, *Island Nation*, pp. 201-3.

⁵⁷ *Ibid.*

resulted in several vessels sinking, with considerable loss of life.⁵⁸ Having made no wage claims during World War One, Australian seamen felt entitled to a substantial increase in pay when hostilities ceased. The awarding of an eleven percent wage increase in December 1918 – the Federated Seamen’s Union (FSU) had asked for a fifty percent increase – did little to quell growing frustrations.⁵⁹

Political scientist Doug Hunt has suggested the influenza epidemic was only an aggravation in this industrial war, arguing that if a seaman fell sick at sea he could be put ashore at the first port to find his way home – at his own expense.⁶⁰ This is not an accurate description of the seriousness with which the seamen and waterfront workers took the epidemic or of the demands made by the unions on their account. Following reports of the rapidly expanding influenza epidemic in New South Wales and Victoria in late January 1919, individual members of the Federated Seamen’s Union began taking industrial action of their own.

On 31 January 1919, eleven members of the crew of the Australasian United Steam Navigation Company’s vessel *Arawatta*, then in Moreton Bay, who were on “Brisbane articles” gave the required twenty-four hours’ notice to the vessel’s managing agents, before walking off the ship.⁶¹ The men intimated that due to the risk of infection on entering either Melbourne or Sydney they would not sign on again unless they were

⁵⁸ Turner, *Industrial Labour and Politics*, pp. 194-96.

⁵⁹ The 11% wage increase raised the monthly wage of an Able Bodied (AB) Seaman from £11/- to £12/5, plus keep.

⁶⁰ Doug Hunt, “A History of the Labour Movement in North Queensland: trade unionism, politics and industrial conflict, 1900-1920” (Ph.D., Thesis, James Cook University, 1979), p. 376.

⁶¹ “Brisbane Articles” was a written agreement between the captain of a ship and a Brisbane based crewmember regarding stipulations of a voyage, signed prior to and upon termination of a voyage. Seamen were employed under successive British Merchant Shipping Acts. They were paid by the month, signed on for a single voyage only and during its duration did not have the right to terminate their employment or refuse to work. In this instance, the articles would have been signed in Brisbane.

granted identical concessions to those conceded by the Union Steamship Company of New Zealand to the crews of its steamships. Such concessions included a general increase of 35 shillings per month in a seaman's wage; insurance of £500 in the event of death from pneumonic influenza and the assurance that if they were detained by quarantine their pay would continue at the same rate for the period of detention.⁶²

The Waterside Worker's Federation, too, was concerned with how best to protect its members in the event of an outbreak of pneumonic influenza. The Federation called for the scope of Queensland's *State Insurance Act* and the *Worker's Compensation Act* to be widened to cover its workers and any other person who may contract pneumonic influenza in the course of their work. They also called on the Queensland government to take all necessary precautions to protect the wharves and to safeguard the workers against contagion; insisting that proper conveniences for men to eat and wash be provided. The extension of insurance protection to nurses, ambulance bearers, waterside workers and other occupations that rendered the worker more liable to infection by influenza had been under consideration by the Queensland government for some time; the Crown Law office advising that the *Workers' Compensation Act* could be extended to cover such cases.⁶³

On 7 February 1919, the twelve Brisbane-based members of the crew of the steamship *Cooma* gave the vessel's managing agent twenty-four hours' notice of withdrawing their labour. The crew refused to sign on again unless their claim, identical to those made by the crew of the *Arawatta* a week earlier, was granted. According to the Federated Seamen's Union this action was not organised by the union and did not constitute a strike. Nevertheless, the Seamen's Union declined to find men to fill the vacancies until the

⁶² Controller of Shipping to Watt, 22 March 1919, NAA: A2, 1919/1922. *Brisbane Courier*, 1 February 1919, p. 6.

⁶³ Crown Solicitor to Huxham, 8 February 1919, QSA: 8400, Item ID 18188. Legal opinion – Charles Stumm, 7 February 1919, QSA: 8400, Item ID 18188. *Brisbane Courier*, 10 February 1919, p. 8.

demands of the twelve Brisbane members were acquiesced. As a result, the remaining crew aboard the *Cooma* was paid off and the vessel put out of commission indefinitely.⁶⁴

The *Burwah*, which was due to sail from Brisbane to Sydney on 12 February 1919, was relegated to the “hung-up”, sailing date indefinite list, having had five of its crew give notice. All efforts to locate men willing to fill the vacant positions having failed, the remaining crew members were paid off and those from Sydney and Melbourne returned to their home ports by train.⁶⁵ With the *Burwah* out of commission, there were now three large interstate steamships lying idle in Brisbane, with the likelihood of the *Aramac*, advertised to leave Brisbane for Sydney and Melbourne on 15 February 1919, joining the queue. One vessel that did manage to get away was the *Maianbar*, which left Brisbane for Sydney on the night of 10 February 1919.⁶⁶

On 17 February 1919, at a meeting in Sydney the Transport Workers Federation passed three resolutions in support of the action being taken by the individual members of affiliated unions:

The management committee of the federation, being actuated by a sincere desire to see the commerce of the country carried on uninterruptedly, suggests (1) that £500 insurance be paid to the next-of-kin of any member of the Seamen’s Union, Marine Cooks ‘Association, and Marine Stewards’ and Pantrymen’s Association should the member die of pneumonic influenza. (2) That the wages of any member who contracts the disease be continued until he is cured. (3) That a conference be called within seven days to deal with the question of wages.⁶⁷

Some ship owners were quite prepared to comply with the request for compensation and wages, but the Commonwealth only acceded to the demand that a seaman’s wages would continue to be paid whilst he remained in quarantine or in hospital suffering from

⁶⁴ *Brisbane Courier*, 8 February 1919, p. 6.

⁶⁵ *Brisbane Courier*, 11 February 1919, p. 7 and 12 February 1919, p. 9.

⁶⁶ *Brisbane Courier*, 13 February 1919, p. 7.

⁶⁷ *Brisbane Courier*, 18 February 1919, p. 7.

influenza. The Commonwealth's Comptroller of Shipping, Admiral Clarkson, argued that the risk of contracting influenza by seamen was not sufficient for him to grant the additional wages asked or to impose upon the ship owners the obligation to comply with a new schedule of conditions. Nor was he inclined to pass the cost of such increases onto the public through increased fares and freights. The secretary of the Federation pointed out that of the *Dimboola's* crew of thirty men, no fewer than twenty-three had contracted the disease; the *Wyandra* had fifteen cases and on the *Beulah* seven out of a crew of fifteen were infected. Clarkson countered that the virus was common to everyone and as such members of maritime unions had no claim for special consideration.⁶⁸

By mid-March 1919 it had become evident that Victoria and New South Wales were being allotted more than their fair share of the available shipping, much to the detriment of Queensland. A report tabled at a meeting of the Brisbane Chamber of Commerce, concluded that Queensland merchants were being excluded from the opportunity of exporting their goods to Eastern markets:

Although Brisbane is a clean port it is deprived of the facilities enjoyed by Sydney and Melbourne, which at the present time are capturing the whole of the trade. Important orders are in the hands of various shippers in Queensland, but the goods cannot be dispatched, and large sums of money are thus shut out of the State.⁶⁹

To some extent, the situation was contributed to by the state government's insistence on seven days' quarantine. In early 1919 shipping, worldwide, was at a premium. Because of the long turnaround times being experienced, fewer ships were going to Brisbane; those who controlled the flow of shipping being disposed to utilise them elsewhere. Melbourne's *Argus* newspaper expressed satisfaction at the improvement of shipping out

⁶⁸ Controller of Shipping to Watt, 22 March 1919, NAA: A2, 1919/1922. *Brisbane Courier*, 12 February 1919, p. 9 and 12 May 1919, p. 7.

⁶⁹ *Brisbane Courier*, 14 March 1919, p. 6.

of Melbourne and pointed to a recent overseas shipment of tallow.⁷⁰ Queensland was a large exporter of tallow, hides and leather but its merchants were unable to secure space for their products on the steamships. If vessels could be fully loaded with goods from southern ports, there was little incentive to go north.

Previously, Acting Premier Ted Theodore had appealed to Acting Prime Minister Watt to facilitate the shipment of wheat and flour, which Queensland urgently needed. Much of Queensland was in severe drought and since the end of January 1919 shipping had not been sufficient to supply the commodities in the quantities necessary to avert food shortages.⁷¹ The position was particularly serious for North Queensland. Whilst 6,000 tons of cargo remained on the wharves in Melbourne awaiting shipment, stocks in North Queensland were being rapidly depleted. Watt asserted that consistent with other obligations, the available shipping was being provided to transport such necessities:

The quarantine of vessels considerably reduces their efficiency, and in addition, the laying up of a number of steamers at Brisbane and Sydney, usually employed in the Queensland service ... materially affects the quantity of tonnage at the disposal of the Comptroller of Shipping.⁷²

In the year prior to the influenza outbreak, the available shipping tonnage for interstate trading was barely sufficient to cope with the volume of traffic on offer. In 1914, twenty-three companies provided regular inter and intra state steamship services, with 174 ships providing a gross tonnage capacity of 340,852 tons. By the end of 1918, war time requirements had seen the withdrawal of thirty-two vessels from coastal services.⁷³

⁷⁰ *Argus* (Melbourne), 8 February 1919, p. 10.

⁷¹ Raymond Evans, *A History of Queensland*, pp. 154-5.

⁷² *Brisbane Courier*, 21 February 1919, p. 6.

⁷³ *Commonwealth Year Book No. 13* (1920), p. 635. Controller of Shipping to Watt, 22 March 1919, NAA: A2, 1919/1922. Watt to Theodore, 26 March 1919, QSA: 5402, Item ID 862679.

Whilst these thirty-two vessels represented less than one-fifth of the fleet, they accounted for more than one-third of the gross tonnage capacity.

In late 1917, legislation was placed before state parliament to enable the Queensland government to requisition the ships for the purpose of “adequately resuming, restoring, continuing, and carrying on the coastal trade between the ports of Queensland.”⁷⁴ The government claimed that with the limited amount of tonnage available, together with the number of industrial disputes between seamen, waterside workers and other persons, culminating in the general strike earlier that year, there had been significant disruption in coastal trade. To restore that trade, it was felt necessary to requisition ships and provide for state employment of masters, engineers, agents, seamen, waterside workers and others, who would be bound to obey any order of the responsible minister of the government. The bill was ultimately defeated in the Legislative Council.⁷⁵ The Commonwealth government, on the other hand had no such problems, having long since invoked regulations under its all-encompassing *War Precautions Act 1914*, which, in relation to shipping at least, it refined and amended over time.⁷⁶ In 1916, the Interstate Shipping Board was appointed. The board consisted of a Commonwealth government naval officer and six other members, all of whom were managers of private shipping companies. Despite protests, not one state or territory was represented on the board.⁷⁷

⁷⁴ Minister for Works, 5 October 1917, QPD Vol. CXXVII, 1917, p. 1630.

⁷⁵ Raymond Evans, p. 164. According to Raymond Evans from 1915-1920 the Labor government’s legislative program was thwarted by the upper house, which rejected or substantially amended dozens of bills.

⁷⁶ *Barrier Miner*, 8 October 1917, p. 4. *Register*, 12 December 1917, p. 10. *Capricornian*, 5 January 1918, p. 46. *Brisbane Courier*, 8 February 1918, p. 6.

⁷⁷ *Register*, 6 March 1919, p. 8.

In early 1918, the Commonwealth enhanced the functioning of the board by appointing two sub-committees, Overseas Central Committee and Interstate Central Committee. The latter was responsible for the administration and regulation of coastal shipping; Rear Admiral, Sir William Clarkson, was appointed chairman and controller.⁷⁸ New regulations under the *War Precautions Act* gazetted on 7 February the same year gave control over virtually all coastal shipping to the Commonwealth. These regulations were a significant incursion into Queensland's rights as a sovereign state. Under the Constitution, the Commonwealth could intervene in matters of trade and commerce between states but not easily so in intra-state matters.

The quarantine restrictions and the laying off of ships accounted for the some of the shortage experienced in 1919, but there was also the issue of unused or under-utilised shipping.⁷⁹ It was evident to the Queensland government that if the whole of the available shipping was in commission the delay in the shipment of cargo between states would be reduced to a minimum. The Commonwealth, being in control of shipping, was in a position to put the idle ships to work by engaging other, non-unionised, men to crew the vessels. This had been done two years earlier during the general strike of coal miners and other organized labour institutions throughout the country. The federal authorities had kept the ships working and eventually broke the strike.⁸⁰ On this occasion, however, the Commonwealth made no serious attempt to induce the seamen and firemen back to work or find other men willing to take their place, tending instead to blame the state governments for the shortage of shipping:

⁷⁸ B. N. Primrose, "Clarkson, Sir William (1859-1934)" in *Australian Dictionary of Biography* [online] <http://adb.anu.edu.au/biography/clarkson-sir-william-5673> [accessed 22 May 2014].

⁷⁹ CSO to Macdonald, Hamilton & Co, 6 February 1919 and reply 7 February 1919, QSA: 5402, Item ID 862675.

⁸⁰ *Brisbane Courier*, 28 March 1919, p. 6.

It is quite impossible for the Commonwealth to minister to the legitimate needs of the people of the States so long as the various State authorities place restrictions upon the freedom to use such tonnage.⁸¹

By 11 April 1919, the shipping deadlock was in its eleventh week with little prospect of immediate settlement. Every delayed ship diminished the volume of commodities imported and obstructed the export of Queensland produce and goods, thereby leading to an increase in the cost of living more generally. One of the more important commodities was coal. With little or no possibility of meeting demand, the coal stocks of the shipping companies and the state railways, gas companies, manufacturers, mining companies and other consumers of coal were gradually depleted.⁸²

According to Watt, the paralysis of interstate shipping had impaired the efficiency of shipping by at least seventy-five percent:

In many parts of the Commonwealth, the want of actual necessities of life is severely felt, and problems are intensifying daily. ... many ... enterprises will have to cease operations, partly or wholly, within a few weeks if a remedy is not found. This of course would mean industrial stagnation, unemployment and distress.⁸³

On 16 April 1919, Watt sent telegrams to the Premiers of Queensland, Western Australia and Tasmania, advising them that he had instructed the Comptroller of Shipping to give priority for such shipping as was still available to the states that were prepared to co-operate with the Commonwealth in regards to its quarantine restrictions and to reduce the tonnage allotted to those states which declined to do. He further intimated that some shipping currently assigned to Queensland, Western Australia and Tasmania would be re-

⁸¹ *Brisbane Courier*, 27 March 1919, p. 6.

⁸² Watt to Theodore, 26 March and 4 April 1919, QSA: 5402, Item ID 862679. Controller of Shipping to Watt, 22 March 1919, NAA: A2, 1919/1922. *Brisbane Courier*, 14 April 1919, p. 6.

⁸³ Controller of Shipping to Watt, 22 March 1919 and 9 April 1919, NAA: A2, 1919/1922. *Brisbane Courier*, 14 April 1919, p. 6.

deployed to routes offering more continuous employment.⁸⁴ Theodore publicly condemned the Commonwealth's ultimatum:

Should the Commonwealth carry into effect its threatened action, most serious consequences will result in this state. The present available shipping tonnage for carrying on trade between Queensland and the Southern states is wholly inadequate to cope with the business offering, and the removal to other trade routes of ships ordinarily running to Queensland ports will have the effect of practically starving the Queensland people, and of forcing industries to close down, thus adding to the present unemployment difficulty.⁸⁵

Meanwhile, in Bowen, North Queensland, the want of shipping was starting to seriously impact on farmers. Expecting a good market, crops had been planted early but a lot of produce had gone to waste. Thousands of cases of tomatoes had to be dumped because there were no ships to take them to southern markets.⁸⁶

At a special meeting of Rockhampton's Chamber of Commerce in April 1919 to discuss the interstate shipping situation, several letters from local firms were read. Ironmongers Burns and Twigg Ltd urgently required supplies of bar plate and galvanized iron otherwise they would have to close down. The Rockhampton Gas and Coke Company required Newcastle coal of at least 400 tons per month for gas-making and cooking purposes. Other firms indicated they were likely to close down if supplies were not forthcoming. Attention was also drawn to the consequence of the *Bunninyong's* voyage having been cancelled; 2,400 bales of wool that were to be sent to Brisbane for appraisalment were left on the wharves.⁸⁷ In late May 1919, the Brisbane Chamber of

⁸⁴ Watt to Theodore, 16 April 1919, QSA: 5402, Item ID 862680. *Brisbane Courier*, 17 April 1919, p. 7. These three states had yet to be declared infected. Watt had already got agreement to the scheme from South Australia, Victoria and New South Wales, although New South Wales did not admit the Commonwealth claim to constitutional power to override the health powers of the state. See also *Brisbane Courier*, 15 April 1919, p. 7.

⁸⁵ *Brisbane Courier*, 19 April 1919, p. 6.

⁸⁶ *Brisbane Courier*, 14 April 1919, p. 6.

⁸⁷ *Brisbane Courier*, 15 April 1919, p. 6. *Morning Bulletin*, 15 April 1919, p. 8. Chamber members expressed hope that the wool would not have to be sent south by rail, though it was feared that would be the case. The outcome is not known.

Commerce reported there were 30,000 tons of goods for Queensland on the wharves in Sydney alone including quantities of medical supplies required in combating the influenza epidemic.⁸⁸

The disruption to coastal shipping brought a renewed emphasis to transporting goods by railway, but Queensland had only one rail link with the rest of Australia at the break-of-gauge station at Wallangarra, in the south of the state. This one small connection, even without the added tonnage resulting from the shipping disruption, was often taxed to capacity in the transfer of goods from one state railway to the other. Congestion and delay abounded. The epidemic outbreak in the Wallangarra in late May 1919 only added to the congestion and delay. Of the initial cases in the town, 23 were labourers on the transshipping gangs.⁸⁹ The influenza soon reduced the number of men in each gang by up to fifty percent.⁹⁰ In addition the local stationmaster, Patrick Ganly and Mr. G. Rivet, the New South Wales railway official who had been sent to Wallangarra to assist in supervising the transshipment of goods, both contracted the disease in serve form.⁹¹ Nonetheless, Queensland and New South Wales railway authorities cooperated in arranging special freight trains from Sydney to Brisbane with cartage at much reduced rates – although a charge of 1/ per ton, to be paid by the consignee, was imposed for transshipping at the border. Medical supplies were carried by the mail trains. In addition, extra transshipping sidings at Wallangarra were constructed and Sunday working was

⁸⁸ At the height of the epidemic in Rockhampton, the Friendly Societies' Medical Institute supplied medication for approximately 60 percent of the city's influenza patients and dispensed over 300 prescriptions per day, supplies of which had mostly to come from Sydney, see *Morning Bulletin*, 6 June 1919, p. 10.

⁸⁹ 15 of the labourers required hospitalisation. When the quarantine camp was closed the Queensland government withdrew the doctor and allied health staff from the town. Contracting the disease in serious form meant a journey of 24 miles to secure medical assistance.

⁹⁰ *Daily Mail*, 27 May 1919, p. 5.

⁹¹ *Inverell Times* (NSW), 17 June 1919, p. 4. *Daily Standard*, 19 May 1920, p. 6.

introduced.⁹² Even so, what had been gained financially on increased goods traffic via Wallangarra was, to a considerable extent, lost owing to the dislocation of trade and lighter traffic on other railway lines which carried goods inland from the ports.⁹³

Getting the necessary supplies in sufficient quantities into Queensland from the south was one thing; getting them to where they were most needed was quite another. The Seamen's Union offered to crew any relief ship the Queensland government chartered, under employment conditions equivalent to those the state government had provided to the waterside workers.⁹⁴ The Queensland government soon requisitioned the steamship *Allinga* and had coal and produce loaded for Mackay, Bowen, Townsville and Cairns.⁹⁵ Queensland's approach to the Commonwealth to charter two of the steamships held up in Brisbane did not find favour. The Acting Prime Minister refused to relinquish any ground in the Commonwealth's battle with the union, rebuffing the approach by Queensland:

The only condition under which the *Burwah* and *Mallina* could be released would be that current wages and conditions should be adhered to. If the seamen would consent to man the vessels on these terms the Commonwealth Government could make full use of them without intervention of your Government.⁹⁶

This statement by Watt suggests the Commonwealth's continued political antipathy to the state government took priority over the welfare of Australian citizens. Meanwhile preparations went ahead for the *Allinga's* voyage north; the Queensland branch of the

⁹² *New South Wales Railways Weekly Notice*, No. 3, 1919, p. 16.

⁹³ Queensland, Parliament (1919-1920), *Annual Report of the Commissioner of Railways 1918*, Parl. Paper, Vol. III: 349-94, Brisbane. Queensland, Parliament (1920), *Annual Report of the Commissioner of Railways 1919*, Parl. Paper, Vol. II: 735-874, Brisbane. Queensland, Parliament (1921), *Annual Report of the Commissioner of Railways 1920*, Parl. Paper, Vol. II: 1001-130, Brisbane. *Daily Standard*, 23 January 1920, p. 5.

⁹⁴ *Brisbane Courier*, 15 May 1919, p. 7.

⁹⁵ *Brisbane Courier*, 14 May 1919, p. 7.

⁹⁶ *Brisbane Courier*, 29 May 1919, p. 7. Denis Murphy, *T. J. Ryan: A Political Biography* (St Lucia: University of Queensland Press, 1975), pp. 434-5. Richard Morris, "Mr Justice Higgins Scuppered: The 1919 Seamen's Strike", *Labour History*, Vol. 37 (Australian Society for the Study of Labour History, Sydney, 1979): p. 58.

Federated Seamen's Union making a distinction between it and other shipping. Being under charter by the Queensland government, crew members were insured against influenza and would be paid the wages the union had demanded. The *Allinga* left Brisbane on 21 May with 1000 tons of foodstuffs for North Queensland.⁹⁷

The Federated Seamen's Union finally went on strike on 15 May 1919, branch members in Melbourne and Sydney being "in complete sympathy with the Queensland branch in their demands for insurance against the influenza epidemic."⁹⁸ At a special meeting of the union, its executive council instructed all members to give 24 hours' notice to terminate their contract when at their home ports. What started out as a claim for better wages and conditions in recognition of the risk to seamen posed by the influenza virus had escalated into a full scale industrial dispute and power struggle between unions and the Commonwealth government. The Seaman's Strike was to be the major dispute experienced in a year of industrial upheaval and conflict. Richard Morris, a historian of these events, summarised the impact of this strike:

During 1919, shipping disputes accounted for over 2.7 million working days lost out of a total of 6.3 million. The strike of seamen belonging to the ... Federated Seamen's Union of Australasia was responsible for the major part of this total. The length of the stoppage is the shipping industry's record. It lasted from 9 May to 26 August 1919; more than a week longer than the marathon 1890 Maritime Strike.⁹⁹

A detailed discussion of the dispute is outside the scope of this thesis.

By 14 June 1919, there were no coastal steamers in commission in Queensland waters other than one or two vessels completing the discharge of their cargoes in North

⁹⁷ *Brisbane Courier*, 21 May 1919, p. 7.

⁹⁸ *Brisbane Courier*, 20 May 1919, p. 6.

⁹⁹ Morris, "Mr. Justice Higgins Scuppered: The 1919 Seamen's Strike", p. 52.

Queensland. As each succeeding steamship arrived at its home port either the crew gave notice or the coal workers refused to bunker the vessel, relegating it to the long list of ships laid up; sailing date indefinite.¹⁰⁰ The *Brisbane Courier* blamed the state government for the continuing maritime strike. According to the paper, by conceding to the demands made by the crew of the chartered steamship *Allinga*, the government provided all the encouragement seamen on other vessels needed to strike, causing unnecessary hardship in the northern ports of Queensland.¹⁰¹

Reports of whole towns on the verge of starvation deluged the state government and the Queensland press.¹⁰² The latter repeatedly contained news items devoted to “The Starving North”, “Food Shortages”, “Appeals For Relief” and “Food Relief For North Queensland”. At the time, a nourishing diet was known to be important in combating the effects of the influenza epidemic. In Brisbane, kitchens were set up by volunteers who would take meals to influenza victims; the government medical officer responsible for the Barambah Aboriginal settlement credited the availability of fresh vegetables at the settlement with mitigating the (still considerable) death toll.¹⁰³ That Northern Queensland in particular was suffering a food shortage may have been a contributing factor to the epidemic lasting well into 1920. The government received telegram after telegram from all over the state, each demanding it take some sort of action to relieve the situation. The food crisis was indeed very real, hindering the government’s attempt to manage the simultaneous crisis of the spreading influenza epidemic.

¹⁰⁰ *Brisbane Courier*, 14 June 1919, p. 7.

¹⁰¹ *Brisbane Courier*, 19 June 1919, p. 7.

¹⁰² Examples of such extensive press coverage include *Queenslander*: 12 July 1919, p. 11, 26 July 1919, p. 10 and 2 August 1919, p. 10. *Brisbane Courier*: 3 July 1919, p. 7, 19 July 1919, p. 5 and 15 August 1919, p. 7. *Daily Mercury*: 7, 8, 10, 11, 14 and 15 July, p. 2; 16 July 1919, p. 4. *Capricornian*: 5 July 1919, pp. 6-7 and 19 July 1919, ps. 16-17; 21 and 22 August 1919, ps. 6, 10-11.

¹⁰³ Queensland, Parliament (1920), *Annual Report of the Aboriginals Department 1919*, Parl. Paper, Vol. II: 229-237, Brisbane, p. 231. *Brisbane Courier*, 27 June 1919, p. 8.

With no help forthcoming from the Commonwealth, the Queensland government resorted to chartering several small vessels in addition to utilising vessels attached to its own Department of Ports and Harbours. The *Musgrave* was dispatched to Cooktown and ports in the Gulf of Carpentaria and belatedly to Thursday Island, whose community was practically out of butter, sugar, potatoes, bacon, cheese, tinned food, all of which had to be imported. The *John Douglas* was used to bring relief from Townsville to other ports in the north, while the *Port Douglas* was sent to relieve Innisfail.¹⁰⁴ These and other vessels, however, were not designed for coastal trading but rather for in-shore piloting and surveying duties. The amount of cargo they could carry was insufficient to the tonnage required.¹⁰⁵ Between 24 June and 28 August 1919, 14 shipments totalling 1,626 tons of foodstuffs were sent north, the *Allinga's* voyage of 28 June accounting for more than half the tonnage.¹⁰⁶ The later loss of the *Llewellyn* with all hands whilst undertaking relief assistance to Bowen only added to the feelings of isolation and imminent disaster in regions reliant on shipping for foodstuffs, medical supplies and other necessities.¹⁰⁷

The calling off of the seamen's strike on 25 August 1919 did not prove the solution to the food crisis. The shortfall in shipping and supplies to North Queensland in particular, remained problematic well into the future, whilst the influenza epidemic in Queensland continued without abatement.¹⁰⁸

¹⁰⁴ *Brisbane Courier*, 5 and 11 June 1919, p. 7.

¹⁰⁵ Queensland, Parliament (1919-20), *Report of the Commission of Inquiry into the Loss of the Q.G.S. 'Llewellyn'* 1919, Parl. Paper, Volume III, Brisbane, pp. 347-8.

¹⁰⁶ Memorandum – Report on shipments of foodstuffs to North Queensland during strike period, nd, QSA: 6717, Item ID 267018.

¹⁰⁷ For a detailed account and history of the *Llewellyn*, see Jeff Hopkins-Weise, "A history of the service and loss of the Queensland Government Steamer *Llewellyn*, 1884-1919", *Memoirs of the Queensland Museum, Cultural Heritage Series*, Vol. 4, No. 1 (2006): pp. 29-51.

¹⁰⁸ *Brisbane Courier*, 26 August 1919, p. 7. *Daily Mail*, 18 December 1919, p. 4.

On Reflection

More than any other state, coastal shipping was the life-blood of Queensland in 1918-1920. What started out as a conflict between the state and federal governments over Queensland's imposition of health measures over and above those thought sufficient by the Commonwealth's quarantine officials, developed into an extensive industrial dispute involving seamen, waterside workers, ship owners and both levels of government. Those most affected were the ordinary citizens of Queensland, particularly those in the north of the state, who were forced to ration their meagre supply of essential foodstuffs, all the while confronting the epidemic.

Amidst all this politicking something still had to be done to relieve the food shortage and the influenza outbreaks. Despite the problems, the state government adhered steadfastly to the concept of the rule of law. There was, in reality, little stopping the government taking physical control for humanitarian purposes, forcibly if need be, of the vessels nominally regulated by the Commonwealth, that were laid up in the Port of Brisbane or elsewhere in Moreton Bay. Events, perhaps, simply overtook the Queensland government. With the diagnosing of what were said to be the first cases of influenza in the state in May 1919, the state government's focus turned to how best to combat that emerging crisis. Chapter 5 examines the decision of the state government to pass to its network of local authorities the responsibility of combating the epidemic and what effect this decision had on governance in Queensland.

Chapter 5

“Fiddling amid the Flames”¹

*Nero fiddled while Rome was burning; the Queensland Labour Ministry sings political songs while the people struggle against disease and death.*²

On 26 May 1919, the administration and enforcement of Queensland’s *Health Acts 1900-1917* and regulations, as far as they applied to the influenza epidemic, were nominally passed by the state to local authorities.³ This delegation of responsibility “burst as a bombshell” upon the community and the state government was derided for “shirking” its responsibility and accused of “fiddling amid the flames of a deadly epidemic”.⁴

This chapter examines the governance of Queensland during an unprecedented crisis. Whilst always having a strong regional administrative structure, the state was not in a position to undertake the necessary work on the ground to combat an epidemic that had broken out virtually simultaneously throughout Queensland. The government saw local councils as the ideal vehicle to allocate the necessary resources and to mobilise volunteers. Throughout this chapter the terms local government, local authorities and town or city councils are used interchangeably.

Overview of Local Government in Queensland

With a small population spread across vast distances, those charged with the responsibility of governing Queensland upon its separation from New South Wales resolved to transform the colony into a montage of local authority areas. The goal

¹ *Brisbane Courier*, 21 May 1919, p. 6.

² *Bundaberg Mail*, 31 May 1919, p. 2.

³ HSO to Local Authorities Association, 20 May 1919, QSA: 8400, Item ID 18188.

⁴ *Brisbane Courier*, 14 May 1919, p. 7 and 21 May 1919, p. 6; 5 June 1919, p. 7.

culminated in the *Local Government Act* of 1878 and the *Divisional Boards Act* of 1879, but it was the *Health Act* of 1900 and the *Local Authorities Act* of 1902 that created the legal framework for a comprehensive network of local councils. By 1919, Queensland had been divided into 11 cities, 24 towns and 136 shires, each with a local council.⁵

Though representative of the community, local councils are not an autonomous tier of government and are not recognised in either the Queensland or Australian Constitutions. Legally they are no more than statutory corporations.⁶ According to historian Lyn Henderson, state governments devolve responsibility to local authorities to diffuse conflict, to enhance participation of residents and to promote efficiency in the provision of services at a community level.⁷ However, on matters of importance some form of control or supervision by the state government has traditionally always accompanied this devolution of responsibility.⁸

While it was the 1884 *Health Act* that first gave responsibility for public health to local authorities, according to medical historian Michael Thearle, “the most comprehensive health legislation ever witnessed in Queensland” came in the guise of the *Health Act* of 1900. Thearle is persuasive in his assessment of the Act being a well framed and enlightened piece of legislation that provided for a central authority to give leadership and coordination, whilst encouraging participation by local authorities.⁹ Over the next seventeen years it was amended and added to and became collectively known as *The*

⁵ “Statistics of Queensland”, *Queensland Year Book* 1919.

⁶ Local government is mentioned in the annotated Australian Constitution as a “department of the State Governments” and in the constitutions of each of the six states.

⁷ Lyn Henderson, “More than rates, roads and rubbish: a history of local government in action in Thuringowa Shire 1879-1985” (Ph.D., thesis, James Cook University, 1992), p. 212.

⁸ John Laverty, “An Historical Survey of Local Government in Queensland” in Tucker, *Local Government in Queensland*, Part II, p. 80.

⁹ Michael Thearle “Public Health issues in Queensland, 1901-1905”, *Memoirs of the Queensland Museum*, Cultural Heritage Series 2, No. 2 (2002): p. 232.

Health Acts, 1900 to 1917. Accordingly, local authorities were progressively entrusted with more and more responsibility for public health, including the prevention and treatment of infectious disease.¹⁰

In the early twentieth century the Home Secretary's Office in Queensland was, for all intents and purposes, the department for local government. It was responsible for administering the Acts under which all local councils within Queensland functioned. Public Health, with a Commissioner as the executive officer, was a sub-department of the Home Secretary's Office. The ability of the Commissioner to intervene directly in the operation of local councils was a special feature of Queensland's health legislation. The Commissioner possessed wide powers to make regulations in matters of public health over the entirety of the state, enforce government policy and regulate councils' public health activities and, in case of default, to usurp their functions. The Commissioner's powers also included the right to declare who was to enforce the regulations.¹¹ As a consequence of the bubonic plague outbreak in 1900, the Queensland government assumed full responsibility for controlling the infectious diseases of plague, cholera, smallpox and yellow fever, which were regarded as epidemic diseases and as such "national matters". Councils were left to "superintend, execute, and enforce the Regulations" of all other infectious diseases, principally diphtheria, scarlet fever and typhoid fever.¹²

¹⁰ Lavery, "An Historical Survey of Local Government in Queensland," pp. 79-80.

¹¹ Lavery, p. 80. Robert Robinson, *For My Country: A Factual and Historical Outline of Local Government in Queensland* (Brisbane: Smith and Paterson, 1957), pp. 121-22.

¹² Queensland, Parliament (1907), *Report on the Epidemic of Plague in Queensland, 1900-1907*, Parl. Paper, Vol. II: 53-250, Brisbane. Memorandum – Local Government Control of Influenza Campaign, nd, QSA: 8400, Item ID 18188.

Pass the Buck

When the influenza virus penetrated the Commonwealth's maritime barrier in January 1919, the Queensland government proclaimed it to be an epidemic disease and relieved local authorities of being the primary agency in combating any outbreak of the disease. In lieu, councils were required to concentrate on the cleanliness and sanitation of their respective areas.¹³ However, it was to its network of local councils that the Queensland government quickly turned when the virus penetrated the state borders in early May 1919.¹⁴ In pursuance of the government's decision to transfer to local authorities the responsibility for combating the epidemic, the existing regulations were repealed and *The Influenza Regulations, 1919* proclaimed in lieu.¹⁵ The revised regulations delegated executive authority to local councils through their respective Medical Officer of Health. A provision within the new regulations placed a specific obligation on councils to "superintendent, execute, and enforce the regulations."¹⁶ Additionally, the clerk of each local authority was made an agent of the government, in charge of matters relating to the epidemic in that area. Government health inspectors were allotted to each district and each authority was to engage a medical officer who would then be appointed a health officer with full powers under the *Health Acts* and regulations.¹⁷ The state government may have delegated formal responsibility and cost shifted, but it had retained control of proceedings all the same.

¹³ CoPH to Local Authority Clerks, Queensland, 30 January February 1919, QSA: 8400, Item ID 18246.

¹⁴ Laurence (Jim) Sharpe, "Theories and Values of Local Government", *Political Studies*, Vol. 18 (1970): pp. 153-74. Sharpe saw the efficiency gained through the optimal allocation of resources as the major benefit of having local councils.

¹⁵ Memorandum – Transfer to Local Authorities the control in preventing and checking the spread of the Influenza Epidemic, 21 May 1919, QSA: 8400, Item ID 18188.

¹⁶ Memorandum – Local Government Control of Influenza Campaign, nd, QSA: 8400, Item ID 18188.

¹⁷ HSO to Clerks of Local Authorities in metropolitan area of Brisbane, 7 May 1919, QSA: 8400, Item ID 18188.

Local councils' first intimation of the government's reversal of policy was when the *Brisbane Courier* announced that the state would only cover two-thirds of the cost incurred in combating the influenza crisis and only at the conclusion of the campaign.¹⁸ Arguing that such expenditure should be borne by the community as a whole, the Toowong Town Council viewed the change as "manifestly unfair and not in harmony with the duties attached to local government."¹⁹ The Cardwell Shire Council complained that the transfer would be a "very heavy burden on a poor shire."²⁰ Mackay's Joint Hospital Board warned that with "the funds of every Local authority ... at a very low ebb" it was going to be impossible for it to successfully combat the epidemic if it had to finance the program up front and affect remittances at a later date.²¹ In a heated meeting between the Local Authorities Association and the Home Secretary, the Association accused the government of a breach of faith and of having thrown in the towel.²²

The crux of the issue was money. John Huxham, Home Secretary, argued that outrageous demands had already been made on the government by councils and he wanted to ensure that no excessive expenditure was incurred. The only way to do this was to have councils pay up front and then claim for reimbursement from the state for two-thirds of the cost. The Local Authorities Association, on the other hand, could not see how economy could be effected if each local council had to erect a hospital and provide staff. If the state government could not get enough staff to operate the isolation hospital in Brisbane, what hope was there for local councils?²³

¹⁸ Memorandum – Transfer to Local Authorities the control of preventing and checking the spread of the Influenza Epidemic, 21 May 1919, QSA: 8400, Item ID 18188. *Brisbane Courier*, 16 May 1919, p. 7.

¹⁹ *Brisbane Courier*, 15 May 1919, p. 8.

²⁰ Cardwell Shire Council to HSO, 7 June 1919, QSA: 8400, Item ID 279744.

²¹ Mackay Joint Hospital Board to HSO, 7 June 1919, QSA: 8400, Item ID 18272.

²² Notes on deputation representing Local Authorities' Associations upon HSO, 14 May, 1919, QSA: 8400, Item ID 18188.

²³ Notes on deputation representing Local Authorities' Associations upon HSO, 14 May, 1919, QSA: 8400, Item ID 18188.

No sooner had the government nominally shed all responsibility when “Cabinet Ministers prepared to set out on jaunts in the country away from the badly affected metropolis.”²⁴ Ted Theodore, Acting Premier, announced he intended spending all of June 1919 engaged in making the case for the abolition of Queensland’s Legislative Council, opening the “Caucus campaign” with a speech in Ipswich on 26 May 1919. The parliament had previously voted an increase of £200 in members’ salary to cover their campaign expenses.²⁵ According to the *Maryborough Chronicle, Wide Bay and Burnett Advertiser*, people were being left to do their best in fighting the influenza epidemic while “Caucus Ministers and members tour the State at the public expense on a political campaign”²⁶ The Member for Brisbane’s presence in the outback town of Quilpie and surrounding communities was as unwelcome as it was unexpected. It was suggested that his time might have been more profitably occupied in assisting in the fight against the epidemic, which was sweeping through the west, than “disturbing the public mind ... with political propaganda.”²⁷

Joint Health Boards

In the meantime, the government had established joint health boards, consisting of representatives of two or more local authorities, and assigned to these boards all the powers and responsibilities held by local authorities under the *Health Acts*. The idea of joint health boards was not new. Provision in legislation governing local authorities allowed neighbouring councils to cooperate in providing services where it would have

²⁴ *Maryborough Chronicle, Wide Bay and Burnett Advertiser*, 30 May 1919, p. 6.

²⁵ From the time of representative government until 1922, Queensland had a bicameral parliament. Soon after Ryan’s Labor party was voted to office in 1915, it sought the Legislative Council’s abolition, regarding the Council as undemocratic as well as frustrating the government’s reform program. A good source on Labor’s effort to abolish the Council is John Harding, “Crises, deadlocks and dissolutions: a constitutional and parliamentary history of Queensland, 1859-1922” (Ph.D., thesis, James Cook University, 1997).

²⁶ *Maryborough Chronicle, Wide Bay and Burnett Advertiser*, 30 May 1919, p. 6.

²⁷ *Daily Mail*, 3 June 1919, p. 4.

been more costly and less efficient if undertaken separately.²⁸ Regional joint boards had previously been created to control marsupials from 1877, to eradicate dingoes after 1885 and to contain the proliferation of rabbits from 1886. Additionally, section 120 of the *Health Acts* provided for the Governor-in-Council to combine local authorities for the prevention of disease. In May 1900, at the time of the bubonic plague outbreak in Queensland, joint boards for the prevention of epidemic diseases were established throughout the colony.²⁹

Superimposing special purpose boards over existing local authorities was thought to build up “a district consciousness” and save in administration and expense.³⁰ More recently, analysts argue that such boards produced functional and territorial fragmentation, often failed to establish priorities that reflected the needs of individual communities and were not accountable for decisions that ignored such needs.³¹ However, the main issues that arose at the time were funding and delineating the responsibilities of the joint board and those of its constituent councils; particularly as to whose responsibility it was – the local authority or the joint board – to notify cases of epidemic disease to the Commissioner of Public Health.³² The Fitzroy Divisional Board (encompassing the area immediately west and south of the city of Rockhampton) having long complained of having to contribute to the expenses of a joint board, in late 1902 sought to secede from the Rockhampton Joint Board for the Prevention of Epidemic Disease, there never having been a case of the

²⁸ Tucker, p. 128.

²⁹ Order in Council, 30 May 1900, QSA: 8400, Item ID 18183. The Toowoomba Joint Board for the Prevention of Epidemic Diseases, for example, was constituted on 16 May 1900, encompassing the municipalities of Toowoomba, Drayton and Middle Ridge and the Divisional Boards of Gowrie, Highfields and Rosalie.

³⁰ Allan Morrison, “The Influence of Party Politics on Local Government 1910-1932” (B.A. Hons., thesis, Brisbane: University of Queensland, 1933), p. 5. CoPH to HSO, December 1901, QSA: 8400, Item ID 18183.

³¹ Richard Spann, *Government Administration in Australia* (Sydney: George Allen & Unwin, 1979), ps. 118, 119, 140. Tucker, pp. 44-51. Henderson, “More than rates, roads and rubbish”, p. 212.

³² *Capricornian*, 27 April 1901, p. 9. According to the Mayor of Rockhampton, “it would have been better if every council could be made its own epidemic board.”

plague within its boundaries.³³ By 1903 joint boards were considered a duplication of authority which, far from making savings, was costing more than twice as much for work that could have been undertaken successfully by hospital committees.³⁴ Joint boards were dissolved one by one over the course of 1903.

Despite the reasoning behind their earlier dissolution, under *The Influenza Regulations, 1919* boards were charged with preventing and checking the spread of influenza.³⁵ Meeting with the Home Secretary, a delegation from the Brisbane City Council objected to handing over control to the Metropolitan Joint Health Board as well as to funding arrangements. The council's past experience of joint management was one of having to bear the largest proportion of the expense while being consistently outvoted by representatives of other councils. The delegation argued the council was in a far better position to look after its own area than any joint board.³⁶ In the event, the council had little to complain about. Based on ratable value of lands, it was allocated four representatives on the nine-member board, with the mayor appointed as President of the Board; South Brisbane City Council was allocated one seat and the other seventeen councils had four representatives between them.³⁷ The Metropolitan Joint Health Board remained in existence until 31 October 1919 when, having incurred debts of approximately £10,000 in combating the epidemic, it was dissolved by an Order-in-Council.³⁸

³³ CoPH to HSO, 13 January 1902, QSA: 8400, Item ID 18183.

³⁴ QPD 1903, 2 September 1903, pp. 458-465.

³⁵ HSO to Component Local Authorities in Metropolitan Joint Health Board, 21 May 1919, QSA: 8400, Item ID 18186.

³⁶ Minute Book, Health Committee, Brisbane City Council (p. 52), "Report of Health Committee", 21 May 1919, QSA: 4152, Item ID 665655. *Brisbane Courier*, 16 May 1919, p. 7.

³⁷ HSO to Hamilton Town Clerk, 21 May 1919, QSA: 8400, Item ID 18186. HSO to Mayor of Brisbane, 24 May 1919, QSA: 8400, Item ID 18186.

³⁸ HSO to Town and Shire Clerks, Brisbane Metropolitan, 6 October 1919, QSA: 8400, Item ID 18186.

Isolation of Influenza cases

Queensland's *Health Act of 1900* required local authorities to provide hospitals for the reception of persons suffering from infectious diseases, if ordered to do so by the Commissioner of Public Health. Enforcement of the Act in Brisbane resulted in the building of the Wattlebrae Infectious Disease Hospital, a joint venture between the Brisbane City Council and the Brisbane Hospital Committee. Country hospitals, on the other hand, usually co-operated with their local authority by setting aside a ward or wing of the hospital for isolation purposes.³⁹

Prior to handing over responsibility to local authorities, the government had established an emergency isolation hospital at the Brisbane Exhibition Grounds. On 26 May 1919, the day to day operations of the hospital and the medical officer in charge became the responsibility of the Metropolitan Joint Health Board. The government also handed over, without charge, all the foodstuffs, drugs and medicines that were on hand.⁴⁰ Joint boards and local authorities in country areas were not so fortunate. The Boulia Shire Council was left to combat the disease as best it could. The hospital in Boulia, approximately 765 miles west of Rockhampton, only had six beds and in the past had used tents to isolate infectious disease cases. The nearest doctor was at Kuridala, over 150 miles to the north. Repeated advertisements, in various newspapers in different states since 1917, offering a salary of £550 per annum and the right of private practice, failed to attract an applicant and it was uncertain that there were even three “ladies at liberty” in the town that could be called upon to assist as nurses. The only help forthcoming from the government was the posting of a dozen pamphlets on what to do with influenza cases when no doctor was

³⁹ Ross Patrick, *A history of health & medicine in Queensland, 1824-1960* (St Lucia, Queensland: University of Queensland Press, 1987), p. 212.

⁴⁰ HSO to Town Clerk, Hamilton, 21 May 1919, QSA: 8400, Item ID 18186. HSO to Mayor of Brisbane, 24 May 1919, QSA: 8400, Item ID 18186.

in attendance.⁴¹ Yet, despite its isolation, Boulia was, via the telegraph, just one tap away from the best health advice available in Queensland.

In an effort to minimise expense, the Winton Shire Council initially treated its epidemic victims in the general hospital. The accommodation proved insufficient and £368/6/2 was reluctantly expended on building an extra ward. It seems the extra ward was to cater only for white Queenslanders; the Shire Clerk informing the Home Secretary that “separate tent accommodation” was erected for the Aboriginal people who were being treated.⁴² The provision of separate accommodation for cases within the Aboriginal population was not consistent across the state. Notifying the Home Secretary of cases in the Aboriginal community in the Atherton district, the Tinaroo – Eacham Joint Health Board stated that eleven cases were being treated in the Atherton Hospital.⁴³ The Cairns District Health Board established a separate hospital for the “rapidly increasing” number of Aboriginal victims of influenza, because, it was stated, the existing isolation hospital was “already taxed to fullest capacity.”⁴⁴ The same applied at Georgetown.⁴⁵

Some local authorities utilised state schools as isolation hospitals, but first the school had to have been closed due to the epidemic, the Department of Public Instruction had to give its permission and the Commissioner of Public Health had to authorise the opening. All of which was generally a formality, state government policy being that schools should be made available. Nonetheless, such formalities had to be undertaken, with the government

⁴¹ Boulia Shire Clerk to HSO, 2 June 1919 and reply 17 June 1919, QSA: 8400, Item ID 279744.

⁴² *Northern Miner*, 21 February 1917, p. 7. An advertisement is in *Brisbane Courier*, 22 July 1919, p. 10.

⁴³ Winton Shire Clerk to HSO, 25 September 1919, QSA: 8400, Item ID 18275.

⁴⁴ Tinaroo – Eacham Joint Health Board to HSO, 1 October 1919, QSA: 8400, Item ID 18167.

⁴⁵ Cairns District Health Board to HSO, 4 and 27 September 1919, QSA: 8400, Item ID 279744. Cairns District Health Board to CoPH, 29 September 1919, QSA: 6477, Item ID 997167.

⁴⁵ *Brisbane Courier*, 15 October 1919, p. 7. The general hospital in Georgetown was full of influenza patients and the disease was said to be rife among the Aboriginal population.

generally keeping tight control.⁴⁶ On 5 June 1919, the Home Secretary's Office had the "honour" to inform the Auburn Shire Council that the Mundubbera State School (255 miles northwest of Brisbane by railway) was available for isolation purposes. It regretted the state government could not also provide a qualified nurse to run it.⁴⁷ School buildings so used had to be "thoroughly cleansed" and all furniture returned to its proper place before a school was handed back to the Department of Public Instruction. Being "thoroughly cleansed" involved the scrubbing and disinfecting of floors, desks and sanitary conveniences, cleaning of the walls and windows, attending to the drains as well as disinfecting the students' writing slates. Buildings had to be aired and every precaution taken to ensure the safety of the returning students. The expense of the undertaking was borne by the respective local authority.⁴⁸

Use of schools as isolation hospitals was not without controversy. The Toogoolawah State School committee protested the use of the town's school, claiming that even when the town was free of the disease, schooling could not resume because patients from outlying areas in the district would need to be admitted. It also argued that germs would lodge and remain in the walls and floorboards for months afterwards thus infecting the children long after the epidemic had run its course.⁴⁹ At Mount Morgan, the Technical College Board was presented with a *fait accompli* when the local council's influenza committee took over the college, neither the mayor nor the Education Department having consulted the Board about the matter.⁵⁰ At Richmond, 307 miles west of Townsville, the

⁴⁶ DoPI to CoPH, 26 May 1919 and 6 June 1919, QSA: 6477, Item ID 997166.

⁴⁷ Auburn Shire Clerk to HSO, 30 May 1919 and reply 5 June 1919, QSA: 8400, Item ID 18277.

⁴⁸ DoPI, Memorandum: Repeal of Influenza Restriction in certain areas and re-opening of schools, 10 July 1919, QSA: 6477, Item ID 997166. DoPI, Memorandum: Preparation for re-opening of schools, 14 July 1919, QSA: 6477, Item ID 997166.

⁴⁹ Toogoolawah State School Committee to DoPI, 24 May 1919, QSA: 6477, Item ID 997166. The same objection arose at Esk.

⁵⁰ *Capricornian*, 7 June 1919, p. 17. *Brisbane Courier*, 4 June 1919 p. 7 and 26 June 1919, p. 8.

head teacher of the local state school learnt of the decision to use the school as an isolation hospital through the bush telegraph.⁵¹ After complaints from the head teacher and the school committee, the Education Department belatedly asked the Wyangarie Shire Council to make other arrangements. By this time, however, the school was already in use as an isolation hospital with nursing staff, a wardsman and six patients in residence.⁵²

In other instances, councils in conjunction with local hospital committees moved ordinary patients to other premises so that the entire general hospital could be used to treat cases of influenza. However, the treatment of ordinary patients elsewhere than in the hospital could not be undertaken without the sanction of the Home Secretary. On 15 May 1919, the District Hospital Committee at Miles (231 miles west of Brisbane) sought approval from the Home Secretary to place the institution and staff at the disposal of the local authority and to accommodate ordinary patients at the private (maternity) hospital.⁵³ Huxham wanted to know why influenza patients could not be treated in the infectious disease ward of the hospital.⁵⁴ Events at Miles, however, had made the Home Secretary's query irrelevant as that ward, along with all the general wards in the hospital were soon full with influenza patients, other patients having been transferred as planned. The Home Secretary was similarly reluctant to have influenza cases treated in the temporary isolation hospital set up in Maryborough.⁵⁵

⁵¹ Head Teacher, Richmond to Wyangarie Shire Clerk, 28 May 1919, QSA: 6477, Item ID 997166.

⁵² Correspondence between Head Teacher, Richmond State School, Wyangarie Shire Clerk and DoPI, 28 May - 19 June 1919, QSA: 6477, Item ID 997166. The Secretary for Public Instruction withdrew his request and the school remained an isolation hospital for the duration of the epidemic.

⁵³ Miles District Hospital Committee to HSO, 15 May 1919, QSA: 8400, Item ID 18273.

⁵⁴ HSO to Miles District Hospital Committee, 23 May 1919 and reply 24 May 1919, QSA: 8400, Item ID 18273.

⁵⁵ Thomas to HSO, 8 May 1919 and reply 9 May 1919, QSA: 8400, Item ID 18273.

The Murilla Shire Council and the Miles District Hospital Committee expended more than £200 to convert the facility into an isolation hospital.⁵⁶ From experience, the council foresaw patients from neighbouring shires receiving treatment at the hospital and wanted an assurance from the Commissioner of Public Health that the cost of treating influenza patients brought to Miles from outside the shire would be remunerated.⁵⁷

The matter of funding and payment for treatment was important to local authorities. Whilst funding for construction of public hospital buildings was provided by the government, fund-raising by the respective committees was required for the day to day running of both public and private hospitals. Even then, funding shortfalls meant the state government had to budget for “charitable institutions”, mostly hospitals, with a large proportion going to hospitals in Brisbane. Indeed, the financial difficulties of the Brisbane General Hospital was only resolved when it was taken over by the government in 1917, giving the state its first taste of hospital management.

From the official outbreak of the epidemic in Queensland until 26 May 1919, the cost of treating influenza patients in public hospitals was covered by the government at a rate of £2/2/0 per patient per week whilst under active treatment and 25/- per week during convalescence. Hospital committees were required to supply a daily list of the names of such patients to the government health officer for forwarding to the Commissioner of Public Health.⁵⁸ At this time, the government also covered the cost of the medical, nursing and wardsman staff. As with other expenses involved in combating the epidemic

⁵⁶ This included acquiring more beds, bedding, cooking utensils etc., and the employment of extra probationary nurses.

⁵⁷ Murilla Shire Clerk to CoPH, 10 May 1919, QSA: 8400, Item ID 18273. During a Diphtheria outbreak some months earlier, a number of cases from the Chinchilla were admitted. On that occasion, the Chinchilla Shire Council refused to reimburse the cost of treating the patients.

⁵⁸ Voss to Secretary, Rockhampton Hospital, 4 May 1919, QSA: 8400, Item ID 18274.

from 26 May 1919 these costs were shared between local authorities and the state government, with the latter responsible for two-thirds of the bill.

Local authorities had no power to charge influenza patients admitted to hospital.⁵⁹ To help alleviate the shortfall between the cost of treatment and the amount the state government reimbursed, some councils sought donations from patients as they were discharged.⁶⁰ On 16 June 1919, the Maryborough City Council advised the Home Secretary that donations amounting to £9/6/0 had been credited to the Maryborough Emergency Hospital account.⁶¹ The Home Office seems to have missed this line item but when further donations of £3/6/0 were reported the following week, the mayor was asked to explain.⁶² The file held at the Queensland State Archives does not indicate whether the government considered such donations when remitting their reimbursements but donations were not included as a line item in future returns. The Wambo Shire Council made a point of advising the Home Secretary that no person was charged for his or her treatment and no donations were received.⁶³

More often than not, however, far more people were treated in their own homes than in any institution.⁶⁴ Experience during the epidemic quickly showed that home care of patients was far more economical than treatment in an isolation hospital. Even so, the

⁵⁹ HSO to Murgon Shire Clerk, 23 June 1919, QSA: 8400, Item ID 18273.

⁶⁰ Maryborough Town Clerk to HSO, 2 July 1919, QSA: 8400, Item ID 18273. On being discharged patients were advised of the estimated cost of their treatment therein and any moneys voluntarily offered were accepted as donations and applied as a minor recoupment for expenditure incurred in maintaining the hospital.

⁶¹ Maryborough City Council – Statement No. 1 of expenses incurred in connection with Emergency Hospital from 26 May to 9 June 1919, 16 June 1919, QSA: 8400, Item ID 18273.

⁶² Maryborough City Council – Statement No. 2 of expenses incurred in connection with Emergency Hospital for week ended 16 June, 21 June 1919, QSA: 8400, Item ID 18273.

⁶³ Wambo Shire Clerk to HSO, 1 October 1919, QSA: 8400, Item ID 18275.

⁶⁴ See for example Rawbelle Shire Council – Joint Health Influenza Epidemic Committee's Report, 7 August 1919, QSA: 8400, Item ID 18274.

extent and cost of home care was considerable. In Maryborough, on average, twenty-six families were attended to in their homes on a daily basis, with an average of five members of each family afflicted at the same time. Expenses to be covered included the cost of medical practitioners and nurses, medicine, crèches for children with sick parents and the preparation and delivery of meals. It was conservatively estimated that by 16 June 1919, over 4000 meals had been prepared and distributed to homes in Maryborough alone.⁶⁵

The government left it to individual councils to allocate funds to cover the cost of home care.⁶⁶ It balked, however, at universal coverage of isolating and treating patients in their own homes. It was the government's position that funding should not be "indiscriminate" or given to persons who had the means and or resources to help themselves.⁶⁷ Nor would the government cover the cost of treatment in a private hospital.⁶⁸

The state government also took every opportunity to move costs of treatment onto local councils even when it created the situations that incurred those costs. In late May 1919, 200 government-employed navvies working on the construction of the railway between Cairns and Brisbane were encamped in the vicinity of St. Lawrence, 107 miles north of Rockhampton. The Broadsound Shire Council considered that because of their constant interaction with Rockhampton residents, the navvies were far more likely to contract the disease than would the residents of St. Lawrence. The council requested the government bear the full cost of treating any case of influenza occurring at the construction works by

⁶⁵ Maryborough City Council Mayor to HSO, 16 June 1919, QSA: 8400, Item ID 18273.

⁶⁶ HSO to Murilla Shire Council Clerk, 18 June 1919, QSA: 8400, Item ID 18273.

⁶⁷ See for example HSO to Murgon Shire Council Clerk, 13 and 18 June 1919, QSA: 8400, Item ID 18273. Also see HSO to Woongarra Shire Council Clerk, 17 June 1919, QSA: 8400, Item ID 279744.

⁶⁸ HSO to Wambo Shire Council Clerk, 10 June 1919, QSA: 8400, Item ID 18275.

charging the whole of the its portion to the Railway Department. The Home Secretary declined.⁶⁹

A month earlier a similar situation had occurred at Texas on the border with New South Wales, where a Commonwealth telephone gang was camped nearby. On 26 April 1919 James Crane arrived back at the camp from Rosewood near Ipswich with what seemed to be a cold. By 29 April he was very sick but remained at the camp until the following Friday when he and a fellow worker were brought into Texas for medical attention. Crane died on 4 May; his death certified by the hospital doctor as caused by Pneumonic Influenza. The remaining members of the telephone line gang were isolated and a guard placed over them.⁷⁰ Other than the medical officer's cost, for which it only paid £21/- out of the £22/15/- claimed, the government simply covered two-thirds of the cost for the cook, two guards and the attending nurse.⁷¹

Disputes over costs extended even to those incurred in dying, much to the detriment of small businesses. In July 1919, three persons of dark complexion died in the Ayr Influenza Hospital, 49 miles south of Townsville. An account for £18/- for their burial by local undertaker A. S. Wright and Sons was rendered to the shire council. The undertaker was still seeking payment in February 1920. Even though those buried had died in its influenza hospital, the council declined to recognise any liability in the matter and referred Wright and Sons to the Officer in Charge of Police at Ayr as the local Protector of Aborigines. The Home Secretary concurred with this action and in a file note

⁶⁹ Broadsound Shire Council Clerk to HSO, 26 May 1919 and reply 7 June 1919, QSA: 8400, Item ID 279744.

⁷⁰ Sergeant Cavanagh to Inspector of Police, Toowoomba, 4 May 1919, QSA: 8400, Item ID 18167. Clinical notes and temperature chart relating to James Crane and James Dunne, 4 May 1919, QSA: 8400, Item 18167.

⁷¹ CoPH to HSO, 25 June 1919, QSA: 8400, Item ID 18167.

recorded “Burial expenses for indigenous natives are paid from Aboriginal Protector Property Account”.⁷² There the matter rested until 17 May 1920, when the Home Secretary was informed that only one of the group was deemed an Aboriginal person, the other two being a South Pacific Islander and a “half-caste”.⁷³ As such, the Sergeant of Police had declined to make payment for the latter two.⁷⁴

The *Aboriginal Protection and Restriction of the Sale of Opium Act* of 1897 was the first comprehensive race legislation passed in Queensland, bringing in an era of “protection and segregation”. The colony was divided into protectorates, administered by a District Protector of Aboriginals (usually the local police officer, police inspector or Clerk of Petty Sessions) who reported to either the Southern or Northern Regional Protector of Aboriginals, and later to the Chief Protector. Through its community offices, the Chief Protector controlled and managed those Aboriginal persons or Torres Strait Islanders deemed to be “assisted” or “wards” of the state. This power was exercised in regard to, among other areas, health and burials. It was also exercised in deciding who was and who was not an Aboriginal person.

As suggested by the police sergeant’s refusal to bear the cost of all the burials, being “black” was no guarantee that a person came under the Act. In the face of a quickly growing mixed population, for more than 30 years the government was hamstrung by its definition of “Aboriginal” and “half-caste”. Neither the Protector nor the affected individual could be sure about the latter’s standing. Under the provisions of the Act, being a “half-caste” did not automatically qualify one as being Aboriginal. Any person

⁷² Ayr Shire Clerk to HSO, 23 February 1920 and reply 31 March 1920, QSA: 8400, Item ID 279744.

⁷³ During the historical period under examination, any South Pacific Islander in Australia was officially referred to as a “Kanakas”.

⁷⁴ Ayr Shire Clerk to HSO, 17 May 1920, QSA: 8400, Item ID 279744.

being the offspring of an Aboriginal mother and other than an Aboriginal father and not being a wife, husband or a child living with an Aboriginal or who did not habitually live or associate with Aboriginal people was deemed not to be an Aboriginal and therefore did not come under the Act or the Protector.⁷⁵ Nor did South Sea Islanders.

A person did not have to be a member of one of Queensland's minorities for disputes over payment to arise. The Maryborough Town Council was sent an account for £9/9/- for the burial of Martha Fries who had died in the town's isolation hospital in June 1919. As the deceased had been a ratepayer in the Tiaro shire, the account was promptly forwarded to its local authority for payment. The matter was referred to the Home Secretary's Department resulting in the Tiaro Shire Council being instructed to arrange settlement of the, by then, six-month overdue account.⁷⁶

The toing and froing as to who was going to pay for paupers' burials indicates another level of cost – and accountability – shifting was taking place within government departments and between authorities during the crisis.⁷⁷ With the bureaucracy near breakdown in many communities, just which council notified the Commissioner of Public Health of the three non-white deaths in Ayr Influenza Hospital, for example, is not known. However, if each authority decided that it was the other's responsibility the three deaths

⁷⁵ *The Aboriginals Protection and Restriction of the Sale of Opium Act of 1897*. Regina Ganter, "Turn the map upside down", *Griffith Review*, Vol. 9 (2006). According to Ganter, the Chief Protector's office resorted to remarkable feats of reasoning by which people could be classed as "Aborigines" or "half-castes" or "neither Aboriginal nor half-caste", depending on where they were born and their age.

⁷⁶ Ammenhauser, Invoice 31 July 1919, QSA: 8400, Item ID 18273. Maryborough Town Clerk to HSO, 8 December 1919, QSA: 8400, Item ID 18273.

⁷⁷ HSO to Ayr Shire Clerk, 31 March 1920 QSA: 8400, Item ID 279744. The government instructed the Ayr Shire Council to pay for the burial of the two paupers and submit a claim to the Home Secretary's Office for two-thirds of the expense incurred. Reimbursement to the council was not finalised until 11 November 1920.

may not have been reported at all. This observation raises the question as to the reliability of the statistics gathered during the epidemic.

“If the statistics from the Registrar-General’s office are a good criterion”⁷⁸

In 1918-1920, the responsibility for gathering statistics in Queensland nominally lay with the Office of the Government Statistician and Registrar-General, another sub-department of the Home Secretary's Office. One of the functions of the Registrar-General was to collate, tabulate and publish statistics on births, deaths and marriages in Queensland. From the 1850s, Queensland had been divided into administration districts, each with a District Registrar (often the Clerk of Petty Sessions) who was responsible for the registration of such statistics. In more remote localities an Assistant District Registrar, usually an additional duty given to the local Officer in Charge of Police, was tasked with receiving the relevant applications and certificates and forwarding them on to the district office. A complete record of all registrations in Queensland was held at the Central Registry Office in Brisbane.⁷⁹

In early July 1919, the Registrar-General supplied the Home Secretary with an official return of the number of deaths in Brisbane and country areas (excluding the Kennedy, Cardwell and Burnett districts) between January and the end of June 1919. In Brisbane 270 deaths had been recorded, 186 from influenza and pneumonia and 84 of pneumonic influenza.⁸⁰ However, a perusal of press releases by the Registrar-General during the period indicates that 300 deaths in the metropolis had been recorded as being due to

⁷⁸ *Queenslander*, 21 June 1919, p. 39.

⁷⁹ Bruce McPherson, “Administration of the Courts 1859-1915”, in Kay Cohen and Kenneth Wiltshire, eds., *People, Places and Policies. Aspects of Queensland Government Administration 1859-1920* (Brisbane: University of Queensland Press, 1995), p. 48.

⁸⁰ For the whole state, excluding areas for which no figures were at that time available, 603 people had died as compared to just 9 in the corresponding period in 1918.

influenza and pneumonia or pneumonic influenza. This was some 30 more than that listed on the official return supplied to the Home Secretary. The discrepancy, it seems, was due to the Registrar-General's use of the Bertillon Classification of Causes of Death system. Although death certificates provided for multiple contributory causes of death, the Bertillon system allowed only for the primary or underlying cause, to be registered.⁸¹

In 1919, any death from influenza and other complications reported to the District Registrar was initially recorded under the broad classification of 'death due to influenza'. Later, each was more closely analysed at the Registrar-General's office before being classified according to a single underlying cause. For example, a death due to influenza with pleurisy complications might first be recorded as one of influenza but ultimately registered as one of pleurisy, the Registrar-General determining that under the rules of classification the primary cause of death was due to complications from pleurisy.⁸²

Assigning a single cause of death inevitably involved arbitrary decision-making. Despite the system having evolved rules to deal with difficulties caused by incomplete diagnosis or the listing of two or more causes of death, rigid application of the Bertillon Classification system sometimes resulted in registering an underlying cause of death that was contradictory to the death certificate.⁸³ The limitations of the system were well known. While recommending the Bertillon classification for Australia, the first appointed

⁸¹ Wijeskere Gaminiratne, "Recent developments in causes of death statistics in Australia: automation and multiple cause coding", *Genus*, Vol. 57, No. 1 (2001): pp. 123-41.

⁸² *Brisbane Courier*, 12 July 1919, p. 6.

⁸³ American Public Health Association, *The Bertillon Classification of Causes of Death. Recommended for the use of Registrars of Vital Statistics (After the First Revision of Paris of 1900) by the American Public Health Association and by the Conference of State and provincial Boards of Health of North America* (Washington: Robert Smith printing Co., 1899).

Commonwealth statistician, Sir George Knibbs, referred to the importance of the contributory causes of death in studying cause-specific mortality.⁸⁴

Whilst influenza is a respiratory disease, the *Statistics of Queensland* compiled by the Registrar-General distinguished it from other “Diseases of the Respiratory System”. For the year 1919, in the eighty-eight public hospitals throughout Queensland listed in the statistical report, 301 deaths were attributed to influenza as the primary or underlying cause.⁸⁵ That total included causes listed on the death certificate as Gripe, pneumonia due to influenza and bronchitis or Broncho-pneumonia due to influenza. However, a further 357 deaths are listed under the general category, “Diseases of the Respiratory System”, which encompassed pleurisy.⁸⁶ It was not the duty of Registrar-General to interpret a diagnosis; he was only to register the cause of death as it was formulated, but according to the Commissioner for Public Health, contracting influenza often resulted in serious complications, such as pleurisy and pneumonia.⁸⁷ The Bertillon Classification system did not allow for influenza being listed as the underlying cause of death in cases involving pleurisy complications.⁸⁸

The *Medical Journal of Australia* (MJA) soon concluded that deaths directly or indirectly due to the epidemic influenza were being “registered under some other rubric.” It gave the example of metropolitan Sydney in April of 1919, where the total number of deaths from influenza registered during the month was 881, with deaths from all causes being

⁸⁴ Gaminiratne, “Recent developments in causes of death statistics in Australia: automation and multiple cause coding”, pp. 123-141.

⁸⁵ The emergency isolation hospitals set up around the state in 1919 were not included in the 88 public hospitals.

⁸⁶ *Statistics of Queensland, 1919* (Brisbane: Government Printer).

⁸⁷ *Brisbane Courier*, 17 April 1919, p. 7.

⁸⁸ American Public Health Association, *The Bertillon Classification of Causes of Death*. Gaminiratne, pp. 123-41.

1022; a difference of 141. Of the 141, sixty-six were recorded as pneumonia. The MJA claimed that it was reasonable to assume the remaining seventy-five deaths were caused by tuberculosis, cardiac disease and other common afflictions indirectly caused by influenza.⁸⁹ Rather than being an accurate count of the deaths in Queensland attributable to the 1918-1920 pandemic influenza, the Registrar-General's official returns should, perhaps, be regarded as only indicative; the actual mortality may be higher. The actual morbidity rate in Queensland associated with influenza may also be much higher.

Best Guess

During the times influenza was deemed a notifiable disease, health regulations required the Commissioner of Public Health to be notified of all cases. On the other hand, the Registrar-General only had to be advised of the cases of influenza treated in hospitals, though this was a requirement at all times. Even so, newspaper reports and official documents indicate that at least during the height of the crisis, fulfilling reporting requirements was the least of concerns for those at the coalface.

When claiming expenses for vaccination services rendered in Blackall, Dr Macarthur advised the local Influenza Committee "owing to the rush a complete list of vaccinations could not be kept. On some days only the numbers inoculated were entered: on other days no record was kept."⁹⁰ In other words the 1,100 inoculations he claimed reimbursement for was at best an educated guess rather than an accurate record. The Toowoomba City Council's health officer admitted he did not have any idea as to how many people had been infected, the city's doctors being "too fully occupied" to attend to

⁸⁹ *Medical Journal of Australia*, Vol II, No. 1 (1919): p. 17.

⁹⁰ Macarthur to Blackall Influenza Committee, 20 July 1919, QSA: 8400, Item ID 279744.

the required notifications.⁹¹ Rockhampton was “so full of influenza it was difficult for medical men to attend all cases.”⁹² Elsewhere a doctor reported that he had visited more than twenty patients in under half an hour. He had, he said, “seen some severe epidemics but never anything like the present one”.⁹³ This was symptomatic of the intense pressure under which medical practitioners, local authorities and the government were placed.

As thirty days was allowed to notify a death to the District Register, who then forwarded it to the Central Registry, the official running count was not much help as an index to future developments.⁹⁴ On 16 May 1919, the Brisbane General Hospital announced that there had been six influenza deaths within the hospital since the outbreak but could not say when each death had occurred.⁹⁵ On 2 June 1919, the Registrar-General received notification of thirty-two deaths, though they did not all occur on same day. Timely receipt of death notifications became so sporadic that the Registrar-General was unable to provide the necessary figures for the whole of Queensland. On 16 June, he reminded every District-Registrar of the requirement for the prompt submission of their daily returns. Even so, it was only on 19 June that the Registrar-General was notified of eight deaths, all of which had occurred over the previous week.⁹⁶

The same applied to the reporting of infections; any increase in the number of cases, even those in a mild form, signalled the start of an outbreak in the local area. However, many cases, such as those that only necessitated the sufferer staying in bed for a few days, were

⁹¹ *Brisbane Courier*, 3 June 1919, pp. 7-8.

⁹² Health Officer to Greater Rockhampton Council, quoted in *Brisbane Courier*, 6 June 1919, p. 7.

⁹³ *Brisbane Courier*, 17 May 1919, p. 5.

⁹⁴ *Brisbane Courier*, 21 May 1919, p. 7.

⁹⁵ *Brisbane Courier*, 17 May 1919, p. 5.

⁹⁶ *Brisbane Courier*, 3, 17 and 20 June 1919, p. 7.

often considered too mild to be reported either to the doctor or by the doctor.⁹⁷ By 30 June 1919, 270 cases had been reported in Bowen. However, according to the *Brisbane Courier* a considerable number remained unreported.⁹⁸ Two hundred and four cases had been officially recorded in Mackay by 23 June 1919, but this may have been only half the actual number as the local health officer was “indisposed” with the influenza, making accurate collation of figures problematic.⁹⁹ At Rockhampton, Dr Parry, the council’s health officer, reported the city’s medical practitioners alone as having notified 1,900 cases in the fortnight ending 18 June, which, according to Parry, was just the tip of the iceberg. Parry contended that twice that number had not availed themselves of the services of a doctor.¹⁰⁰ In Townsville, seventy cases were reported to the Town Clerk between 21 May and 5 June 1919, but authorities were certain a great many more went unreported.¹⁰¹

In early June 1919, just five weeks after the diagnosis of the state’s first case, the Queensland branch of the British Medical Association (BMA) suggested that non-serious cases of influenza need not be reported – the epidemic was so wide spread and had affected so many households, the BMA deemed notification pointless. The Home Secretary agreed, publicly declaring compulsory notification “farcical”. According to the Home Secretary, in thousands of cases notification was not being observed and even when they were, it was of no benefit. There was, Huxham said, little wisdom in piling up figures that would be of no comparative value in the future. In his opinion, the preparation and sending in of the necessary notification forms took up time that could better utilised in

⁹⁷ *Brisbane Courier*, 28 May 1919, p. 7. According to the *Brisbane Courier*, nearly every family, more or less, had one or two of its members affected and all large firms carried on under extreme difficulties.

⁹⁸ *Brisbane Courier*, 1 July 1919, p. 8.

⁹⁹ *Brisbane Courier*, 24 June 1919, p. 8.

¹⁰⁰ *Brisbane Courier*, 6 June 1919, p. 7.

¹⁰¹ *Townsville Daily Bulletin*, 7 June 1919, p. 4.

combating the actual disease. The Commissioner of Public Health, however, was not of the same mind. He saw mandatory reporting as being of great value, though he did agree to make the process less laborious.¹⁰² The situation was not peculiar to Queensland. From the initial outbreak in Victoria and New South Wales, the MJA had attempted to record the extent and mortality of the epidemic in Australia based on the number of cases notified. The MJA soon gave up. Whilst it did publish figures supplied by the Departments of Public Health in the six states, these returns were sporadically received. In the majority of states, notification had not been carried out methodically enough to enable authorities to compile an accurate record.¹⁰³

Queensland's Chief Protector of Aboriginals stated in his report for 1919 that "exact information as to the number of natives affected" by the epidemic in Queensland was not known.¹⁰⁴ The Death Register kept by the Chief Protector suggests that reports of deaths in general were not submitted in a timely manner; entries for 1919 have little chronological progression, jumping about in date and month. At the state-run Aboriginal settlement of Barambah near Murgon in southeast Queensland, most of the deaths from influenza have been recorded under the heading "May & June" with no exact date of death entered against any of the victims' names.¹⁰⁵ Whatever the exact number of deaths, available records indicate a disproportionately high morbidity and mortality rate in the Aboriginal population as compared to the general community. The Chief Protector gave a positive interpretation to the statistics, asserting the mortality among the Aboriginals

¹⁰² *Brisbane Courier*, 5 June 1919, pp. 6-7.

¹⁰³ *Medical Journal of Australia*, Vol. II, No. 1 (1919): p. 17.

¹⁰⁴ Queensland, Parliament (1920), *Annual Report of the Aboriginals Department 1919*, Parl. Paper, Vol. II: 229-37, Brisbane, p. 231.

¹⁰⁵ Death Register 1910-1928, Chief Protector of Aboriginals Office, QSA: 10183, Item ID 302715.

“can only be regarded as a low figure when compared with other countries with native races”.¹⁰⁶ It was, but so was the comparative figure for Australia as a whole.

Inaction and Censure

People were happy to complain directly to the state government or the Commissioner of Public Health when they considered their local authority was slow to take action or that it had over-reacted. Residents of the Stonehenge district, 524 miles west of Rockhampton, voiced their indignation at the Barcoo Shire Council for not making the best use of scarce resources. Despite twenty-five persons suffering from influenza at Stonehenge, with the number increasing daily, the council had not reassigned the nurse, one of only two in the district, who was then caring for just one patient at Bimerah Station.¹⁰⁷ With nine deaths and a number of severe cases in the district, the citizens of Taroom (280 miles northwest of Brisbane) wanted the state government to move in and open an isolation hospital, as the shire council and the hospital committee were “asleep” to the action needed.¹⁰⁸

Elsewhere, the Innisfail Central Health Committee was not enforcing the regulations applying to amusements or churches.¹⁰⁹ Only when the epidemic was “rampant” within the Gatton district did the Tarampa Shire Council decide to enforce the proclaimed restrictions and insist upon the notification of all cases of influenza.¹¹⁰ In Marybough, it was only after the number of cases in the town had reached “grave” proportions that the council called on the women in the community to form an emergency corps. The need,

¹⁰⁶ *Annual Report of the Aboriginals Department 1919*, p. 229.

¹⁰⁷ Kelly to HSO, 3 July 1919, QSA: 8400, Item ID 279744.

¹⁰⁸ Stewart to HSO, 5 June 1919, QSA: 8400, Item ID 18167.

¹⁰⁹ *Brisbane Courier*, 19 September 1919, p. 8.

¹¹⁰ *Brisbane Courier*, 4 July 1919, p. 9.

so said the council's health officer, was now urgent for "if there was no corps to assist sufferers, many persons would lose their lives."¹¹¹

When Dr Nye, the Tinaroo–Eacham Joint Health Committee's Medical Officer, ordered the temporary total closure of the hotel at Tarzali, 53 miles southwest of Cairns, in June 1919, the Home Secretary censured him for overstepping his authority and putting the government and the local authority at risk of a claim for compensation. For the Home Secretary, closure of a hotel was a serious matter, with the rights of the licensee under the provisions of *The Liquor Act of 1912* needing to be taken into consideration. The Home Secretary claimed that in no other place had the Influenza Regulations been so exercised; elsewhere only parts of a hotel were isolated, allowing licensees to carry on business.¹¹² Nye considered the "imputation" that he exceeded his authority as an affront and threatened to resign as medical officer if it was not withdrawn. In this Nye received strong support from the Tinaroo – Eacham Joint Health Committee.¹¹³ In a somewhat guarded memorandum to the Home Secretary, the Commissioner of Public Health supported Nye, suggesting that the doctor was simply taking all necessary precautions as authorised by the regulations, whereby authorities may isolate any or all of the people in the premises which, in this instance, just happened to be a hotel.¹¹⁴

¹¹¹ Dr Brown, Maryborough Council Health Officer, cited in *Brisbane Courier* 29 May 1919, p. 7.

¹¹² HSO to Tinaroo – Eacham Joint Health Committee, 8 June 1919, QSA: 8400, Item ID 18167. Senior Sergeant Quilter to HSO, 3 July 1919, QSA: 8400, Item ID 18167.

¹¹³ Nye to HSO, 12 July 1919, QSA: 8400, Item ID 18167. Nye to CoPH, 14 July 1919, QSA: 8400, Item ID 18167. Tinaroo – Eacham Joint Health Committee to HSO, 15 August 1919, QSA: 8400, Item ID 18167.

¹¹⁴ CoPH to HSO, 2 August 1919, QSA: 8400, Item ID 18167. The Commissioner did not enter into the debate about whether Nye's action conflicted with *The Liquor Act*. In the event, the Home Secretary directed Moore to promulgate an order to cover the closure of the hotel at Tarzali by Dr Nye for the suppression of the influenza outbreak.

The state government was not impressed with Bowen's town council when the latter wanted the Commissioner of Public Health to endorse its action in having the local health officer board the *Allinga* and grant pratique to the vessel, enabling it to berth and unload its cargo. The Commissioner wanted to know under which regulation the medical officer had boarded the steamer, as he was unaware of any such power.¹¹⁵ The council's action may have been brought about by the urgent requirement to land foodstuffs and take aboard produce for southern markets.¹¹⁶ As examined in chapter 4, coastal shipping was in crisis with limited tonnage available and waterside workers refusing to unload any ships that had not been certified by a medical officer as free from influenza. This situation was particularly true at Bowen.¹¹⁷

Nor was the Commissioner impressed by the Toowoomba City Council's attitude. By proclamation, the Commissioner had ordered the closing of all schools and certain places of entertainment in Toowoomba as of 22 May 1919. The closing of entertainment centres threatened their financial viability and put people out of work. Despite clause 17 of the *Influenza Regulations* clearly putting the responsibility to administer the regulations on local councils, the Toowoomba City Council decided it had no jurisdiction over the enforcement of the proclamation. The Commissioner of Public Health rejected the mayor's suggestion for the suspension of the proclamation for ten days and ordered him to close the schools and theatres forthwith. However, he did allow for a possible review in ten days' time.¹¹⁸ This is one of the few examples of the Commissioner exercising his coercive or over-riding powers during the crisis. Yet it is also a good example of Dr

¹¹⁵ Bowen Town Clerk to CoPH, 29 May 1919 and reply 31 May 1919, QSA: 8400, Item ID 18246.

¹¹⁶ Collins MLA to Theodore, 8 April 1919, QSA: 5402, Item ID 862679.

¹¹⁷ Theodore to Collins MLA, 9 April 1919, QSA: 5402, Item ID 862679. Bowen Town Clerk to Acting Premier, 22 May 1919, QSA: 5402, Item ID 862682.

¹¹⁸ Robinson to HSO, 17 June 1919, QSA: 8400, Item ID 18277. *Brisbane Courier*, 28 and 30 May 1919, p. 7. The proclamation was not rescinded until 23 June 1919.

Moore not placing too much reliance on those powers, seeking instead to come to a mutually satisfactory arrangement with the Toowoomba City Council. Aspects of the social and economic effects of the epidemic are examined in more detail in chapter 8.

During the crisis, the relationship between local authorities and the joint boards with the often-entrenched hospital committees was generally co-operative but occasionally could be a source of disquiet. In researching local government in Queensland, Henderson found the formation of standing committees, including hospital committees, represented a sizeable surrender of power on the part of local authorities and the state government in return for promises of administrative benefits.¹¹⁹ Tucker asserts that because such bodies were non-representative they did not feel accountable for decisions that produced functional and territorial disputes between themselves and other agencies in the community.¹²⁰

The Richmond Hospital Committee refused to concede that the formal agreement between it and the Wyangarie Shire Council concerning the treatment of persons suffering from notifiable infectious disease applied to epidemic influenza cases. According to the Shire Clerk, the hospital committee adopted a “negative attitude” to the public interest and threw the whole responsibility and expense for the isolation and treatment of influenza cases onto the council.¹²¹ At Blackall in Central Queensland, an insidious clash between the Joint Influenza Committee (BJIC) and the Blackall District Hospital Committee (BDHC) continued for the duration of the epidemic outbreak and beyond.

¹¹⁹ Henderson, p. 212. See also Spann, *Government Administration in Australia*, ps. 118, 119 and 140.

¹²⁰ Tucker, pp. 44-51. See also Barron Shire Clerk to HSO, 15 October 1919, QSA: 8400, Item ID 279744.

¹²¹ Blackall Shire Clerk to HSO, 19 May 1919, QSA: 8400, Item ID 18275. The Shire Clerk wanted the HSO to advise on the council’s position. The HSO’s reply, if any, was not located at the QSA.

The BDHC asserted that it could “manage the Hospital without the assistance of the Influenza Committee” and accused the BJIC of “butting in and trying to get all the credit.”¹²² In an attempt to discredit the BJIC, the BDHC waged a newspaper campaign in which it charged that through not holding meetings, financial mismanagement and general “bungling” the BJIC had put a heavy burden onto ratepayers.¹²³ The action of the BDHC effectively excluded the BJIC from providing assistance to the hospital during the crisis. The whole saga is contained in a detailed report to the Mayor of Blackall.¹²⁴ The document espouses the Acting Mayor’s credible refutation of mismanagement and insolvency of the BJIC and the fact it had met six days a week, sometimes twice a day, for the duration of the outbreak.

As a designated port of entry, Thursday Island was the administrative and commercial centre of the Torres Strait Islands and served as a base for a number of state and Commonwealth government agencies.¹²⁵ Attracting a medical officer to this isolated quarantine outpost had always been difficult for the Commonwealth, made more so by the acute shortage of trained doctors due to World War One. As an interim measure, the Commonwealth engaged the Island’s Medical Superintendent for its military, naval and quarantine services.¹²⁶ Even so, the Medical Superintendent retained his responsibilities to the local hospital, his private practice and to the state government as its medical officer.¹²⁷ Despite the federal government’s approval in March 1919 for the appointment of a full time quarantine officer, the Thursday Island Town Council was still making

¹²² Report of the Blackall Influenza Committee, 8 December 1919, QSA: 8400, Item ID 279744.

¹²³ See for example *Brisbane Courier*, 19 November 1919, p. 5, where it was claimed that the BJIC had exhausted its funds and that the BDHC had paid the accounts on its behalf.

¹²⁴ Report of the Blackall Influenza Committee, 8 December 1919, QSA: 8400, Item ID 279744.

¹²⁵ Gaynor Evans, “Thursday Island 1878-1941, A Plural Society” (BA Hons., thesis, University of Queensland, 1972), pp. 69-70.

¹²⁶ *Cairns Post*, 27 June 1921, p. 4.

¹²⁷ Queensland Chief Quarantine Officer to Cumpston, 10 March 1919, NAA: A1928, 1034/12 SECTION 1.

representations in June that year to have the quarantine station adequately staffed. The council warned of “the probable devastating effects of influenza, once it obtained a hold in these parts, on the mainland, amongst the Islands, and in Papua, all contiguous, cannot be too gravely considered.”¹²⁸ Whilst no outbreak occurred in 1919, it did in February 1920, long after the pandemic was thought to have all but vanished. Despite warnings, once more, the authorities were caught off guard.

With Thursday Island bereft of provisions and experiencing a breakdown in public administration, the local Protector of Aborigines scrambled to render assistance to the Indigenous population of the outer islands and Cape York communities where the outbreak was widespread.¹²⁹ The *Cairns Post* claimed the “Aborigines’ Depot” was “utterly unable to cope with the situation.”¹³⁰ It was the Commonwealth more than the state, which was able to provide what the *Brisbane Courier* described as “real help” to the communities in the Thursday Island group, arranging the despatch of doctors, nurses, orderlies and provisions from Sydney aboard the steamship *Roggeveen*. A further two doctors and nursing sisters from military hospitals in Brisbane, together with six state employed nurses, had left the metropolis by the northern mail train to meet up with the *Roggeveen* at Gladstone en route to Thursday Island. It was only after the arrival of the *Roggeveen* that there were sufficient doctors, nurses and orderlies to disperse among the outer islands and Cape York communities.¹³¹

¹²⁸ Cumpston to Thursday Island Town Council, 18 March 1919, NAA: A1928, 1034/12 SECTION 1. Thursday Island Town Council to Greene, 2 June 1919, NAA: A1928, 1034/12 SECTION 1.

¹²⁹ *Brisbane Courier*, 17 February 1920, p. 7. Queensland, Parliament (1921), *Annual Report of the Aborigines Department 1920*, Parl. Paper, Vol. II: 557-64, Brisbane, ps. 557, 559.

¹³⁰ *Cairns Post*, 23 February 1920, p. 5.

¹³¹ *Brisbane Courier*, 21 February 1920, p. 5.

Medicines in Short Supply

If there is one area in which the lack of forward planning by both local and state authorities is evident, it was in the stocking of medical supplies. Throughout Queensland, communities quickly went through whatever resources were on hand. Local authorities at Bowen had to make urgent appeals for provisions, there being a “dangerous shortage of drugs” in town. Bowen was fortunate in that most of its doctors, nurses, chemists and clergymen were not infected.¹³² The small community of Ilfracombe (24 miles east of Longreach in central west Queensland) had no doctor, no nurse and very little medicine when the epidemic broke out.¹³³ The vigilance committee at Quilpie (615 miles west of Brisbane) had to cope with several serious cases whilst having no doctor or trained nurse and with medicine difficult to procure.¹³⁴ The large number of cases in the Duaringa Shire in Central Queensland brought an appeal from the Shire Clerk to the authorities at Rockhampton for a “large quantity of medicines” and a nurse experienced in influenza cases, to be sent out immediately.¹³⁵ There was, however, no ready stock of medical provisions or nurses on hand at Rockhampton. The port city was one of the worst affected places in Queensland and often ran precariously low on medical supplies. On one occasion, it was only through the intervention of the Minister of Railways that a consignment was despatched from Brisbane, let alone there ever being sufficient resources on hand to send to inland communities.¹³⁶

If cost was the main factor in the state government delegating to local councils the primary responsibility for combating the epidemic, then complacency perhaps best explains why

¹³² *Brisbane Courier*, 1 July 1919, p. 8.

¹³³ *Brisbane Courier*, 18 June 1919, p. 8. The Shire Clerk recorded 46 notifications within four days.

¹³⁴ *Brisbane Courier*, 4 June 1919, p. 7.

¹³⁵ *Brisbane Courier*, 28 June 1919, p. 6.

¹³⁶ *Brisbane Courier*, 7 June 1919, p. 6.

medical provisions were in short supply. Queensland authorities had at least seven months to prepare for the epidemic. Despite numerous requests for supplies of vaccine from councils in North Queensland, at a medical conference on 31 January 1919, delegates concurred that the north, for all practical purposes, would be “totally protected by the precautions taken at Brisbane”.¹³⁷ As late as 14 May 1919, the Home Secretary was emphatic that the epidemic then spreading throughout Queensland was that of the ordinary or seasonal type influenza rather than the virulent pandemic type occurring in New South Wales and Victoria.¹³⁸

On Reflection

The influenza epidemic that occurred throughout Queensland in 1919-1920 precipitated an unprecedented crisis in governance. Under *The Health Acts 1900-1917*, the local council was, for all intents and purposes, the executive authority on public health because public health was closely inter-related with other functions devolved to local government. The epidemic, however, was not confined by local council boundaries and it is evident that the state government deemed central co-ordination and control necessary in the interests of efficiency, uniformity and cost. Yet, despite having seven months to prepare, in reality there had been a paucity of planning for a broad-scale epidemic. Local councils were complicit in such inaction, unwilling to accept greater responsibility and generally deferring to the state government for permission and financial assistance.

Governments and councils, cities and towns, are composed of people. In Queensland in 1919, communities were scattered and populations small. People, as a group or

¹³⁷ Notes of medical conference held Home Secretary’s office, 31 January, 1919, QSA: 8400, Item ID 18277.

¹³⁸ Notes of Local Authorities’ Associations’ deputation on 14 May, 1919, QSA: 8400, Item ID 18188. See also “Mr. Huxham Blunders Again”, *Brisbane Courier*, 16 May 1919, p. 6.

individually, and the contributions they made to the communities they lived, in were not quickly or easily replaced. The loss of one, whether by short-term illness or death, placed a greater burden on those that remained, at the time and into the future. Chapter 6 places a human face on the enveloping epidemic.

Chapter 6

“like a bush fire through dry grass”¹

*There is no epidemic in Brisbane. There is no pneumonic influenza here, and I am not aware of any influenza at the present time in Queensland, excepting in the quarantine area under your control.*²

*We have decided that the disease occurring in the Brisbane General Hospital is influenza of a highly infectious character, associated in some cases with pneumonia.*³

The first official death of the influenza epidemic in Queensland occurred on 30 April 1919. Jack Fitzpatrick, a passenger from the vessel *Mourilyan*, succumbed to the disease at the Commonwealth's Lytton quarantine station in Brisbane. On 3 May 1919, Queenslanders awoke to the *Brisbane Courier* reporting in bold type: “Influenza Outbreak in Brisbane. ‘Highly Infectious Type.’ Over 30 cases, some pneumonic, in the General Hospital. Doctor and 20 nurses amongst the stricken.”⁴

This chapter provides a synopsis of the spread of epidemic influenza throughout Queensland in 1919-1920. Though only a cross section of the towns and cities in the state touched by the epidemic is examined, it soon becomes apparent that the W-shaped mortality and morbidity profile of victims noted overseas and elsewhere in Australia, was repeated in Queensland. State-wide the story was, to a greater or lesser extent, the same – regardless of occupation and whether one was from the city or the bush, on the coast or in the far west, no one was immune; even being 200 miles from the nearest epicentre was no guarantee of safety.⁵ It is also evident that outbreaks of influenza erupted almost simultaneously throughout the state. One possible reason for this is what John

¹ Dr Harris quoted in *Brisbane Courier*, 28 May 1919, p. 7.

² Theodore to Watt, 1 May 1919, NAA: A2, 1919/1664.

³ Acting Queensland Premier Ted Theodore quoted in *Brisbane Courier*, 3 May 1919, p. 5.

⁴ *Brisbane Courier*, 3 May 1919, p. 5.

⁵ Mick Doyle lived at Tampoon, over 200 miles north-west of Charleville. Though no one had been out his way for weeks he contracted the influenza virus and died, see *Brisbane Courier*, 30 June 1919, p. 6.

Mackenzie, Professor of Tropical Infectious Diseases, calls the “phenomenon of delayed epidemics”. The phenomenon occurs when a disease is imported and seeded in communities over several months before a critical mass of community infectiousness is reached leading to the breakout of local epidemics.⁶ This phenomenon could explain why doctors in Queensland in early 1919 spoke of having treated significant numbers of people for “ordinary” influenza and why the state’s Commissioner of Public Health announced in April 1919 “the season for influenza has arrived and there are many cases of this ailment existing at present in Brisbane.”⁷ However, an examination of the state’s newspapers, particularly the *Brisbane Courier*, suggests another possibility. Rather than a “delayed epidemic”, the outbreaks were immediate. Aided and abetted by Queensland’s network of coastal shipping and railways, together with the crowding of people at country shows, race meetings and at celebrations of the formal conclusion of World War One, the disease was swiftly diffused throughout the state.

Rather than providing an a detailed analysis of the various ways the epidemic affected each town or city, the chapter gives the reader a sense of how the sheer scale and urgency of the crisis at times overwhelmed authorities and communities. Consequently, the chapter moves between a timeline of the disease as it swept through each locality and a more sophisticated identification of the various nuances of the epidemic in those communities.

⁶ Mackenzie, “Possible Future Changes in the Epidemiology and Pathogenesis of Human Influenza A Virus Infections”, pp. 139-140. Mackenzie contends the phenomenon of delayed epidemics has been demonstrated in virological and serological studies. It remains unclear why the importation and early seeding does not lead immediately to an epidemic. See also Kermack and McKendrick, “A Contribution to the Mathematical Theory of Epidemics”.

⁷ *Brisbane Courier*, 17 April 1919, p. 7.

Brisbane

On 22 April 1919, sixteen cases of influenza were admitted to the isolation hospital at the Lytton Quarantine Station, bringing the total number of in-patients at the hospital to thirty-four.⁸ Though only having a capacity of forty patients, by 27 April 1919, there were fifty cases in isolation hospital, thirty-two of whom had come off the steamship *Mourilyan*. With the station's doctor and matron among the patients, the three nurses on staff were required to work twelve to fourteen hour shifts, leaving them more susceptible through exposure and exhaustion to contracting the disease.⁹ The situation at the quarantine station continued to deteriorate. At the time of Fitzpatrick's death on 30 April 1919, there were sixty-two serious cases of influenza at the quarantine station. With the upswing in the number and severity of cases, additional nurses, orderlies and members from the Voluntary Aid Detachment from within the general population of Brisbane were recruited.¹⁰

On the evening of 6 May 1919, authorities were notified of 104 serious cases of influenza in Brisbane, sixty being accommodated in the Brisbane General Hospital and forty-four in the temporary but purpose-built isolation hospital at the Brisbane Exhibition Grounds.¹¹ By the following night, the patient population had doubled. On 8 May, the Isolation Hospital contained 126 patients and recorded its first epidemic death when Joseph Goff, 39, succumbed to the disease that afternoon.¹² Goff had been a labourer on the steamship *Cantara*, arriving in Moreton Bay from Sydney on 5 April 1919.¹³ On 12

⁸ *Brisbane Courier*, 23 April 1919, p. 7.

⁹ *Brisbane Courier*, 28 April 1919, p. 8.

¹⁰ *Brisbane Courier*, 1 May 1919, p. 7.

¹¹ *Brisbane Courier*, 7 May 1919, p. 7. The Isolation Hospital was where the majority of cases from the metropolitan area were received.

¹² *Brisbane Courier*, 9 May 1919, p. 9. It was also officially Queensland's first recorded epidemic death outside of the Lytton Quarantine Station.

¹³ *Brisbane Courier*, various issues 8-26 April 1919. .

May 212 patients were under treatment at the Isolation Hospital; the next day that number rose to 310.¹⁴ The number of cases peaked on 20 May with 362 in-patients and remained in excess of 300 until the end of the month, after which there was a slow but steady decline. It was, however, early August before they reached single digits.¹⁵

Despite the opening of the Isolation and Mater Misericordia hospitals to influenza patients, the Brisbane General Hospital continued to accept cases. On 4 May 1919, the General Hospital was accommodating seventy patients, including twenty-nine nurses who had been infected in the course of their duties. Although thirty-eight patients were removed to the Isolation Hospital on 6 May, cases continued to be admitted to the General Hospital, reaching a peak on 19 May 1919 when 146 men, women, children and nursing staff were undergoing treatment. The numbers then underwent a slow but steady decline until the last case was discharged on 1 July 1919.¹⁶

With the number of patients being admitted to the Isolation and General hospitals at their peak on 25 May 1919, the Queensland government took over the St Laurence Christian Brothers' school in Brisbane. Part of the school was converted and equipped to accommodate sixty patients, to be nursed by volunteer school staff under the supervision of the Catholic Sisters of Mercy from the Mater Misericordia Hospital.¹⁷ The hospital accepted its first fourteen cases on 26 May and soon more than half the staff at the hospital was infected.¹⁸ Helen Skene was the facility's first death, succumbing to the disease only three hours after her admission. Skene's younger sister, Diana, had died of the disease in

¹⁴ *Brisbane Courier*, 13 and 14 May 1919, p. 7.

¹⁵ *Brisbane Courier*, various issues May – August 1919, including 21 May 1919, p. 7.

¹⁶ *Brisbane Courier*, various issues May – August 1919 including 5 and 7 May 1919, p. 7.

¹⁷ *Brisbane Courier*, 26 May 1919, p. 7.

¹⁸ *Brisbane Courier*, 27 May 1919, p. 7.

the Mater Private Hospital two days earlier.¹⁹ Cases under treatment at the St Laurence's Isolation Hospital peaked at seventy-seven on 6 June, two weeks later than that at the Isolation and General hospitals. The institution discharged its last patient on 12 July 1919. With twenty-eight deaths recorded, the hospital experienced the highest case mortality rate of any of the hospitals in the Brisbane metropolitan area.²⁰ During the same period, three babies were born to influenza patients at the facility; two survived.²¹

Southern Queensland (Figure 21)

The epidemic was unable to be contained within Brisbane. Within days the disease had reached Ipswich, before spreading throughout southern Queensland.²² Situated 78 miles west of Brisbane, the city of Toowoomba was the regional centre for the Darling Downs. The first recorded cases of the pandemic influenza in Toowoomba were diagnosed on 12 May 1919. Two days later, the virus had infected an estimated 500 people.²³ Described as being “of a most infectious character” and “very prevalent” in both Ipswich and Toowoomba, the influenza virus gave lie to the Home Secretary's claim that volunteers had no cause to fear when providing assistance at hospitals. Among the 60 cases being treated in the Toowoomba General Hospital on 20 May 1919 were twenty-one nurses and five doctors.²⁴ At Ipswich, twenty nurses and the Medical Superintendent of the General Hospital had also been infected.

¹⁹ *Brisbane Courier*, 28 May 1919, p. 7 and 30 May 1919, p. 6. *Telegraph*, 30 May 1919, p. 4. *Week*, 6 June 1919, p. 14. Their parents lived in Scotland.

²⁰ *Brisbane Courier*, various issues 27 May – 14 July 1919 including 29 May 1919, p. 6 and 14 July 1919, p. 8.

²¹ *Brisbane Courier*, 9 June, p. 6 and 23 June 1919, p. 8.

²² Ipswich General Hospital Board, “Annual Report for 1919”, quoted in *Queensland Times*, 26 February 1920, p. 6.

²³ *Brisbane Courier*, 16 May 1919, p. 7.

²⁴ Dr Freshney, quoted in *Brisbane Courier*, 21 May 1919, p. 8 and 3 June 1919, p. 7.



Influenza outbreaks in Southern Queensland

Figure 21

Key Influenza outbreaks in Southern Queensland, 1919, in order of discussion in chapter 6.

1. Ipswich 2. Toowoomba 3. Chinchilla 4. Taroom 5. Roma 6. Toogoolawah 7. Charleville 8. Cunnamulla 9. Pittsworth 10. Stanthorpe 11. Texas
12. Warwick

Image: Extract, *Map of Queensland to accompany the Commissioner for Railways' Report for 1924-25* (Qld). Private collection.

Whenever and wherever held, a town's annual show brought about an upsurge in the incidence of influenza cases and the diffusion of the virus into virgin areas. At Chinchilla (102 miles west of Toowoomba), the circulation of the virus was a result of several Chinchilla residents having been infected with the disease when they attended the annual show and carnival (12-16 May 1919) at Taroom, 109 miles to the north. As usual, Queensland Railways enhanced the opportunity for visitors to travel to country shows by offering fares at a cheaper excursion rate (Figure 22).



Figure 22 Excursion tickets to Taroom Show

Queensland Railways often offered cheaper fares for people to travel to the annual show or other public events in neighbouring districts. In this instance, as railway construction was yet to reach Taroom, excursion fares were offered to Juandah, the nearest railway station to Taroom. *Western Star and Roma Advertiser*, 7 May 1919, p. 3.

No serious cases or deaths were reported and Chinchilla was declared free of the epidemic on 30 June 1919. It was a different story elsewhere in the district; several families at Boonarga had been infected, including that of Mr. and Mrs. William Gallagher, whose twelve-month-old child succumbed to the disease.²⁵ Chinchilla suffered a recurrence of the epidemic in mid-August 1919; the staffs of the schools, banks, butter factory and other business were all prostrate at one time or another.²⁶

²⁵ *Brisbane Courier*, 5 June 1919, pp. 7-8 and 14 June 1919, pp. 5-6; 2 July 1919, p. 9.

²⁶ *Brisbane Courier*, 18 August 1919, p. 6.

At Taroom itself, “never did an epidemic have such a hold on the people”. The annual show finished on Saturday 16 May 1919 and on the following Monday there were 150 cases of influenza in the town, increasing to over 200 by mid-week, “not a house in the township having escaped.”²⁷ The death of councillors William Williams and Frederick Atkins opened up two vacancies on the Taroom Shire Council within a week.²⁸ Both had attended the show, Atkins, as president of the show association, had taken part in the decision to hold it.²⁹ With the state government having placed local councils at the forefront of combating the epidemic, the loss of any councillor or council employee increased the burden on those left. Both Williams and Atkins left a wife and young family to mourn their loss. Two days later, another two persons succumbed.³⁰ By 9 June, over 350 white persons had been infected and nine had died.³¹ According to the Chief Protector of Aborigines, on 12 June 1919 there were 230 cases within the Aboriginal settlement to the northeast of the town. All thirty-one people who died at the settlement were Aboriginal.³²

The several cases of influenza at Roma (318 miles west of Brisbane) in early May 1919 were all recent arrivals in the town, suggesting the resultant local outbreak came from the recent introduction of the virus rather than a prior seeding within the community. Despite the presence of the disease in the town, on 9 May 1919 Dr Merrillees advised the Roma Show Committee not to cancel the annual event. “Epidemics”, he contended, “were spread in slums and places of that sort and badly ventilated railway carriages”. Urging

²⁷ *Brisbane Courier*, 23 May 1919, p. 7. *Darling Downs Gazette*, 6 June 1919, p. 5.

²⁸ *Brisbane Courier*, 5 June 1919, pp. 7-8.

²⁹ *Darling Downs Gazette*, 9 June 1919, p. 5.

³⁰ *Brisbane Courier*, 7 June 1919, p. 6.

³¹ *Brisbane Courier*, 10 June 1919, p. 8.

³² *Brisbane Courier*, 13 June 1919, p. 7. Of the deceased, 15 were adult males, 13 were adult females and two were children. The remaining death was due to other causes.

the committee to state publicly that the show would be held the following week (13-14 May 1919) as arranged, Merrillees advised that there was no risk to people in attending the show unless there was a big outbreak, “and there was little likelihood of that.”³³

Within a fortnight, Merrillees had made a complete about face, impressing upon the Maranoa Health Board the seriousness of the epidemic outbreak in Roma. According to Merrillees, he and Dr Avert and a few willing workers were being left to bear the whole of the work, which was becoming heavier and heavier in consequence of the depletion of nursing staff. He reproached Roma’s business people for paying too much attention to moneymaking instead of assisting in the care of their fellow residents and threatened to not admit another influenza patient to any of the hospitals unless more helpers were forthcoming. As far as Merrillees was concerned, if those who would not now help became victims they “could stew in their own juice.”³⁴ The outburst had all the hallmarks of a man under immense stress.

Of the cases admitted to the temporary hospital at the Roma State School, six people died between 27 and 31 May. Of these, blacksmith H. White, 55, labourer John White, 41, and James Radford, 53 (a carrier from Yeulba, 37 miles to the east of Roma), all died on the night of 27 May, having been admitted to the hospital 4 days prior. On 28 May, William Park passed away at age 45. That night John Peppercorn, 58, died. Peppercorn had seen active service in World War One and for the past 12 months had practiced as a surveyor and engineer in the district. By 2 June, there had been a further four deaths.³⁵ A week after being infected, Nurse Hodgson of the General Hospital died, as did John

³³ *Western Star and Roma Advertiser*, 10 May 1919, p. 3.

³⁴ *Western Star and Roma Advertiser*, 24 May 1919, p. 2.

³⁵ *Brisbane Courier*, 3 June 1919, pp. 7-8.

Beresford. Beresford, 30, resided in Pittsworth and had gone to Roma for show week to exhibit pianolas.³⁶ Deaths continued to occur at the same time as the number of new cases diagnosed was decreasing. Henry Fulloon, 43, of Yeulba, succumbed on 10 June.³⁷ Having seemingly recovered from the initial attack of the virus, Fulloon nursed his wife and family who had also been affected. A fortnight after his wife's death to the disease, Henry suffered a relapse and died; four young children were left parentless. Also to die in Roma around this time was James Kenafake, 44, the licensee of the Empire Hotel, and Constable Kelly. The licensee was a former town councillor and a prominent member of the local Workers' Political Organisation. Both he and Kelly left behind wives and two young children.³⁸

The holding of the annual show at Toogoolawah (79 miles north-west of Brisbane) from 5 to 6 June 1919, was the critical event in an upsurge of the epidemic in that district. Up until that time, there had only been ten cases reported and the town's medical practitioner, Dr Edith Fox, felt secure enough to declare the district free of influenza.³⁹ It was a premature announcement. Brought to the town by a visitor from Wondai, 85 miles to the north, within a fortnight of the Toogoolawah show the disease had spread to Ottaba (four miles to the south) and to Linville (23 miles further along the railway from Toogoolawah).⁴⁰ With more than 100 cases being reported up to 29 June 1919, the Toogoolawah's State School was opened as an isolation hospital.⁴¹ James Loudon, 19, died and among others infected were the Reverend and Mrs. Gilbert and Miss Dickfos.

³⁶ *Brisbane Courier*, 7 June 1919, p. 6 and 11 June 1919, pp. 7-8. *Western Star and Roma Advertiser*, 11 June 1919, p. 2.

³⁷ In 1919, Yuleba was spelt Yeulba.

³⁸ *Brisbane Courier*, 11 June 1919, pp. 7-8. *Western Star and Roma Advertiser*, 11 June 1919, p. 2.

³⁹ *Brisbane Courier*, 27 May 1919, p. 8 and 28 May 1919, p. 7.

⁴⁰ *Brisbane Courier*, 11 June 1919, pp. 7-8.

⁴¹ *Brisbane Courier*, 18, 27 and 30 June 1919, p. 8.

The latter three had all volunteered to provide care in the community and in the isolation hospital.⁴² Premature announcements, such as that made by Dr Fox asserting that the local outbreak of pandemic influenza had been mastered or had run its course was a feature of the medical response in Queensland. Such announcements not only allude to the state of confusion and lack of knowledge of the pandemic disease, but they may have contributed to an unwarranted complacency with regards to maintaining personal hygiene and adhering to health warnings such as avoiding crowds, with the consequence of reigniting local outbreaks.

Charleville, 165 miles to the west of Roma, serviced a rich pastoral district and was the administrative centre of the Shire of Murweh. Within a fortnight of the first case being diagnosed in Brisbane, some forty residents of Charleville were prostrate with the influenza. Whatever the source, on 13 May 1919 the disease was rife throughout the town; the General Hospital was full and Dr Shaw's private hospital crowded. By day's end, the number of reported cases had reached 220. With one of the town's two doctors ill and most of the General Hospital's staff stricken, it was impossible for all cases to receive proper medical attention. Even serious cases went unattended.⁴³ Dr Merrillees, having himself recovered from the influenza, sent from Roma to assist, accompanied by volunteer nurses.⁴⁴ Merrillees found the situation in Charleville extremely grim. The local Hospital and Vigilance Committee had found previously unreported cases in private homes where whole families were prostrate with the disease. Along the roads radiating out of Charleville, numerous professional carriers were curled up under their wagons, seriously ill. The number of cases requiring further isolation was such that Merrillee had

⁴² *Brisbane Courier*, 27 June 1919, p. 8 and 4 July 1919, p. 9.

⁴³ *Queenslander*, 24 May 1919, p. 40.

⁴⁴ *Brisbane Courier*, 20 May 1919, p. 7.

to have tents erected within the hospital grounds to accommodate them all. By 23 May, hardly a private house in Charleville had escaped the impact of the epidemic. Fred Dennis, 35, a sheep dealer from Dalby, succumbed to the disease, as did two-year-old Irene Jordan and the Shire Mayor, James Mclean, 42, whilst Jessie Irwin, 15, had died “with painful suddenness”.⁴⁵ The Church of England minister was too sick to officiate at funeral services.

Medical practitioners and coroners from before the time of the Russian Flu pandemic (1889-1893) have accepted that there are links between influenza and suicide. In 1894, Thomas Dowse, Fellow of the Royal College of Physicians acknowledged that the “‘gloom’, ‘dejection’ and ‘dread’” manifested in some influenza victims resulted in their committing suicide.⁴⁶ Writing in 1918, respiratory disease expert Samuel West argued that post-febrile depression, even after a mild attack of influenza, was “perhaps the most remarkable characteristic of influenza.”⁴⁷ More recently, acute neuropsychiatric manifestations such as delusional disorder resulting from an influenza infection have been well documented.⁴⁸

Talbot Fallis, Charleville’s Town Clerk, was reported to have “barricaded his office with inhalants, disinfectants, and other ‘flu devices’”, in an attempt to ward off the influenza.

⁴⁵ *Darling Downs Gazette*, 17 and 22 May 1919, p. 5; 23 May 1919, p. 6. *Northern Miner*, 23 May 1919, p. 3 and 24 May 1919, p. 6.

⁴⁶ Mark Honigsbaum, *A History of the Great Influenza Pandemics: Death, Panic and Hysteria, 1830-1920* (London: I. B. Tauris & Co Ltd., 2014), pp. 100-102.

⁴⁷ Samuel West cited in Honigsbaum, *A History of the Great Influenza Pandemics*, p. 114.

⁴⁸ See for example, Narayana Manjunatha, Suresh Bada Math, Girish Baburao Kulkarni and Santosh Kumar Chaturvedi, “The neuropsychiatric aspects of influenza/swine flu: A selective review”, *Industrial Psychiatry Journal*, Vol. 20, No. 2 (2011): pp. 83-90. Charles Maurizi, “Influenza and mania: A possible connection with the locus ceruleus”, *Southern Medical Journal*, Vol. 78 (1985): pp. 207-9. Ricardo Machón, Sarnoff Mednick, M. O. Huttunen, “Adult major affective disorder after prenatal exposure to an influenza epidemic”, *Archives of General Psychiatry*, Vol. 54 (1997): pp. 322-8. Thomas Joiner, J. J. Pfaff, J. G. Acres, F. Johnson, “Birth month and suicidal and depressive symptoms in Australians born in the Southern vs. the Northern hemisphere”, *Psychiatry Research*, Vol. 112 (2002): pp. 89-92.

It was to no avail. By 25 May 1919, Fallis was suffering from an acute infection of influenza that seemed to affect his faculties. At the same time, his wife was lying dangerously ill from the disease and one of his seven young children was not expected to live. Fallis, like some others in his condition and circumstances, committed suicide.⁴⁹ Other persons who were ill with influenza at the time of their suicide include Edmund Leigh, 50, owner of Paradise Downs station near Blackall, Louise Horrobin, 24, of Crawford, near Kingaroy and Alexander Tidy, 39, of Brisbane.⁵⁰ At Barcaldine in central-western Queensland, Walter Chambers, 49, died in his wife's arms at home, having shot himself in the heart. The attending doctor had no doubt Chambers' suicide was not premediated and that the influenza had caused a "temporary aberration for he complained of having pains in the head."⁵¹

Despite the general gloom over Charleville from Talbot Fallis's suicide and the 20 influenza deaths that had occurred, on 30 May 1919 the town's Hospital and Vigilance Committee declared the epidemic mastered.⁵² This declaration was optimistic, however, and another month passed before the isolation hospital closed.⁵³ In the meantime, cases from outlying pastoral stations continued to be admitted, including that of bushman John Lewis, who, having made a 3-day sulky journey to obtain medical assistance died shortly after admission to the hospital.⁵⁴ Eighteen of the twenty shearers at North Comongin Station were also brought in, whilst three Aboriginal stockmen from Langlo Downs

⁴⁹ *Darling Downs Gazette*, 27 May 1919, p. 6. *Northern Herald*, 29 May 1919, p. 8. Available records suggest Talbot's child survived. Selina Fallis recovered and remarried in 1922. Talbot's father, Alexander, died in Warwick in June 1919, most likely from influenza, and his mother Annie died in 1920.

⁵⁰ *Bundaberg Mail*, 6 June 1919, p. 4. *Maryborough Chronicle*, *Wide Bay and Burnett Advertiser*, 10 July 1919, p. 2. *Telegraph*, 21 August 1919, p. 2.

⁵¹ *Western Champion and General Advertiser for the Central Western Districts*, 19 July 1919, p. 10.

⁵² *Brisbane Courier*, 31 May 1919, p. 6.

⁵³ *Brisbane Courier*, 8 July 1919, p. 8.

⁵⁴ *Brisbane Courier*, 17 June 1919, p. 8.

homestead died.⁵⁵ At the end of July 1919, Charleville's ambulance officer A. W. Thygessen suffered a relapse and succumbed to the disease.⁵⁶ Thygessen was first diagnosed with influenza in early June when stationed in Stanthorpe. St George residents who attended the Charleville picnic races in May 1919 reported having had an enjoyable time, except for becoming seriously ill with influenza upon their return home.⁵⁷

The outbreak in Cunnamulla (121 miles to the south of Charleville) within the first week of May 1919 presents another anomaly in the source of the initial penetration of the influenza virus into Queensland. On 3 May 1919, the *Balonne Beacon* reported that a businessman stricken with influenza had returned to Charleville after attending the Cunnamulla races. This report was "repudiated" by Charleville's medical officer, who stated that the man in question was only suffering from a severe head cold. Even so, the man was kept under close observation.⁵⁸ The *Balonne Beacon* later contended:

Either the seven days' business (quarantine) was of no avail, or some persons slipped through on the railway line or under the noses of the border police and distributed the influenza germ right along to the Cunnamulla picnic racecourse, and others who became infected there then took it with them right along the western line to and beyond Toowoomba.⁵⁹

The assumption was that the virus, via the railway, "took the border police in the rear", thus rendering the state's efforts in quarantining Queensland futile.⁶⁰

Approximately half of the population in the remote outback town had come down with influenza by 8 May. In response to a call for volunteer nurses, Mrs. Paton and Miss J Keane promptly offered their services, but they too went down and had to be nursed. By

⁵⁵ *Brisbane Courier*, 7 June 1919, p. 7. *Darling Downs Gazette*, 11 June 1919, p. 5.

⁵⁶ *Brisbane Courier*, 1 August 1919, p. 11.

⁵⁷ *Western Champion and General Advertiser for the Central Western Districts* 31 May 1919, p. 2.

⁵⁸ *Balonne Beacon* (St. George), 3 May 1919, p. 2. *Daily Mail*, 7 May 1919, p. 8.

⁵⁹ *Balonne Beacon*, 3 May 1919, p. 2.

⁶⁰ *Ibid.*

the end of the following week, fifteen related deaths had occurred including those of schoolteacher Miss Annie Bligh, 25, station cook T. Galvin, 58, and Jack Shallvy, 21. “Scotty” Macintyre, 60, died after only one day’s illness.⁶¹ In light of all the death and illness in town, the Paroo (Cunnamulla) Shire Clerk, Hewitt Graham, did not take any risks. Besides having his building thoroughly disinfected with carbolic fluid, he kept on hand a tin pump attached to a small drum of fine powdery disinfectant. When visitors attended his office, he had them stop outside the door and present their arms before spraying them with the powdery substance. Only then was the person allowed in to his office.⁶²

The pattern of transmission of influenza often varies and although a statewide phenomenon, the epidemic in Queensland broke out in particular places at particular times. The influenza epidemic swept through some communities only once while others suffered a recurrence of the disease weeks after the initial outbreak. Whilst the epidemic was felt in Pittsworth, 25 miles south east of Toowoomba, in June 1919 when over 700 cases were reported in the immediate district, it was another three months before the disease rolled through the small township of Linthorpe, only twelve miles to the north.⁶³ The first outbreak of the epidemic in Stanthorpe, on the main railway 24 miles north of Wallangarra, affected the town’s health workers including the medical superintendent, the matron of the Pine Private Hospital, ambulance officers, the town’s chemist, as well as the manager of the Government Savings Bank. Conversely, most of the second wave’s victims, including Willie Aitken who died following a relapse, came from the town’s

⁶¹ *Darling Downs Gazette*, 17 May 1919, p. 5. *Western Star and Roma Advertiser*, 24 May 1919, p. 2.

⁶² *Darling Downs Gazette*, 21 May 1919, p. 3.

⁶³ *Brisbane Courier*, 12 June 1919, p. 7 and 4 September 1919, p. 8.

outlying farming district.⁶⁴ In the town of Texas, close to the New South Wales and Queensland border, the first cases diagnosed as pneumonic influenza were John Crane and fellow worker James Dunne on 29 April 1919; both had been displaying symptoms for several days. Crane died on 4 May. The only other serious case was the relieving doctor and that was in June. A recurrence of influenza swept the town in late August 1919, causing the death of 15-year-old Dorothy Middleton and once again closing the schools and places of amusement.⁶⁵

The first outbreak of the epidemic rolled through Warwick, 159 miles to the south west of Brisbane, between mid-May to mid-June 1919. The strain on medical staff was heavy, particularly after Matron Kearney succumbed to the disease and a number of nurses were incapacitated by the illness.⁶⁶ People from outside of Warwick were the likely source of the outbreak. On 13 May 1919, a passenger, displaying all the symptoms of a severe influenza infection, was taken off the Sydney Mail Train from Brisbane at Warwick and admitted to the town's hospital. A similar incident occurred the next day. On that occasion, the person had come from a household in Brisbane where influenza was rampant. Around the same time, James Morgan, having been working at Wallangarra, returned to Warwick sick with influenza on a Brisbane-bound train. His sister Kate nursed him at home before she too contracted the disease. Both were admitted to the Warwick General Hospital on 30 May 1919, where they died within hours of each other.⁶⁷

⁶⁴ *Brisbane Courier*, 4 June 1919, p. 7 and 5 June 1919, pp. 7-8; 9 June 1919, p. 8 and 11 June 1919, pp. 7-8; 14 July 1919, p. 8.

⁶⁵ *Brisbane Courier*, 28 August 1919, p. 9.

⁶⁶ *Pittsworth Sentinel*, 14 May 1919, p. 3. *Warwick Daily News*, 2 June 1919, p. 4. *Brisbane Courier*, 7 June 1919, p. 15.

⁶⁷ *Brisbane Courier*, 31 May 1919, p. 6.

One of the features of historian Geoffrey Rice's account of the 1918-1920 influenza pandemic in New Zealand was his linking of victims to their home community and not just their place of death.⁶⁸ As he explained, it was the family and friends in their home community that would most feel the loss. Matron Kearney's death in Warwick, together with that of her brother Peter, 32, who died of the disease at the Mater Misericordia Hospital in Brisbane on 12 May, was described as a huge loss to their parents and their home community of Southbrook, near Pittsworth. Matron Kearney's remains were brought to Toowoomba by train for burial.⁶⁹ Bringing the dead home was considered important to some Queensland families, who arranged for the corpse of their relative to be interred in their hometown's cemetery, or at least much closer to where the surviving members of the family resided. Often the railway was utilised to convey the body. The Train to Toowoomba from Clifton conveyed the remains of Mrs. O. Bell, whilst Archibald Erskine and Mrs. Mary Lawton were respectively brought back to the city from towns further afield.⁷⁰ Kevin Barry, who died in Sydney, was buried in Brisbane.⁷¹ The New South Wales mail train conveyed Ellen Shea, 27, who died from the virus at Wallangarra in June 1919, to Glen Innes, 75 miles to the south (Figure 1).⁷² Whilst a differentiation was made between adult and child fares for the living, no such distinction was made for the dead.

Central Queensland (Figure 23)

Despite being 396 miles north of Brisbane, less than a week after the first case was reported in the capital, there were eleven influenza patients in the Rockhampton General

⁶⁸ Rice, p. 12.

⁶⁹ *Pittsworth Sentinel*, 4 June 1919, p. 2.

⁷⁰ *Darling Downs Gazette*, 26 June 1919, p. 5 and 7 June 1919, p. 5; 23 July 1919, p. 4.

⁷¹ *Week*, 9 May 1919, p. 12.

⁷² *Brisbane Courier*, 31 May 1919, p. 6. *Queenslander*, 7 June 1919, p. 11. *Tenterfield Star*, 26 June 1919.

Hospital.⁷³ Within a month, forty people had died in the city area and 238 people had received hospital treatment. One hundred and fifty-eight fresh cases were reported to the Town Clerk on Wednesday 4 June. The next day there were a further 195 notifications. Indeed, the city was “so full of influenza it was difficult for medical men to attend all cases”.⁷⁴ Yet the Rockhampton Carnival Committee decided by only a small majority to cancel its annual show, whilst the city’s jockey club proceeded with its monthly race meeting on 7 June.⁷⁵ The club’s decision evoked little reaction from the local council other than considering whether to make application to the state government for “half-holidays’ during Carnival week. A motion that the council not permit the usual public amusements that accompanied the race meeting and carnival was lost, with Alderman Hempenstill declaring the council should adopt a “business as usual” approach. There was, however, intense opposition to holding the meeting from neighbouring councils. Mount Morgan Town Council passed a resolution that it was “inadvisable to hold the carnival while influenza was so rampant”, whilst the Calliungual Shire Council expressed its disapproval in a letter.⁷⁶

As an assemblage of persons in the open air, a racing meeting was technically exempt from the Commissioner of Public Health’s proclamation of 31 May 1919 that ordered the closure in Rockhampton until at least 31 July 1919:

... every church, Sunday school, school or college, place of amusement or resort, theatre, hall, dancing room, gymnasium, or other place or premises where persons regularly or occasionally congregate or assemble for worship, education, meeting, amusement, entertainment, dancing, physical culture, or athletics shall be closed to the Public.

⁷³ *Brisbane Courier*, 9 May 1919, p. 9.

⁷⁴ *Morning Bulletin*, 5 June 1919, p. 9. *Brisbane Courier*, 6 June 1919, p. 7.

⁷⁵ *Western Champion and General Advertiser for the Central-Western Districts*, 7 June 1919, p. 9.

⁷⁶ *Morning Bulletin*, 5 June 1919, p. 9. *Brisbane Courier*, 6 June 1919, p. 8.

Provided further that this Order shall not apply to any church service, Sunday school, school or college, meeting, amusement, performance, entertainment, or any congregation or assemblage of persons in the open air ... but no person suffering from a cold or coughing, or any other sickness, shall be allowed to be present.⁷⁷

There is no indication that the Rockhampton Jockey Club took any action to prevent influenza carriers from attending the race meeting. Even so, attendance was described as “not very large, but considering the circumstances occasioned by the influenza epidemic, it could be regarded as satisfactory.” The club turned a profit and bets were placed to the sum of £736 5s.⁷⁸ While the races were being run, over 1,500 S.O.S cards were being distributed to affected households in the city.⁷⁹ Notification of new cases in Rockhampton remained consistently high into September 1919, the longest duration of any town in Queensland. In combating the epidemic within the city, the Rockhampton Town Council expended approximately £4,118 compared to the adjoining Fitzroy Shire Council’s £1,529.

Yeppoon is only 25 miles to the east of Rockhampton and a popular seaside destination for the city’s residents, yet it was 9 July 1919 before an outbreak of influenza was reported in the town.⁸⁰ Conversely, in the mining town of Mount Morgan, 25 miles to the southwest of Rockhampton, two mild cases of influenza were reported in the second week of May.⁸¹ By the end of the month the number had significantly increased, with whole families affected. Over the weekend of 7-8 June 1919, ten people died from the disease and Dr Mackenzie was taken to Rockhampton for treatment. Mackenzie succumbed to the disease on 22 July 1919, leaving behind a widow and five young children.

⁷⁷ *Queensland Government Gazette*, Vol. CXII, No. 203, Saturday 31st May 1919, pp. 1569-1570.

⁷⁸ *Morning Bulletin*, 9 June 1919, p. 10.

⁷⁹ *Telegraph*, 11 June 1919, p. 5.

⁸⁰ *Brisbane Courier*, 13 June 1919, pp. 7-8.

⁸¹ *Brisbane Courier*, 4 June 1919, p. 7.

At the port city of Mackay, 202 miles north along the coast from Rockhampton, the actions of state authorities in allowing passengers on the steamship *Paringa* to land without undergoing a period of quarantine was condemned. When the *Paringa* arrived from Brisbane on 19 May 1919, it was examined by the state medical officer and granted the ship pratique. Passengers disembarked and 100 tons of cargo, including much needed flour and potatoes was unloaded.⁸² That night, one of the passengers had a rapid onset of influenza symptoms. He was isolated in his residence, with a notice “Influenza in this house: inmates isolated. By order of Health Officer” placed outside. The next day, another passenger off the *Paringa* and his family were isolated in their home and a guard mounted to prevent ingress and egress.

The authorities in Mackay hoped that such measures would prevent an epidemic outbreak in the city.⁸³ It was not to be the case. On 27 May, two further cases were admitted to the Mackay Hospital. Both patients were car owners and had conveyed passengers from Marlborough, 138 miles to the south of Mackay.⁸⁴ At that time, Marlborough was the closest town to the southern head of the construction of Queensland’s coastal railway. On 1 June 1919, one of the car owners died, the first influenza death in Mackay. Forty years of age at the time of his death, the man had served as mayor of Mackay and left behind a widow and seven children.⁸⁵ A week later, the number of cases in Mackay had risen to eighty.⁸⁶ A minor lull in the epidemic occurred in the middle of the month with

⁸² *Daily Mercury*, 20 May 1919, p. 2.

⁸³ *Daily Mercury*, 21 May 1919, p. 5.

⁸⁴ *Brisbane Courier*, 22 May 1919, p. 8 and 28 May 1919, p. 7. With the quarantine restrictions placed on shipping, a few individuals were prepared to pay the high fares charged to be conveyed overland.

⁸⁵ *Brisbane Courier*, 3 June 1919, pp. 7-8.

⁸⁶ *Brisbane Courier*, 4 June, p. 7 and 10 June 1919, pp. 7-8.

fewer in-patients in the hospitals. Even so, Sarah Moriarty, 28, died of influenza after giving birth to twins in the isolation hospital. The twins did not survive (Figure 24).⁸⁷

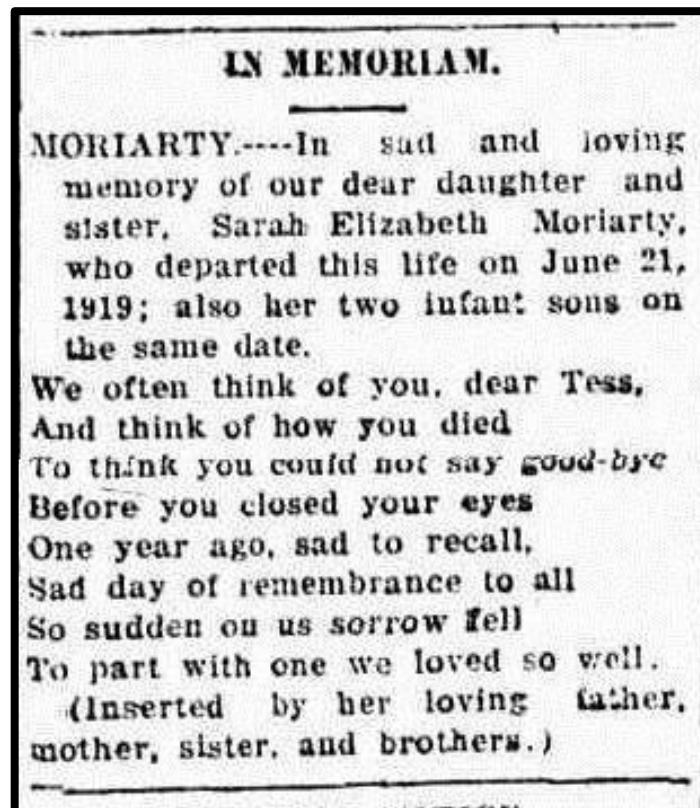


Figure 24 In Memoriam: Sarah Moriarty

Sarah Moriarty was pregnant with twin sons when she was admitted to the Mackay Hospital suffering influenza. Pregnant women were particularly vulnerable to the 1918-1920 influenza virus. *Daily Mercury*, 21 June 1920, p. 4

Official notification of the signing of the World War One peace treaties in Paris brought about public celebrations in Mackay on 25 June 1919. Crowds gathered, speeches were made and the Mackay Citizens Band played a tune.⁸⁸ Within days, 169 fresh cases required hospitalisation, stretching both the district and isolation hospitals to the limit and giving authorities cause to open St Joseph's Catholic School as an additional hospital. Throughout the remainder of July 1919 and into August, fresh cases and deaths continued

⁸⁷ *Brisbane Courier*, 21 June 1919, p. 6 and 23 June 1919, p. 8. Moriarty's husband resided at Murwillumbah in New South Wales.

⁸⁸ *Brisbane Courier*, 26 June 1919, p. 7.

to occur.⁸⁹ Whilst the epidemic was well into decline among the Mackay district's white population at the end of August, it was still raging in nearby Aboriginal and South Sea Islander centres where death was a daily occurrence.⁹⁰

The news from Comet (141 miles west of Rockhampton) on 20 May 1919 was that the "whole town" was down with influenza.⁹¹ Two days later, the death of a man named Butcher was reported. Butcher had come from a pastoral holding in the Springsure District to attend the Comet races on 10 May and along with twenty other racegoers had contracted the disease.⁹² Emerald, 25 miles further west along the railway, was affected at the same time. By 20 May 1919, two deaths had occurred and the schools and entertainment halls were closed.⁹³ The following week Miss Pinches, the manageress of the local Railway Refreshment Rooms, died.⁹⁴ It was another two weeks before the situation at Emerald had improved enough for Dr Davies to be permitted to leave the town in order to assist at Clermont, 63 miles to the north, its medical officer having become prostrate with influenza.⁹⁵

Even with the influenza outbreak raging in nearby towns, Clermont proceeded with its annual show on 3 and 4 June 1919.⁹⁶ On 10 June, the town's hospital was full of influenza cases, Dr Higgins, the matron and three nurses among them.⁹⁷ Five days later, an urgent request was sent to Rockhampton for more nurses.⁹⁸ Two volunteers succumbed to the

⁸⁹ *Brisbane Courier*, 30 June 1919, p. 8; 1 July 1919, p. 8 and 5 July 1919, ps. 7, 8, 9; 15 July 1919, p. 8.

⁹⁰ *Brisbane Courier*, 29 August 1919, p. 8.

⁹¹ *Brisbane Courier*, 21 May 1919, p. 8.

⁹² *Brisbane Courier*, 23 May 1919, p. 7. *Capricornia*, 24 May 1919, p. 18.

⁹³ *Brisbane Courier*, 21 May 1919, p. 8.

⁹⁴ *Brisbane Courier*, 27 May 1919, pp. 7-8.

⁹⁵ *Brisbane Courier*, 13 June 1919, pp. 7-8.

⁹⁶ *Brisbane Courier*, 23 May 1919, p. 7.

⁹⁷ *Brisbane Courier*, 11 June 1919, pp. 7-8.

⁹⁸ *Brisbane Courier*, 17 June 1919, p. 8.

disease during the intervening week. Salvation Army cadet Miss Lottie Cooke died after a four-day illness. As a volunteer, she continued to assist other people in need even after becoming infected. The second death was that of 17-year-old Miss May McMillan, who, with her mother, had come in from the country to help in the hospital. The girl was fine on the Tuesday, came down with influenza on the Wednesday, developed pneumonic symptoms on the Thursday and succumbed to the disease on the Friday.⁹⁹ On 29 June, the Clermont police reported the death of John Allen. Despite living in the isolated outstation of Diamond Plains, about 110 miles from Clermont, Allen died of influenza. With no prescription drugs or medical assistance available, Allen's wife treated him with mustard plasters and other home remedies.¹⁰⁰ Of the thirteen Aboriginal workers from Avon Downs brought to Clermont by ambulance on 28 and 29 June, two died.¹⁰¹

The diffusion of the pandemic influenza by the railway into rural and remote districts is no better illustrated than by Barcaldine's first case of the disease. J. C. Bleney, a Queensland Railway employee, was working a train to Barcaldine, 361 miles west of Rockhampton, on 22 May 1919. He collapsed whilst his train was at Beta (a railway siding 70 miles east of Barcaldine) but was brought to Barcaldine for treatment.¹⁰² Two weeks later the town's isolation hospital was full whilst another eighty cases were convalescing at home.¹⁰³ Even so, it was not until there were 201 cases of influenza among the town's population along with all of the nursing staff of Queen Victoria Hospital ill and a young wife dying that the local authority enforced compliance with

⁹⁹ *Brisbane Courier*, 21 June 1919, p. 6.

¹⁰⁰ *Telegraph*, 30 June 1919, p. 2.

¹⁰¹ *Brisbane Courier*, 30 June 1919, p. 8 and 1 July 1919, p. 8. *Capricornian*, 5 July 1919, p. 13.

¹⁰² *Brisbane Courier*, 23 May 1919, p. 7. *Western Champion and General Advertiser for the Central-Western Districts*, 24 May 1919, p. 9.

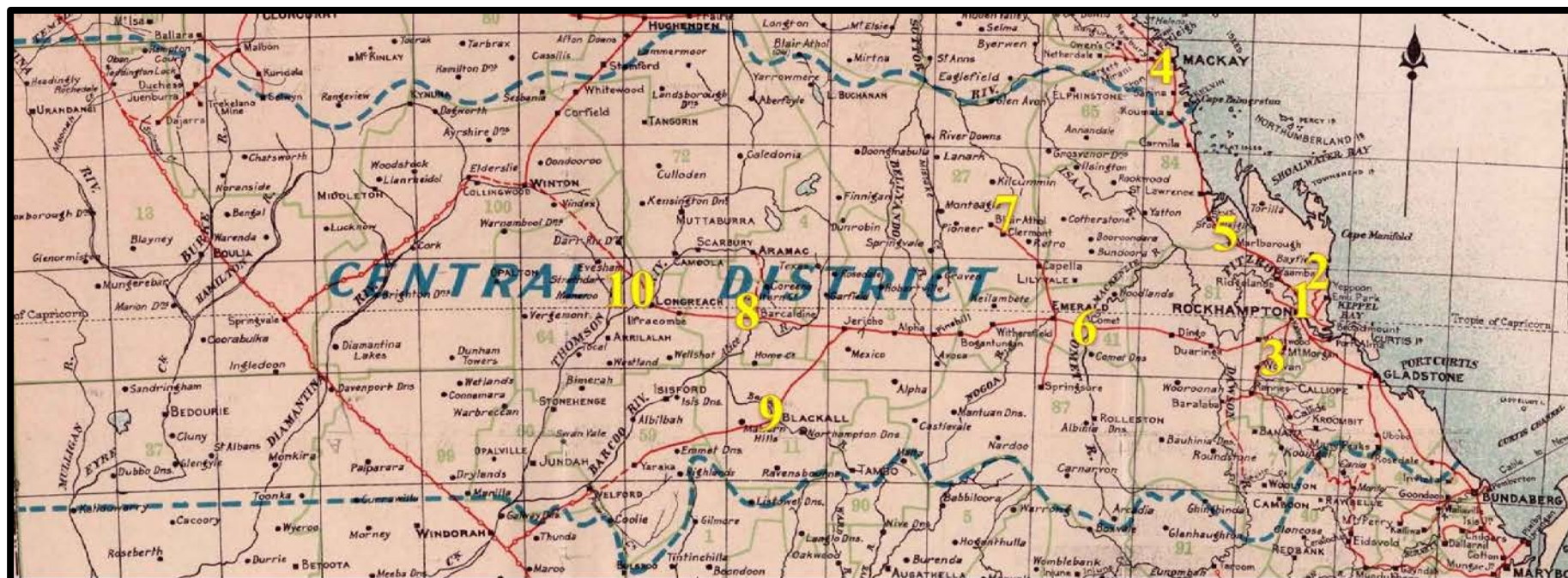
¹⁰³ *Brisbane Courier*, 7 July 1919, p. 6.

previously issued public health proclamations. Because of this laxity, 667 cases were registered in Barcaldine and the surrounding district up to 3 July 1919.¹⁰⁴

As elsewhere, Blackall's experience highlights the impact of the epidemic on people and communities. Situated on a railway branch line and 378 miles to the west of Rockhampton, the town of Blackall and its immediate district incurred the full wrath of the influenza virus. By the time the disease was declared to be in epidemic proportions (29 May 1919) two Aboriginal workers had already died from the disease at the nearby Listowel Station and another at Ravensbourne Station. Two weeks later, the situation in Blackall was acute; over 100 cases were under treatment in the general and isolation hospitals. Among those infected was the licensee of the Prince of Wales Hotel, a bookmaker, garage proprietor and the local police constable.¹⁰⁵ In addition, the town's only doctor and the entire hospital staff were prostrate with influenza. In lieu, volunteers were running the General Hospital and the service of Dr McArthur of Jericho, 72 miles to the north, was obtained. Urgent telegrams to the Home Secretary went unanswered. Alderman Russell died from the disease, having already lost his daughter and daughter-in-law to the epidemic.

¹⁰⁴ *Brisbane Courier*, 10 June 1919, pp. 7-8 and 26 June 1919, p. 8; 4 July 1919, p. 9.

¹⁰⁵ *Brisbane Courier*, 30 May 1919, p. 6. *Western Champion and General Advertiser for the Central-Western Districts*, 7 June 1919, p. 9.



Key Influenza outbreaks in Central Queensland, 1919, in order of discussion in chapter 6.

1. Rockhampton 2. Yeppoon 3. Mt Morgan 4. Mackay 5. Marlborough 6. Comet 7. Clermont 8. Barcaldine 9. Blackall 10. Longreach

Image: Extract, *Map of Queensland to accompany the Commissioner for Railways' Report for 1924-25 (Qld)*. Private collection.

Figure 23 Influenza outbreaks in Central Queensland

Figure 23

Despite the number of cases continuing to rise and patients still arriving from surrounding country areas, Dr McArthur returned to Jericho on 17 June 1919, once again leaving Blackall without a medical officer. Dr Fox of Charleville offered his services in case of emergency, but in the meantime the hospital had arranged for two trained nurses from Rockhampton and one from Brisbane. Nurse Dawbarn, who had been seconded to Rockhampton when the epidemic broke out there, also returned.¹⁰⁶ Ten days later there was an easing in the situation and on 2 July 1919, only fifteen patients remained in the General Hospital and four at the Isolation Hospital.¹⁰⁷ Even so, fresh cases continued to be reported throughout July.¹⁰⁸

The majority of the thirteen cases in the town of Longreach on 27 May 1919 had arrived from the east by train.¹⁰⁹ A week later an estimated 100 cases were under active treatment.¹¹⁰ By 10 June 1919, three deaths had occurred: an 11-year-old boy, 29-year-old commission agent T. H. Clift and local carrier William Heckenberg, the latter leaving behind a widow and a large family.¹¹¹ On 13 June 525 cases were being treated.¹¹² John Medill, 55, and Postal Assistant R. D. Millar, 19, both died on 24 June. Millar had been in hospital for a fortnight, during which time his mother had also died of influenza.¹¹³ At the isolated settlement of Muttaborra, 76 miles to the north of Longreach, fifteen cases were being treated in their own homes on 9 June 1919. In addition, a serious case from the remote Needlewood Bore, 66 miles to the north of Muttaborra, was in the hospital.¹¹⁴

¹⁰⁶ *Brisbane Courier*, 18 June 1919, p. 8.

¹⁰⁷ *Brisbane Courier*, 3 July 1919, p. 8.

¹⁰⁸ *Brisbane Courier*, 14 and 24 July 1919, p. 8.

¹⁰⁹ *Brisbane Courier*, 28 May 1919, p. 7.

¹¹⁰ *Brisbane Courier*, 5 June 1919, pp. 7-8.

¹¹¹ *Northern Miner*, 12 June 1919, p. 2.

¹¹² *Brisbane Courier*, 20 June, pp. 7-8 and 4 July 1919, p. 9.

¹¹³ *Northern Miner*, 24 June 1919, p. 4.

¹¹⁴ *Brisbane Courier*, 10 June 1919, pp. 7-8.

North Queensland (Figure 25)

Between 6 and 27 May 1919, the steamships *Wodonga*, *Adelaide*, *Paringa* and *Morialta* were ordered into quarantine at Townsville, each having on board a significant number of influenza cases.¹¹⁵ For reasons that remain obscure, on 24 May Dr Harris, the local federal quarantine officer, granted pratique to the *Morialta*, despite it having seven cases of influenza aboard and only having been in quarantine for 24 hours. Passengers were allowed to disembark and enter the Townsville community without further restriction. Harris later claimed he was instructed by a higher authority to grant pratique to the *Morialta*, but declined to elaborate.¹¹⁶

The passengers on the *Wodonga* and *Paringa*, having already been in quarantine for fifteen and five days respectively, were furious at the apparent preferential treatment given to those on the *Morialta*. One of the passengers from the *Morialta* was soon admitted to the Townsville General Hospital. It was the first reported case of the pandemic influenza in the city.¹¹⁷ By 29 May 1919, a further four cases had been admitted, with the city's health officer, Dr Nisbet, declaring "we have the real thing here, and it is showing the infectiousness that was shown in the south, so the public will want to take all the precautions they have been advised to take."¹¹⁸ Other passengers from the *Morialta* boarded a train for the 136-mile journey back to Bowen, arriving there on 27 May 1919.¹¹⁹ Not long thereafter, all the schools in Bowen were closed due to the

¹¹⁵ The *Paringa* alone had 37 cases.

¹¹⁶ *Brisbane Courier*, 12 May 1919, p. 6 and 14 May 1919, p. 7; 20 May 1919, p. 8 and 21 May 1919, p. 6; 26 May 1919, p. 7 and 27 May 1919, ps. 2, 7. It was initially reported that it was the state health officer that gave permission for the *Morialta* to berth at the city's wharves. In the available documents, there is no explanation as to why the *Morialta* was not quarantined.

¹¹⁷ *Brisbane Courier*, 28 May 1919, p. 8.

¹¹⁸ *Brisbane Courier*, 30 May 1919, p. 7.

¹¹⁹ *Brisbane Courier*, 27 May 1919, p. 8. When the *Morialta* had called at Bowen earlier that week, passengers were not allowed to disembark due to the prevailing influenza aboard the vessel.

prevailing epidemic outbreak.¹²⁰ On 9 June, thirty-six people were sick and by 20 June, there were 100 cases under treatment. The holding of the Bowen's annual show crowded people together and allowed the virus to sweep through the community; 250 cases were under active treatment either at home or in the hospital on 26 June 1919.¹²¹ Authorities openly acknowledged that a considerable number of cases went unreported. Even with the dropping off in fresh cases during the first two weeks of July, the total number of notifications climbed to 355, but there were no European deaths. In contrast, on the fringes of Bowen, the "black's camp" had been badly affected with nine Aboriginal persons dying and many fleeing.¹²²

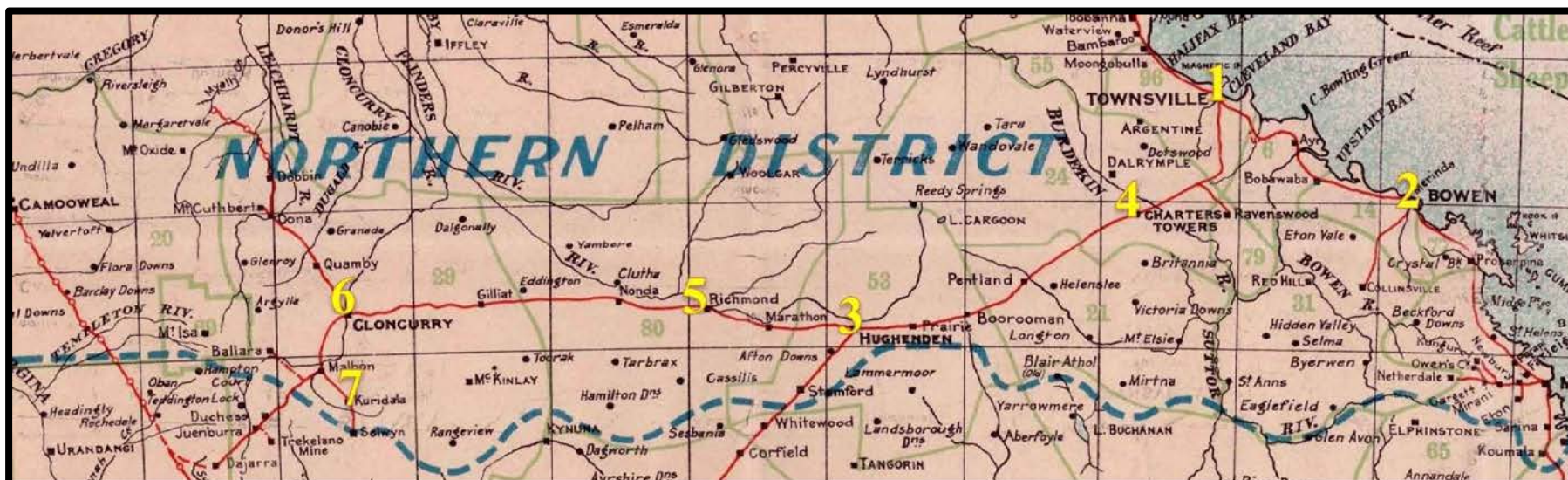
Charters Towers' first case of influenza came not from Townsville, 83 miles to the east, but from the west. Since the maritime strike, several contingents of returning soldiers had been transported north overland to Longreach (428 miles west of Rockhampton) by train, before making their way by motor truck to Winton to connect with another train to Hughenden and hence to Townsville. Influenza first appeared amongst railway staff at Hughenden, 236 miles west of Townsville, on 20 May 1919, before spreading to Torrens Creek, 55 miles to the east and then to neighbouring centres. The arrival of the disease in Hughenden coincided with the town's annual show and race days, 23-24 May 1919. The following week, Hughenden was described as being exceptionally quiet. The epidemic had had a "thinning out effect" on the local population; an estimated 300 people being affected, whilst Colin Murray and Mr. George, both young married men with families, had died from the disease.¹²³

¹²⁰ *Brisbane Courier*, 6 June 1919, p. 7 and 10 June 1919, pp. 7-8.

¹²¹ *Brisbane Courier*, 14 June 1919, pp. 5-6 and 21 June 1919, p. 6.

¹²² *Brisbane Courier*, 24 June 1919, p. 8; 27 and 29 June, p. 6; 1 July 1919, p. 8.

¹²³ *Evening Telegraph*, 19 May 1919, p. 2. *Daily Mirror*, 23 May 1919, p. 5. *Northern Miner*, 18 June 1919, ps. 2, 4.



Key Influenza outbreaks in North Queensland, 1919, in order of discussion in chapter 6.

1. Townsville 2. Bowen 3. Hughenden 4. Charters Towers 5. Richmond 6. Cloncurry 7. Kuridala

Image: Extract, *Map of Queensland to accompany the Commissioner for Railways' Report for 1924-25* (Qld). Private collection.

Figure 25 Influenza outbreaks in North Queensland

On 30 May 1919, a Torrens Creek man was removed from the eastbound mail train at Charters Towers and admitted to the children's ward, which had been set aside as the influenza ward at the district hospital. On 3 June, there were six cases in the ward; a week later eighteen were under treatment. By 15 June 1919, numerous cases were being treated in their own homes and the Girls State School had been converted to an isolation hospital. It is here that James Torr died on 16 June 1919. Torr had been brought in from Sala Siding, near Ravenswood Junction, 29 miles to the east of Charters Towers.¹²⁴ By 24 June, nearly 1,000 cases of influenza had been officially notified from the district. Among those who succumbed to the disease were Percy Jones, 26, Michael Walsh, 24, John Potts, 43, Frank Flanagan, 82, five-year-old Hazel Walker and Hugh Colquhoar, 35.¹²⁵

At Richmond, 71 miles west of Hughenden, Dr Edward Warren, the Wyangarie Shire's medical officer, had been examining all passengers arriving by train from the east since the outbreak of disease at Hughenden. Warren subsequently concluded it was "farcical" to continue such medical surveillance whilst the movement of people by motor car between the two towns remained unrestricted.¹²⁶ During the whole of the local epidemic, which lasted from 31 May to 31 July 1919, Warren was notified of 236 cases, comprising 128 males and 108 females. Of these patients, ninety-three serious cases (56 males and 37 females) were treated in the town's Isolation Hospital. With Dr Warren working a 16-hour day and attending to the majority of those infected in their own homes, the hospital was run by Matron Stewart and her nursing staff of untrained volunteer girls. A volunteer nurse was also sent out to care for patients at outlying stations. A three to five week stay

¹²⁴ *Townsville Daily Bulletin*, 31 May 1919, p. 5; 3 and 11 June 1919, p. 4. *Evening Telegraph*, 12 June 1919, p. 2. *Cairns Post*, 18 June 1919, p. 4.

¹²⁵ *Townsville Daily Bulletin*, 19 June 1919, p. 4 and 24 June 1919, p. 4. *Northern Miner*, 24 June 1919, p. 2. *Northern Herald*, 13 August 1919, p. 44.

¹²⁶ Warren to Wyangarie Shire Council, 3 June 1919, QSA: 6477, Item ID 997166.

in hospital was not unusual for serious cases and as soon as one convalescent patient was discharged, the bed was taken by a fresh case.¹²⁷ Nonetheless only two deaths were recorded.

In the Cloncurry district (174 miles to the west of Richmond), the epidemic was described as “very bad”. Yet by 16 August 1919, only three cases of influenza remained in the District Hospital at Cloncurry and it was thought likely that the town itself would free of influenza in the near future. Not so Kuridala, 40 miles to the south. Kuridala had incurred a “particularly virulent attack of the prevailing scourge”. So much so, that although the restrictions requiring schools to be kept closed and forbidding the holding of public meetings within closed halls were lifted at Cloncurry at the beginning of August 1919, no such relaxation was permitted at Kuridala.¹²⁸ The state school at Kuridala, which had been closed on 6 June 1919, did not open again until the end of August.¹²⁹ Three months later, the disease was back. In November 1919, Kuridala’s medical officer advised of fresh outbreaks of influenza to the west, including at Duchess, Oban and Rochedale, in addition to the eight cases being treated in Kuridala hospital.¹³⁰

Far North Queensland (Figure 26)

The outbreak of the epidemic in Cairns in early June 1919 was traced to vessels that were anchored at the port. Arriving from Brisbane on 31 May 1919, the steamship *Allinga* had brought 1000 tons of much needed cargo to the far north.¹³¹ Although originating from

¹²⁷ Warren to Wyangarie Shire Council, 26 August 1919, QSA: 8400, Item ID 18275. *Northern Miner*, 2 August 1919, p. 5.

¹²⁸ *Northern Miner*, 16 August 1919, p. 4.

¹²⁹ *Western Champion and General Advertiser for the Central-Western Districts*, 6 September 1919, p. 12.

¹³⁰ *Townsville Daily Bulletin*, 24 November 1919, p. 5. Duchess, Oban and Rochedale are all to the west of Kuridala.

¹³¹ *Cairns Post*, 21 May 1919, p. 5.

an infected port, the *Allinga* was allowed to berth at the wharves and its passengers to disembark without being inspected by a medical officer. The next day, the master of the *Allinga*, Captain Tyreè, was diagnosed by Dr Clarke, the state's health officer in Cairns, as having "ordinary influenza" but not before Tyreè had spent the day in Cairns. All too late, Clarke belatedly quarantined the *Allinga* and had police officers placed on the wharf to prevent any further contact between ship and shore.¹³²

While Captain Tyreè was recovering in his cabin aboard the *Allinga*, the influenza was embedding itself within the populace of Cairns. Of the eight persons with disease who were admitted to the Cairns Hospital on 6 June 1919, one had accompanied Tyreè around Cairns and four had been Tyreè's nurses.¹³³ Two days later, twenty cases had been reported, among whom were another three nurses and a wharf labourer who had helped unload the *Allinga*.¹³⁴ The epidemic quickly reached out beyond the municipality. An ambulance was despatched to Diamond Flats (over 100 miles to the west of Cairns) on 24 June 1919 and returned with three patients requiring urgent treatment. A fourth patient had died the night before the ambulance arrived.¹³⁵ The Cairns town and shire councils and the Barron Shire Council formed a joint health board and Dr Elliot was placed in charge of establishing an isolation hospital, which opened on 11 June 1919. A second isolation hospital for the treatment of Aboriginal cases opened on 9 August, the first hospital being unable to cope with the number of cases requiring treatment. According to Elliott, "no distinction was made for colour or creed, the same kindly help being extended to aboriginal as to European".¹³⁶

¹³² *Cairns Post*, 3 June 1919, p. 5. *Northern Herald*, 5 June 1919, p. 7.

¹³³ *Cairns Post*, 7 June 1919, p. 4.

¹³⁴ *Brisbane Courier*, 9 June 1919, pp. 7-8.

¹³⁵ *Brisbane Courier*, 26 June 1919, p. 8.

¹³⁶ *Cairns Post*, 4 October 1919, p. 3.

The Cairns District Joint Health Board and the greater Cairns community battled the epidemic for over 3 months. In that time, 1007 cases of influenza were notified and £2,910/11/4 expended in combating the disease. Of the 422 patients treated in No. 1 and No. 2 isolation hospitals, 254 were male (including 28 Aboriginal men) and 168 female (including 14 Aboriginal women). No. 1 hospital was open for ninety-four days during which time 378 cases were treated. On average, forty-seven patients were in the hospital on any one day. The average length of stay in hospital was 11.4 days. There were ten deaths: 8 Europeans (4 men and 4 women) and 2 Aboriginal men. The case mortality rate was 1.79% for European males and 2.58% for European females. No. 2 hospital was open for twenty-eight days, during which time forty-two cases were treated. On average, nineteen patients were under treatment on any one day. The average length of stay in hospital was 12.4 days. There were six deaths: 5 males and 1 female. Overall, the case mortality rate was 25% for Aboriginal men and 7.1% for Aboriginal women.¹³⁷

A short boat ride north east across the bay from Cairns, but 29 miles by road, the Yarrabah Aboriginal Mission Station did not experience the effects of the disease within the settlement until the end of August 1919, nearly three months after the epidemic broke out in Cairns. It was only after the Cairns' Town Clerk had asked Sam Lyons, Yarrabah's Superintendent, for further nursing assistance that the station's own plight became widely known. The *Cairns Post* on 25 August 1919 noted Lyons' regret at having to inform the Town Clerk "that it was impossible to send more [Aboriginal nurses] at present as the epidemic had reached Yarrabah."¹³⁸

¹³⁷ Report on the final meeting of the Cairns District Joint Health Board, *Cairns Post*, 4 October 1919, p. 3. Cairns District Joint Health Board, 1919, QSA: 8400, Item ID 279744.

¹³⁸ *Cairns Post*, 25 August 1919, p. 4.

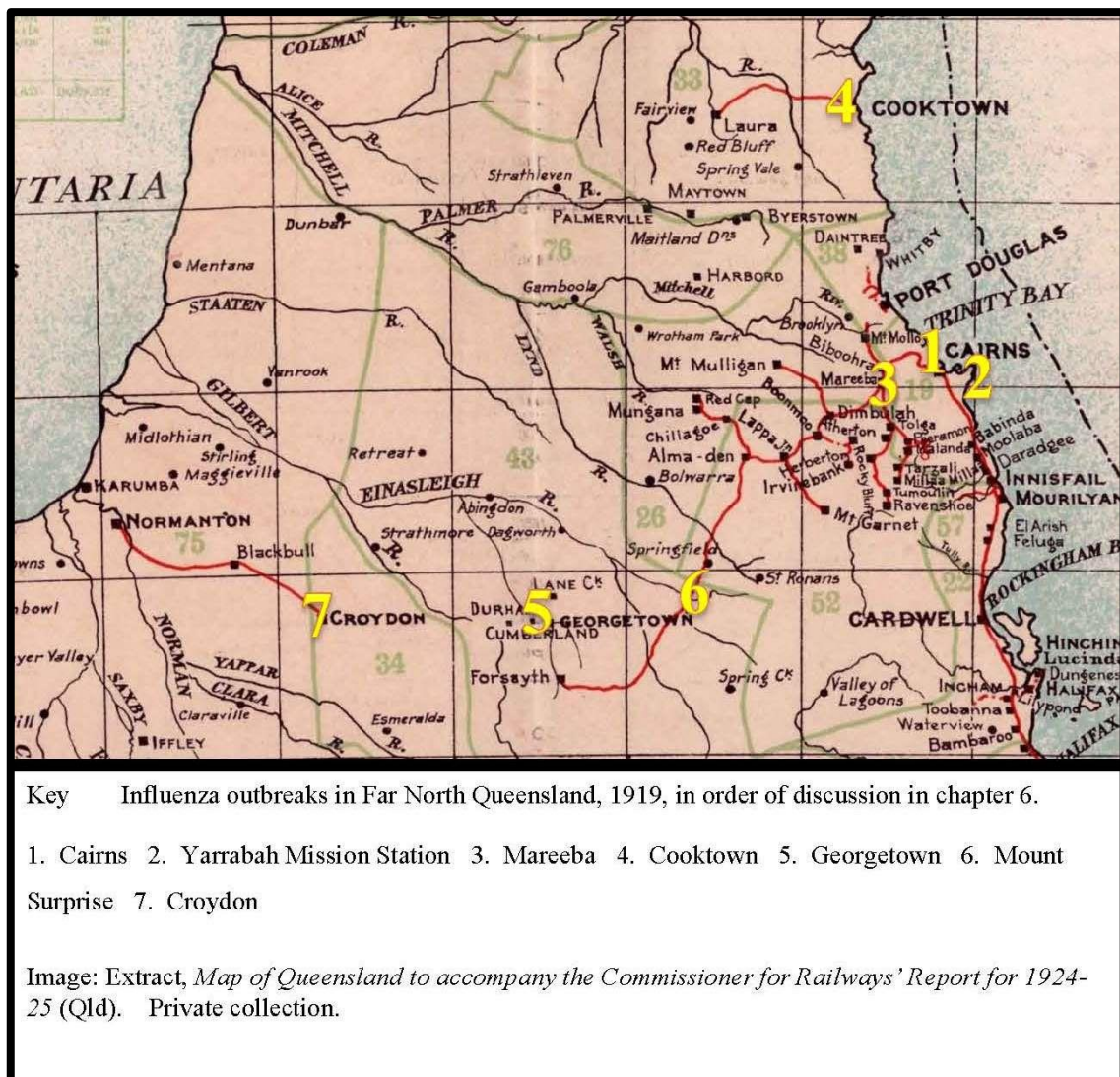


Figure 2617 Influenza outbreaks in Far North Queensland

Two isolation hospitals were opened at Yarrabah, one for men and boys, the other for women and girls and for some days, new cases were admitted hourly to both. According to the station's superintendent (and in contrast to the situation at the Aboriginal settlements in the south of Queensland), there had been "no difficulty to get our people to enter the hospitals ..., which enabled us to deal with the disease in the early stages. So far not a single case has absconded into the bush, nor in any way refused treatment".¹³⁹ This statement is somewhat contrary to the one made at the beginning of August, when

¹³⁹ *Daily Mail*, 1 October 1919, p. 6.

Lyons was asked by the visiting delegation from the Cairns Joint Board of Health if he could secure the services of Aboriginal nurses for the Board. The *Cairns Post* reported Lyons as stating, “It was difficult in dealing with aborigines and half-castes, to bring them into hospital.”¹⁴⁰

The outbreak at Yarrabah was the result of two Aboriginal boys, each severely affected by influenza, who were brought into Yarrabah from an outstation of the mission on the advice of the Cairns Joint Board of Health’s Dr Elliott.¹⁴¹ Despite the two boys being immediately isolated on their arrival at the main station, the virus soon spread through the community. Even so, within three weeks of the initial outbreak, the epidemic had run its course; only one death having occurred out of the 200 cases recorded.¹⁴² If accurate, the net result of the epidemic at the Yarrabah mission compares more than favourably with the record of the Barambah mission in southern Queensland, where numerous Indigenous residents absconded into the bush and the case mortality rate was around twelve percent.

At Mareeba (46 miles west of Cairns), the Woothakata Shire’s Health Officer, Dr Perkins, took reports of “ordinary” influenza much more seriously than his Cairns counterpart did. On 25 March 1919, Perkins visited the townships of Myola and Kuranda (22 and 24 miles respectively along the railway to the east of Mareeba), diagnosing ten cases of influenza. A further fifty cases were learned of over the telephone. In addition, the head teacher had closed the Kuranda State School, fifty percent of the student body being absent due to illness. In reporting the matter to the Commissioner of Public Health, the Shire Clerk

¹⁴⁰ *Cairns Post*, 7 August 1919, p. 4.

¹⁴¹ *Cairns Post*, 7 August 1919, p. 4.

¹⁴² *Brisbane Courier*, 13 September 1919, p. 6.

intimated that the infection had come from Thursday Island, via an “Eastern boat” to Cairns and then by the tourist train up the Macalister Range to Kuranda and subsequently Moyla.¹⁴³

Other than the report being forwarded to the Home Secretary for his information, the Commissioner appears to have been unresponsive to the situation. Neither the local nor the state newspapers reported on the story. Similar to severe influenza being diagnosed at Texas, southern Queensland, some days before cases were detected in Brisbane, the situation at Mareeba in early April casts doubt as to the Queensland government’s contention of the disease originating out of the Lytton Quarantine Station. Nonetheless, the implication of there being a laxness in the implementation of quarantine at the ports along the Queensland coast remains.

Two young Aboriginal men, who had gone to the annual show in the neighbouring town of Atherton (22 miles to the south of Mareeba), were blamed for the epidemic outbreak in the Aboriginal camp outside Mareeba five months later (September 1919). Whilst the camp had been placed in isolation in an attempt to keep it free from influenza, with only two police officers available, enforcement was impossible. The outbreak “raged with great virulence”, severely incapacitating forty-eight Aboriginal patients and leaving at least twelve dead.¹⁴⁴

The remoteness of Cooktown and Laura in the far north and the mining towns in the north west of Queensland could not stop the sweep of the influenza virus and once again, the decision to hold the annual racing carnival did much to aid in the diffusion of the disease.

¹⁴³ Woothakata Shire Clerk to CoPH, 8 April 1919, QSA: 8400, Item ID 18275.

¹⁴⁴ *Cairns Post*, 30 September 1919, p. 3. *Northern Herald*, 15 October 1919, p. 49.

One hundred and thirty-five nautical miles north of Cairns, Cooktown was not connected to Queensland's railway network. It was, however, the port terminus of the 67-mile railway to Laura to the west. On the last weekend of June 1919, approximately 100 of Cooktown's residents boarded the train to Laura to attend that centre's two-day horse racing program. Returning to Cooktown, the racegoers brought the influenza virus with them.¹⁴⁵

Towards the end of July 1919, the epidemic made its presence felt in the Shire of Etheridge to the far west of Cairns, encompassing the mining towns of Mount Surprise, Forsyth, Einasleigh, Kidston, Gilbert River and Georgetown. At a time when half the townspeople of Georgetown had contracted the virus, the local hospital was full, the council-appointed health officer, Anton Alexander Grakovich, was not registered as a medical practitioner and the services of volunteer nurses were not forthcoming.¹⁴⁶ In mid-August, siblings George, Vera and Charely Clough were both dangerously ill in the Georgetown hospital at the same time. George, 19, died on 13 August, having only recently returned home from a droving trip to Townsville.¹⁴⁷ Eight days later 19-year-old Vera succumbed. Vera was the Teacher in Charge at nearby Mt. Jackson. Also to die were Edward Atherton, butcher at Forsyth, and Elizabeth Plate. Elizabeth had been one of the first persons in the district to volunteer at the hospital.¹⁴⁸

¹⁴⁵ Meldrum to Wise (letter), published in *Brisbane Courier*, 16 July 1919, p. 6. *Townsville Daily Bulletin*, 15 July 1919, p. 7.

¹⁴⁶ *Brisbane Courier*, 29 July 1919, p. 8 and 14 August 1919, p. 8. Etheridge Shire Clerk to CoPH, 8 August 1919, QSA: 6477, Item ID 997167. Secretary, Health Department file note, DoPI 19.33187, 8 August 1919, QSA: 6477, Item ID 997167. With the scarcity of doctors in remote parts, the issue of Grakovich was quietly over looked by authorities. Grakovich was to achieve notoriety in the 1920s over his continued practicing of medicine whilst not registered, but he was never prosecuted. See for example *Truth*, 31 May 1925, p. 9.

¹⁴⁷ *Cairns Post*, 14 August 1919, p. 5.

¹⁴⁸ *Brisbane Courier*, 23 August 1919, p. 5. *Cairns Post*, 23 August 1919, p. 4. Charley Clough survived.

The outbreak at Mount Surprise was attributed to the mingling of residents with persons who had travelled from infected areas to the town's Amateur Hack Club's annual race meeting, 27-29 September 1919; twenty-seven cases being reported soon thereafter. A recurrence of influenza swept through the shire in October 1919. With numerous fresh cases reported at Mount Surprise, Einasleigh and at Gilbert River, urgent nursing assistance and medicines had to be brought in from Cairns by train.¹⁴⁹ Even so, it was in the Aboriginal population that this second wave was most severe.¹⁵⁰

It was early October 1919 before the influenza took hold in the goldfield district of Croydon a further 150 miles west of Mount Surprise. The Aboriginal True Blue camp on the outskirts of Croydon was soon affected, as were the Aboriginal workers on the Maryvale and Stratmore stations, though it appears those in other camps near Croydon were not.¹⁵¹ Croydon itself experienced a second outbreak soon thereafter.¹⁵² By 28 October 1919, the hospital was again filled with patients. Whilst the white population experienced a relatively mild recrudescence, the inhabitants of the True Blue camp fared much worse. Despite Matron Thomas being regarded as "very successful in her treatment", five women and a child died at the camp and a man died in the "Aboriginal ward" at the hospital.¹⁵³

¹⁴⁹ *Cairns Post*, 1 October 1919, p. 4. A supply of medicine was taken out by train and an ex-ambulance officer was sent from Cairns.

¹⁵⁰ *Brisbane Courier*, 15 October 1919, p. 7.

¹⁵¹ *Cairns Post*, 5 November 1919, p. 6.

¹⁵² *Townsville Daily Bulletin*, 24 October 1919, p. 3.

¹⁵³ *Northern Miner* 5 November 1919, p. 5.

“‘Send Help’ Influenza Grip Holds Thursday Island”¹⁵⁴ (Figure 27)

In late January 1920, reports were received from New Zealand, Japan and the United States of America of a recrudescence of the pandemic influenza. On 7 February 1920, the Commonwealth Quarantine Department received the first report of an outbreak on Thursday Island.¹⁵⁵ Authorities were soon overwhelmed by the sheer number of people affected, an estimated sixty percent of the population. Of those ill, fifty percent were diagnosed as serious.¹⁵⁶ The numerous private and public telegrams that emanated from the Island tell of the distress among the people; there being too few medicines and insufficient hospital staff to cope with the crisis. In addition, foodstuffs, particularly fresh produce, were scarce.¹⁵⁷ Houses were overcrowded and no attempt was made to isolate or report cases among the “coloured people”, who were said to be dying daily.¹⁵⁸

Reports from the outer islands in the group indicated the severe virulence of the outbreak was widespread.¹⁵⁹ The *Cairns Post* claimed an infant at Small River (later known as Cowal Creek) in Cape York had been “found alive on the breast of its mother, who had been dead two days.”¹⁶⁰ When a police officer and doctor from Thursday Island were sent to Small River to investigate, twenty Aboriginal persons of both sexes were found to have had died from influenza, with a further thirty-four in want of food and urgent medical attention. Another forty, though ill, were on their feet.¹⁶¹ In the panic, blame for the outbreak was laid on an “unqualified Japanese doctor” who, it was claimed, had been

¹⁵⁴ *Daily Mail*, 13 February 1920, p. 4.

¹⁵⁵ *Brisbane Courier*, 9 February 1920, p. 6.

¹⁵⁶ *Brisbane Courier*, 13 February 1920, p. 4.

¹⁵⁷ 400 notifications had been reported on the Island to 10 February 1919. On 20 February, the official death toll stood at 42. *Brisbane Courier*, 13 February 1920, p. 4 and 21 February 1920, p. 5.

¹⁵⁸ *Brisbane Courier*, 11 and 12 February 1920, p. 7; 13 February 1920, p. 4. *Medical Journal of Australia*, Vol. 1, No. 17 (24 April 1920): p. 400. Queensland, Parliament (1921), *Annual Report of the Aboriginals Department 1920*, Parl. Paper, Vol. II: 557-64, Brisbane, p. 559.

¹⁵⁹ *Brisbane Courier*, 17 February 1920, p. 7.

¹⁶⁰ *Cairns Post*, 23 February 1920, p. 5.

¹⁶¹ Constable May to Inspector of Police, Cairns, 20 February 1920, QSA: 8400, Item ID 279744.

On Reflection

Though the virulence and the duration of the epidemic varied from one locality to the next, all communities experienced its wrath in one form or another. The state's transport networks, particularly the railways, together with the incessant movement of people between towns and a disregard for public safety demonstrated by the continued holding of shows, horse races and public demonstrations were all that was required for the rapid diffusion of the epidemic virus across the vast distances of the state.

The outbreak of influenza in Mareeba in March/April 1919, John Crane's death at Texas in southern Queensland on 4 May 1919 and the outbreak of the epidemic in Cunnamulla the same week, are reasons to question whether the influenza virus emanated out of Brisbane, having broken through the Commonwealth's quarantine barrier. The Commissioner of Public Health and the Home Secretary's focus, no doubt, had turned to more pressing issues, nonetheless, it was neither in Commissioner's, or the Queensland government's political interest to admit the possibility that responsibility for the penetration of the influenza virus into the state lay other than at the Commonwealth's feet.

Throughout this chapter, names have been given to the victims of the epidemic. Individuals and their value to society, particularly in small communities, should be recognised. The death of Charleville's Town Clerk, Talbot Fallis, for example, affected the town, the council and his family. The Town Clerk was a key position in any local council, in effect the chief executive upon whom rested important responsibilities under the Health Acts and Local Authority Act. In some instances, a Town Clerk was directly responsible to the Queensland Commissioner of Public Health and the Home Secretary for the actions of the council in combating infectious disease. At just 30 years of age,

Talbot had already made a significant contribution to Charleville and was held in high esteem. Talbot Fallis's parents Annie and Alexander lost a son, his siblings a brother, his wife Selina a husband and his seven children their father. Alexander died alone on a street in Warwick in June 1919, most likely from influenza and Annie in 1920. Having been on the verge of dying from influenza herself, Selina faced bringing up seven young children on her own. She remarried in 1922 and by 1925 the new family had moved to Brisbane. In a district of only 2,000 people, the influenza pandemic had inflicted a significant loss on Charleville, as it had all over Queensland.

Health officials, politicians, councils, boards and committees operated in the public sphere of society, a sphere dominated by men. However, it was the private sphere of society, then considered very much a female domain, that the Queensland government soon called upon to assist in combating the influenza epidemic. Chapter 7 examines the participation of women in heeding the state's call for volunteers to go into hospitals and homes to help their fellow citizens.

Chapter 7

“All women interested and willing to help”¹

We have 61 nurses all told, 26 of whom are on day duty. One of that number takes the duty of the telephone nurse. Nine nurses are on night duty. This is all the help we have for 230 patients. Twenty-six of our nurses are in bed with epidemic influenza, as more ready to go to bed. ... As fast as one new nurse arrives, two seem to go to bed, and we ask if help cannot be given us by the women of Brisbane. We sincerely hope that they will wake up to the fact that there is more here to do than they as yet seem to realise.²

The need for preparedness in the event of pneumonic influenza spreading to Queensland was emphasised by authorities in late November 1918. Trained and volunteer nurses in Brisbane were invited to register with the Commissioner of Public Health, whilst local authorities were to register nurses in their respective areas.³ The *Brisbane Courier* had no doubt that thousands of volunteer workers would respond to their national duty.

Women ... will rise to this occasion for the good of the community, as they have done before in courage, combined with unselfish co-operation. Queensland women must not be scared but have a fearless determination to help themselves, their families and the community in general by implicit obedience to directions given by the medical authorities and by the formation of a mutual help society, for the purpose of stamping out the dreaded menace.⁴

Implicit in this quote was the prevailing attitude that volunteering was within the woman's sphere (private domain) of society. Where such volunteering intruded upon the men's sphere (public domain), for example in hospitals, women were expected to subordinate themselves to the directions of the medical authorities, mostly men. It is also implicit that in time of need, it was a woman's patriotic duty to put her own life at risk for the good of the state.

¹ *Brisbane Courier*, 3 June 1919, p. 8.

² *Daily Mail*, 20 May 1919, p. 6.

³ *Brisbane Courier*, 29 November 1918, p. 6.

⁴ *Brisbane Courier*, 29 January 1919, p. 9.

There is an abundance of literature to suggest that women's organisations tended to favour cooperation and networking rather than characteristically masculine hierarchical and adversarial modes, yet few detailed analyses exist to show how this worked in practice.⁵ According to Melanie Oppenheimer, voluntary work up until the 1990s was excluded from the study of Australian labour history and, overall, information about voluntary work, along with its economic value to society as a whole, is lacking.⁶ Nonetheless, social scientist Judith Smart contends that for a very brief period before the "fissiparous forces of modernity splintered the widespread domestic and maternalistic feminine paradigm" women's organisations were largely able to overcome political and sectarian differences by acknowledging and selectively using their ability to cooperate and network for the common good. This period coincided with the onset of the influenza crisis in Australia.⁷ By examining the role that volunteers in Queensland, especially women, particularly those in Brisbane, played in meeting the needs of the state in combating the influenza epidemic, this chapter gives a practical demonstration to the ability of Queensland women to cooperate and network for the common good. It also adds to the somewhat small field of literature on volunteer labour in Australia.

On 29 January 1919, Mrs. Susan McMaster, Mayoress of Brisbane, held an informal meeting with other mayoresses and wives of the presidents of shire councils. The discussion sought to identify the best means of being prepared and of assisting the medical authorities in combating an influenza epidemic outbreak. A deputation from the group

⁵ See for example Mary Foster and Agnes Meinhard. "Women's Voluntary Organizations in Canada: Bridgers, Bonders, or Both?", *Voluntas: International Journal of Voluntary and Nonprofit Organizations* Vol. 16, No. 2 (2005): pp. 143-59. Joanne Scott, "Voluntary Work as Work? Some Implications for Labour History", *Labour History*, Vol. 47 (1998): pp. 10-20.

⁶ Melanie Oppenheimer, "Voluntary Work and Labour History", *Labour History*, Vol. 74 (1998): pp. 1-9.

⁷ Judith Smart, "The Politics of Consumption: The Housewives' Associations in South-eastern Australia Before 1950", *Journal of Women's History*, Vol. 18, No. 3 (2006): pp. 16-17.

was subsequently received by the Home Secretary and the Commissioner for Public Health. All agreed that the formation of a group of women in each district would be useful in providing assistance and nourishing meals to influenza patients who had sufficiently recovered from the more serious stages of the illness. Nonetheless, the deputation seemed to get short shrift. The Commissioner promised to communicate with the members should their services be needed, whilst the Home Secretary stated that the whole matter was in the hands of the medical authorities and in any event, trained nurses were available. On that the deputation withdrew with Mrs. McMaster making a final remark: "Well, we are ready to help the authorities, medical officers, and nurses, if required, and will work entirely under their direction."⁸

In general, Queensland society at the time of the epidemic was characterised by hierarchies based on gender, class and race.⁹ Political scientist Michael Hogan and historians Patrick O'Farrell and Manning Clark contend that it was also divided along sectarian lines.¹⁰ The ideology of separate spheres for men and women decreed a division between public and private, domestic and political activity.¹¹ The habit of contrasting the worlds of men and of women, the allocation of the public sector to men and the private sector (still under men's control) to women is embedded in classical Greek thought.¹² Women were said to live in a distinct world, engaged in nurturing activities, focused on children, husbands, and family. Being both physically finer and weaker than men are, the

⁸ *Brisbane Courier*, 30 January 1919, p. 8.

⁹ Joanne Scott, "'Generic Resemblances?' Women and Work in Queensland, 1919-1939" (Ph.D., thesis, University of Queensland, 1995). Kay Saunders and Raymond Evans, eds., *Gender Relations in Australia: Domination and Negotiation* (Sydney: Harcourt, Brace Jovanovich, 1992).

¹⁰ Michael Hogan, *The Sectarian Strand: Religion in Australian History* (Ringwood: Penguin, 1987). Patrick O'Farrell, *The Catholic Church and Community: An Australian History* (Kensington: New South Wales University Press, 1985). Manning Clark, *A History of Australia*, Volume VI (Burwood: Melbourne University Press, 1987).

¹¹ Linda Kerber, "Separate Spheres, Female Worlds, Woman's Place: The Rhetoric of Women's History", *The Journal of American History*, Vol. 75, No. 1 (1988): pp. 9-39.

¹² Kerber, "Separate Spheres, Female Worlds, Woman's Place", p. 18.

women's sphere was home and family, whereas men's work lay in the larger realm of politics, business, and industry.¹³ This division by spheres was replicated in newspapers, such as the *Brisbane Courier* and the *Queenslander*, which devoted separate columns to women's issues, with an emphasis on women's maternal and domestic role in society. During the influenza crisis, men carried on the business of overarching decision-making on behalf of women, who were generally kept at a distance in the soup kitchens or at the bedside of influenza victims. Women to some extent colluded in such invisibility. As suggested by McMaster's undertaking to the Home Secretary, there was no place for women to assume leadership in this environment.

It was the Mayor of South Brisbane, not the Mayoress, who presided over a well-attended meeting of women on 4 February 1919. In the Mayor's opinion, should the epidemic make an appearance it would require the co-operation (meaning the volunteering) of all women and the general public. He envisaged that women would "provide comforts and necessities" for those who, if stricken with the disease, could not provide for themselves.¹⁴ If a father and mother were stricken, the children would be at the mercy of the world; it was not too much, the Mayor said, to expect a band of women to help to look after such cases. He opined that judging by the valuable patriotic work done in South Brisbane during the course of World War One there would be no lack of helpers or money. On the Mayor's urging the Women's Help Committee, as it was dubbed, was formed. It was a cosmopolitan body, recognising no one group of workers more than another but was nonetheless pleased to have the support of the South Brisbane and East Brisbane branches of the Red Cross Society.¹⁵

¹³ Mary Ann Stankiewicz, "The Creative Sister: An Historical Look at Women, the Arts, and Higher Education", *Studies in Art Education*, Vol. 24, No. 1 (1982): p. 49.

¹⁴ *Brisbane Courier*, 5 February 1919, p. 11.

¹⁵ *Brisbane Courier*, 12 February 1919, p. 9.

As the days turned into weeks without the influenza having penetrated Queensland's borders, the initial flurry of activity in preparing for an outbreak dissipated. When several cases of illness were officially declared to be that of the pneumonic influenza on 1 May 1919, it soon became obvious that the government and the health authorities had not put those preparatory weeks to good use. It was not until 8 May that the Home Department issued a circular to the various municipalities of Brisbane instructing them to, among other things, "invite the assistance of members of the Red Cross committees and other persons" in their district in distributing information to householders, nursing, visiting the sick and generally alleviating distress.¹⁶ Having previously said that nurses were available, the Home Secretary now admitted that there was in fact a dearth of trained nurses in Queensland.

The importance of nurses in times of medical crisis is neglected by historians. Constituting the largest sector of the healthcare workforce, nurses have traditionally been on the front line of disaster response – triaging patients, administering immediate care and providing psychological support.¹⁷ In Queensland during the 1918-1920 influenza epidemic there were simply not enough trained nurses available to deliver the required care. Throughout World War One, trained nurses were sent to overseas military hospitals and field camps. The war ended in November 1918, but members of the Australian Army Nursing Service contingent that had deployed to India as a contribution to the British Empire's war effort remained there. According to historian Rupert Goodman, despite the urgent necessity for the contingent to return to Australia and assist in combating the influenza outbreak, the Indian government considered Australia's needs secondary to its

¹⁶ *Brisbane Courier*, 9 May 1919, p. 9.

¹⁷ Tener Veenema, *Disaster Nursing and Emergency Preparedness* (New York: Springer Publishing Company, 2007), p. 4. Barbara Mann Wall and Arlene Keeling, eds., *Nurses on the Front Line. When Disaster Strikes 1878-2010* (New York, NY: Springer Publishing Company, 2011), pp. x-xi.

own requirements in prosecuting its Frontier Wars (1917-1920).¹⁸ Many months went by in 1919 before the nurses were able to leave and it was 1920 before the last of the contingent returned home. The valuable experience gained by the Australian Army Nursing Service in nursing influenza patients in India was sorely missed in Queensland.

With little likelihood of large numbers of trained nurses being available anytime soon, the Home Secretary expected women with previous nursing experience would readily come to the assistance of the Department.¹⁹ He cited the case of two girls who had volunteered as wards-maids at the Isolation Hospital in Brisbane as an example to be replicated.²⁰ But wards-maids were not nurses. In notifying the provision of an extra five hundred beds at the Isolation Hospital on 17 May 1919, the Home Secretary stated that the only thing lacking was nurses.²¹ Whilst the Commissioner of Public Health had received the names of numerous ladies willing to become trainee nurses in the various hospitals, he was having great difficulty in obtaining the assistance of trained nurses.²² Dr Moore called on all women who had first-aid or home nursing certificates or who were otherwise qualified and willing to help in the hospitals or elsewhere to notify the Department.²³

¹⁸ Rupert Goodman, "The Indian Experience 1916-1920", *Our War Nurses, The History of the Royal Army Nursing Corps 1902-1988* (Brisbane: Boolarong Publications, 1988), Chapter 4.

¹⁹ *Brisbane Courier*, 5 May 1919, p. 7.

²⁰ *Brisbane Courier*, 9 May 1919, p. 9.

²¹ *Brisbane Courier*, 17 May 1919, p. 5.

²² *Brisbane Courier*, 27 May 1919, p. 7.

²³ *Brisbane Courier*, 5 May 1919, p. 7.

“White Feathers for ‘Slackers’”²⁴

The seeming unwillingness of some Queensland women to volunteer for nursing duties in particular, inside or outside of hospitals was brought to the fore in a Letter to the Editor published in the *Brisbane Courier* on 26 May 1919:

Sir, During the time that strenuous efforts were being made to induce young men to enlist for the purpose of fighting a foreign foe, a number of our young ladies were doing all possible to persuade eligible men to do so. Some of these young ladies were rather fond of using the terms, “cold feet,” “shirkers,” &c., towards those who did not enlist, no doubt richly deserved by many of them. At the present time we are at war with an enemy in our midst in the shape of a deadly disease. Nurses trained and untrained are required. The cry is again, “Recruits wanted,” not to leave our shores and face shot and shell, but to nurse the helpless.

Now, where are those young ladies who had so much to say to and about the men, and who were bewailing the fact that their sex prevented them from taking up arms and fighting the foe. The Joans of Arc, Florence Nightingales, and Grace Darlings. “Oh where, oh where are they gone to?” Now is their chance to show their sincerity by taking up their masks and fighting the foe within our gates. – I am, Sir, &c., Non-Shirker.²⁵

During World War One, pressure had been applied to men to enlist; they were told it was their patriotic duty to sign up. Women and girls often used emotive words such as “shirkers”, “slackers” and “disloyal” to describe men who declined to do so. To some in the community, the lack of these very same women coming forward to offer their assistance during the influenza epidemic was extremely hypocritical and the women were to be condemned. As men had received white feathers for their supposed cowardice to enlist, so too did women for not volunteering during the influenza crisis.

The tradition of giving the “white feather” goes back several hundred years, but became a common practice in England, when in August 1914 Admiral Charles Penrose Fitzgerald deputed thirty women to hand out white feathers to men not in uniform. The purpose

²⁴ “Women's War: White Feathers for ‘Slackers’”, *Daily Mail*, 31 August 1914, p. 3.

²⁵ “The Woman Chance” (Letter to the Editor), *Brisbane Courier*, 26 May 1919, p. 8.

was to shame “every young ‘slacker’ found loafing about the Leas” and to remind those “deaf or indifferent to their country's need” that “British soldiers are fighting and dying across the channel.”²⁶ In Fitzgerald's estimation, the power of these women was enormous. According to historian Nicoletta Gullace, the idea of a paramilitary band of women known as “The Order of the White Feather” or “The White Feather Brigade” captured the imagination of observers and enjoyed a moment of semi-official sanction at the beginning of World War One.

The practice also became prevalent in Australia. Corporal Ted Smout's memory of the practice was that it was used as a way of promoting enlistment; “you were a cold foot if [you] didn't enlist so you got the white, white feather means you are a coward.” Anita Ryall recalled that “it was very evident that some of the women whose brothers or sons or husbands went to the war ... [sent white feathers to the] young men living nearby.”²⁷ In hindsight, Ryall considered it a very cruel practice. The Commonwealth government eventually thought so too. In January 1916, postal articles containing white feathers were deemed “offensive” within the meaning of the *Post and Telegraph Act 1913*. Contravention of the section carried a fine not exceeding £50 or imprisonment, with or without hard labour, not exceeding six months.²⁸ All letters or packets known to contain the “suggestive missives” were forwarded to the dead letter office for investigation.²⁹ Despite such vivid recollections and official sanctions, the white feather campaign has generally been of little interest to war historians.³⁰

²⁶ *Daily Mail*, 31 August 1914, p. 3.

²⁷ Excerpts from oral history of Anita Ryall and Corporal Ted Smout, *Through My Eyes, Australia at War*, Australian Government Department of Veterans' Affairs, 2001.
http://www.australiansatwar.gov.au/throughmyeyes/w1_cuf.html

²⁸ *Leader* (Orange, NSW), 10 January 1916, p. 6.

²⁹ *Northern Star* (Lismore, NSW), 17 January 1916, p. 4.

³⁰ For further debate on this issue see Bonnie White, “Volunteerism and Early Recruitment Efforts in Devonshire, August 1914 – December 1915”, *The Historical Journal*, Vol. 52 (2009): pp. 641-66.

On 18 June 1919, the *Brisbane Courier* reported that a number of women were recipients of cards bearing the imprint “Did you enlist for nursing? If not, why not?” with a small white feather fastened to the corner.³¹ Any criticism of the women, however, struggled to be heard.³² The editor of the *Brisbane Courier* contended the sending of the cards and feathers was pointless because in every instance they had been directed towards women who knew their duty and had responded “as all good Australian girls have done”.³³ According to the *Queenslander*, the state had every reason to be proud of their “Queensland girls”.³⁴

Meanwhile “Women’s World”, a regular column in the *Brisbane Courier*, extorted Brisbane women to help combat the epidemic:

Our duty looks pretty clear before us to-day in the matter of individual and community fighting to prevent the spread of the epidemic with which we are threatened. This should be placarded on every woman’s and every man’s looking glass – individual unselfishness means the good of the community.³⁵

The column lamented that there was no flourish of trumpets over the women volunteering their services to the authorities. This rhetoric regarding Australian womanhood being inspired to volunteer was an explicit comparison to war and manliness, where Australian military strength was perceived not only as the test of a nation, but also as an exemplar of its heroic racial characteristics.³⁶ Australia celebrated its manhood in the landing on Gallipoli in April 1915, with the nation passing its test of war by displaying the splendour and strength of its virility. As far as the editor of *Brisbane Courier* was concerned, so too would the influenza crisis be the decisive test of Queensland’s womanhood.

³¹ *Brisbane Courier*, 18 June 1919, p. 8.

³² A. Woman, “The Woman’s Chance” (Letter to the Editor), *Brisbane Courier*, 27 May 1919, p. 8.

³³ *Brisbane Courier*, 18 June 1919, p. 8.

³⁴ *Queenslander*, 12 July 1919, p. 5.

³⁵ *Brisbane Courier*, 10 May 1919, p. 15.

³⁶ Joy Damousi, “Socialist Women and Gendered Space: The Anti-Conscription and Anti-War Campaigns of 1914-1918”, *Labour History*, Vol. 60 (1991): p. 9. Robin Gerster, *Big-noting. The heroic Theme in Australian War Writing*, Carlton: Melbourne University Press, 1987, pp. 1-5.

Home Care

Influenza patients taken to hospitals were in a sense fortunate in that they had organised assistance, but there were thousands of infected households where help was also needed. From the start of the outbreak in Brisbane, individual women had demonstrated self-sacrifice and unselfishness by going into homes and helping out whenever a sick mother or father was found. The *Brisbane Courier* published a letter from a volunteer extolling the virtues of home care.

Accidentally I heard of a case where the mother is away in hospital with baby. Father and son are down with influenza. I visited them each day, made the bed, washed and tidied them, made broth, also hot lemon squash, which I left in a thermos near the bed for the night, and a few magazines. Result – every day they improve, and are now quite well.³⁷

By the end of May 1919, hundreds of people needed such attention. It was for this reason the organisation of the Women's Help Committee on the south side of the Brisbane River and other women's societies were established.³⁸

The formation of the Women's Emergency Corps for the north side of the Brisbane River was seen as a practical solution in providing coordinated help.³⁹ This need was exemplified in the position at Spring Hill, where the incidence of influenza was particularly severe. One volunteer nurse cared for forty-three families, visiting the bad cases at night, sitting up with some and even laying out the dead. Another had visited forty-seven homes containing one hundred patients.⁴⁰ In some cases, whole families were incapacitated. On being discovered, a child who had been nursing her sick mother and two siblings exclaimed "I'm the only one left!"⁴¹

³⁷ "Things Left Undone: A practical Woman's Letter" (Letter to the Editor), *Brisbane Courier*, 22 May 1919, pp. 7-8.

³⁸ *Brisbane Courier*, 24 May 1919, p. 12.

³⁹ *Brisbane Courier*, 26 May 1919, p. 7.

⁴⁰ *Brisbane Courier*, 27 May 1919, p. 7.

⁴¹ *Brisbane Courier*, 26 and 27 May 1919, p. 7.

The raising of the Women's Emergency Corps came about through the auspices of the Church of England, in particular Archbishop Donaldson and his right-hand man, Bishop Le Fanu. The pair had earlier conferred with the Home Secretary to discuss Donaldson's scheme for organised assistance from both women and men volunteers in the various parishes to help their respective local authorities in nursing the sick, supplying food and undertaking other tasks deemed essential in the treatment of influenza patients.⁴² These men decided women would be best utilised in caring for those cases where the parents were stricken and the children needed attendance in regard to nursing and food.⁴³ For Donaldson, the epidemic presented a perfect opportunity for his parishioners to show that they were Christians not just in name.

Convened by Archbishop Donaldson, the women's meeting on 24 May 1919 was not confined to persons of the faith. Members of the Red Cross Society, Soldier's Comfort Fund, Spinning Guild, Sewing Society Soldiers' Church of England Help Society, Traing's Girls Club, Ladies' Harbour Light Guild, Brisbane Women's Club, Mutual Service Club, Woman's Christian Temperance Union and various battalion comfort funds also attended.⁴⁴ About 100 women initially gave their names as members of the Women's Emergency Corps – many were elderly and over ninety percent were married.⁴⁵ As has been noted by historians, belonging to a volunteer organisation was “an outlet for and a measure of, a citizen's patriotic enthusiasm” and “provided women with a chance to share in a great struggle”.⁴⁶

⁴² *Brisbane Courier*, 23 May 1919, p. 7.

⁴³ *Brisbane Courier*, 22 May 1919, p. 8.

⁴⁴ *Brisbane Courier*, 23 May 1919, p. 9.

⁴⁵ *Brisbane Courier*, 26 May 1919, p. 7.

⁴⁶ John Hutchinson (1996) and Bruce Scates (2001) quoted respectively in Melanie Oppenheimer, “Shaping the Legend: The Role of the Australian Red Cross and Anzac”, *Labour History*, Vol. 106 (2014): ps. 127,128.

The Women's Emergency Corps was officially recognized by the Joint Metropolitan Health Board on 26 May 1919. The Corps was duly allotted the tasks of patrolling the streets, visiting homes and where necessary arranging for medical assistance, helping with any household work and assisting in the distribution of food.⁴⁷ Other branches of the Corps were formed all over Brisbane (Figure 28). Appointed branch leaders were responsible for the running of each facility and the recruitment of volunteers in their respective districts. People could volunteer their services in three general areas, preparing food, patrolling and nursing. Food was varied according to the condition of the patient and was distributed freely, though an examination into the bona fide of each new case was undertaken.⁴⁸ Such foods were relatively consistent between kitchens and across the two weeks or so the kitchens operated.

Initially, streets were patrolled mainly on foot, morning and evening. For volunteers in larger districts this was quite strenuous and it was a great boon to them whenever a motor car was made available. Indeed, the Fortitude Valley branch considered the use of motor vehicles as being essential to the success of its work.⁴⁹ Other means of conveyance were horse and buggies, ponies and saddle and bicycles. As such, where possible, patrol duty was allocated to the younger and fitter volunteers – scouts, senior school students, local football teams or school teachers. It was their responsibility to ascertain who required assistance and the type of assistance needed.⁵⁰ To this end, one of their first duties was to distribute S.O.S cards to each household; the idea being that if anyone in the household required assistance they could prominently display the card, thereby alerting the

⁴⁷ *Brisbane Courier*, 26 May 1919, p. 7.

⁴⁸ *Brisbane Courier*, 27 May 1919, p. 7 and 3 June 1919, p. 8.

⁴⁹ See for example *Brisbane Courier*, 31 May 1919, p. 5 and 7 June 1919, p. 6. President, MJBH to DoPI, 3 June 1919, QSA: 6477, Item ID 997167. DoPI to MJBH, 25 July 1919, QSA: 6477, Item ID 997167.

⁵⁰ *Brisbane Courier*, 11 June 1919, p. 8.

patrollers. Patrollers were also called upon to run messages and, as required, undertake odd jobs such as chopping wood and lighting fires at the relief depots and influenza-stricken homes. According to the Ascot/Hamilton branch, patrol work was time consuming and usually male volunteers were assigned to the task, allowing female volunteers to be better utilised in other areas, predominantly kitchen related duties.⁵¹

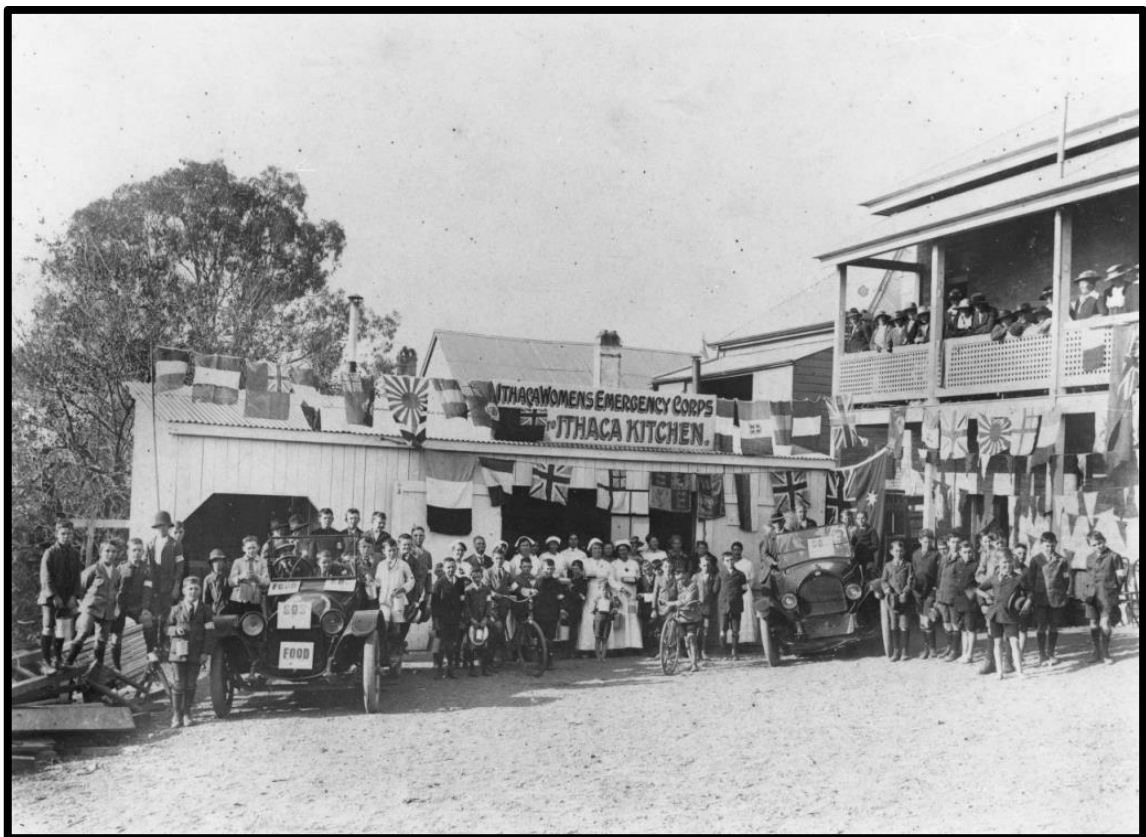


Figure 28 Ithaca Women's Emergency Corps Kitchen

In 1919 the municipality of Ithaca had population of between 16,000 and 21,000 and encompassed what are now the Brisbane suburbs of Red Hill and Paddington. The image depicts the many volunteers outside the Emergency Corps' Ithaca kitchen, set up during the height of the epidemic in Brisbane. The two vehicles and the bicycles would have been used by the Corps in carrying out patrols of the town. Examples of the SOS cards, used by victims of the influenza to notify patrollers, can be seen on the vehicles. Circa July 1919. The large gathering of members at the one time and other photographic evidence suggest the picture was taken soon after the epidemic crisis in the suburb had passed. Image: John Oxley Library, State Library of Queensland, Neg. 152478.

⁵¹ *Brisbane Courier*, 4 June 1919, p. 7.

Daily averages of 120 persons, including children of afflicted mothers, were supplied with food in Spring Hill during the first week of June 1919. Together the three relief depots in the district prepared and distributed some 70 gallons of beef tea, 60 gallons of boiled milk and 40 gallons of custard, not to mention large volumes of rice, sago pudding, blanc-mange, jellies, barley water and biscuits. The work required of the Enogerra branch of the Women's Emergency Corps was not nearly as onerous, distributing in the month of June 15½ pints of barely water, 60 quarts of barley broth and soup, 80 quarts of beef tea, 36 quarts of custard, 60 quarts of jelly, 2½ pints of calf's foot jelly, 130 quarts of milk, 3 egg-flips, 6 pints of gruel, 2 quarts of junket, 2 pints of lemon sponge, 8 basins of brawn, 2 pounds of tripe, 2 pints of strawberry sago, 1½ pounds of chops, 3 dishes of fish, 4 quarts of blanc-mange, baked sago pudding and 12 dozen lemons.⁵²

To fight the epidemic at Wynnum, members of the community established a general committee, from which sub-committees were formed – one to secure hospital accommodation, one for patrol work and one for crèche work. The committee met at the Wynnum Town Hall every evening to receive reports and offers of assistance. In nearby Manly, a separate group was already carrying out patrol duties and a number of ladies from the local branch of the Red Cross were cooking for patients.⁵³ Prior to the formation of a branch of the Women's Emergency Corps in Toowong, distribution of S.O.S cards and public health circulars issued by the Commissioner of Public Health was carried out by the senior boys of the Toowong and Rosalie State Schools under the guidance of the respective head teachers. According to the Toowong Town Clerk, the boys took the matter up eagerly, distributing the whole of the material within two days.⁵⁴

⁵² *Brisbane Courier*, 5 July 1919, p. 7.

⁵³ *Brisbane Courier*, 26 May 1919, p. 7.

⁵⁴ "S.O.S. Cards in Toowong" (Letter to the Editor), *Brisbane Courier*, 26 May 1919, p. 8.

The South Brisbane Vigilance Committee was comprised of the Mayoress and about thirty volunteers. The basement of the South Brisbane Technical College hall was converted into a kitchen for the preparation of what was termed “invalid food”. S.O.S cards were distributed by volunteer school teachers, whilst the scouts made regular patrols of every council ward, reporting back on the nature of the individual assistance required – nurse, doctor or food. The committee also received calls from doctors to assist their patients. Such requests were prioritised according to immediate necessity and responded to accordingly. The number and the nature of the calls for assistance reflected the urgency of the situation: Mother, father and three children ill; mother and three children ill in home; father in isolation hospital; mother and two children ill; father, mother and four children down, only a boy of weak intellect in attendance; mother and son down, only a delicate daughter in attendance; mother and four young children down; husband and wife ill, three young children in need of food. Members of the committee who volunteered for service in affected households, either as nurses or cleaners, wore overalls, close fitting linen-caps and masks. Others busied themselves arranging stores and making masks.⁵⁵

Due to the rapid progress of the epidemic, the shire of Balmoral was one district where repeated efforts to form an emergency committee were unsuccessful. Women, who would otherwise have helped, had themselves been stricken with the flu. Individual members of the community did, however, go about doing their “patriotic duty”. Two prominent volunteers in the shire were Mr. and Mrs. Marshall of Cannon Hill. On any one day they attended some thirty to forty persons.⁵⁶

⁵⁵ *Brisbane Courier*, 27 May 1919, p. 7.

⁵⁶ *Brisbane Courier*, 2 July 1919, p. 9.

Each branch or organisation sought to obtain the services of at least one trained nurse and a group of volunteers to visit homes within their respective districts. The amount of work undertaken varied from district to district depending upon the population, rate of infection and area to be covered. It is difficult to make comparisons between districts because the reports varied in the terminology used. Whereas the relief organisation in East Brisbane, for example, reported their nurse and volunteer workers as having attended to over 900 individual cases up to 6 June, Stephen Shire's Vigilance Committee recorded Nurse Ford as having made 613 visits to households up to 20 June 1919. The actual number of cases attended to by Nurse Ford may never be known, but it is likely there was more than one sufferer in each household.

During the height of the epidemic, the activities of the various organisations and branches were reported upon daily, though briefly, by the *Brisbane Courier*. For the most part, the reports portray a positive image of the work undertaken and the sense of satisfaction each volunteer gained from participating. Little mention was made of the danger of becoming infected, especially for those who made house calls attending to the sick. Occasionally reports with less positive connotations appeared. From these few reports it is apparent that going into the homes and assisting the sick was considered hazardous and the difficulty in getting sufficient volunteers to undertake this type of service was ongoing. Organisations in South Brisbane, Windsor, Coorparoo and Morningside all reported a good response to kitchen and patrol duties but had difficulty in finding women willing to go into homes and assist the sick.⁵⁷ There was a very good reason for this – volunteers got sick and some died. After a strenuous week of home nursing in the suburb of Yeerongpilly, Corps volunteer Mrs. Wallace contracted the disease.⁵⁸ By mid-June 1919,

⁵⁷ *Brisbane Courier*, 31 May 1919, p. 5; 3 June 1919, p. 8 and 4 June 1919, p. 7.

⁵⁸ *Brisbane Courier*, 6 June 1919, p. 7.

a good number of volunteers at the Nundah branch had been “stricken down” along with nurses Pusey and Lukin from the Bowen Hills’ branch.⁵⁹ Nurse Alice Wyeth died from influenza having contracted the disease whilst making house to house visitations in South Brisbane.⁶⁰

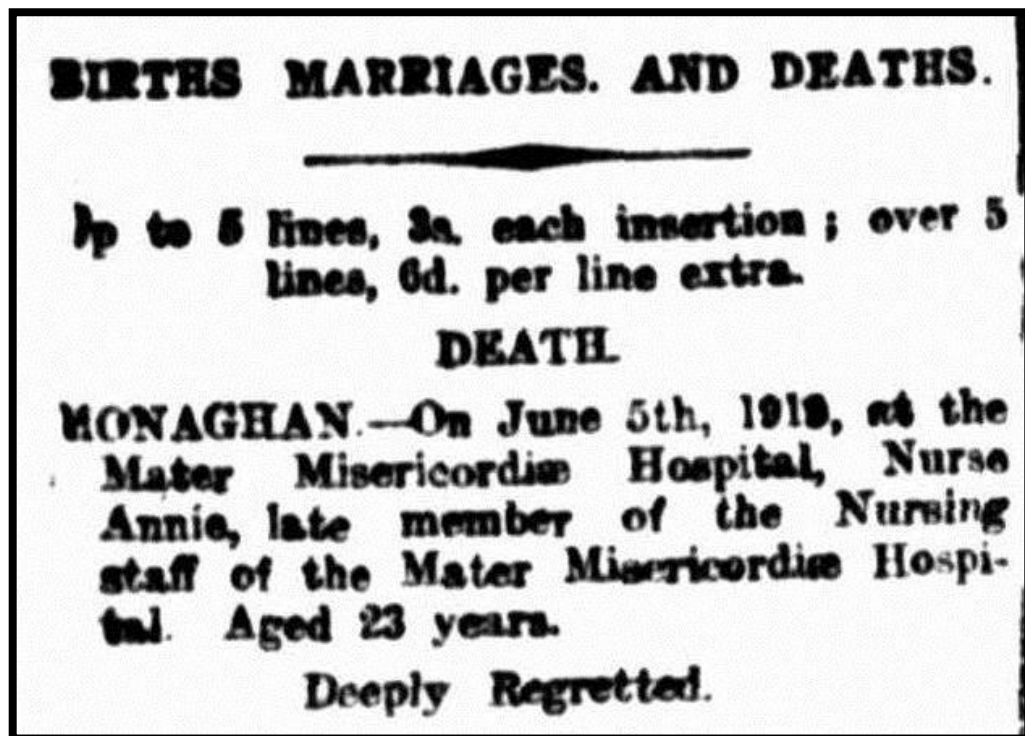


Figure 19 Death notice of Nurse Annie Monaghan

While the health authorities in Queensland might have down played the risk of infection to nurses in hospitals, the danger was real. In caring for influenza cases at the Mater Misericordia Hospital in Rockhampton, Nurse Annie Monaghan contracted the disease and died on 5 June 1919. *Morning Bulletin*, 7 June 1919, p. 1.

Publicly, the potential for volunteer nurses in the hospitals to become infected was understated by the authorities; rather it was impressed upon the community that there was no need for volunteers to hesitate about going into hospitals. The small number of nurses infected and the relative mildness of their infections, it was stated, showed that the risk of infection was very slight. Even then, Health authorities claimed that by sending nurses

⁵⁹ *Brisbane Courier*, 13 and 23 June 1919, p. 8.

⁶⁰ *Brisbane Courier*, 5 June 1919, p. 9.

to bed as soon as they showed a temperature the risk of contracting the disease in a serious form was minimised.⁶¹ On the other hand it was evident from the newspapers (Figure 29) that volunteering in the hospitals was a hazardous thing to do. In a letter published in the *Brisbane Courier* on 12 May 1919, the writer highlighted the fact that of the nurses who had volunteered their services at Brisbane General Hospital, about forty had already contracted the disease and the topic of discussion among those left was “who will be next?”⁶²

Whilst schools remained closed, at least 748 teachers from all over Queensland heeded the call to provide clerical or other assistance in combating “the scourge”. However, unless a teacher specifically offered to undertake nursing or similar duties, the Queensland Teacher’s Union negotiated with the government to ensure they were not required to perform any work that brought them into any danger of being infected.⁶³ The *Brisbane Courier’s* “Our Four O’Clock” column impressed upon authorities and volunteer organisations that every care and precaution had to be taken in protecting those they had asked to assist, particularly younger girls, as “in their youthful enthusiasm they have no thought for themselves.”⁶⁴ The duty of parents and those utilising a volunteer’s services, it said, was to ensure that no unnecessary risks were taken.

Quite apart from volunteering for kitchen work, patrolling and home nursing, the community contributed to combating the epidemic by provisioning each depot via donations of foodstuffs, rags, clothing (booties in the case of the Paddington Crèche),

⁶¹ *Brisbane Courier*, 26 May 1919, p. 7.

⁶² “Appreciation of Nurses” (Letter to the Editor), *Brisbane Courier*, 12 May 1919, p. 8.

⁶³ *Brisbane Courier*, 13 May 1919, p. 7. President, Queensland Teacher Union to DoPI, 7 June and 24 June 1919, QSA: 6477, Item ID 997167.

⁶⁴ “Our Four O’Clock”, *Brisbane Courier*, 17 May 1919, p. 15.

blankets and sheets, money and the use of private motor cars and other types of in-kind support. To satisfy an urgent demand for warm clothing and blankets, the relief committee at St. Stephen's Catholic Church established a sewing guild amongst its volunteers, an activity that appears to have remained the sole province of the Catholic Church. At its peak, the demand was beyond the capacity of the guild despite it having three sewing machines in operation 12 hours a day.⁶⁵ Another innovation of this committee was in the hiring of charwomen to do the washing and housework for a few days in homes where the mother was ill. This much needed assistance proved a great relief to tired and sick mothers.⁶⁶

At least two crèches were set up in Brisbane, one in Sandgate, the other in Paddington, specifically to cater for infants and children whose parents or adult relatives had been stricken with influenza. Children were cared for day and night. At the Paddington crèche, infants were attended to by three experienced nurses, whilst kindergarten teachers helped out with the older children. Admissions for the week ending 4 June 1919 give an idea of the reasons for children being accepted: Five children were admitted where both mother and father were ill; five where the mother was dead and the father was ill, two where the mother was ill and the father was at work all day and two where the whole family was ill. Five children found to have contracted influenza prior to their admission to the crèche were taken directly to hospital. At the end of that week, eight children had been released to relatives with twenty-three remaining in the crèche, eleven being infants.⁶⁷ Children in similar circumstances were sometimes cared for by individual members of the community. On 16 June 1919 one volunteer from the New Farm branch of the Women's

⁶⁵ *Brisbane Courier*, 7 and 14 June 1919, p. 6; 24 and 26 June, p. 8.

⁶⁶ *Brisbane Courier*, 18 June 1919, p. 8.

⁶⁷ *Brisbane Courier*, 22 and 29 May 1919, p. 7; 7 June 1919, p. 6.

Emergency corps, having taken in and cared for two children while their mother was ill, was preparing to take another two.⁶⁸

Whilst this chapter only explored the activities of volunteers within the metropolis of Brisbane, the scenario of patrolling, nursing and suppling of meals was carried out throughout the state. The women of the Chinchilla Red Cross assisted wherever they were needed.⁶⁹ In Toowoomba, the “noble work of those ladies who were doing voluntary work by rendering assistance” was readily acknowledged.⁷⁰ In a rare instance of volunteer names being recorded, Burrum Shire Council’s Health Officer, John Thompson, expressed his appreciation for the assistance rendered by Messrs. J. Edmunds, K. Clarson and VAD workers Mesdames Shields and Franks, and Misses Blatchford and Campbell. Other women who assisted were Misses E. and A. Bryant, E. Clarson, T. and E. Cartwright, M. Aldridge, Ivy Morgan, Mesdames C. Hansen and Grayson.⁷¹

Information on Aboriginal nurses and volunteers assisting in the care of their own people during the pandemic is scarce. Research on the issue only located two reports, both from Far North Queensland. Maggie was an Aboriginal woman who lived in a camp about a mile outside of Mareeba. When the influenza broke out in the camp, Mareeba’s health officer, Dr Perkins, established an emergency isolation hospital at the town’s showground and Maggie volunteered her services. In his report to the local council Perkins made special mention of Maggie’s skill as a nurse and her devotion to duty and the fact that despite both her husband and child taking sick and dying, she made light of the risk to herself and, ministering to her people, she “remained at her post”. In lieu of a stipend,

⁶⁸ *Brisbane Courier*, 16 June 1919, p. 6.

⁶⁹ *Brisbane Courier*, 28 May 1919, p. 7.

⁷⁰ *Brisbane Courier*, 26 May 1919, p. 8.

⁷¹ *Maryborough Chronicle, Wide Bay and Burnett Advertiser*, 7 August 1919, p. 4.

which the council was of the opinion the Protector of Aborigines would retain, Maggie was presented with a new dress, hat, and boots in recognition of her self-sacrifice in nursing influenza patients (Figure 30).⁷²



Figure 30 “Good Samaritan”

Maggie, seen here with the new dress and hat that were presented to her, was acknowledged by Mareeba Shire Council for considerably alleviating the severity of the outbreak among the Aboriginal population. *Queenslander*, 15 November 1919, p. 28.

The second report involved nurses from the Aboriginal Mission Station at Yarrabah near Cairns. One of the features of the Church of England Aboriginal Mission at Yarrabah was its training of selected boys and girls as nurses. Writing in 1914, Richard Howard,

⁷² *Telegraph*, 15 October 1919, p. 2. *Northern Herald*, 15 October 1919, p. 49. No record of Maggie’s contribution was found in any of the relevant files at the QSA. The Queensland government and some local councils and hospital committees awarded their officers, including nurses, a stipend, to various values, in compensation for the arduous role they took upon themselves in caring for the community during the epidemic. See for example CoPH to HSO, 17 June 1919, QSA: 8400, Item ID 18278.

the former Chief Protector of Aboriginals, claimed that on no other station had provision been made to “hand the old and the sick over to the tender mercies of their brethren”.⁷³ In his final report to the Cairns District Joint Health Board in October 1919, medical officer Dr Elliott praised the work of the Yarrabah trained male and female nurses who “volunteered” their services at the Aboriginal Isolation Hospital during the influenza epidemic in Cairns. The Board resolved to provide volunteers at the isolation hospitals with a letter of appreciation and an honorarium (as recoupment for any out of pocket expenses). Whether the Board meant this to include the Yarrabah nurses is not clear.⁷⁴

On Reflection

Every society has had to resolve the place of disease within it. Death and disease are rarely matters of chance. Epidemic diseases should not be seen as isolated considerations but an integral component of the function of society and part of the global web of attitudes, beliefs and values that make up the various cultures and societies around the world. Death and disease and the way in which society reacts to it are invariably an expression of the socio cultural, economic, spatial and political way in which a population is organised. The nature of this expression also reflects the stresses to which individuals are exposed, their genetic constitution, the vagaries of the physical environment and patterns of interaction and mobility, together with the prevailing knowledge about health and disease.

If sectarianism and conscription had divided the community in 1916-1917, the care and sympathy shown to the sick and suffering during the influenza epidemic did more to draw

⁷³ Richard Howard, “The Yarrabah Mission” (Letter to the Editor), *Brisbane Courier*, 2 July 1914, p. 10.

⁷⁴ Report on the final meeting of the Cairns District Joint Health Board, *Cairns Post*, 4 October 1919, p. 3.

it back together than anything else in the way of human effort could do. In Queensland in 1919-1920, the community response saved many people who would otherwise have succumbed to the highly infectious disease. At the same time, volunteering gave ordinary people a sense of connection, healing and empowerment.⁷⁵ Yet, for the most part, Queensland's society continues to overlook the positive qualities of courage, integrity and generosity of spirit in volunteers – women volunteers in particular. Amidst all the caring, the disruption of normal community life had to be contended with. Chapter 8 explores some of the social and economic issues Queensland and its people faced during the crisis.

⁷⁵ Lowe and Fothergill (2003) quoted by David McEntire, *Disaster Response and Recovery* (Ebook: Wiley, 2015), p. 224.

Chapter 8

“No Standing, or Sitting on Laps!”¹

4. Any person found standing on, or sitting on the lap of any person seated on any tramcar, train or other public vehicle shall be guilty of an offence, and liable to a penalty not exceeding twenty pounds.²

We have been authorised to state that the fact that most of the office staff were down with influenza is the reason for the delay in the dispatch of the result slips of No. 4 Golden Casket and No. 5 tickets as well and that agents charge is 5/7 per ticket.³

Alfred Crosby contends that the influenza pandemic “had a permanent influence not on the collectives but on the atoms of human society – individuals.”⁴ Yet, despite the human suffering that occurred and the huge demands on public health systems, the pandemic exacted substantial economic and social costs in terms of disrupted work and recreation schedules, lost productivity and shortages of foodstuffs and other essential goods. Covering the whole of the state, this chapter provides a sense of just how extensive the effects of the influenza pandemic were and the concurrent issues faced by authorities in trying to deal with a fast moving crisis. For some people, the epidemic proved somewhat of a boon. Many used the crisis to their advantage, selling supplies of patent medicines, scarves and other items of dubious benefit. For other people, however, the aftermath of the epidemic had a more far reaching and negative impact. The chapter concludes with an examination of the social effect on the 300 plus children placed in institutions in 1919-1920 as a direct result of the epidemic. Additionally, in situations where the main breadwinner had succumbed to the disease, families found themselves dealing with the stigma of having to accept government benefits just to keep the family unit together.

¹ *Daily Standard*, 30 May 1919, p. 6.

² “Regulations relating to the infectious disease known as ‘Influenza’”, *Queensland Government Gazette*, Vol. CXII No. 200, Thursday 29 May 1919, p. 1538.

³ *Bowen Independent*, 7 June 1919, p. 6.

⁴ Alfred Crosby, *America’s Forgotten Pandemic: The Influenza of 1918* (Cambridge: Cambridge University Press, 2003), p. 323.

Despite the severity of the impact of the 1918-1920 pandemic on human life, there is scant international research available evaluating its economic impact. Although recent research suggests there may be long-run economic effects of pandemics, the conclusions from this strand of research are unclear.⁵ Nevertheless, estimates by Jong-Wha Lee and Warwick McKibbin of the economic impact of the Severe Acute Respiratory Syndrome (SARS) outbreak in 2003 suggest that the short-run disruption to GDP growth of a pandemic could be significant.⁶ These and other studies on the economic burden or impact of disease and injury hint at the cost of the 1918-1920 pandemic.⁷ The Centers for Disease Control and Prevention estimate that in the United States of America alone, the economic impact of a modern day pandemic similar in virulence and scale to that of 1918-1920 would be between US \$71.3 and \$166.5 billion excluding disruptions to commerce and society.⁸ Richard Smith's 2008 study into the economic impact of an influenza pandemic on the United Kingdom – derived particularly from absence from work, fear of illness and school closures – predicts a reduction in gross domestic product of between 0.5% and 4.3%, that is to say, between £8.4 and £72.3 billion.⁹ One of the difficulties in examining the economic and social impacts of the 1918-1920 pandemic is the lack of relevant data.¹⁰ Although there is significant empirical work on the economic and social consequences of World War One, research on the equivalent impact of the influenza pandemic has been scant.¹¹ However, information collated from the print media of the day gives a reliable snapshot of general trends in the effects and consequences of the pandemic in Queensland.

⁵ Douglas Almond, "Is the 1918 influenza pandemic over? Long-term effects of in utero influenza exposure in the post-1940 U.S. Population", *Journal of Political Economy*, Vol. 114, No. 4, August 2006: 672-712. David Bloom & Ajay Mahal, "Does the AIDS epidemic threaten economic growth?", *Journal of Econometrics*, Vol. 77, No. 1, 1997: 95-124. <http://www.nber.org/papers/w5148>. Elizabeth Brainerd and Mark Siegler, "The economic effects of the 1918 influenza epidemic", Discussion Paper No. 3791, Centre for Economic Policy Research, 2003. <http://www.cepr.org/pubs/dps/DP3791.asp>.

Public utilities

The presence of influenza in Queensland in early May 1919 dramatically lowered business confidence, significantly disrupted commerce and seriously affected the day-to-day life of communities throughout the state. Businesses and government departments, if not having to close, functioned with much depleted staffs. One Toowoomba retailer had 30 of his employees absent at the same time; whilst at Ipswich the city's clothing factory ceased operating, as did the schools, hotels, stores and banks in Taroom.¹² The whole of the clerical staff at Toogoolawah Nestlé's condensed milk factory almost simultaneously contracted the virus and for a time the manager of the town's Queensland National Bank had to cover all duties. Only a single assistant bank teller could be mustered in Charleville and the Bank of New South Wales at Winton had to close its doors.¹³ Shearers who had gathered near Gowrie Station, Charleville, in anticipation of the start of the shearing season in early July 1919, quickly moved on after being informed

⁶ Jong-Wha Lee and Warwick McKibbin, "Globalization and disease: The case of SARS", Working Paper No. 2003/16, Research School of Pacific and Asian Studies, Division of Economics, Australian National University, 2003.

<https://socialpolicy.crawford.anu.edu.au/acde/publications/publish/papers/wp2003/wp-econ-2003-16.pdf>.

⁷ See for example, Dan Chisholm, Anderson Stanciole, Tessa Tan Torres Edejer and David Evans, "Economic impact of disease and injury: counting what matters", *BMJ* (2010): 340: c 924. A search of the Library of Congress Web of Science database found 735 papers published between 2000 and 2008 with the topic term "cost of illness", compared with 180 over the course of the 1990s and a total of just over 200 studies before 1980.

⁸ M. I. Meltzer, N. J. Cox and K. Fukuda, "The economic impact of pandemic influenza in the United States: priorities for intervention", Centers for Disease Control and Prevention, Atlanta, Georgia, USA. *Emerging Infectious Diseases*, Vol. 5, No. 5 (1999): pp. 657-71.

⁹ Richard Smith, Marcus Keogh-Brown, Tony Barnett and Joyce Tait, "The economy-wide impact of pandemic influenza on the UK: a computable general equilibrium modelling experiment", *BMJ* (2009): 339: b4571. The outcome depends on the assumptions used and data from 2004.

¹⁰ The same applies elsewhere in the world, though some limited academic studies have been carried out. See for example: Thomas Garrett, "Pandemic Economics: The 1918 Influenza and Its Modern-Day Implications", *Federal Reserve Bank of St Louis Review*, Vol. 90, No. 2 (2008): pp. 75-93.

¹¹ Most research has focused on the health and the mortality differences across socio-economic classes in society. See for example the research conducted respectively by Mamelund, Almond, Keyfitz and Flieger, and Noymer and Garenne.

¹² *Brisbane Courier*, 27 May 1919, p. 8 and 28 May 1919, p. 7; 10 June 1919, p. 8.

¹³ *Brisbane Courier*, 21 May 1919, p. 8. *Northern Miner*, 26 May 1919, p. 2.

that the station's manager and the cook were "down with the flu".¹⁴ Shearing was also abandoned at Thrungla and Mineeda stations in the Blackall district.¹⁵

The epidemic affected the Brisbane Metropolitan Water Supply Board in multiple ways. With a record drought continuing, residents of Brisbane were looking forward to having water laid on to their homes. Monteath Bros, a Brisbane iron-founding firm, had been contracted to manufacture and supply the necessary reticulation pipes. Since the end of January 1919, the firm had been unable to secure a regular supply of pig iron because of the shipping strike. At twice the price per ton, transporting the required pig iron by rail was deemed uneconomic.¹⁶ By 5 April 1919, Monteath Bros had closed, putting its 250 employees out of work. The Water Board also had a large quantity of brass fittings and lead pipes on order from suppliers in New South Wales and Victoria, but the relevant factories had been closed for over three months.¹⁷ The Board's own workforce of ninety-five employees incurred a total of 513 days' sick leave during the epidemic.¹⁸ All this set the domestic water supply program months behind schedule.¹⁹

With thirty-five staff out of seventy stricken with influenza, the business of the Commonwealth Bank in Brisbane was carried out with great difficulty. From 2 June 1919, the bank closed for public business at noon each day. This measure enabled the bank to release a proportion of its staff to obtain fresh air and to exercise; both things thought to increase a person's vitality and thereby power to resist the virus. Such half-

¹⁴ *Brisbane Courier*, 17 July 1919, p. 8.

¹⁵ *Brisbane Courier*, 18 June 1919, p. 8 and 17 July 1919, p. 8.

¹⁶ Deputation of Ironmasters and Ironmoulders upon Acting Premier, 11 April 1919, QSA: 5402, Item ID 862680. Theodore to Watt, 11 and 12 April, QSA: Item 862680. Watt to Theodore, 28 April 1919, QSA: 5402, Item ID 862680. Watt to Brisbane Chamber of Commerce, 26 May 1919, NAA: A2, 1919/1922.

¹⁷ *Brisbane Courier*, 1 May 1919, p. 6 and 28 May 1919, p. 7.

¹⁸ *Brisbane Courier*, 25 June 1919, p. 8.

¹⁹ Metropolitan Water Supply and Sewerage Board to Minister for Public Works, 5 and 8 April 1919, QSA: 5402, Item ID 862680. *Brisbane Courier*, 1 May 1919, p. 6.

day closures had been trialled with much success in Sydney during the height of the epidemic in that city.²⁰ The Post and Telegram Department's employed 1200 officers throughout Queensland. Money orders and saving bank departments in many post offices were closed, whilst post offices at Gladstone, Redcliffe, Rockhampton, Longreach and Toowoomba, to name a few, struggled to maintain any type of service.²¹ Telegraph messages to Longreach had to be sent to Ilfracombe and then telephoned onto Longreach.²²

Ten out of the eighteen regular employees at the Toowoomba Telephone Exchange and over twenty percent of the staff at Brisbane's Metropolitan Exchange were prostrate with influenza at any one time.²³ Meanwhile, there had been an eighteen percent increase in the number of telephone calls made, mostly epidemic related. So as not to jeopardise the handling of urgent or important calls, the public was asked to show consideration and subscribers were requested to restrict the use of their telephone. The situation continued to deteriorate as the month of May rolled on. Soon, over forty percent of telephonists in Queensland were on the sick roll. With the calling rate of subscribers higher than could be handled by the small number of telephonists still available, the Postmaster-General curtailed public calls altogether, gave priority to doctors, nurses and hospitals and only accepted trunk line (long distance) calls based on considerable delay.²⁴ Meanwhile the telephone system installed at the Brisbane Isolation Hospital proved inadequate and unable to handle the number of calls placed. Long delays ensued, bringing on frustration

²⁰ *Brisbane Courier*, 22 and 28 May 1919, p. 7.

²¹ See for example *Brisbane Courier*, 3, 5 and 14 June 1919, pp. 7-8; 18 June 1919, p. 8.

²² *Brisbane Courier*, 14 June 1919, pp. 5-6.

²³ *Brisbane Courier*, 27 May 1919, p. 8. It was considered implausible to engage untrained temporary replacements as manual telephone exchanges required skilled operators.

²⁴ *Brisbane Courier*, 26 and 27 May 1919, p. 7.

and disquiet among staff and the public alike. The installation of a new switchboard was delayed because of the unavailability of technicians due to the influenza.²⁵

The Telegraph Branch was able to keep pace with the transmission of telegrams, but there were long delays in the delivery of messages as the majority of telegraph messengers had succumbed to the disease. Delays in relaying or delivering telegrams led to a loss of business or at best inconvenience to the sender and recipient alike. Despite every available postman being pressed into action, the customary twice-a-day mail delivery was curtailed to once a day. First-class mail matter (letters) was cleared as early as possible but second-class matter was left to be dealt with as the opportunity arose. Although the department said it was paying special attention to the timely forwarding of mail to North Queensland, there remained a lot of disquiet in rural and remote areas as to the efficiency of the service.²⁶

With forty-two out of its ninety strong workforce sick at the one time, the Brisbane Gas Company could not keep up with the demand for gas. From 21 May 1919, the gas supply on the northern side of the city was only available from 6 a.m. to 8 a.m., 11 a.m. to 1 p.m. and 4 p.m. to midnight.²⁷ The Brisbane Children's Hospital was entirely dependent upon gas for lighting and heating. Nowhere were the restrictions felt more keenly than in the diphtheria ward where seven Laryngeal Diphtheria cases required constant steam treatment. The hospital's Medical Board, having received the gas company's "sorrow" at the predicament, warned the Home Secretary that having no gas could lead to unnecessary loss of life. The Home Secretary was not very sympathetic, informing the

²⁵ *Brisbane Courier*, 22 May 1919, p. 7.

²⁶ *Brisbane Courier*, 26 and 27 May 1919, p. 7.

²⁷ *Brisbane Courier*, 20 May 1919, p. 7 and 22 May 1919, p. 8; 23 May 1919, p. 7.

Board that while he regretted the gas company was not able to provide an immediate solution, it would only be for a few days.²⁸ Those few days turned into two weeks and the availability of gas was further restricted before being fully restored.²⁹

Manufacturers and Merchants

Because of the ongoing curtailment of shipping services, regulations were proclaimed that gave the movement of foodstuffs preference over other goods. The difficulty in securing essential commodities only added to the disruption. At the end of June 1919, approximately 30,000 tons of goods assigned to Queensland destinations remained on Sydney wharves. Quite apart from the question of supplying the needs of the state's population, there was the monetary loss of interest on capital through delay and the impost of storage costs.³⁰ Merchant and importer, F & G Hooper Ltd of Toowoomba specialised in the manufacture of tomato sauce, pickles and other condiments. The necessary quantities of acetic acid were usually obtained from New South Wales and Victoria. Not being on the priority list for shipping, Hooper Ltd was unable to obtain acetic acid in sufficient quantity. Yet at the same time, large quantities of manufactured sauces from southern merchants found their way across the border into Queensland. It was a serious financial loss to the merchant and put the commercial viability of tomato growing in Toowoomba and Stanthorpe in jeopardy.³¹

²⁸ Secretary, Hospital for Sick Children Medical Board to HSO, 22 May 1919 and reply 26 May 1919, QSA: 8400, Item ID 18279

²⁹ *Brisbane Courier*, 6 June 1919, p. 7 and 23 June 1919, p. 6. It was not reported how the hospital coped.

³⁰ *Brisbane Courier*, 21 May 1919, p. 5.

³¹ F & G Hooper Ltd to HSO, 12 April 1919 and reply 17 April 1919, QSA: 8400, Item ID 18279.

To enable their continuing to trade, firms arranged for goods to be sent north on the railway system wherever viable, albeit at greatly increased cost.³² Sachs and Co, sheet metal workers, galvanisers and manufacturers of barbed wire in Brisbane, had £13,000 worth of goods held up in Sydney. It arranged for the most urgent to be railed to Brisbane at a cost of £3 a ton plus cartage, compared to the 21/- a ton it would ordinarily have cost by steamship. Such was the difference in cost, the firm decided to leave large quantities of nail-wire, barbed wire and wire-netting to “rot” (rapidly corrode) on the wharf in Sydney. Unwilling to have this material transported north, the company stood down thirty of its employees. To add to the company’s woes, the market dropped, resulting in a substantial monetary loss. The planned extension of the company’s business premises was put off indefinitely. Meanwhile, the carriage of wheat for the Brisbane Milling Co. from New South Wales by rail increased the retail price of flour by £1/2/6 per ton and bran and pollard by £2 per ton.³³ Queensland Railways eventually discounted the rates charged on goods carried from Sydney to Brisbane after intense lobbying by the Brisbane Chamber of Commerce. There was, however, one proviso: there had to be sufficient loading for trains to run. Ironically, at the same time these discussions were taking place, a charge of 1/- per ton, with a minimum of 6d, was imposed on transshipping at Wallangarra.³⁴

In Central Queensland, the number of absentees from influenza combined with the shipping strike to bring about the temporary closure of the Mount Morgan Mine. The decision to cease operations directly affected about 1,200 people, but it was felt by thousands more. Storekeepers stopped giving credit to mine workers, uncertain as to how

³² *Brisbane Courier*, 18 June 1919, p. 7.

³³ *Ibid.*

³⁴ *Brisbane Courier*, 21 May 1919, p. 5.

long the mine would remain closed.³⁵ Meanwhile, production at Central Queensland Meat Export Company's Lake's Creek works near Rockhampton dropped by fifty percent, whilst work on the killing floor at the Alligator Creek meatworks at Townsville was suspended on a number of occasions, with up to 220 workers absent with influenza at any one time.³⁶

"Bakers' Precarious Position"³⁷

A shortage of flour was acutely felt throughout the state. Two Atherton Tableland bakers ceased operations in early May 1919 and in Mackay the price of bread increased to 6½d per 2lb. loaf, there being just two bakeries left to supply the city.³⁸ In many places, there was a "small riot" to secure a loaf of bread whenever one was available. On one occasion in Townsville, over 200 people assembled outside a baker's premises.³⁹ The sole remaining baker at Lake's Creek, was "simply rushed" when he went on his rounds. "Women went into the streets and held their aprons before the horse to stop it in order to secure even half a loaf of bread." At Rockhampton, three bakeries closed down, whilst another had only sufficient flour to meet half their regular orders. Scores of families had to go short.⁴⁰ Just when things were at their worst, a consignment of twenty tons of flour from Sydney arrived by rail, temporarily assuring a limited supply of bread. Whilst the delivery of the flour had been quick by railway standards – only four days in transit – it had cost an extra 40/6 per ton to transport the flour by rail than by steamship.⁴¹

³⁵ *Brisbane Courier*, 10 June 1919, p. 7 and 19 June 1919, p. 8.

³⁶ *Brisbane Courier*, 7 June 1919, p. 6 and 13 June 1919, pp. 7-8. The contemporary spelling of Lakes Creek, more often than not included an apostrophe.

³⁷ *Morning Bulletin*, 22 May 1919, p. 8.

³⁸ *Brisbane Courier*, 14 June, pp. 5-6 and 18 June 1919, p. 8.

³⁹ *Brisbane Courier*, 27 June 1919, p. 7.

⁴⁰ *Brisbane Courier*, 8 May 1919, p. 8.

⁴¹ *Brisbane Courier*, 23 May 1919, p. 6.

In Brisbane, bread delivery became more irregular each day, master bakers finding it increasingly difficult to produce and have distributed a full supply of bread.⁴² Some bakeries closed while others discontinued the making of fancy bread so as to expedite the production of “tin bread”.⁴³ The suggestion, by a letter writer to the *Brisbane Courier*, to temporarily employ returned soldiers in the industry was met with disdain by the Master Bakers’ Association:

If it were not for the seriousness of the matter it might be thought the suggestion was made by way of a joke, for it has to be remembered that none but the competent tradesmen can make bread, and to recruit our staffs from any other source would be worse than useless. All citizens can rest assured that every capable hand available has been requisitioned to prevent a breakdown in the bread supply.⁴⁴

Though production was back in full swing by 14 June, deliveries remained problematic owing to the number of carriers still ill. The association thanked households for their patience under trying conditions of supply and hoped “customers would return to their regular suppliers, who, through no fault of their own, were, for a time, unable to reach them.”⁴⁵

Trains and Trams

By the end of May 1919, train services throughout the state were in disarray with a large proportion of drivers, firemen and guards affected and up to fifty percent of administrative staff absent.⁴⁶ Staff at the Railway Refreshment Rooms at Westwood, 30 miles west of Rockhampton, were among those affected, the travelling public having to keep their hunger at bay until the next stop. The female gatekeeper at the nearby wayside station of

⁴² *Brisbane Courier*, 24 May 1919, p. 5.

⁴³ *Brisbane Courier*, 27 May 1919, p. 7.

⁴⁴ *Brisbane Courier*, 28 and 30 May 1919, p. 8.

⁴⁵ *Brisbane Courier*, 14 June 1919, p. 5.

⁴⁶ *Brisbane Courier*, 24 May 1919, p. 5 and 27 May 1919, p. 7; 31 May 1919, p. 5.

Olio was summoned to take charge of the Winton railway station as its stationmaster and his assistant were both prostrate.⁴⁷ The absence of between 400 and 500 of a 1,700 strong workforce at the Ipswich Railway Workshops seriously interfered with repairs to locomotives; and repairs were already well behind schedule owing to the short supply of materials during World War One.⁴⁸ Meanwhile, only repair work of minor importance could be carried out at most motor vehicle garages and service stations owing to the high level of influenza-related absence. The *Brisbane Courier* urged competent motorists to carry out their own repairs; “if the state of affairs causes a percentage of capable motorist to look into the matter of adjustments and renewals themselves the epidemic will have had one good result.”⁴⁹

If there was one impediment that bore heavily on ordinary Queenslanders in Brisbane it was the enforcement of restrictions on travelling by public transport, particularly by tram. “It is well known,” said the Home Secretary, “that the epidemic spreads where people are gathered in large numbers. Prevention of crowding in trams may help to mitigate the spread of the disease.”⁵⁰ The public, however, found the restrictions, particularly the enforcement of the “no standing” regulation, simply delayed hundreds of people from getting home out of the bitterly cold wet weather that was then being experienced.⁵¹

Standing on North Quay on a wet night is never pleasant, but when one puts down her umbrella, perhaps a half-dozen times and runs under the raindrops from the roof, only to be ordered off (the tram), because men have been quicker in gaining a seat, she is pretty well wet through and when at last she gets one, and must sit on it, even if wet, she feels in an ideal condition for getting a chill, which may end in influenza and perhaps the cemetery.⁵²

⁴⁷ *Brisbane Courier*, 7 June 1919, p. 6 and 12 June 1919, p. 7.

⁴⁸ *Brisbane Courier*, 6 June 1919, p. 7 and 7 June 1919, p. 6. *Maryborough Chronicle, Wide Bay and Burnett Advertiser*, 9 June 1919, p. 3.

⁴⁹ *Brisbane Courier*, 4 June 1919, p. 3.

⁵⁰ *Brisbane Courier*, 31 May 1919, p. 5

⁵¹ Within the space of 20 days, no fewer than 12 individual correspondents wrote to the editor of the *Brisbane Courier* expressing their disapproval. This was by far the most number of letters to the editor on any one epidemic related topic received by the newspaper.

⁵² Sympathy, “Standing on Tramcars” (Letter to the Editor), *Brisbane Courier*, 17 June 1919, p. 8.

With seats on a tramcar at a premium during the busy hours of a workday evening, W. F. Finlayson, found it “painful to watch women and girls, tired after day's work waiting longingly and almost hopelessly to snatch a vacant seat, many despairingly preferring to walk the weary miles home rather than wait.”⁵³

Chivalry went by the wayside. Three women boarded a tram at Albert Street. As there was no seating available, the conductor promptly ejected them. When the tram reached George Street, five men got off. For the sake of retaining their seats for another 200 yards, the men had sat and watched the three women being put off.⁵⁴ Fed up with having to wait, “Foot it Bravely” caught a suburban train. The train was full, so he and other “surplus” passengers stood in the aisle and on the end platforms of each carriage. To his amusement, there was no police officer to order them off the train to “tramp to the next section, and no conscientious conductor to say, ‘Sorry, no room, Sir.’ No!” “Foot it Bravely” considered his passage by train through the suburbs to Central Station a triumph.⁵⁵ On 20 June 1919, the Home Secretary advised the regulation prohibiting standing on trams would no longer be enforced.⁵⁶

Picture Shows, Theatres and the Circus

Under the proclamations issued from time to time by the Commissioner of Public Health, entertainment venues were closed for the duration of the epidemic in a local area. By 21 May 1919, employees affected by such closures were in their third week of unemployment and in financial distress. Many sought government assistance. G. A.

⁵³ W. F. Finlayson, “The Restriction on Travel” (Letter to the Editor), *Brisbane Courier*, 7 June 1919, p. 6.

⁵⁴ J. A. L., (Letter to the Editor), *Brisbane Courier*, 19 June 1919, p. 10.

⁵⁵ Foot it Bravely, “Overcrowding in Trains” (Letter to the Editor), *Brisbane Courier*, 10 June 1919, p. 8.

⁵⁶ *Brisbane Courier*, 21 June 1919, p. 6.

Wood who ran the picture show at Murgon (183 miles north of Brisbane) wanted to know if he was still liable to pay £2/0 per week rent to the Schools of Arts in addition to the £2/0 per week repayment for the plant and equipment.⁵⁷ Returned Soldier Geo Brown, having had his picture show at Beenleigh (24 miles south of Brisbane) closed down, sought compensation for the loss of business. The government did not entertain the idea.⁵⁸ The Theatrical Union and Musicians' Union called on the Acting Premier Ted Theodore to provide relief for those who had been "thrown out of work" and as a result were behind in their rent. According to the union, many of their members were young women to whom relief in the way of food rations was of no use, as they would not attend the government relief depot. Theodore ruled out providing rent payments as means of relief but on a case-by-case basis agreed to see what steps could be taken to prevent eviction. He also agreed to provide money, in special circumstances, in lieu of rations.⁵⁹

Two months later, the Brisbane Industrial Council applied to the Home Secretary for a monetary allowance to members of the Theatrical Union and Musicians' Union who had been put out of work. Like many other groups, the council justified the application on the grounds the community had to take some responsibility for employees thrown out of work because of the epidemic. Authorities in Sydney and Melbourne, it claimed, had made a special grant to theatrical members in the respective states.⁶⁰ If the Queensland government was anything, it was consistent in declining to provide this type of compensation.

⁵⁷ Green to HSO, 20 June 1919, QSA: 8400, Item ID 18277. DoJ to Green 3 July 1919, QSA: 8400, Item ID 18277.

⁵⁸ Brown to CSO, 7 July 1919 and reply 17 July 1919, QSA: 8400, Item ID 18277. The government did not entertain the idea.

⁵⁹ *Brisbane Courier*, 22 May 1919, p. 7.

⁶⁰ Brisbane Industrial Council to CSO, 10 July 1919 and reply 23 July 1919, QSA: 5402, Item ID 862688.

Wirth's Circus travelled from South Australia through Victoria to the New South Wales town of Tocumwal in a sealed train under strict isolation conditions. From there the circus played in several country towns where the epidemic had yet to break out. Arriving in Dubbo in early April 1919, Wirth's was confronted by the local authority's reluctance to allow the circus to perform due to the pending proclamation from the New South Wales government to close down all events that brought people together in crowds. The company sought to begin its Queensland tour early, contending to the Queensland government that with 150 employees and running costs of £150 per day, the circus was too big a concern to be laid over for long.⁶¹ By travelling from Dubbo to Wallangarra in a sealed train, under police escort if necessary, Wirth's hoped to enter the state without having to undergo quarantine. The Commissioner of Public Health would not countenance the idea, insisting the circus undergo quarantine at Wallangarra but at the same time not being quite sure how that could be achieved. The circus returned to its home base in Sydney.⁶²

Church Services and Education

Regulations framed by the Department of Health about attendance at church services were, by and large, observed. Sunday mass at St Brigid's Church, Red Hill, for example, was celebrated in the open air in the church grounds, with seats arranged at wide intervals. Even so, attendance at churches was significantly reduced, resulting in a corresponding drop in the weekly collection takings. This was particularly so in the south of the state where collections in many cases fell away by up to seventy-five percent.⁶³ It was,

⁶¹ *Queensland Times*, 2 April 1919, p. 5. *Dubbo Liberal and Macquarie Advocate*, 15 April 1919, p. 2.

⁶² Wirth's Circus to Theodore, 10 April 1919, QSA: 8400, Item ID 18168. Wirth's Circus to James, 15 April 1919, QSA: 8400, Item ID 18168. HSO to Wirth's Circus, 22 May 1919, QSA: 8400, Item ID 18168. *Dubbo Liberal and Macquarie Advocate*, 25 April 1919, p. 2.

⁶³ *Brisbane Courier*, 22 February 1919, p. 6 and 12 May 1919, p. 8

however, in the conducting of Sunday schools where misunderstanding reigned. Despite the closing of schools whenever the epidemic broke out, there was no such blanket closing of Sunday school. Organisers were left confused as to whether the regulations allowed them to continue operating and if so, under what conditions or if the holding of Sunday school was prohibited altogether. The Home Secretary added to the confusion, advising that the holding of Sunday school be to be conducted in the open air, though it could be held indoors if the gathering was treated as a church service.⁶⁴ In the end, it was a case of some establishments remaining open, while others closed.

By the time Queensland school students were to have returned to class after the first term's holidays, the influenza epidemic had broken out in Brisbane and many other localities throughout the state. Thus, the major public health measure taken after the closing of the entertainment premises was the closure of all state, denominational and grammar schools within a five-mile radius of the Brisbane GPO.⁶⁵ Whilst schools in other locations were dealt with on a case-by-case basis, in essence schooling throughout Queensland was suspended until further notice.

Some Grammar schools soon sought to have the order for their closing lifted. Despite no revenue coming in, school boards were still required to pay the full salaries of their teaching and administration staff. In addition, some parents were anxious for a resumption of teaching, particularly for those students who were to sit the forthcoming senior and junior examinations. The Home Secretary declined the first point on advice of the Queensland Branch of the British Medical Association. On the second point, special permission had previously been given to all the instruction of all students who

⁶⁴ *Brisbane Courier*, 13 May 1919, ps. 7, 8.

⁶⁵ *Weekly*, 9 May 1919, p. 19.

were to sit for examinations in 1919, the proviso being that all classes were to be conducted in the open air or at the very least a four feet space was to be kept between each student. No student with any type of illness was to be present.⁶⁶ Even so, by the time the government looked at re-opening schools at the end of July that year, formal education had been suspended for fourteen weeks.⁶⁷ The Education Department opined that during the period of total closure not only had the students not progressed but many had gone backwards.

In an effort to permit students to catch up, the August vacation was not observed in schools that had been closed for one week or more. Yet, nothing more than covering the first half of an ordinary year's curriculum was possible in the time remaining. It was not considered feasible for teachers to cover all the year's work by pushing the children or by extending school hours – striving after “results” was not considered education and in any event, “over-pressure” of the children was thought to be more detrimental to their health and wellbeing than any delay in attaining the year level standard.⁶⁸

Whilst the Secretary of Public Instruction forbade placing children under undue pressure or resorting to extending school hours, he left it to the discretion of each head teacher as to what remedial action was taken, including whether to promote pupils to a higher year level at once or defer promotions to the beginning of the next quarter. School inspectors were instructed to be sympathetic to each school according to the circumstances affecting

⁶⁶ Chairman, Maryborough Grammar Schools to HSO, 29 and 30 June 1919 and reply 1 July 1919, QSA: 8400, Item ID 18277. Hardacre to Huxham, 26 and 29 May 1919, QSA: 8400, Item ID 18277. CoPH to BMA, 30 May 1919 and reply 31 May 1919, QSA: 8400, Item ID 18277.

⁶⁷ Memorandum – Concerning the re-opening of schools after the epidemic, nd, QSA: 6477, Item ID 997167.

⁶⁸ Book of Circulars – Circular 660, p. 50. *The Education Office Gazette*, Vol. XXI No. 8, August 1919, p. 283, QSA: 6400, Item ID 986852. Memorandum – Concerning the re-opening of schools after the epidemic, nd, QSA: 6477, Item ID 997167.

it.⁶⁹ As such, the inspectors had to examine pupils only along the lines adopted by the head teacher. Additionally, those students intending to undertake the scholarship examination were exempt from being tested by District Inspectors on any subject that was commonly set in the “Miscellaneous” paper.⁷⁰

Pupils may not have had to attend school, but the same could not be said for pupil-teachers. The Secretary of Public Instruction authorised and encouraged pupil-teachers to assemble at school each day to receive instruction in the art of teaching, providing they kept apart from one another by at least four feet. No pupil-teacher with symptoms such as coughing or sneezing or in contact with influenza cases was to attend.⁷¹

“Drugs, Medicines and Butter Muslin.”⁷²

Chemists, their assistants and the students at the College of Pharmacy worked day and night to meet the demand for medicine. That they were no more immune from influenza than doctors, nurses or the ordinary person became apparent when Drysdale's Limited, Brisbane, closed its doors on Sunday 11 May; all staff being on the sick list. The business had been established as a centrally located chemist, open during the hours when all other chemist shops were closed. As a short-term solution, the Queensland government permitted Moses, Ward and Sons to open in lieu and a brisk business was done. With the demand for drugs increasing exponentially, the Pharmaceutical Society thought longer term, lobbying the Home Secretary to allow all chemists to open in the evening for the

⁶⁹ Memorandum – Suggestions Re Re-opening of Schools, nd, QSA: 6477, Item ID 997167.

⁷⁰ Book of Circulars – Circular 662, p. 51. *The Education Office Gazette*, Vol. XXI No. 9, August 1919, p. 281, QSA: 6400, Item 986852.

⁷¹ Book of Circulars – Circular 656, p. 50. *Education Office Gazette*, Vol. XXI No. 7, July 1919, p. 249, QSA: 6400, Item ID 986852.

⁷² *Brisbane Courier*, 7 May 1919, p. 7.

duration of the epidemic. The Society envisaged a small increase in the price of medicine would cover the higher staffing costs.⁷³

Even though opening hours of chemists may have been a matter for the Home Secretary, only days earlier the Commonwealth Price Commissioner for Queensland had made it clear that the federal government through its War Precautions (prices) Regulations controlled the wholesale and retail prices of certain drugs and products. “Quinine, creosote, aspirin, aspro, salicylic acid, phenacetin, caffeine, tincture of iodine, Friar’s balsam, menthol, liquid menthol eucalyptus, camphor, medicinal oils, boracic acid, phenol, Vaseline” and any butter muslin or gauze could not be sold at a price higher than that charged on 24 January 1919.⁷⁴

The mere mention of a price increase brought much criticism. Claiming the government knew full well that hundreds of people could not afford to buy the necessary medication as it was, “Pay or Suffer” a *Brisbane Courier* correspondent, contended that an increase in the price would mean more people in agony and more people succumbing to the disease. “Surely if the health of the community is at stake,” the writer said, “it can be secured without draining the last cent from where it can be ill-spared?”⁷⁵ Queensland’s Pharmaceutical Society assured the public that no exorbitant charges were being called for, besides which, any person in difficult circumstances would find their local chemist sympathetic to their case. This was evident when Drysdale’s re-opened its doors.

⁷³ *Brisbane Courier*, 13 May 1919, p. 7.

⁷⁴ *Brisbane Courier*, 7 May 1919, p. 7. This also applied to all preparations of which the products mentioned, or any part of them, formed a component part.

⁷⁵ “Pay or Suffer” (Letter to the Editor), *Brisbane Courier*, 20 March 1919, p. 7.

Notwithstanding the higher costs involved in trading at night and on Sundays and public holidays, Drysdale waived its after-hours' fees for the duration of the crisis.⁷⁶

The influenza pandemic of 1919-1920 marked aspirin's coming of age as a pain relief drug. Aspirin did not cure a single case of influenza but it helped millions of people during their battle with the virus. It lowered a person's temperature, eased the aches in muscles and joints and gave the body's natural defences a chance to fight back. Advertising set out to convince people that the Nicholas brothers' all-Australian Aspro tablet was not merely a few grains of aspirin but a unique form of the drug, pure, safe and effective.⁷⁷ When the Commonwealth's Prices Adjustment Board declared Aspro to be a "necessary commodity" for the duration of the epidemic in Australia, the Nicholas brothers took full advantage of the "endorsement" of their product. Small drawings of the federal parliament building were incorporated into some of the advertisements for the drug, while others advertisements asserted government approval of the drug in words:

This is the first time on record that a responsible Minister of the Government of any country had proclaimed a popular medicine a necessary commodity in the interest of the community. This action speaks louder than words of the tremendous importance of Aspro as a medicine for the Human Race ... There's nothing else like it.⁷⁸

As one of the few medicines to make a difference, production and sales of aspirin worldwide more than doubled between 1918 and 1920.

Besides the Nicholas brothers, if there were two entrepreneurial endeavours that benefited more by the epidemic in Queensland than any other, the sale of patent medicine and the

⁷⁶ R. Lenehan, President, Brisbane Pharmaceutical Society, "Charges for Medicines" (Letter to the Editor), *Brisbane Courier*, 21 May 1919, p. 8. Cascara Sagrada, "To the Editor" (Letter to the Editor) *Brisbane Courier*, 21 May 1919, p. 8.

⁷⁷ *Daily Mail*, 3 February 1919, p. 9. Diarmuid Jeffreys, *Aspirin, The Remarkable Story of a Wonder Drug* (London: Bloomsbury, 2004), p. 138.

⁷⁸ *The Australian*, July 1919, quoted in Jeffreys, *Aspirin*, p. 154.

sale of personal effects such as facemasks, direct to the consumer. Despite medical doctors and chemists having access to more effective drugs, patent medicines were a favourite resource for self-medication and a source of large profits for the seller.⁷⁹ The term applied to any brand-name unregulated medicinal remedy sold. World War One and the influenza pandemic brought an increase in newspaper coverage and readership, giving patent medicine wider exposure than ever before.⁸⁰

In Queensland in 1919, the number of advertisements containing the word “influenza” or its derivatives was indicative of the ebbs and flows of public concern about the epidemic (Figure 31).⁸¹ In January 1919, 34 advertisements were placed in the *Brisbane Courier*. In line with the diagnosis of the pandemic virus in southern states, there was a three-fold increase in advertisements during February (111 in total). There was an equivalent decline in the numbers in March (55 advertisements in total); Queenslanders’ fears of an epidemic easing with the virus seemingly being contained within the borders of New South Wales and Victoria. April 1919, saw 71 advertisements placed but with the disease penetrating Queensland’s borders at the beginning of May, numbers escalated to 276 and remained high through June and July (201 and 142 respectively); these being the peak period of the outbreak in Brisbane. The number of advertisements steadily declined before stabilising at around 50 per month by year’s end.

⁷⁹ Philippa Martyr, *Paradise of Quacks, An alternative history of medicine in Australia*, Sydney: Macleay Press, 2002, pp. 97-100. The term “patent medicine” applied to any brand-name unregulated medicinal remedy sold. It was a misnomer since in most cases, although products might have been trademarked, they were not patented – patenting one of these remedies would have meant publicly disclosing the ingredients, an act most promoters sought to avoid.

⁸⁰ Martyr, *Paradise of Quacks*, p. 125.

⁸¹ Advertisements were identified through TROVE.

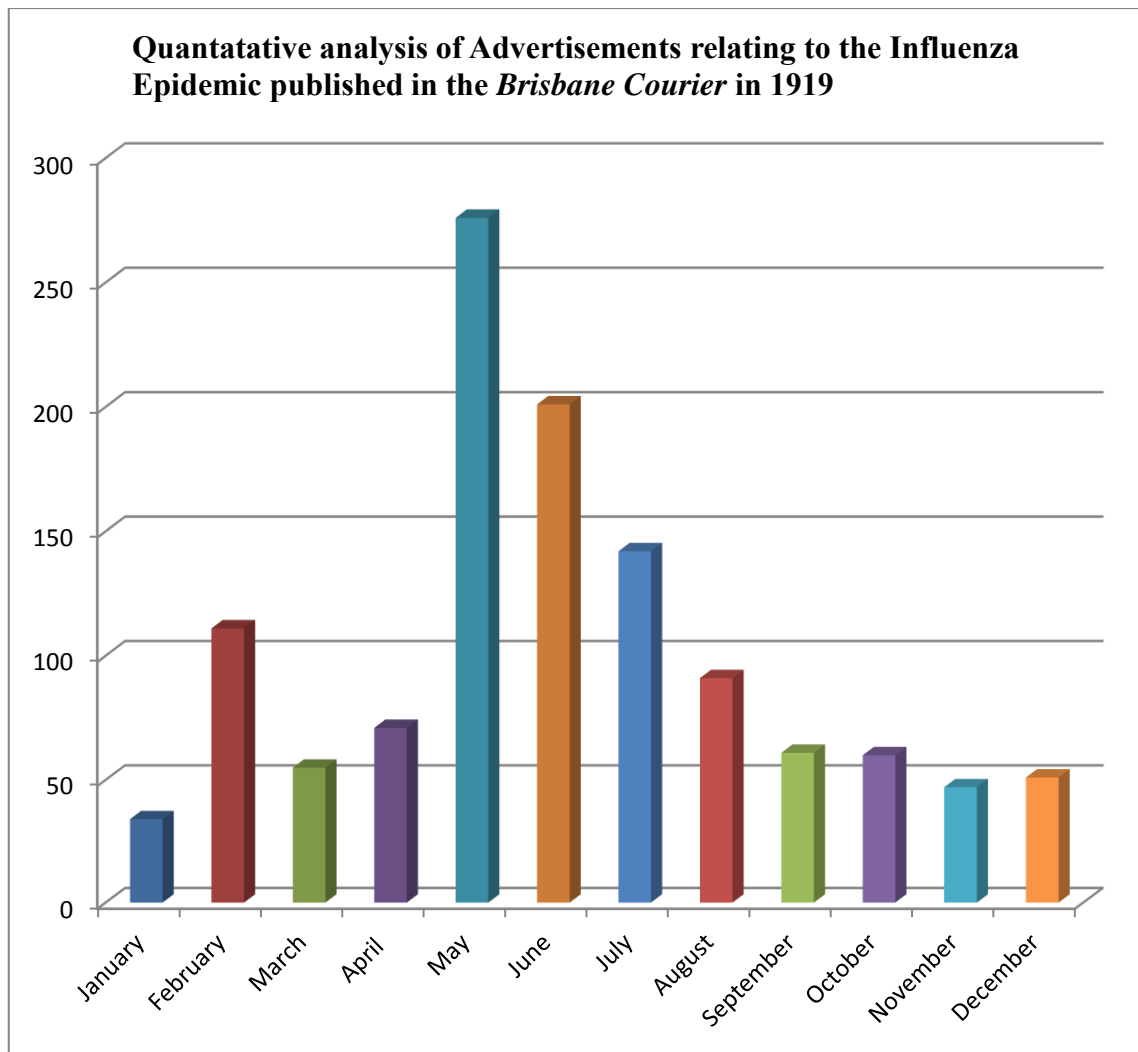


Figure 31 Quantitative analysis of Influenza advertisements 1919

In Queensland in 1919, the number of advertisements containing the word “influenza” or its derivatives was indicative of the ebbs and flows of public concern about the epidemic. This diagram illustrates the dramatic increase in the number of advertisements placed in the *Brisbane Courier* after the state of Queensland was declared infected with the epidemic influenza.

In total, there were approximately 1200 epidemic influenza related advertisements in the *Brisbane Courier* in 1919 compared to 290 in 1918. The next highest total during the ten-year period, 1911-1921, is in 1921 with placement of 654 advertisements (Figure 32). The same pattern, to a lesser or greater degree, can be found in most Queensland newspapers.

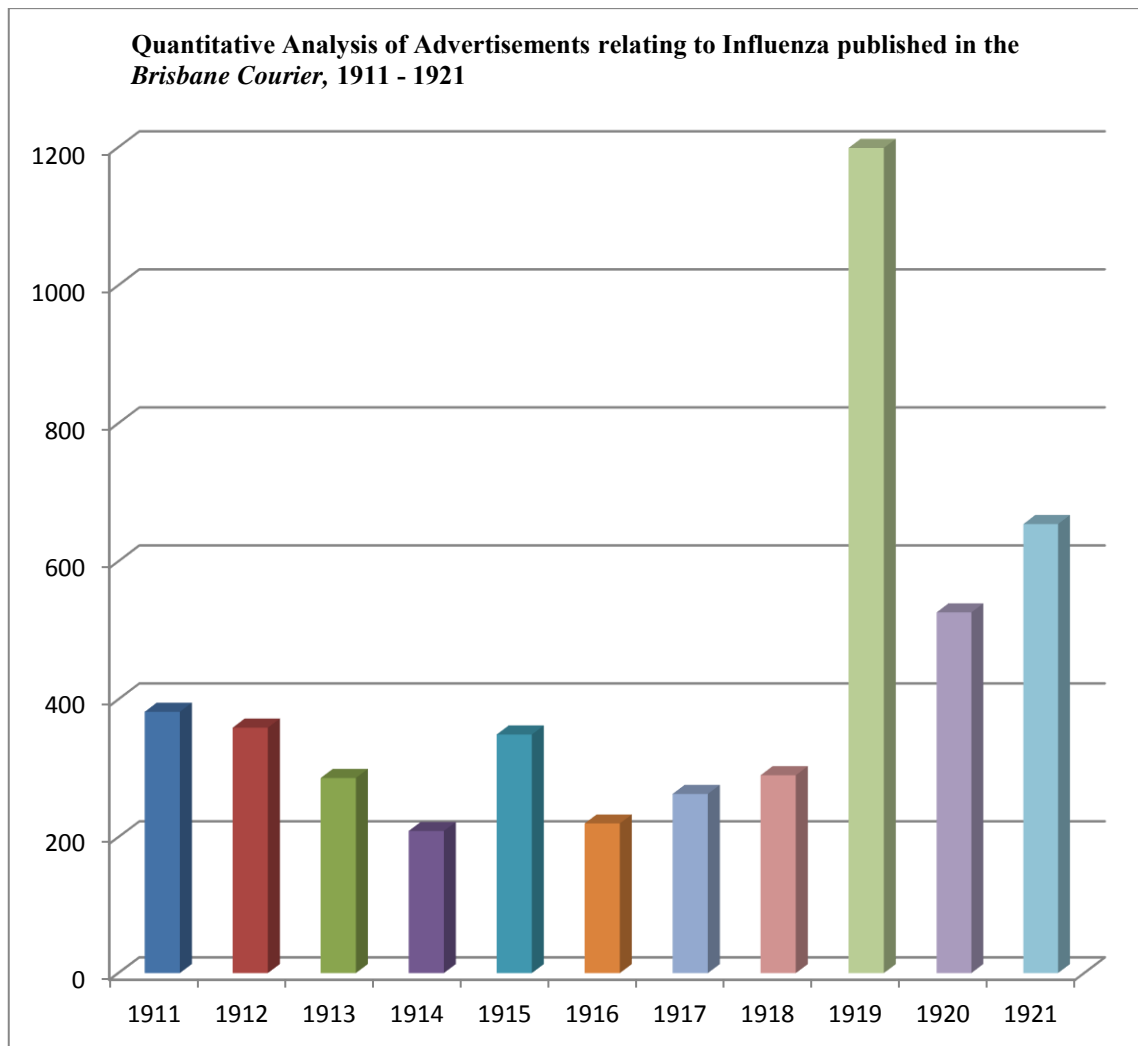


Figure 32 Qualitative analysis of influenza advertisements 1911-1921

This diagram illustrates the dramatic impact the 1918-1920 influenza pandemic had increase in the number of advertisements placed in the *Brisbane Courier* after the state of Queensland was declared infected with the epidemic influenza.

According to historian Lynette Finch, early twentieth-century Australians seemed to have a penchant for patent remedies, which could contain cocaine, cannabis, opium, alcohol, plain vegetable products or a combination thereof.⁸² With a slight variation in the wording or illustration on the label and in advertisements, these health care in a bottle type products could and were marketed as inexpensive and sure-fire cures.⁸³

⁸² Lynette Finch, "Soothing Syrups and Teething Powders: Regulation Proprietary Drugs in Australia, 1860-1910", *Medical History*, Vol. 43, No. 1, 1999:74-94, 76.

⁸³ According to Martyr, patent medicine made fortunes for some their makers. Whilst relatively inexpensive to buy, manufacturers like Thomas Holloway of Holloway's Pills and Thomas Beecham of Beecham's Pills charged a price for their preparations out of all proportion to its costs. Holloway

Advertisements contained a list of ailments for which the patent medicine was supposedly efficacious: headaches, colds and rheumatism, sciatica, gout, upset stomach, anxiety, insomnia, “pains peculiar to women”, nerve shock, irritability and much more. It did not matter that there was little or no scientific justification for the claims made, some were so vague as to be irrefutable. Clements Tonic was said to be good for stomach, liver and kidney diseases; it purified the blood, strengthened the nerves and heart and lengthened a person’s life.⁸⁴ Only Clements Tonic could be trusted during the “serious influenza days”, to keep your blood pure enough to resist the viral infection (Figure 33).⁸⁵ Pruno Antiseptic Throat Pastilles, available at all stores and chemists, was advertised as “The Great Influenza Cure ... Just Think! Preventing ‘Flu’ for 1/3!” and promoted using dubious and often dated testimonials.⁸⁶

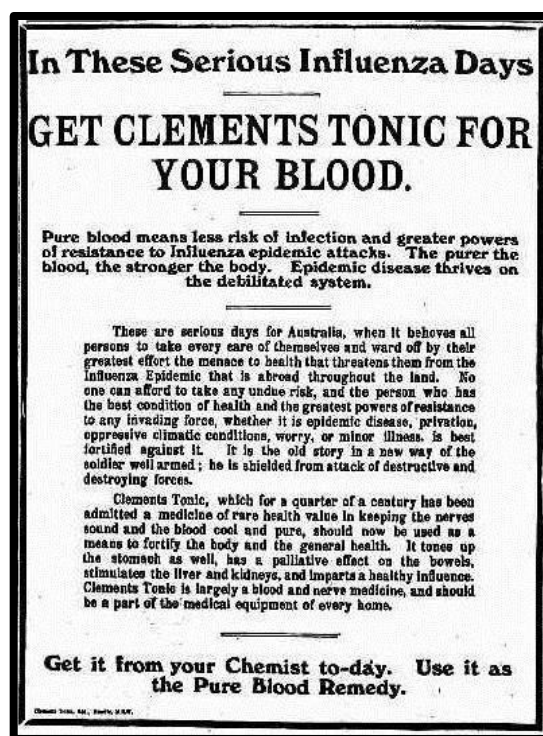


Figure 33 “In These Serious Influenza Days – get Clements Tonic”

According to the advertisement, only Clements Tonic could be trusted to keep your blood pure enough to resist the viral infection. *Brisbane Courier*, 12 February 1919, p. 10.

endowed the Royal Holloway College in England and Beecham’s company evolved into GlaxoSmithKline, a pharmaceutical giant. Martyr, p. 97.

⁸⁴ *Brisbane Courier*, 22 January 1919, p. 11 and 10 January 1919, p. 9.

⁸⁵ *Brisbane Courier*, 12 February 1919, p. 10.

⁸⁶ *Telegraph*, 11 June 1919, p. 9.

While not a patent medicine, Cascade Invalid Stout, with its quality guaranteed by the esteemed Queensland firm Burns, Philip & Co. Ltd., was promoted in 1907 as a remedy for a “Failing Appetite” and invaluable for invalids and nursing mothers.⁸⁷ By 1916, Cascade Invalid Stout was also advertised as a source of nourishment and invigoration of men and children, being equated to good wholesome food.⁸⁸ In November 1918, Australia was on influenza alert and advertisements urged mothers to begin a course of Cascade immediately as if it were a prescribed medicine:

Order a few bottles by ‘phone – or get hubby to bring some home. Take a glass regularly at 11 o’clock with your morning snack – have another glass when you retire at night – you’ll certainly say in a few days – as others have said before – Cascade Invalid Stout certainly builds you up!⁸⁹

On 3 February 1919, advertisements for Cascade Invalid Stout promoted its use as the most effective way of resisting the pneumonic influenza by stimulating the blood flow and thereby quickly restoring a person’s health and strength.⁹⁰ However, stout was an alcoholic drink, a factor implicated in a “death by misadventure” in Rockhampton in June 1919 when Mrs. Margaret Genford mistook a bottle of “sheep dip” for her bottle of stout. At the time, Mrs. Genford was caring for her adult daughter who was “very bad with influenza” and had taken to drinking stout, possibly because of its advertised benefit in warding off the epidemic virus. On 13 June 1919, Genford requested Nurse Bradley to attend her daughter. On arrival, Bradley inquired as to the availability of any disinfectant. A bottle containing sheep dip was produced and Bradley poured some out onto a piece of rag. Leaving the bottle of sheep dip uncorked on the kitchen table, Bradley went into the bedroom, where she disinfected the corners of the room before attending Mrs. Genford’s daughter. Margaret Genford returned to the kitchen and mistaking the bottle of sheep dip

⁸⁷ *Brisbane Courier*, 16 July 1909, p. 7.

⁸⁸ *Telegraph*, 26 July 1916, p. 9.

⁸⁹ *Telegraph*, 18 November 1918, p. 7.

⁹⁰ *Telegraph*, 3 February 1919, p. 4.

for her bottle of stout, she drank the sheep dip and consequently died a short time later from poisoning. Evidence was accepted at the subsequent magisterial investigation into Margaret Genford's death that she had consumed sufficient stout to be under the influence of liquor at the time of drinking the sheep dip.⁹¹

But it was not just words that conveyed messages; Castlemaine Ale's familiar cartoon characters, Spruce and Spry, were used to promote the benefits of the ale during the pandemic (Figure 34). According to Castlemaine's advertisement, a glass or two of its ale was a "pleasant way to combat the influenza".⁹²



Figure 34 Fortify against the "flu" with Castlemaine Ale

With many consumers in a state of confusion about a remedy for the pandemic influenza, some advertisements were adapted to reflect how the product could assist in preventing or overcoming the ailment. *Daily Standard*, 21 March 1919, p. 6.

⁹¹ *Morning Bulletin*, 14 June 1919, p. 8 and 27 June 1919, p. 10. *Brisbane Courier*, 2 July 1919, p. 8. *Capricornian*, 5 July 1919, p. 32.

⁹² *Daily Standard*, 21 March 1919, p. 6.

Those not wishing to partake of an amber drop could be assured of influenza immunity by dissolving ½ teaspoon of “Tiger Salve” in ½ pint of boiling water and then inserting a small quantity of the solution into the nostrils with the aid of the little finger. The compound was said to contain a mixture of menthol, eucalyptol, Camphor, Oil of Pine and other unnamed ingredients. It had been offered as a treatment for catarrh, influenza, colds and sore throats for over ten years.⁹³

In the hope of undermining patent medicines’ attraction, in 1908 the British Medical Association publicised the contents of the most common patent medicines available.⁹⁴ Conversely, a previous study by the Association also showed many patent medicines may have actually worked beyond the placebo effect. Anything that contained eucalyptus oil, for example, could help to reduce cold and flu symptoms; opium deadened pain. However, in masking many of the initial symptoms of the pandemic influenza, patent medicine may have led to a false sense of security and caused delay in seeking medical attention, unintentionally aiding the diffusion of the disease and increasing the death toll.

Within days of the pandemic virus being diagnosed in New South Wales, Brisbane retailer Thomas Bernie advertised that his emporium in Fortitude Valley had facemasks, said to have been approved by the Commissioner for Public Health, for sale at 6d. Consisting of a small wire frame covered with gauze that sat over the nose and mouth, the masks, Thomas Bernie contended, had “proven themselves remarkable preventatives”.⁹⁵ Finney’s Drapery in Brisbane city claimed shop counters in principal stores in southern

⁹³ *Morning Bulletin*, 27 June 1919, p. 12.

⁹⁴ British Medical Association, *Secret remedies. What they cost and what they contain*, London: British Medical Association, 1909; British Medical Association, *More secret remedies. What they cost and what they contain*, London: British Medical Association, 1912.

⁹⁵ *Brisbane Courier*, 3 February 1919, p. 1.

states had been “besieged with buyers wanting “Ninon Veils”. Finney’s offered material to make such veils at a “special price” ranging from 1/11 to 4/11 per yard, whilst ready-made veils cost anywhere up to 17/6 each.⁹⁶ McWhirters in Brisbane’s Fortitude Valley, appealed to readers’ sense of patriotic duty; “Naturally, the fervent desire of every one amongst us is that the dreaded Pneumonic Influenza will be kept out of Queensland”. Advising that prevention was better than cure, the firm offered for sale a range of veils and, from its first floor Patent Medicine department, masks, oral remedies and antiseptics.⁹⁷

Similar enterprise was shown elsewhere in Queensland. In Mackay, Beirne’s used the fear of catching influenza after getting wet to sell its waterproof products – umbrellas, galoshes and boots.⁹⁸ In Toowoomba, a “splendid assortment of LADIES and CHILDREN’S UNDERWEAR, at Prices which defy competition” were available at Sherwins, who, with the epidemic in mind, advised readers to see that they were warmly clad.⁹⁹ In Cairns, Skeen’s Influenza Mask, “as worn in Sydney” and recommended by the medical profession was available through J. Skeen’s Lake Street store (Figure 35).

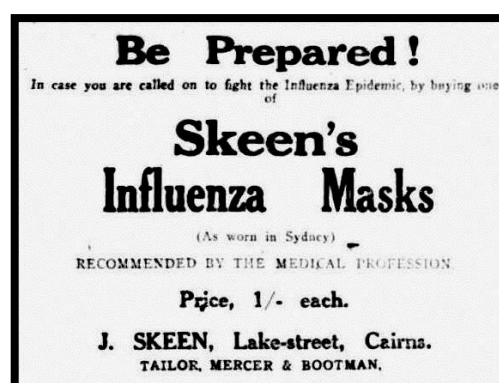


Figure 35 “Skeen’s Influenza Mask”

Skeen’s claimed the masks they were selling were recommended by doctors and were the same as those worn in Sydney. The implication being residents of New South Wales were au fait with the most reliable mask in preventing infection. *Cairns Post*, 7 May 1919, p. 3.

⁹⁶ *Brisbane Courier*, 4 February 1919, p. 1.

⁹⁷ *Brisbane Courier*, 6 February 1919, p. 1.

⁹⁸ *Daily Mercury*, 2 May 1919, p. 3.

⁹⁹ *Darling Downs Gazette*, 16 May 1919, p. 3.

To keep one's mouth disinfected the store also carried a large stock of Medicated Goo Goos (jubes) at 1/3 per packet (Figure 36).¹⁰⁰

Influenza Precautions

WE HAVE LARGE STOCKS OF THE FOLLOWING:

Medicated Goo Goos (Jubes).

CONTAINS EUCALYPTOL, MENTHOL and THYMOL.

Lovely to take. Carry a box to work with you, and take one occasionally, to keep your mouth disinfected.

PRICE, 1/3 pkt.

<p>Eucalyptus Oil,</p> <p>1/- Bottle.</p> <p>MASKS.</p> <p>ALL SIZES.</p>	<p>Eucalyptus Extract,</p> <p>80 per cent., 1/6 bottle.</p> <p>MASKS.</p> <p>1/- each.</p>
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J. SKEEN, Lake-street, Cairns.

Tel. 30
P.O. Box 165.

Figure 36 “Influenza Precautions ... Medicated Goo Goos”

As a patent medicine, the Goo Goos, may have actually been beneficial. In low dosage Eucalyptol is still used in mouthwash, however if ingested in higher dosage Eucalyptol is toxic. Menthol has local anaesthetic and counterirritant properties, but it too is toxic in excessive quantities. Thymol has antibacterial properties. *Cairns Post*, 12 June 1919, p. 3.

More tenuous was the use of the disease to promote the sale of less related products. Massey Sports Depot, Brisbane, warned that if a person did not want to get the flu they needed to stay out of trams and get on a bicycle; not just any bicycle, but a “Massey” bicycle of course.¹⁰¹ In headlining “OYSTERS Versus INFLUENZA”, Baxter’s Oyster Saloon at Sandgate Brisbane promoted its product’s ability to directly confront and overcome the public health menace as a solution to resisting infection” (Figure 37).¹⁰²

¹⁰⁰ *Cairns Post*, 7 May 1919, p. 3 and 12 June 1919, p. 3.

¹⁰¹ *Brisbane Courier*, 5 February 1919, p. 10.

¹⁰² *Darling Downs Gazette*, 2 June 1919, p. 1.

OYSTERS
Versus
INFLUENZA.

MEDICAL Men ARE PRACTICALLY UNANIMOUS as to the valuable nutritive properties of Oysters.

Oysters must therefore commend themselves to everyone desirous of being in a **VIGOROUS STATE OF PHYSICAL HEALTH** and so be able to resist attacks of illness.

We will send any quantity of Oysters at either 8d. or 9d. **PER DOZEN**, according to size, on receipt of P. Note, and we pay freight on all Orders 5/ and over.

HARCOURT'S.
PROPRIETORS BAXTER'S OYSTER SALOON, SANDGATE.

All our Oysters are taken straight from the Sea and are Guaranteed perfectly Fresh.

Figure 37 "Oysters Versus Influenza"

As if it was a title fight, the advertisement pits the influenza virus directly against the nutritional value of Baxter's oysters. The outcome is clear: eat lots of oysters to maintain physical strength and resist the disease. *Darling Downs Gazette*, 2 June 1919, p. 1.

Charters Towers' *Northern Miner* contained advertisements for a jacket made of Wawn's Wonder-wool, which, it was claimed, had saved thousands of lives in New Zealand through the prevention and relief of pneumonic influenza. The wonder-wool jacket was said to protect the lungs, stimulate the heart whilst creating a pleasant feeling and most importantly did not interfering with a person's dress, "Wawn's Wonder Wool Stops Pain, no matter what the cause."¹⁰³ Disguised as a public notice, an advertisement for Wawn's Wonder-Balm (Figure 38) was carried in the *Townsville Daily Bulletin*.

¹⁰³ *Northern Miner*, 22 February 1919, p. 7.

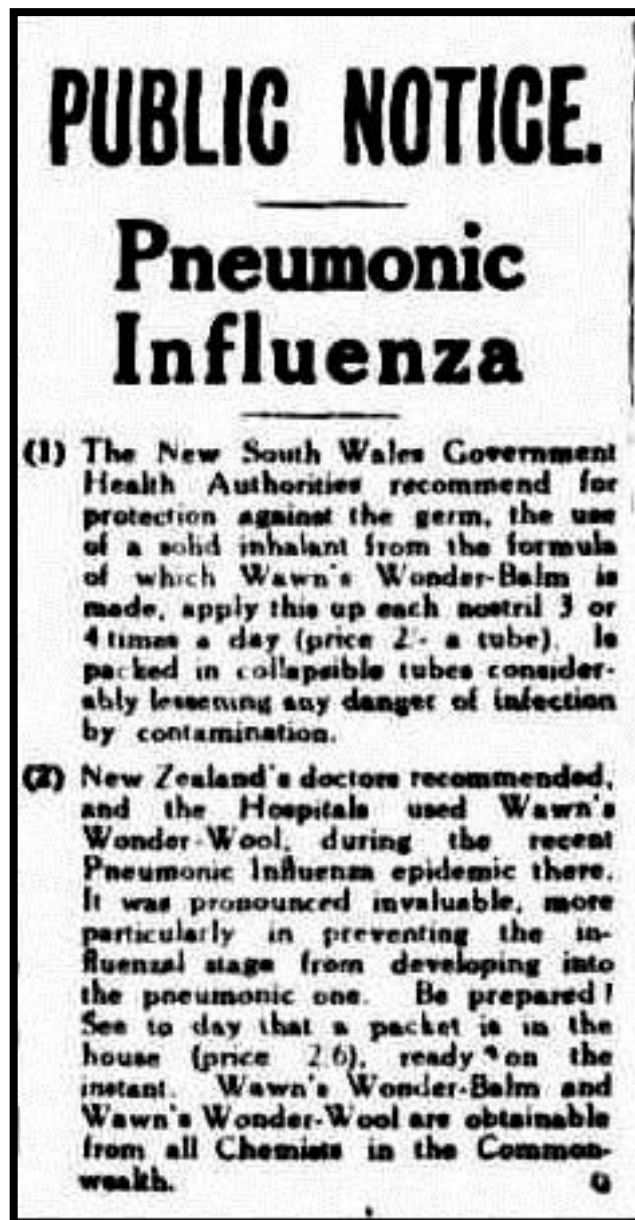


Figure 3820 “Public Notice”, Wawn’s Wonder Balm and Wonder-Wool

Wawn sought to attract the reader’s attention by disguising its advertisement as a public notice on the influenza. *Townsville Daily Bulletin*, 11 February 1919, p. 2.

Available at all chemists and conveniently packaged in collapsible tubes in order to lessen the danger of infection from contamination, Wawn’s Wonder-Balm was a solid inhalant, which was claimed to protect against the influenza “germ”. According to Wawn, Health authorities in New South Wales recommended applying it to each nostril three or four times a day.¹⁰⁴

¹⁰⁴ *Townsville Daily Bulletin*, 11 February 1919, p. 2.

Influenza Orphans

Orphanages were a prominent feature of Australian urban landscapes from the early-nineteenth to the mid-twentieth centuries. According to historian Shurlee Swain, the promise of orphanages was that they provided for deserving children, while training them to provide for themselves in the future.¹⁰⁵ The reality was quite different. Despite the requirements for wards of the state to receive an education and training equivalent to their peers in the wider society, Australian institutional care historian Nell Musgrove argues education of the children was frequently subsumed by the need to extract labour to sustain the viability of the institutions.¹⁰⁶ As a result most children received little formal education. According to Gaynor Schofield's research, of the 1,100 children in state care in 1911, not one child ever gained a scholarship; rather, boys were groomed for farm work and girls for domestic labour.¹⁰⁷ Without education the prospects of a child fulfilling his or her potential was significantly reduced.

Institutional care was also often rigid and cruel. Whether the children were abused or not, being placed in an orphanage and separated from their remaining parent, siblings or relatives, was traumatic. During this era of state care, contact between the child and the remaining family was not encouraged, with some institutions going to extraordinary lengths to keep the interaction between siblings in the same institution to a bare minimum. In addition, all too often there was no one to whom the children could turn to for support as they navigated their way through adolescence. The Forde Inquiry (1999) into the abuse of children throughout the history of state care in Queensland found that whatever future

¹⁰⁵ Shurlee Swain, *History of institutions providing out-of-home residential care for children*, Sydney (Sydney: Australian Catholic University, 2014).

¹⁰⁶ Nell Musgrove, *The Scar Remains, A Long History of Forgotten Australians and Children's Institutions* (North Melbourne: Australian Scholarly Publishing, 2013), p. xx.

¹⁰⁷ G. M. Schofield, "An Overview of the methods of State Child Care in Queensland 1864-1965" (Honours thesis, University of Queensland, 1971), p. 117.

the children may have had or dreamed of when they entered an orphanage, it was soon crushed. Stories were related of “children feeling worthless, vulnerable, stigmatized, unloved and being denied opportunities”, leading to “adult lives filled with poor work and personal relationships, broken marriages, suicide attempts, uncertainty and insecurity.”¹⁰⁸

How many children were placed in care as a direct result of the influenza pandemic, let alone it being an underlying cause of admission in the years following the outbreak, is difficult to establish. According to Queensland’s State Children Department, admissions for the years 1919-1920 averaged 2,250, whereas the average yearly admission for the period 1911-1918 was 1,586, whilst for 1921-1930 it was 1,989.¹⁰⁹ However, just as the recorded cause of death was open to question due to deficiencies in the classification system used, the Department’s annual reports do not clearly delineate the reasons children were placed in state care. Children were admitted under any one of three categories: father or mother dead; parent cannot provide; or “other causes”. These categories were not mutually exclusive. In 1919 the percentage of children admitted for “other causes” spiked to an all-time high of 19.65% of the total number placed into state care, three times the average for the five years on either side (6.70% and 6.03% respectively).¹¹⁰ On the other hand, with the epidemic having killed or incapacitated parents and guardians, the placement of their children could also have been recorded within the first two categories.

¹⁰⁸ Leneen Forde, *Commission of Inquiry into Abuse of Children in Queensland Institutions* (Brisbane: Queensland Government, 1999), p. i.

¹⁰⁹ Queensland, Parliament (1921), *Annual Report of the Director, State Children Department 1920*, Parl. Paper, Vol. II: 625-36, Brisbane.

¹¹⁰ Schofield, “An Overview of the methods of State Child Care in Queensland 1864-1965”, pp. 101-102.

Conversely, there was full recognition by 1919 that a family environment was best for child rearing and that it was undesirable to split up families for the sake of a small financial provision that would enable the family to remain together. Since 1906 government financial assistance had been given to mothers who were capable of looking after their children.¹¹¹ Yet whilst this money allowed families to remain intact, Schofield found the scheme exposed them to the stigma of having to endure regular searching inquiries by the state, poorer housing, fewer amenities and a less nourishing diet. For the children, there was the necessity for them, after commencing work, to support the household over an extended period.¹¹²

On Reflection

The impact of epidemics on the Australian and more particularly the Queensland economy has received little attention. Worldwide, official reports on the 1918-20 influenza pandemic concentrate on infection, mortality rates and the public health response to the crisis. Not only was the influenza epidemic's demand on Queensland's public health systems considerable, it was hugely disruptive, socially and economically. The highly contagious nature of the influenza epidemic and the speed with which it spread meant the disease was readily diffused across all demographics, made it far more "democratic" than many other disease infections that had been experienced.¹¹³ Unlike cholera or tuberculosis, which sharply revealed class divisions, influenza attacked all levels of society.¹¹⁴ Frequently the first line of defence against that risk was the use of proprietary medicine. In 1913, the value of proprietary drug stocks in Australia was

¹¹¹ Schofield, ps. 116-7, 135-7.

¹¹² Schofield, p. 121.

¹¹³ The concept of influenza as "democratic" (embracing all people not just the lower classes) is a trademark of its modern identity.

¹¹⁴ It was the fact that the epidemic eluded prevention that democratised its danger.

estimated at £3,125,000 (whilst costing manufacturers £160,000 for paid advertisements), suggesting a high consumption rate by the public.¹¹⁵ Despite its dubious effectiveness, for many Queensland residents in 1918-1920, living long distances from medical aid or simply unable to pay for professional medical assistance, the consumption of proprietary medicine was part of the norm.

The epidemic's disruption to the Queensland economy arose primarily from a reduction in the available labour force, owing to the withdrawal of labour to minimise the risk of infection, to recover from infection, or because of death. There was also disruption to the supply of imported commodities needed for production. All of which resulted in much sickness-related absenteeism, disrupted work and travel schedules, lost productivity and lost opportunity. The epidemic was also the underlying cause for the disintegration of many families, regardless of whether or not children were placed in state care. This led to an ongoing loss to the community in terms of productivity and opportunity. For the children placed in institutions, their experiences and the separation from their parents and siblings often led to an immeasurable and lasting impact on the remainder of their lives.¹¹⁶

Along with World War One, the Great Depression and World War Two, the influenza pandemic of 1918-1920 is one of the four great catastrophes of the twentieth century. Yet, people's experience of loss and turmoil during the pandemic has been consistently undervalued. By making comparisons with how society respects the war dead, the final

¹¹⁵ Desmond Manderson, *From Mr Sin to Mr Big: The History of Australian Drug Laws*, Melbourne: Oxford University Press, 1993, p. 52.

¹¹⁶ Records generally remain silent as to what happened to children after being admitted to state care. Indeed it was only with the 1999 *Queensland Commission of inquiry into Abuse of Children in Queensland Institutions* and the 2004 *Forgotten Australians: A report on Australians who experienced institutional or out-of-home care as children* that the plight of such children came to public attention.

chapter of this thesis gives voice to those who died in the pandemic, particularly those who sacrificed their own lives in helping others within their community.

Chapter 9

“In Memoriam”

*For many years our family chain
Was closely linked together;
But, ah, that chain is broken now,
The main link's gone for ever.
However long my life may be,
Whatever land I view,
Whatever joy or grief by mine,
Till death I'll think of you.¹*

“Forgetting” is a subtle, but discernable theme throughout this thesis. At a time when the devastation of World War One was being rewritten into a myth of glorious sacrifice on which a nation could at last stand proud, Australia’s 13,000 to perhaps 20,000 influenza deaths and the many more who were incapacitated by the 1918-1920 pandemic, or who heard their state’s call to a mission of mercy, have left virtually no mark on the Australian landscape or in public memory. This is not just an Australian phenomenon. The worldwide collective amnesia of the pandemic and the absence of pronounced social and emotional responses to it have long puzzled historians. In 1935, Major Greenwood, then Professor of Epidemiology and Medical Statistics at the London School of Hygiene, reflected on his experience of the pandemic: “there is some psychological interest in the fact ... that actually the emotional impression created [by the pandemic] was fainter than that produced by much less grave epidemiological happenings”.² Alfred Crosby is similarly perplexed by the paucity of references in contemporary American literature, dubbing the event “America’s forgotten pandemic”.³ This chapter examines the difference in how two concurrent catastrophes, impacting one upon the other and both

¹ “In Memoriam”, *Capricornian*, 12 June 1920, p. 26. Richard May (husband and father) died of influenza on 10 June 1919, aged 47.

² Major Greenwood, *Epidemics and Crowd Diseases: An Introduction to the Study of Epidemiology* (London: Williams and Norgate, 1935), p. 326.

³ Crosby, *America’s Forgotten Pandemic*, title page.

upon Queensland, are memorialised. The conclusion drawn is that the values a society holds reflect the views of the people who have the power to influence and shape those values.

The pandemic's resistance to recall is sometimes seen as an issue of scale – the effect of the pandemic simply being too vast. In 1921, trying to make sense of what it saw as people's failure to register the enormity of the death toll, *The Times* contended that coming thick and fast on top of World War One, people's encounter with the pandemic was too complicated and its impact too ambiguous to be easily interpreted:

So vast was the catastrophe and so ubiquitous its prevalence that our minds, surfeited with the horrors of war, refused to realise it, [influenza] came and went, a hurricane across the green fields of life, sweeping away our youth in hundreds of thousands and leaving behind it a toll of sickness and infirmity which will not be reckoned in this generation.⁴

This desire to shut out, what American historian Nancy Bristow describes as a “narrative of helplessness”, is a symptom of people suffering depression and Post Traumatic Stress.⁵ Original figures in 1919 estimated that 6 million people perished worldwide. More recently the estimated global toll is considered to have been around 100 million.⁶ Suffering on such a scale is impossible to relate to personal experience. While the imagination can grasp the meaning of a single death, calamities of the order of a pandemic cannot be imagined and therefore evoke little emotional reaction. Philosopher Albert Camus reflects this in his 1947 novel *The Plague*, about an outbreak of plague in a fictional North African town:

⁴ “The Great Death”, *The Times*, 2 February 1921, p. 11.

⁵ Nancy Bristow, *American Pandemic: The Lost Worlds of the 1918 Influenza Epidemic* (New York: Oxford University Press, 2012), p. 10.

⁶ Johnson and Mueller, p. 115.

But what are one hundred million deaths? When one has fought a war, one hardly knows any more what a dead person is. And if a dead man has no significance unless one has seen him dead, a hundred million bodies spread through history are just a mist drifting through the imagination.⁷

In such circumstances, the enormity of the event renders individual experience of little meaning to the collective understanding, unless a social, political and moral significance is allowed to be apportioned to the event.

Historian Joy Damousi contends that notions of sacrifice in war have been shaped by a white male understanding; the emphasis on the collective rather than the individual, warriors rather than the family.⁸ The premise is that nations are made in war and deaths on the battlefield are valued above all others. Few voices contemporaneously questioned the reason for Australia's involvement in the Gallipoli campaign or why this military defeat offered a glorious occasion to commemorate a blood sacrifice. Rather, when trying to make sense of the tragedy, the public was often in a state of trauma. Things that cause complete alterations in the flow of history have to have some grand purpose; otherwise history does not make sense.

On 18 May 1915, less than four weeks after the first landing at Anzac Cove, a government pamphlet was released for distribution in Australian state schools. *Australians in Action: The Story of Gallipoli* revealed Australia's supposedly desperate need for deaths on the battlefield upon which the new nation could at last stand proud.⁹ The Australian public experienced this extraordinary propaganda campaign in the context of the vast emotional turmoil caused by the loss of loved ones thousands of miles away from home.

⁷ Albert Camus, *The Plague* (London: Penguin Classics, 1947, 2002), p. 31.

⁸ Joy Damousi, *The Labour of Loss: Mourning, Memory and Wartime Bereavement in Australia* (Oakleigh: Cambridge University Press), 1999.

⁹ Ellis Ashmead-Bartlett and Charles Bean, *Australians in action: the story of Gallipoli* (Sydney: W. A. Gullick, Government Printer), 1915.

Collectively stunned and emotionally distraught about what had happened, Australians were being told by their Prime Minister, William Hughes, that the true hero was a nationalist martyr, sacrificing his life for nation and homeland.¹⁰ In a speech at the Savoy Hotel in London on 17 March 1916, Hughes was single-minded that whatever the cost, Australia had been born and glorified on the shores of Gallipoli:

In the dark hour when night is yielding doggedly to day, these young soldiers of Australia went out to almost certain death. At the whistle, the first wave leapt from the trench; most of them fell back dead In the face of this awful sight the second line leaped Of these only five or six remained The third wave, undaunted, followed in their turn.... There were eighteen officers; out of those who went two only got back. Of the men, the merest handful survived. We must look back into the grey dawn of history before we find a deed parallel with that. The Spartans at Thermopylae have left a name imperishable...surely what these men did that day – these citizen soldiers of a new nation ... what these men did, too, will never die.”¹¹

Hughes was speaking of the Anzacs as a collective rather than as individual soldiers. To recover an individual's story it is necessary to invest it with meaning and significance. Cultural historian Jenny Macleod contends that in 1965, on the fiftieth anniversary of the Gallipoli landing, media reports barely mentioned individual soldiers or their stories. With a few notable exceptions, it was only in the 1990s that individual soldiers' stories came to occupy a legitimate space in the public discourse of the Anzacs. Since then, it has become morally important for creation of the social and political space within which an individual soldier's family story of trauma, suffering, loss, and pain is publicly endorsed.¹²

¹⁰ Warwick Frost, Jennifer Laing and Favid Cragg, “Commemorating dissenting voices and stories” in Keir Reeves, Geoffrey Bird, Laura James, Birger Stichelbaut, Jean Bourgeois, eds., *Battlefield Events: Landscape, Commemoration and Heritage* (New York, NY: Routledge, 2015), pp 113-114. Mark McKenna and Stuart Ward, “It Was Really Moving, Mate: The Gallipoli Pilgrimage and Sentimental Nationalism in Australia”, *Australian Historical Studies*, Vol. 38, No. 129 (2007): pp. 149-68.

¹¹ Douglas Sladen, *From Boundary-Rider to Prime Minister, Hughes of Australia: The man of the Hour* (London: Hutchinson & Co., 1916), pp. 92-94.

¹² Jenny Macleod, “The Fall and Rise of Anzac Day: 1965 and 1990 Compared”, *War & Society*, Vol. 20, No. 1 (2002): pp. 149-68.

Whilst the renewed historiographical interest and focus on the pandemic (most evident since around the turn of the twenty-first century) has gone some way towards creating a public space where the trauma of the pandemic can be recalled, there has been no equivalent moral or political imperative to do so. This lack of imperative is a function of the pandemic's proximity to World War One and the way in which it was overshadowed by the significance and priority given to military losses, hence Crosby's observation that "Americans took little notice of the pandemic, and then quickly forgot whatever they did notice."¹³ This notion that the 1918-1920 Influenza pandemic was a collective trauma forgotten or erased from public memory because of its proximity to World War One is central to the historiography of the pandemic.¹⁴ Medical historian Niall Johnson characterised the event as an unregarded and overshadowed "bit player in ... the larger story of the Great War".¹⁵ Similarly, Bristow asserts it was more convenient to recast the pandemic "as a chapter in the epic tale of World War One".¹⁶ Yet, if the voluminous literature on World War One is any guide, the pandemic is a footnote at best.

The proliferation of public memorials to the fallen after the war and the inauguration of public acts of remembering (arguably even homage) such as the annual procession to the cenotaph has exacerbated a phenomenon that was already apparent in 1918. It is perhaps understandable that in Western Europe, Great Britain in particular, these memorials to the war dead have subsumed the pandemic into the whole war and Armistice experience. As such, discussion of grief in the early twentieth century has concentrated on examining

¹³ Crosby, *Epidemic and Peace*, p. 322.

¹⁴ The collective forgetting of the pandemic has been dismissed by some as a normal human response and of little significance. John Barry now suggests that the phenomenon should not be considered unusual. These claims, however, run contrary to the numerous times throughout history when societies have been pre-occupied with natural disasters. The obvious example is the Black Death, accounts of which continue to serve as a warning and archetype.

¹⁵ Niall Johnson, "The Overshadowed Killer: Influenza in Britain in 1918-19" in Phillips and Killingray, p. 155. Niall Johnson, *Britain and the 1918-1919 Influenza Pandemic*, p. 180.

¹⁶ Bristow, *American Pandemic*, p. 10.

wartime loss. In Queensland, however, the pandemic took its full toll some months after Armistice Day and at a time when the soldiers were coming home in their thousands.

Much of the grief resulting from the pandemic was publicly invisible and inaudible, its severe and sometimes fatal burden only remembered by sufferers and their close family.¹⁷ The grief and trauma and the details of what volunteers and nurses in particular had actually done are themes historians rarely address. While soldiers “covered themselves with the greatest of all glory, in earning a little wooden cross on distant battlefields”, few have ever described as valorous any of the numerous heroic deeds of humanity undertaken during the influenza crisis.¹⁸

Not many places in Australia are without a war monument, which quickly became a necessity for commemorative ceremonies.¹⁹ Visitors to the Australian War Memorial are confronted with a monument, described by war historian Ken Inglis as “not unlike the image of Christ entering Jerusalem.” Known as Simpson and his donkey, the monument suggests to the visitor a vision, not of killing but of the “valour and compassion of the Australia Soldier”.²⁰ John Simpson’s act of working “alone day and night ... carrying the wounded back to the dressing stations” is held up as the highest expression of mateship.²¹ On the other hand, Australia is practically bare of testimony to the worst natural disaster in its history. Of the 29,085 public monuments listed on Monument

¹⁷ Damousi, *The Labour of Loss*, p. 2.

¹⁸ Alderman C. E. Clegg, 6 September 1919, quoted in *Townsville Daily Bulletin*, 8 September 1919, p. 4.

¹⁹ War cemeteries, monuments and commemorative ceremonies as symbols have been comprehensively explored in historical literature. One of the more recent is Carolyn Holbrook, *Anzac: The Unauthorised Biography* (Sydney: New South Publishing, 2014).

²⁰ Ken Inglis, *Sacred Places, War Memorials in the Australian Landscape*, 3rd ed. (Carlton: Cambridge University Press, 2008), pp. 95-96.

²¹ Inscription on Simpson’s monument at the Shrine of Remembrance, Melbourne Victoria.

Australia's website, only six relate to the pandemic.²² The only listed memorial in Queensland to an influenza victim is at Tambo, central western Queensland. The monument (Figure 39) is dedicated to Reginald Barry, who worked day and night ferrying the sick to the Tambo Hospital, as well as attending to victims in their own homes.²³



Figure 39 Memorial to Reginald Barry

One of only six publicly listed monuments to victims of the 1918-1920 Influenza pandemic in Australia, the memorial at Tambo, Queensland acknowledges Reginald Barry's supreme sacrifice in a time of civil crisis. Images: <http://monumentaaustralia.org.au/display/92603-reginald-barry>

The statute of World War Two surgeon, Sir Edward 'Weary' Dunlop "commemorates all Australian doctors and other medical staff who served Australian prisoners of war in the

²² Current as at 15 August 2016. <http://monumentaaustralia.org.au/>. Sister Rosa O'Kane's monument, which was erected through contributions from residents of Charters Towers (her home town), is located in Fremantle, Western Australia.

²³ *Brisbane Courier*, 18 June 1919, p. 8.

Asia Pacific region 1939-1945".²⁴ Yet, while the efforts of the many medical officers who performed valiant work in combating the epidemic were sufficiently visible to be recorded in contemporary newspapers, they have not been similarly recognized with lasting memorials. Dr Davies, Emerald, was described as "working like a Trojan for some time past in visiting various parts of the district."²⁵ Dr Mackenzie, Mount Morgan, repeatedly made long trips into the district to attend to influenza victims, only to succumb to the disease himself.²⁶ Dr John Flynn, Ipswich, "sacrificed his life through great devotion to his work ... [in combating] the epidemic."²⁷ Dr McFarlane, Irvinebank, approximately 101 miles southwest of Cairns, had been engaged for several weeks in combatting a severe influenza outbreak in the Walsh Shire when he first fell ill on 13 August 1919. Within four days he was dead.²⁸

Of the 3000 civilian nurses who volunteered their services at field and base hospitals in Australia and overseas during World War One, approximately 2500 had enlisted in the Australian Army Nursing Service. By war's end, 154 of these nurses had been "mentioned in despatches" for conspicuous meritorious service, 7 had been awarded the Military Medal "for acts of gallantry and devotion to duty under fire" and 25 had died, all from illness.²⁹ War nurse Rosa O'Kane from Charters Towers, who died of influenza in 1919, was eulogised for her "heroic bravery in the time of danger."³⁰

²⁴ Australian War Memorial <https://www.awm.gov.au/collection/ART90407/>. Inglis, *Sacred Places*, p. 428.

²⁵ *Brisbane Courier*, 13 June 1919, pp. 7-8.

²⁶ *Brisbane Courier*, 23 July 1919, p. 8.

²⁷ *Brisbane Courier*, 7 June 1919, p. 6. Flynn left behind a wife, four young children and his 87 year old father.

²⁸ Cairns Post, 19 August 1919, p. 4. McFarlane was described by the *Cairns Post* as "a Man of Sterling Worth" who would be hard to replace.

²⁹ Inglis, p. 177. Among those who died were Staff Nurses Rosa O'Kane, Doris Ridgeway and Ada Thompson. They, along with VAD nurse Hilda Williams, succumbed to the influenza virus whilst attending to the troops ravaged by disease at the Woodman Point Quarantine Station in Western Australia.

³⁰ *Northern Miner*, Tuesday 7 May 1935, p. 3. Such eulogising of a nurse was exceptional.

Staff Nurse O’Kane was considered to be on “Active Service” whilst tending to the influenza ravaged soldiers at the Woodman Point Quarantine Station in Western Australia when she succumbed to the disease. The eulogising of O’Kane was not so much for her self-sacrifice during a civil emergency but for her fighting, in a gender-appropriate way, for King and Country. Considered a war death, she was buried with full military honours and her story quietly written into the Anzac mythology.³¹ Despite the passage of time, she remains firmly entrenched in this mythology, her sacrifice interpreted in light of the spirit shown by Anzac soldiers of World War One. Speaking at an Anzac Day service in 2012, the City of Cockburn’s mayor stated that while Sister O’Kane had seen “no action in the battlefields” her name was immortalised for her contribution to the war effort; as a volunteer “who stepped forward in our hour of need ... [She] personified the ANZAC spirit.”³²

In Queensland, numerous nurses succumbed to the disease whilst caring for their patients during the influenza crisis. Clara Popple, a very experienced country nurse was in Brisbane on holidays when the epidemic broke out. Volunteering her services at the Exhibition Isolation Hospital, within a fortnight she had contracted the disease and died.³³ Other nurses to sacrifice their lives include Alice Wyeth (Brisbane), Annie Monaghan (Rockhampton), Bridget Farrington (Mackay), Lizzie Plate (Georgetown) and Matron Frances Kearney (Warwick).³⁴ Mable Hodgson of Roma, who had “remained on duty

³¹ O’Kane’s death from influenza has been privileged above other nurses who died during the epidemic in Australia. Words usually ascribed to soldiers killed in action – “heroic”, “active service”, “supreme sacrifice”, “gallant”, devotion to duty”, “fallen” – were appropriated by the *Northern Miner* to write O’Kane into the Anzac mythology. See in particular *Northern Miner*, 27 May 1933 p. 6.

³² Western Australian Government Media release, 26 April 2012.
<http://www.cockburn.wa.gov.au/templates/template48/summary.asp?TemplateID=48&EventID=2776>
[Accessed 15/09/2015].

³³ *Brisbane Courier*, 6 June 1919, p. 9.

³⁴ *Brisbane Courier*, 5 June 1919, p. 9 and 7 June 1919, ps. 6; 15 and 19 June 1919, p. 8; 24 July 1919, p. 8 and 1 September 1919, p. 8.

when not the strength to carry on”, was unusually honoured with a memorial stone (Figure 40) at the Roma hospital.³⁵ Even so, on the construction of a new hospital in 1940, the stone was taken up and for over 70 years lay in the back of a utility shed, in pieces and all but forgotten. The memorial stone has since been restored and re-laid at the site of the original hospital.³⁶



Figure 40 Memorial Stone for Nurse Mabel Hodgson

Whilst caring for influenza patients at the Roma Hospital during the epidemic, Mable Hodgson succumbed to the disease on 6 June 1919. The monument is the only one known to honour an Australian civilian nurse for her sacrifice during the 1918-1920 Influenza pandemic. The monument is not currently listed with monumentaustalia.org.au. Image: Courtesy Roma & District Family History Association 2015.

³⁵ *Western Star and Roma Advertiser*, 18 June 1919, p. 2.

³⁶ Annette Mills, Roma & District Family History Association, email correspondence, 26-28 September 2015.

Just like during the war, when a family's future was shaped by the columns of casualty and death lists and the arrival of telegrams, the newspapers gave daily reports of the number of persons dead, dying or incapacitated by the disease.³⁷ Nonetheless, death and funeral notices (Figure 41) all tended to be extremely brief, factual and formal, giving the barest of detail of time, place, age and relationships of the deceased. There was a distinct reluctance to mention that death was influenza-related, as if to die from disease was ignoble.

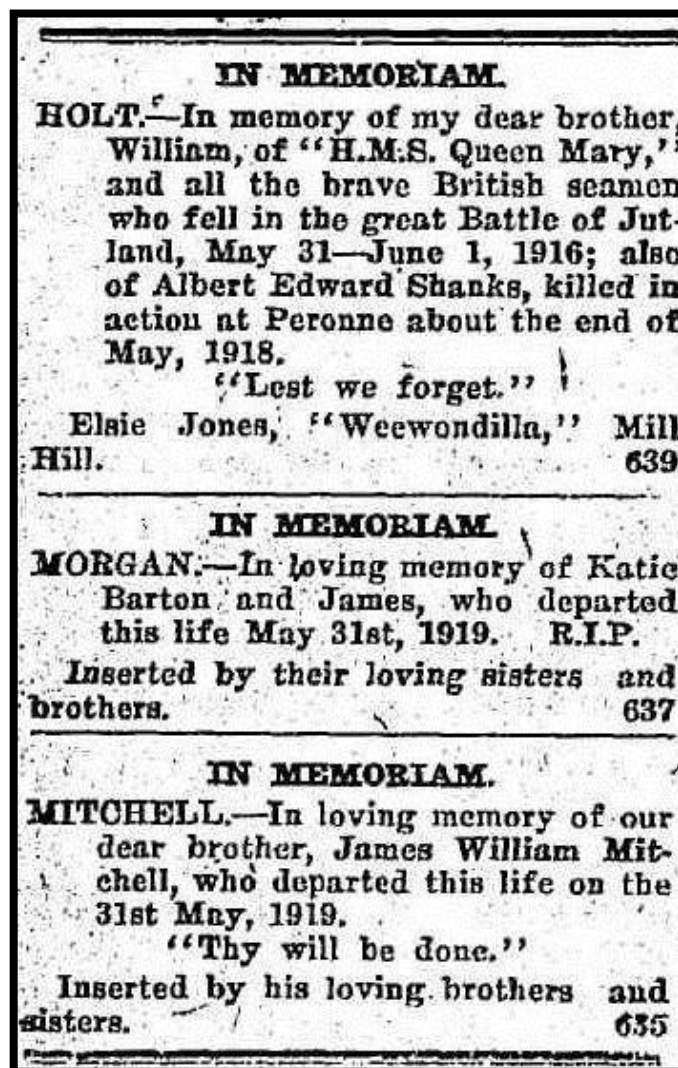


Figure 41 "In Memoriam" Notice

The detail in the memorial to William Holt, a war death, stands in stark contrast to the minimal detail attributed to James and Katie Morgan and James Mitchell. James and Katie Morgan died at Warwick from influenza in 1919. *Warwick Daily News*, 31 May 1920.

³⁷ Damousi, p. 18.

Of the thirty-six “In Memoriam” notices that can be identified with certainty as belonging to influenza victims in the *Week* of 28 May 1920, only two mentioned the cause of death.³⁸ The *Capricornia* of 12 June 1920 contained forty “In Memoriam” notices relating to influenza deaths but again only two contained the cause of death.³⁹ By contrast those memorialising the war dead seem to take great comfort in the fact that their loved ones were listed under the banner “Roll of Honour” as “Killed in Action” or having “died in service of their country”. The latter hid the fact that many a soldier’s death was the result of disease.

National commemoration of the war dead might have made some families’ grief easier to bear, but it has privileged a soldier’s death over that of a civilian on the home-front, which was implicitly insignificant in comparison. Rather than being consumed by the war, the absence of monuments commemorating the epidemic is consistent with the judgement that for Queenslanders, at least, while there may have been heroes during the epidemic, the epidemic itself was not seen as a heroic event. Given the Australian authorities’ penchant for casting the sacrifice of white male soldiers as defining a nation, overt grief for civilians – even those killed in the epidemic – was out of the question and has, by and large, remained so.

On Reflection

“Place”, “landscape”, “memory” are potent words. States shape and reshape the “death hierarchy”, which is the extent to which the state values the deaths of its soldiers compared to the deaths of its civilians.⁴⁰ Therefore, however subtle or limited the scale

³⁸ *Week*, 28 May 1920, p. 14.

³⁹ *Capricornian*, 12 June 1920, p. 26.

⁴⁰ Devotion to the armed forces, projecting on each generation of soldiers the supposed character and qualities of the original Anzacs as a collective of being virile, tough, independent, flexible, highly

and number, monuments in the landscape provides an important indicator of the dominant (past and present) political and social discourse and values. Spurred on by government rhetoric, the Australian public spent an enormous effort in remembering World War One, erecting the most monuments of any nation to commemorate the “glorious dead”.⁴¹ It was in this political landscape that the survivors of the epidemic and remaining family members had to grieve and remember. Often their remembering was an inconspicuous, everyday act: intangible, yet palpable memories of the mind that left no obvious, permanent mark on the visible landscape – at least to the outside observer.⁴²

Whilst the recent reinterpretation of the significance of the pandemic and the validation of it as being worth recalling might be based on the collective suffering on an unprecedented scale, it remains firmly set in the pragmatic use of history in planning for future pandemics. There is yet no social or political space, or the moral imperative, to tell the individual stories of trauma, suffering, loss and pain. Until this occurs, monuments missing from the landscape will remain as important as those that are physically present.⁴³

competent, able to overcome any obstacle has become a centre piece of governmental policy. Such are always portrayed as a heroic endeavors that the people should be supportive of, remembering the sacrifice of those dead young soldiers. Mark McKenna and Stuart Ward, “It Was Really Moving, Mate: The Gallipoli Pilgrimage and Sentimental Nationalism in Australia”, *Australian Historical Studies* 38, No. 129, (2007): 149–68.

⁴¹ Owing

⁴² Internalising the grief may have been the only strategy available in a country where a soldier’s death on the battlefield was privileged above all else.

⁴³ Inglis, ps. 20, 222.

Conclusion

“Echoes and Episodes”¹

*Few of us ... would care to shoulder responsibility again for the deplorable condition of affairs in the winter of 1919, when influenza was abroad in Australia, and we were all engaged in trying to keep our own state ... city or locality free from invasion.*²

This thesis gives a historical perspective on a civil crisis of unprecedented proportions. The impact of the 1918-1920 Influenza pandemic was extensive and multifaceted and occurred at all levels of society. The fact that death rates in Australia were about an eighth of those in the U.S. and a quarter of those in South Africa and New Zealand, contributes to the thesis' uniqueness. Even in Australia, the contrast in the experience of each state is dramatic. Both New South Wales and Victoria first felt the impact of the second wave of the pandemic influenza in late January 1919, yet the peaks of the disease varied between the two states. Both states incurred a significantly higher death toll than for the rest of Australia, with New South Wales being much higher than that of Victoria. Despite being connected by railway and shipping lines and the constant movement of people, albeit it greatly regulated, it was May 1919 before the Queensland government had to acknowledge the presence of the second wave of the pandemic influenza in the state.

The outbreak of the second wave in Queensland coincided with the return of troops from World War One, a state-wide drought and consequent food shortages, labour struggles and maritime strikes, as well as with the political tensions and intrigues of a floundering federalism and an underfunded and under resourced health system. Although not as virulent as in other countries, Australia experienced a very infectious influenza virus. It killed, it incapacitated, it disrupted work and recreation schedules, it caused absences

¹ *Queensland Times*, 9 October 1919, p. 4.

² *Telegraph*, 20 August 1921, p. 8.

from work, lost productivity and opportunity and created an environment of confusion, panic and resentment.

Commonwealth health experts were no more knowledgeable about the virus or how to combat the pandemic than those in the service of state governments. Disagreement between the two levels of government over what was to be done and how it was to be done speaks to the state of medical and public health knowledge of the time and the insufficiency in mutual forward planning and preparations. More importantly, it speaks to the relevant individuals, who, holding different perspectives and having different institutional priorities and loyalties, were not able to imagine how the same situation could be viewed differently.

Whilst understanding does not necessarily preclude disagreement, co-operation between the Commonwealth and state authorities needed the mutual modification of the points of view held by the ministers and experts of the respective governments. Such adjustment proceeds slowly and in stages over time. It cannot be brought about by an all-encompassing civil crisis. Co-operation is also not likely to occur if one level of government, whether intentionally or not, attempts to arrogate the functions of the other, or where, by overextension, a government fails to see that particular powers, for example the powers exercised in times of war, by their very nature, cannot be exercised more generally.

The Health Acts, 1900 to 1917, gave authority to the Queensland Commissioner of Public Health to make any regulation to prevent or check the spread of infectious disease. The Commissioner's first fifteen regulations were gazetted on 29 January 1919, effective until

31 July the same year. That these regulations were extensively amended, repealed or added to over the following four months is indicative of the Commissioner reacting to a developing situation. However, it also suggests the regulations had been hastily drafted in the first instance and that little or no planning for different scenarios had been undertaken. Public health comes at a cost – money, resources, political capital and infringements of personal liberties. Any hindrance to the movement of goods or people had significant financial implications. The state government was not prepared to pay either in money or in political capital for a blanket imposition of public health measures over the entirety of Queensland or a region of the state, despite having the authority and capability to do so. Instead, both the Commissioner and the Home Secretary preferred to enforce the regulations district by district, town by town as the disease spread. An approach that always remained at least one-step behind the advance of the virus.

Though not always obvious, population mobility played a significant role in facilitating the transmission and seeding of the pandemic influenza. Closing of hotels, theatres and schools was ineffective if significant numbers of people continued to move around, continued to go to work and continued to attend sporting events amusements. People were free to travel at will between towns and cities, often taking or bringing back the disease with them. Show societies and horse racing clubs decided for themselves whether to hold the annual show or monthly race meeting. Most did not, but some made decisions in their own economic self-interest and the consequence was generally an immediate upsurge in the number of cases or the spread of the virus into places it had not previously reached. Other occasions such as the celebrations in July 1919 of the signing of the peace treaties following World War One were considered far too important to defer despite the known risks. Overall, failure to curtail such activities resulted in more cases and more

people dying than might otherwise have been the case. To quote Alderman Diddams of the Local Authorities Association, having fought a long and often brutal campaign to keep the epidemic influenza out of the state, the Queensland government “dropped its bundle” once the virus had penetrated the state’s borders.³ There was no enquiry into the epidemic in Queensland. The Queensland parliament did not sit at all during the crisis and the epidemic was only referenced on six occasions in the first session of parliament following the crisis. It seems as if the authorities just wanted to forget the pandemic ever happened.

Officially, a wardsmaid from the Commonwealth’s Kangaroo Point Military Hospital was the first case of pandemic influenza diagnosed in Queensland outside of the federal quarantine station at Lytton. However, “suspicious cases” of influenza, well away from Brisbane, had previously been reported to the Commissioner of Public Health. The almost instantaneous outbreak of the epidemic across the state suggests the virus could have been seeded and diffused throughout Queensland over several months before the epidemic exploded. The decentralised nature of the state’s extensive networks of coastal ports and inland railways may account for this pattern. In any case, those decentralised networks had the ability to quickly and efficiently carry infected persons throughout the state after the initial outbreak.

Victims, heroes and bystanders of the pandemic abounded in Queensland. Whether at the isolation hospitals or in the home, providing medical, nursing or other aid to influenza patients was a hazardous undertaking. With the shortage and at times unresponsiveness of nurses, volunteers ventured into hospitals and into homes. Many became infected and some made the ultimate sacrifice. Society, however, is yet to think it important to invest

³ Notes of deputation representing Local Authorities Association upon Home Secretary 14 May 1919, p. 2, QSA: 8400, Item ID 18188.

the Australian pandemic experience with meaning and significance. Little recognition has been given, at the time or since, to the doctors, nurses and the many volunteers, who, along with the 13,000 to perhaps 20,000 Australian victims, displayed “outstanding courage and strength of character in the face of sustained adversity.”⁴

To generate a wider appreciation of what occurred and how communities in Queensland dealt with the crisis, there is a need for local area case studies to be undertaken to allow further assessment of the nuances of the response to the epidemic. Combined with a searching for contemporary letters and memoirs, if any, that speak to individual experiences of the epidemic period, such case studies may prove a fruitful future endeavour. General access to hospital records will become available in 2019, with the lapse of the 100-year access rule. Significant quantifiable data, such as length of confinement, could be extracted and tabulated for the first time.

The significance of the 1918-1920 influenza pandemic is more than death and disease, morbidity and mortality or of its victims, heroes and bystanders. As a psychological crisis for the individual and a social crisis for the community, it speaks, on the one hand, to the fragility of humanity; brought to its knees by a humble virus using the very interconnectedness that its host had created. On the other, it is a timeless story of the endurance of the human spirit, of ordinary people doing extraordinary things. Such complex meanings are difficult to uncover in official documents, reports and secondary accounts and it remains a challenging task for an historian to recover the lived experience of the ordinary person. In considering these complex meanings, it becomes evident that time and place mattered. Though a worldwide phenomenon, the pandemic occurred in

⁴ To take the words Governor-General Michael Jeffrey used in his 2006 Anzac Day address to describe the soldiers of Gallipoli. <http://www.abc.net.au/news/newsitems/200604/s1623517.htm>

particular places at particular times under particular circumstances, impacting on communities in particular ways. As such, the first principle in pandemic planning should be to start with the people as they are and with the community as it is. Whilst actions in time of crisis may not always define the general tenor of Queensland, knowing the community and its people is just as important for combating infectious disease epidemics as knowledge of epidemiology or medicine.

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1043	538711	Conferences of Commonwealth and State Ministers
1043	539641	Work performed for the Commonwealth Government by State Departments
3583	649997	Minutes of the Balmoral Shire Council 07.07.1915 – 20.10.1920
3606	653891	Minutes of the Sandgate Town Council as a Committee of the Whole Council 10.02.1911 – 07.09.1925
3607	653893	Minutes of the Sandgate Town Council 06.02.1911 – 10.10.1921
3620	653940	Minutes and Reports of the Balmoral Shire Council 01.12.1916 – 31.03.1924
4152	664644	Health Committee 18.02.1915 – 26.10.1920
5401	862033 – 862035	Register of Letters Received 01.01.1918 – 31.12.1920
5402	862674 – 862698	General Correspondence – 21.01.1919 – 30.09.1919
6169	924188	Ipswich Shire Council and Moreton Shire Council – Minute Book 21.03.1912 – 02.06.1920
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6477	997166 – 997167	Pneumonic Influenza – Miscellaneous papers

6605	212758	Wallangarra – Cash book no. 1 compound
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6717	267017 – 267019	Papers – Wheat and flour supplies
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Barrier Miner (Broken Hill)

Bowen Independent (Bowen)

Brisbane Courier (Brisbane)

Bundaberg Mail (Bundaberg)

Capricornian (Rockhampton)

Cairns Post (Cairns)

Daily Mercury (Brisbane)

Daily Standard (Brisbane)

Daily Telegraph (Launceston)

Darling Downs Gazette (Toowoomba)

Dubbo Liberal and Macquarie Advocate (Dubbo)

Evening Telegraph (Brisbane)

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Inverell Times (Inverell)

Leader (Orange)

Maryborough Chronicle, Wide Bay and Burnett Advertiser
(Maryborough)

Mercury (Hobart)

Morning Bulletin (Rockhampton)

Morning Post

Newcastle Sun (Newcastle)

Northern Herald

Northern Miner (Charters Towers)

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Queensland Times

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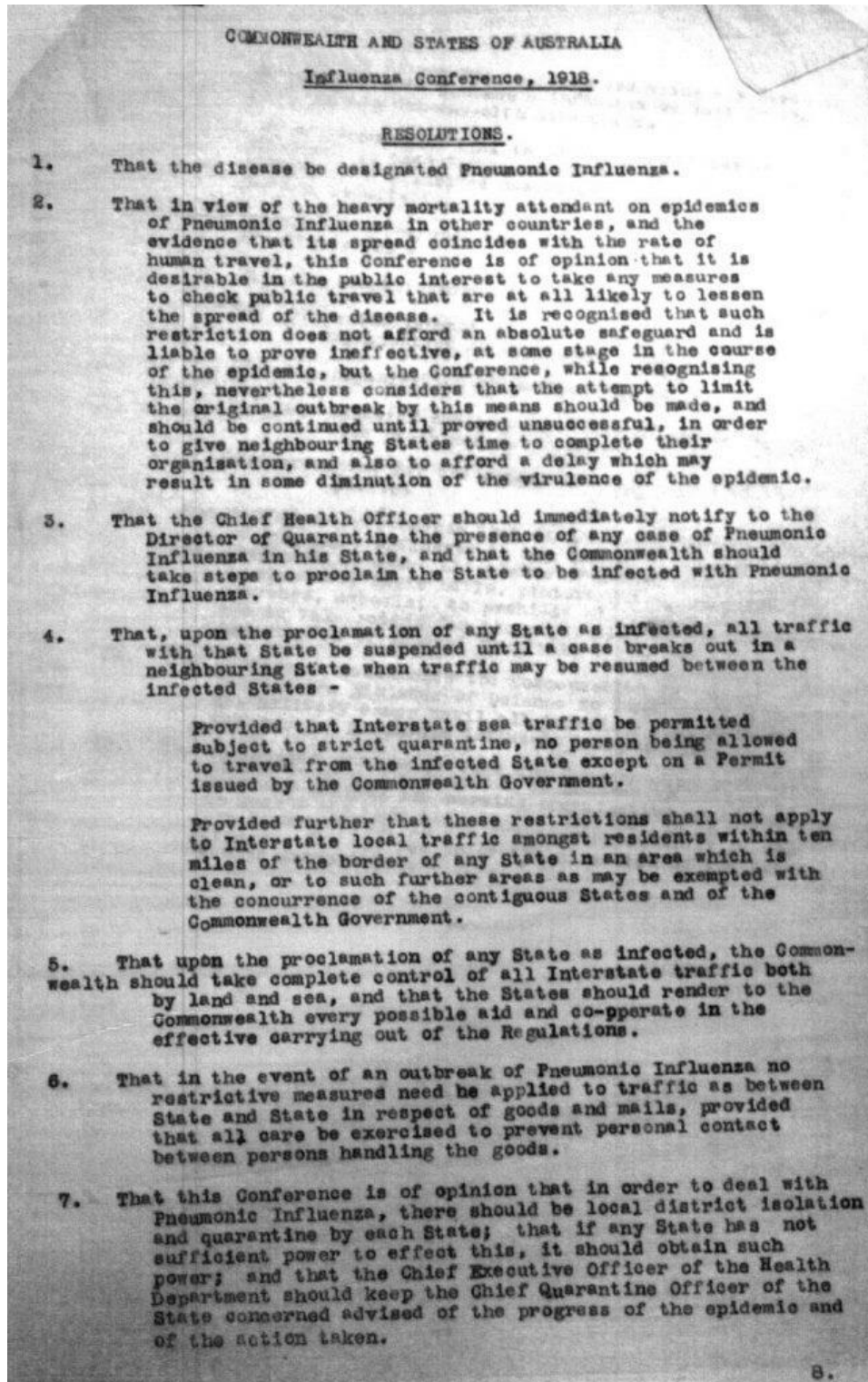
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Appendix

Commonwealth and States of Australia Influenza Conference, 1918. Resolutions¹



¹ Commonwealth and States of Australia Influenza Conference, 1918. Resolutions, QSA: 8400, Item ID 18188.

8. That the repeal of the Proclamation declaring any State to be infected with Pneumonic influenza be left in the hands of the Commonwealth Government.
9. That it be recommended that an Advisory Committee be appointed in each State, consisting of the Chief Health Officers and a limited number of members of the British Medical Association.
10. The Conference recommends that immediate action be taken by the States for -
 - (1) the establishment of Vaccine Depots;
 - (2) the establishment of special Hospitals and the organisation of Ambulance Transport;
 - (3) the organisation of Medical and Nursing assistance;
 - (4) the issue of advice to local authorities through the press and by circular;
 - (5) arranging for the supply of respirators to the public.
11. The Conference recommends that in the event of an outbreak of Pneumonic influenza in any State, it is considered advisable to close all places of public resort, such as theatres, music halls, picture shows, race meetings, churches, schools; to prohibit all public meetings; and to take action for the regulation of all Out-patient Departments of General Hospitals
12. The Conference recommends the Commonwealth Government to request the Minister of Defence to immediately disband all military camps until all immediate danger of an outbreak of Pneumonic Influenza has passed.
13. The Conference recommends that the Commonwealth Government should request the Minister of Defence to hold the military medical and nursing organisation available in such a way that they can be utilised in any part of the Commonwealth, in the event of an outbreak of the disease, for service under the direction of the State Health Authorities.
