

Social Policy in Australia
Some Perspectives 1901-1975

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(c) any ex-nuptial children of that person born before the occurrence of the event resulting in his death or incapacity as aforesaid or within nine months of that event;

(d) any other such members of the family of that person as were wholly or in part dependent upon his earnings at any time within twelve months prior to his enlistment or appointment;

(e) the parents of any such person who are, at any time after the occurrence of the event resulting in his death, without adequate means of support;

(f) the ex-nuptial child (wholly or in part dependent on the earnings of any such persons at any time within twelve months prior to his enlistment or appointment), of a son or daughter of that person; and

(g) the parents or grandparents of any such person, who is an ex-nuptial child, who are so dependent'.

40 For a complete account of the work of the trustees see Parliamentary Papers—General—Session 1917–19, vol. 4: 'Australian Soldiers' Repatriation Fund—Report of the Board of Trustees, March 1918'.

41 Report of Board of Trustees, Australian Soldiers' Repatriation Fund, p. 6, *C.P.P.*, General, Series 1917–19, vol. 4.

42 *ibid.*, p. 7.

43 Ministerial Statement, 27 September 1916, *C.P.P.* General Session, 1914–17, vol. 3; Interim Statement by Treasurer, 6 December 1916, *ibid.*

44 Report of Board of Trustees, Australian Soldiers' Repatriation Fund, Schedule 15, *C.P.P.*, General, Session 1917–19, vol. 4.

45 *ibid.*, Schedule 8.

46 For details see Schedules 11 and 13, *ibid.*

47 *ibid.*, pp. 11–13.

48 Report of the Auditor-General on the Accounts of the Australian Soldiers' Repatriation Fund and Various State War Councils, *C.P.P.*, General, Session 1917–19, vol. 4.

49 Report of Board of Trustees, Australian Soldiers' Repatriation Fund, p. 15, *C.P.P.*, *ibid.*

50 *ibid.*

51 *ibid.*, p. 16.

52 *ibid.*

53 Editorial, *Age*, 5 January 1917.

54 *Age*, 15 January 1917.

55 Report of Board of Trustees, Australian Soldiers' Repatriation Fund, p. 21, *C.P.P.*, *loc. cit.*

56 *ibid.*

57 *ibid.*, p. 22.

58 Australian Soldiers' Repatriation Bill, *C.P.D.*, 83, 24 September 1917, pp. 2515–9.

[From *Royal Australian Historical Journal* 49, 5 (1964) pp. 376–400]

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2.2

The 'Spanish' Influenza Pandemic in Australia, 1912–19

Humphrey McQueen

SIX MONTHS BEFORE the Armistice ended the Great War a new and more deadly scourge was unleashed upon the world. Popularly known as 'Spanish' flu it killed twenty million people within twelve months. Australia remained free of infection for much of that time, but by the end of 1919 all Australian States shared a death toll of 12,000. No one knew precisely what the disease was, or how to cure or prevent it. Was the Australian version simply a more virulent strain of the influenza which recurred every year, as claimed by the Director of Quarantine? The Federal structure of Australian government was ignored as States closed their borders: was Victoria responsible for allowing infection to spread to the rest of Australia as many New South Welshmen alleged? Or was the Pandemic a continuation of God's punishments, the fulfilment of Apocalyptic prophecy?

In discussing the Pandemic's Australian career four areas will be examined. *Firstly*, the origins of the disease and the quarantine regulations designed to prevent its penetration into and spread throughout Australia; some implications for Federalism and nationalism are pointed to. *Secondly*, the medical professions' responses will be considered. *Thirdly*, the public health activities of State governments will be detailed. *Fourthly*, the psychological impact of the Pandemic will be located in its total environment to evaluate its contribution to any Australian 'loss of certainty' consequent upon the Great War.

'Spanish' influenza earned its geographic epithet because the king of Spain was amongst its earliest victims; one of the few things known for certain is that the disease did not originate in his realm. The most likely explanation is that a milder form of influenza carried to Europe by American troops in April 1918 was transformed into the Pandemic type which, by October, spread throughout Europe and into Africa, Asia and the Americas; Australia remained free from infection until the following January. Before the Pandemic abated nearly thirty millions died, mostly in Asia.¹

Outbreaks in Britain were marked by three peaks of intensity between July 1918 and February 1919 during which Australian troops in Britain suffered approximately a 10 per cent infection rate; 209 cases were fatal.² Returning troop ships were often badly hit. Half the complement of the *Barambah* were affected and twenty-three deaths occurred during the voyage. In contrast, another transport lost only one member, a sergeant, who 'in a delirious condition' and 'fascinated by the cool depths of the moonlit sea...dropped overboard' leaving 'behind him the aroma of a gracious disposition'³; however,

twenty-four soldiers and four nurses from this vessel subsequently died in quarantine at Fremantle.

Commonwealth quarantine officials were alerted to the existence of a new influenza type in July 1918. The first infected vessels arrived in October from which time onwards all vessels which had contacted South African and New Zealand ports underwent seven days quarantine. Three hundred cases of Pandemic influenza were treated and numerous deaths occurred at Sydney quarantine stations in the three months before infection infiltrated to the domestic population. Degrees of quarantine were enforced according to the state of health of a ship's complement. Where there was no record of infection whatsoever, or where there had been no infection for more than fourteen days, passengers and crew were given zinc sulphate inhalations and subjected to thermometer parades each day; anyone with a temperature of 99° F or over was isolated; it was hoped that these measures would deflect immune carriers. If a ship arrived with an infected person everyone on board was immediately inoculated and forced to wear face masks for the period of their quarantine.⁴

By June 1919, Dr J. H. L. Cumpston, Director of Quarantine, was convinced that his service had provided Australia with 'absolute immunity' and that 'There is... much evidence... that the present form of influenza is the product of a slow evolution of an influenza already established in Australia in July and August 1918'. Cumpston based this view on the fact that four weeks elapsed 'between the arrival of the last infected ship and the first shore case notified'. This would be strong evidence indeed if he did not elsewhere have cause to complain of medical officers on troop ships falsifying their records to avoid protracted quarantine.⁵

Once the disease was established in the resident population there were several instances of troops breaking quarantine. The most significant of these led to the court martial in March 1919 of 'Gunner' Yates, Labor M.H.R. (Adelaide, SA), on a charge of inciting a mutiny to break out of the Semaphore quarantine station. Yates' service in the AIF from 1916-18 combined with his continued membership of the Labor Party could have embarrassed Nationalist Party claims to an electoral monopoly of patriotism. But even if Yates was technically guilty and his trial not at all politically motivated, his conviction to sixty days detention effectively destroyed his propaganda value for the Labor Party and instead added to its reputation for disloyalty. A more spectacular example occurred in Sydney on 10 February when 1,000 men from the *Argyllshire* abandoned their unprepared and snake-infested campsite at North Head where they had been landed during the night.⁶

By delaying family reunions and cancelling some victory parades quarantine provided a foretaste of that sense of rejection around which digger divisiveness was to fester. By taking direct action the diggers gave momentary substance to hopes and fears that Bolshevik influences might be at work in the AIF and that the returning soldiers carried with them the germs of something more potent than influenza.

Chaotic wrangling between Commonwealth and State authorities resulted from the collapse of a previously negotiated agreement and not because of universal unpreparedness. Late in November 1918 State Ministers of Health, their Directors-General and BMA Branch Presidents attended a conference in

Melbourne with the Commonwealth Minister for Trade and Customs and his Director of Quarantine where a thirteen point plan of action was adopted. Six of the points concerned interstate quarantine about which it was agreed that the Commonwealth would proclaim a State to be infected immediately upon notification from its Chief Health Officer, and that until any neighbouring State was similarly proclaimed their common land border would virtually be closed to travellers. Once a State had been so proclaimed the control of all its interstate traffic as well as the power to revoke the original proclamation rested entirely with the Commonwealth.⁷ The inherent tensions in even this temporary reallocation of Federal powers had no opportunity to reveal themselves before the entire process was shortcircuited by a disagreement between Victoria and New South Wales.

Victoria refused to acknowledge the presence of pneumonic influenza for a fortnight after its appearance and it was not until the day after New South Wales was proclaimed infected that Victorian authorities agreed to officially notify the Director of Quarantine, although they had informally admitted the situation to him five days previously. Because the first diagnosed case in NSW was a soldier who had travelled by train from Melbourne, and because Victoria had postponed its official notification to the Commonwealth for more than a week, the NSW Government considered the November agreement revoked and, although both States were by now proclaimed, the border with Victoria was unilaterally closed.⁸ Thereafter it was every State for itself. A complete chronicle of the constantly amended interstate travel regulations would be fruitless and tedious since a sufficient indication of the situation can be obtained from a broad outline of the provisions of each State.

Victoria imposed no restrictions whatsoever. Tasmanian discontent turned to defiance at the end of April when the Commonwealth threatened to withdraw steamers from the Bass Strait service unless the period of maritime quarantine was reduced from seven to four days. Tasmania's tourist trade had already been ruined and her primary industries disrupted by the diversion of shipping to keep Victoria supplied with coal. One member of the House of Assembly published his telegram to the Premier urging the summoning of Parliament to petition the King to suspend the Constitution, and to pray for deliverance from Federal control. The *Tasmanian Mail* contented itself with strong words and suggestions that Tasmanian parliamentarians withdraw their support from the Nationalist Government. Rigid quarantine was maintained and when infection finally penetrated to the community in August, Tasmania suffered the lowest mortality rate of any recorded area in the world.⁹

In Western Australia anti-Commonwealth sentiment gained accustomed support on the goldfields, when the transcontinental train was impounded. The Kalgoorlie district health officer wondered if he should quarantine the passengers' excreta as well; subsequently he announced that he was 'perfectly satisfied that the disease could be communicated by post'. About half the State Cabinet were scattered in Adelaide or Melbourne from where they sent telegrams to each other, and to Perth, demanding to be rescued. By the time they reached home they were barely on speaking terms, which presumably made the reconstruction of the Government in April and again in May no less difficult. After nearly three months the Trans-Australian line re-opened but

protests did not subside until the spread of influenza throughout the State made further quarantine pointless. Even so, Kalgoorlie residents thought it advisable to drive fringe-dwelling Aborigines as far as possible into the desert.¹⁰

Clashes between Queensland and the Commonwealth commenced early in February when the State simultaneously applied for a restraining order to prevent troops being landed at a mainland quarantine station and infringed the November Conference agreement by refusing free access to persons living within ten miles of its border. Crossings were permitted only at Wallangara where those wishing to enter Queensland were required to pay from 7s 6d to 12s 6d a day for the pleasure of seven days detention, two injections and thrice daily ten-minute stints in an inhalation chamber. Advance bookings were taken by the Tourist Bureau in Sydney. For several weeks living conditions in the camp were abominable and only intercession by the Anglican Archbishop secured separate ladies' toilets.¹¹ Conditions at the Serviceton and Cockburn 'camps' were even worse because the South Australian Government declined all responsibility for them. From 19 February the Government agreed to receive its own citizens but quarantined them in the Jubilee Oval grounds where the inmates were accused of bribing their police guards and of other unseemly conduct. The first batch of internees published a twenty-two page souvenir booklet in which the editors—two parsons—described their stay as 'a glorious holiday'.¹²

Throughout these State attempts at self-preservation, the Commonwealth endeavoured to reassert its authority but found it could do little more than threaten or cajole. A week after NSW closed its border and Western Australia seized the trans-Australian trains, the acting Prime Minister, W. A. Watt, wrote to the six State Premiers acknowledging the collapse of the November agreement. In its place he proposed limited maritime quarantine for interstate travellers but rejected border quarantine entirely. The response ranged from passive obstruction to active resistance from all except Victoria. Watt managed to negotiate a system of cash and travel vouchers for citizens stranded outside their home States but beyond this charitable project his powers of persuasion remained negligible. Consequently, at the end of April he telegraphed the Premiers of Queensland, Western Australia and Tasmania that until they were prepared 'to withdraw their quarantine regulations, a proportion of the tonnage employed in the trade to their respective ports would be removed to other trade routes offering more continuous employment'.¹³ A nation-wide seamen's strike deprived him of this weapon and it was not until the Pandemic spread throughout the entire continent that co-operative if uneasy Federalism was re-established.

No positive improvement in the control of disease resulted from the six months of dispute although both the Prime Minister and the Leader of the Opposition publicly acknowledged that the epidemic demonstrated the necessity for augmented Commonwealth powers. It required an outbreak of bubonic plague and a Rockefeller grant before a Commonwealth Department of Health was established in March 1921.¹⁴

The breakdown of the Federal principle is clearest if the inter-state quarantine procedures are considered from the standpoint of an ordinary citizen desirous of travelling from one part of his country to another. Border

posts stood in his way—it was as if the European system of passports had invaded Australia along with the flu. On a range of domestic matters the Commonwealth of Australia passed into recess.

'Spanish' flu struck suddenly. The first sign was a severe chill or shivering fit, followed by an acute headache and pains in the small of the back which spread throughout the body as a general muscular tiredness. Vomiting and diarrhoea, running eyes and nose, and a sore, coughing throat were usual while the skin often assumed a bluish or plum-coloured tinge. The attack could last ten days but a general debility was noticeable for several weeks. Pneumonia was a frequent complication and victims with heart or chest conditions could anticipate a further shortening of their life expectancy.¹⁵

Governments and the public were equally at the mercy of doctors whose official journal declared that 'Confidence can only be attained if the medical profession admits frankly and without reserve the extent of its ignorance of the causation of influenza and the limitations of its powers to gain a mastery of the disease'. This self-diagnosis had taken eighteen months, during which time scores of registered practitioners outbid each other with claims for their own methods of treatment. One advocated sweating powders to artificially induce a crisis whilst a colleague attained the same result with daily hot baths. From California came news of a Melbourne-trained doctor who had successfully treated 2,500 cases with a regime of rest, fresh-air, castor oil, mustard plasters, sweatings, good food and no medicine. A mixture of menthol, eucalyptol, camphor, oil of cinnamon and spirits of chloroform was recommended as a prophylactic.¹⁶

Soldiers in AIF Depots in the United Kingdom were inoculated and made to gargle Condy's crystals in salt water twice a day. But the main constituent in the Army's system of prevention was fresh air: all windows and doors were kept open unless rain or snow was actually coming through them, and when it was neither raining nor snowing troops were taken on route marches every morning and afternoon. A special cemetery on Salisbury Plain was expanded to accommodate the dead.¹⁷

Not all quack cures came from doctors or from the proprietors of patent medicines. Almost every advertiser discovered preventive powers in his product so that maximum protection was available only to pipe-smoking, motor cyclists with false-teeth.¹⁸

That sizeable section of the population who accepted the efficaciousness of Dr Morse's Indian Root Pills as an internal precaution against influenza were unlikely to follow the final admonishment in Dr Morse's advertisements and send for a doctor—firstly, because doctors were increasingly unavailable, secondly, because they might chance upon a venereal infection, and thirdly, because they could do little more than recommend the abandonment of Root Pills in favour of Heenzo and Bovril.¹⁹

The dearth of doctors was due partly to about 5 per cent of all registered practitioners still being on overseas service. Those who remained were generally older, possibly unfit or wounded, and invariably over-worked so that their ranks were diminished further as doctors themselves fell victim to the Pandemic.²⁰ In addition, there was a recently induced fear of them as police

agents for the Venereal Diseases legislation which most States had introduced since 1915. These Acts provided for compulsory notification and treatment and many who suspected that they were infected but were unwilling to submit to lengthy periods of embarrassing and unpleasant medication relied more than ever on patent preparations for all their health needs.²¹ Finally, there was the spectacle of some of Australia's most eminent physicians squabbling with each other in the popular press over the nature, cause, prevention and treatment of the disease. With the experts in disarray it was no wonder that people with limited resources to expend on medical purposes neglected doctors in favour of patent preparations, especially when the doctors rarely suggested anything better, or often anything substantially different. In such an environment it is not surprising that support for nationalization of medicine ranged from *Punch* and the President of the 1920 Medical Congress, through the Australian Natives' Association and the *Freeman's Journal*, and onto the *Bulletin* which asked 'Should a Doctor be hanged now and then?'²²

Two issues in particular were distinguished by the intense brawling they induced amongst clerisy and laity alike. They were inoculation and the wearing of masks. If only on grounds of personal comfort the wearing of masks was a hotly contested issue in New South Wales where it was most strenuously enforced. The demand for masks was so extensive that to prevent profiteering the Commonwealth Government declared butter muslin and gauze to be 'necessary commodities' within proclaimed areas. This meant that maximum prices could not exceed those charged generally on 24 January 1919.²³

One doctor supported masks because they would help keep germs in and thus lessen contagion. Opposition came from those who saw them as breeding grounds for infection or as sapping the community's 'vital force'. A 'Bovril' advertisement alleged that anti-influenza masks were 'like using barbed wire fences to shut out flies'. With genuine if unconscious insight into the behaviour patterns of its readers, the *Sydney Morning Herald* suggested that resistance to masks stemmed from a distaste for making oneself conspicuous and that this would fade away '[o]nce the pioneers have introduced the fashion' whereupon wearing a mask would become as natural as wearing a hat.²⁴

But if masks were supposed to keep germs out, declared the Rhinologist at St Vincents, a simple cloth cover over mouth and/or nose was inadequate and he called for a full face mask with mica eye pieces. Others proposed variants included masks with handles for outdoor work and the 'Lightning Germ Arrestor for Telephones'. The Director of Quarantine defended masks because they reassured 'nervous persons' and provided a 'tangible... indication that precautions are being taken'.²⁵

Although needles are not calculated to calm nervous temperaments there was widespread support for inoculation so that by the end of 1919 25 per cent of the population of New South Wales had been given a course of two injections. Melbourne's socialites reputedly arranged 'inoculation parties' where the guests 'got the needle' in turn to slow music' and a prize was awarded 'to the shapeliest arm'. There existed a no less strongly-felt pocket of resistance to inoculation for any purpose because impure batches of serum still caused occasional mass fatalities. This generalized opposition (plus some apathy and lack of opportunity) is evidenced by the 607 deaths in Australia in 1918 from

diphtheria which had long since been wholly preventable by a course of free injections.²⁶

On the effectiveness of inoculation the evidence accumulated here and abroad in 1918-19 revealed a pronounced inverse relation between inoculation and mortality. For example, of 60,000 troops in Britain the quarter who were inoculated suffered only a third of the rate of infection, a ninth of the rate of pulmonary complications, and a twentieth of the death-rate of the 45,000 who were not inoculated. As a preventive measure inoculation appears to have been quite effective; claims made for its curative powers remain suspect.²⁷

Public health measures did not end with masks or inoculation; if the following survey concentrates on NSW this is justified by that State's unwillingness to neglect any possible precaution. On 28 January when NSW was proclaimed to be 'infected' all libraries, schools, churches, theatres, public halls and places of indoor entertainment were closed. Six days later racecourses and hotels were closed and all persons within the County of Cumberland, within ten miles of the Victorian border, or on public transport were required to wear masks. After 15 February masks were no longer compulsory for people in the open, in groups of three, in families, or for men working more than six feet apart. Further relaxations followed but on 28 March an order prohibited customers staying in a hotel bar for more than 5 minutes. Regulations were again stiffened until on 2 April masks had to be worn in University classrooms and in factories with more than five workers unless they were engaged in hard physical labour; libraries, theatres and racecourses were once more closed and wide disappointment followed the prohibition of the Centennial Royal Easter Show.²⁸

A persistent source of contentiousness was the Citizens Influenza Administrative Committee which 'Right up to the time of the second outbreak... had not been able to arrive at any satisfactory arrangements with the officials of the Health Department as to the Committee's place in the scheme of influenza fighting, nor as to what its relations with the officials of the Health Department should be'. Unable to affect the outside world, the Committee divided itself into seven sub-committees and offered its resignation three times during March until its functions were defined as control of relief and home care of the sick. To afford relief to persons whose places of employment had been closed by Government order, an Influenza Economic Relief Act provided the otherwise entertainment-starved citizens of NSW with an opportunity to see bookmakers and publicans queuing for food vouchers.²⁹

Needless to say the Minister responsible for this avalanche of regulations and revocations, J. D. Fitzgerald, incurred displeasure. Commenting on his alleged instruction to the Tibooburra police to arrest as vagrants any germs found slipping through the rabbit fence, Fitzgerald's severest critic, *Smiths Weekly*, published a sequence of poetic parodies including one from Rudyard Kipling:

Winds of the Bags give answer; they are blustering far and near;
What should they know of cocci who only cocci fear?
The Johns of the Never Never are burnishing bright their wits

In loading the water camels at the bidding of Mighty Fitz.
 The troopers grim have chased them to the barbs of the rabbit-fence;
 The desert heart of Australia throbs to their passion intense;
 What are the fits of Gerald? Ye have but my masks to wear,
 Ye have but my wogs to wallop. Go forth, for they are there!

John Storey, Leader of the Opposition, described Fitzgerald as a jovial fellow, but 'temperamentally unsuited for an administrative position requiring calm and cool judgement'.³⁰ During a cabinet reshuffle in July 1919 Fitzgerald was promoted from the Health portfolio to become Minister for Justice and Solicitor-General.

When at the outbreak of the epidemic in NSW the *Sydney Morning Herald* assured its readers 'that whatever happens the Government is ready to the last button of the garter', presumably not even it envisaged that an official call to unite in prayer would coincide with an order for churches to close. A compromise was found by which religious services were permitted providing the clergyman stood more than six feet from his masked congregation who stood three feet from each other; the service was to last no more than thirty minutes and had to be conducted in the open air. This final requirement enabled the vicar of Christ Church St Laurence to circumvent a Diocesan ban on the wearing of chasubles. One week-end even outdoor religious services were prohibited causing the *Freeman's Journal* to thunder against 'The Pagans and the Plague', and a Presbyterian lady who had never previously missed church to repeat 'all the "comforting" passages she knew' and to preach 'a sermon to herself... on the duty of trusting God'.³¹

Schools throughout Australia closed for at least part of 1919 either because of Government edict or because influenza had afflicted the teachers. In Victoria schools did not resume after the Christmas holidays until 18 March and were closed again later in the year. Daily attendance in Queensland and Western Australia was adversely affected, especially in the second half of the year. In NSW where all schools were closed throughout February there were continuous appeals to Catholic parents to pay school fees even though their children could not attend. Another consequence was that Departmental teachers were prominent in voluntary work as they were on full salary with no classes to take.³²

Hospitals were rapidly overwhelmed with patients and supplementary facilities were required. With twelve emergency hospitals operating in Sydney it was still possible to admit only sufferers with pulmonary complications. Ambulance services, previously voluntary and autonomous, were organized on a city-wide basis and substantially motorized. Hobart Hospital appealed for old bottles so that medicines could be dispensed to the near 50 per cent increase in out-patient cases. At Wangaratta a new infectious diseases ward was built on a wooden frame with an iron roof and hessian walls. This was an improvement on the tents used previously and certainly preferable to crowding 186 patients into wards built for 98 as occurred when the Homeopathic Hospital in Melbourne was taken over by the Health department.³³

Another source of concern was the Minister's (John Bowser) staffing of the emergency hospital established in the Exhibition Building. Initially a

government nurse was placed in charge but on 14 February the Minister accepted, via Archbishop Mannix, the voluntary services of religious Orders. Two days later at a Pleasant Sunday afternoon the Rev. Worrall bitterly attacked Bowser's decision because 'The garb worn by the Nuns and Brothers, the ceremonies they observed, the customs they follow, were things that should not be introduced into a State hospital. . . When people were ill it was in the highest degree objectionable that they should have forced upon them views and customs that were irritating to them. . .' On the Wednesday Bowser advised Mannix that his offer could no longer be accepted but hoped the nuns would take charge of another special hospital. Mannix regretted that he could not entrust the Sisters to anyone so amenable to 'the pressure of a knot of sectarian bigots'. Bowser, desperately short of trained staff, appealed again to Mannix who admitted that he had erred by his 'over-trustful advances' but had resolved 'not [to] sin again'.³⁴

Additional nurses were employed at four guineas a week—more than twice the normal wage for a matron—an anomaly which led to a small increase in wages for permanent staff. That nurses more than earned their wages when treating pneumonia patients is shown in this recollection:

What with four-hourly linseed poultices (mixed at high speed in the day-room, where the kettle of boiling water was, and rushed at the double), brandy, rum, egg-flips, spongings and morphia—even those with the brightest prospects required constant hard nursing, while delirious ones had to be coaxed into subjection and persuaded to remain in bed. . . Pneumonia patients were kept sitting upright, tied, by means of a pillow under the knees, to the back of the bed, to maintain position. This was not easy. They were usually big solid men, they were very sick, and they slipped easily or sagged over to one side. . . They coughed and spat up thick sticky sputum which they found difficulty in getting out of their mouths and into the spittoons. They had to be helped to reach the spittoons on their lockers. They had to be lifted back into position frequently and the poultices and wrappings made them heavy and awkward to handle.³⁵

If these tasks exhausted trained nurses their effect upon women in private homes was indeed grim, especially in those poorer districts where houses could be without baths, coppers or washing tubs. Even well-to-do wives faced demanding problems. Mothers had to supervise and entertain their children for weeks immediately following the long holidays, at a time when places of amusement were closed and playing with other children was discouraged. Many were war widows, or had husbands overseas which made discipline difficult especially as children were supposed to wear masks. Nor was adjustment to a husband's recent return from the war simplified by the influenza restrictions which kept everyone around the house much more than usual. If mothers of healthy households were troubled it is not difficult to imagine how much worse it was for an ill woman caring for one or more sick children.

To deal with these situations the NSW Citizens Committee was reorganized late in April by which time the first wave had abated. The equivalents of 'meals-

on-wheels', and 'life-line' were inaugurated, street canteens established, and eight homes opened to accommodate children whose mothers were hospitalized. Women volunteers called to do the housework and care for children where the mother was ill at home. These volunteer workers were so frequently 'asked' to vacate their own lodgings that special hostels were established by the Red Cross; one girl was assaulted by the drunken husband of a woman she was nursing. Households which suffered a fatal infection were obliged to pay an extra five pounds as danger money to the undertakers.³⁶

Political work was impeded. The April National Federation Interstate Conference and a meeting to relaunch the '*Labor Daily*' were postponed, while Tasmanian delegates were unable to attend the ALP Commonwealth Conference in June. When a referendum to abolish the Queensland Legislative Council was cancelled, the Government felt it would be unfair to reclaim the £200 which each member of parliament had received as campaign expenses. The Labor Movement lost two of its most energetic spirits when Frank Hyett (Secretary, Victorian Railways Union) died in April 1919, and T. J. Ryan (then Queensland Premier and later M.H.R.) contracted infection which lingered till his death from pneumonia two years later. It is possible that restrictions on large gatherings contributed to a lessening of political agitation at this particularly volatile time.³⁷

If political temper was defused, industrial militancy was intensified. Long-standing grievances by seamen came to the fore as they compared their normal working and living conditions with those prescribed under the influenza precautions ashore. The Victorian Government forbade more than twenty people to be in one room, but when the Seamen's Union complained that the owners of the *Loongana* expected twenty-four seamen to sleep in one room a Board of Health Inspector said that this was acceptable. 'Dog kennel accommodation' had been a point of dispute for years and the election of a new militant executive set the tone of the protracted shipping strike which followed. In the May issue of their union journal seamen were issued with instructions which revealed inspiration in the steel-fisted irony of the Wobblies:

If more than twenty out of twenty-four members of a crew get influenza at once, they must immediately stroll up to the owner's office, and sneeze violently altogether at once. The owner will then immediately leave his office, and personally conduct you to his private hospital, calling at hotels en route, where you will receive every attention, and a nurse maid for each.

Don't forget that when you are dead you have to go to hell yet for asking for higher wages and more ventilation. You will find no shipowners there to argue with.

The strike persisted until 1919 recording the highest ever number of mandays lost through industrial disputes in Australian history, thereby initiating a six-year battle between the Seamen's Union and the Commonwealth Government.³⁸

Violence erupted in Fremantle on Sunday 4 May 1919, when the Premier led a party of volunteer labourers in an attempt to unload the *Dimboola* which had been blacklisted because of an earlier move to work it before its period of

quarantine was completed. This incident was also rooted within a deeper dispute. While the battle raged on the waterfront a troopship entered Fremantle harbour. Soldiers on board semaphored to ex-AIF strikers on shore offering assistance. Fear of influenza plus victory in the field led to the rejection of the offer: the troopship sailed on into quarantine. If the troops had come ashore and joined forces with the strikers against the representatives of law and order, it is less likely that the propertied classes in the East would have found it as easy to absorb the returning soldiers into the anti-Labor alliance.³⁹

Despite this welter of control, prohibition, closure and proclamation, people persisted in dying. Indeed, the death rate was highest in New South Wales where compulsion was most extensive. Because each State collected its mortality statistics under different headings it is not possible to arrive at a precise total for deaths directly caused by Pandemic influenza; nonetheless the figure was certainly between twelve and thirteen thousand. In addition there were a number of heart and chest patients whose deaths were hastened. The *Commonwealth Year Book* claimed that during 1919 there were 13,938 more deaths than would have occurred normally. This constituted nearly a 25 per cent increase over the average for the preceding quinquennial period. Consideration must also be given to the fact that mortality from influenza did not return to its pre-1919 level until 1935. The most intriguing feature of Pandemic influenza mortality was its abnormally high incidence amongst males in the 25-40 group: Burnet calls this the Pandemic's distinguishing characteristic, pointing out that it was as true in neutral countries as in those exhausted by war.⁴⁰

Australia was spared the worst ravages as the mortality rate was only 233 per 100,000, compared to 430 in England and 500 for non-Maoris in New Zealand. Mortality was higher amongst non-Europeans and some Aboriginal tribes were almost entirely wiped out. The Queensland Director of Native Affairs attributed the death of some 300 Aborigines in his care to their 'sheer superstitious fright'. The prospect of Papuans going 'down like corn before the reaper' prompted stringent Commonwealth measures which were completely successful in keeping the Pandemic out of the Territory.⁴¹

To appreciate the fear induced by the Pandemic it is necessary to recognize how it was represented to the public in the press. The *Medical Journal* accused the daily papers of 'fanning the flame of panic' to the point where 'the social machine stops under the influence of fear'. The most general instance of this involved renaming the Pandemic the 'plague', or the 'black death'. Temperate and scholarly articles in responsible weeklies placed the Pandemic in line with the plagues of old, whilst advertisers were adamant that the impending scourge was ferocious and deadly. Nor could constant appeals for calm or the claim that apprehension predisposed one to infection have been wholly reassuring. Alarms were raised well beyond the point justified by subsequent events. Yet responses must be related to the perceived, as well as to the actual: in this case, their disparity at first heightened the sense of crisis, but later helped restore stability because the position never became as bad as anticipated.⁴²

Individual responses to the menace of the Pandemic carried forward old concerns, but all acquired a new resilience through the general apprehension

induced by war and its revolutionary aftermath. Religious commentaries contained a hint of satisfaction that the hopes of their liberal, materialist tormentors had been so devastated. In his Lenten Pastoral the Catholic Archbishop of Brisbane remarked that

The twentieth century, that was to bring the millenium, has brought the most cruel war and the greatest social and industrial upheavals in history. The most startling scientific discoveries have been put in operation, not amidst the peace of industrial progress, but amidst the smoke of battle. . .

The Presbyterian *Messenger* was more explicit:

We were supposed to be evolving, and the millenium was only a question of time. And what happened? It was found that instead of being perfect, civilization was turned into a shambles. . . What an interruption to theories and optimistic fantasies. Heaven was to arrive—and lo, it was hell that came!

Fundamentalists could look on the same evidence with a sense of joyous expectation for 'the inventions of the last half-century all bespeak the New Dispensation, the reign of the King of Kings'. Earlier in 1919 the same parson had reflected on the war with equal rapture taking for his text 'Without the shedding of blood, there is no remission of sins'. (Heb., ix, 22). Others stressed the need for Protestant unity 'to meet the coming social cataclysm'.⁴³

The Armistice had not brought peace to the world. It merely acknowledged that the war had been transformed into civil strife and social revolution. In London for the Imperial Conference, Prime Minister Hughes turned to an increasingly popular explanation: war neurosis. In rejecting violence, he said, people turned to violence. Tudor endorsed the Peace Settlement because it would help restore 'normal conditions'; 'The world', he noted, 'had been in turmoil for the last four years, and we are not out of it yet. . .' He was particularly concerned to calm the restiveness of the returned soldiers. In this desire he was not alone. Conservatives were far from convinced that the returning AIF would not provide shock troops for Bolshevik agitators.⁴⁴

Connections between Bolsheviks, the influenza and social unrest were not confined to a general sense of disquiet since containment of social revolution was the prime concern in 1919. In their search for terrifying images, anti-Bolshevik writers seized upon the Pandemic as a parallel scourge. One pamphleteer observed that the historical synchronization between 'Epidemics of disease and epidemics of crime and social disorders' was being repeated as 'the mysterious physical poison of influenza' emerged simultaneously with 'a vast deluge of moral and mental poison, under the name of Bolshevism'.⁴⁵ Superficially different was an item, entitled Snivelowski, in the journal *Soldier*:

Bolshevik pneumonia is a disease of the brain. . . [and] is a great danger in crowds, where pieces of red rag become impregnated with anti-billhughes gas inhalant, causing a violent irritation of the articulatory glands, which produces a sneezing effect, and makes the sufferer appear to be talking Russian.⁴⁶

Ridicule was a most effective device because it depended upon a recognizable though immanent rationality. Ideas attacked in this way were disadvantaged by being deprived of their intellectual bases; they commenced their careers defined

as insane, ludicrous and bizarre. The principle functions of political ridicule are not to win converts but to reassure existing supporters whose own sense of sanity is re-inforced, and implicitly to sanction violence since those ridiculed are beyond the reach of logic.

Throughout the epidemic voices lisped two of the positive responses possible after the undermining of confidence, namely, gratitude and complacency that things were not worse. Both had been somewhat revived by the totally unexpected Armistice. Self-satisfaction oozed eternal in the editorials of the *Adelaide Observer* which called upon its readers to face affliction 'in a courageous and sober manner', remembering that 'in the present crisis. . . the Commonwealth has had much to be thankful for' since it had avoided enemy invasion and food shortages. 'If it is fated. . . to be ravaged by the pneumonic scourge, it will be better off than the rest of the world because Australians are an exceptionally well-nourished people'. Those who responded with gratitude for small mercies included the *Medical Journal* which called for 'Proportion': the epidemic was not as deadly as it had been elsewhere and there were far greater problems at home. Present anguish was to be extinguished by a call to vanquish future calamities; every problem can be faced except the one at hand. In its May issue *Lone Hand* invoked the 'characteristically Australian. . . spirit of confident hopefulness. . . [which] astonished the world [when]. . . our men laughed in the face of death on the Gallipoli peninsular'. Two months later it needed to remind its readers that 'The Australian, as a settled habit. . . smiles in the face of pain'. Since it could not deny that the people of New South Wales were 'sorely troubled and deeply depressed', it confronted reality with a social myth, and placed such faith as it could muster in the inevitable arrival of warm spring days, which were not officially due for another six weeks. Optimism reduced to these caricatures is further demonstration of the inroads which the war had made.⁴⁷

The conclusion distils three areas of argument, (i) nationalism; (ii) medical practice; (iii) loss of certainty:

- (i) In the realm of national consciousness Gallipoli had forged unity and identity through its projection of a character type. But national character is a poor base upon which to advance a State apparatus capable of generating patriotism sufficient to over-ride regional, class and religious loyalties. In 1915, an external menace had driven Australians together; by 1919, an internal danger revealed yet again how easy it was for Australians to stand apart. If national unity involved loyalty to the Commonwealth as an administrative machine, the Pandemic showed how little of it there was.
- (ii) Doctors of 1919 should be criticized neither for their ignorance nor their quackery, nor even for maintaining that they knew more than they in fact did. The point is more fundamental since it relates to the establishment of a distinct profession of medicine, during which process the State suppressed non-registered quacks. While this ultimately helped make the profession scientific, the debate on medical practice was unwittingly foreclosed in favour of individualized curative styles and against social preventive methods.

The widespread public doubt regarding doctors revealed by the Pandemic prompts other questions: when and how did the medical profession acquire the prestige which they exercised against the national health scheme in the late 1940s, and which has led some observers to describe them as Australia's surrogate aristocracy? Or, if this prestige was far from secure in 1919 what brought it to fruition thirty years later—specialization, political alliance, higher incomes, antibiotics?

- (iii) Yet like the war, the Pandemic had not hurt Australia as much as it had Europe. Australia was spared the horror of armed invasion, and Quarantine had delayed the Pandemic's entry long enough for its virulence to diminish. If war, revolution and pestilence encouraged thoughts of the four horsemen of the Apocalypse raging through Europe, Australia's isolation indicated that she was marked down for special achievements, that she again might be a privileged land; rather than opening 'the fourth seal. . . [to] behold a pale horse' with Death as its rider and Hell in its train, had not Australia almost been delivered from 'the noisome pestilence'? The lesson was clear. Australia could take up the burden of hope provided its vigilance against infiltration was intensified.

While not rejecting Lloyd Robson's 'theme' that the Great War wrecked 'Australian optimism and happiness' this paper prefers to stress his second proposal that it created a 'situation where negative thought and destructive criticism could flourish'. Australia did not plunge headlong into despair; instead optimism and certainty were transformed. As Martin Boyd put it in *The Montforts*, it was not that people no longer hoped, it was rather that they now hoped for things not to happen.⁴⁸

NOTES

- 1 F. M. Burnet and E. Clark, *Influenza* (Macmillan, Melbourne, 1942) pp. 69–72; F. M. Burnet, *Natural History of Infectious Disease* (3rd edn, Cambridge University Press, Cambridge, 1962) p.308.
- See also F. B. Rogers, 'The Influenza Pandemic of 1918–1919 in the Perspective of a Half Century', *American Journal of Public Health* LVIII (December 1968), pp. 2192–4.
- 2 *War Diary Medical Section HQ AIF Depots in United Kingdom*, March 1919, Appendices C and D, pp. 38–48 (War Memorial Library, Canberra, hereafter WML).
- 3 *Barambah Souvenir*, September–October 1918, p.10; *Boonah Buzzer*, November–December 1918, pp. 22–4. There was a prolonged outcry when a priest was forbidden entry to the Sydney Quarantine Station to administer the last rites to a dying nurse. *Sun*, 9 December 1919, p.5 and *Freemans Journal*, 9 January 1919, p.21.
- 4 J. H. L. Cumpston, *Influenza and Maritime Quarantine in Australia* (C. of A. Quarantine Services, Publication No. 18, Melbourne, 1919) pp. 7–11. The Quarantine power of the Commonwealth derived from the Constitution [Section 51 (ix)] but until 1909 control remained with the States; in 1912 a separate Federal quarantine service under a Director responsible to the Minister for Trade and Customs was established. J. Quick and R. R. Garran, *The Annotated Constitution of the Australian Commonwealth* (Angus & Robertson, Sydney, 1901) pp. 566–7; G. Sawer, *Australian Federal Politics and Law 1901–1929* (Melbourne University Press, Melbourne, 1956) pp. 68, 94.
- 5 Cumpston, *op. cit.*, p.53 and Preface.
- Burnet and Clark, *op. cit.*, p.73, note that the death-rate from nonpandemic influenza in NSW in 1918 was seven times the average for the previous five years but state categorically that 'Pandemic influenza. . . did not arise in' Australia. (p.69) cf. H. O. Lancaster, 'Causes of Declines in Death Rates in Australia', *Medical Journal of Australia* (hereafter *MJA*) 18 November 1967, p.938.

- Cumpston, *op. cit.*, Preface and p.9.
- 6 *Herald*, 10 February 1919, p.8; S. Charles Warner, Commander, H.M.A.T. *Somali* to Managing Directors, Peninsular and Oriental Company, 3 February 1919 and Supplementary Report by Major H. F. Arnall to 'Secretary', Defence, Melbourne, 3 February 1919, with additions dated 10 February 1919, in Record of Voyage, WML; *Argus*, 25 February, 3, 6 and 11 March 1919; *C.P.D.*, vol. 89, 21 August 1919, pp. 11801–15. For a related sequel see *C.P.P.*, 1923–4, H of R, I, pp. 513–23.
 - An equally effective campaign had been conducted at the 1917 elections against another Labor M.H.R., A. T. Ozanne (Corio, Victoria), see B. J. McKinlay, 'The Conscriptio Referenda and the Labour Movement in Geelong', *Labour History*, 14 May 1968, pp. 59–61.
 - Sydney Morning Herald*, 11 February 1919, p.6.
 - 7 Cumpston, *op. cit.*, pp. 63–5.
 - 8 *ibid.*, pp. 55 & 66–7; *MJA*, 1 March 1919, p.185. *Freemans Journal* 20 February 1919, p.15, in an article headed 'Marching back from Federation' asked 'if the national authority be humbled and flouted in one department, how long will it be before it is treated in the case of another?'
 - 9 *Tasmanian Mail*, 24 April 1919, p.21; 1 May 1919, pp. 14, 21; *Industrial Australian and Mining Standard*, 27 February 1919, p. 362; *Tasmanian Mail*, 3 April 1919, p. 22; 13 March 1919, p.21; Burnet and Clark, *op. cit.*, p.73.
 - 10 *The Western Argus* (11 February 1919, p.16) expressed itself particularly pleased to support West Australia against the Commonwealth over quarantine 'because in the disputes. . . between Federal and State Authorities, the States, and especially West Australia, are almost invariably in the wrong'. The *Sunday Times*, just commencing its secessionist career, drew more predictable conclusions. (9 February 1919, p.7); *Western Argus*, 4 February, p.9; 10 June, p.28; 11 March, p.11; 22 April, p.11; 15 July, p.12; 17 June 1919, p.28. See also *W.A. V.&P.*, 1920, II, Report of Medical and Health. . . Departments, p.9.
 - Readers of the *Sunday Times* could have been excused for supposing that life at Parkeston consisted of free beer and concert parties. 9 February, p.8 and 18 May 1919, p.6.
 - 11 Q.S.A. COL 251, 4 February and 4 March 1919; Q.S.A. COL 254, 11 March 1919. For a personal account of difficulties encountered when travelling from Melbourne to Brisbane see H. R. Sykes' letter, Q.S.A. COL 253, 6 May 1919.
 - 12 S.A.S.A. CBH 82/1919; S.A.S.A. CSO 163/1919; *Observer*, 8 February 1919, p.30; *Normal* (Adelaide: Donald Taylor, 1919) p.2.
 - 13 S.A.S.A. CSO 139/1919; S.A.S.A. CSO 117/1919; *Industrial Australian and Mining Standard*, 24 April 1919, p.732.
 - 14 *Argus*, 31 October 1919, p.8; ALP Commonwealth Conference, 1919, *Report*, p.38; *MJA*, 12 February 1921, p.133; *C.P.P.*, II, 1922–8, pp. 11–12.
 - 15 'Spanish' Influenza (Board of Health, Melbourne, 1919); *Influenza* (Board of Health, Adelaide, 1918) p.3; H. S. Halcro Wardlaw, 'The Venous Oxygen Content. . . in Pneumonic Influenza', *Linnean Society of NSW Proceedings*, XLIV (1919), pp. 514–24.
 - For highly personal accounts see Randolph Bedford, 'Flu and After', *Bulletin*, 22 May 1919, Red Page and 24; 'Sass', 'The Flu', *Smiths Weekly*, 12 July 1919, p.16.
 - 16 *MJA*, Editorial, 13 March 1920, p.237; 12 July 1919, p.39; 21 June 1919, p.523; *Western Argus*, 1 July 1919, p.2; *Tasmanian Mail*, 6 February 1919, p.15.
 - A New Zealand physician advocated 'tongue-brushing' to protect 'the body at its dust trap'. P. Horne Macdonald, *Influenza and Air Borne Diseases* (Whitcombe & Tombs, Auckland, 1918).
 - 17 *War Diary Medical Section HQ AIF Depots in UK*, February 1919, p.39; D. R. Sherimer, 'The Influenza Pandemic', Peter Young (ed.) *History of First World War* (Purnell, London, 1971) 7 (11), p.2975.
 - 18 See *Bulletin*, 6 February 1919, p.44; *Herald*, 15 February 1919, p.6 and 10 February 1919, p.8.
 - 19 For example, *Bulletin*, 20 February 1919, p. 31; see Sir James Crichton-Browne's endorsement of Bovril, *Western Argus*, 17 June 1919, p.5.
 - 20 It was not possible to determine the exact percentage of practising doctors on overseas service because some states do not hold records for 1919 and even where these are available they do not indicate retirements or absence. The '5 per cent' was extrapolated from replies received from the six state Medical Boards and from *Australian Imperial Force, Staff and Regimental Lists of Officers*, February 1919, pp. 154–66 (WML).
 - It is important to recognize that absence or illness did not fall evenly over the population and some districts were left entirely without medical assistance. See *T.P.P.*, 1919–20, Paper No. 35, p.12.

- 21 J.H.L. Cumpston, *Veneral Disease in Australia* (C. of A. Quarantine Service, Publication No. 17, Melbourne, 1919) and information from Claudia Thame who is completing a Ph.D. at SGS, ANU, on aspects of public health in Australia, c. 1900-50.
- 22 See dispute between Professor H. G. Chapman, and Professor D. A. Walsh in *Sun*, 11 February 1919, p.6.
Punch, 9 January 1919, p.41; W. F. Taylor, 'Presidential Address' *Australasian Medical Congress Transactions* (Brisbane: Government Printer, 1921), p.27; *Punch*, 27 March 1919, p.483; *Freemans Journal*, 6 February 1919, p.23; *Bulletin*, 3 April 1919, p.6. Cf. J. H. L. Cumpston, 'The Nationalisation of Medicine', *MJA*, 16 August 1919, pp. 125-128.
- 23 *Commonwealth of Australia Gazette*, no. 17, 5 February 1919, p. 160, Order No. 570.
- 24 H. I. Sadler, *MJA*, 1 March 1919, p. 185; A. Reg. McLeod, *MJA*, 15 February 1919, p. 165; *Western Argus*, 17 June 1919, p.5; *Sydney Morning Herald*, 29 January 1919, p.10.
- 25 J. J. Woodburn, *MJA*, 8 February 1919, p. 123; Q.S.A. COL. 251/1919, inward correspondence, 6 May 1919; S.A.S.A. CSO 241/19 inward correspondence 27 February 1919; *Tasmanian Mail*, 28 August 1919, p.4.
- 26 *N.S.W.P.P.*, I, 1920, p. 653; *Smiths Weekly*, 1 March 1919, p.14; The monkeys in Tooronga Park zoo were inoculated. *Sun*, 11 March 1919, p.7.
The *Australasian*, 8 February 1919, p. 247, immortalized the attendance of 'eligibles' at the inoculation depots as 'Anzacs of the contact campaign' one of whom explained that:

'Twas not from panic, fear of death	In such catastrophes as this
Or such absurd sensation,	All men should act as brothers.
But for our suffering country's sake	If we were white, it wasn't fright;
We dared inoculation.	But simply fear for others.
- 27 Sir William Leishman, 'The Results of Protective Inoculation Against Influenza in the Army at Home, 1918-19' *Lancet*, 14 February 1920, pp. 336-71; *War Diary Medical Section HQ AIF Depots in UK*, March 1919, Appendix D, p. 48; Burnet & Clark, *op. cit.*, p. 102 but cf. p. 108 where they point out that in 1918 the influenza was a new type against which batches of vaccine could not be prepared until after the first wave.
- 28 *MJA*, 8 February-12 April 1919; G. Mant, *The big Show* (Horowitz, Sydney, 1972) p.61; an advertisement in the *Bulletin*, 27 February 1919, p.33, claimed that 'The restrictions imposed upon amusements cannot interfere with the house that possesses a Beale Piano'.
- 29 *N.S.W.P.P.*, I, 1920, pp. 467-8 and 478.
- 30 *Smiths Weekly*, 22 March 1919, p.20; Fitzgerald's papers in Dixon Library, MS. Q266, pp. 54-74.
- 31 *S.M.H.*, editorial, 29 January 1919, p.10; *MJA*, 1 March 1919, p. 173; L. C. Rodd, *John Hope* (Alpha, Sydney, 1972) p. 41; *Freeman's Journal*, 6 February 1919, p. 21 and 13 February 1919, p.20; *Messenger*, 14 February 1919, p. 98.
- 32 D. H. Rankin, *The History of the Development of Education in Victoria 1836-1936* (Arrow, Melbourne, 1939) p. 170; *Q.P.P.* I, 1920, p. 676;
W.A. V.&P., I, 1920, Report of Education Department, pp. 37 & 50;
Freemans Journal, 6 February 1919, p.20 and 20 February 1919, p.14;
N.S.W.P.P., I, 1920, pp. 481-6 and *N.S.W.P.D.*, 75, 19 August 1919, p. 57.
- 33 *N.S.W.P.P.*, I, 1920, pp. 468-73; *Tasmanian Mail*, 6 February 1919, p.14 and *TPP*, 1919-20, No. 28, pp. 6-8; D. M. Whittaker, *A Hospital in Wangaratta* (published privately, Wangaratta, 1972), p.55; J. Templeton, *Prince Henry's* (Robertson & Mullins, Melbourne, 1969)
See also John Reynolds, *Launceston* (Macmillan, Melbourne, 1969), pp. 155-6.
- 34 *No-Popery and the Spanish Influenza* (A.C.T.S., Melbourne, 1919) pp. 10, 19, 23. This pamphlet reprints all the correspondence between Mannix and Bowser.
For other measures taken by the Victorian Government see "Spanish" Influenza (Board of Health, Melbourne, 1918); *MJA*, 8 and 15 February and 10 May 1919; *Age*, editorial, 28 February 1919, p.4; V.S.A. CSO P19/5146.
- 35 Templeton, *op. cit.*, p. 134; D. M. Armstrong, *The First Fifty Years* (Australasian Medical Publishing, Sydney, 1965) p. 158.
- 36 *N.S.W.P.P.*, I, 1920, pp. 475-8; *Truth* (Brisbane), 4 May 1919, p.9; *Smiths Weekly*, 5 July 1919, p.1.
For a whimsical account of a child's reaction to the prospects and dangers, see Henry Lawson 'Kiddies Land', *Smiths Weekly*, 31 May 1919, p.10.
- 37 *Western Argus*, 15 April 1919, p.12; 1919 ALP Special Conference Report, p.90; 1919 ALP Conference Report, pp. 25, 50, 59-60; C. A. Bernays, *Queensland, Our Seventh Political Decade* (Angus & Robertson, Sydney, 1931) p.2.
Other aspects of political life are discussed by B. Berzins, 'Symbolic Legislation: Nationalists and Anti-Profitteering' *Politics*, VI, 1 (May 1971), pp. 42-52; B. Denholm, 'Some Aspects of the Transition Period from War to Peace 1918-1921' *Australian Quarterly* XVI, 1 (March 1944), pp. 39-53; Conrad Joyner, *The Commonwealth and Monopolies* (Cheshire, Melbourne, 1963) pp. 55-79.
- 38 *Australasian Seaman's Journal*, 1 March and 1 May 1919.
- 39 B. K. de Garis, 'An Incident at Fremantle', *Labour History*, 10, May 1966, pp. 32-7; *West Australian*, 5 May 1919, p.5.
- 40 *Q.P.P.*, II, 1921, pp. 455-6; *N.S.W.P.P.*, I, 1920, 671-9; *Victorian Year Book*, 1919-20, pp. 180-2; *T.P.P.*, 40, 1920-21, p.11; S.A.S.A. CBH 442/1919; *W.A. V. & P.*, II, 1920, pp.9 & 22; *Commonwealth Year book*, 1920, pp. 1128-1132 and 1139-1141; Burnet & Clark, *op. cit.*, pp. 66 and 73-75.
See also *MJA*, 5 July 1919, pp. 17-19 and 6 September 1919, Editorial, pp. 197-8; G. H. Knibbs, 'The Influenza Epidemic of 1918-19', *Australasian Medical Congress, Transactions 1920, op. cit.*, pp. 321-8;
H. O. Lancaster, 'The Mortality in Australia from Influenza and from Diseases of the Respiratory System', *MJA*, 31 October 1953, p. 672.
For details of incidence amongst AIF within Australia see Tait Files (WML), DRL No. 1200, Class No. 370.
- 41 *MJA*, 3 May 1919, pp. 359-61; Michael Terry, *Across Unknown Australia* (Herbert Jenkins, London, 1925), p. 146 and A. J. Marshall, 'Unknown Australia', *Australian Natural History*, 15 June 1966, p. 171; *Q.P.P.*, 1920, p.231 and cf. *Townsville Daily Bulletin*, 7 June, p.4 and 13 June 1919, p.4; *Q.P.P.*, II, 1921, p. 559-561, *MJA*, 24 April 1920, p.400 and Q.S.A. CSO 2623/1921; *C.P.P.*, III, 1920-1, pp. 86, 90 and 1921-2, *C.P.P.*, III, p. 1989.
- 42 *MJA*, editorial, 1 March 1919, p.175; cf. Cumpston *Influenza, op. cit.*, p. 72 and *MJA* editorial, 9 March 1918, p. 194; *Western Argus*, editorial, 7 January 1919, p. 15 and *Freemans Journal*, 2 January 1919, p. 9 'Heenzo' advertisement, *Soldier*, 14 February 1919, p.8.; *Observer* 1 February 1919, p.27.
- 43 *Freemans Journal*, 13 March 1919, p.5; *Messenger*, 20 June 1919, p.1; *Tasmanian Mail*, 13 March, p.5 and 6 February, p.6 and 27 March 1919, p.6.
- 44 Cited in W. M. Hughes, *The Splendid Adventure* (Benn, London, 1929) p. 128; *C.P.D.*, 17 September 1919, 89, p. 12399. cf. David Mitchell, 1919: *Red Mirage* (Jonathon Cape, London, 1970). Violence in Australia in 1919 is detailed in T. Cutler, 'Sunday Bloody Sunday' in J. Iremonger et. al. (edd.) *Strikes* (Angus & Robertson, Sydney, 1973) pp. 81-102; R. Hyslop, 'Mutiny on H.M.A.S. Australia', *Public Administration*, XXIX, 3, September 1970, pp. 284-96; H. I. Jensen, 'The Darwin Rebellion' *Labour History*, 11, November 1966, pp. 3-13.
- 45 B. Hoare, *The Two Plagues* (Progressive and Economic Association, Melbourne 1919) pp. 1-2; cf. *Observer*, 1 March 1919, p.36 and *Smiths Weekly*, 22 March 1919, p.2.
Beatrice Webb noted in her diary 4 November 1918 that 'The Bolsheviks grin at us from a ruined Russia and their creed, like the plague of influenza, seems to be spreading westwards. . . Will western civilization flare up in the flames of anarchic revolution?', Margaret I. Cole (ed.) *Diaries 1912-1924* (Longmans Green, London, 1952) p. 134. The general proposition is discussed by Andre Siegfried *Germs and Ideas* (Oliver and Boyd, Edinburgh, 1965).
- 46 *Soldier*, 14 February 1919, p.10; cf. *Punch*, 16 January 1919, p.82 and *Messenger*, 14 March 1919, p.162. Similar associative structures made influenza a useful metaphor in anti-German rhetoric. See *Herald*, 10 February 1919, p.6.; *Messenger*, 14 February 1919, p.98.
- 47 *Observer*, 1 February 1919, p.27; *MJA*, 1 March 1919, p.175; *Lone Hand* 10 May 1919, p.5 and 16 July 1919, p.5. cf. *Sunday Times* (Perth) 9 February 1919, p.4.
- 48 L. Robson, *The First AIF* (M.U.P., Melbourne, 1970) p.1.; M. Boyd, *The Montforts* (Rigby, Adelaide, 1963), p.213.
See also Frank Kermode, *The Sense of an Ending* (O.U.P. New York, 1967) especially pp. 95-103.

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