The 1918-1919 Global Pandemic in the Local History of Brisbane

By Dr Neville Buch

30 March 2020

Value of Local History Blog Post Series

This teaching essay draws on the three works:

- Patrick Hodgson's 2017 Ph.D. thesis at James Cook University, Flu, society and the state: the political, social and economic implications of the 1918-1920 influenza pandemic in Queensland;

- Helen V. Smith's paper, When 'Spanish flu' came to Brisbane, in the Brisbane History Group, *Brisbane Diseased: Contagions, Cures and Controversy* (Papers No. 25, 2016);

- And my own short account of the 1918-1920 influenza pandemic in the Stephens shire, in Chapters six, pages 197-198, in *No regrets in the evening of life: The history of Junction Park State School* (Boolarong Press, 2015)

THE NATIONAL CONTEXT

Prior to getting to the local context, we have set locality in relation to the national and state environment. The argument of Patrick Hodgson [5] is that the resources and valuable time was diverted away from combating the '1918-1919' disease in a lack of cooperation between the Commonwealth and the States. In fact, during the outbreak, the Commonwealth and Queensland State went to the High Court over a dispute where Queensland wanted the returning soldiers quarantined on the ships and not at Lytton [Smith 157]. Queensland lost the case. Hodgson [20-21] engaged with Humphrey McQueen's earlier argument (1975) that the impact in Australia was never as bad as anticipated. While Hodgson agreed on Australia's more favourable position, her view was that the medical profession was overwhelmed by the impact, since what was anticipated was based on a limited containment from the Commonwealth's maritime quarantine. McQueen had referred to the problem of Queensland distances to medical assistance, and

low membership of Friendly Society, which added to the organisational difficulties. There was also, according to McQueen, public skepticism on the skill and judgement of medical practitioners, but Hodgson does not agree with this perception of the profession. A fair judgement, I would suggest has to be contextual, and, if averaged, contextualized on regions and not for the State statistically. Hodgson’s work goes much further and to important details on the histories of global pandemic and its impact on Australia.

THE STATE CONTEXT

The Queensland Government had been officially notified of the pandemic on 14 November 1918 [Smith 151]. The official outbreak in Queensland was 16 May 1919 [Smith 164; when Queensland was declared an infected state,] but that was much later than the Commonwealth-State response to the first cases. The first case was thought to be a wardsmaid at the Commonwealth’s Kangaroo Point Military Hospital [Hodgson 302; Smith 162], but that was outside what probably had occurred earlier at the Lytton Quarantine Station. Lytton would become a major site of the pandemic, and also, with war weary returning soldiers, a place where civic misbehaviour occurred [Smith 157-158]. The first cases of the influenza in Queensland were handled by the Commonwealth Director of Quarantine, coordinating with the state authorities [Smith 152]. The Queensland border was closed on 28 January, but without the ten-mile buffer zone recommended by the Commonwealth [Smith 153-156]. Instead, border quarantine camps were set up at Tenterfield and Coolangatta (from 8 February). The quarantine was seven days. The process was very bureaucratic, requiring detailed registration, and a paper form with fee charged to seek permission to enter back into Queensland. Helen Smith has shown, like today, shipping and the ports was a major challenge in the prevention of the virus spread [Smith 157-161]. Domestically, the State had declared the crisis an industrial disease to sure essential workers on the frontlines would have workers’ compensation, for the possible events of succumbing to the flu virus [Smith 158].

As Hodgson [34] explained, the main responsibility for dealing with the pandemic in Queensland was devolved to the council authorities of 11 cities, 24 towns, and 136 shires. However, as Hodgson also argued, it was the state’s transport network which was the key factor for outbreaks occurring between regions. The significance of this analysis is now again apparent, and as Hodgson stated, the 1919 trade and commerce of the state was greatly affected, with businesses shutting down or offering restricted services. As for today, it was the Queensland Labor Government in the firing-line for the poor response to the pandemic.

The councils bore the responsibilities but without the substantive medical and health authority which was held by the State [Hodgson 152-154].

Schools were closed but only on a case-by-case basis in relation to the epidemic threat. In these cases it was possible to reopen the school as a district isolation hospital [Hodgson 161-162]. St Laurance's School was one example [Smith 165]. After the first deaths, state schools within a five mile radius of the Brisbane General Post Office were immediately closed [Buch 198]. Brisbane State High School and the Central Technical College were also closed. However, the lockdowns of the schools were more temporary measures [Buch 197-198]. A few days before the Queensland's first pandemic deaths, a teacher at Junction Park State School who lived in Hawthorne Street, Woolloongabba, was found to have come in contact with the influenza. Junction Park State School was closed for a day. Similarly Kangaroo Point School was temporarily closed because of a claim that a plague-infested rat had been found. The Minister for Public Instruction, the Hon. JQ Drake, said there were no grounds at that time for closing any of the state schools on account of the influenza, but he would keep in communication with the Epidemic Joint Board and the Department of Public Works with regards to preventive measures. So, on top of the difficulties of Commonwealth-State relations, there were inter-departmental challenges for the State in coordinating efforts.

THE LOCAL CONTEXT

The State's *Influenza Regulations 1919* gave executive authority to local councils via the local Medical Officer of Health. The council clerk was also made an agent of government to work with the medical officer who had full powers of the Health Acts. The costs were discussed between the councils and the State, and it was announced that the State would cover two-thirds of the costs [Hodgson 156-159]. The Toowong Town Council was among the local government entities to complain that the arrangement was manifestly unfair. There was both a downside and an upside to this arrangement. The Health Boards of the State were doing much of the heavy lifting in policies, but it also gave the councils the possibilities to work collaboratively with their adjoining neighbours in the same health district. The idea was thought to save administration and other expenses, but the political and economic arrangements did not end up as collaboratively as anticipated. There were tensions between the Brisbane City Council and the Metropolitan Joint Health Board. The Council had past experience of being landed with the largest share of the costs. The cost estimated by the Metropolitan Joint Health Board (31 October 1919) was estimated at debts of £10,000. The State dissolved all of these debts, and so the economy is the poorer side of

the history in understanding what was happening. There is a better and substantive story to follow.

The impact was much greater for persons than the ways that seems unimaginable in the work of the bureaucratic economists. It is the life experience where the story really has to be told. Previously, the Brisbane City Council had worked with the Brisbane Hospital Committee to build the Wattlebrae Infectious Disease Hospital, but the decision, in 1919, was made to set-up an emergency isolation hospital at the Brisbane Exhibition Grounds [Smith 156]. Exhibition Grounds Hospital operated from 5 May until its closure on 8 August 1919 [Smith 165]. Vaccination depots were also set up in South Brisbane and Brisbane City. In January 1919 it was reported that over 500 persons had their first dose of vaccination. It was a complex health crisis as Brisbane was also experiencing a diphtheria outbreak, and Wattlebrae had been dedicated to service that need [Smith 159].

On 9 May new regulations were imposed upon Brisbane where social and entertainment places, and places of worship, were closed, but the regulations had major contradictions in the exceptions that were provided [Smith 164-165]. If churches practiced social distancing ('no overcrowding', 'every alternate seat occupied'), without any sick person attending, and only run their services for three-quarters-of-an-hour, they could remain open. With similar conditions, social and entertainment places could remain open if people were assembled in the open air or in a building without a roof. It seems governments of today have not learnt the problematic lesson of past mixed messaging. The powers-that-be in the current situation have not learnt either the positive lessons of the past. From the work of Hodgson and Smith on 1919, there did not appear to be a problem of panic buying or hoarding. There were no major reports of shortages, except that the Brisbane Gas Company did ration its supply [Smith 166]. Smith notes that face masks were available in chemists and department stores [Smith 167].

Hodgson [228-232] identifies different sections of the local community who rallied to the work of controlling the virus spread and the preservation of life and health, particularly among women. The Mayoress of Brisbane, Susan McMaster, had tried to organise support work with the other Mayoress and wives of Shire Presidents, but was snubbed by the Home Secretary and the Commissioner for Public Health. The shire and town women in Brisbane, and elsewhere, were organised in other ways. Most of the work on the Brisbane Northside was through the Women's Emergency Corps which was officially recognised by the Joint Metropolitan Health Board [Hodgson 237-243; Smith 166]. Outlying places like Wynnum had their own town general committee. The Brisbane Southside was well-organised with the

support work of the South Brisbane's Women's Help Committee, and the South Brisbane and East Brisbane Branches of the Red Cross Society. There was also, across the whole of Brisbane, the wartime organisations which had local branches or local people who were able to utilize their networks and resources: Red Cross Society (as mentioned), Soldier's Comfort Fund, Spinning Guild, Sewing Society, Soldiers' Church of England Help Society, Brisbane Women's Club, and the Women's Christian Temperance Union, and others. Often coordinated through the shires and towns, and based at their local community halls, the work of these organisations, included distributing S.O.S. cards to each household (if a household was in 'dire straits' there was the capacity to call for emergency help from an isolated position by displaying the card in the street-front window); chopping wood or lighting fires at relief depots or isolated homes; recording home visitations; food parcel distribution; and running soup kitchens. The lynchpin in this work was the shire or town patrol teams [Buch 198]. Patrol of all streets took place twice daily. A call-out was made for the loan or hire of bicycles for the men doing the patrol work, and a request was made for other cyclists to help.

The town and shires of Brisbane Southside organised their own Vigilance Committees, which were the oversight of the work listed above. The South Brisbane Vigilance Committee organised its work out of the South Brisbane Technical College Hall. The local schools or créches, mainly through collaborate efforts of the teachers and pupils, joined the community effort [Buch 198]. In the Stephens Shire, the head teachers of the state schools took responsibility for the distribution of leaflets and 'SOS cards' across the district. Dunellan teachers looked after the eastern part of the district and the Yeronga teachers looked to the southern part. The Junction Park teachers had the care of the central part of the district. Churches and community social groups also provided home nursing duties or support work [Hodgson 245-247]. The Stephens Shire recorded well over 600 household visits by 20 June 1919. One East Brisbane organisation said to work with over 900 individuals. The response of shires and towns varied. There were many volunteers, but in particular districts there could be a shortage because there were not the suitable volunteers. Hodgson [243] stated that organisations in South Brisbane, Windsor, Coorparoo, and Morningside, had difficulty finding women to attend to the sick in their homes. The Balmoral Shire was one place that failed to get an emergency committee off the ground, and it was left to *ad hoc* group of 30-40 volunteers.

LESSONS OF HISTORY

Like today, the State produced statistics on the pandemic over the wider period 1918-1920, from the Office of the Government Statistician, with assistance from the Offices of the Registrar-General and Home Secretary [Hodgson 170-173]. The statistical records, unsurprisingly, varied but the official figures for Brisbane (to June 1919) are 270 recorded deaths (divided between 84 ‘influenza only’ and those 186 who also had pneumonia Hodgson 170). Smith [167] puts Brisbane deaths at 350. The numbers are likely to be slightly higher, and the statistical records are difficult to interpret with varying medical classifications. There was also confusion as to what cases were ‘ordinary’ influenza and pneumonic influenza [Smith 163]. With the population of Brisbane being around 189,576 [*Cairns Post*, 7 May 1920, p. 3], this would have been mortality (n = 350) in 0.18% of the greater city (as it formally would be in 1925), with a Queensland notified case number of 9,570 [Smith 167]. Queensland’s mortality rate from the pandemic was not as severe as the early outbreak of the influenza when it was estimated that as many as 25 million people were killed in its first 25 weeks. The conservative worldwide estimate is 40 to 50 million people, but the death toll could have been within the range of 50 to 100 million people, which would make it equal or more than the carnage of World War II. It is clearly not the calculability that tells the real story of the history. The impact was human experience and understanding, and too often governments do not factor the more extraordinary loss into their policymaking. And this is the answer of the philosopher who would say that the ‘herd immunity’ strategy would still be wrong even if the statistics would show that it would ‘work’.

Hodgson [2-3] pointed out the problem of reading lessons of histories in the impact of a global pandemic in a local context. It is the insight from William McNeill’s criticism of the positivist and scientific historiography; a utilitarian frame that is common in Brisbane history writing. The expectation in the historiographic frame is that events flow in an orderly manner, but events of pandemics do not, whether the medical or the economic crisis. Hodgson [8-9] described the historiography of epidemics and pandemics, particularly with the view that the virus phenomenon gives rise to human-related environmental changes. The conclusion of this global history literature rejects the utilitarian ethic. In Hodgson’s argument [299] Brisbane and Queensland, and elsewhere, had faced a civil crisis of unprecedented proportions. We are again doing the same today.

©Dr Neville Buch