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ROYAL HISTORICAL SOCIETY OF VICTORIA

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The following terms apply to the prize:

- This biennial prize will be awarded for the best article or historical note on Victorian history in the four *VHJ* issues over two calendar years, beginning 2017–18.
- The prize will be awarded for an article or historical note that illuminates a significant element of Victoria's history, is clearly and succinctly written, and is researched from original material.
- Members of the RHSV Publications Committee are ineligible for the award.
- The prize offered from the Adams bequest is $300 and three years' free membership of the RHSV, which includes hard copies of the *VHJ*.
- A short list of five articles will be compiled by the *VHJ* editors active in the prize period.
- Short-listing will occur at the end of each two-year period, beginning in December 2018.
- Two judges will be chosen by the Publications Committee from academic and community historians and will report to the Committee by the following April.
- The John Adams Prize will be presented biennially at the RHSV AGM following its judging and will be announced in the ensuing June issues of the *VHJ* and *History News*.

Richard Broome, Chair, RHSV Publications Committee

John Adams Prize Winners

2017–2018
Nicola Cousen, 'The Legend of Lalor's Arm: Eureka Myths and Colonial Surgery',
Victorian Historical Journal, vol. 88, no. 2, November 2017, pp. 212–34

2019–2020
Charles Fahey, 'Happy Valley Road and the Victoria Hill District: A Microhistory of a Victorian Gold-rush Mining Community, 1854–1913',
Victorian Historical Journal, vol. 90, no. 2, December 2019, pp. 271–300

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Front cover: Constables Eggert and Evans from the NSW Police at a border checkpoint on the Bonang Highway in early 1919 between Delegate in NSW and Bendoc in Victoria (Courtesy NSW Police Force Collection)

ROYAL HISTORICAL SOCIETY • VICTORIA •

CREATIVE VICTORIA

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Introduction

Judith Smart and Richard Broome

The return to face-to-face events at the Drill Hall (History House) has continued in the second half of 2022, but the persistence of COVID-19, together with the convenience and flexibility of on-line access that many members have come to appreciate, means that we will retain some hybrid formats for the foreseeable future. But, as noted previously, these patterns of change have had little impact on the *Victorian Historical Journal*, and indeed both subscriptions and the number of articles submitted have increased during the past year.

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This issue of the *Victorian Historical Journal* was planned a year ago as a response to the experience of COVID-19. Since then, Australia has experienced its third year of COVID-19 infections, exacerbated by the Omicron strain and its variants. Deaths in Victoria from COVID-19 now number over 5,833 and 15,500 across Australia from over 10 million cases. This issue of the journal (except for two distinguished annual lectures) focuses on earlier pandemics and health crises in Victoria's history, particularly the impact of the pneumonic influenza—or 'Spanish' flu—pandemic in Victoria in 1919. The 1919 pandemic claimed 14,000 lives across an Australia of five million people, approximately five times the mortality of the current COVID-19 pandemic in our current population of almost 26 million. However, the current COVID-19 pandemic has lasted longer and has not finished with us yet. Governments across the country are now assessing their responses. Added to these, is a privately funded report, *Fault Lines*, the product of a committee headed by former top public servant, Peter Shergold. An Australian Centre for Disease Control is one likely outcome of these investigations. We believe that these two seminal pandemics, a hundred years apart, make for useful and interesting historical comparisons and are worthy of this journal's attention.

The inaugural annual Indigenous History Lecture was presented at the RHSV on 16 March by Professor Julie Andrews, Director of Indigenous Research at La Trobe University, and a descendant of the Woiwurrung people of Melbourne and the Yorta Yorta people in Murray River country. Following the Welcome to Country by Aunty Zita Thomson, a Wurundjeri/Woiwurrung and Yorta Yorta woman, artist, activist and board member of many community organisations, Professor Andrews spoke on 'Milestones of Aboriginal Women's Activism in Melbourne 1930s–1980s'. In her address, reproduced in this journal, she argued for a history of Aboriginal activism that encompasses not only political aims but also those of health and social wellbeing, the special concern of Aboriginal women's public work since the 1930s.

This year also saw eminent historian Professor Frank Bongiorno AM deliver the inaugural RHSV Hugh Anderson Lecture at the Drill Hall on 23 August. Hugh Anderson (1927–2017) was a scholar of formidable breadth, productivity and versatility, and a long-term member of the society. Professor Bongiorno writes that: 'While it is as a folklorist that he is best known, Anderson's prolific output also included biography, bibliography, history, school textbooks and documentary collections'. In relating his own interactions with Anderson over a period of nearly 30 years, Bongiorno places them in the larger context of Anderson's pioneering work in Australian literary culture: one characterised by interdisciplinarity, a healthy 'scepticism about the romanticised roots of bush culture', and a nationalism that was 'neither insular nor parochial'.

Of the four thematic articles, one surveys the public health crises that have occurred over the two centuries of Victoria's history, two focus on the 1919 pandemic, and the fourth postulates the long-term effects of dealing with a major health crisis on a medical practitioner.

In 'Not Without Precedent: Two Centuries of Public Health Emergencies in Victoria', John Schauble calls on research arising from his public service work in emergency management to provide historical context through a 'broad survey of major public health challenges in Victoria since European incursions'. In showing that COVID-19 is not 'unprecedented', he also argues that 'ignoring the human disasters of the past is perilous'. In the absence of a vaccine, 'the response to the current pandemic mirrored that of a century before in relying upon behavioural interventions: quarantine, social distancing, restrictions upon movement, masks'. But the current response also demonstrated a repetition of the

unnecessary delays and shortcomings in decision making, owing to disputes between all levels of government and inadequate means of resolving them.

Anthea Hyslop, the leading Australian scholar of the 'Spanish' flu, provides us with a masterly analysis of 'The Great Pandemic of 1918–1919: Pneumonic Influenza in Australia', focusing on events in Victoria. In examining 'the roles played by federal and state governments, the impact of quarantine policies, and the efficacy of other means employed to manage the crisis', she contends that the measures taken 'proved broadly beneficial'. Thus, 'despite drawbacks and deficiencies, and the exacerbation of existing social fissures, especially interstate rivalries and sectarian feeling', 'Australia's pandemic ordeal, severe though it was, proved milder than that of similar countries'. Nevertheless, as with COVID-19, we should not forget that 'for those who lost family members to the pandemic, that ordeal was everywhere a searing experience'.

Mary Sheehan's article, 'A Grassroots View of Spanish Influenza in Melbourne', complements the broad-brush thematic approach of the previous two articles. A close-grained microhistory that 'focuses on the public health legislation and management of the crisis in Melbourne', it pays particular attention to people's lives in some of the city's poorer districts. It was here that legislative and administrative inadequacies were most obvious, exposing the 'often-hidden distress and suffering that result from a cataclysmic event like a pandemic' but also revealing the 'generosity and altruism of individuals who sought to help the sick and destitute', as well as demonstrating 'the dedication and selflessness of health care workers'.

The fourth article, Sylvia Morrissey Jnr's 'No mention of the Great Famine: Interpreting a Gap in Dr John Singleton's Autobiographical *Narrative*', deals not with pandemics but rather with the possible long-term effects on Singleton of his work among the poor in Dublin during the Great Irish Famine of 1845–52. In discussing his failure to barely mention these experiences in his autobiographical writing, Morrissey suggests 'that some Famine survivors suffered trauma and moral injury as part of their experience of the crisis' and learned to 'manage the experience and legacies' in a variety of ways. In Singleton's case, this may have taken form in 'the constancy of his work for others' after settling in Melbourne and 'marked avoidance' of reference to Famine work in his writings. This suggestion may also have implications for understanding

ways that health workers have coped with the demands made on them during the COVID-19 period.

The five thematic 'Historical Notes' also vary from broad-brush discussion to closer focus on particular aspects of the 1919 pandemic and COVID-19. Janet McCalman, in 'Historians, Citizens and Pandemics' surveys previous health crises and suggests COVID-19 is of particular significance as the 'first great crisis of the Anthropocene', in which 'we have exceeded the limits of growth and ventured into alien disease ecologies'. Tim Hogan's focus is on the 1919 pandemic and, in discussing 'Primary Sources and Contemporary Published Material', he pays particular attention to 'material available at State Library Victoria' where he works. In 'Bringing the States Back In', Mark Finnane elaborates on the state–federal rivalries noted by others to argue that 'the experience of recent pandemic and other crises has elevated the Australian states as governing entities whose powers should be reckoned with rather than regretted'. Erik Ekland also looks at state divisions but focuses specifically on 'New South Wales–Victorian Border Communities in the Influenza Pandemic, 1919', emphasising 'economic dislocation; disruption to family and kinship; [and] division and difference that border regulations brought'. Finally, the four historians associated with the Way Back When team—Lucy Bracey, Fiona Poulton, Sarah Rood and Katherine Sheedy—bring us back to the current pandemic with an account of their interviews with over 50 children and young people between the ages of four and nineteen about their experiences of COVID-19.

In 'Interpreting an Image', Cheryl Griffin explores the context of a photograph of staff at the Emergency Hospital set up in the Traralgon State School during the influenza pandemic in 1919, locating its meaning and significance in the fears and concerns of this small dairy-based Gippsland community.

This issue of the journal also includes nine book reviews with particular significance for Victorian history, covering family history, class, communism, spies and the Cold War, automobile history, local history, the law and the environmental effects of goldfields sludge. The quality and diversity of the works under review are a tribute to the continuing research work into Victoria's history celebrated in the pages of this journal since 1909.

Professor Julie Andrews at La Trobe University. Photographer Phillip O'Brien 2018 (Courtesy Unisuper)

This is an extract of the first lecture, given by Professor Julie Andrews, in a new RHSV annual lecture series on Indigenous History. The Welcome to Country was given by Aunty Zita Thomson, a Wurundjeri/Woiwurrung and Yorta Yorta woman, artist, activist and board member of many community organisations.

LECTURES

Milestones of Aboriginal Women's Activism in Melbourne 1930s–1980s

Julie Andrews

Abstract

This lecture argues for a wider view of the history of Aboriginal activism to encompass not only political aims but also those of health and social wellbeing. This form of activism was the special concern of Aboriginal women, who fought long and hard to protect the wellbeing of their families from the 1930s, and particularly through organisational activism from the 1960s onwards.

Before I begin, I wish to pay my respects to the Wurundjeri/Woiwurrung people on whose land we are gathered tonight. I pay my respects to my elders past and present, and draw strength from them tonight as I walk in their footsteps with their history. I pay my respects to the women that I speak about, and their children, and their children's children; I further pay my respects to all Aboriginal and Torres Strait people who have suffered since colonisation, and dedicate this lecture to my mother, Leah Briggs Andrews.

I pause here to thank my Aunty Zita, my mother's sister, for her welcome to you all tonight. I would also like to thank the Royal Historical Society of Victoria and Emeritus Professor Richard Broome for inviting me to speak in the society's program celebrating Woman's History Month. Welcome all you women!

Dear friends, colleagues, my family and my Aboriginal community, thank you for spending your time with me tonight to learn about Melbourne Aboriginal women's political activism towards securing a better future for their people. I make no apology that I'm related to a lot of the women I will now speak about. I have a lot of aunties, and these women are aunties and mothers to many people; we are all connected in

one way or another, through kinship, marriage, life and community, as well as through Aboriginal missions and reserves, common experiences of racism, and government oppression. These common experiences also tear us apart, with many struggling to survive. As First Peoples of this nation, we are gathering our steps as one, but it has been a hard road when growing up. When we look at our leaders in the history books of our people, and at our spokespeople and our elders in this community, we reflect upon our Aboriginal footsteps and how far we have come. We have achieved some milestones, but there is still a lot of work to do.

When I talk about milestones, I want to stress that milestones were and are achieved by everyone, for everyone. Our milestones are about not forgetting those who went before us and who had hardship and struggles from poor health and other conditions. This was brought about by the diet that they were given on the missions: fat, tea, damper. They couldn't even eat the meat, and yet they weren't allowed to go and get bush tucker, which we all know everyone eats now, kangaroo and emu. Our people were put on missions, and they had to stay there and were oppressed. Their diet declined in quality and quantity and children became sick. They lived in bad housing conditions, shanty towns, with dirt floors and potato sacks over the front of their huts for a door. This is how they had to live on Cummeragunja, the mission where my mother was born.

Activism is wider than politics. We protested to get better conditions for our mob, for our people, for our babies, for our children: better education, better housing, better food, and not to be oppressed and bossed around by a white, drunken manager who was being paid by the government. That's what my grandmother had to put up with, and my grandfather, and all my aunties and uncles. My grandmother told me of one man asking the manager, the drunken manager, to drive him and his wife to Echuca Hospital. The manager pulled a gun on them, and they had to beg, even though they were so sick with TB. These were terrible, terrible times, and as an anthropologist I gather all these stories of oppression. But I also gather the stories of survival, resilience, and helping each other, because that's how Aboriginal people got through.

I begin with reference to my Aunty Naomi Briggs, a proud Yorta Yorta woman who was one of the first Aboriginal nurses in Melbourne. Naomi Briggs went on to establish the Aboriginal Medical Service in Redfern, Sydney, with Gary Foley, Bob Maza, Sol Belaire, Mum-Shirl and

Bobbi Sykes. Aunty Naomi also became the director. But she never forgot her roots, even though she lived in Sydney for many years.

Tonight, I want to feature Aboriginal women and especially those at Cummeragunja who continually protested. They supported their Yorta Yorta men, even knitting socks for those serving in the AIF overseas. They were also prominent in the Cummeragunja Walk-off in 1939, when my mother was just three years old. Aboriginal women are strong. No matter if they're Yorta Yorta, no matter if they're Gunditjmara, no matter if they're Gunai/Kurnai, Aboriginal women are resilient and strong because of the experiences and oppressions that they have had to endure.

Aboriginal women led the charge over the Walk-off. They called the meeting. Indeed, my Dad told me that 'the women took the lead'. Although Uncle William Cooper stood up, there was a wave of Aboriginal women after him: Aunty Marge Tucker, Hyllus Maris, Aunty Geraldine Briggs, women who were strong. And why? Who's back home looking after the kids? Who's back home, holding the fort? Who's back home holding the manager off the young girls? The women! It was the women who did this and who held power. My Dad said to me, growing up on Cummera: 'I am afraid of no man, but it's a different story with the women'. There weren't many people who'd take on strong Aboriginal women, even so today. So that fight was shared, and the women carried that community.

The reason they fought that fight with that fire in their bellies was because their children were dying, their fathers were sick, their sisters were dying, and there were kids who had no mothers. I remember my grandmothers taking me to Cummeragunja Cemetery, saying: 'Look at all the baby graves'—and there were a lot. We went to Coranderrk Cemetery, and they said again: 'Look at all the baby graves!' Look at the Coranderrk plaques there: baby-graves, five months, six months. That's our proof how hard it was for our people; so why wouldn't they walk off, and go, and leave everything, and be homeless on riverbanks?

I went up to Shepparton a couple of weeks ago and I took my kids out to 'the Flats'. I told them 'the community loved it here because they walked from Cummera, and they all lived together, and they weren't being bossed around anymore'. The key was that they were living on their country, and they could do what they wanted. That brought happiness, that brought them freedom, and they were able to regroup as a community.

Once Aboriginal legislation was ameliorated, other people moved off missions such as Lake Tyres, Framlingham and Lake Condah. Many

migrated to Melbourne or went to family in other places and stayed there—Echuca, Framlingham—even places in New South Wales. They moved to family, and a lot of people came to Melbourne. This began in the 1930s when Aunty Marge Tucker and other Stolen Generations people arrived. Once young people turned sixteen, they could leave workplaces and the institutions where they had been placed and move back to their community. This mobility occurred from the 1930s to the 1960s. The control of the Aborigines Protection Board of Victoria over Aboriginal people had waned by this time. Also, Aboriginal people pushed for representation on the board, and both Margaret Tucker and Pastor (later Sir) Douglas Nicholls were appointed.

Margaret Tucker had been involved in the long history of Aboriginal activism in Melbourne from the 1930s (Figure 1). She had been removed from her mother, and her autobiography, *If Everyone Cared* (1977), recorded the first Stolen Generations story. Later her daughter, Molly Dyer, established an organisation for Aboriginal children who were removed from their families and who needed to reconnect with family and community. It was called the Victorian Child Care Agency (VACCA), and it still exists today. Aunty Marge and Aunty Molly dedicated their lives to supporting children, youth, and adults who had been removed from their families and grew up in government institutions or were adopted out to non-Aboriginal families. This is activism. The aim of VACCA is to reverse the taking away of children, and to bring them back to community. They even tried to track them. Why did they do that? Because those kids were becoming adults and were looking for their families. They'd go to the women, the men, the older ones and ask: 'Do you know my family?'

In the late 1960s, Aboriginal women began to think nationally. In the previous decade of the 1950s they had worked through state organisations like the Victorian Aborigines Advancement League in Cunningham Street, Thornbury. But then Aboriginal people saw the wisdom of acting at the national level and created the Federal Council for the Advancement of Aborigines and Torres Strait Islanders (FCAATSI). My research showed Victorian Aboriginal women were at that time on everything, every board, every committee of FCAATSI, more than people from the other states and territories. This included my grandmother, Geraldine Briggs, my Aunty Merle Jackomos (née Morgan), and my mother's sisters, Hyllus Maris and Margaret Wirrpunda (née Briggs).

Figure 1: Mural of Aunty Marge Tucker at the Victorian Aborigines Advancement League, Thornbury (Courtesy Julie Andrews)

I was taken by these aunties to marches and rallies in Sydney and Canberra. We didn't have Easter holidays; Aboriginal people didn't have holidays then, as many did not have permanent jobs. We're only starting to take holidays now. At Eastertime we'd jump on a bus, although I don't know where those women got money for that big bus. These women and their children would go to Canberra for Easter to talk politics. The colleges at the Australian National University would put us up as the students were on holidays. We went to Parliament House and demonstrated out the front and then gate-crashed inside. We could do this as we were all

women and children. When Gough Whitlam arrived and pulled on his jacket, all the kids said: 'My Aunty wants to speak to you'. Aunty Marge Tucker and other older women would lead us. We didn't have money; we didn't pursue activism like students do now. We just went and we'd share, with everyone looking after everyone's kids.

Aboriginal women also stood with their men. One time when we were in Canberra, white women from the Women's Liberation Movement turned up at Parliament House steps. They were on one side and all of my aunts, all of the Aboriginal women, were on the other side. They said: 'Do you want to join up and we'll have bigger numbers?' One of my elders said: 'No, this is our business here, and we'll stick with our men'. Aboriginal women were also at the Tent Embassy. Aboriginal women were having a national conference at the time, and five men walked into the women's conference and said: 'Can you support us?' They continued: 'because we're going to set up something here and challenge the government'. All the women left their conference and walked down to the grounds of Parliament House. Aunty Marge was there, and my grandmother, and Mum Shirl, up the front where Gough Whitlam stood. The men asked the women to support them and give them permission, because they were the only formal Aboriginal organisation present at that time in Canberra.

We don't have separate women's marches and rallies apart from Aboriginal men; we work together. I remember my grandmother, Geraldine Briggs, telling me a funny story about something that occurred at a national march in Canberra. One of the male marchers said: 'Quick! Bring in the heavy artillery! Send the women to the front!' I can remember my grandmother used to laugh her head off at that. All the women moved to the front.

The children were politicised by these events and it became the next stage of your life, that you were taught at these cultural events. I call them 'cultural events', rather than 'political activism', because at these events women talked and taught culture, taught history, told the stories, the narratives. Aunty Marge would be sitting up the front of the bus, and she'd be telling all her stories. A lot of the kids were bundled into cars and buses and travelled the Hume Highway to go to meetings with the women. Aboriginal kids' childhoods were a blend of meetings, dignitaries, catching up with family and also being active in protests with their families, their mothers, aunties, and grandmothers.

Figure 2: Julie Andrews with her Nan, Geraldine Briggs (Courtesy Terry Garwood)

I grew up listening to constant political negotiations and namedropping of politicians that I never knew, but I knew Mr Worthy. He came to the house, and we were hushed into another room, and told not to come out, and not say anything or make any noise. Mr Worthy came to talk about housing; that was his responsibility, Aboriginal housing.

It was not uncommon for women to have hastily organised meetings and trips to politicians' offices, because they knew they could use the phone there, and they didn't have to pay. They would go and base themselves at a politician's office and, at the meeting, would say: 'Oh well, we'll use your phone to sort this out, and set this up'. They were very smart women who knew it was government money, and it was open to the public. My cousins would either go with their mother or be dropped off at my mother's house, and sometimes they could stay all weekend because their mothers would've gone to Sydney or Canberra. That is how far the women travelled. And I had to travel sometimes too, till I had to get serious about school.

I went to an Aboriginal play at Monash University in the 1980s called *Bran Nue Dae*. My grandmother was there too. One of the main actors came up to me and said: 'Excuse me, I know that lady over there', pointing to my grandmother. I said: 'That's my grandmother' Geraldine Briggs (Figure 2). He replied: 'She came to my house in Broome to meet with

my mother to talk about how to set up an Aboriginal Health Service in Broome'. He wanted to say hello, so he walked up to my grandmother, and she remembered him. It was a lovely thing for him to have that memory of his Mum, because she'd passed away. But that history, that narrative of his mother, was still there.

This network of active and strong women created permanent organisations. Aunty Marge established the Aboriginal and Torres Strait Islander Women's Organisation. This indicates some Torres Strait Islander women were living in Melbourne at this time and joined in this activism. Some of the children of these women activists are Destiny Deakin and Janina Harding. Another parallel Aboriginal organisation was created by my grandmother at the national level, the National Aboriginal and Torres Strait Islander Women's Association. We had one women's association in Victoria headed by Aunty Marge Tucker and another at the national level run by her sister, my grandmother, Geraldine Briggs. But they didn't speak much about the business with each other.

These Aboriginal women's organisations were extremely influential and advocated on behalf of Aboriginal families. The women caught taxis to court to sit up the front and support those facing the court, because they knew Aboriginal youth often didn't have anyone to assist them. Aunty Merle Jackomos's daughter, Esmai Manahan (née Jackomos), stated:

> The women did a lot of work for the Melbourne community. They were responsible for setting up many of the organisations we have today. My mother and my grandmother, Aunty Gerry, used to catch taxis and pay for it themselves. For instance, they travelled to Monash University to meet with the lawyer and lecturer, Elizabeth Eggleston, and her father Richard. They all worked to establish the Aboriginal Legal Service, and that's still going today.

They were involved in a long list of Aboriginal organisations established in Melbourne, which in recent times has come to number over 70. However, I will only mention a few. This organisational activity dates back to 1933, when the Australian Aborigines League, a First Nations–only body, was created by William Cooper. My Aunty Marge Tucker and Eric Onus, and Anna and Kaleb Morgan were also some of those involved. In 1938 William Cooper led a protest against *Kristallnacht* and in support of the Jewish people in Germany, who were being persecuted by the Nazi government. Also in 1938, members of the Australian Aborigines

League joined with the New South Wales–based Aboriginal Progressive Association to protest in Sydney against the 150th celebrations of the First Fleet's landing at Botany Bay in 1788. The group declared that, for Aboriginal people, '26 January is a Day of Mourning'. The protest and accompanying 'Manifesto' drew attention to the treatment of Aboriginal people and demanded full citizenship and equal rights.

In 1957 Pastor (later Sir) Douglas Nicholls, Eric and Bill Onus, and Pastor Stan Davey began the Victorian Aborigines Advancement League (VAAL), a black–white organisation. In 1958 the national body, FCAATSI, was formed, the Victorian representatives being Stewart Murray, Pastor Douglas Nicholls, Geraldine Briggs, Alick and Merle Jackomos, and Margaret Tucker. There was an Aboriginal House established at this time at 99 King Street, but little is known about it. In 1969 the Advancement League experienced a take-over to establish Aboriginal control, and many Yorta Yorta women became prominent in the VAAL for several decades. FCAATSI also split, leading to other bodies. The women's organisations led by my grandmother and her sister, Marge Tucker, began at this time as related above, the national one being formed in 1972.

The 1970s saw a rapid growth of organisations in which women were prominent. In 1973 the Aboriginal Legal Service was established and, in the same year, the Victorian Aboriginal Health Service. The Melbourne Aboriginal Youth Sport and Recreation (MAYSAR) incorporating the Fitzroy All-Stars Football and Netball Club followed, beginning in the Aboriginal gym in Gertrude Street, Fitzroy. Outer suburban bodies, including the Dandenong and District Aborigines' Co-op (1975), followed as Aboriginal people spread across Melbourne. In 1976 the Victorian Aboriginal Education Association Incorporated (VAEAI) was created. It was followed by Winja-Ulupna, the Women's Drug and Alcohol Recovery Centre in St Kilda, and Galiamble, the Men's Recovery Centre. We see from these two latter bodies that Aboriginal language names were starting to be used in public forums. Yappera, the Children's Service Cooperative Limited, which provided childcare, soon followed.

The building of Aboriginal-controlled organisations continued in the 1980s, with Aboriginal Housing Victoria (1981). The Koori Information Centre (KIC) was established in Gertrude Street, Fitzroy, by Robby Thorpe, Hartley Briggs, Janina Harding and Leanne Miller. They did political work, wrote material and recorded people's stories.

In 1984 the Victorian Aboriginal Community Services Association Ltd (VACSA) was created, and the following year the Koori Heritage Trust, first in Dandenong, then the Museum of Victoria, then King Street, City, and now at Federation Square. Women created the Wurundjeri Tribal Land and Compensation Cultural Heritage Council, now the Wurundjeri Woiwurrung Corporation. Other bodies appeared, including the Coranderrk Aboriginal Housing Co-Op in Healesville in 1985.

In the 1990s and beyond, many other prominent bodies emerged, including: Ilberji, the Aboriginal Theatre Company; the Victorian Corporation of Aboriginal Languages (VCAL); the Victorian Aboriginal Community Controlled Health Organisation (VACCHO); and ACES, the Aboriginal Community Elder Services, which provided aged care facilities. So, everything was being covered by the efforts of Aboriginal people.

Some efforts have been for the whole community, such as the student accommodation at Monash University, where most students are non-Indigenous, including many international students. There are two buildings, called 'Briggs Hall' and 'Jackomos Hall' respectively, after my grandmother and Aunty Merle Jackomos (née Morgan). Their totems, the emu and long-necked turtle, are there on these buildings, which sit side by side. My grandmother, Geraldine Briggs, had passed away by the time of the opening ceremony, but Aunty Merle was still alive, and she unveiled her own photograph. She declared: 'I'm standing shoulder to shoulder with me old mate!' So that's how strong women work—together.

Other women are honoured, as they should be. Recently Aunty Marge Tucker had a little laneway named after her, Lillardia Way, and Lisa Bellaire has her own laneway in Fitzroy. There is talk that Aunty Marge Tucker should have a statue, like that of Lady Gladys Nicholls and Sir Doug Nicholls in Treasury Place.

These women worked tirelessly, and this had an economic and family impact. Because of their activism they couldn't work to make money. Because of their activism they had to leave their homes at times. But they did it for their people, their families, for their brothers and nephews who were going to jail, for their fathers who were sick. Everything they did was for family and their grandkids and for the next generation of Aboriginal people, so they don't have to suffer the way they did, and that's the goal of everything, isn't it?

Professor Frank Bongiorno AM

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Hugh Anderson, Historian

Frank Bongiorno

Abstract

Hugh Anderson (1927–2017) was a scholar of formidable breadth, productivity and versatility. While it is as a folklorist that he is best known, Anderson's prolific output also included biography, bibliography, history, school textbooks and documentary collections. Anderson seemed as comfortable writing about John Pascoe Fawkner as Squizzy Taylor, as at home with an Aboriginal gumleaf player and a Sydney street poet as with the exquisite verse of John Shaw Neilson or the stately poetry of Bernard O'Dowd. Anderson's boundary-riding between history, biography, folklore and literary criticism occurred at a time when universities were moving towards a sharper focus on specialised research, theory and discipline-based knowledge—in ways that both deepened and limited understandings of Australian history and culture.

I begin by acknowledging the owners of the Country on which we meet tonight, the Wurundjeri people of the Kulin nation, and pay my respects to their elders.

I also acknowledge the members of Hugh Anderson's family here this evening, beginning with Dawn, Hugh's wife and collaborator on many projects, one of those projects being Warwick and Marcia. My greetings to Marcia's husband John M. Davies, and to John and Marcia's children and Dawn and Hugh's grandchildren, Ian, Claire and Hugh. Finally, my thanks to the Royal Historical Society of Victoria, and to the Anderson and Davies families, for inviting me to deliver the inaugural Hugh Anderson Lecture. It has been long delayed by a global pandemic. But I trust it will be the first of many annual lectures that will perpetuate Hugh's memory, help to keep alive interest in his scholarship and legacy, and promote further study of those many fields in which Hugh was an active presence. That list is a long one. It is impossible to do it justice tonight.[1]

One of my fondest recollections of Hugh is when he stayed with me in a dive where I was living when I first started working at the University

of New England in Armidale a little over two decades ago. It was on the road to Guyra—a place whose status in Australian folklore derives from supposed ghost sightings there in 1921. A restless sleeper might have been kept awake not by a poltergeist but by the screeching brakes of the semi-trailers as they made their journey along the New England Highway in the dead of night. Hugh was in town for a folklore conference being run by the late John Ryan, an academic at the university whom Hugh had known for many years and the long-time editor of *Australian Folklore*.

I can tell you the precise evening that the conference opened in one of the university colleges. It was Friday 15 September 2000. How do I know that? Did I consult my diary? Do I keep impeccable records? No, I don't. It was the evening of the opening ceremony of the Sydney Olympics. So, while one of the most intense few hours of meaning-making in Australian history was going on in Sydney, the folklorists were busy elsewhere and had their eyes on other things. That said, I doubt that Hugh was particularly worried by missing the fun down south. He was not led by mere fashion, by what others thought one ought to be doing. That was an ingrained habit. The Victorian Education Department's report on Hugh McDonald Anderson's performance as a teacher is, year after year, glowing in its praise. But there is one early entry—for 1947—that particularly caught my eye. Anderson, it said, is 'a strong individualist'.[2]

Indeed, he was. It is impossible to think of any other Australian scholar, either of Hugh's generation, or before or later, whose career resembles his in the slightest. He was born on 21 January 1927 at Elmore in central Victoria and attended the Bendigo School of Mines, where a teacher fostered a love of literature and music and introduced him to the noble cause of socialism. Hugh then worked for a time as a surveyor with the Victorian Forestry Commission, subsequently enrolling at the Bendigo and Melbourne teachers' colleges. On finishing, he started a Bachelor of Arts at the University of Melbourne but did not complete his part-time studies at 'The Shop', as it was then called. His education in literature—especially Australian literature—came from the widening circle of friends and connections he developed through the Communist Party, which he had joined at sixteen, and 'progressive' literary circles and organisations such as the Realist Writers' Group.[3]

The late Stuart Macintyre, a great admirer of Hugh and his work, has in his book *The Party* recently evoked the Australian Communist Party's almost self-contained cultural life in the 1940s. It was certainly a place

where a young woman or man could gain a solid education in cultural and literary matters, even while party officials sought to impose their will on what was and was not good art or writing, judged according to what contribution such works were believed to make in paving the way for a Soviet Australia. That habit would eventually drive Hugh himself from a party that was also passing through the most 'patriotic' phase of its 70-year existence. It adopted the radical–nationalist tradition as its own, and it attracted intellectuals, artists, authors, writers and academics for whom that message was a most appealing one.[4]

The future historian, Ian Turner, ran the Australasian Book Society; ASIO's spies noted Hugh's membership in 1953 and 1955 of this 'Communist front', as they described it, when he was applying for a Commonwealth Literary Fund Fellowship in 1969.[5] Russel Ward, also under close ASIO surveillance, would write the classic statement and interpretation of the radical–nationalist tradition in Australian history in *The Australian Legend* (1958), a book based not only on a doctoral thesis from the Australian National University but also on years of engagement with folk tradition, Australian literature, European modernism and psychoanalytic theory.[6] Stephen Murray-Smith would edit the *Realist Writer* from 1952 and found its successor, *Overland*, which adapted words from Joseph Furphy as its motto, declaring: 'Temper democratic, bias Australian'. Hugh would write for *Overland* and, of course, he endorsed both its temper and its bias.[7] ASIO also took note of that connection in 1969, while adding the damning detail that Dawn Anderson had 'been connected with the Australian and New Zealand Congress for International Co-operation and Disarmament'.[8] That was a decade earlier. These things followed one.

Turner, Murray-Smith and Ward were products of the nation's prosperous middle class and the private schools to which it sent its young. The career paths of these men were hardly conventional, but they did, in the essentials, follow a common postwar pattern that landed them in academia, more contentedly in the cases of Turner and Ward than in that of Murray-Smith.[9] But there was a more striking originality, an ingenuity, in the way Hugh crafted a career as an author out of his humble country upbringing, a limited background of formal academic study, and the busy life of a schoolteacher and principal as well as husband and father (Figure 1).

Figure 1: Hugh Anderson (Courtesy Anderson Family)

The biographical details on the dust jacket of Hugh's *Farewell to Old England: A Broadside History of Early Australia* (1964), a book dedicated to Marcia, reflect Hugh's rather low-key attitude to his scholarship—already substantial-going-on-prodigious in the mid-1960s. He is described, up front, as 'one of Australia's best known collectors of folk-songs and broadsides'. That seems significant—not a historian, or a scholar of folklore, but a collector. Hugh, it is reported, says of himself: 'Can't recall any dramatic experiences. Mine has been a normal everyday existence'. Rigby, the publisher, must by this time have been other than delighted with Hugh's generous assistance to them in their efforts to turn him into a celebrity author! After describing Hugh's working life—in the language of the day, he is said to have specialised 'in teaching special categories of sub-normal children'—the biographical notes then go on to

say that Hugh lists his only hobby as 'Writing Books'. He is also identified as living in Apollo Bay, married, and with a son and daughter.[10]

Hugh's scholarly output was not miraculous, but it required enormous willpower, commitment and capacity. The ability to work most of the night was helpful. A wife such as Dawn, who shared both his professional identity as a fellow teacher and many of his cultural and political interests—to which she also contributed in diverse ways—was surely essential. When the journal *Australian Folklore* published an issue to mark Hugh's 80th birthday, it was appropriately dedicated to both Hugh *and* Dawn.[11] They were a power couple long before anyone used that term (Figure 2).

Figure 2: Dawn and Hugh Anderson at brother Ray Anderson's wedding *c.* 1962
(Courtesy Anderson Family)

In different social circumstances, and perhaps if he had been just a little younger, Hugh might well—in the manner of Turner, Murray-Smith and Ward—have completed a bachelor's degree, researched a doctoral thesis, and become an academic in Australia's rapidly expanding university sector. It would have been a more genteel kind of scholarly

life. He would have risen fast, too. He was, after all, a leader in shaping a whole field of study, folklore, something he managed without the backing of a university appointment. In the mid-1980s his eminence would be recognised in his appointment as chair of that rather remarkable product of the early, expansive phase of the Hawke government, the Committee of Inquiry into Folklife in Australia, which produced the report: *Folklife: Our Living Heritage* (1986).[12] It was the kind of role normally bestowed on senior university professors. Hugh sometimes reminded those of us who did have better opportunities for research and writing of how much they should be cherished, but it was a message never delivered with conceit, bitterness or rancour. He would pretend to be appalled at the very good wicket that younger scholars were batting on—he certainly had in view his son Warwick, a distinguished historian of medicine, but I was also on the receiving end of an occasional bumper. The implied comparison was invariably the more treacherous 22 yards that he had negotiated during his career.

I first met Hugh in the mid-1990s when, as part of a wider engagement with radical culture and politics in Australia, I was researching the radical poet Bernard O'Dowd—a subject that Hugh had also pursued from the time he was a very young man. O'Dowd is now deeply unfashionable, his mixture of high diction, obscure words, phrases and allusions, and frankly propagandist verse of limited interest or appeal to anyone I have stumbled across in recent decades. O'Dowd's poetry does sometimes sing, but not all that often, and not all that sweetly. But he was a legendary figure in the early 1950s—we might say a living legend, to use a sporting cliché that Hugh would probably have shunned—a man of formidable learning and a link to the cultural nationalism of the 1890s and Federation era. In the early 1950s, he was living in retirement in a rambling home in Clarke Street in Northcote. His marriage had ended decades before, and the partner with whom he had subsequently lived, the poet Marie Pitt, died in 1948. Hugh told me that even as an octogenerian O'Dowd always seemed to have girlfriends coming in and out of his home.[13]

Hugh saw O'Dowd regularly in these years. Bernard reputedly had a temper, but Hugh found a placid, gentle and seemingly benign and slightly stooped old man, often wearing his dressing gown while they talked about his life.[14] We find Hugh on the hunt as early as 1951, chasing up the numerous pseudonyms that O'Dowd had used over the years,

while O'Dowd—by then in his mid-80s—was rooting out old papers and lectures for a biographer, Victor Kennedy, to use.[15] Kennedy would produce a tedious and cumbersome manuscript that O'Dowd's old friend, Nettie Palmer, would with her literary gifts and own archive of the poet's letters turn into a readable if not very distinguished biography in 1954, the year after O'Dowd's death.[16] O'Dowd told the young Anderson that he was also welcome to look at the same papers—and it is hard to imagine that Hugh turned down that offer. In March 1952, we find Hugh still hard at work, still chasing down pen names. 'I have a very deep appreciation of all you've done in this elusive chase of the O'D hare!', Bernard wrote.[17]

Hugh would, in time, produce a bibliography of O'Dowd's work, a collection of his writings in the Victorian socialist newspaper, the *Tocsin*, against Federation and, in the late 1960s, a book on O'Dowd's life and work—a mix of literary criticism, history and biography that would be characteristic of so much of Hugh's scholarship.[18] For Hugh, if you wanted to find out what a poem meant, it seemed only common sense to go and ask the author; so, in addition to his visits to O'Dowd, he and Dawn would be off to Mallacoota to see E.J. Brady. It was an approach that, by the 1950s and 1960s, was already falling out of favour in Australian English departments. Australian literature mattered for them, as Leigh Dale has explained, 'insofar as it could be read as an offshoot of the literature and culture of England, a fresh young branch on the tree, an adolescent member of the family'.[19] Some of the rising critics of the era, Gerry Wilkes, Leonie Kramer, Alec Hope, Vincent Buckley and James McAuley—the last three distinguished poets in their own right—had little time for the cultural nationalism associated with earlier literary criticism and canon-making in Australia.[20] The quest was for supposedly universal values, and O'Dowd had no place in their scheme of literary value. Indeed, Buckley and McAuley each produced stinging attacks on the older poet.[21]

Hugh's *The Poet Militant: Bernard O'Dowd* (1968) was, then, a swim against the tide. In the first place, Hugh saw value in O'Dowd's poetry. One reason for this was possibly political. O'Dowd was a radical and a nationalist, and so was Hugh. Hugh evidently recognised a strong individualist when he saw one. 'Personally, I feel there was a touch of the heroic in a poet who was not afraid to commit himself to opinions and who pursued his way, as he said himself, "Undeterred by the faggot or cross, uncorrupted by glory or gold"'. That was Hugh on O'Dowd, but there was perhaps a little of Hugh on Hugh there as well. He went on to

praise O'Dowd's 'astonishing virtuosity, if not in form, then of idea': an 'eager intellectual curiosity and a great subtlety in expressing views that did not seem before to have been either subtle or deep'. In other words, O'Dowd had given radicalism a kind of cultural hinterland, also—I would suggest—the cause in which Hugh's intellectual, cultural and political commitments were united. 'Throughout his career as a poet', Hugh concluded, O'Dowd 'emphasised individual human development yet sought always the communal solution. These contradictions could not be reconciled, as O'Dowd intuitively knew, except by love'.[22] There was also possibly another 'strong individualist' who felt these competing demands, and who sought his means of reconciling them in the bonds of love and friendship.

For all that, Hugh was still also the product of a time, culture and milieu. Warwick Anderson once suggested to me that Hugh was a type no longer with us but prominent in the day. Hugh was a bookman. The supreme example in Melbourne in Hugh's early career, although a man of an older generation, was John Kinmont Moir. It was through Moir that Hugh met O'Dowd. J.K. Moir's background was a more socially exalted one than Hugh's. As the twice-divorced son of a pastoral manager, Moir made his living in accountancy, management and investment while building up a formidable book collection in the 'veritable Aladdin's cave'—a former pawnbroker's shop—that served as his home and library in Richmond. He was a founder of the all-male Bread and Cheese Club, one of that seemingly vast number of Melbourne coteries and clubs devoted to matters literary and intellectual. It was a literary culture characterised more by talk than by ideas exchanged through the printed word. Moir was on the right, a member of the Australian Association for Cultural Freedom. Hugh was on the left, and for a time a member of the Communist Party, but Moir was apparently fond of Hugh. Hugh later reflected that he was 'proud to know that Jack considered me to be one of his protégés'.[23] Both Hugh and Dawn would be guests of the Bread and Cheese Club.[24]

Moir, his biographer John Arnold explains, was a collector of books more than a reader.[25] Hugh, in contrast, was a reader who also wrote and published—prolifically, as it happens. Still, anyone who has ever seen Hugh's overflowing collection of books and papers—many of the latter now in the National Library—will notice the resemblances. In this regard, and in Hugh's attachment to left-wing politics too, it was perhaps another

of those almost forgotten bookmen who provided an exemplar for the young Hugh Anderson.

Walter Stone worked as a clerk, a rent collector, a door-to-door salesman; he knew what it was like to feel the pinch, and he became a socialist and Labor man. Stone's cultural training ground was in the radical bookshops, notably the famous McNamara's in Sydney, and he began writing on Australian literature, publishing books on a hand-press in his back shed, establishing Wentworth Press (with which Hugh published), founding and editing *Biblionews* and, like Moir in Melbourne, building up a monumental collection of Australian books.[26] Here, we are surely approaching closest to the world of Hugh Anderson, who formed a friendship with Stone and visited him in Sydney. Hugh would also write on Australian literature, and he would form Red Rooster Press. And the two men's politics were simpatico. Stone described Hugh in a letter to another correspondent as 'a damn good bloke'.[27]

Yet Hugh's milieu was different from that of either Moir or Stone. The younger man belonged to a literary and intellectual culture that lived in the shadow of 1917 politically and, in cultural terms, was being transformed by the emergence of little magazines, the collection of manuscripts in public libraries (sometimes acquired from the likes of Moir, Stone and Anderson), the proliferation of professional and disciplinary associations, and the burgeoning of literary criticism and Australian history in the universities. Such developments did not immediately destroy an older, more informal, more oral culture based on the literary club, the public lecture and the self-taught litterateur, but they did marginalise it, relegating it to a secondary importance and the realm of the enthusiast and amateur.[28]

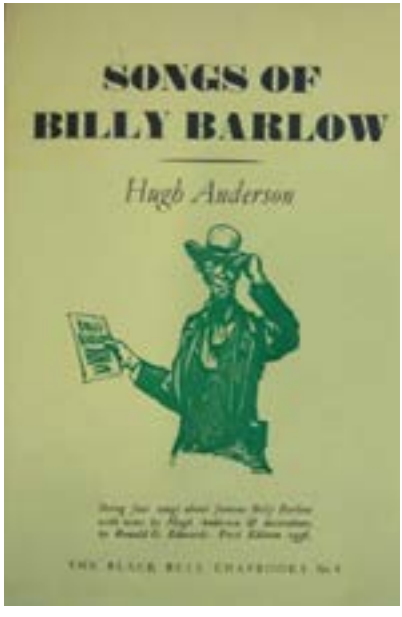
Hugh's career can only be understood, I would suggest, by seeing it as liminal—he had a foot in that older camp while successfully making his way in the new. That location was also, in part, why Hugh was interdisciplinary before his time: high, low and middlebrow; literature, folklore and history; performer, lyrics, music and performance; collector, author and publisher; Indigenous, immigrant and settler. These distinctions seemed to mean little or nothing to him. Universities and academic journals guard the borders and patrol the borderlands, but Hugh was able virtually to ignore them. All could be encompassed within a practical, ethnographic understanding of culture.

So, what was that 'new' literary culture, as I have clumsily called it, actually like? First, it needs to be conceded that it was not entirely new. The radical nationalist literary, cultural and intellectual circles in which Hugh moved in the 1940s looked back fondly, even nostalgically, to what Vance Palmer called 'The Legend of the Nineties'.[29] They understood themselves as in a lineage defined by the Sydney *Bulletin* in its 1890s heyday, the world of Lawson, Paterson and Furphy. In their engagement with folklore, they knew that A.B. 'Banjo' Paterson had collected *The Old Bush Songs* (1905), as he called them, some decades earlier.[30] Hugh became an expert on this text, gathering detail on the identities of those who sent Paterson the songs.[31] The radical nationalists of the 1940s were part of the reanimation of a settler nativist culture stimulated by the war, and especially the sense of urgency provided by the threat from Japan. Palmer's famous contribution to the 'Crisis' issue of *Meanjin* possibly captured this sentiment better than any other document of the era even if, in retrospect, it seems more remarkable for its inability to register Aboriginal belonging:

> We have no monuments to speak of, no dreams in stone, no Guernicas, no sacred places. We could vanish and leave singularly few signs that, for some generations, there had lived a people who had made a homeland of this Australian earth. A homeland? To how many people was it primarily that? How many penetrated the soil with their love and imagination?[32]

That was Palmer in 1942. You will never find highfalutin prose of that kind in Hugh's writing, but he might have agreed with the broad sentiment, at least back in the 1940s and 1950s. Here is Hugh in 2011, explaining how he had come to write his marvellous book on the gangster, Leslie 'Squizzy' Taylor, first published as *Larrikin Crook: The Rise and Fall of Squizzy Taylor* in 1971: 'In the early years of black and white television in Melbourne, over forty years ago, we watched many crime files, including *The Untouchables*, set in the 1920s and 30s. I remember asking with a nationalistic fervour: if we want crooks, why not Australian ones?' (Figure 3).[33]

Why not indeed? Those of us who knew him can hear Hugh's voice here. The reference to 'nationalistic fervour' is a distancing device. It hints that Hugh is now able to look on his younger self with an eye of detachment—yet it leaves in play the possibility that he still retains something of that old nationalistic fervour. It is often Hugh's habit to evoke the bittersweet, to prick conceit and pretension, even that he



Figures 3: Covers of Songs of Billy Barlow and a later edition of Anderson's work on Squizzy Taylor with the original title reversed (Courtesy Frank Bongiorno)

detected in himself. The 2011 edition of the Squizzy Taylor book contains an hilarious account of the book launch for the 1971 Jacaranda edition. Held in a Gertrude Street pub that had supposedly been a Taylor haunt, the event was stymied by a waterfront strike that kept the books on the Brisbane wharves—Hugh had just six copies and tried to enliven what was becoming a gloomy affair by standing on a chair to address the multitude: 'Louts, touts and bashers', he began, in the style of Shakespeare's Mark Antony. But then all hell broke loose. There was a brief flurry in the newspapers about the excitement, 'but it was weeks before the copies were generally available in Melbourne', Hugh recalled: 'By then most interest had evaporated'.[34]

Hugh explained his interest in Taylor as a product of his cultural nationalism, but his decision to write a book on that topic is also comprehensible in terms of Hugh's particular approach to Australian folklore. Taylor, ghastly criminal that he was, acquired a status in Australian folk memory, but in a modern era; he was gunned down in the same year Hugh was born. Taylor's fame owed something to oral

culture, but it was more obviously the product of modern print media. Hugh, in fact, had said much the same about older products of what people called folklore, too. In his essay 'Folksong in Australia', published as the conclusion to his superb social history *Colonial Ballads* (1962), Hugh held that the idea of bush ballads having 'a communal origin' did not stand up to investigation. His own close study of Paterson's *Old Bush Songs* convinced him 'that at some time or other they were all composed by individual persons'.[35] They were the work of professional singers—his early study of goldfields balladist Charles Thatcher convinced him of that—or perhaps some journalist or other local identity.[36] They were, Hugh thought, products of 'the folk' only in the broad sense of being about matters of common interest or experience. That made them valuable as sources of social history, and Hugh himself made splendid use of them in *Colonial Ballads*, as Ward was doing at roughly the same time in his Australian National University doctoral thesis, and later in *The Australian Legend*.

Folklore, especially folk music, was a contemporary enthusiasm of the left internationally, and especially among those associated with the Communist Party.[37] But in Hugh's work, there is a stronger insistence on the commercial and technological contexts of the ballads' creation. He could be tough on those who, he believed, had been too willing to accept the mystique that surrounded old bush songs. Of John Manifold, Hugh writes: 'Mr Manifold begins his article in *Meanjin* with a gibe at Russel Ward and ends with a meaningless parade of erudition, while in between is some of the windiest generalization that has ever appeared on this subject'.[38]

Ballads, Hugh maintained, were often composed and sung to make money, a point he had also made forcefully in his fine studies of convict broadsides—a topic on which he must have been the world-leading authority.[39] In the Australian case, Hugh suggested, the creation and survival of the so-called bush ballads is comprehensible only in the context of print culture and, notably, the development of newspapers and magazines. In adopting this position, he insisted on the fundamental modernity of Australian settler culture; he did not romanticise the bush, its people or the songs that some other scholars saw, with less nuance and fewer hesitations, as rural society's, and even the nation's, authentic collective consciousness and voice. Such ideas, in Hugh's later telling, reflected 'pretentious notions of a national song identity'.[40]

Many commentators saw merino sheep and gum trees, and imagined noble bushmen sitting round a fire singing with gusto the songs they picked up in a bush upbringing, on the track, or in the shearing shed. But Hugh saw the influence of minstrelsy, of blackface, of 'the itinerant professional entertainer, the commonplace songster … and the homely pathetic ditty of the music hall'.[41] He doubted that most bushmen spent their time singing and reciting, as distinct from playing cards, yarning, reading and writing the odd letter. Hugh, typically, turned to the materiality of performance in explaining how he thought this aspect of bush culture might have worked. Big stations would have a cutting-out concert at the end of shearing, an occasion that Hugh considered could encompass a rich and diverse scratch program. 'No one ever mentioned folk song or even bush song' at such events, he concluded, perhaps a little too certainly.[42]

In its scepticism about the romanticised roots of bush culture, Hugh's work belonged to a domain similar to that inhabited by another radical intellectual of humble working-class origin, the British scholar Richard Hoggart in his classic *The Uses of Literacy* (1957). Hugh would have shared Hoggart's suspicion of mass culture, his interest in how working-class lifeways could survive the onslaught of the modern.[43] This is the concern at the heart of his book on Simon McDonald, *Two Axe Mac* (2011), publication of the revised and enlarged version of which was supported by the Royal Historical Society of Victoria. Dawn produced the transcriptions. McDonald was a rural working-class man, a product of the declining Victorian goldfields, a singer, fiddler, banjo player and poet—and, as the book reveals, an entertaining storyteller too. Listen to Hugh's interview with him on the CD that comes with the book if you ever get the chance. Hugh and Simon yarn as equals, two blokes from country Victoria. Hugh also wrote the *Australian Dictionary of Biography* piece on Simon McDonald, an unusual kind of entry. Here was a working-class man who was rather ordinary in every way but one: that one of Australia's leading folklorists, Hugh Anderson, encouraged by another of those bookmen, Harry Hastings Pearce, was sufficiently interested in his modest musical talent and knowledge of popular song to interview him shortly before he died.[44]

Here, as in so much of Hugh's work, there is a basic respect for the common man and woman, a belief in their essential worth and dignity. Such respect and belief are also there in his short but remarkable prize-

winning study of the wandering Aboriginal gumleaf musician, Bill Bull. 'When I saw Bill Bull playing on a gumleaf in the streets I did not take much notice', Hugh recalled. 'To my continuing regret, I did not bother to stop and seek details of either his technique or his repertoire, let alone pass him a coin, as I hurried to meetings of the Realist Writers' Group, a small band dedicated to humanist realism in literature!'[45] Hugh could see irony in retrospect that was not evident to him as a young man making his way. But his study, published in 1995, is a moving account of a lost art, as well as of the people—often Aboriginal people—who performed this kind of music. Hugh was not so much rescuing the obscure, the oppressed and the unappreciated from 'the enormous condescension of posterity', to use E.P. Thompson's famous phrase.[46] He was rescuing them from being lost to history entirely. Hugh came to see worth in such quarters, including in the life of another street poet, Paddy Collins, who was active in Sydney between about 1910 and 1930. 'Paddy Collins's language was hardly sublime', Hugh reflected, but he had 'definite honesty and pathos'.[47] It was not a long way from the virtues he had earlier found in the more exalted figure of O'Dowd. High and low, popular and elite; they all had a place in Hugh's intellectual kingdom.

Hugh was increasingly exalted himself. He was elected a fellow of the Royal Historical Society of Victoria in 1974, but late in life further honours came his way: an honorary doctorate from the University of Melbourne (2008), a fellowship of the Australian Academy of Humanities (2011), and, posthumously, membership of the Order of Australia (AM) in 2018. I think Hugh realised the honours were a big deal, even when he feigned nonchalance (Figure 4).

They also raise an interesting counterfactual, a 'What if?' question about Hugh and his career. What if he had, like his friend and fellow folklore scholar Russel Ward—with Hugh, a member of that reputedly largest of Australian political parties, the ex-communists—made his way into academia? Hugh would surely have done well. But all the same, it is hard not to wonder if, in doing so, he would have been a less interesting scholar, perhaps one we would not be honouring tonight with this lecture.

Hugh's intellectual curiosity seems to have kept broadening as he aged. It would come to take in China, for instance, which he toured with Nicholas Hasluck and Christopher Koch in 1981 as an official delegation to the Chinese Writers Association, and which he and Dawn subsequently visited on a number of occasions. They befriended the translators, Yang

Xiangi and Gladys Yang, and Hugh promoted the translation of Chinese literature into English.[48] Russel Ward's intellectual horizons, so wide in his rather astonishing master's thesis on the modernist poetry of T.S. Eliot, W.H. Auden and Ezra Pound, and in that sparkling jewel of a book *The Australian Legend*, seem in contrast to Hugh's to have narrowed as his academic seniority and eminence increased. He wrote histories that were, in essence, textbooks—with flashes of insight, yet without the searching, original and open enquiry of his earlier and better work.[49]

What of Hugh's legacy? I have probably read only a fraction of Hugh's output, even though his books occupy a large section of the inadequate shelf space—isn't it always?—in our home in Canberra. Their volume, great as it is, is no more formidable than their extraordinary diversity. You will find on my shelf a local history, *The Flowers of the Field: A History of Ripon Shire*, with its unusual—for the time, the late 1960s—attention to women's stories and Aboriginal experience alongside the more usual bearded white male fare of such histories.[50] Hugh published biographies of John Pascoe Fawkner and, with L.J. Blake, John Shaw Neilson, the rural labourer and lyric poet, a companion to his work on the somewhat less lyrical O'Dowd and the proto-modernist Frank Wilmot.[51] I have already mentioned his biography of the goldfields entertainer Charles Thatcher, *The Colonial Minstrel* (1960), which is dedicated to Warwick. It is a detailed study of the local, commercial and performative context of those ballads and songs that it was otherwise tempting simply to treat as fodder for writing about life on the goldfields. They were, in reality, the songs of a flesh-and-blood man who made his living in Bendigo and elsewhere by dealing, often comically, with the topical events and well-known local identities of his day. In these books and others, Hugh achieved vividness and elegance. Read *Farwell to Old England*, if you can. The book's opening is so brilliantly composed, you can see, hear and smell the streets of Victorian London. I was reminded of 'Who Will Buy?' in the musical, *Oliver!*, a comparison with popular song that Hugh might have appreciated.

But let me try to sum up why I think Hugh mattered for historical scholarship, and why he still matters. There is his remarkable interdisciplinarity, although he would not have used such a term. One of my own PhD students, Emily Gallagher, continues this tradition in her study of the childhood imagination between 1890 and 1940, and she must be unusual among younger scholars in locating her work at

Figure 4: Hugh Anderson (Source unknown)

the intersection of history and folklore. June Factor, the distinguished children's folklorist and historian and a friend and colleague of Hugh, sits on Emily's supervisory panel.[52] Hugh both understood and exemplified that marriage, and it seems to me that historians would do well to revisit the possibilities offered by the rich body of literature in folklore studies.

Hugh may have been a nationalist, but he was neither insular nor parochial. His own international networks—especially in the United Kingdom and the United States—were substantial, with Hugh and Dawn being close to Roy Palmer in Britain and Kenneth Goldstein in America. They also developed strong connections on their many visits to China.[53] Hugh built respect internationally as an authority in his field—without succumbing to what Arthur Phillips criticised as 'The Cultural Cringe' or what he saw as its equally undesirable companion, 'the Strut'. Hugh's natural posture was the 'relaxed erectness of carriage' that Phillips saw as the ideal kind for an Australian writer and critic.[54]

There is a lesson in that for Australian scholarship today, and especially that rooted in the universities, for in these quarters the

cultural cringe flourishes in ways that would have shocked both Phillips and Anderson as they went about their pioneering work in Australian literary culture during the middle decades of the century. Scholars in our universities, if they have not taken the hint and turned their attention away from Australia entirely, are enjoined to publish their research in international journals or with prestigious scholarly presses in the United Kingdom and the United States. In some institutions, they are rewarded for compliance and punished for intolerable misbehaviour—the latter invariably involves giving their work to an Australian publisher or journal. The ultimate measure is not what one has discovered, or what one says, but *where* one says it. It is considered unproblematic if your book retails for $200, so long as it is with a famous British or American press. Never mind that it will never appear in an Australian bookshop, never be reviewed outside specialist journals (if even there), and that few in this country, or anywhere else either, will be able to afford to read it—unless they have the login details of a university library.

It would be hard to imagine a set of practices or a scholarly ethos more remote from that of Hugh Anderson. To read through Hugh's work is to encounter a man who wanted to share his discoveries, not one who wanted to hide them in the modern publishing equivalent of a locked safe, the internet paywall of a commercial publisher. There was a basic democracy, an instinctive egalitarianism, at the heart of all he did as both a scholar and a publisher. His instincts forever remained those of the teacher. He always seemed to be saying to his reader: 'Look at what I found. This is what I've learned about it, but you read it yourself. Sing it if you like. Tell me what you think'.

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ARTICLES

Not Without Precedent: Two Centuries of Public Health Emergencies in Victoria

John Schauble

Abstract

The arrival of thousands of immigrants into Victoria from the 1840s brought not just wealth and growth but also huge public health challenges. The idea that the coronavirus pandemic is somehow 'unprecedented' ignores the weight of evidence about waves of disease that have come to Victoria before it. This broad survey of major public health challenges in Victoria since European incursions began points to how, in many ways, little has changed over time, and the need to fall back upon tried (if unpopular) measures such as quarantine, social distancing and isolation remains as relevant today as in earlier times until modern medical interventions, including broad-scale vaccination, can be achieved.

The appearance of a sleek, black four-masted clipper in Port Phillip Bay in November 1852 was a pivotal moment in the health of the infant Colony of Victoria. The *Ticonderoga* was probably the most infamous 'fever ship' ever to reach these shores. On its voyage from Liverpool, England, around 100 of her 800-odd passengers and crew died from typhus. Scarlet fever, at the time the leading cause of death in children, also broke out on board.

The American ship was a 'double-decker', built to transport cotton bales and less suited to a cargo of human passengers. It was insufficiently crewed for the long voyage to Melbourne, and sanitation conditions aboard were inadequate. Most of the passengers were Highland Scots—immigrant labourers and their families attracted by the opportunities of colonial life and the recent promise of the goldfields. On arrival at the Heads, it flew the 'Yellow Jack', the quarantine flag signalling that the vessel was diseased and that all should stay clear. It was estimated that 300–400 people aboard the *Ticonderoga* were ill.

Many more would die in the weeks that followed as the ship lay moored off Point Nepean in a shallow inlet now named Ticonderoga Bay. The official death toll was 170, comprising 168 passengers and two crew. At least another ten people are believed to have died after the quarantine period ended, bringing the total to close to one in four travellers.[1]

About the only good to come of the tragedy was a definitive public health result. The *Ticonderoga*'s arrival expedited construction of a proposed quarantine station at Point Nepean. Its creation was proclaimed in the *Victorian Government Gazette* three weeks later. It would remain a quarantine facility for the next 128 years.[2]

COVID-19: Victoria's Unprecedented Public Health Emergency?

Major environmental emergencies are not unusual in Victoria. By the time the first case of COVID-19 was reported in Australia on 25 January 2020, large parts of Victoria had been on fire for two months, along with much of Australia's eastern seaboard. Bushfires would eventually consume more than 1.5 million hectares in Gippsland and the North East, killing five people and destroying more than 450 residences. Environmental disasters are frequent in Victoria; microbial crises such as epidemic or pandemic disease far less so. The latter have a social reach beyond more 'routine' calamities, leading them to be characterised by some as 'unprecedented'.

Much has been made of the apparently 'unprecedented' nature and impact of the COVID-19 pandemic. The same observation was made of the vast 2019–20 bushfires. Yet both have their antecedents.[3] 'Unprecedented' has in effect become a synonym for something forgotten or outside contemporary experience rather than reflecting its actual meaning as something that has never happened or been experienced before. The 1919 influenza pandemic, a special focus of this issue of the *Victorian Historical Journal*, was a century past—and had long passed from popular memory or imagination—when the COVID-19 pandemic began. But, for microbiologists and historians among others, the depiction of COVID-19 as unprecedented 'completely denied the history of infectious disease as we know it'.[4]

Beyond the unprecedented hyperbole, Victoria has a long history of epidemic and pandemic disease, and of other major public health emergencies. One novel aspect of COVID-19 was the speed and extent of its global spread, enhanced by the ease and ubiquity of global travel

in the 21st century. The first Australian case was recorded in Victoria on 25 January 2020, the first death in Perth on 1 March 2020. On 16 March, as Australian cases reached 300, Victoria declared a 'state of emergency'. As cases hit 170,000 globally the following day, Australia banned all travel overseas.

The threat posed by COVID-19 probably only became real for many Australians after the cruise ship *Ruby Princess* docked in Sydney on 19 March 2020. After a truncated trans-Tasman cruise, the ship disembarked 2,700 passengers in shambolic circumstances. The passengers dispersed across Australia and overseas. At least 28 deaths and 662 coronavirus cases were eventually linked to the *Ruby Princess*. The virus had well and truly arrived in Australia. And, like many before it, it too had arrived by sea.[5]

The response to COVID-19 was influenced by previous public health emergencies. The tools and approaches employed mirrored those of past epidemic and pandemic responses in Victoria. By the 21st century, quarantine had become a term more closely associated with plants and animals than humans. Yet the quarantining of 'at risk' or diseased incoming passengers in purpose-built facilities across Australia was a common aspect of international travel just half a century earlier. Similarly, restrictions of intra- and inter-state movement, social isolation, the compulsory use of face masks and vaccination have all featured in responses to previous public health crises.

Exactly two years after COVID-19 arrived, some four million Australians had contracted the disease and almost 6,000 had died from it. Victoria had the highest death toll of any state and was second only to NSW in case numbers. Globally, the death toll in March 2022 exceeded six million from 472 million cases. By October, variants of the disease (most notably the Omicron strains) continued to propel its spread through the community, and the case numbers exceeded 10.2 million. In October 2022 the national death toll topped 15,000, of which 5,600 were in Victoria.[6] The pandemic remained far from over.

Responses to Early Epidemic Disease in Victoria

The settlement of the Port Phillip District and its separation from NSW as the Colony of Victoria in 1851 on the eve of the gold rush occurred with such speed that even early constraints imposed upon development in Melbourne, such as the Hoddle Grid, were quickly overrun. The vast

and disordered influx of people that accompanied the search for gold, followed by a reflux to the metropolis of those who failed to find it, put huge pressures upon the emerging colonial hub and upon the health of its inhabitants.

The greatest initial tragedy was the impact of diseases imported by Europeans upon the Aboriginal peoples of the Port Phillip District. The social and human toll this brought is almost impossible to gauge. Forever unknown will be the extent to which different diseases were responsible for this depopulation. Debate continues as to whether the introduction of diseases in the late eighteenth and early nineteenth centuries compounded the culpability of colonial dispossessors or was a force outside human agency.[7] Some claim, controversially, that smallpox was 'weaponised' to achieve the genocide of First Nations peoples.[8]

Divergent population estimates of between 30,000 and 100,000 Aboriginal people in Port Phillip District at the time of first settlement further complicate any assessment. What is clear is the devastating impact of an assortment of diseases against which the original inhabitants had no immunity. Up to 45,000 deaths in the Aboriginal population have been attributed to smallpox or chicken pox. Certainly, smallpox epidemics occurred in NSW in 1789 and around 1830 that halved the Indigenous population of that colony and reached parts of Victoria.

The characteristic signs of smallpox among Aboriginal peoples were recorded by several maritime explorers and in the reminiscences of William Buckley, the convict who escaped from Sullivan Bay (Sorrento) who lived with the Wathaurong people for 32 years. These accounts suggest a level of population decline due to disease well before permanent settlement. Contact between Aboriginal people, whalers and other visitors to Port Phillip before 1835, including at the failed settlement at Sullivan Bay in 1803, introduced other diseases. Syphilis, gonorrhoea, colds, bronchitis, influenza, measles, scarlet fever, dysentery and tuberculosis decimated Aboriginal peoples from the late eighteenth century. 'These new diseases', noted historian Richard Broome, 'assisted the European conquest'.[9]

There was little medical treatment available to prevent the spread of disease, except for smallpox for which a vaccine had been developed in the early nineteenth century. After the barque *Glen Huntly* arrived in Port Phillip Bay in 1840 with 50 cases of typhoid fever aboard, a temporary quarantine camp was set up at Point Ormond, but the growing potential

for incursion of such shipboard diseases prompted the new Victorian colonial government in 1852 to allocate the immense sum of £5,000 for the construction of a quarantine facility at Point Nepean—several months before the *Ticonderoga* reached Port Phillip. A quarantine station on Sydney's North Head had operated since 1832.

In the mid-nineteenth century, quarantine was the only known effective preventative measure available to halt the spread of infection. Quarantine had been used since the fourteenth century to inhibit the spread of plague in Europe, where ships entering Venice were required to stay at anchor for *quaranta giorni* (forty days), whence the term derives. In Australia, the practice of precautionary human quarantine remained common until the early twentieth century, after which it was managed by exception. Soldiers returning from World War I as the 1919 influenza pandemic unfolded were routinely quarantined at Point Nepean. In recent years, infectious patients have been isolated in hospitals on an 'as needed' basis. The closure of large-scale quarantine facilities across Australia was complete by the 1980s.[10] The consequent lack of purpose-built quarantine stations (and of trained personnel) led to the use of hotels as quarantine facilities as the COVID-19 pandemic unfolded.[11] Yet the act of quarantine, while hostage to a raft of social, legal and human rights complications, remains highly effective in preventing the spread of infectious disease.

The Slow Rise of Public Health Management

While a new colonial settlement on the edge of vast open spaces in a mild climate offered the promise of Elysian fields and a better life, the reality was soon rendered otherwise. Melbourne and its surrounding regional centres grew so rapidly from the 1850s onwards that civic infrastructure simply did not keep up with development. As human geographer Peter Curson has pointed out, death and disease are rarely a matter of chance. Rather, they are invariably an expression of the way a population is organised socially and spatially, the stresses to which individuals are exposed, their genetic constitution, the vagaries of the physical environment, and patterns of intercourse and mobility.[12]

In the Australian colonies there was a dogged, if unwitting, determination to replicate the problems left behind in Britain and elsewhere in Europe. People clustered together in cities and towns, some better planned than others, recreating many of the social and physical

problems of the old world. In Victoria the urban environment itself became a public health emergency. Sanitation, sewage and sewers, waste and drinking water were all matters that came to prominence as the colony, enriched by pastoralism and gold, laid down more permanent roots. The freshwater swamps and lagoons that fringed Melbourne in its infancy were by the mid- to late-nineteenth century transformed into stinking cesspools of the city's waste. There was a prevailing belief that 'miasma'—malodourous noxious gases or bad air—was the source of disease and illness, rather than bacteria, germs and micro-organisms.

By the boom years of the 1880s, as the city grew into one of the great metropolitan centres of the world, the sobriquet 'Marvellous Melbourne' had mockingly become 'Marvellous Smellboom' in the pages of the Sydney *Bulletin*. The city struggled to provide adequate hygiene infrastructure to meet the needs of its population. Land developers played on miasmic theory by using infant mortality figures to encourage buyers into 'fresh air' suburbs such as Hawthorn rather than the foulness of Footscray.[13] The Yarra 'was one of the filthiest rivers in the world'. With a growing number of noxious industries discharging their waste into it, the river soon became little better than an open sewer. Given that it was the city's main water supply, this became increasingly problematic. In a town of hundreds of thousands of people with no sewerage system, before the advent of the night or pan man every building had a pit toilet dug in the ground out the back, or else people (or their servants) emptied their pans and buckets into communal cesspools. If they were less discriminating, it might be a nearby vacant allotment.[14]

The situation was no better in the provincial cities and towns. In mining centres, water for mining usage was prioritised over the domestic supply, leading to significant infant death rates in Bendigo and Ballarat linked to a lack of clean drinking water.[15] In the Gippsland town of Sale, an outbreak of typhoid in 1866 led the borough council to appoint an official scavenger to remove refuse from households once a week. A nightman service was instituted there in 1867, although the pans were only emptied once a fortnight.[16]

While understanding of the causes of disease and treatments was rudimentary, the response to these more obvious problems was far from chaotic. In 1853 the Melbourne City Council created the Commission of Sewers and Water Supply and charged it with the provision of fresh water to Melbourne. This led to the construction of the Yan Yean Reservoir

north of the city, and a reticulated supply to the city began in 1857.[17] Even as 'germ theory' identifying the sources of infections and disease slowly gained traction, Melbourne's lack of adequate drainage let alone a sewerage system haunted the city. Stinks and disease were linked, but not always for the right reasons. Melbourne's streets were flanked by deep open drainage channels spanned by wooden gangways. Fear that these 'pestiferous odours and feculent matters' might be a source of disease played on the minds of the citizenry. By the 1860s Melbourne's 'monster evil' was the foul drainage that flowed down the open street-channels; nowhere it was believed was there a 'better nursery for the plague … than here in the heart of the city of Melbourne'.[18]

The contrast between the grand new buildings of the growing city and the fetid, ankle-deep morass of the city's streets could hardly have been starker. London began an ambitious project to sewer the city in the late 1850s. Melbourne continued to rely on night soil carters, who carried away pans from ubiquitous backyard privies. By 1890, more than 350 tonnes of human excrement were dumped on the edge of the city every day. Liquid sewage and household drainage were more likely to find their way into open street channels in the city and inner suburbs.[19] Only in 1897 were Melbourne's first homes connected to a sewer. The creation of the Melbourne and Metropolitan Board of Works in 1891, with its motto of *salus mea publica merces* ('public health is my reward'), finally put the provision of clean water and adequate sewerage as an essential public good on a sound footing. However, the last sanitary pan in suburban Melbourne would not be carted away until 1995.[20]

Meanwhile, Melbourne endured years of death from typhoid at a rate that eclipsed most other developed cities. The 'colonial fever', as typhoid and associated enteric diseases became known, was endemic in Victoria from the 1850s. On the goldfields in 1853–54 typhoid was linked to 460 deaths. Epidemics in the 1860s and 1870s claimed hundreds of lives. In 1875, some 455 Victorians died from the disease. A death rate from typhoid of around 380 people a year persisted from the 1870s until the 1890s. A decisive fall in typhoid deaths in the early twentieth century was attributed to improvements in sanitation. As Ben Huf and Holly Maclean have noted, Victorian children 'endured their own selection of diseases, including measles, diphtheria, scarlet fever and tuberculosis'. Each of these repeatedly reached epidemic proportions in the second half of the nineteenth century.[21] As late as 1911, gastroenteritis, diphtheria, scarlet

fever, whooping cough and measles between them killed one of every 30 live-born children in Australia.[22]

Scarlet fever cut a swathe through Victoria in 1875–76. There were some 2,225 deaths in Victoria out of an estimated 8,000 across all the Australian colonies.[23] Mainly considered a childhood disease, 'scarlet fever' or 'scarlatina' refers to an acute infectious disease caused by a form of streptococcal bacteria. It is characterised by sore throat, fever, headache and a bright red rash. It initially affects the upper respiratory tract and is spread via airborne droplets.[24] In the nineteenth century, tens of thousands died in Europe during epidemics, and it was often confused with outbreaks of measles. In Victoria, reasons for its virtual disappearance in epidemic form after the late 1800s remain the subject of debate and speculation.[25]

While further outbreaks of smallpox and any significant cholera incursions were largely held at bay by quarantine (and smallpox also by vaccination[26]), bubonic plague finally arrived in Australia at the turn of the twentieth century. This was the tail end of the world's last great plague event, originating in northern China. The third global plague pandemic ran from 1894 until 1929, killing an estimated ten million people. By the end of the century the plague had reached southern Asia and extended into India and the Pacific. Understanding of bubonic plague as a bacterial infection spread by rats and transmitted to humans by fleas was very new science in 1900 when the first case was reported in Sydney—a parcel carrier who worked on the wharves. The disease had doubtless arrived by ship from any one of numerous plague ports in Asia or the Pacific. While some in the medical community accepted the new science, others clung to the idea that it was a gastro-intestinal condition spread by personal contact. There were also many in the community who stuck to miasma thinking, the idea that the disease arose from filth and impure air.[27]

Bubonic plague killed 535 Australians over the next three decades, mostly in Sydney and Brisbane, although cases were recorded in every mainland state. Victoria escaped lightly despite outbreaks in 1900, 1902 and 1907. In 1900, the worst year, there were just ten cases and two deaths in Victoria (Figure 1). There was a single case in 1902 and one more fatal case in 1907. In all but one instance, those infected were closely associated with the wharves or seafaring.[28] The arrival of the plague caused a degree of panic in Australia's cities and 'stemmed in large measure from the centuries old fear of plague', fanned by gruesome daily reports in the

newspapers. In Sydney there was a rush to escape the city to places like the Blue Mountains among those who could afford it. Others fled to Melbourne.[29] There was one benefit: the scare 'hastened good hygiene all over the country', with the inner-suburban Richmond council offering a bounty of two pence a head for rats.[30]

Figure 1: RAT-TAT-TAT! (Source *Bulletin*, 19 May 1900, National Library of Australia)

Popular cartoonist Livingston 'Hop' Hopkins of the *Bulletin* saw the potential transmission of bubonic plague from NSW to Victoria in 1900 as a matter of intercolonial rivalry.

Better hygiene, sewers, clean water, sanitation and greater attention by the medical profession to issues of public health all contributed to a decline in Victoria of some of the more common epidemic diseases of the nineteenth century. Infection control and the wider acceptance of germ theory helped to improve treatments. The opening of the Fairfield Infectious Diseases Hospital in 1904 provided isolation and expert care, in particular for children and adults suffering from diphtheria, poliomyelitis, scarlet fever and other serious infectious diseases.[31] The

decline in communicable diseases in the late nineteenth and early twentieth centuries led to a sustained fall in the overall death rate and an increase in the life expectancy of Australians.[32] But, in the absence of vaccines and antibiotics, the road to good health in colonial Australia remained a rutted one.

The management and treatment of diphtheria would play a critical role in the development of Australian public health institutions and policies. In the late nineteenth century, medical science reframed diphtheria as a transmissible bacteriological illness rather than an individual ailment, but it took time for it to be brought under control. Diphtheria prompted Victoria's first significant human public health inquiry: a 'Royal Commission to Enquire into the Origin of the Disease known as Diphtheria, the Best Mode of Treatment Thereof', in 1872.[33] As a serious, largely uncontrolled epidemic illness, diphtheria became one of the greatest causes of childhood mortality in Australia. The key to its management was large-scale and long-term preventive measures, including the first mass vaccination campaigns.[34]

Tuberculosis (TB), also known as consumption and sometimes as 'the great white plague', was another old-world disease that surfaced early in the Australian colonies. A bacterial infection, TB is spread through aerial droplets of infected sputum by coughing, sneezing and expectoration, twice as likely to lead to fatal outcomes in children and commonly associated with social conditions including poverty, overcrowding and malnutrition. While it arrived with the First Fleet, tuberculosis did not spread widely until the 1850s. Sufferers typically develop a significant cough, spit blood, suffer fever and become debilitated. TB typically has chronic progression and long treatment, but 'galloping consumption', as it was known in the nineteenth century, could rapidly cause death.[35]

At the start of the twentieth century, tuberculosis was a significant cause of death in Victoria—the leading cause of death among women in Australia, and the second largest cause of death among men, claiming some 135 lives per 100,000 population.[36] In the first half of the twentieth century, 10 per cent of all deaths were caused by tuberculosis. However, the terms 'epidemic' and 'pandemic' have seldom been used in conjunction with TB in Australia. The isolation of the bacterium responsible in the 1880s and the development of a vaccine from the 1920s would eventually curb the disease, at least in developed countries.[37] However, as late as 1946, tuberculosis was responsible for 28 per cent of deaths among 20 to 39-year-olds in Australia.[38] Efforts to eradicate TB spurred

major public health campaigns led by the federal government from the late 1920s (but implemented by the states). The federal Department of Health established a Tuberculosis Division in 1927 and a plan for disease control across the nation. In 1937 the National Health and Medical Research Council established a Standing Committee on Tuberculosis, and, in 1945, a vaccine was developed in Australia and later produced in quantity by the Commonwealth Serum Laboratories in Melbourne. Vaccination was supplemented by the development of effective drugs. The Australian parliament passed the *Tuberculosis Act 1945*, creating the first comprehensive national health campaign to eradicate TB. Between 1948 and 1976, free diagnostic chest X-rays, medical care and a tuberculosis allowance while being treated were available to all Australians (Figure 2).[39] However, as health historian Marianna Stylianou has pointed out, Aboriginal Victorians were effectively discriminated against in the provisions of such benefits.[40] In Victoria, the overall incidence fell from 47 cases per 100,000 in 1954 to 8 per 100,000 in 1983.[41] Routine vaccination against TB ceased in the 1980s. Tuberculosis remains prevalent in many parts of Southeast Asia and the Pacific.[42]

Figure 2: Spit: An anti-spitting poster produced as part of a campaign to eliminate tuberculosis (Courtesy Museums Victoria, at https://collections.museumsvictoria.com.au/articles/16869)

One disease detected in the late nineteenth century continued to instil great fear in the Australian community well into the twentieth century. Poliomyelitis (or polio) was first noted in Victoria in the late 1870s and became increasingly evident over the next half century, especially in the 1930s. Initially known as infantile paralysis, its highly contagious nature was not understood until the early twentieth century when it was isolated as a gastrointestinal virus, spread through faeces and mucous, and ingested orally. There is no known treatment for the condition, which can lead to paralysis of the nervous system and extreme physical debilitation.

Around one per cent of those infected suffer severe consequences. It was dubbed the 'silent epidemic' because its symptoms were innocuous enough and often failed to trigger quick medical interventions by parents and doctors. The spread of the virus was linked to poor sanitation, often associated with urban and rural poverty, which in turn led to social stigmatisation of those who contracted it. But it was not just the poor who became its victims; later studies suggest the more advanced a country was in public hygiene, the higher the risk of an acute epidemic.[43] Media mogul Kerry Packer (1937–2005), former WA governor Kim Beazley (b. 1948) and radio presenter John Laws (b. 1935), each from privileged backgrounds, all suffered from polio in childhood.[44]

A key reason polio was accompanied by widespread community fear was that it primarily affects children, particularly infants under three years old. It also tends to appear as renewed paralysis in later life. Of the Australian states, Tasmania was the worst affected, with rates among the highest in the developed world. Polio became a notifiable disease there in 1911 and in other Australian states by 1922.[45] An outbreak in Melbourne and other parts of Victoria in 1937–38 was particularly severe, with 2,211 cases reported.[46] This led to closures of schools in some suburbs, notably in south-east Melbourne. Children and prams were banned from public transport. In 1938 the incidence of notified cases peaked at 39.1 per 100,000 population. In Victoria, 113 children died. Between the 1930s and 1960s, it is estimated some 2,000 people were killed by successive polio epidemics in Australia, and more than 31,000 cases were reported. In Victoria there was a spike in cases in 1945–46 and then a steady rise in numbers in the early 1950s, when more than 300 cases were reported on average each year. Deaths from polio Australia-wide reached just over a thousand between 1946 and 1955.[47]

The absence of a cure led to all manner of pseudo-medicine and quackery in the late nineteenth century. By the 1920s and 1930s, the divergent opinions about how to treat polio survivors became a conflict between medical orthodoxy and innovation. Two proponents of the different approaches came to embody this struggle. Victorian medical researcher Dr Jean Macnamara promoted a method of splinting the paralysed part of the body until the damaged nerve had recovered and then 're-educating' the muscles.[48] In Queensland, a self-taught but largely unqualified bush nurse began to treat polio patients with hot baths and active movement, discarding braces and callipers. Elizabeth Kenny's methods were shunned by the medical profession in Australia but became popular in America, where she became quite famous.[49]

Polio continued to recur unchecked in Victoria until the 1950s. The development and administration of vaccines led to the virtual (but not complete) elimination of the disease in Australia. Herd immunity was not reached quickly enough. In 1960–61 another polio epidemic affected NSW and Queensland in particular. Traumatic forms of treatment for young children involved months of hospitalisation and included immobilisation in an iron lung, a machine designed to aid respiration (Figure 3). 'The world's first intensive care units (ICUs) and ventilators … were invented to ventilate polio patients in the 1950s.'[50]

The Commonwealth and the States: The First Pandemic Test of Relations

By the start of the twentieth century, Victoria had established 'the pillars upon which modern medicine … can deliver miracles' in the control of infectious disease: basic hygiene, good nutrition, clean water supplies and proper sanitation.[51] Thus much recent public discourse has focused instead on the respective public health responsibilities and responses of federal and state governments. Yet, even in a national health crisis, the ability of the Commonwealth to act is limited by the Australian Constitution.

The single health power granted to the new Commonwealth government under the Constitution was the power over quarantine. Until 1900, quarantine was the responsibility of individual colonial governments. With the federation of the Australian colonies in 1901 quarantine came to reflect both the spatial and the temporal aspects of

Figure 3: At Fairfield Hospital in 1955, Walter Schäuble, Melbourne-based correspondent for German radio, records Christmas greetings from a German immigrant stricken by polio and confined to an iron lung (Courtesy: Museums Victoria, Laurie Richards Studio, https://collections.museumsvictoria.com.au/items/1711898)

nationhood. The obvious ability to erect a *cordon sanitaire* around both the mainland and Tasmania through maritime quarantine might have served in a practical sense to unite a group of former colonies. It was one way of imagining the new nation beyond simple geography. The fact that it failed to do so in social and political terms is perhaps not surprising. The mere act of federation did not instantly unite colonies steeped in their own histories and enmities. Upon the passage of the *Commonwealth of Australia Constitution Act* through the British parliament in 1900, Alfred Deakin (later Australia's second prime minister) noted federation's 'actual accomplishment must always appear to have been secured by a series of miracles'.[52]

Even then, quarantine did not become an exclusive function of the Commonwealth because it chose not to transfer it under the provision of s.69 of the Commonwealth Constitution. This meant that the states

could continue to exercise quarantine powers under their own laws or as officers exercising Commonwealth power.[53] Quarantine had already proven less effective against influenza than other diseases. The presence of flu was first recorded in the 1820s and noted in the late 1830s as one the principal causes of death in Sydney. There were regular outbreaks in the Australian colonies until the 1850s. An epidemic occurred across the colonies in 1860 but was not well recorded except in Hobart, where an estimated 23,000 people were infected and more than a hundred died. Dubbed 'fog fever', an epidemic in 1885–86 originated during a wet and foggy Melbourne winter and spread quickly to other colonies.[54]

The first documented influenza pandemic to reach Australian shores was in 1890.[55] The 'Russian flu' of 1889–91 is believed to have been a sub-type of the H3 strain of virus. Its rapid spread was a hallmark of an increasingly interconnected world—linked by shipping and railways—reaching the Caucasus in October 1899, South Africa in November, North America in December and South America and India in February 1890.[56] It arrived in Hobart in March 1890 and by the end of May had spread to Western Australia. Some 1,199 of the 2,500 deaths it caused in the colonies in those two years occurred in Victoria. The disease persisted as a serious cause of death in Australia until the turn of the twentieth century. Only Queensland was largely spared.[57] Globally, an estimated one million people died.

None of this prepared a young country—or the rest of the world—emerging from the horrors of World War I for the 1918–19 influenza pandemic. Caused by the influenza A virus subtype H1N1, it was first recorded in the US state of Kansas and spread through troop movements to Europe. It was the movement of military personnel across the globe towards the end of and immediately after the war that facilitated the spread of the virus across the world.[58] Impacts on the scale of this pandemic had not been seen since the bubonic plague in Europe in the fourteenth century. The history of the 1918–19 flu pandemic has been revisited in Australia and overseas in search of comparisons to COVID-19. Yet for a century it was largely forgotten. Despite its massive effects, the 1918–1919 influenza pandemic is barely remembered or commemorated. While it has been invoked by policy makers to cajole states into pandemic preparation exercises, it does not hold a place in national imaginations. As political scientist Jeremy Youde has noted, there are no monuments to it, no days of remembrance. The lost lives and their

bodies are rendered invisible, essentially disappeared and forgotten.[59] Another historian of the pandemic noted: 'Nothing else—no infection, no war, no famine—has ever killed so many in as short a period. And yet it has never inspired awe, not in 1918 and not since'.[60]

Globally, the 1918–19 pandemic—often referred to as the 'Spanish flu'—infected around 500 million people or around one-third of the world's population. Most estimates of the death toll range from 20 million to 50 million. Australia, while certainly not immune, did not suffer the impact of the pandemic on the same scale as elsewhere. It is estimated that at least 15,000 Australians died, with up to two-fifths of the population becoming infected, making it still by far the most severe public health emergency in the nation's history. (In terms of today's larger population this equates to around 75,000 deaths across Australia in two years.) Almost a third of deaths in Australia were of adults between the ages of 25 and 34.[61] In Europe an estimated 2.6 million died; in the US up to 850,000. In the Dutch East Indies (now Indonesia) the number of deaths has been estimated at around 1.5 million.

Working in Australia's favour, of course, was its comparative isolation and the national system of maritime quarantine in place by that stage. The delayed repatriation of troops from the European theatres of war also delayed the arrival of the virus, which was not reported in the general community until early 1919. This gave Australia the advantage of having at least some opportunity to prepare in view of the spread of the pandemic in other parts of the world. The flu probably came into the country via returning soldiers, many of whom broke quarantine. The precise source of the first known infection—in Melbourne in January 1919—was never discovered.[62]

Working to foster viral spread once the flu was in the country were domestic political arrangements. The states maintained their objection to Commonwealth control over internal quarantine as it was seen as a threat to their general powers over health administration, and the *Quarantine Act 1908 (Cth)* did not exclude the application of state laws.[63] This ill-defined system of Commonwealth–state co-operation was ineffective, owing in large measure to lack of staffing by the Commonwealth and inadequate powers of state officers under Commonwealth jurisdiction. Victoria withdrew from the system in 1910, claiming that the performance of quarantine duties by its most senior health officer interfered with state health duties. The other states followed suit: NSW and Queensland in

Figure 4: Nursing Staff & Children Outside the Exhibition Building, Melbourne 1919, unknown photographer (Courtesy Museums Victoria, at https://collections.museumsvictoria.com.au/articles/16907)

1912, Western Australia and South Australia in 1916, Tasmania in 1929. The Commonwealth appointed a chief quarantine officer for Victoria in 1911. In 1916, in response to further complaints from the states, a Commonwealth medical chief quarantine officer was appointed to each of the mainland states. In his consideration of the pandemic, social historian Humphrey McQueen noted that in relation to many matters 'the Commonwealth of Australia passed into recess'.[64] While the initial 300 cases among returning troops in late 1918 were contained to quarantine stations, it was only a matter of time before the virus spread to the civilian population. Quarantine breaches by troops anxious to return home were a major complication.

A national approach was formulated to deal with the pandemic threat. In November 1918, the health ministers of the states and the Commonwealth minister responsible for quarantine negotiated a thirteen-point plan to deal with the likelihood of influenza breaking out. The plan put the Commonwealth at the centre of quarantine arrangements, while the states were charged with local quarantine practice and the medical response, including vaccination and special hospitals (Figure 4). Other measures in the event of an outbreak included closing all places of public resort such as theatres, music halls, picture shows, race meetings, churches

and schools, and prohibiting all public meetings. The medical resources of the Defence Department were to be mobilised and placed at the disposal of the states as required. It was incumbent upon state authorities to advise the Commonwealth of any outbreaks, since the Commonwealth retained the power to close state borders.[65]

While much of this is hauntingly familiar a century later, even more so is what happened next. McQueen noted that 'chaotic wrangling between Commonwealth and State authorities' ensued when the agreement collapsed less than two months later following a disagreement between Victoria and NSW. Melbourne authorities did not report the state's early cases to the Commonwealth. With the delay of a week, the flu reached Sydney by train from Melbourne. Authorities in NSW quickly declared that state's small number of infections a day before a dilatory Victoria reported its much larger number, now over 350.[66] NSW moved quickly to close its border with Victoria 'to prevent further infection from Melbourne. This was done because tardy action in Victoria had placed this State and Queensland in peril'.[67] The *Sydney Morning Herald* was fulsome in its support of the state government:

> It is a monstrous thing that we should be penalised because Melbourne doctors have pooh-poohed the idea that pneumonic influenza could attack the southern metropolis; but it would be criminal if New South Wales were to be treated as common ground in fighting the disease just because Victoria at last has been declared an infected State. We have done our duty from the beginning.[68]

According to the agreement, the Commonwealth retained the power to declare a state quarantine zone and close its borders when the Commonwealth deemed it appropriate. Ceding even this much sovereignty in a dire emergency was enough to disrupt the process. NSW and Victoria—although declared quarantined by the Commonwealth—unilaterally closed their borders. In Tasmania, there was even agitation to secede from the federation.[69] States then proceeded to enact their own varying and ever-changing restrictions on travel and commerce with other states—except for Victoria, which did not introduce any restrictions at all.[70]

Each state followed its own course of action. While Victoria imposed no restrictions, NSW extended its border closure to South Australia, and a few days later Queensland closed its border with NSW. Those wishing

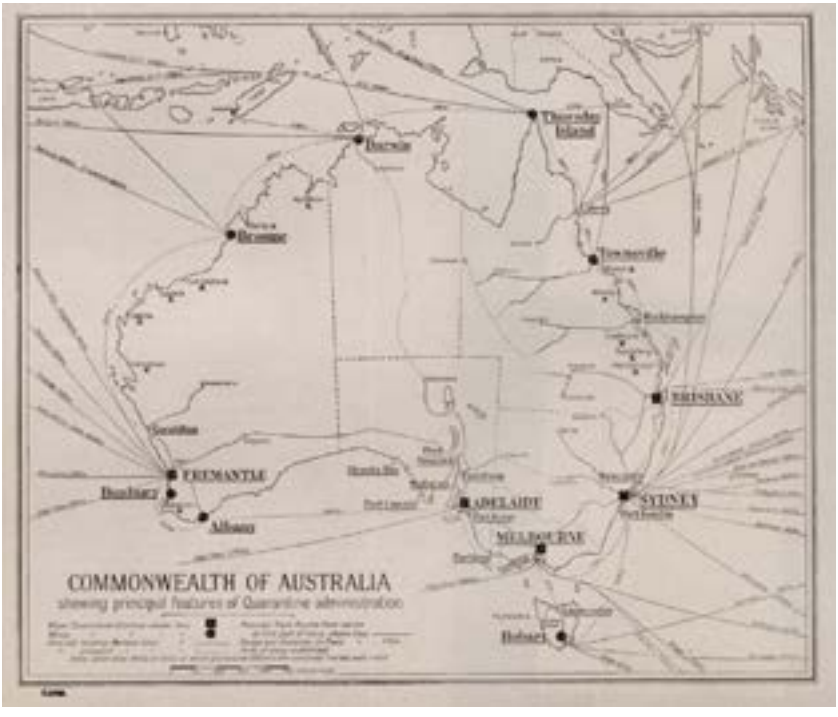

Figure 5: There were some 24 ports of entry or other ports with quarantine stations or officers across Australia by the 1920s (Source J.H.L Cumpston and F. McCallum, *The History of Plague in Australia 1900–1925*, Melbourne, Commonwealth Department of Health, H.L. Green Government Printer, 1926)

to move between states were quarantined in tents for between four and seven days before gaining permission to cross the border. Western Australia closed its borders, and anti-Commonwealth sentiment led to the impounding of the transcontinental train. Tasmania maintained the most rigid measures.[71]

Dr J.H.L. Cumpston, the Commonwealth director of quarantine, noted somewhat smugly that even though the Commonwealth had the power to regulate the state borders, it chose not to force the issue 'until it had been abundantly demonstrated that the State policy had failed to effect its ostensible purpose, viz., to keep the State concerned free from influenza infection'.[72] He pointed to numerous issues, such as porous borders proving impossible to police and the great hardship experienced by those who lived on one side of a state border but relied on goods, services and employment on the other. He gave the extreme example of a

dairy farmer who was prevented from crossing the road that marked the interstate border in order to milk his cows on the other side. Cumpston also railed against the failure of land-based quarantine inspection stations and camps.[73] The experience of the failed national plan was used by the Commonwealth to strengthen its control over matters such as quarantine and more broadly public health, with Cumpston being appointed the first director-general of the new federal Health Department in 1921 (Figure 5). The states, however, retained control over the delivery of health care and services.[74]

In a precursor to modern hotel quarantine, some states established quarantine camps. Those seeking to enter their jurisdictions were required to be vaccinated and remain in isolation for a week at their own expense. The Commonwealth eventually acknowledged the collapse of the November 1918 agreement and proposed a scheme of limited maritime quarantine between states. By then, however, the third wave of the pandemic was in full flight across Australia. The fact that many treatments for those infected, or as a prophylactic for those who were not, amounted to medical quackery did little to hinder its spread. In another familiar parallel, Cumpston pointed to 'two obvious measures' to prevent the spread of infection: masks and vaccination. Equally apparent was the level of objection to both, which was distinguished by the intense brawling they induced amongst clerisy and laity alike.[75]

Within months of the pandemic affecting Australia, there was convincing science available regarding the efficacy of both vaccination and masks. The Commonwealth Serum Laboratories (CSL)—then a government body—had begun work on developing a vaccine before the flu arrived in Australia. By February 1919 CSL had already distributed more than a million doses, and orders arriving at CSL's new Parkville premises were being met within 24 hours. CSL would eventually produce something like three million doses for a country with a population of only about five million.[76]

Despite resistance in some quarters, mask wearing became common enough, and a quarter of the NSW population had received two flu shots by the end of 1919. Meanwhile, the *Medical Journal of Australia* accused the daily papers of 'fanning the flame of panic' in their depiction of the pandemic as the 'plague' and the 'black death'. The use of social distancing, through the closure of schools, sporting venues (although not the football in Victoria), theatres and restrictions on certain activities, was also

instituted widely. However, despite extensive economic impacts, there was little by way of government assistance, with those affected relying on trade unions, charities, neighbours and other forms of social benevolence.[77]

While Gallipoli was said to have forged a national consciousness and united the new Australian nation, the pandemic showed just how fragile that sense of nationhood remained in the face of regional, class and religious loyalties. McQueen concludes:

> 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.[78]

Racism, Prejudice and Fear

Fear of disease was also steeped in fear of the 'other' from the nineteenth century onwards. While the 1918–19 flu pandemic was commonly accepted as a product of the developed world, the idea that it and other more exotic diseases had origins deriving from the immediate north has played out in the Australian psyche ever since. 'Disease imagery' harked back to the gold rushes and found expression in the virulent abuse and vilification of the Chinese during the bubonic plague outbreak in 1900.[79] In 1919, the White Australia policy was dominant, and Australia remained largely a white British monoculture, though with increasing numbers of southern European immigrants. As historian and diplomat Lachlan Strahan has noted:

> The devastating Spanish influenza of 1918–19 was certainly a deadly precedent but it did not have the same consistent racial connotations as the Asian influenza … In part, the perception of the Asian flu as an oriental scourge reached back deep into the Australian historical experience, tapping old inherited images. Many white Australians blamed Chinese for the 1881–82 smallpox outbreak and the 1900 bubonic plague epidemic.[80]

Pandemic events since then have been closely tied to geography and—by association—to race. In 1957, an outbreak of the H2N2 strain made its way to Australia, eventually killing 70 people. Originating in southern China and dubbed the 'Asian flu', it spread overland into Europe

via northern China and into Asia by sea and air travel via Hong Kong, reaching Australia in May 1957. The outbreak led to 40 deaths in Victoria, the highest concentration nationally.[81] In the context of an Australia just a decade beyond the end of World War II and engaged in even more recent conflicts in Asia, some responses to this outbreak took on overtly racist overtones.

The 'Hong Kong flu' of 1968 was an A-H3N2 strain, a mutation of the 1957 strain of virus. First detected in the British colony in July 1968, it had reached Australia by September. The worst impacts of the pandemic in Australia—which killed an estimated one to four million people worldwide—would not be felt until 1969–70 as the pandemic 'smouldered'. While the figures in Australia remained tiny compared to the rest of the world, there was a definite spike in the number of deaths associated with the H3N2 outbreak, although less pronounced in Victoria.[82] Further, this strain has remained both more persistent and deadly than influenza A (H1N1) and B viruses ever since, with a substantial increase in cumulative deaths globally in the ensuing decades.[83]

In April 2009, a new H1N1 influenza virus derived from human, swine and avian strains was reported in Mexico. Dubbed 'swine flu', it subsequently spread around the world. There were 37,636 cases and 191 deaths in Australia during 2009;[84] of these 3,089 cases and 26 deaths were in Victoria. Swine flu is more likely to infect children and young people. As with previous epidemic illnesses more likely to affect children, a decision was made in Victoria to close some schools.[85] In Australia, swine flu helped shape technical and policy responses to epidemic disease control, which now sits within a broader global framework led by the World Health Organisation.[86] Australia was fortunate not to have experienced the impacts of Severe Acute Respiratory Syndrome (SARS), Middle East Respiratory Syndrome (MERS), and the Ebola and Zika viruses in the early 21st century, although health authorities planned around these as evidence emerged of epidemic events in other parts of the world.

Anyone who believed that times of great prejudice had passed by the late twentieth century did not reckon with human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS). The first case of HIV–AIDS was recorded in 1981. It appeared in Sydney in 1982 and was identified almost exclusively among gay men in early cases. The 'gay plague' tag was almost inevitable, as was the public manifestation

of homophobic sentiment encouraged by conservative religious and political leaders and promoted by a willing media. Homosexuality was not decriminalised in Victoria until 1980. The response to this epidemic, however, differed from those of previous public health emergencies. For a time, Australia appeared poised to repeat the bigotry that had greeted past illnesses for which there was no known cure, and which were associated with a particular social group. Instead, there was recognition both among grassroots groups representing those affected and by the responsible government agencies that social change would be faster and more effective in combatting the epidemic than waiting for medical interventions.

HIV–AIDS would be diagnosed in more than 35,000 Australians over the next 35 years and eventually lead to 10,000 deaths from a range of conditions before it was declared no longer a public health issue. 'Scholars now regularly stress that Australia's success in responding to HIV–AIDS should not only be measured epidemiologically, but for its policy and cultural achievements', Huf and Maclean have noted. These have included the empowerment of affected communities, demarginalisation of minority communities, changes in community behaviour and innovative public health programs, such as the 'safe sex' campaigns.[87] The significance of public health information programs, including confronting advertising campaigns, and the role of the media in spreading both sound and unsound information were notable aspects of the communications accompanying the spread of HIV–AIDS in Australia.

Four decades on came the return of some familiar themes as COVID-19 emerged from a wet market in the Chinese city of Wuhan. There were deeply held suspicions of a deliberate or accidental release from a research laboratory in the same city.[88] Fuelled by social media and political leaders in some countries at the highest level, xenophobia and prejudice saw the virus dubbed 'the Chinese virus'.

Conclusion

A century apart, the 1918–19 influenza pandemic and the contemporary COVID-19 pandemic both affected Victoria in profound ways. In the case of the so-called Spanish flu, it was a bitter addendum to a horrific global conflict. COVID-19 has again reminded the world of its precarious environmental vulnerabilities. That the 1918–19 pandemic was largely forgotten until recently is evidence that the medical and social triumphs

in overcoming successive lesser waves of contagion have scarcely penetrated Victorians' popular consciousness. It is difficult to avoid Peter Curson's conclusion:

> we seem to have learnt very little from our past experience of epidemics and pandemics, particularly how we should respond and react during times of crisis … There is little doubt that dealing with pandemics and epidemics calls for cooperation between all levels of government—local, State and Commonwealth … Unfortunately, our history of confronting infectious disease suggests the opposite … Australia's history is simply littered with disputes and battles between the States, Territories and Commonwealth governments during times of epidemic and pandemic crisis with States and Territories inevitably going their own way.[89]

While the COVID-19 pandemic was certainly not an unprecedented public health emergency, it demonstrated that ignoring the human disasters of the past is perilous. In the absence of a vaccine or other medicine, the response to the pandemic mirrored that of a century before in relying upon behavioural interventions: quarantine, social distancing, restrictions upon movement, masks. Each of these measures remained as relevant as before and served to curtail the impact of the disease until widespread vaccination became possible. Moreover, despite loud declamations by opponents, early studies have shown high levels of compliance in Australia with such interventions even when mandated.[90]

Notes

1 The *Ticonderoga* was one of several vessels enlisted to transport mostly Scottish migrants to the colonies, many under the aegis of the charitable Highland and Island Emigration Society, which supported assisted immigration at the time of the Highland Potato Famine. The *Bourneuf* arrived off Geelong in September 1852 having lost 10 per cent of its passengers to disease. The *Marco Polo,* carrying over 900 people, also arrived in September, having lost 53 child passengers to measles. The *Wanata* arrived in October and was forced into quarantine at Hobsons Bay with a serious outbreak of whooping cough and a small number of suspected typhoid cases. The *Wanata*'s surgeon William Thomson (1819–83) would become a controversial Melbourne doctor and epidemiologist who espoused the bacterial causes of typhoid, which ravaged Victoria during the latter half of the nineteenth century.

2 For a brief history of the *Ticonderoga*, see: https://nepeanhistoricalsociety.asn.au/history/quarantine-station/the-ticonderoga-1852/. Two descendants have written longer accounts of the *Ticonderoga* voyage: Mary Kruitof, *Fever Ship: The Story of the Migrant Ship 'Ticonderoga', Its Ill-fated Voyage and Its Historic Impact*, Melbourne, QI Publishing, 2002; Michael Veitch, *Hell Ship: The True Story of the Plague Ship* Ticonderoga*, One of the Most Calamitous Voyages in Australian History*, Sydney, Allen & Unwin, 2018.

3 The bushfires were not the deadliest or the most damaging to have occurred here. There had been fires on a similar scale in Victoria in 2003 and 2006. Victoria's deadliest fires were those of 2009, which killed 173 people. These also destroyed more property (2,298 homes) than any other: Inspector-General for Emergency Management, *Inquiry into the 2019–20 Victorian Fire Season, Phase 1*, Report, State of Victoria, 2020, p. 58.

4 Cheryl Power and Ross Barnard, 'Guest editorial', *Microbiology Australia*, vol. 41, no. 4, November 2020, p. 167.

5 There have been two inquiries into the *Ruby Princess* incident: NSW Special Commission of Inquiry into the *Ruby Princess*, *Report of the Special Commission of Inquiry into the* Ruby Princess, New South Wales Government, 14 August 2020; and Inspector-General of Biosecurity, *Confidence Testing for At-border Delivery of Critical Human Biosecurity Functions*—Ruby Princess *Cruise Ship Incident*, Review Report No. 2020–21/02, Canberra, Department of Agriculture, Water and the Environment, April 2021.

6 Johns Hopkins University, Centre for Systems Science and Engineering, COVID-19 Data.

7 James Boyce, *1835: The Founding of Melbourne and the Conquest of Australia*, Melbourne, Black Inc., 2011, pp. 193–7; Peter Dowling, *Fatal Contact: How Epidemics Nearly Wiped Out Australia's First Peoples*, Melbourne, Monash University Publishing, 2001, *passim*.

8 Jim Poulter, *The Dust of the Mindye: The Use of Biological Warfare in the Conquest of Australia*, Melbourne, Red Hen Enterprises, 2016, *passim*.

9 A.G.L. Shaw, *A History of the Port Phillip District: Victoria before Separation*, Melbourne, Melbourne University Press, 2003, pp. 18–20; Ben Huf and Holly Maclean, *Epidemics and Pandemics in Victoria: Historical Perspectives*, Parliamentary Library & Information Service, Research Paper No.1, May 2020, Melbourne, Parliament of Victoria, pp. 4–5; Janet McCalman, 'Diseases and Epidemics', in Andrew Brown-May and Shurlee Swain (eds), *The Encyclopaedia of Melbourne*, Melbourne, Cambridge University Press, 2005, pp. 211–12; Richard Broome, *Aboriginal Victorians: A History since 1800*, Sydney, Allen & Unwin, 2005, pp. 6–9.

10 Dianne Lightfoot, 'A History of Human Quarantine in Australia: Settlement to 1980', *Microbiology Australia*, vol. 41, no. 4, November 2020, pp. 175–7.

11 The shortfalls of this approach in Victoria were the subject of a judicial inquiry in 2020: State of Victoria, *COVID-19 Hotel Quarantine Inquiry, Final Report and Recommendations*, Volume 1, Parliamentary Paper No. 191 (2018–2020), 2020.

12 Peter Curson, *Times of Crisis: Epidemics in Sydney 1788–1900*, Sydney, Sydney University Press, 1985, p. 1.

13 Graeme Davison, *The Rise and Fall of Marvellous Melbourne*, Melbourne, Melbourne University Press, 1978, p. 145.

14 Kirstin Otto, *Yarra: A Diverting History of Melbourne's Murky River*, Melbourne, Text Publishing, 2005, pp. 68–70.

15 Susan Lawrence and Peter Davies, *Sludge: Disaster on Victoria's Goldfields*, Melbourne, La Trobe University Press, 2019, pp. 216–17.

16 Peter Synan, *Gippsland's Lucky City: A History of Sale*, Sale, City of Sale, 1994, pp. 46–7. Weekly pans would not arrive until 1907. Further typhoid outbreaks occurred in 1906 and 1908.

17 The eventual expansion of the system, notably to the Upper Yarra region, and the early closure of extensive forested water catchments in the late nineteenth century would lead to the enviable quality of Melbourne's water supply over the coming century: J.M. Powell, *Watering the Garden State: Water, Land and Community in Victoria 1834–1988*, Sydney,

Allen & Unwin, 1989, pp. 51–61; James Viggers, Haylee Weaver and David Lindenmayer, *Melbourne's Water Catchments: Perspectives on a World-class Water Supply,* Melbourne, CSIRO, 2013, chap. 1.

18 Andrew J. May, *Melbourne Street Life*, Melbourne, Australian Scholarly Publishing, 1998, pp. 96, 101.

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The Great Pandemic of 1918–1919: Pneumonic Influenza in Australia

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Abstract

This article, focused on events in Victoria, traces the course of the 1918–1919 influenza pandemic in Australia, examining the roles played by federal and state governments, the impact of quarantine policies, and the efficacy of other means employed to manage the crisis. It argues that, despite drawbacks and deficiencies, and the exacerbation of existing social fissures, especially interstate rivalries and sectarian feeling, those measures proved broadly beneficial. This ensured that Australia's pandemic ordeal, severe though it was, proved milder than that of similar countries.

Until a few years ago, the global onslaught of pneumonic influenza in 1918–1919 was called by some the 'forgotten pandemic'. Today it is well known, and not only among historians. Living through the COVID-19 pandemic, Australians have experienced much of what our forebears endured a century ago: the rapid spread of an unfamiliar disease, with no sure preventive to hand, an alarming death rate, and the capacity to bring normal life to a grinding halt. We have also learned much from that earlier ordeal, and have found ourselves reviving control measures—face masks, state border closures, strict natio19nal quarantine—we might previously have thought outdated. In 1918–19, this country was able to shut out the worst of the influenza pandemic for several months, and thereafter to slow its spread, resulting in a death rate that, while grim enough, was lower than that of other countries. Today, Australia has again benefited from geographic isolation: more so than might have been expected, given the speed of modern international travel. What follows here is a general account of the influenza pandemic in Australia, with a focus on some Victorian aspects.

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The influenza pandemic of 1918–1919 made its first appearance in the United States, in the northern spring of 1918, spreading among soldiers in army training camps. In this its first wave, it seemed for the most part to be a normal outbreak of a familiar disease, with influenza's usual high morbidity and low mortality. Carried by American troopships, the disease soon travelled across the Atlantic to Britain and Europe and made its way to the battlefields of the Western Front in the last year of the Great War. It was soon called 'Spanish' influenza, probably because news of its impact in Spain, a non-combatant country, was unfettered by wartime censorship. From Europe it then spread to other countries around the world, reaching Australia in September of 1918. By that time, however, the influenza in Europe had already undergone a marked change, with rapid onset and severe pneumonic symptoms that made it more deadly, especially among people in the prime of life. In the worst cases, victims' lungs filled with a bloody froth, and the resultant lack of oxygen produced a 'heliotrope' cyanosis that gave a dusky hue to the dying. By October of 1918, this second wave of flu was spreading across the globe, taking many millions of lives.[1]

From mid-October, grim warnings began reaching Australia, first from South Africa, then from New Zealand, as both countries became stricken by influenza. The cable from Pretoria spoke of a highly infectious malady causing 'extreme prostration', with 'an appalling death rate among coloured persons and natives', and among Europeans a 'distinctly increased seriousness in the character of attacks'. The Wellington cable noted the swift spread and 'appalling' mortality of 'pneumonic and septicaemic' influenza, adding: 'treatment by vaccine utterly futile once this epidemic is started'. Both cables urged Australia to avoid 'a similar calamity' by keeping the disease out of the country.[2] Australia's federal quarantine service promptly declared influenza, 'or any febrile toxic, septicaemic condition' resembling it, to be a 'quarantinable disease', and set about imposing tougher restrictions on vessels arriving from overseas. Ships coming from South Africa and New Zealand, whether infected or not, would serve at least seven days in quarantine—fewer for those from more remote South Africa if the captain could vouch for there having been no shore contact. Vessels from elsewhere would serve three days in quarantine if they had been 'clean' for two weeks before arrival, or seven days if they had not. Those with influenza cases aboard would be isolated and the sick sent to the quarantine station's hospital wards, while the rest

of their passengers stayed on board to undergo daily temperature parades, daily inhalations of a weak zinc sulphate spray, and administration of a bacterial vaccine.[3]

With troopships bringing soldiers home to Australia at the war's end, any early outbreaks of influenza on board had usually spent themselves before the long voyage—at least five weeks—was over. But in two notable cases, those of the *Medic* and the *Boonah*, the returning troopship had never reached Europe, having set out in late October 1918 only to be recalled by news of the Armistice on 11 November. The *Medic*, making for Europe via Panama, turned back in mid-Pacific to Sydney, stopping *en route* at Wellington, where New Zealand's pandemic was already raging and where influenza made its way aboard. The ship reached North Head quarantine station on 21 November, with 203 influenza cases and a dozen men already dead. In quarantine, a further 112 men fell ill and another ten died, as did two army nurses helping to treat them.[4] One of these was Nurse Annie Egan, a Catholic, whose death prompted a sectarian furore in Sydney when a priest was refused entry to the quarantine station to administer the last rites to the dying woman. Arrangements were later made for a priest to remain there, as quarantine rules required, but not before Sydney's Archbishop Kelly had himself been refused entry amid indignation at the federal government's seemingly sectarian stance.[5]

On the other side of the country, the *Boonah* had left Fremantle on 30 October 1918 with over 900 troops from several states, reaching Durban several days after the Armistice and amid South Africa's influenza ordeal. There, during loading and refuelling, the disease came aboard, and by the time the *Boonah* returned to Fremantle on 11 December, there had been almost 300 cases. Those still sick were taken to Woodman Point quarantine station where 24 men died, along with four of the 20 nurses from another troopship, the *Wyreema*, who had volunteered to nurse them. Those still on board the *Boonah* then endured weeks of delay before disembarking: first in Perth, then at Albany, and last at Adelaide, whence recruits from the eastern states eventually returned home by train.[6]

While influenza cases were multiplying in maritime quarantine, federal and state health authorities had met in Melbourne, then the national capital and seat of federal government, on 26 and 27 November to plan a course of action in anticipation of that barrier's breaking down. The disease would be officially called 'Pneumonic Influenza', and steps would be taken to 'check public travel' in order to limit its spread. Any state that

became infected would notify the federal authorities, and all uninfected states would then close their borders against it until they too became infected. The federal authorities feared that border closures would prove both hugely disruptive and largely ineffectual, but the states insisted on the measure. In addition, the states would impose 'local district isolation' where necessary, and would organise vaccination depots, emergency hospitals, ambulance transport, and nursing and medical assistance. They would also set up medical advisory committees, circulate health advice to the public, and, when influenza broke out, 'close all places of public resort', from theatres and racetracks to churches and schools, besides banning public meetings and regulating hospitals' outpatient departments. The Commonwealth, for its part, would be asked to make military medical and nursing resources available if needed. [7]

In early January 1919, the maritime barrier appeared to be still holding firm after almost three months. Australia's director of quarantine, Dr J.H.L. (Howard) Cumpston, thanked all concerned for this unexpected success, and on 8 January, reviewing the situation, he ventured to hope that the pandemic problem was 'approaching complete solution'.[8] Yet, even as press headlines announced 'Fine Quarantine Achievement' and 'How Australia Was Saved', pneumonic influenza was creeping into the community—not in Sydney or Perth, first ports of call respectively for overseas arrivals from east and west, but in Melbourne. By 22 January, Dr R.P. McMeekin, medical superintendent of the Melbourne Hospital, was reporting growing numbers of 'influenzal pneumonia' cases in his wards, several of which had been fatal. Similar cases, he noted, were also being reported at the Alfred Hospital.[9]

On 23 January, Dr Cumpston met in conference with Dr McMeekin, federal health minister W. Massy Greene, Victoria's chief health officer Dr Edward Robertson, Dr W.J. Penfold of the Commonwealth Serum Laboratories, and two federal quarantine officers: Dr J.S.C. Elkington from Queensland, and Dr Mitchell from Sydney's North Head, both of whom had arrived in Melbourne by train that morning. After careful deliberation, this meeting concluded that, despite being broadly similar to those in maritime quarantine, Melbourne's influenza cases appeared less severe and more like those of 1918 in which pneumonia had developed. This new outbreak also seemed to lack both the high infectivity reported overseas and the 'severity of toxaemia' seen in cases at Fremantle and North Head. The situation was therefore deemed not to warrant Victoria's

being isolated; but close observation would continue for the next two days, with contacts traced in an effort to prevent further spread.[10]

These findings appeared next day, 24 January, in Melbourne's newspapers, which welcomed Massy Greene's assurance that there was not at present 'any justification for public alarm'. Yet a further statement from Dr McMeekin, appearing on the same day, revealed that not all who had attended the meeting shared the minister's confidence. It was clear, said McMeekin, that an epidemic disease, 'quite justifiably named epidemic influenzal pneumonia', was attacking the community 'in an increasing degree', and whether or not it was 'Spanish influenza' was 'immaterial from the public standpoint'. Many cases were emerging, often 'with family incidence', and several had been 'severe enough to cause death'. McMeekin was prepared to accept that the most serious form of influenza had not yet appeared, but he urged that the community take every precaution 'to prevent the spread of infection'. Dr Robertson likewise urged the need for preventive measures, and outlined arrangements made for emergency hospital accommodation.[11]

During these anxious days, Melbourne, as Australia's interim federal capital, was also playing host to the annual Premiers' Conference, which had opened on 22 January in the House of Representatives chamber, with Acting Prime Minister W.A. Watt presiding. On Friday 24 January, at Watt's request, Drs Cumpston and Robertson spoke to the assembled premiers 'about influenza generally and the outbreak in Victoria'. Watt later told the press: 'As I understand that the position has not yet been defined or determined, nothing official could be done'.[12] However, this did not satisfy the New South Wales government, and on the same day Premier Holman formally requested that Watt 'put into operation the terms of the November quarantine resolution', suspending all traffic with an infected state, in this instance Victoria. Without awaiting the outcome, Holman and his delegation returned to Sydney next day by special train, anticipating that if they 'did not get away at once they might experience considerable difficulty'.[13] Other premiers were now eager to leave, but on Watt's advice underwent vaccination and stayed on, as the conference would end on Monday. Several would soon find themselves marooned for a time in Melbourne when state borders closed. Meanwhile, medical investigations continued and Victoria's borders remained open.

By now, large numbers of visitors to Melbourne were likewise heading homeward, and the railways were providing extra train services to

assist them.[14] But, before Holman's flight, and even before Dr McMeekin's first report, Melbourne's influenza had already made its way by train to Sydney. On 20 January, a returned soldier travelling north after several days in Melbourne had shared a compartment with a civilian Sydney resident returning home from holiday, who was now 'very ill with aches and pains and a high temperature'.[15] Two days later, the soldier himself fell ill with identical symptoms and on 23 January was admitted to the military hospital at Randwick. Within 48 hours, those attending him were displaying the same symptoms, and a further seven returned soldiers who had been in Melbourne had also been admitted. On 27 January, senior NSW health officers examined all these cases and diagnosed their ailment as 'pneumonic influenza'. That same day, on the strength of twenty or so cases, the NSW government formally notified the Commonwealth government that the state was infected. Next day, with some 350 cases in Melbourne, the Victorian government belatedly did likewise, now reporting 'greater infectivity' and pulmonary symptoms like those seen in quarantine.[16]

When such notice was given, the federal health authorities were required by the November agreement to declare a state infected, whether or not they deemed this warranted. Nor could they act before a state had given notice. Dr Cumpston's evident frustration with this arrangement may seem to indicate that he had been impatient for Victoria to act sooner. Yet he himself was by no means convinced that the influenza now spreading was indeed the dreaded scourge from overseas, and even told a Perth colleague that Melbourne's January outbreak 'was being exaggerated'.[17] In the absence of any traceable connection between Melbourne's outbreak and the cases under treatment in quarantine, Cumpston believed it to be a recurrence of 1918's less severe flu wave, and as a precaution he maintained most maritime quarantine controls until late April. On the day of Victoria's notification, he told a journalist:

> He is not at all satisfied that the disease is identical with that which ravaged New Zealand and the other countries. If it is not he does not intend to permit the more deadly type of influenza to gain entry by relaxing his guard. If there is an epidemic of a virulent type now in Australia he sees no reason why it should be fanned by introducing fresh infection from abroad.[18]

Cumpston would doubtless have agreed that this influenza was 'the deadly type', had it been clearly linked to cases in quarantine. Without that link, it must have been hard for him to accept that the outstanding success of maritime quarantine was ended. Today it seems probable that, as proposed by Macfarlane Burnet in 1942, the more lethal influenza strain was introduced into Melbourne by an 'undetected carrier' without symptoms, rather than by means of a direct breach of quarantine at Victoria's Point Nepean.[19] Dr McMeekin might have had such a possibility in mind when he noted that, among his January flu cases at the Melbourne Hospital, one had been 'in contact with people released from quarantine in Sydney', while another had been 'engaged in unloading a steamer from New Zealand'.[20] If, as appears likely, Melbourne's outbreak had begun with only a very few contacts, this would explain why there was at first no explosive spread of cases such as had been reported overseas.

Sydney's influenza cases likewise were few at first, but their connection with Melbourne was readily apparent, and not only among returning soldiers. A few civilians from Melbourne were admitted to the Coast Hospital at Sydney's Little Bay, including a single woman who came by the steamship *Riverina*, reaching Sydney on 27 January, and 'a young lady, a member of a theatrical company', who arrived by train on 28 January, having already infected two of her colleagues.[21] It is therefore not surprising that the NSW government, having closed the state's other borders, also closed that shared with Victoria, even though both states were now infected. This measure ran counter to the terms of the November agreement, but NSW argued that it would prevent the entry of further sources of infection from Victoria.

There was also a strong feeling in Sydney that Victoria had been culpably negligent in not acting sooner and, further, that the federal authorities, based in Melbourne, had been most remiss in allowing such delay. To the *Sydney Morning Herald*, this strengthened the case for the federal government's removal to a city 'where administration can be free from any suspicion of local influence'. In Canberra it would have a 'broader perspective', but, even if it had been in Sydney, 'we cannot imagine that after witnessing at close quarters the successful efforts to confine influenza to the limits of the Quarantine Station of North Head it would have allowed Melbourne so much rope'.[22]

New South Wales's closure of its southern border was but the first in a series of measures that led to a rapid unravelling of the November

agreement. Within a few days, both that state and Tasmania had imposed their own more rigorous restrictions upon coastal shipping and had begun excluding arrivals from South Australia, which was now understood to be infected but had not yet notified its plight. Western Australia had halted the transcontinental train at Parkeston, near Kalgoorlie, and placed its passengers in quarantine, despite their having departed from states not yet declared infected. Queensland had begun halting trains from Sydney at its southern border but, in addition, was refusing entry to New South Wales residents who lived within ten miles of that border. It was also imposing seven days' quarantine on *all* shipping arrivals, whatever their origin.[23]

The federal government prudently decided against direct enforcement of the agreement, fearing the ensuing confusion 'would simply have the effect of making the Commonwealth look ridiculous'. Instead, it warned the four offending states that, unless they speedily mended their ways, it would 'withdraw altogether from any attempt to regulate interstate traffic', except that by sea.[24] When all four justified their actions, the Commonwealth carried out its threat and on 6 February abandoned the November agreement. Coastal shipping would still be under federal control, but the Commonwealth would play no part in land quarantine measures, deeming it dangerous to confine train travellers in ill-equipped holding camps at state borders lest influenza should spread among them. This withdrawal aroused indignation among the recalcitrant state governments, which took the view that, as a result of Victorian and federal failings, they had been obliged to err on the safe side, imposing rules not weaker but harsher than those specified in the agreement.[25]

Ill feeling was perhaps strongest in Western Australia, isolated not only by severely reduced coastal sea traffic but also by the Commonwealth's having stopped the transcontinental rail service altogether after three successive trains had been halted at Parkeston. Quarantine conditions for the passengers had been at best primitive, and the service to Perth did not resume until late March, after a compromise was reached involving a week's quarantine in camps west of Port Augusta and the presence of a doctor aboard each train. Meanwhile, at the border between NSW and Queensland, the numbers of stranded travellers were far greater, and the quarantine arrangements chaotic, until the two states co-operated in providing funds for 'necessitous cases' and spartan accommodation for all at Tenterfield's showground and in camps at Coolangatta and Wallangarra. Critics of such camps, including Cumpston, judged them unnecessary at

best, if no flu cases appeared there, and seriously obstructive of 'national commerce' as mandated by the Constitution.[26] Yet Queensland was spared the pandemic's onslaught until early May, Western Australia until early June, and Tasmania until mid-August. And these states' lower death rates suggest that the influenza virus had become somewhat weaker in the meantime.

While federal and state governments exchanged recriminations, the general public hastened to take advantage of an anti-influenza vaccine made by the Commonwealth Serum Laboratories (CSL) in Melbourne. The CSL had been established in 1917 to meet Australia's wartime need for bacteriological materials and to respond to new developments in the field of infectious diseases. By mid-1918, it was occupying new research premises at Royal Park and, within a few months, was entirely taken up with the production of a bacterial vaccine.[27] At this time, bacteriology was a new frontier in medical science, and the existence of viruses was virtually unknown. Hence, although influenza is a viral disease, researchers in Europe and North America sought to isolate various bacterial organisms among flu victims and to create a vaccine that, while it might not prevent influenza, would at least alleviate its severity.

In Australia, a similar mixed vaccine containing several such organisms was produced, to be given in two doses, the second a week later and five times stronger than the first. The CSL made some three million doses in the first six months of production, to be distributed to quarantine stations and all around the country.[28] Several state pathology laboratories also made a mixed vaccine. Administered free at public vaccination depots and by doctors for a fee, it could not prevent influenza; but it appeared to moderate pneumonic complications and also to be of some use in treatment (Figure 1).[29]

Quarantine and vaccination were not the only preventives deployed as the pandemic loomed. Daily inhalation of a weak antiseptic spray was provided not only for ships' passengers in quarantine but also by local councils for their communities by means of 'inhalation chambers' set up in public places. Taking 'a course of whiffs' became popular, although its benefit was at best doubtful. The wearing of face masks in public was widely recommended, and in New South Wales it was compulsory for a time. Masks were also an essential item for doctors and nurses, orderlies and ambulance staff.

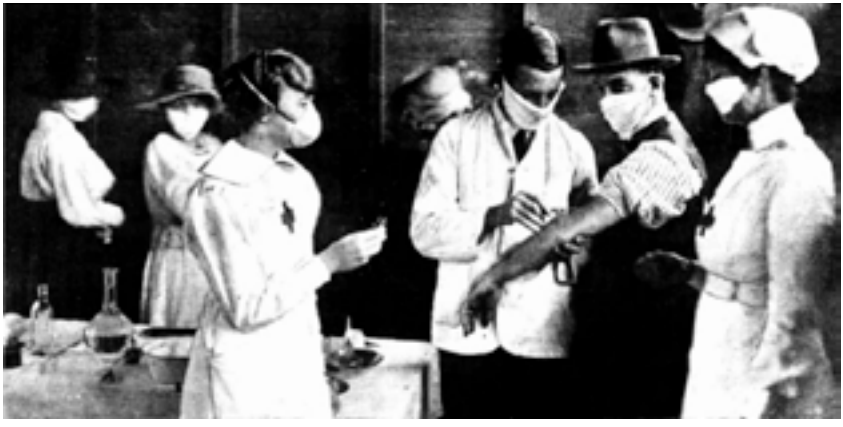

Figure 1: Hyde Park inoculation depot, Sydney (Source *Sydney Mail*, 5 February 1919)

In addition, several familiar patent medications were advertised as helping to fend off influenza: Greathead's Mixture, an antiseptic mouthwash, would 'prevent contagion'; Clement's Tonic would 'purify the blood'; Dr Morse's Indian Root Pills would cleanse the system. Both in hospitals and at home, the treatment of influenza was largely symptomatic, involving inhalations and expectorants, purges, cold compresses, chest poultices, and aspirin. More serious cases in hospital might receive digitalis or strychnine for a weak pulse, or undergo aspiration to reduce fluid in the lungs. General practitioners often prescribed a 'white mixture' in large bottles, which probably contained aspirin, phenacetin and caffeine (APC), to ease pain, reduce fever and stimulate the system. Home remedies ranged from camphor to eucalyptus oil, from lemons to whisky, from Wawn's Wonder Wool (for pain relief) to Hearne's Bronchitis Cure (to soothe the throat and ease coughs).[30]

By the end of January, some 50 Melbournians had died of pneumonic influenza, and nearly 500 cases were placing great strain on the city's public hospitals. At this stage it was compulsory for influenza cases to be notified to the health authorities and transferred to hospital accommodation. All over Victoria, emergency hospitals were quickly set up in local drill halls, state primary schools (currently closed to students), showground buildings and other community facilities. Melbourne's vast Exhibition Building was also pressed into service, at first to house convalescents from the major hospitals, but, within a few days of its opening, acute cases were being admitted for lack of space elsewhere.

By the end of a week, most of its now 200 inmates were serious cases, some 40 of them dangerously ill, and there had been twenty deaths. As a building so large could easily accommodate 1,500 beds, Victoria's health minister, John Bowser, now set about adding 300 to its capacity; but beds needed to be staffed, and, with medical and nursing personnel now in short supply, he was in a quandary. The Exhibition Hospital's staff numbered at first a matron, eight nurses, two dozen members of Voluntary Aid Detachments (VADs), and doctors supplied by the Health Department; but already ten staff, including a doctor, were on the sick list and one nurse was seriously ill.[31]

Relief seemed at hand after a meeting between Robertson, chairman of the Board of Health, and Roman Catholic Archbishop Daniel Mannix. On 14 February, Mr Bowser was able to announce that the Reverend Mother Rectress of nearby St Vincent's Hospital would take charge at the Exhibition Hospital, and a large contingent of Sisters of Charity and Sisters of Mercy, some with nurse training, would give their services free until recalled to teaching when schools reopened. This meant, said Bowser, that the existing staff could be released to work at other hospitals. Unfortunately, those staff and their matron, Miss McKinnell, knew nothing of this until they saw the Saturday newspapers. They responded with indignation that their labours at the Exhibition Hospital should be so lightly dispensed with and promptly signalled their 'determination not to remain on duty under any other management'.[32]

On Sunday 16 February, Dr Mannix told his congregation at St Patrick's Cathedral about the proposed takeover, and that same day, at Wesley Church, Lonsdale Street, the Reverend Henry Worrall, a leading Methodist, denounced it in the strongest terms. Not only was it unfair to the existing staff, he said, but it meant that hundreds of patients, most of them Protestant, would be handed over to the care of 'a sacerdotally trained band of anti-Protestants', whose robes, customs and ceremonies 'should not be introduced into a State hospital'. Worrall also attacked Mannix himself in terms that clearly alluded to his Irish republicanism and his opposition to conscription in the recent bitter debates on that issue. A sectarian dispute broke out, likewise an outcry on behalf of Miss McKinnell and her team. An embarrassed state government now tried to persuade the archbishop to staff instead a new emergency hospital at Melbourne High School. But Mannix, calling this 'a weak surrender to sectarianism' and 'a reckless waste of public money', would have none of it and withdrew his offer.[33]

Somehow, the Exhibition Hospital carried on, its capacity expanded but still short-staffed. Bowser judged it be 'a draughty, cheerless place' and organised the erection of partitions to make its wards 'less barnlike' (Figure 2). Case numbers rose again in autumn as another wave of the pandemic arrived, and the building was increasingly deemed unsuitable. The authorities now preferred that patients be nursed in isolation at home where possible, rather than taken to hospitals in cold weather at the height of their illness. Yet, in the event, case numbers continued to be so high that the Exhibition Hospital remained in operation throughout the winter. By mid-August, it had treated 4,046 patients since opening, of whom 392 had died: a death rate of just under 10 per cent, similar to that of the Alfred Hospital. This says much for the efforts of its medical and nursing staff, given the building's manifest shortcomings. By mid-September, with the pandemic 'officially over' in Melbourne, the Exhibition Hospital was finally closed.[34]

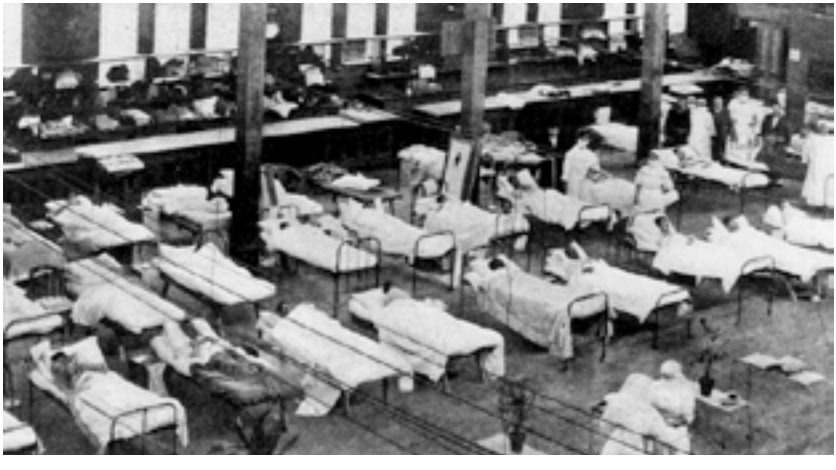

Figure 2: Influenza victims at the Exhibition Building, Melbourne, 1919 (Source *Sydney Mail*, 19 February 1919

In most states of Australia, the pandemic was judged to have more or less ended in September 1919, although in Tasmania, where it had begun much later, it lingered into November. Another late victim was Queensland's remote Thursday Island group, which, having been spared throughout 1919, was stricken at last in February 1920. Those islands suffered a devastating outbreak, with many deaths among the Indigenous

population in particular.[35] For Indigenous Australians everywhere, whether on missions or in their own settlements, the pandemic's impact was much harsher than for the European population; but it was under-recorded then and still awaits fuller study.

Within the Australian community as a whole, there is also some evidence of diagnostic uncertainties and imperfect reporting of cases. Hence the official national mortality figures for pneumonic influenza may be assumed to understate it somewhat. In a population of some five million, it was said at the time that at least 12,000 had died of the disease; but the total is now thought to have been well over 14,000. This discrepancy naturally affects the contemporary data on state-by-state death rates, but these nonetheless indicated clearly that those states infected earliest fared worst: New South Wales with 304 deaths per 100,000 of population, Victoria with 243 per 100,000.[36]

When pneumonic influenza's spread was delayed behind quarantine barriers, the virus seemed to become somewhat less aggressive. And, just as those states infected later fared better, so did Australia as a whole, compared to other countries. New Zealand, where maritime quarantine failed at the outset, bore the full brunt of the pandemic in late 1918, losing over 8,000 lives in the space of a few months from a population of little more than a million. New Zealand pandemic historian Geoffrey Rice gives the overall death rate as 7.4 per 1,000.[37] Australia's ordeal lasted longer, but—and partly for that reason—was less severe. Social tensions, especially interstate antagonisms and some sectarianism, were publicly displayed, but turmoil was avoided.

Yet, for those who lost family members to the pandemic, that ordeal was everywhere a searing experience. A sudden, alarming illness robbed them of their loved ones with bewildering speed, leaving heartbreak and often hardship for those widowed or orphaned by their loss. A century later, the great influenza pandemic, forgotten by many, is best remembered by those whose family lives it changed forever.

Notes

1 For accounts of the pandemic's global impact, see: Alfred W. Crosby, *America's Forgotten Pandemic. The Influenza of 1918*, Cambridge, Cambridge University Press, 1989; Geoffrey W. Rice, *Black November: The 1918 Influenza Pandemic in New Zealand*, Christchurch, Canterbury University Press, 2nd ed., 2005; Howard Phillips, *'Black October': The Impact of the Spanish Influenza Pandemic of 1918 on South Africa*, Pretoria, Government Printer, 1990; Niall Johnson, *Britain and the 1918–19 Influenza Pandemic: A Dark Epilogue*,

Abingdon UK, Routledge, 2006. The current global estimate of deaths, between 50 million and 100 million, is cited by Johnson, pp. 77–81.

2 The text of both cables is reproduced in J.H.L. Cumpston, *The Health of the People: A Study in Federalism*, Canberra, Roebuck Society, 1978, pp. 34–5.

3 The system is outlined in J.H.L. Cumpston, *Influenza and Maritime Quarantine in Australia*, Commonwealth of Australia Quarantine Service Publication no. 18, Melbourne, Government Printer, 1919, pp. 7–11. Its operation is detailed in further chapters of that work.

4 Cumpston, *Influenza and Maritime Quarantine*, p. 23, and *passim* in chap. IV; Jean Duncan Foley, *In Quarantine: A History of Sydney's Quarantine Station 1828–1984*, Sydney, Kangaroo Press, 1995, pp. 110–12.

5 *Sydney Morning Herald*, 4–7, 9–12 December 1918; Duncan Foley, pp. 113–14.

6 Cumpston, *Influenza and Maritime Quarantine*, pp. 139–41. For a full account of the *Boonah*'s story, see Ian Darroch, *The Boonah Tragedy*, Bassendean WA, Access Press, 2004.

7 'Commonwealth and States of Australia Influenza Conference 1918. Resolutions', undated typescript, NAA series A2, item 1919/482, pt 2, National Archives of Australia (NAA). See also Cumpston, *Influenza and Maritime Quarantine*, pp. 63–6; and Anthea Hyslop, 'Insidious Immigrant: Spanish Influenza and Border Quarantine in Australia 1919', in Suzanne Parry (ed.), *From Migration to Mining: Medicine and Health in Australian History*, Darwin, Historical Society of the Northern Territory, 1998, pp. 201–15.

8 *Argus*, 9 January 1919. See also *Sydney Morning Herald* and *Advertiser* (Adelaide), 9 January 1919.

9 *Argus*, 23 January 1919.

10 *Argus*, 24 January 1919.

11 *Argus*, 24 January 1919.

12 *Argus*, 25 January 1919.

13 *Sydney Morning Herald*, 25 January 1919; *Argus*, 27 January 1919.

14 *Argus*, 27, 28 January 1919.

15 W.G. Armstrong, *Report on the Influenza Pandemic in New South Wales in 1919* (Section V of *Report of the Director-General of Public Health, New South Wales, for the year ended 31st December, 1919*, Sydney, Government Printer, *New South Wales Parliamentary Papers*, 1920, Vol. 1), Part I, 'Epidemiology and Administration', pp. 148–9.

16 Armstrong, *Report*, p. 149; *Argus*, 28, 29 January 1919.

17 *West Australian*, 27 January 1919.

18 *Sydney Morning Herald*, 29 January 1919; Cumpston, *Influenza and Maritime Quarantine*, p. 11. For a close study of January 1919 events in Melbourne, and Cumpston's role therein, see Anthea Hyslop, 'A Question of Identity: J.H.L. Cumpston and Spanish Influenza, 1918–1919', in David Walker and Michael Bennett (eds), *Intellect and Emotion: Perspectives on Australian History: Essays in Honour of Michael Roe*, special issue of *Australian Cultural History*, no 16, 1997/98, pp. 60–76.

19 F.M. Burnet and Ellen Clark, *Influenza: A Survey of the Last 50 Years in the Light of Modern Work on the Virus of Epidemic Influenza*, Walter & Eliza Hall Institute Monograph No. 4, Melbourne, Macmillan, 1942, p. 101. Chapters VI and VII of this work present a detailed analysis of the 1918–19 pandemic.

20 *Argus*, 23 January 1919.

21 Armstrong, *Report*, p. 149.

22 *Sydney Morning Herald*, 29 January 1919.

23 For a fuller account of the developments outlined in this and the next two paragraphs, see Hyslop, 'Insidious Immigrant'.

24 'Influenza Pandemic. Commonwealth Regulations', February 1919, NAA series A6006, item 1919/2/3, Prime Minister's Department, Files of Papers, NAA.

25 Correspondence, between various state premiers and Acting PM Watt, NAA series A2, item 1919/1302, early February 1919, NAA. See Hyslop, 'Insidious Immigrant', for details of these.

26 Cumpston, *Influenza and Maritime Quarantine*, p. 69.

27 A.H. Brogan, *Committed to Saving Lives: A History of the Commonwealth Serum Laboratories*, Melbourne, Hyland House, 1990, pp. 1–11.

28 W.J. Penfold, 'Influenza Vaccine and Inoculation', chap. VII in Cumpston, *Influenza and Maritime Quarantine*, pp. 73–88; Armstrong, *Report*, pp. 153–7; Brogan, pp. 12–18. The vaccine's bacterial ingredients were bacillus influenzae, micrococcus catarrhalis, pneumococcus, streptococcus, and another gram-positive diplococcus.

29 T.M. Cherry, 'The Value of Inoculation: A Statistical Inquiry', in Cumpston, *Influenza and Maritime Quarantine*, chap. VIII, pp. 89–119.

30 Advertisements for patent medicines appeared in daily newspapers throughout the pandemic. For details of doctors' treatments, see *Medical Journal of Australia*, October 1918 to June 1919, *passim*. Home cures are described in letters from Australians to Richard Collier, author of *The Plague of the Spanish Lady: The Influenza Pandemic of 1918–1919*, London, Macmillan, 1974. Collier's papers are now held in London's Imperial War Museum. See also Anthea Hyslop, 'Old Ways, New Means: Fighting Spanish Influenza in Australia, 1918–1919', in Linda Bryder and Derek A. Dow (eds), *New Countries and Old Medicine: Proceedings of an International Conference on the History of Medicine and Health*, Auckland, 1994, Auckland, Pyramid Press, 1995, pp. 54–60.

31 *Argus*, 30 January 1919, 3, 5–8, 10–11 February 1919. The VADs were members of the wartime nursing assistants and orderlies organisation formed by the Red Cross and Order of St John.

32 *Argus*, 15, 17–19 February 1919. Australian Catholic Truth Society (ACTS), *Archbishop Mannix and the Victorian Government: No-Popery and the Spanish Influenza*, Melbourne, Advocate Press, 1919. This pamphlet contains Mannix's correspondence with the government on the Exhibition Hospital.

33 *Argus*, 21 February 1919; ACTS, *Archbishop Mannix and the Victorian Government*, p. 17; *Advocate*, 15 February, 1 March 1919. See also *Age*, February – March 1919.

34 *Argus*, March – April 1919 (*passim*), 2, 3, 6, 29 May, 19 June, 8, 13 August, 9, 18 September 1919. For a fuller account of the Exhibition Hospital, see Anthea Hyslop, 'Fever Hospital', in David Dunstan (ed.), *Victorian Icon: The Royal Exhibition Building, Melbourne*, Melbourne, The Exhibition Trustees, 1996, pp. 320–7.

35 Patrick Hodgson, 'Flu, Society and the State: The Political, Social and Economic Implications of the 1918–1920 Influenza Pandemic in Queensland', PhD thesis, James Cook University, 2017, p. 224; Gordon Briscoe, *Queensland Aborigines and the Spanish Influenza Pandemic of 1918–1919*, Canberra, AIATSIS, 1996.

36 *Official Yearbook of the Commonwealth of Australia, 1901–1919*, Melbourne, Government Printer, 1920, p. 1129; J.H.L. Cumpston, *Health and Disease in Australia: A History*, intro. and ed. M.J. Lewis, Canberra, AGPS, 1989; Johnson, p. 81.

37 Rice, pp. 18, 203.

A Grassroots View of Spanish Influenza in Melbourne

Mary Sheehan

Abstract

*Although what came to be known as 'Spanish influenza' remains the world's worst health disaster in terms of lives lost, little attention has been devoted to the effect the pandemic had on individuals. Yet much can be learnt from a microhistory of the event, for history from a grassroots level can provide details of people's lives otherwise less obvious and thus offer a more comprehensive understanding of what happens in a disaster. This article presents a microhistory that focuses on the public health legislation and management of the crisis in Melbourne, with particular reference to its poorer districts where legislative weaknesses were more clearly manifest.**

Background

After the onset of COVID-19, the pandemic that arose following the First World War is no longer a neglected topic in Australia's history. However, little as yet has been written about the effect of what came to be called 'Spanish influenza' on individuals at grassroots level, particularly those in Victoria. In contrast to other states, no government reports have survived, nor was a royal commission or any other form of enquiry conducted in Victoria.[1] Nonetheless, local government records and newspaper reports provide valuable insights into the grassroots effects of the pandemic on ordinary people, especially in Melbourne and its inner suburbs. The depth of detail and wealth of information in files created by inner city councils, specifically those generated by Richmond, Footscray and Melbourne and held at the Public Record Office Victoria, influenced my decision to focus this article on the experiences of people living in these parts of inner Melbourne during the health crisis. The survival of local newspapers such as the *Richmond Guardian, the Footscray Advertiser* and

* I acknowledge the generous support of my PhD supervisors, Professors Andy May and Janet McCalman, in writing this article, as well as the help offered by Dr Anthea Hyslop and the editors and reviewers of this journal.

the *Independent* provided further impetus to approach the effects of the pandemic using the tools of microhistory. In exploring this material, the article pays particular attention to public health management of the crisis in some of Melbourne's poorest districts. While influenza was prevalent in Australia in September 1918 and gave rise to speculation about a 'herald wave', it did not take hold until the following year, and so my focus here is on three waves that occurred in Victoria 1919 (Figure 1).[2]

The city's inner suburbs have been chosen for several other reasons. First, the peculiarities of Victoria's Health Act placed a particular onus on local health authorities during the health crisis, and the deficiencies and complications that resulted were more obvious within municipalities with the lowest revenue sources and the most impoverished communities. These areas recorded the highest morbidity and mortality rates in Victoria. Severity of disease was more marked in these areas too, for historically this was where those most vulnerable to disease lived—in the worst houses in the most crowded portions of the city, as Charles Rosenberg also found in his study of cholera in the United States during the nineteenth century.[3] Svenn-Erik Mamelund revealed similar patterns in his research on the Spanish influenza pandemic in northern Europe and Alaska,[4] and Peter Curson also demonstrated in *Deadly Encounters* that the most severe cases in New South Wales (NSW) during the pandemic were among persons 'living in dilapidated and overcrowded homes' in Sydney.[5] The domestic impact of the Great War had exacerbated poverty in Australia's largest cities. Escalating food prices during the war and the failure of wages to keep pace compounded the health problems of the urban poor. As Judith Smart has shown, retail food and groceries prices in Melbourne had risen 28.2 per cent since the start of the war; what had cost households 22s 7d soon after war was declared, cost 27s 6d twelve months later.[6] Poor nutrition and poor health combined with substandard housing created ideal conditions for the spread of a novel virus, in this case Spanish influenza.

Spanish influenza resulted in varied mortality peaks throughout Australia. According to the 1920 *Official Yearbook of the Commonwealth of Australia*, NSW experienced two disease peaks in April and July; Queensland just one in June; South Australia two in May and August; Tasmania one in September; and Western Australia one in August. Official statistics claim the virus in Victoria occurred in three waves,

causing about 3,561 deaths, a mortality rate of 24.1 per 10,000 (Figure 1). However, these figures are conservative, for cases were either not reported or the cause of death inaccurately registered. Mortality in Victoria was less than in NSW, where deaths were estimated to be 5,980, but greater than in more sparsely populated Western Australia where more died from phthisis (tuberculosis) than from pneumonic influenza.[7]

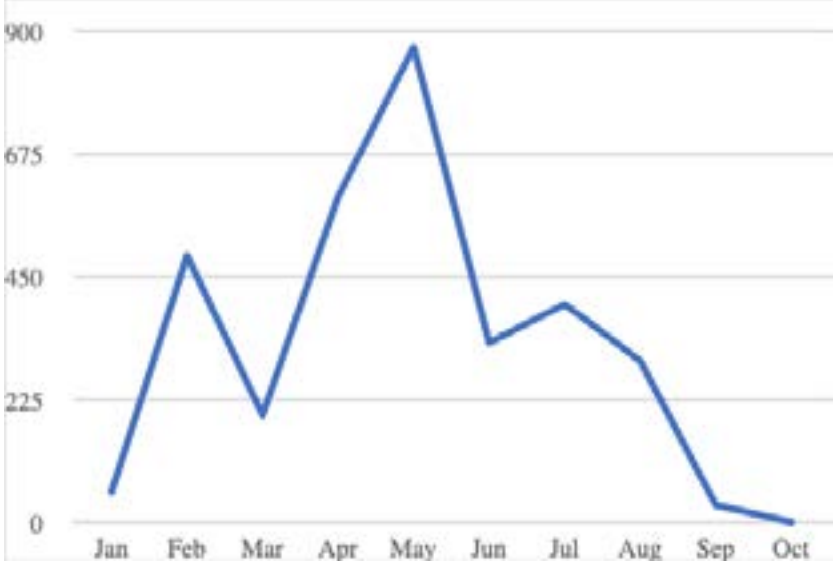

Figure 1: Influenza Mortality, Victoria, 1919 (Source *Report on the Pandemic of Influenza, 1918–19* (1920))

Melbourne's first wave occurred between January and early March 1919 when the virus was novel and highly contagious, placing sudden demands on public hospitals and compelling the creation of temporary or emergency hospitals. Then, when a remission occurred in early March, the government relaxed the Emergency Influenza Regulations first introduced in January. This was followed in late March by a recrudescence of greater magnitude that lasted until May, and it was during this period that case numbers skyrocketed and mortality rates soared, as demonstrated in the above graph. A third minor wave resulting in fewer cases and a smaller number of deaths occurred mid-winter in July. The increased case numbers bringing about this wave occurred in a climate of industrial unrest, protests by an escalating

number of unemployed, soldier discontent, and the gathering of crowds during the delayed peace celebrations on 19 July. After that the virus gradually dissipated until the pandemic was regarded as over at the end of September. The City of Melbourne—incorporating Carlton, North Melbourne and Flemington—recorded the greatest number of deaths, followed by South Melbourne, Richmond and Fitzroy (Figure 2).

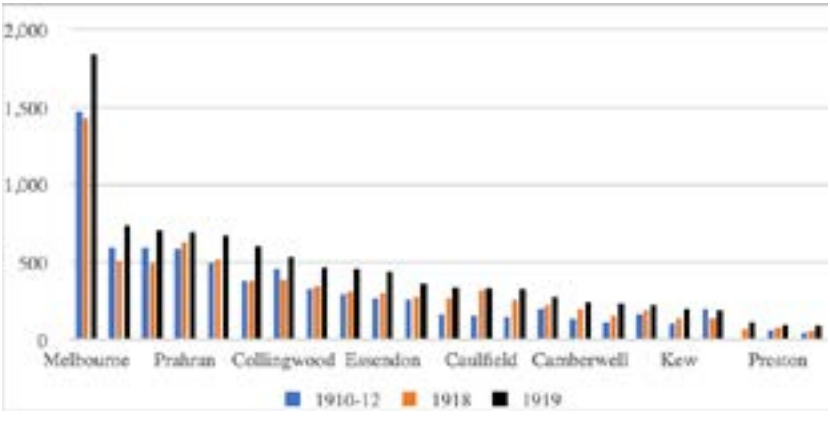

Figure 2: Melbourne municipal mortality per 1,000, 1910–12, 1918, and 1919
(Source *Victorian Year Book* 1919–20, Melbourne, Government Printer, 1920)

Officially known as 'pneumonic influenza', the disease was formally recognised in Melbourne on 28 January 1919. Yet the virus had begun to affect the population before its presence was formally acknowledged. The virulence of the disease became obvious to 57-year-old Dr Abraham Haynes, Richmond's local medical officer since 1908, when, on 10 January, he visited the Lacey family in Type Street, Cremorne, where four members showed signs of the disease, along with their next-door neighbour and her two daughters.[8] Then, four days before the disease was formally announced, Haynes received another message advising him that a girl living in Murphy Street, Cremorne, had been exhibiting progressively marked symptoms of the virus since 14 January. Within days of the girl becoming ill her mother had begun to show symptoms, as did her father soon afterwards; and another member of the family became so seriously ill that she was sent to St Vincent's Hospital. These patients were among Melbourne's first Spanish influenza cases, which began to appear in the first weeks of January.

Meanwhile, until the virus was formally recognised, local municipal health officers and the general public were receiving confused messages. On the one hand newspapers reported increasing hospitalisation of cases, confirmed by Melbourne Hospital's medical superintendent Dr Ralph McMeekin.[9] On the other hand, Victoria's chief medical officer Dr Edward Robertson, in consultation with the Commonwealth director of quarantine Dr J.H.L. Cumpston, delayed officially declaring the disease active in Melbourne for nearly three weeks until microbiology reports were received.[10] This reluctance to acknowledge the presence of the virus delayed implementation of containment strategies and compromised management within the already flawed health system.[11]

Victoria's Health System

A flawed two-tier public health system that divided health responsibility between central and local health boards was in place when Spanish flu began to wreak havoc in Melbourne. The legislative health framework in Victoria dated from the 1850s and had been created by the newly formed colonial government to allay fears of an epidemic following the discovery of gold and consequent population influx. The *Health Act 1915*, under which the pandemic was managed in 1919, evolved from the 1850s legislation, and responsibility for health and welfare was devolved to local councils designated by the legislation as local boards of health.[12]

The *Health Act 1915* empowered Victoria's municipal councils to make orders and by-laws subject to the approval of the Board of Public Health and ratification by the governor-in-council, and their widest powers concerned the control and prevention of epidemics and contagious diseases. In addition, the Act mandated the employment of local health officers such as Dr Abraham Haynes. Hospitals were the declared responsibility of municipalities, and councils were required to contribute financially to the public hospitals operating under government grant schemes, as well as partly fund temporary hospitals in an emergency.

The administrative head of public health in Victoria was the chief health officer, who in 1919 was Dr Edward Robertson. Robertson was an old hand in the role, for he had been with the department since 1901 and had held the position of permanent head for six years. By the time Spanish flu took hold Robertson was 49 years old and an experienced

chief health officer. But, in common with health officers throughout the world, he had no experience dealing with a pandemic of the magnitude of this novel influenza virus. Robertson was initially confident the health crisis could be managed in the same manner as the meningitis outbreak in 1915–16, in which 468 deaths occurred throughout Victoria. He was therefore ill-prepared for the challenges of Spanish influenza. In the aftermath of war and amid reports of unrest throughout the world as well as alarming local newspaper reports of a 'mystery' disease, Robertson declared he was 'more anxious [about] the effects of a panic' in the community than the pandemic itself. As a result, he publicly played down the severity of the disease.[13]

Edward Robertson was not only chief medical officer for Victoria, but also chairman of the state's Board of Public Health, a body that somewhat vaguely shared power with local councils. Since the minister of health appointed the board, members were accountable to him alone and had no authority over the chief medical officer who was appointed under the terms of the *Public Service Act 1915*. The board comprised seven local representatives elected by municipal districts, plus an engineering inspector and the chief medical officer. When Spanish flu infected Melburnians in 1919, Robertson was the only board member with any medical knowledge. Thus the Department of Health was effectively run by just one person, and that person was not answerable to the board. Robertson was therefore entrusted with sole responsibility for the state's health administration, as well as the overall supervision of the campaign against influenza, a gargantuan task. Effective management of the pandemic was further impaired by the lack of power assigned to the board. Because members were essentially required to simply rubber stamp the chief health officer's decisions, the board became riven by internal dissent and squabbling. This led to their complaints of being 'credited with [making] recommendations of which they knew nothing', and that 'they knew no more than what was in [news]papers'.[14] But their indignation and objections went unheeded.

Yet another layer was added to the public health system in 1919, causing further affront to the board. Members of the British Medical Association were appointed to a separate Influenza Advisory Committee comprising 'leading medical men' tasked to provide advice to the government, but their advice was not always acted upon, and thus, like the board, the committee lacked power.[15] Such disjointed handling of the

health crisis was aggravated by absences of the minister of health, John (later Sir John) Bowser, who was also chief secretary, a role that embraced prisons, police administration, mining and goldfields administration, and other diverse functions. Bowser was a 63-year-old skilled politician in 1919, albeit also without experience in dealing with a health crisis of the magnitude of Spanish influenza. Born in 1856, he entered parliament in 1894 as representative of the Wangaratta and Rutherglen electoral district and, for a brief period as leader of the Economy Party, was premier (November 1917 to March 1918). When his government was defeated by Harry (later Sir Harry) Lawson's Nationalist government (1918–23), Bowser took on the dual portfolios of chief secretary and minister of public health. Plagued by ill-health and said to be shy and introverted, Bowser was forced to take sick leave for several weeks amid the health crisis. During his absence, John (later Sir John) McWhae became the acting minister. He retained the acting role when Bowser returned from leave, and, after Bowser's resignation in June 1919, McWhae was formally appointed minister of health. Bowser's multifaceted roles during the early period of the health emergency militated against effective ministerial leadership in containing the disease and managing the crisis.

Local Government and the Health System

Susan Gallagher was 39 years old when influenza invaded her tiny house on narrow Vale Street in one of North Melbourne's notoriously unhealthy districts. Susan was pregnant with her eleventh child in seventeen years—by then she had also buried six of her children. Her husband John was a 'general hawker' or peddler but had worked only irregularly since Spanish influenza was formally declared. The Influenza Emergency Regulations, introduced soon after the disease was officially declared, closed hotels, theatres, concert halls and public buildings, banned race meetings, and threw at least 1,500 out of work, greatly reducing prospects of a liveable income for unskilled casual workers like John Gallagher.[16] When he became seriously ill with influenza in the first week of March, he was admitted to the temporary hospital in Carlton's Exhibition Building. This left the eldest surviving Gallagher child, fifteen-year-old Johanna, as the sole source of income for this impoverished family, the youngest member of which was just three years old. But, since Johanna brought home just 15s a week and rent on the Vale Street home was 10s, the

family was very soon destitute. Melbourne City Council's assistant health inspector, Mrs Kemp, visited the house in response to Susan's request for welfare help and, in a gross understatement, described Susan to be 'not very healthy'. Rent was paid, and food coupons were provided to help the family through the crisis.[17]

Susan gave birth to a girl they named Kathleen in July. Kathleen died the following year. Susan delivered another child in 1920, her thirteenth live birth. This baby survived just six months. Susan herself died in 1924. Her early death at the age of 43 was hastened by multiple pregnancies, poor nutrition and substandard living conditions, exacerbated by circumstances inflicted by the Spanish flu pandemic. The Gallagher family's plight gives weight to the contention that communicable diseases spread more easily where there is poverty and high-density living.[18] The vulnerability of John and Susan Gallagher and their family to the influenza virus was characteristic of many poor people living in the inner-city suburbs of Melbourne. Residents of these suburbs were the worst affected by the pandemic and bore the state's highest mortality burden.

Municipal councils, particularly those in inner-city suburbs, struggled to deliver appropriate health services and welfare support to those like the Gallagher family. Prior to the advent of the virus, Footscray Council complained it was 'practically at its wits end for money' to maintain roads used by very heavy traffic from outside the municipality 'from which they [could gain] no revenue'.[19] Similarly, as Janet McCalman noted in her history of Richmond, *Struggletown*, Richmond Council could ill afford to carry out essential roadworks, let alone bear the financial burden of the pandemic through the city's rate income.[20] Rates were municipal councils' principal source of income but were capped by the *Local Government Act 1915* at around 2s 6d in the pound of the net annual value of a property. Since land valuations were generally lower in inner-city areas, the income derived by these councils severely challenged capacity for infrastructure development as well as for health and welfare services, and their financial burden greatly increased during the pandemic.

In November 1918 the Health Department reminded councils that, under the terms of the *Health Act 1915*, municipalities were obliged to provide hospital care for residents, including emergency hospitals. Unlike Western Australia where, as historian Bev Blackwell has shown,

the government reimbursed all costs to municipalities, Victoria shared the costs of hospital and welfare equally between the government and councils.[21] However, the Victorian government did pay the full cost of the vaccine serum prepared by the Commonwealth Serum Laboratory and inoculations performed by municipalities, as well as printing costs associated with the influenza information flyers and posters distributed throughout the state.

On 28 January, the day Spanish influenza was officially declared present in Melbourne, the department informed councils that, because of overwhelming demand, only serious cases would be admitted to public hospitals. Councils were therefore directed to make arrangements without delay to receive influenza cases in emergency hospitals.[22] The number of the seriously ill quickly mushroomed. On 1 February, 540 cases had filled the 1,449 available hospital beds; two weeks later there were 1,075 in Melbourne's public hospitals.[23] Robertson became the target of criticism for being slow to concede that escalating numbers of those hospitalised were due to Spanish flu. Local and interstate newspapers criticised the health authorities' delay in declaring the virus, saying 'nothing worthwhile [had been] done to check the progress of the scourge in Melbourne'.[24] Robertson's confidence in the management of the 1915–16 meningitis epidemic as the model for the 1919 health emergency had been critically misplaced. Yet, in all fairness, while the delay in recognising the disease was remiss, Robertson and his department were not entirely responsible for the scarcity of hospital beds. Not only was the magnitude of the disease unexpected, the Australian Department of Defence had also withdrawn the promised use of the No. 5 Base Hospital in St Kilda Road.

Emergency Hospitals

Civilian patients suffering from Spanish flu began to be admitted to the No. 5 Base Hospital on 24 January 1919. Six days later, on 30 January, there were 112 sufferers in the hospital. Then, despite the earlier promises to make 500 beds available, the military authorities abruptly refused to accept any more civilians.[25] As Acting Prime Minister William Watt declared in a letter to the Victorian premier, accommodation had been 'taxed' at the Caulfield and Mont Park military hospitals, and, because the return of a large number of troops was expected, St Kilda Road's

Base Hospital had to be kept in reserve. He went on to explain that 'influenza had broken out among the Commonwealth forces', and, since a recrudescence was possible, it was considered essential to retain the Base Hospital for military purposes.[26] Whatever the influences on this decision, Robertson and Victoria's Health Department were forced to act hastily to make alternate arrangements.

Negotiations took place with the Victorian Division of the Australian Red Cross to use the Red Cross No. 1 Rest Home at Wirth's Park (now the site of the Melbourne Arts Centre) as a makeshift measure, despite conditions in this temporary facility being far from suitable. Wards were located on the second floor of a wooden building, and 'all water had to be carried up [the stairs] and all refuse carried down' by hand.[27] Within ten days of taking over on 30 January, 135 beds had been taken up and 39 patients had died already.[28] Coode Island quarantine station was another inadequate facility the Health Department was forced to use to care for escalating numbers of cases. By 6 February, 36 male patients occupied beds on the island, some of whom were seriously ill. Finally, arrangements were made to take over Carlton's Exhibition Building, which was to become Melbourne's largest emergency facility. However, the decision was not made before consideration was given to using the Flemington Racecourse, Carlton's Grattan Street Drill Hall, and the Royal Melbourne Showgrounds at Flemington.[29] Premier Lawson admitted the Exhibition Building was chosen 'on the principle of any port in a storm', despite awareness that it was 'very unsatisfactory for the purposes of a hospital'.[30]

For all their efforts, the emergency facilities established by the department were not sufficient to care for the rising number of seriously ill. Accordingly, during February 1919, municipal councils throughout Victoria were obliged to create more than 50 temporary or emergency hospitals in drill halls, kindergartens, and public halls. However, school buildings were the places most frequently taken over and adapted for use as hospitals, for schools remained closed for about six weeks after the summer holidays. Examples were to be found in suburbs such as Armadale, Brunswick, Caulfield, Camberwell, Footscray, Kew, Malvern, Melbourne, Port Melbourne, Richmond, St Kilda and Sandringham, as well as in country towns (Figure 3).

Nearly 700 women lined up at Red Cross Australia's Victorian Branch premises offering to care for patients in these emergency

Figure 3: Richmond Influenza Emergency Hospital Staff, 1919, assembled before the Central State School kindergarten building in Gleadell Street (Courtesy John Young Collection, National Library of Australia)

hospitals and usually volunteering for a maximum period of ten weeks. A little more than 80 were registered trained nurses accredited by their professional body, the Victorian Trained Nurses Association; they were few in number because so many of their colleagues were still serving overseas. Greater in number were Voluntary Aid Detachment (VAD) nurses, described by historian Melanie Oppenheimer as generally young upper- or middle-class women of 'independent means'.[31] They were likely to present with first aid training and home nursing certificates awarded by St John Ambulance. Although a small number (about 50) were described as 'partly trained', the majority who volunteered (337) had no formal training and were simply keen to help in a time of community crisis, including those who offered their help as cooks and laundry assistants.[32]

On 4 March 1919 Alice Gibson died in Richmond's emergency hospital. 'Cardiac arrest' was recorded as the cause of her death, although in all probability pneumonic influenza was primarily responsible.[33] Seventeen-year-old Alice, the third daughter of Catherine and the late James Gibson, was from Green Street, Cremorne. A number of other Cremorne residents were also diagnosed with influenza at this time, including a 58-year-old man and his daughter in Dover Street. It was early in March too that local medical practitioner Dr Gerald Baldwin visited eight-year-old Keith McFarlane in Duke Street, Cremorne. His

condition was described as serious. Keith's mother was also ill and no one else was available to care for them.[34] Cremorne had become an influenza hotspot. A highly industrial suburb, it included poorly ventilated houses in narrow, equally poorly ventilated streets where the virus would become especially virulent. Similar areas of virulence, or hotspots, developed in North Richmond in the neighbourhood of Elizabeth and Lincoln streets, dubbed 'the valley of death', as well as in North Melbourne in the vicinity of Vale Street, in Yarraville's south ward, and in other areas of metropolitan Melbourne where congested living was common.[35] Yet, although mandatory reporting of influenza cases had been ordered, the absence of efficient and reliable data collection prevented the accurate identification of these hotspots, or a comprehensive understanding of the extent of the disease in metropolitan Melbourne.

Mandatory Case Reporting

In accordance with the *Health Act 1915*, influenza was formally declared an infectious disease in November 1918. The declaration was a legislative prerequisite before a compulsory reporting order could be published in the *Government Gazette,* a further requirement of the Act. However, when the mandatory reporting notice concerning influenza was published on 28 November 1918, it contained a significant variation from the usual reporting procedure for other declared infections such as diphtheria and scarlet fever for which doctors were to report to the Board of Public Health *and* local councils. The November 1918 notice *omitted* the need to report to both local council and the board; the latter task was devolved to town clerks who were required to report daily to the board.[36] Thus, in early 1919, confusion reigned among doctors busy with greatly increased patient loads. As Camberwell's town clerk Robert Smellie admitted, some doctors continued to report to both the board and town clerk, while others followed the variant procedure published in November 1918, and some failed or refused to report altogether.[37] Adding to the confusion, on 1 February the *Age* and *Herald* newspapers published notices announcing the traditional procedure used for infectious diseases: namely, reporting to the board *and* local councils.[38] Consequently, after the commencement of the outbreak in Melbourne in January, the case numbers reported to the board were considerably

lower than they should have been, thus challenging the health authority's ability to accurately determine the incidence and distribution of the disease and efficiently manage the health crisis.

Remission

The three waves of influenza that arose in such rapid succession in January, March and July 1919 were unprecedented and offered only the briefest intervals of respite. The bewilderment of the scientific and medical community was reflected in an article published in American journal *Science* in 1919 that admitted the difficulty in understanding a virus that 'comes, spreads, [and] vanishes with unexampled suddenness'. The author, Major George Soper, was an American sanitation engineer credited with tracking down 'Typhoid Mary' in 1907 in New York. He claimed this new disease 'possesses such terrific energy that little time is afforded during its visitations in which to study it in a careful and painstaking manner'.[39] Victoria's Premier Lawson reflected the bewilderment of politicians in his remark that the government had not expected the outbreak to last so long, nor that the Emergency Influenza Regulations would remain in force for such a lengthy period or cause such levels of destitution.[40]

The regulations threw many out of work and, as a consequence, industry groups lobbied the government to relax the rules and thus relieve hardship. One was the Liquor Trades Employees Union acting on behalf of members, including bartenders and waitstaff as well as coopers, carters and drivers, all of whom were thrown out of work when the regulations closed more than 300 metropolitan hotels. The Theatrical Employees Union was another that lobbied on behalf of an estimated 1,500 members who lost work when theatres closed. These people were especially affected by the regulations, since many had been touring country districts when entertainment venues were closed and became stranded.[41]

Labor Party members formed a deputation to the premier requesting the government provide temporary wage relief. Footscray member George Prendergast (MLA 1900–27) echoed the deputation's views in declaring that the restrictions 'affected a very large class of working people'. They would have included non-union, unskilled casual workers like Andrew Motherwell.[42] Motherwell was the father of five children, all under eight years of age, and none of whom were eligible to earn money. Before the emergency regulations banned race meetings, he earned a tenuous

income selling fruit and frankfurt sausages at race meetings. Motherwell did not qualify for either union support or friendly society assistance and, in the absence of unemployment benefits, he was reliant on limited municipal handouts or the rapidly dwindling funds of private charities.[43] Presented with examples like this family, it is understandable that, when case numbers declined in early March, Premier Lawson, politicians and union leaders were keen to believe the virus was 'dying out' and it would be safe to relax the regulations.[44]

Not all were convinced the regulations should be relaxed, however. The Influenza Advisory Committee claimed that case numbers were not 'sufficiently good to justify relaxation of restrictions' and instead advocated that infected areas should not be regarded as 'clean' until seven days after the last case recorded a normal temperature.[45] Committee members argued too that: 'It was not wise to decrease hospital accommodation' by closing emergency hospitals created in schools, declaring 'everything should be in readiness for reinstitution of an abundance of beds for influenza patients' in the event of a recrudescence. Brighton Council also advocated for the number of emergency hospitals to be maintained and wrote to the director of education registering its objection to reopening schools as 'inimical to the interests of the public'. Footscray's *Advertiser* echoed the local council's view and cautioned against 'a false sense of security', warning that the virus could break 'forth again with redoubled energy'.[46]

Notwithstanding the cautionary advice, the regulations were relaxed. Councils were directed by the Education Department to reopen schools on 10 March. Those schools used as emergency hospitals were permitted to delay opening but were ordered not to admit any more patients. Thus, in the first weeks of March, at least sixteen emergency hospitals closed in the metropolitan area, including at Armadale, Footscray, South Melbourne, St Kilda and Fitzroy, and remaining patients were transferred to the Exhibition Building's emergency hospital.[47]

Other emergency regulations were also eased. On 4 March hotel bars and wine saloons reopened, and on 8 March race meetings were again permitted, as were special excursion trains to country racecourses. On 10 March, five people were allowed to play at a billiard table, and on the same day live theatres as well as picture theatres opened again, albeit with performances restricted to one a day. Workplace excursions

resumed too, and on 12 March Bryant & May employees crowded onto the *SS Courier* and travelled to Mornington for their annual picnic. At Port Melbourne pier on 26 March, 1,600 people packed on board the *Weeroona* and another 1,100 jammed onto the *Hygeia* before steaming down the bay to Sorrento for the annual grocers' picnic. Large crowds also flocked to the Oakleigh Plate at Caulfield Racecourse on 13 March and again on 22 March to Flemington for the final day of the Autumn Racing Carnival.[48]

Recrudescence

On 15 April 1919, as another surge of Spanish influenza was causing numerous deaths, Abraham Haynes, Richmond's local medical officer, scribbled a note describing one of his patient's condition. During the previous week 77 cases had been reported in Richmond, one-third of which were considered seriously ill.[49] That the brief description of Mrs Walkerden's condition was reported on a scrap of paper suggests Haynes was very rushed, and probably harried too (Figure 4). He was then one of many overworked and exhausted local medical officers treating patients in their own homes, for the closure of emergency hospitals had resulted in a drastic shortage of beds.

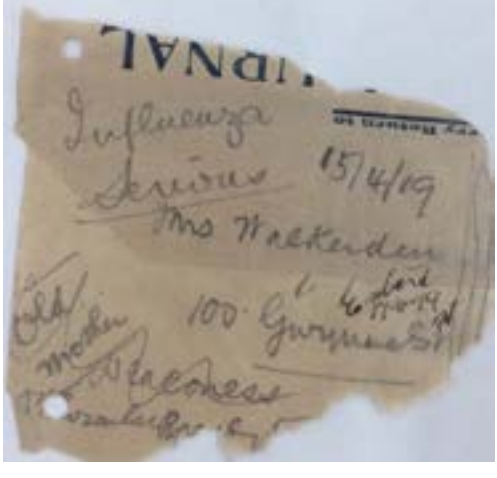

Figure 4: Note scribbled by Richmond's local medical officer Dr Abraham Haynes to describe Mrs Arthur Walkerden's condition (Courtesy Victorian Public Record Office, Pneumonic Influenza, April–July 1919, VPRS 16668 20)

Rising case numbers caused excessive workloads among over-extended health workers with no immediate prospect of relief. The situation was aggravated by the Board of Public Health's dictum that, since more than 100 serious influenza cases were awaiting admission to hospitals, no more names would be added to any waiting lists.[50] By the third week of April there were 1,234 people in hospital, a number that rose to 1,404 in the first week of May. Patient numbers in the Exhibition Building's emergency hospital skyrocketed in the first two weeks of April, from 168 to 600.[51] Delays meant that patients were often seriously ill when finally admitted to hospital, increasing the burden for nurses and doctors. Dr Wickens, the medical superintendent of the Exhibition Building emergency hospital, complained to the Board of Health. Medical officers, he said, were unable to gain adequate sleep and nurses were working ten-hour shifts with only four hours break.[52] In utter desperation Wickens notified the board that no further patients would be received at the Exhibition Building until additional staff became available.[53]

It was at this time that seriously ill Joseph Kennedy was unable to gain hospital admittance. A barman by trade, the 29 year old was at the time living with his wife and young son in his father's house in Balmain Street, Cremorne. There he was seen by Dr Gerald Baldwin and assessed as a 'seriously ill case urgently needing hospital treatment'. But, despite Baldwin's valiant efforts, Kennedy died before a hospial bed could be found.[54] Local medical officers were forced to continue caring for an increased patient load and to offer what treatment they could for their patients in often unhygienic and crowded homes, with only occasional help provided by a small pool of trained nurses.

Councils in Footscray, Richmond, Coburg, Prahran, South Melbourne, Brunswick, Essendon, and Preston were permitted to reopen their emergency hospitals, but still there were not enough beds.[55] In the absence of adequate medical and nursing care mortality rates escalated, with about 600 deaths recorded in April and almost 900 in May.[56] The health crisis was the unwitting outcome of the premature closure of temporary hospitals in March and the associated discharge from service of VAD nurses and other volunteer carers initially engaged by the Red Cross.

The Victorian government imposed more restricted times on live performances and picture theatres but did not implement the full array of emergency regulatory measures imposed earlier. There were also

attempts to play down the spread. In a circular to all municipalities, the department stated the influenza virus that was then prevalent was 'similar in character to the disease which has occurred every year for years past', the only difference being that this time it was 'more widespread'. The statement seemed to be shaped by circumstances, for an announcement was simultaneously made that, 'owing to the lack of nurses', it was 'not possible to treat every case in hospital'.[57] Instead, a new set of regulations was released targeting individual behaviour rather than public gatherings and requiring infected patients to stay at home or risk fines up to £25.[58]

Local medical officers were advised that, 'where patients have homes where reasonable isolation can be secured, they should be kept there if the necessary attention is available'.[59] But confining them to their poorly ventilated houses on narrow streets in the inner-city suburbs militated against any success in isolating the sick or containing the disease. South Melbourne's visiting nurse complained of the struggle she encountered treating influenza sufferers in their homes, declaring it an 'absolute impossibility isolating cases' from other family members and neighbours and claiming all attempts were farcical. The futility of attempting to isolate cases was also noted by Footscray's *Independent* when describing the widespread extent of the disease. As the paper declared, 'every doctor in the district can cite cases where every member of a household—sometimes seven or eight persons—is down [with the disease]'. The *Richmond Guardian* complained about the uselessness of isolation too, claiming 'the influenza epidemic [was] out of bounds', and that 'nearly every house has held a sufferer'.[60]

New Leadership

Ill-health forced Health Minister Bowser to take sick leave when the recrudescence was at its height. Prior to leaving, he convened a meeting on 26 April at Melbourne Town Hall attended by mayors, town clerks and health officers representing 40 metropolitan councils. Overburdened with responsibilities and seemingly unaware of the demands on municipalities' limited resources, Bowser, instead of offering leadership, continued to devolve responsibility for coordinating containment of the disease and crisis management to municipalities. He reprimanded councils for their 'lack of co-ordination' and failure to 'secure consistent municipal action in grappling with the disease', but his failure to offer

leadership did nothing to encourage action. The meeting was adjourned for ten days until 6 May, and in the interim John McWhae was appointed acting minister of health.[61]

Formerly a leading member of the Melbourne Stock Exchange and involved in a broad range of commercial activities, McWhae, unlike Bowser, was able to devote his ministerial attention exclusively to management of the pandemic. He quickly applied his organisational and diplomatic skills to restructuring management of the health crisis, providing desperately needed central leadership. McWhae was aware that funds were a major issue for councils. He therefore arranged with the State Savings Bank for councils to borrow money on generous terms to cover liabilities incurred by the pandemic, and this arrangement was announced at the May meeting. He also announced the creation of a Central Emergency Influenza Committee of medical experts to ensure the 'proper organisation of forces to combat the epidemic'. This freed Robertson from sole responsibility for all health matters in the state because, as McWhae said, 'one man could not possibly conduct health administration and supervise the campaign against influenza too'.

McWhae was also conscious of the importance of accurate data collection and aware that it was critical to know 'where the disease was worse, so that doctors, nurses and ambulances could be rushed [to a hotspot] without delay'. Hence on 8 May the mandatory reporting of cases, rescinded on 5 March, was reintroduced. A medical controller was also appointed to supervise hospitals, thus freeing the secretary of the Board of Public Health to focus on data collection. [62]

McWhae's influence insured more effective management of the crisis, and probably reduced the number of deaths too. By early May he had successfully negotiated the use of a 70-bed ward at the Broadmeadows Hospital, easing demand and providing immediate relief for the many sick previously denied hospital care. He also gained assurance that 450 beds would be available for civilians at the St Kilda Road Base Hospital.[63] The Exhibition Building was visited by a medical team and its closure discussed. But before the temporary hospital could be closed another wave of the virus arose, and it was not dismantled until mid-September.[64]

In addition, McWhae eased the demands of caring for patients in their homes by encouraging the involvement of 'public-spirited women' who, he said, had not previously been given the 'opportunity to

organise forces against the disease'.[65] A scheme was adopted to 'educate the women of the community' in caring for influenza sufferers. Lectures on combatting the disease were delivered, the first at Melbourne Town Hall on Friday evening 3 May.[66] After that, demonstrations by matrons and lectures delivered by doctors occurred in suburban town halls, including at Caulfield, Port Melbourne and Prahran. Their addresses were frequently printed for distribution; Essendon scouts, for example, delivered about 8,000 information leaflets to local residents offering advice on home nursing.[67]

McWhae also appointed a controller of transport and distribution of food. Volunteers were organised to transport District Nurses Society members (from 1966 Royal District Nursing Service) to the sick and to distribute food prepared by volunteers. Kitchens were set up in Port Melbourne by various groups including the City Mission, and women were organised to prepare and distribute food to the sick. At Richmond, the local Red Cross branch prepared soup and light food in a kitchen established in the Central School, and volunteers distributed the food to homes. The general secretary of the Australian Boy Scouts Association encouraged the utilisation of local troops to provide assistance, often involving food distribution to the homes of the sick. At Essendon, scouts were also employed as orderlies and stretcher bearers in the emergency hospital and generally helped by delivering messages.[68]

Inspired by McWhae's encouraging words and under the auspices of local councils, Welcome Home committees now also turned their attention to helping the sick. What aided the speedy creation of a strong network of women in communities was the pre-existence of wartime patriotic societies able to quickly adjust and redirect their attention to epidemic relief work. Volunteers were divided into teams and arrangements made for some to visit homes, and others to patrol districts and report any sick people to the town clerk. Port Melbourne residents were advised that, in order to gain help, they should 'project through a window in front of [the] house or over the front gate a large white cloth as a distress signal'. [69]

At Yarraville, where a hotspot arose, woman adopted the 'distinctive block system' organised in Wellington, New Zealand, and described by Geoffrey Rice in *Black November.*[70] The south ward was divided into fifteen sections, and a 'captain' was appointed to each section in order to arrange for streets to be patrolled. SOS signs were created and delivered to houses with instructions to place them prominently in front windows

if help was needed. Two tents were set up in a local reserve. One was used to prepare soup for those in need, local businesses donated produce and the municipal council provided financial support. Wash coppers were set up in the second tent to launder bed linen and clothes of the sick (Figure 5).[71]

Figure 5: Members of the Yarraville Women's Influenza Relief Committee, some of John McWhae's 'public spirited' women, arrayed before their soup kitchen (left) and laundry (right) (Courtesy Footscray Historical Society)

When another recrudescence arose in July, it was in a milder form and accounted for fewer deaths. Although the virus remained prevalent in inner city areas, doctors attending the sick reported most cases were able to be cared for in their homes. By then, too, accommodation in hospitals was equal to the demand. In August, case numbers began to decline, and the emergency hospitals in schools that had remained open, or reopened, were ordered to close and the equipment sold. The influenza outbreak was regarded as over in the middle of September. The last case officially reported to the Board of Public Health occurred on 1 October 1919, and in the same month the obligation to notify cases was discontinued. The attention of municipal councils then turned to wrangling with the government over cost recovery, and Melburnians began adjusting their postwar lives free, at least for the time being, from disease outbreaks.

Conclusion

A fine-grained microhistory of the 1919 pandemic in Melbourne discloses the risks associated with delayed recognition of a new virus and flawed legislation in accomplishing efficient management of the ensuing crisis. Inept and inefficient data collection, inconsistent reporting, and the premature relaxing of the Emergency Influenza Regulations also greatly challenged containment of the disease. But, besides revealing organisational flaws, a consideration of Spanish influenza from the single viewpoint of public health delivery makes it possible to gain insight into the impact the disaster had on people's lives and the conditions they endured. History viewed from the grassroots level also exposes the often-hidden distress and suffering that result from a cataclysmic event like a pandemic. It reveals too, the generosity and altruism of individuals who sought to help the sick and destitute, and the dedication and selflessness of health care workers. In this way a more comprehensive understanding is offered of the effects disasters generally have on communities and individuals.

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Dr John Singleton 1864. Photographer Thomas J.J. Wyatt
(Courtesy State Library Victoria, H93.23/92)

No Mention of the Great Famine: Interpreting a Gap in Dr John Singleton's Autobiographical *Narrative*

Sylvia Morrissey

Abstract

Dr John Singleton was a prominent doctor and philanthropist in Melbourne 1851–91. He had lived and worked in the poorest parts of Dublin from 1832 to 1850, including during the Great Irish Famine 1845–52. Singleton wrote an autobiography that makes no mention of this catastrophe. This article discusses factors that might have caused Dr Singleton's reticence. I will consider whether the absence of reference to the Famine is significant and assess the possibility that some Famine survivors suffered trauma and moral injury as part of their experience of the crisis. This has implications for understanding the impact of the Famine on other emigrants from Ireland to Australia and North America, and emigrants to Australia more widely.

Dr John Singleton (1808–91) was an evangelical Christian and medical doctor who emigrated from Dublin to Australia with his wife Isabella Daunt Singleton and children in 1850–51. This article will touch on Dr Singleton's significant contribution to early Victoria and on the experience in Ireland that he carried with him. It will include an outline of the Great Irish Famine (*An Gorta Mór*, 'the Famine', 1845–52), through which he lived and practised medicine until his emigration. This catastrophe caused the death of approximately one million people and the emigration of upwards of one million more.[1]

Dr Singleton was an active philanthropist who contributed to medicine and welfare in the early years of the settler colony of Victoria and its capital, Melbourne. His initiatives included the co-founding of the Melbourne City Mission and the Children's Hospital; the establishment of the first Free Medical Dispensary in Collingwood; setting up and maintaining shelters and longer-term accommodation for people experiencing homelessness; activism against the misuse of alcohol; and direct action in visiting prisoners in jail, providing aid on their release, and lobbying for systemic and local prison reform.

At the age of 82, in 1891, Dr Singleton wrote a lengthy account of his life, *A Narrative of Incidents in the Eventful Life of a Physician*.[2] This article will seek to place in context what he relates in the *Narrative,* concentrating on the absence in this autobiography of explicit references to the Famine. Dr Singleton's account of the period of his life leading up to his emigration makes no reference to the Famine, only to individual cases under his professional or voluntary care, the circumstances of which are not always clear. This article will consider what might have been his experience, and what might have caused him to omit reference to it in his public reminiscence. It will draw attention to the possibility that Dr Singleton may have experienced post-traumatic stress disorder, and sustained moral injury, because of his experiences. I will argue that the absence of reference to the Famine is significant and may support the thesis that for some survivors it was an experience too traumatic for ready recollection. This has implications for consideration of the impact of the experience and memory of the Famine on other emigrants from Ireland to Australia and North America. It also has implications for the effects of trauma on a wide range of emigrants to Australia who had experienced war, famine, disease and disadvantage. This may apply to post–World War II immigrants, refugees from Indochina following the fall of Saigon in 1975, and from Sudan, South Sudan and the Horn of Africa in the 2000s.

The Dublin docks were thronged with emigrants when the Singletons boarded ship in 1850.[3] Average annual departures from Ireland, principally to other parts of the United Kingdom and to North America, had been rising since the turn of the century. Numbers were assessed at 21,000 for the decade preceding the census of 1841.[4] In the following decades departure numbers exploded. From 1845, the fungus *Phytophthora infestans* had infected and obliterated successive harvests of the potato, which, owing to its nutritional value and high yield and the small allotments of the peasantry, had become the staple food of the poor in Ireland.[5] This disaster was compounded by the comprehensive inadequacy of the policy responses of the national government of the United Kingdom, of which Ireland was then a part, and of local authorities.

The result was death, disease, the collapse of the labour market and unprecedented levels of internal and external emigration: 'Ireland descended into chaos'.[6] Historian James Donelly calculated that more than two million people—'an astounding number'—left Ireland between 1845

and 1855, three quarters of whom sailed to the United States.[7] The *Irish Quarterly Journal* noted the perennial queue:

> for the whole length of the mile and a half, or two miles, from the South Western Railway Terminus at King's Bridge to the Custom House … [where] … ships are berthed in waiting for their prey … a mixed stream of men, women and children, with their humble baggage, hurrying to quit for ever their native land.[8]

Countries as far east as Prussia were affected by the repeated failure of the potato crop in north-western Europe. It is estimated that 100,000 people outside Ireland also died as a result.[9] Fatalities in Ireland from hunger and famine-related disease have been assessed above one million.[10] Indeed, about one third of the population of the island of Ireland, over eight million in 1841, died or emigrated as a consequence of the Great Irish Famine.[11] Estimates suggest that about half the dead died from starvation, while the other half died from combinations of illness, malnutrition, and social disruption.[12]

Why did so many die in Ireland? The extent of the national dependence on the potato was unique—on the eve of the Famine perhaps a quarter of the population of 8.5 million was 'landless and potato-dependent', while another quarter was just above this level of subsistence.[13] In the 1840s, although Ireland was governed as part of the United Kingdom, then the richest country in the world, its status was anomalous.[14] Ireland had been forced into a political union with the United Kingdom in 1801 after an unsuccessful Irish revolt against an earlier British regime.

To understand Ireland's situation, it is illuminating to note how the future prime minister of the United Kingdom, Benjamin Disraeli, described the Irish when pondering the 'Irish Question' in parliament in 1844:

> a teeming population … sustained … upon the lowest conceivable diet, so that in case of failure they had no other means of subsistence upon which they could fall back … [a] dense population in extreme distress … a starving population, [with] an absentee aristocracy and an alien church … Well, what … would gentlemen say if they were reading of a country in that position? They would say at once, "The remedy is a revolution" … if the connection with England prevented a revolution and a revolution was the only remedy, England logically is in the odious

> position of being the cause of all the misery of Ireland. What then is the duty of an English minister? To effect by his policy all those changes which a revolution would effect by force.[15]

The Famine is most usefully understood as a precipitous intensification of the conditions described here by Disraeli. The Irish people were impoverished and disempowered by their 'connection' with England.[16] Amyarta Sen and Jean Dreze have defined famine as 'the inability of large groups of people to establish command over food in the society in which they live'.[17] When the 'unheralded ecological disaster' of repeated crop failure struck in Ireland, the English, not the Irish, had command over Irish food supplies.[18]

The Famine was not only a food shortage but a food management crisis. The crop failures of 1845–49 need not have led to the devastation of the Famine. For example, the mainland United Kingdom continued to import grain grown in Ireland during the first dreadful food shortages of 1846–47, months before food for the people could be imported from the United States and elsewhere. The *Waterford Freeman* noted that 'fleets laden with the produce of our soil, are unfurling their sails and steering from our harbours, while the cry of hunger is ringing in their ears'.[19] While it is not clear that starvation would have been entirely averted if this grain had been made available for domestic consumption, it would have fed many.[20] Historian Christine Kinealy has argued that 'the challenges posed by the Famine could have been met successfully and many of its worst excesses avoided, had the political will to do so existed'.[21] This failure of will—demonstrable at the national, local and individual levels—turned the blight into a cataclysm. It derived in part from a mindset about Ireland that Victorian studies scholar Patrick Brantlinger characterises as: 'Malthusianism coupled with laissez-faire economism, evangelicalism, racism … these ideological factors contributed to a disaster that in economic and political terms had been developing for centuries, but that was touched off, like setting a match to a stick of dynamite, by the potato blight'.[22]

The ubiquity of these views galled the Irish. Daniel O'Connell, the Irish lawyer and politician known as 'the Liberator' for his leadership of the movement that had contributed to the British government allowing Catholics to be elected to Westminster, is recorded as saying in Hansard in 1836: 'There are some [MPs in Westminster] who will … declare that

they are willing to refuse justice to Ireland … others who, though they are ashamed to say so, are ready to consummate the iniquity, and they do so. England never did do justice to Ireland—she never did'.[23]

Rule from London did not serve the Irish well. Economic historians Alan Fernihough and Cormac Ó Gráda have pointed out that in the 1840s 'a large portion of the island's inhabitants lived at a subsistence level and lacked any wealth or tangible financial assets'.[24] Foreign commentary was bleak—the observations of French politician and reformer Gustave de Beaumont in 1839 are representative: 'Misery, naked and famishing, that misery … covers the entire country … it follows you everywhere, and besieges you incessantly: you hear its groans and cries in the distance'.[25]

The Irish did not experience uniform configurations of malnutrition and disease during the Famine. City and country were different. 'Dubliners did not starve like Mayomen or Corkwomen', Ó Gráda notes; they were far more likely to die of epidemic disease. While populations were shrinking across the country through emigration, and lives were lost to illness, exposure, and hunger, urban centres grew.[26] Famine refugees from across Ireland and those repatriated from mainland United Kingdom towns crowded into cities already overcrowded with the destitute (Figures 1a and 1b).[27] Disease followed famine.[28] It had done so after earlier food shortages, notably in 1831–32.[29]

Figures 1a and 1b: Famine memorial sculptures in Dublin, by the Irish sculptor Rowan Gillespie

The sculptures are dedicated to those Irish people forced to emigrate during the nineteenth-century Irish Famine. The bronze sculptures were designed and crafted by Dublin sculptor Rowan Gillespie and are located on Custom House Quay in Dublin's Docklands.

In the late eighteenth century, a population surge made Dublin the second largest city in the United Kingdom.[30] Its slums were characterised as the worst in Europe.[31] After Union in 1801, the Dublin parliament was dissolved, and Irish politicians had to cross the Irish Sea to represent their few constituents in Westminster.[32] The city's prosperity was undermined by factors that included this loss of political relevance and changes to trade policy. 'The deterioration of [Dublin's] housing stock mirrored its economic decline.'[33] Deserted by the political class, large Georgian houses bought for '£8,000 in 1791 were sold for … £500 in the 1840s'.[34] Some Ascendancy townhouses, were occupied by professionals like Drs Stokes, Graves and Singleton.[35] Many more were subdivided into multiple dwellings for the poor. Landings and cellars were tenanted. The Reverend James Whitelaw had reported on Dublin housing at the turn of the century, finding 'ten to sixteen persons, of all ages and sexes, in a room not fifteen feet square … on a wad of filthy straw'.[36]

In these conditions, famine-related disease spread rapidly. At a time before germ theory, diagnostic categories were vague. 'Fever' could encompass 'relapsing fever', 'starvation fever', dysentery, typhus and, in 1849, deadly cholera. Understanding of contagion and infection was incomplete, but doctors knew that hunger, overcrowding and poverty together made for 'a combination of circumstances extraordinarily calculated to promote the diffusion of … contagious disease'.[37] A *Lancet* correspondent in 1848 noted the high rates of doctor mortality resulting from 'attendance upon the sick … nor can any one wonder at the frequency of this result, if he will but realize to his mind for a moment the condition of a man, worn out … visiting … the focus of destitution and filth'.[38]

Dr Singleton and his wife Isabella lived and worked in the thick of this.[39] From 1846, Famine refugees from across Ireland thronged Dublin streets and crowded tenements (Figure 2). Hospitals, workhouses, refuges and gaols where Dr Singleton and Isabella Singleton visited were also strikingly overcrowded. Kilmainham Gaol listed 4,655 admissions in 1848, up from 2,551 in 1847. An official report noted that prisoners facing trial could not be separated from those convicted: 'classification is precluded by the crowded state of the prisoners'.[40] This pattern became general as convictions for indictable offences across Ireland rose from around 16,000 in 1845 to 41,000 in 1849.[41]

Figure 2: Map of Dublin adapted to show Dr Singleton's period of residency and work in the 1840s, key added by author (Source of map, at https://www.failteromhat.com/maps/dublincity1829.php)

Hospitals were overwhelmed. People died in the queues waiting for admittance to the hospitals Singleton visited. Dr O.J. Curran exclaimed: 'at the doors of all the fever hospitals [of Dublin] miserable wretches may be seen waiting for submission … the sick poor are everywhere dying for want of relief'.[42] Dr William Wilde pointed out that numbers counted in and around hospitals in 1848 were not a true gauge of the distress of Dublin people: 'all those who had to go amongst the poor at their own houses, were aware that vast numbers remained there, who could not be accommodated in hospital, or who never thought of applying'.[43] In early 1849 Ireland was 'in a state of exhaustion and confusion'.[44] By then, deaths from cholera, typhus and other fevers had risen at a higher level than in the 1832 epidemic.

As noted, the condition of the poor in Ireland in the period of the Famine prompted a range of actions and inaction from the United Kingdom government. Publicly funded soup kitchens, which provided more than three million rations in a little over four months, were abolished by the incoming Whig administration in 1847.[45] Declining urgent local requests for permission to continue to supply outdoor poor relief to people in need in August of 1847, the poor law commissioners stated: 'a favourable opportunity will be lost for breaking through habits of dependence which have been inevitably fostered by the [recent] relief administered in North Dublin Union during the last four months'. This new administration was committed to free-market policies and a minimum of government intervention: its highest-ranking Treasury official wrote in 1847 defending its position on Irish relief: 'it has been proved to demonstration, that local distress cannot be relieved out of national funds without great abuses and evils, tending, by a direct and rapid process, to an entire disorganisation of society' (Figure 3).[46]

Figure 3: 'The Irish Famine: Scene at the Gate of a Workhouse.' Starving peasants besieging a workhouse gate in the aftermath of the Great Potato Famine. Contemporary wood engraving by 'Granger' 1846–47

This ideology contributed to mass death and suffering.[47] Pay or relief from public works programs was inadequate to the purpose of preserving life; regulation to control landlords and agents who took the opportunity of the loss of harvests to evict smallholders was perfunctory; access to poor relief was deliberately narrow and prohibitively complicated.[48] Economic historian Joel Mokyr states baldly: 'when the chips were down in the frightful summer of 1847, the British simply abandoned the Irish and let them perish'.[49]

Irish political unrest, however, remained a focus in Westminster. In 1848, revolutions in France, Italy, Germany, Austria and beyond caused the United Kingdom government to seek to suppress dissent in its dominions. Richard Cobden MP noted: 'when the series of political revolutions broke out on the Continent … the political atmosphere became … charged with the electric current' of the prospect of revolutionary change at home or abroad.[50] Later in 1848, a small Irish uprising failed.

The negative attitudes towards Ireland and the Irish that pervaded UK policy-making are reflected in the comments of Lord Clarendon, who, after his appointment as Lord Lieutenant of Ireland in 1847, at the peak of the Famine, wrote: 'the real difficulty lies with the people themselves—they are always in the mud … the idleness and helplessness can hardly be believed'.[51] Some contemporaries questioned these views. Political philosopher John Stuart Mill argued: 'An independent nation is, in all essentials, what it has made itself by its own efforts; but a nation conquered and held in submission, is what its conquerors have made it, or have caused it to become'.[52]

The first reports of deaths from starvation in subjugated Ireland were reported in the south and west in 1846. Famine refugees arrived in the towns and then at the capital.[53] Asenath Nicholson, the American evangelist, was living in 1847 in Kingstown (Dun Laoghaire) near Dublin. She saw a man begging for inclusion in a public works team where work was done for food. He struggled to hold his spade. She wrote:

> The servant went out and asked him to step into the kitchen; and, reader, if you have never seen a starving human being, may you never! In my childhood I had been frightened with the stories of ghosts and had seen actual skeletons; but imagination had come short of the sight.[54]

The sight soon lost novelty. In 1849, Dublin lawyer Isaac Butt reflected: 'familiarity has made us terribly indifferent' to evidence of 'hopeless

destitution'.[55] This exhaustion of feeling, at once a symptom and a result of a 'breakdown in traditional customs and modes of behaviour', was observed throughout Ireland.[56] Dr Wilde, looking back in 1852, wrote in the same mode:

> The great convulsion which society of all grades here has lately experienced, the failure of the potato crop, pestilence, famine, and a most unparalleled extent of emigration, together with bankrupt landlords, pauperizing poor laws, grinding officials, and decimating workhouses, have broken up the very foundations of social intercourse, have swept away the established theories of political economists … all the domestic usages of life have been outraged … the dead body has rotted where it fell, or formed a scanty meal for the famished dogs of the vicinity, or has been thrown, without prayer or mourning, into the adjoining ditch.[57]

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On arrival in Australia in early 1851, Dr Singleton set up practice in the small pre-gold-rush settlement of Melbourne, and he and Isabella Singleton began community work. In Melbourne there was poverty, sickness and homelessness amongst European settlers and dispossessed Indigenous peoples, dating from the earliest days of British settlement in Port Phillip.[58] On Singleton's death in 1891, the *Illustrated Australian News* noted: 'In the early days … when organised philanthropy had scarcely been thought of, Dr Singleton devoted himself earnestly to his labour of love, with the result that many of the most flourishing institutions that now exist to alleviate … distress … received their first impetus'.[59]

Singleton worked through the long boom inaugurated by the gold rushes, a period of extraordinary growth.[60] When he died in 1891, Melbourne had grown through 'explosive colonization' to become the largest city in Australia.[61] Graziers, miners, timber fellers and farmers worked over Aboriginal homelands. Their incursions were rapid, violent and open-ended; in Victorian settler communities, there was a general expectation that Indigenous populations would decline into extinction.[62] In the *Narrative*, Singleton describes the work of his adult life in Ireland and Australia by the term 'medical missionary'.[63] He combined these two terms to express his efforts to live by evangelical Christian precepts, to

influence people to an awakening in the faith he followed, and to provide medical and material help to those in need.[64]

Graduating in Glasgow in 1836, he had trained in medicine because of 'a hearty love of it, as well as for the great openings for usefulness which it presents'.[65] In Melbourne, Dr Singleton visited prisons and gathered statistics on infant mortality.[66] He and Isabella Singleton co-founded the Melbourne City Mission in 1854. Practising in Warrnambool in the 1860s, he helped establish the Framlingham Aboriginal Mission Station on a fragment of Girai wurrung land on the Hopkins River.[67] In 'an extraordinary explosion' of activity on returning to Melbourne, he co-founded the Children's Hospital in 1871.[68] In 1869 he had formed the Collingwood Free Medical Missionary Dispensary, the first in Victoria.[69] This dispensary was established 'for the relief of the destitute sick of every creed and clime'.[70] It attracted volunteer doctors, including the first of Melbourne's trained and registered women doctors.[71] In the 1870s and 1880s, Singleton set up and maintained structured provisions of shelter, services and medical treatment, and responded quickly to emergencies such as the trade slump of 1879.[72] He worked for decades from the 1850s on prison reform, visiting and advocating for prisoners into his final years.[73] Similarly, he continued to pursue temperance reform.[74] In all this work his evangelical mission was paramount. In his *Narrative* he explained: 'Among the sick, the aged, the friendless poor … I told them of God's love to sinful men, and His willingness to do for them what I explained to them he had done for me'.[75]

Historian of Australian evangelicalism Stuart Piggin argues that Singleton was 'perhaps the one who did the most for the poor of Melbourne' in this period, adding: 'only more remarkable than the extent of his philanthropy was the great need for it'.[76] Singleton's efforts cannot be severed from his urgent evangelism.[77] He resigned from the Children's Hospital over two conflicts related to his religious beliefs. The first related to a decision not to pray at meetings.[78] The second was a refusal to accept funds raised from a lecture on how Christian belief could accommodate Darwinism.[79] Of the latter he said that discussions of this kind 'had already unsettled the faith of some who I had known'.[80]

Singleton's stances were sometimes criticised. The well-subscribed Charity Organisation Society in Melbourne proposed the tabulation and cross-referencing of names and descriptions of people seeking aid in homeless shelters,[81] not an unusual approach at the time.[82] However,

Singleton believed the system, designed to weed out the 'undeserving', might 'pain the minds' of those seeking help. 'Much regret at Dr Singleton's attitude' was expressed by the Society.[83] The *Gippsland Times*'s obituary for Singleton took another view, arguing: 'he was emphatically the poor man's friend … he was the one man who realised that you must feed the hungry, cure the sick, shelter the outcast and the afflicted without asking a million questions to prove that the recipients of your bounty do deserve it'.[84] Even in death his actions provoked mixed views. The *Australasian*'s obituary in 1891 described Singleton, as 'a generous-minded philanthropist', sometimes 'more zealous than discreet'. But it also recycled the canard from the 1850s that 'the outbreak which led to the murder of Captain Price was (as ascertained by Parliamentary inquiry) traced to Dr. Singleton's having expressed sympathy in public for the prisoners prior to making due enquiry'.[85]

Dr Singleton was enabled by his class, gender, profession, and religion to improve conditions in the settlement.[86] The effectiveness of his earliest undertakings was bolstered by his social connectedness. Religious confession and family connections were central to the allocation of official appointments and honorary positions in Ireland in the nineteenth century.[87] The tiny settler colony of Melbourne before gold—one tenth the size of Dublin in the same period—offered even greater advantages for action. Singleton's professional success can be attributed to his training and expertise. The 1850 letter of introduction he carried to Australia, signed by 22 Dublin colleagues, testified to his professional expertise—'active, zealous … attentive and successful'—and to his character—'upright conscientious, and exemplary' and 'most particularly kind in his attention to the poor of the city'.[88]

An early association with Charles Perry, the Anglican bishop of Melbourne 1849–1871, was critical to the momentum of the Singletons' philanthropic work.[89] The Church of England, though not 'established' in Australia,[90] occupied a central place in British settler colonies.[91] Many European Australians were associated with the Anglican Church,[92] and inherited patterns of behaviour and belief gave the church a quasi-official status and a social primacy.[93] Melbourne's Bishop Perry was the sole 'low church' bishop in Australasia,[94] and the Singletons were 'low church' evangelicals. Isabella Daunt Singleton's family included office bearers in the episcopal Church of Ireland. Their names continued to be associated with the initiatives of Charles and Frances Perry until the Perrys'

1871 return to England. By that time, Dr Singleton's professional and philanthropic stature in the colony was significant. In 1870 he was invited to join the Medical Society of Victoria.[95] And, when Governor John Buckley Castieau of the Melbourne Gaol sought to limit Dr Singleton's visits to prisoners in 1880, the chief secretary replied: 'I would not sanction anything that would interfere with discipline, but Dr Singleton's devotion to the cause of the wretched and the fallen entitles him to great consideration'.[96] Singleton died in 1891, eulogised as a 'veteran … who had the self-denial to devote the whole of his life to the alleviation of the sufferings of the poor'.[97]

Dr Singleton wrote his 400-page *Narrative* in the last year of his long life.[98] It is remarkable that he made no reference to the epochal events of the Famine, 1845–50: not to the crop failures, or the failures of public governance that precipitated the cataclysm of suffering, death, and displacement that transformed Ireland. How should this gap be understood?

Robert Rotberg has written about the ways that 'disparate and irregular sources', as well as 'first-person and near-first person sources', can provide useful biographical insights.[99] Dr Singleton's silence may be understood as productive in this way. Researchers into Post-traumatic Stress Disorder (PTSD) canvas the idea that 'silence is a key to the unspoken world of the patient'. War historian Jay Winter goes further, characterising silence after trauma as a 'performative nonspeech act'.[100] Silence cannot be interrogated, but it can be interpreted. Singleton was an Irishman and a doctor who saw the people around him suffer and die. He lived and worked in compromised paradigms. The United Kingdom was an avowedly Christian country where death by hunger was accepted. Anglophone world views assumed the inevitability of progress. It was the time of Tennyson's *Locksley Hall*—'For I dipt into the future, far as human eye could see/Saw the vision of the world and all the wonder that would be', when there was a general expectation that things would get better: 'each generation could look forward to a richer, happier, fuller, and more peaceful life for itself and its posterity'.[101] Singleton's material experience in Ireland, however, was one of growing poverty, chaos and sorrow.

Perhaps because this was impossible to explain, he did not explain. The preface to his *Narrative* makes clear that he was not seeking to write a conventional autobiography. The book is 'affectionately dedicated' to 'Christian Visitors, and workers among the masses of the non-church-

going portion of the Population'.[102] He expresses the hope that the brief accounts of 'comings to Jesus', which predominate from the outset, will '[awaken] in professing Christians a feeling of their responsibility as witnesses for Christ and bearers of the gospel … [and of] practical sympathy towards the great mass of the population'.[103]

The *Narrative* has been characterised by historian Hamish Townsend (2012) as a memoir consisting of 'a litany of conversions of "infidels" and run-ins with Catholic priests'.[104] Biographer Roz Otzen (2008) said Singleton was 'writing his story in a kind of golden glow … [composing a] public story of his own personal narrative and a public story about his life and work'.[105] Historian Ann Mitchell (1969) notes that 'the broad outlines are clear enough, yet for particular associations must be very carefully checked'; and that both the *Narrative* and the romantic versions of Dr Singleton's life by his descendant, Mary Kent Hughes (1950), 'are not as reliable as one might wish'.[106] However, 'reliability', in the sense of verifiability, is not Singleton's object. 'The facts are nearly in the order of the time', Singleton writes, 'allowances will be made for deficiencies'.[107] However, he subordinates exactness and 'literary merit' to his evangelical purpose.[108]

Singleton was 43 when he emigrated to Australia. More than half his life was over, but less than a fifth of the 414 pages of the *Narrative* cover his life in Ireland. Certainly, many settler accounts are economical with what comes before the defining act of emigration. But Singleton's account of his years in Dublin is not only brief but differs from the account of incidents in his later life through lack of context. The Australian chapters are full of detail; for example, he discusses the arrival and work of the Salvation Army.[109] He nods ruefully at Collingwood Town Council's alarm at the 'unimagined mischiefs' anticipated from his proposed night shelter for women.[110] He reflects on the government enquiry of 1857 into gaols.[111] He criticises policies he found wanting, especially around the need for prison reform, the use and abuse of alcohol in medicine and, more widely, medical care for the disadvantaged, homelessness, and the welfare of Aboriginal people.

The earlier sections are threadbare by comparison. He sketches his early life in Dublin, his family, his education, his conversion to evangelical Christianity, his training in medicine, his marriage, his voluntary services, including prison visiting; and he outlines his professional practice, including emergency calls, attendance at fever clinics and poor houses.

But these recollections of events, contacts, and institutions are difficult to fix in time, although there are two dated references to the 1832 typhus epidemic, in which approximately 50,000 people died.[112] Singleton is also frank in his Irish chapters about individual encounters with people contending with endemic disease, hunger, unemployment, poor shelter, overcrowding, and the lack of sanitation: 'poor people in cellars and in garrets, amid sounds of lamentation and woe, and in scenes of the greatest distress'.[113] However, the instances are untethered from any chronology.

Historians tend to use memoirs with caution, trying to find a balance between the drive to discover evidence and insights available in self-writing and a consciousness of their subjectivity. Penny Summerfield, however, has observed 'greater confidence' in 'the use of a widening range and combination of personal narratives' in recent historiography. She argues that this arises from an approach to self-writing that encourages its use as an instrument providing 'access to past subjectivities'.[114] Many subjectivities—judgments and beliefs—inform the *Narrative.* From this perspective, consideration of Singleton's choices of what to include and what to leave out in the '*Narrative* of my life' can help in the effort to gain insight into his life and his times.[115]

In Famine times Dublin came to resemble 'a gigantic refugee camp'.[116] Historian David Dickson describes piles of refuse throughout the crowded city, and 'vast numbers of country beggars mingled in the traffic'.[117] In 1847, the Dublin *Freeman's Journal w*rote of their experience: 'to the poor and unfriended the … city … is … a desolate wilderness'.[118] In 1850, the *Dublin Medical Press* noted that the Liberties, an area noted for its crowding and poverty, was still thronged with 'strangers from different parts of the country, especially Mayo, Galway, and other western counties … [with] the same listless, stupid, care worn aspect, and the same miserable squalid appearance'.[119] Singleton worked in the Liberties, walking to his practice at Aungier Street through 'a flourishing red-light district'.[120]

The *Freeman's Journal* asserted that the well-off in Dublin did not notice this poverty nearby.[121] But doctors and medical assistants who worked in disadvantaged areas and cared for malnourished patients and families contending with often-fatal illnesses—typhus, fever and cholera—certainly did so. Indeed, they often experienced or died from disease themselves. Singleton was very ill with typhus during the 1832 epidemic.[122] Drs Cusack and Stokes calculated in the *Dublin Medical*

Journal of 1849 that the contemporary death rate of Irish doctors was double that of combatant officers during the Napoleonic Wars.[123] The onset of disease was often rapid. Singleton recollected, in a rare dateable incident, after he had consulted on cholera at the Kilmainham Fever Sheds with Dr Gordon Jackson, that the latter died of the disease within two days.[124] Dr Curran reported to the *Lancet* on the crowds round the fever sheds in 1847: 'men women and children … lying along the pathway, and in the gutter … waiting their turn to be admitted … their mouths open, and their black and parched tongues and encrusted teeth visible from a distance'.[125] The copy of the *Lancet* that printed his report also recorded Dr Curran's own death of typhus.

Many evangelicals in Ireland and in England judged that the Famine was a divine punishment. Administrator Charles Trevelyan described it as 'the judgement of God on an indolent and unself-reliant people'.[126] Dublin pamphleteer Philip Dixon Hardy observed: 'In the heartrending scenes around us do we witness punishment for national idolatry'[127]—that is, 'Romanism'. However, Singleton did not express this view in his recollections. He was an ardent evangelical and providentialist—his conviction of his God's active involvement in human affairs is a constant pulse in the *Narrative*. He recalls 'hundreds of … incidents truly wonderful … illustrating the guiding hand of God's providence' in his life and work, and a 'chain of providences' leading to his emigration.[128] However, he is silent on the role of providence in the Famine.

Singleton lived through a period of great tumult in Ireland. The political upheavals, inextricable at this distance from the progress of the Famine, included bread riots,[129] the suspension of *habeas corpus* in Ireland in 1848,[130] and the abortive uprising against British rule later that year. But he was silent about all these, unlike his neighbour and colleague, Dr Stokes, who wrote in 1849: 'the last dreadful two years, with their medical and political excitement and national misery, have acted terribly on me. Loving my unhappy country with a love so intense as to be a pain, its miseries and downward progress have lacerated my very heart'.[131]

Stokes, like Singleton, survived the Famine. A growing area of study in Irish history is the experience of survivors in Ireland and the United Kingdom and also in the USA, Canada and Australia.[132] Thomas Keneally asks whether Famine survivors felt 'a certain amount of that survival shame which characterises victims of the Holocaust'.[133] The literary critic Margaret Kelleher cites possible 'pain, shame … guilt' arising from Irish

Famine experiences, and 'a necessary repression of the past in order to move forward'.[134] Historian Vincent Comerford notes:

> the record of calamity in late 1840s Ireland is strikingly underendowed with eye witness accounts, reminiscences and recollections of actors and observers. Clearly those living in the 1850s and later decades who had experienced the Great Famine had, with very rare exceptions, little sense of wanting to record what they had witnessed … or little sense of their contemporaries wishing to share recollections about it.[135]

Dr Singleton shared this reticence, listing his reasons for leaving Ireland for Australia on a single page of the *Narrative* written 40 years later. He records: 'many … special providences … I met with … making the course I had thought of plainer and easier'. His brother, a vicar, sent good reports of Port Phillip. Then some of Singleton's investments failed, and trusted friends urged him to go. In Ireland by 1850 the food crisis had abated, but fever continued, people 'still tottering under the depressing effect of the recent calamity'.[136] Leaving this, Singleton notes briefly: 'I felt the change'.[137]

Dr Singleton's notable silence may in part be due to the development of PTSD, or the sustaining of a moral injury: a 'soul wound'. At this distance, it is difficult to gauge what the cumulative effect was of exposure to the suffering of the Famine. Developments in psychiatry may help give insight. PTSD has been a formally recognised diagnosis in psychiatry since the Vietnam War. Its symptoms include avoidance of reminders, avoidance of thoughts or feelings relating to the traumatic event, and the experience of guilt.[138] While PTSD precursor diagnoses, including shell shock and combat neurosis, go back a hundred years, the phenomena they describe are as old as history.[139] The symptoms expressed the suffering resulting from experiences that are contextually negative.[140] The relevance of the diagnosis to the health of medical workers in areas of conflict, epidemics, and food shortages was recognised early. It has been equally useful in efforts to undertsand responses of others to disruptive events of the past. One study has identified symptoms of PTSD in accounts of veterans of the Crimean War.[141] PTSD in health workers in the Crimean theatre has also been postulated.[142]

The word 'trauma' derives from the Greek word for wound. A further distinct element within psycho-traumatology has been developed in response to an apprehension that 'PTSD fails to capture the full range of

emotions and cognitions that follow exposure to traumatic events'.[143] This is the concept of 'moral injury', which emerged in the 1990s. It focuses on the effects of acting in or witnessing events that 'transgress deeply held moral beliefs and expectations'.[144] The 'beliefs and expectations' of two paradigms within which Singleton was working—his belief system and his professional value system—may be seen to have been compromised by his experiences. The experiences of health workers may generate intense remorse and regret arising, as moral injury theory posits, from their awareness of the way in which their judgments necessarily lead or contribute to life-or-death outcomes.[145]

A confused sense of betrayal, of being let down by the external value structures within which a person lives and works, is a central focus of researchers into moral injury. Characterising moral injury as 'soul wounds', a 2022 study involving US veterans summarised its findings: 'Most veterans attributed much of their soul wounds to interpersonal or systemic betrayal and morally ambiguous contextual influences experienced on a systemic level'.[146]

Singleton, the believer, may have been confounded by his experiences in this way. What is clear is that he came to Victoria full of the desire to do good. His obituary in the *Argus* draws an explicit link between Singleton's experiences in Ireland and his work in Victoria: 'It was his experiences of the terrible sufferings of the poor during the cholera season which stirred his sympathetic nature, and gave to his mind that philanthropic bent which was his distinguishing characteristic in after life'.[147] The *Narrative*, however, only offers implicit linkages. Yet, although he does not refer to it overtly, the Great Irish Famine cannot be left out of any consideration of the Singletons' labours in Australia. A consciousness of the scope and scale of the disaster they lived through in Ireland is clearly important to an understanding of the Singletons' remarkable contributions to Victoria and of the way John Singleton wrote about his life. It is possible to speculate about the impact of his daily exposure to the suffering of the poor, including those he treated, and the many who lived and died around him. It may have helped propel his and Isabella's activism in the new settler colony settlement of Melbourne.

The gap between the way Singleton records events in his published reminiscences and what is suggested by contemporary records of the experience of the Famine may have implications beyond the consideration of Singleton's life. Modern Australian communities descend from

First Nations peoples and from immigrants. First Nations People have experienced, and continue to suffer, the severe traumas of colonisation. Non-Indigenous peoples from emigrant groups in Australia have experienced different kinds of trauma. Since white settlement, emigrants to Australia have included refugees from famine and social disturbances in the United Kingdom and Eastern Europe in the nineteenth century, and later from famine, violence and social disruption elsewhere. The early twentieth century saw the arrival of Jews fleeing pogroms and genocide, and, after World War II, of East European, Indo-Chinese, African, and Middle Eastern refugees. Most recently, people have come to Australia from diverse sites of conflict and food crises, including from Sri Lanka, Sudan, Yemen, Afghanistan, and Ukraine.

People from these groups, and others, manage the experience and legacies of trauma in a new country in different ways. It is useful to consider Dr Singleton's way: the constancy of his work for others, the strange ellipses in his account of his life in Ireland, and the disturbing absence in the written record of references to the catastrophe of the Famine he survived.

Notes

1 Christine Kinealy, *This Great Calamity: The Irish Famine 1845–52*, second edn, Dublin, Gill & Macmillan, 2006, p. 251.

2 John Singleton, *A Narrative of Incidents in the Eventful Life of a Physician*, Melbourne, M.L. Hutchinson, 1891.

3 Deirdre M. Mageean, 'Emigration from Irish Ports', *Journal of American Ethnic History*, vol. 13, no. 1, 1993, p. 20.

4 Ian Miller, 'The Chemistry of Famine: Nutritional Controversies and the Irish Famine, *c.* 1845–7', *Medical History*, vol. 56, no. 4, 2012, p. 446.

5 Enda Delaney, *The Great Irish Famine: A History in Four Lives*, second edn, Dublin, Gill & McMillan, 2012, p. 3.

6 Delaney, p. 3.

7 James S. Donnelly Jr, *The Great Irish Potato Famine*, Stroud, UK, The History Press (Sutton Publishing), 2001, p. 181.

8 *Selections from the Irish Quarterly Review, Vol. 1, No. 2–4, (1857)*, Facsimile, University of Kessinger Publishing, 2009, p. 431.

9 Cormac Ó Gráda, Richard Paping & Eric Vanhaute, 'Introduction', *When the Potato Failed: Causes and Effects of the Last European Subsistence Crisis, 1845–1850,* Turnhout, Belgium, Brepols, 2007, p. 15.

10 Kinealy, p. 251.

11 Ó Gráda, Paping &Vanhaute, p. 15.

12 Joel Mokyr and Cormac Ó Gráda, 'What Do People Die of during Famines: The Great Irish Famine in Comparative Perspective', *European Review of Economic History*, vol. 6, no. 3, 2002, pp. 339–63, esp. 342–54, at http://dx.doi.org/10.1017/S1361491602000163.

13 Liam Kennedy, Donald M. MacRaild, 'Perspectives on the Great Irish Famine', *QUCEH Working Paper Series*, No. 2022–04, Belfast, Queen's University Centre for Economic History (QUCEH), 2002, p. 8.

14 The other region of the UK to be significantly affected by the potato famine was the Scottish Highlands; it was shorter and less severe there, owing partly to the greater diversity of crofters' diets. See Géraldine Vaughan, 'The Irish Famine in a Scottish Perspective 1845–1851', *Mémoire(s), identité(s), marginalité(s) dans le monde occidental contemporain* [Online], no. 12, 2015, paragraph 7, at https://journals.openedition.org/mimmoc/1763.

15 *Hansard*, State of Ireland: House of Commons Debates, 16 February 1844, Vol. 72, cc1001–96 c.1016, at https://api.parliament.uk/historic-hansard/commons/1844/feb/16/state-of-ireland-adjourned-debate-fourth.

16 England's claim to Ireland was partially endorsed by Pope Hadrian IV in the twelfth century. A systematic recouping under the Tudors was given a terrible edge by the opening of a sectarian divide between Catholic Ireland and non-Catholic England, Scotland and Wales. In subsequent centuries, multiple military campaigns, dispossession and subjugation of the Irish, and forcible 'plantations' of settlers loyal to the English crown transformed the island.

17 Jean Dreze, Amartya Kumar Sen, *Hunger and Public Action*, Oxford, Clarendon Press, 1989, p. 46.

18 Cormac Ó Gráda, *Famine in Ireland, 1300–1901*, University College Dublin, Working Paper, UCD Centre for Economic Research Working Paper Series, WP2015/13, Dublin, University College Dublin, 2015, p. 12, at https://researchrepository.ucd.ie/handle/10197/6604.

19 Editorial, *Waterford Freeman*, 3 October 1846.

20 John Kelly, *The Graves Are Walking: A History of the Great Irish Famine*, London, Faber and Faber, 2012, p. 87

21 Christine Kineally, *This Great Calamity: The Irish Famine 1845–1852*, first edn, Dublin, Gill & McMillan, 1994, p. xiv.

22 Patrick Brantlinger, 'The Famine', *Victorian Literature and Culture*, vol. 32, no. 1, 2004, pp. 193–207, p. 202.

23 On 4 February 1836, he gave this speech in the House of Commons.

24 Alan Fernihough, Cormac Ó Gráda, 'Population and Poverty on the Eve of the Great Famine', *Social Science Research Network/SSRN*, 5 December 2018, p. 2, at https://ssrn.com/abstract=3296291, or http://dx.doi.org/10.2139/ssrn.3296291.

25 Georges De Beaumont, *L'Irlande sociale, politique et religieuse* (1839). Extracts printed in 'Foreign Views of Ireland', *The Foreign Monthly Review and Continental Literary Journal*, London, 1839, p. 226.

26 Dublin's population grew by more than 10 per cent between 1841 and 1851. See Cormac Ó Gráda, *Black 47 and Beyond: The Great Irish Famine in History, Economy and Memory*, Princeton NJ, Princeton University Press, 2000, p. 173.

27 Lewis Darwen, Donald Macraild, Brian Gurrin, Liam Kennedy, '"Unhappy and Wretched Creatures": Charity, Poor Relief and Pauper Removal in Britain and Ireland during the Great Famine', *English Historical Review*, vol. 134, issue 568, June 2019, pp. 589–619.

28 Mokyr and Ó Gráda, p. 354.

29 Lawrence Geary, *Medicine and Charity in Ireland, 1718–1851*, Dublin, University College Dublin Press, 2004, p. 85.

30 William D. Rubinstein, *The World Hegemon: The British Isles 1832–1914*, London, Vintage, 2015, pp 3–4. Dublin was rapidly overtaken by industrial and port centres in England and Scotland.

31 Murray Fraser, *John Bull's Other Homes: State Housing and British Policy in Ireland, 1883–1922*, Liverpool, Liverpool University Press, 1996, p. 64.

32 Jacqueline Hill, 'The 1847 General Election in Dublin City', in Allan Blackstock, Eoin Magennis (eds), *Politics and Political Culture in Britain and Ireland, 1750–1850: Essays in Tribute to Peter Jupp*, Newtownards, Ulster Historical Foundation, 2007, p. 43. After the 1832 Reform Act, which permitted Catholics and Dissenters to vote if they met the property qualifications, the number rose to between 3,000 and 4,000. The city population reached nearly 400,000 during the Famine.

33 Cathal O'Connell, *The State and Housing in Ireland: Ideology, Policy and Practice*, New York, Nova Science Publishers, 2007, p. 2.

34 Kevin C. Kearns, *Dublin Tenement Life: An Oral History of the Dublin Slums*, Dublin, Gill & Macmillan, 1994.

35 C.F Bellgrove, 'John Singleton—His Life Work', in *Singleton Medical Welfare Centre Inc. Centenary Report*, 1969, p. 7.

36 Rev. James Whitelaw, *Essay on the Population of Dublin: Being the Result of an Actual Survey Taken in 1798, with Great Care and Precision, and Arranged in a Manner entirely New; to which Is Added, the General Return of the District Committee in 1804, with a Comparative Statement of the Two Surveys, also, Several Observations on the Present State of the Poorer Parts of the City of Dublin,* Dublin, Graisberry and Campbell, 1805, p. 50.

37 Robert J. Graves, M.D., Fever Lecture VII, 'Fever in Ireland—Epidemic of 1847', Clinical Lectures on the Practice of Medicine, Dublin, Fannin and Co., 1848, pp. 96–116, at p. 106.

38 Gavin Millroy, 'Frightful Mortality amongst Medical Practitioners in Ireland', *Lancet*, 12 February 1848, p. 248.

39 Singleton's practice was at 4 Aungier Street, and his house at 73 St Stephen's Green: *Dublin Almanac and General Register of Ireland 1849*, Dublin, Pettigrew & Oulton, 1849, p. 589.

40 *27th Report of the Inspectors-General of the General State of the Prisons of Ireland 1848; With Appendices*, Presented to both Houses of Parliament, Dublin, Alexander Thom, 1849, p. 23.

41 'Evidence on Historical Practices in Irish Gaols to a Hearing on Reformatory Institutions at City Hall, Dublin', Wednesday 31 January 1883, *UK Parliamentary Papers: 1850–1908*, Volume 45, Great Britain, Parliament, House of Commons, 1884, p. 512.

42 Dr O.J. Curran, from the *Freemen's Journal* of August 1847, quoted by Dr William Wilde, *Census of Ireland for the Year 1851*, part V1, Dublin, Alexander Thom & Sons, 1856, pp. 246–7.

43 William Wilde, *Census of Ireland for the Year 1851*, Table of Cosmical Phenomena, Epizootics, Famines and Pestilences in Ireland, p. 298.

44 Charles Creighton, *A History of Epidemics in Britain*, Cambridge, Cambridge University Press, 1894, p. 839.

45 Christine Kinealy, 'The British Relief Association and the Great Famine in Ireland', *Revue Française de Civilisation Britannique* [Online], vol. XIX, no. 2, 2014, pp. 49–66, at http://journals.openedition.org/rfcb/230.

46 Charles Trevelyan, *The Irish Crisis*, London, Longman, Brown, 1848, p. 183.

47 Brantlinger. pp. 194–5.

48 Delaney, p. 125.

49 Joel Mokyr, *Why Ireland Starved: A Quantitative and Analytical History of the Irish Economy, 1800–1850*, Boston, George Allen & Unwin, 1983, p. 291.

50 John Morley, *The Life of Richard Cobden*, London, Unwin, 1883, p. 313. The UK government was also in domestic contention with the Chartist movement, agitating for an extension of the franchise and for political reform.

51 Letter to Henry Reeve, 18th September, in Herbert Maxwell (ed.), *The Life and Letters of George William Frederick, Fourth Earl of Clarendon*, London, E. Arnold, 1913, p. 281.

52 Ann P. and John M. Robson (eds), John Stuart Mill, *Collected Works*, Vol. 25, *Newspaper Writings December 1847 – June 1873*, Toronto, Toronto University Press, 1986, p. 880.

53 Cormac Ó Gráda and Kevin H. O'Rourke, 'Migration as Disaster Relief: Lessons from the Great Irish Famine', *European Review of Economic History*, vol. 1, no. 1, 1997, pp. 3–25, at p. 3.

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55 Isaac Butt, *'The Rate in Aid': A Letter to the Right Hon. The Earl of Roden, K.P*, Dublin, James McGlashan, 1894, p. 11, at https://fr.art1lib.org/book/58146906/61a894.

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57 William Wilde, *Irish Popular Superstitions*, first published Dublin 1852, this edition: Shannon, Irish University Press, 1973, pp. 9–10.

58 A.G.L. Shaw, 'Immigration, Speculation, and Depression', in *A History of the Port Phillip District: Victoria before Separation*, Melbourne, Melbourne University Press, 1996, 1st paperback edn, 2003, pp. 145–60: Mark Peel, 'Poverty and Wealth', in Andrew Brown May and Shurlee Swain (eds), *The Encyclopedia of Melbourne*, Melbourne, Cambridge University Press, 2005, p. 561.

59 *Illustrated Australian News*, Saturday 7 November 1891, p. 91. Roslyn Otzen in *Dr John Singleton 1808–1891*, Melbourne, Melbourne City Mission, 2008. Otzen notes the Singletons' engagement on both fronts, material and religious: they were 'involved in almost every initiative in Melbourne's infant society to provide services for peoples' bodies and souls', p. 4.

60 Stuart Macintyre and Sean Scalmer, 'Colonial States and Civic Society 1860–1890', in Alison Bashford and Stuart Macintyre (eds), *The Cambridge History of Australia, Vol. 1. Indigenous and Colonial Australia*, Melbourne, Cambridge University Press, 2013, p. 189.

61 James Belich, *Replenishing the Earth: The Settler Revolution and the Rise of the Angloworld*, Oxford, Oxford University Press, 2009, pp. 3–9; Leigh Boucher and Lynette Russell, 'Colonial History, Postcolonial Theory and the "Aboriginal Problem" in Colonial Victoria', in Leigh Boucher and Lynette Russell (eds), *Settler Colonial Governance in Nineteenth-Century Victoria*, Canberra, ANU Press, 2015.

62 Richard Broome, *Aboriginal Victorians: A History Since 1800*, Sydney, Allen & Unwin, 2005.

63 Singleton, *Narrative*, p. xxiii. This term is generally associated in the nineteenth century with medically trained European Christian missionaries in Asia and Africa but could also refer to personnel at 'home medical missions' such as the central Edinburgh Cowgate

Dispensary. See Michael R. Watts, *The Dissenters: Vol. III, The Crisis and Conscience of Nonconformity*, Oxford, Clarendon Press, 1978, p. 331.

64 Singleton, *Narrative*, p. 46. A representative note is: 'I once attended a man in a very protracted illness, and frequently urged him to decide for Christ, and to become His follower' (p. xxiii); Otzen; Ann Mitchell, 'Dr John Singleton', *Medical Journal of Australia,* vol. 1, no. 11, March 1969, pp. 588–92; Sylvia Morrissey, 'Singleton, John (1808–1891)', *Australian Dictionary of Biography*, National Centre of Biography, Australian National University, 1976, at https://adb.anu.edu.au/biography/singleton-john-4584/text7531.

65 Singleton, *Narrative,* p. xxiii.

66 Otzen, p. 5.

67 Untitled, *Warrnambool Examiner*, 11 July 1862, p. 2: see also Jan Critchett, *Our Land till We Die: A History of the Framlingham Aborigines*, revised edn, Warrnambool, Deakin University Press, 1992, pp. 9–10.

68 Otzen, p. 5.

69 Otzen, p. 8.

70 cohealth *Annual Report 2019,* p. 5, at https://www.cohealth.org.au/wp-content/uploads/2021/09/cohealth-Annual-Report-2019.pdf.

71 M. Hutton Neve, *This Mad Folly: History of Australia's Pioneer Women Doctors*, Sydney, Library of Australian History, 1980, p. 37. Volunteers at the Dispensary included Dr Constance Stone, the first registered Australian woman doctor (1890), and her sister, Dr Clara Stone, one of the first two women medical graduates of the University of Melbourne (1891).

72 See Mitchell; Morrissey. In 1879, Singleton established in Collingwood the 'Singleton Bread Fund' in response to his observation of the 'stagnation of trade … large numbers of working people are in very great distress and want'. The fund collected donations and disbursed more than £700 of aid during winter.

73 Singleton, *Narrative*, p. 104. His authority on prison conditions was established by 1855; he was examined by the Select Committee of the Victorian Legislative Council enquiring into jails in 1856: *Report of the Select Committee of the Legislative Council on the Subject of Penal Establishments, together with the Proceedings of Committee, Minutes of Evidence, and Appendices*, Melbourne, John Ferres Government Printer, 1857, p. 35.

74 See 'Shall There Be Licensed Public Houses at the Diggings?' *Argus*, 19 January 1853, p. 5 is an early report of Dr Singleton's activism, his chairing of a meeting at the Temperance Hall where moves to license the sale of liquor at the diggings were opposed. Thirty years later, he was still campaigning against alcohol: 'Alcoholic Stimulants and the Melbourne Hospital', *Argus*, 18 January 1853, p. 5.

75 Singleton, *Narrative*, p. xxiii.

76 Stuart Piggin and Robert D. Linder, *The Fountain of Public Prosperity: Evangelical Christians in Australian History 1740–1914*, Melbourne, Monash University Publishing, 2018, p. 383.

77 Piggin and Linder, p. 383.

78 Mrs Perry and Isabella Singleton resigned over the question of whether prayers should be offered at the commencement of meetings. 'The Ladies Committee', The Royal Children's Hospital, Archives and Collections, at https://archives.rch.org.au/our-people-origins/the-hospital-committee/.

79 The subject was controversial: see 'Dr Bromby's Lecture', *Age*, 16 November 1870, p. 3.

80 Singleton, *Narrative,* p. 212.

81 Shurlee Swain, 'Charity Organisation Society', in Brown-May and Swain (eds), pp. 125–6.

82 Stuart Woolf, *The Poor in Western Europe in the Eighteenth and Nineteenth Centuries,* first edition Routledge, 1986, this edition London, Taylor & Francis, 2016, p. 132.

83 'The Charity Organisation Society', *Age*, 21 December 1859, p. 15.

84 'Our Melbourne Letter', *Gippsland Times*, 9 October 1891, p. 3.

85 'Death of Dr Singleton', 3 October 1891, p. 24. Seven convicts were convicted and hanged for the murder of gaol governor John Price in 1857. Price was widely believed to be excessively violent and punitive. Singleton had given evidence before a parliamentary enquiry.

86 The sectarian and social hierarchies that benefitted Singleton at the outset were eclipsed in Victoria, though not destroyed, by the transformations of the gold rushes and the long boom.

87 Merit could be subordinate to patronage and money: hospital appointments were sometimes sold. See Penelope J. Corfield*, Power and the Professions in Britain 1700–1850*, London, Routledge, 1995, pp. 31–6; C.D.A. Leighton, *Catholicism in a Protestant Kingdom: A Study of the Irish Ancien Régime*, London, Palgrave Macmillan, 1994; see also John Kennedy McLaughlin, 'The Immigration of Irish Lawyers to Australia in the Nineteenth Century: Causes and Consequences', Ph D thesis, Monash University, 2019, pp. 46–66.

88 Leading practitioners who signed included William Stokes, then (1850) president of the Royal Irish College of Physicians, who gave his name to Adams-Stokes Syndrome and Cheyne-Stokes breathing, and Robert Graves (Graves' Disease). Irish medicine had then a European reputation. However, effective treatments for many of the diseases that periodically scythed through the vulnerable populations of Ireland were limited until the discovery and acceptance of germ theory after 1860. Doctors went down with their patients in the waves of deadly infectious diseases associated with poverty and famine.

89 Otzen, pp. 4, 32. For example, Mrs Perry was the first president of the Ladies' Committee of Management, which helped govern the Children's Hospital, co-founded by Singleton in 1870. Multiple newspaper accounts illustrate the men's contiguity, for example: *Argus*, 16 July 1851, and 'Church of England Association for Promoting Temperance', *Banner,* 6 September 1853, p. 10.

90 The Anglican Church in Australia was not funded directly and exclusively by the United Kingdom government, as in England.

91 Michael Gladwin, 'Gentility, Manners and the Ideal Colonial Clergyman', *Anglican Clergy in Australia, 1788–1850: Building a British World*, Royal Historical Society Studies in History, New Series, Vol. 91, 2015.

92 David Hilliard, 'Anglo-Catholicism in Australia, *c.* 1860–1890', in Stewart J. Brown and Peter B. Nockles (eds), *The Oxford Movement: Europe and the Wider World 1830–1930,* Cambridge, Cambridge University Press, 2012, pp. 114–17.

93 Rowan Strong, *Victorian Christianity and Emigrant Voyages to British Colonies c. 1840 – c. 1914*, Oxford, Oxford University Press, 2017.

94 Piggin and Linder, pp. 266–7.

95 Otzen, p. 8.

96 VPRS 3991/P, Box 840, Item 75, H6227, Public Record Office Victoria.

97 'The Late Dr Singleton', *Mercury and Weekly Courier,* 8 October 1892, p. 3.

98 He drew partly from papers and diaries that were lost in the Warrandyte bushfires of 1960. See Bellgrove, p. 7.

99 Robert I. Rothberg, 'Biography and Historiography: Mutual Evidentiary and Interdisciplinary Considerations', *Journal of Interdisciplinary History*, Biography and History: Inextricably Interwoven, vol. 40, no. 3, Winter 2010, p. 324.

100 Jay Winter, *War beyond Words: Languages of Remembrance from the Great War to the Present*, Cambridge, Cambridge University Press, 2017, at http://ebookcentral.proquest.com/lib/slv/detail.action?docID=4866193.

101 Gabriel A. Almond, Garry R. Marvin, Roy Harvey Pearce, *Progress and its Discontents*, Berkeley, University of California Press, 1982, pp. ix–x.

102 Singleton, *Narrative*, p. vii.

103 Singleton, *Narrative*, pp. xxiii–xxiv.

104 Hamish Townsend, *Missionaries, Radicals, Feminists: A History of North Yarra Community Health*, Melbourne, North Yarra Community Health, 2012, p. 11.

105 Otzen, p. 53.

106 Mitchell, p. 588; Mary Kent Hughes, *Pioneer Doctor: A Biography of John Singleton*, Melbourne, Oxford University Press, 1950.

107 Singleton, *Narrative*, p. xxiii.

108 Singleton, *Narrative*, p. xxiii.

109 Singleton, *Narrative*, p. 239.

110 Singleton, *Narrative*, p. 319.

111 Singleton, *Narrative*, pp. 167–71.

112 Singleton, *Narrative*, p. 19.

113 Singleton, *Narrative*, p. 42.

114 Penny Summerfield, *Histories of the Self: Personal Narratives and Historical Practice*, Abingdon, Routledge, 2018, p. 183.

115 Sarah Maza, *Thinking About History,* Chicago, University of Chicago Press, 2017, p. 187.

116 Maurice Craig, *Dublin 1660–1860: A Social and Architectural History*, Dublin, Allen Figgis, 1969 p. 19.

117 David Dickson, *Dublin: The Making of a Capital City*, Cambridge, Mass., Harvard University Press, 2014, p. 17.

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HISTORICAL NOTES

Historians, Citizens and Pandemics

Janet McCalman

Abstract

Historians have approached pandemics as testing devices of social institutions, structures and values. While there are similarities between COVID-19 and the 'Spanish Influenza' in the wake of World War I and the cholera pandemics of the nineteenth century, this time the differences may be more significant than the parallels. COVID-19 has been called the first great crisis of the Anthropocene, where deliberate human activity is driving the health of the planet and its climate rather than natural phenomena. We have exceeded the limits of growth and ventured into alien disease ecologies. COVID-19 is therefore novel and systemic, and its long-term effects could be dire. Is COVID-19 the first chapter of the ultimate Malthusian crisis? Or can we outsmart ecological catastrophe in time?

Professor Jody McVernon, so often the face of the Doherty Institute for COVID-19, used to teach a class in my interdisciplinary breadth subject at the University of Melbourne on the rise in human life expectancy over the past 200 years. Her topic was 'Pandemics' and she would play a computer game with the students where the aim was to cause as much death around the globe as you could in as short a time as possible.

You started by choosing your viral and social variables. The winning virus would need to be 'novel', and unlike anything encountered by human beings before; it would emerge in an unregulated interface between wild animals and human society and its industrialised food production; it would, of course, erupt in a huge, urban society and coincide with a national or international event where millions of people would be travelling by air within a country and then between countries and continents; it would thrive on dense living and poor ventilation and break out in winter; it would be transmitted by aerosols and droplets;

it would remain asymptomatic long enough for innocent bystanders to be infected; it would attack the body in complex ways; it would kill not merely the already vulnerable but even those with robust immune systems; it would infect young asymptomatic people with huge viral loads so that they became super spreaders before they fell noticeably ill. It would infect so many around the world that it would mutate and mutate. COVID-19 ticked all the boxes.

As historians we have immediately looked to past pandemics and epidemics for guidance and understanding. The Spanish Influenza of 1919–21 was the most obvious comparison in its global reach. It even came at the end of a six-year climate anomaly. That it killed so many compared (so far) with COVID-19 has more to do with the differences in therapies and perhaps the presence in populations everywhere of people with tuberculosis and malnutrition. In 1919 there were no effective therapies; oxygen could not be administered; the role of hospitals was to isolate the infected and provide basic nursing care and hope for the best. Otherwise, the only weapon was public health—quarantine and masking—and, at the outbreak of COVID-19, apart from the advanced supportive care of intensive medicine, we still had to rely on public health and good government to contain the toll.

The first painful truth soon became apparent: that traditional public health could slow but not permanently eradicate this virus. Even with lockdowns, medical services were overwhelmed. Once the world had so brilliantly developed vaccines, other painful truths emerged; delivering adequate population coverage proved beyond many governments, even in rich countries, and populist resistance to government power and science undermined collective immunity. Moreover, this virus is a great mutator, and thus vaccination struggles to keep abreast of new variants. The hope of herd immunity, so fatally pursued by Sweden for instance, proved a delusion. A single infection and a one-stage vaccination might mitigate an attack but seemed not to confer persistent immunity. In this sense, it is horribly like bubonic plague, where few survivors developed immunity. Emmanuel Le Roy Ladurie's *The Beggar and the Professor* is built from the diaries of a father and son who were plague survivors in the sixteenth century, while most of their relatives died around them in successive plague outbreaks.

Comparative historical death tolls may not be all that useful, however, as we try to learn from COVID-19. When it first erupted, deaths

were high in Italy, Spain and the northern United States because doctors were still learning how to reduce symptoms, administer oxygen effectively and sustain patients through frighteningly long times in intensive care. As the pandemic has progressed through more variants, death rates per capita have fallen as doctors and nurses apply new techniques (like 'proning' or lying face down) and new anti-viral medications. Deaths per cases remain high in countries where hospitals and health systems are poor, typically Eastern Europe and the Balkans. And real figures for India, China or Russia remain unknown: how many Indians died at home unrecorded? Millions were sick with COVID-19 and unable to gain access to a hospital bed or oxygen, so the actual death toll may be ten times higher in India than the near half a million recorded by the end of 2021. COVID-19 has devastated Peru in Latin America, but, inexplicably, much of Africa, in particular the highly disease-prone tropical regions, has so far escaped. This may be in part attributable to Africa's biological resilience connected to its social resilience and demography.

In the subcontinent, COVID-19 was a catastrophe, but far worse in India than in Pakistan or Bangladesh. How many Indians did not receive any hospital care because they had to pay for it? Many Indian families have lost all their savings paying for ICU costs of family members. Even more important, the long-term sequelae of COVID-19 may become the ultimate cost to its victims and the world. Falling death rates in no way diminish the harm this virus is doing to us. And it is not going away; it has become a companion of modern humanity.

Other consequences and associations with pandemics and epidemics in the past are also easy to see, notably the close association, although not necessarily causal relationship, between epidemics and political upheaval identified by Richard Evans. Epidemics and war and even revolution seem to be coincident, and indeed this is evident today. Epidemics and refugees likewise co-exist in a dreadful symbiosis. Currently the number of displaced people in the world is over 70 million. These are symptoms of societies and ecologies under acute strain. Within the discipline of medical history, it has been the great American, Charles Rosenberg, who set the course of subsequent scholarship with his insightful comments on the cholera pandemic of the nineteenth century that epidemics are 'sampling devices' of a society's institutions, social and economic condition, culture and values, strengths and weaknesses.

Historians of medicine had largely lost interest in infectious disease by the 1960s, mainly as a result of the illusory conquest of zoonotic diseases by vaccination and antibiotics: a believed victory that led to most countries ceasing to invest in infectious disease research. Then came HIV–AIDs, and there were only two laboratory systems in the world ready to study it: the Pasteur Institute in France and the National Institutes of Health, in Maryland, USA. This was the wake-up call the world needed because HIV–AIDS was both a killer and a manifestation of the changed ecological relationships between human beings and wild animals. This was a 'novel' virus also, one that attacked the immune system rather than just one specific organ like the lungs. It colonised a body system rather than just a body part. It was hard to catch, but, once a person was infected, death was almost inevitable in the first years. In the rich world, it afflicted predominantly men who had sex with men, but in poorer societies, especially those where men were forced into seasonal work away from home, it found its way into the roadside brothels and from there back to the families left behind. The impact of HIV–AIDS in African countries has been nothing less than catastrophic, dwarfing the tragic losses of young men in the West. Historians were very interested in HIV–AIDs in the rich world, in its 'framing' and stigmatising; but it was demographers like the Australians Jack and Pat Caldwell and the brilliant physician–anthropologist Paul Farmer who mapped it in Africa and the Caribbean.

Since AIDS, we have had SARS, MERs, Zika and then Ebola, all zoonoses that crossed over to humans when they invaded habitats and ecologies that had not been interrupted on any real scale before. COVID-19's origins are still unclear, and indeed there is now suspicion that the devastating Russian influenza of the 1890s that left survivors stricken with impaired senses of taste and smell, chronic fatigue, brain fog, and crippling melancholia, may have been a similar novel coronavirus (investigators are looking for preserved lung tissue in anatomy museums to sequence the DNA). No one now believes that COVID-19 is the last novel, pandemic-causing virus to infect the world. And the reason why goes to the heart of the ecological crisis we now inhabit.

When the Spanish Influenza appeared, the world had 1.9 billion people. The number has now reached 7.8 billion. Indeed, for we baby boomers, the world's population will have multiplied four-fold in our lifetimes when we reach our allotted span. That frightening population

growth is not the result of sexual excess—quite the reverse, as birth rates continue to plunge. Ironically it is actually a result of the very success of biomedicine in saving the lives of babies and children so that they grow up to be parents themselves. At the beginning of the nineteenth century the world was still one vast peasantry. Even in 1960, twice as many people were rural as urban. Today 55 per cent of the world's population lives in cities, cities that when unregulated by good government and public health are lethal environments.

The first scholars to reach a wide audience with a socio-ecological framing were William H. McNeill, with *Plagues and Peoples*, first published in 1976, and Jared Diamond, whose *Guns, Germs and Steel* appeared two decades later. These were prescient works, and, while now superseded in their account of early urban civilisations, they brought together the fatal price we pay for the domestication of food—animals to eat, milk or use as beasts of burden, and the production of monocultural cereals—and the concentration of people in urban settlements where they depend on agricultural surpluses produced elsewhere and live too close to bodily wastes. Sedentary, aggregated living is lethal in the absence of clean water supplies, basic sanitation, economic organisation of food supplies and political regulation. Domesticating herd animals and birds brings intimacy with the viruses and bacteria that flourish in their denser populations, and that intimacy fosters mutations so that exotic microbes found new hosts in human beings.

For those diseases to flourish in humans, however, people had not just to be living together in large numbers but also to travel so as to enlarge the number of hosts. Hence, the price of what was called by archaeologists 'civilisation' was a suite of infectious diseases that started as epidemics, then with sufficient human numbers became endemic and largely diseases of childhood. One of the finest studies of this process is John Landers' *Death and the Metropolis: Studies in the Demographic History of London, 1670–1830*, published in 1993. Using family reconstitution, bills of mortality, parish and poor law records and Quaker archives, he reconstructed life, death and fertility in London in the transition from pre-industrial to industrial society, covering the beginning of the modern rise of population and the linking of the regions—towns and villages—to the 'Great Wen' and its endemic diseases. This 'endemicised' infectious diseases throughout England, making the country one immense connected disease pool that served to reduce the death toll of mortality

crises in smaller communities outside London. It also covers the period from the end of bubonic plague in England to the arrival of the cholera pandemic, spread from India and around the world by faster shipping, so that cholera became the defining disease crisis of the nineteenth century (Figures 1 and 2).

Figure 1: Death's Dispensary, 1866 (Source unknown)

This caricature published during the London cholera epidemic of 1866 was a response to the hypothesis of the English epidemiologist John Snow, who linked the cholera epidemic with sewage seeping into ground water used for drinking.

Figure 2: The Silent 'Highway'-Man, 1858 (Source unknown)

An English caricature of the nineteenth century shows 'Cholera' rowing along the polluted River Thames amid sewage and dead rats.

The political and cultural responses to cholera echoed many of our current problems with COVID-19. While harsh quarantine had been the only weapon against plague—in the seventeenth century enacted by the civil parish—that had been lost from public memory by the time cholera reached England in the 1830s. This time quarantine was enforced by soldiers led by doctors, so that many people believed the government was poisoning them to obtain their corpses for dissection classes. The cholera riots across Europe persuaded governments that it was best to suppress news of cholera outbreaks lest there be political outbreaks. The Spanish Influenza was the strangely forgotten pandemic, overshadowed by the Great War and coincident with the Russian Civil War and the new and ever-lasting fear of Bolshevism spreading beyond the USSR. Tuberculosis and typhus were the epidemics of the world wars in colder climates, malaria and dysentery in warmer regions. But perhaps as historians we should be focusing as much on the ways that COVID-19 is different.

This new pandemic has erupted in a vastly more populous world that has developed into a fast-time global network economy, dependent on manufacturing in places that are cheapest and selling where consumers

are richest. The necessity for universal isolation has destroyed the face-to-face informal economic exchanges that feed, house and clothe most of the poor in megacities, and has imperilled the service economies that protect those who can afford to pay for outsourced servants and provisions. This disruption to the heart of our global economic system, in particular to logistics and the international movement of cheap, unregulated labour, strikes at the core of the economies of both the rich and the poor worlds. Therefore, in addition to a health crisis, we now have an economic crisis of unparalleled scale. In the modern era, except following defeat in war, no industrialised economy has suffered this double and intertwined calamity.

An additional factor is the level of debt, private, corporate and public, that is now at historic levels from the unresolved 2008 financial crisis. The pandemic has accelerated even further the gap between the super-rich and the rest, so that the financialised economy has boomed while the rest of the world has lost jobs, health, homes and loved ones. The crisis of inequality that has built over the past 40 years has been superheated by the pandemic, and the capitalist system appears ever more fragile. The first historian of the COVID-19 crisis, the economic historian Adam Tooze, has estimated that the global economy contracted by 20 per cent in 2020, a larger contraction than during the Global Financial Crisis, and greater even than during the Great Depression of the 1930s. He has yet to write on the second and third years of the pandemic, as a vaccinated world 'lives with the virus' and struggles with inflation, an energy crisis, war and looming famine.

Enclosing all of this is the climate crisis. Extreme weather has damaged food supplies around the world, and there have been locust plagues, floods, storms and, of course, record, terrifying forest fires. In 2020, the first year of the pandemic, the World Food Program declared that the global shortage of food was as severe as it had been in 1945. Drought and famine ravage Ethiopia and Somalia, and probably the rains will never really come back. Moreover, this region, owing to its destitution, has the highest birth rate in the world. Geo-political instability concentrates in regions of environmental and, in particular, water stress.

Even to feed the world in good years, we now depend on biologically perilous technologies: mass industrialised farming of animals and birds that necessitates the abuse of them as creatures and the abuse of antibiotics. These massive concentrations of the very birds and animals that have produced the infectious diseases that have afflicted us for the

past 10,000 years now exist under terrible stress, providing the ideal playground for viral mutations.

Arable land, like water, is finite on this earth, and hungry people and greedy corporations push ever further into the world's last temperate wild places to harvest the trees and burn the land for crops. Indonesia's forests are ablaze each year with the fires lit by swidden farmers as well as loggers and palm oil predators. As we push into wild places, we as well as our animals interact with other species and their microbes and viruses, most of which are novel to us. Ebola, SARS, Zika and probably COVID-19 have passed to humans from these incursions into new environments, together with the eating of wild animals for exotic food or even just sustenance. The scale of these new zoonotic exposures, now unleashed by global heating and population stress, is terrifying. A recent article in *Nature* warns that climate change is 'shaking ecosystems to their core'. There are now at least 10,000 types of virus capable of infecting humans that are circulating 'silently' in wild animal populations, and, as we destroy more habitats, human beings come into contact with those animals and their viruses. Bats travel far in great numbers, and scientists estimate that there are at least 3,200 strains of coronavirus moving among those populations. These reservoirs are in high-elevation areas of Africa and Asia, and the conservation of these wild places offers the best hope of preventing more pathogen spill-over.

What we have is a global disease ecology that is highly unstable and outside our control because of its complexity. COVID-19 has been the virus to break out, and it has proved a 'sampling device' *par excellence*. Adam Tooze has called this the first existential crisis of the Anthropocene. It presages a total ecological collapse as the consequence of human action, including: excess resource depletion; greed and exploitation of other human beings and the animal and plant world; gross excessive extraction of natural resources; inflicting on a finite world a vast number of people all of whom want, and deserve, shelter, land that they own, health care, education, transport and human fulfilment, while those with much refuse to share with those who have little.

We are being told we must 'live with it', but what does that really mean? Will it be more than most of us having bouts of COVID-19 that we survive with the benefit of vaccines and new therapies, even though perhaps a third of the afflicted will remain sick and weak for many months, even years, with long COVID-19? If this becomes a fact of life,

will it become a fact of death, almost like the plague did for Samuel Pepys, who managed to push it from his mind until it reached its peak in London? Will the immuno-compromised be condemned to a lifetime of social isolation?

What will this do to our economy if over time up to a third of our active workforce is chronically unwell? How will we organise our hospitals with this new, permanent caseload of highly infectious and very unwell people, followed by the chronically ill? Perhaps most frightening of all, what is profoundly different about COVID-19, mild or severe, is that it is a systemic disease. It does not just attack the lungs, but is transferred through the blood to the brain, the heart, the nervous system, the kidneys, the liver, the digestive system. As for 'underlying conditions', whatever you have, COVID-19 makes it worse. It is a tricky virus, like poliomyelitis, its systemic damage perhaps concealed by the youth of the victim, only to emerge and progressively impair bodily functions decades later. Viral diseases like measles can do severe and lasting damage, and their ubiquity in childhood today deceives us as to their potential long-term harm.

COVID-19 is a systemic disease, both for the human body and for society, and perhaps for humanity as a whole. The grimmest scenario is that it may prove to vindicate the predictions of the Reverend Thomas Malthus over 200 years ago: that, having exhausted the natural world, the human population will be culled by the 'positive checks' of disease and famine. While we have avoided the exponential growth of unchecked human reproduction, what Malthus could not anticipate was the effect of reducing infant and child mortality on family formation for ensuing generations. Human intelligence intervenes in that dreadful metric with technology, biomedical discovery, and good government, but the natural world is finite and there are limits to growth. Feeding us all depends on finely balanced supplies and logistics that are easily interrupted by severe weather, natural disasters and, above all, the partisan, even corrupt, actions of political and economic elites. There is little redundancy left amidst climate change as droughts or floods devastate staple crops from India, to China, to North America and Africa. A war in one of the world's most important bread baskets inflicts famine around the world. And with scarcity and famine will come disease, both infectious and chronic.

As we are now in the Anthropocene, the age made by humans, the deep ecological stresses that we have collectively created must erupt, like stress building up between tectonic plates. And COVID-19 is only the

first of the microbiological, climatic and environmental disturbances that will change life on Earth as we have known it. In addition to those stresses, 70 million people are now displaced as refugees around the globe. Their numbers will grow with hunger, flooding and drought. The crisis is now, and the grave danger to us all is that these stresses may be diverted into violence and war rather than collaboration and good government. The solution lies in human hands. Pandemics and climate change share the commonality that no one, not even the mega-rich, can escape their depredations. These are threats that are collective, and, after almost a half century of cultivated atomisation and individualism, collective politics and good government are our only hope.

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The 1919–1920 Influenza Pandemic in Victoria: Primary Sources and Contemporary Published Material

Tim Hogan

Abstract

The 1919 pneumonic influenza pandemic was one of the most significant public health emergencies in Australian history. There is an abundance of historical sources that document this event. This historical note examines some of these sources relating to Victoria, with an emphasis on material available at State Library Victoria.

The 'Spanish Flu' pandemic of 1919, more accurately called the pneumonic influenza pandemic, was one of the most significant public health crises in Australian history. It is estimated it resulted in 15,000 deaths from 50,000 cases, when the population was approximately 5.5 million, about one fifth of today's numbers. Only smallpox, which was so catastrophic for the Indigenous peoples of Australia, has had a greater impact.[1] With a few notable exceptions, the 1919 pandemic has not received as much attention as one would expect from historians. It is, in the words of Anthea Hyslop, the pre-eminent historian of Spanish Influenza in Australia, a 'half-forgotten' event in our nation's collective memory, one that was really only remembered well by those whom it most directly affected. But, as Hyslop also noted in the ANU Archives annual lecture of 2021, this gap in our recorded history is not caused by a lack of source material.[2]

This historical note takes a survey of some of the material available at State Library Victoria (SLV) relating to the 1919 pandemic as it played out in Victoria or was experienced by Victorian people. Some source material held in other repositories is also briefly considered. It is not an exhaustive survey but will serve as an overview of the range of material available and, it is hoped, create pathways to other similar or complementary sources.

First Reports

The first public reports about the new and dangerous influenza in Europe began appearing in Australian newspapers from late May 1918. The *Age* reported on 29 May 1918 a 'mysterious epidemic' in Spain, which was like an influenza. Many Australian newspapers contained similar reports around this time. The Hobart *Daily Post* on 3 June 1918 referred to the 'mysterious malady' and appears to be one of the first to describe it in Australia as 'Spanish Flu'. This unfortunately reflected a mistaken belief that the sickness had first appeared in Spain, whereas in reality it first appeared in Kansas in the USA. Following these very early reports there was a steady increase in news coverage of what was soon characterised as a virulent influenza pandemic. By November1918 the number of reports had escalated. Keyword searches on the National Library of Australia's database *Trove* reveal just over 100 published items in Victorian newspapers in September 1918, jumping to over 400 in November.

The historical newspapers collection accessible via *Trove* now provides a capacity to survey press coverage of events on a scale that was once only dreamt of. However, not all Victorian newspapers are on *Trove,* and some are not even on microfilm. An example of one that is neither on Trove nor microfilmed is the *Wonthaggi Sentinel and State Town Miner*, available in hardcopy at SLV. An analysis of this newspaper during the 1919 pandemic makes an interesting study because it can be compared with the recollections of Elizabeth Beard (née Evans), whose memories as a nurse in Wonthaggi in 1919 have been preserved in an oral history recorded in 1988 and also available at SLV.[3] The first influenza reports appeared in the *Sentinel* on 31 January 1919 under the heading, 'Influenza Epidemic, Unfounded Rumours'. Readers were assured that the deaths of a local grazier and a nurse in the local hospital in Wonthaggi were not due to influenza. The newspaper then opined that rumours of this kind have a very depressing effect upon many people, adding: 'We are pleased to be able to state that at the time of going to press there is no cause for alarm'. Sadly, in the next issue of 7 February it was reported, without reference to the rumours of the week before, that there were now several known cases of influenza in Wonthaggi. From this date through to early August 1919, regular reports in the *Sentinel* provided details about the outbreak in Wonthaggi and nearby areas.[4]

The outbreak in Wonthaggi appears to have reached the town fairly early and to have lingered longer than in many other areas. This may explain part of Elizabeth Beard's recollections. She recalled in her 1988 interview that Wonthaggi was one of the last places in the state the influenza reached, and suggested that this was one reason the hospital had such trouble recruiting nurses as so many were already working elsewhere. However, as the *Sentinel* records, Wonthaggi actually did have cases not very long after those first reported in Victoria in late January. The occasional imprecision of oral history testimony is well known, especially when recorded many years after the events alluded to. In this instance it can probably be explained by the fact that the influenza lingered in Wonthaggi longer than in several other locations, thereby skewing Elizabeth Beard's recollections towards a false but understandably different memory that its arrival was late.

Early Responses

In Victoria an early response to the impending pandemic was the issuing of new regulations by the Board of Public Health both to prevent and to mitigate the effects of the influenza. Summaries of these regulations were widely reported in newspapers, but the official notice can be read in the *Victoria Government Gazette* of 4 December 1918.[5] Not long after this, on 26 November 1919, a conference of federal and state health authorities was held in Melbourne, then the national seat of government, to make further plans to contain the disease. The main outcomes of this conference were widely reported in the press, but a full account of the proceedings is now available to researchers in an extensive set of papers digitised by the National Archives of Australia (NAA). For the specific resolutions adopted, see the set of papers titled: 'Spanish Influenza: Conference at Melbourne. Precautionary Measures'.

The first resolution was the official naming of the disease as 'Pneumonic Influenza'. Other resolutions focused on measures to control the influenza. Resolution number three, for example, required the chief health officer in each state to report any instances of the pneumonic influenza to the director of quarantine at the earliest opportunity. The Commonwealth government would then proclaim that state to be infected with influenza. From this would flow a series of travel restrictions. In addition to these measures, the NAA papers contain a series of documents

and correspondence leading up to the conference. These include the planning arrangements, who was coming, who was not, and then a series of documents relating to implementation measures and follow-up actions stemming from the conference.[6]

The Virus Arrives—Managing the Pandemic

In late January 1919 the first confirmed Victorian cases occurred.[7] During February and March infections rose rapidly, and so too did newspaper reportage. The increasing concern and depth of coverage can be seen in headlines like: 'Don't Underate the Plague', which was part of a four-column spread on the topic in the *Geelong Advertiser*, 14 February 1919. In the *Richmond Guardian* of 22 February 1919, 'The Thirtieth Day—No Sign Yet of Flu Leaving Here', reflected the continuing unease. Most of what the public read about the pandemic was in newspapers or magazines. However, some more substantive publications relating specifically to the pandemic also appeared at the time.

Spanish Influenza: All About It, published in Melbourne and released in early February 1919, was written by Wade Oliver, a professor of bacteriology in New York.[8] Oliver had penned an article about the influenza for *Scientific American* in November 1918.[9] Most of this article was reproduced in the opening pages of *Spanish Influenza: All About It*. The remainder of the booklet, from page twelve onwards, is advice and analysis relating to the Australian experience of pneumonic influenza. It is not clear if Oliver had a hand in this section, but there are no other author credits in the publication. Of interest is Oliver's view that the influenza probably originated in Spain. This point is made towards the end of his article in *Scientific American*, but it appears as the opening sentence in *Spanish Influenza: All About It*. Interestingly, Oliver corrected this assertion in a later article in *Scientific American*, describing it as erroneous.[10]

How Oliver's services were procured for this local publication is not clear. Nothing is indicated in any form of preface or acknowledgements in the book. It must have been considered something of a publishing coup to have secured the eminent expert's contribution to this Victorian publication. The blurb promoted it as being for the 'benefit of the great public, strips the mysterious from medical science, and talks about this terrible epidemic in every-day terms' (Figure 1). In addition to providing

an overview of the nature of the disease, the booklet reproduced the public health regulations, and readers were made aware of numerous practical measures on how to minimise the risk of infection. One of these was a diagram on how to make your own face mask.[11]

Figure 1: Cover of Wade Oliver, *Spanish Influenza: All About It* (Courtesy State Library Victoria)

A very different work is *Influenza and Maritime Quarantine in Australia,* by J.H.L. Cumpston. This was published around August 1919 and was one of the first studies to look back and analyse the onset of the pandemic and the effectiveness of quarantine measures taken to prevent or delay it reaching Australia. John Howard Lidgett Cumpston, as the director of quarantine and in 1921 the first director of the newly created federal Department of Health, is a critical identity in the 1919 pandemic. Included in this publication are chapters by W.F. Penfold, 'Influenza Vaccine and Inoculation', and T.M. Cherry, 'The Value of Inoculation: A Statistical Inquiry', which evaluate the effectiveness of the vaccines

from clinical and epidemiological perspectives.[12] Also in this invaluable contemporary publication are appendices that document the incidence of influenza on vessels arriving in Australia over the latter part of 1918 and up to 30 June 1919. They provide detailed notes about each voyage, listing ports visited as well as the number of crew and passengers and the conditions on board, and suggesting the likely origin of the infection for each vessel. Each ship's voyage is documented in some detail and, when there was a major outbreak of infection, such as on the *Medic*, further particulars are provided. For the *Medic* we learn that masks were not worn on board but that nurses were instructed to 'insert pellets of cotton wool into both nostrils which had been soaked in a mixture of eucalyptus and olive oil'.[13] This publication and Cumpston's subsequent works, such as *The Health of the People* written in the 1940s at much greater distance from 1919 but not published until after Cumpston's death in 1954, are essential sources for the study of the 1919 influenza pandemic in Australia.[14]

Hospital annual reports are another important contemporary source. State Library Victoria holds a number of these from the pandemic period. They include hospitals at Bendigo, Dunolly, Geelong, Mildura, Stawell, Williamstown and Footscray, the Queen Victoria Hospital for Women and Children, the Children's Hospital (subsequently granted Royal status in 1953) and the Melbourne Hospital (granted Royal status in 1935). Common to several of these reports are the annualised statistical records of the number of patients with infectious diseases, including influenza. Local public and hospital libraries should be checked for those reports not held by State Library Victoria.

Pandemics present great challenges to the cohesion of civil society, and one well-documented case of this is the dispute over the staffing of the emergency hospital set up in the Exhibition Building in Carlton. When the Catholic Church's offer to undertake the staffing of the hospital with the Sisters of Charity from the nearby St Vincent's Hospital was at first accepted by the state government, and then rejected after vigorous protests from some leaders in the Protestant faith communities, a brief but rancorous sectarian battle erupted. The Catholic perspective on the affair, primarily that of Archbishop Daniel Mannix, is documented in the rare Australian Catholic Truth Society Pamphlet, *Archbishop Mannix and the Victorian Government: No Popery and the Spanish Influenza*.[15]

Assessing the Impact: A Contemporary Analysis by J.H.L. Cumpston

By August of 1920 the pandemic had been over for almost a year, and Cumpston took the opportunity of his presidential address at the Australasian Medical Congress in Brisbane to reflect on its management. His speech is recorded in the September 1920 issue of the *Medical Journal of Australia*. One of his more telling and astute observations was: 'If preventive medicine in this country is ever to emerge from its present position of infantile impotence, the present system of so-called public health administration must disappear'.[16] The comment was also prescient because by March of 1921 Cumpston had been appointed the first director of the federal Department of Health.

Personal Accounts: Oral and Written Records

Although the impact of the pandemic was widely reported in newspapers and in government reports and records, it is the more personal accounts recorded in letters, diaries and recollections that perhaps resonate most strongly. Some of these are held in the Australian Manuscripts Collection at State Library Victoria. This archive contains tens of thousands of letters and over 2,000 personal diaries or journals. Searching such a vast archive for mentions here and there of the 1919 influenza pandemic is a very daunting task. By filtering catalogue searches, using date limits and selecting keywords such as 'influenza' or 'Spanish Flu', the search results were narrowed to several hundred records. Most of these could not be considered for this historical note, given the time it would take to examine them. A small selection of records that included the dates 1918 or 1919 were examined. Most of these proved on closer inspection to contain no relevant information or very peripheral mentions of influenza. A different approach was to identify some participants in World War I and its aftermath who had documented their experiences and to look for references to the pandemic in their writings. From this approach some material has been found.

Among the most vivid of these accounts are the recollections of Elizabeth Beard as mentioned above regarding press coverage of the pandemic in Wonthaggi. Beard was a nurse there in 1919, and her memories were recorded by her daughter Gwlad McLachlan in 1988.[17] The section of the recording devoted to the pandemic period runs for nearly 30 minutes and provides quite a detailed account of Beard's

experiences as a nurse in this rural mining town in Gippsland. Statistics relating to events such as the flu pandemic have been widely recorded, but what is frequently missing in such lists is the psychological impact of the events and the more precise details of how they unfolded. Striking in Elizabeth Beard's account is the sense of fear and desperation she recalled: 'people were very frightened because strong men were being struck down'; another example she mentioned was a father who was too fearful to assist his son in and out of the hospital lest he also contract the influenza. The urgency of what was happening is reflected in the way Elizabeth Beard was recruited. Walking with her father one day near the emergency hospital that had been set up in the town hall, she was moved to go in and volunteer. Upon being accepted after a brief interview, she was given a uniform and began work almost immediately, with the barest minimum of training.

Visions of the plague in medieval times are evoked in her description of the carpenters, who were kept busy making wooden-framed stretchers to collect and dispatch patients daily. The operational environment at the Wonthaggi Hospital is clearly outlined by Beard. She speaks of hessian partitions in the town hall, the wearing of masks and gowns, big tents for the nurses to sleep in at the hospital, only one trained nurse, five volunteers, eleven-hour working days with no days off, and the eventual relief when two trained nurses arrived from Melbourne. As telling as anything Elizabeth Beard actually said was the manner in which she spoke. Her steady and clear diction and the serious, almost grave tone of her delivery conveyed powerfully the traumatic character of these times and the anxiety she and her community endured.

Another oral account in the State Library collections is that of Joseph Anderson, recorded by Patsy Adam-Smith. Joseph Anderson, from Victoria, was a sapper with the AIF on the Western Front during World War I. Most of the recording is about his participation in the war, but he was one of those soldiers who contracted the virus while on leave in England towards the end of 1918. Despite saying it was 'pretty rough', he concluded that he could not have had it very severely as he was only in hospital for 'an extra week'. But, he added, there was a lot of panic, as soon as you displayed any symptoms.[18]

Other oral testimonies of the Victorian experience are held by the National Library of Australia, and these include the recollections of Phyllis Matthews and Thomas McKernan. Phyllis Matthews recalled the

sadness of seeing her mother for the last time before she succumbed to the influenza and the desperate way that she clung to her father in the days following her mother's death. Thomas McKernan's recollections, by way of contrast, are not characterised by personal tragedy, so are more whimsical in tone. He speaks of everyone wearing masks to church in South Melbourne, describing it as a 'most mysterious event', and the habit people had of sniffing the bubbles from Lifebuoy Soap so their nostrils would be infused with its germ-defying qualities.[19]

References to the influenza in personal documents like letters and diaries tend to mention the pandemic almost in passing, or at least do not highlight it as an especially significant event. Charles McPhate was a field ambulance officer from Melbourne who was serving on the Western Front in Europe in 1918. McPhate was a conscientious objector to the war but chose to serve in a medical capacity. In a letter to his mother written on 15 July 1918 from France, he comments: 'I suppose you have heard of the epidemic over here, it is called Spanish influenza. I had a touch of it. I was in bed for days'. He then notes that this was the first time he had been sick while overseas and describes the symptoms and impact: 'It's a rather curious disease. It comes on suddenly with a headache, a high temperature and a sick stomach. About two or three days in bed fixes you up. Most of the chaps in our Unit have had it but none seriously'.[20]

Another Australian serving overseas in a medical capacity was Alice Kitchin. Her journal entry for 18 September 1918, written from her base in London, notes a colleague called Susan 'has the influenza'. More dramatically on 21 October she records: 'Influenza spreading everywhere. It is getting pretty rife in London. Over 1,000 deaths in the past week. Our wards getting full'.[21] Fortunately, Nurse Kitchin survived and, in the first part of 1919, did a course at the Royal Sanitary Institute before returning to Australia in October 1919.

Two other diaries held by State Library Victoria are those of John Roberts and John Springthorpe. John Roberts was a senior manager in the Melbourne and Metropolitan Tramways Board. His son died in World War I in 1918. The Roberts diaries are extensive throughout 1918 and 1919. Yet they barely mention the pandemic.[22] John Springthorpe was a medical doctor who served in Europe for most of World War I. His diaries cover all of 1918 and the first few months of 1919 when he was still in Europe. Like Roberts, he wrote extensively, but the diaries need to be transcribed to determine whether he has much to say about

the pandemic. His hand is very difficult to read, the script being very small—about font size 5 or 6 at most—and crammed into every single millimetre of space across the pages. It is a tantalising but challenging document for researchers.[23]

The Visual Record

The major source for a visual record of the pandemic can be found in newspapers. Pictorial newspapers in particular provided images of some of the main impacts of the pandemic. Some examples of the more striking images are: 'Red Cross work at Federal Government House', *Australasian*, 22 February 1919; the 'model inhalatorium' at the Kodak factory, *Australasian*, 15 February 1919 (Figure 2); 'Fighting Influenza at the Melbourne Hospital', *Sydney Mail*, 5 February 1919; 'Influenza Masks in Sydney', *Australasian*, 15 February 1919; and the 'Exhibition Building being used as an Emergency Hospital', *Herald*, 9 April 1919. Privately produced images are far less common. The ownership and use of cameras by individuals in Australia in 1919 was still in its infancy. A small number of the resulting images can be found in the Pictures Collection of State Library Victoria. The Gwen Luly album contains numerous photographs of the Alfred Hospital in Melbourne during 1919. One of these shows some soldiers who are described on the verso of the image as being 'locked in' (Figure 3). A similar photograph, but taken overseas, is in the papers of Horace Chandler. This shows a group of Australian soldiers in quarantine at an unidentified location (Figure 4).[24]

The Victorian Collections online portal contains a few more of these everyday images—see for example the St Kilda Municipal Ambulance used during the pandemic.[25] Museums Victoria has some very evocative images, and individual local historical collections like the Stonington History Centre also have photographs.[26] Unfortunately, the visual record that has survived from 1919 in Victoria is not as comprehensive as one might imagine. Searches on *Trove,* for example, reveal a greater number of images for New South Wales and Queensland in particular.

Figure 2: Kodak Australasia Pty Ltd Staff using 'inhalatorium', Abbotsford, *Australasian*, 15 February 1919 (Courtesy Kodak Australasia Pty Ltd, Musuems Victoria Collection)

Treatments and Cures

As the pandemic intensified there emerged an array of advice and commentary on treatments and cures. Suggested remedies abounded in newspaper advertisements and articles, some of which were gargantuan and grandiose in their presentation. An advertisement for Aspro, in the Melbourne *Herald* on 9 April 1919, extended from the top to the bottom of the broadsheet-sized page and across half the page in width, making such claims as it could 'shift out' the influenza within 24 hours. But it was in the medical journals that more learned and reliable advice and analysis about the disease could be located. Several of the key journals

Figure 3: Soldier patients 'locked in' at Alfred Hospital, Melbourne, 1919 (Courtesy Gwen Luly Album, State Library Victoria)

Figure 4: Victorian Soldiers in Quarantine Camp in England, 1918 (Courtesy Horace Chandler Papers, State Library Victoria)

can be found in State Library Victoria. These include *Medical Journal of Australia*, *Australasian Journal of Pharmacy*, and *Transactions of the Australasian Medical Congress.* In *UNA: The Journal of the Royal Victorian Trained Nurses' Association,* practical advice could be found in the form of a new throat treatment. In the 28 February 1919 issue of *UNA*, for example, there is a report about a new throat spray being used in army barracks. Administered three times daily, it was said to be easily applied and 'causes no unpleasant sensations'. The spray consisted of creosote, menthol, eucalyptus and paraffin liquid. In the 30 April issue of *UNA* there was also a stirring call for more nurses to volunteer for influenza work, invoking the example of no less a person than Florence Nightingale herself during the Crimean War.[27]

Conclusion

When researching the 1919 pandemic, newspaper accounts, together with federal and state government records and statistics, will be fairly easily discovered by the moderately experienced researcher. Various local government records exist but are far more dispersed and not as intact as the records of other levels of government. Many of these sources are now also online. Much more challenging to discover are the relatively few personal accounts in the form of letters, diaries and recorded oral recollections from 1919. Many of these have been unearthed by historians. But there are likely some still to be to discovered. One example found too late to examine for this article is the recorded recollections of Vera Giles (née King), who was a volunteer nurse in Warrnambool during the 1919 pandemic. Her recollections are transcribed in a three-page typescript document held by the Warrnambool and District Historical Society.[28] It was discovered through the Victorian Collections portal. Finds like this should give encouragement to historians that more material may still be extant.

Notes

1 Ben Huf and Holly Mclean, *Epidemics and Pandemics in Victoria: Historical Perspectives*, Parliamentary Library & Information Service, Research Paper No.1, May 2020, Melbourne, Parliament of Victoria, p. 2.

2 Anthea Hyslop, 'Forewarned, Forearmed: Australia and the Spanish Influenza Pandemic, 1918–1919', in John Lack (ed.), *1919: The Year Things Fell Apart?*, Melbourne, Australian Scholarly Publishing, 2019, p. 41; Anthea Hyslop, 'Records and Recollections: The

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3 Elizabeth Beard, interviewed by Gwlad McLachlan, 1988, 'Wonthaggi Hospital: Memories of Nursing Days in the 1920s', MS 14761, Australian Manuscripts Collection, State Library Victoria (SLV).

4 *Wonthaggi Sentinel*, 31 January 1919, 7 February 1919. Stories about the Wonthaggi influenza outbreak continued almost weekly in the *Sentinel* until early August 1919.

5 'Health Acts, Regulation for the Prevention or Mitigation of Influenza', *Victoria Government Gazette*, No. 167, 4 December 1918, p. 3417.

6 'Commonwealth and States of Australia Influenza Conference 1918, Resolutions', undated typescript, NAA series A2, item 1919/482, part 2, National Archives of Australia, at https://www.naa.gov.au. Accessed 12 July 2022.

7 F.M. Burnet and Ellen Clark, *Influenza: A Survey of the Last 50 Years in the Light of the Modern Work on the Virus of Epidemic Influenza*, Melbourne, Macmillan and Company, 1942, p. 73; Hyslop, 'Forewarned, Forearmed', p. 34.

8 Wade Oliver, *Spanish Influenza: All About It*, Melbourne, Speciality Press, 1919.

9 Wade W. Oliver, 'Spanish Influenza: How Does it Happen that the Present Epidemic is so Fatal?', *Scientific American*, vol. 119, no. 18, 2 November 1918, pp. 357, 367.

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11 Oliver, *Spanish Influenza: All About It*, p. 36.

12 J.H.L Cumpston, *Influenza and Maritime Quarantine in Australia*, Melbourne, Albert J. Mullett, Government Printer, 1919. Print edition held by SLV. Online edition accessible from National Library of Australia (NLA), at http://nla.gov.au/nla.obj-192064587.

13 Cumpston, *Influenza*, p. 128

14 J.H.L. Cumpston, *The Health of the People: A Study in Federalism*, Canberra, Roebuck Society Publication no. 19, 1978.

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16 J.H.L. Cumpston, 'Presidential Address at the Australasian Medical Congress in Brisbane', *Medical Journal of Australia*, vol. 2, no. 10, 4 September 1920, pp. 218–23.

17 Beard interview.

18 Joseph Anderson, interviewed by Patsy Adam-Smith, 1970, Patsy Adam Smith Oral History Interviews, MS 11002/TMS 143, Australian Manuscripts Collection, SLV.

19 Phyllis Matthews, interviewed by Stan Arthur, 1992, interviewed by Mel Pratt, 1978, Mel Pratt Collection, NLA, at https://nla.gov.au/nla.obj-221588265/listen/0-1848~0-1992 (accessed 17 July 2022).

20 'Letter, 15 July 1918, from Charles McPhate to his Mother', Correspondence, 1915–1919, Charles McPhate, RA 2021.77, Australian Manuscripts Collection, SLV (ArchivesSpace Interim record).

21 Journal, 18 September 1918, 21 October 1918, Papers of Alice Kitchin, 1914–1919, MS 9627, Australian Manuscripts Collection, SLV.

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23 J.W. Springthorpe, Diaries and Papers, 1883–1931, MS 9898, Australian Manuscripts Collection, SLV.

24 Untitled photograph of 'locked in' patients, 1919, Collection of photographs relating to the Alfred Hospital, Prahran, Photographer Gwen Luly, Senior Sister of Operating Systems, Prahran Hospital, H2018.242, Pictures Collection, SLV; Untitled photograph of soldiers in Quarantine Camp during 'Spanish Flu', 1919, Horace Chandler, Diary and Papers, 1915–1919, MS 9608, Australian Manuscripts Collection, SLV.

25 Photograph, Empire Portrait Studio, Municipal Ambulance, 1919, at https://victoriancollections.net.au/items/603efb1a092fbbe37f3e95d4. Accessed 19 July 2022.

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27 'Fighting Influenza', *UNA: The Journal of the Royal Victorian Trained Nurses' Association*, 28 February 1919, p. 377; and 'Influenza Epidemic' and 'The Lady of the Lamp', *UNA*, 30 April 1919, pp. 37–8.

28 Typescript, 'Spanish Flu Epidemic 1919', Recollections of Mrs Vera Giles (née King) as told to her daughter Aurelin, written in 1995, Warrnambool and District Historical Society Collection, at https://victoriancollections.net.au/items/54cd5f672162f10fcce174e6.

Bringing the States Back In

Mark Finnane

Abstract

Emergencies, whether of war, pandemic, flood or fire, threaten our sense of security and sharpen our expectation of what governments might or should do. The experience of COVID-19 repeats at a century's distance the even more devastating influenza epidemic of 1919. In each case, the politics of emergency response has exposed tensions in the Australian federation. The states' primary responsibilities for health have been an insurmountable obstacle to centralising tendencies in the federal response. Long-standing constitutional foundations of the 'police power' of modern government point to the importance of recognising rather than regretting the strengths of the states in the Australian federation.

'I don't hold a hose, mate'

Regretting his absence from the country during the 2019 summer bushfire emergency, Prime Minister Scott Morrison nevertheless insisted that Australians 'know that I don't hold a hose, mate, and I don't sit in a control room'.[1] Having been returned to office only six months before, to his own evident astonishment ('I have always believed in miracles'), Morrison proved himself incapable of imagining what a national leader might do in an emergency. Only a couple of months later the COVID-19 pandemic again left him floundering—although his reputation recovered gradually as he found a way to work with other governments of the federation through a bespoke 'National Cabinet'.

Much of the subsequent debate about the Australian government's performance in the face of emergency centred on an increasingly dim view of the prime minister's character. All political contests are also scenarios in which character plays out. But, in the following pages, I explore some of the grounds on which we can view political failings of a national leader as a symptom of structural tensions in the Australian federation. And, against a century of centralist tendencies in Australian politics and law as well as political and cultural debates, I want to suggest that the experience

of pandemic and other recent emergencies, such as the 2019 bushfires and 2022 floods, has re-oriented the federation. Whether this is a good or bad thing does not especially concern me here, but the fact is that these crises have demonstrated the core capacities of the states in the federation, their powers and their privileges. 'Bringing the States Back In' is then a reckoning with the realities of the federation.

What a Difference a Pandemic Makes

Acknowledging the importance of the states may be said to fly in the face of the preoccupation of political and intellectual commentary with affairs of the nation. That is why the experience of emergency pulls us towards re-thinking what the nation is, and what Australian government is. Leading commentators, the sort of people who write widely read (or, at the least, widely purchased) books, join as one in seeing the states almost wholly in caricature. Colourful characters of state politics, pre-eminently Joh Bjelke-Peterson but before him Henry Bolte or Jack Lang, are brought on stage briefly in these national panegyrics in their role as disrupters of the national interest.

One such example is instructive. In *The Australian Moment,* published a decade ago, George Megalogenis explored a familiar theme: Australia's potential for greatness and the barriers to its achievement. It is a 21st-century reprise of Donald Horne's 1965 *The Lucky Country*. The states feature little—for the main part only as an occasion for comment on federal electoral outcomes. A perverse effect of the 1975 Dismissal is an exception—the author finds in its legacy evidence of an enhancement of the power of the national government and of the prime minister. This was only in part a result of the bad faith performance of state premiers like Bjelke-Peterson during the events leading up the Dismissal. Megalogenis also saw enhancement of central power as an 'inevitable trend in one respect, because globalisation would compel Canberra to accumulate more power at the expense of the states'. The joint effect of allegedly 'undermined respect' for state premiers with this globalising trend meant that no future prime ministers would allow the states to treat them as Whitlam or Gorton had been treated. Megalogenis's evidence? 'By the turn of the century, voters would be demanding that Canberra take over traditional state responsibilities, such as health care'.[2]

What a difference a pandemic makes! Two decades after the turn of the century and a decade after Megalogenis discerned an electoral demand for national takeover of health care, the COVID-19 emergency turned such expectations on their head. Instead of a demand for a Canberra takeover, there was instead a call for Canberra to lend its massive financial support to the states to deploy through their own health and other systems challenged by the impact of a pandemic. Where the Commonwealth already possessed concentrated power—to manage the supply of vaccines or oversee the quality of services in aged care facilities—it floundered. Rather than delivering security, the national government was widely criticised for jeopardising the safety and health of the people. Where now was there any desire for the Commonwealth to take over 'traditional state responsibilities'?

Abolish the States!

Yet there remained those in public life who saw the rehabilitation of the states in the pandemic as a sign of corrosive populism and a threat to the federation. Prominent among them were leading figures in the Murdoch empire that dominates the Australian media landscape. Denouncing state parochialism, Des Houghton, erstwhile editor of Brisbane's sole print daily, the *Courier Mail*, called for the abolition of the states. Lockdowns and border closures were the occasions for Houghton's fury. His targets were 'Labor's Mark McGowan, Dan Andrews and Annastacia Palaszczuk, the three stooges of Australian politics'. He endorsed veteran pundit Paul Kelly's attack (in another Murdoch masthead, the *Australian*) on Palaszczuk's declaration that 'Queensland's hospitals are for Queenslanders'. For Kelly and Houghton, the Queensland premier's words were 'the ultimate symbol of blind, disreputable, selfish populism'. Other aspirant influencers like Greg Craven, constitutional lawyer and one-time vice-chancellor, joined in: 'The Australian states are ripping this Federation apart', he proclaimed. Too early, Craven turned prophet in words embraced by Houghton: 'already it realistically is impossible to imagine Western Australia or Queensland voluntarily implementing Morrison's 70 to 80 per cent national vaccination plan'. And then Houghton went on to cite Jeff Kennett to affirm that the 'Australian states were not playing for Team Australia', and invoked a former Brisbane

mayor, Sallyanne Atkinson, to spruik a Whitlam-era proposal for regional governments in place of the states.[3]

The startling unreality of a call to abolish the states, now being led by political leaders with popularity ratings the envy of any prime minister of recent times, did not seem to worry these pundits. Neither were they troubled by the stark contradiction between denunciations of state populism in the midst of a pandemic and the sturdy defence of chauvinist populism (the wisdom of the 'people' against woke *latte* drinkers) over more than two decades of anti-refugee rhetoric proffered by so many in public life and media commentary.

I will return later to explore some of the foundations of state power in the federal compact and its relevance to the role of the states in the pandemic emergency of 2020–21. But let us meanwhile note that for some prominent people in public life angry denunciation of state leaders went beyond rhetoric. Some used their parliamentary positions to give succour to protests and actions against public health mandates—political mavericks perhaps, but noisy enough to attract undue notice. Others sought vainly to use law against power in a misguided and ill-informed defence of their 'human rights'. Citizen Karen threatened to sue Bunnings' employees for denying her rights 'as a living woman' by preventing entry when she failed to don a mask.[4] It was a vapid threat that came to nothing. More consequential were legal actions threatened and then taken by serial litigant Clive Palmer.

Freedom, Freedom, Freedom Now!

When billionaire mining magnate Clive Palmer found the Western Australian border closed even to him in 2020, he reacted in predictable fashion with a lawsuit. This was a person who wanted to take down the taxpayers of Western Australia for up to $30bn over denial of an application to mine yet more of the Australian continent. Throughout 2020, the Western Australian government remained determined to avoid a pandemic spread in the state, closing the borders to international as well as interstate travel. Palmer thought the Australian Constitution would save him. He found lawyers to support his claim. By the time he got to the High Court, the Liberal–National Coalition government in Canberra had judiciously decided to abandon him. Instead, he faced a line of counsel representing all the states. In February 2021, the High Court threw out

Palmer's suit, later awarding costs against him and affirming decisively the powers of the states following their own public health orders to enforce individual border controls.[5]

Disappointed by the courts, Palmer turned back to politics. His attack on the pandemic restrictions turned into the core of an election campaign, and he once again began pouring money into electoral disruption. The banality of the campaign was highlighted by his United Australia Party giant billboards proclaiming 'Freedom, Freedom, Freedom Now'. At the places where the site enabled a reverse side message (I observed one such on busy James Ruse Drive in Parramatta in April 2022), the yellow billboards decried the major parties—the Liberals, Labor, and the Greens—as elements that had 'Sold Out, Sold Out, Sold Out'. Palmer's pandemic grievance with the state premiers had morphed into a general war against those who had allegedly betrayed 'our freedoms and human rights', not just our freedom to travel anywhere in the country, but our freedom to choose whether to vaccinate or not, our freedom to associate with whomever we want, our freedom not to wear a mask. Yet the outcome of the subsequent federal election in May 2022 demonstrated the relative weakness of these grievances. There was overwhelming support for public health actions of the state premiers, most decisively in Western Australia where local support for the state government translated into a historic reversal of Liberal Party fortunes.

Against the libertarian demands to 'defend our freedom', it was evident that the greater part of the community was more impressed by the protections offered by public health mandates that were oriented to protecting another kind of freedom. The general support for state premiers exercising their power to impose restrictions on the population spoke to the expectation of most people that freedom from illness or worse trumped other freedoms. The contest of freedoms and liberties is a perennial of political debate, from high theory to the street. In unstable polities such a contest can be fatal to political authority. But, for the purposes of this essay, the different expressions of freedom are less at issue than the structures that shape the experience of those freedoms. Simply put, the question is what enabled the states during the course of the pandemic to exercise certain powers to constrain the population and, on occasion, to assert those powers against the preferred policy of the Commonwealth, of the sovereign Australian government?

A century before COVID-19, similar dynamics played out as the Commonwealth and states at first forged agreement, only to see it undone by the rapid onset of the 'Spanish Flu' pandemic of 1918–19. In preparation for the threat they knew was coming on the ships bringing soldiers back from Europe, the governments of the federation collaborated on a plan to manage the pandemic in a measured and co-operative way. But, within a fortnight of the initial advice of infections breaking out in New South Wales and Victoria, this agreement collapsed. In frustration the Commonwealth unilaterally abandoned the 'plan', with Acting Prime Minister William Watt accusing the states of a 'stampede from the agreement'. The results included state border closures on a scale not seen since the establishment of the Australian Commonwealth two decades before. Against criticism by the NSW Labor government of Commonwealth failure to advise earlier of the presence of infection in Victoria, Watt countered that it could not have pre-empted advice from the Victorian chief health officer. Otherwise, the Commonwealth 'would have had to make an extensive invasion into the health domain of the States, and the States would have been the first to complain against any such intrusion'.[6] In 2020, as in 1919, the states' responsibilities for the health domain proved a powerful barrier to freedom of movement within the Commonwealth as a whole.

The 'Police Power' of the States

What enables the states to restrict the movement of people and goods across borders is a power that lies at the heart of the development of modern government. Under the guidance of the High Court, as Clive Palmer learned to his chagrin in 2021, this power is nowadays recognised only indirectly, the court relying instead on a demonstration by the states of their observance of laws and regulations passed by their parliaments. And so, in *Palmer v WA*, the High Court found that the state of Western Australia's public health legislation provided for orders to be made that included restrictions on entry to the state in the interests of defending the population from the risk of infection. And, further, those orders, properly constructed and administered, were enough to override the Section 92 constitutional protection of freedom of trade, commerce and intercourse between the states.

Section 92 is notoriously the most troublesome of the Commonwealth Constitution's provisions. Most commonly it has been litigated in respect of interstate trade and commerce, entailing much judicial labour and lawyerly expense. Its use by Palmer invoked the third 'limb' of the areas protected, that of intercourse, interpreted as applying to people movement. In nearly 120 years of the High Court's history, few cases have focused directly on cross-border mobility of people—perhaps a sign of the relative success of the federation as a national compact in ordinary times. The converse of this success is found in the limits to freedom of movement, of goods or people, when conditions of emergency arise. In such times it is not surprising that some of the otherwise invisible border restrictions are exposed and tested. The legal action of Palmer was one such test, the less remarked fines and other penalties applied to people without the means to mount expensive legal challenges another.[7] But such tests invite a deeper exploration of the basis of the powers being exercised by the states when they pass public health legislation or other measures to restrict the entry of non-state residents.

In this respect we may find some lead from the High Court's earliest consideration of a challenge to restrictions of interstate mobility. The 1912 case of *R v Smithers; Ex parte Benson* saw the Commonwealth government pitted against the states, in this case NSW, as the national government sought to protect freedom of mobility across state borders.[8] John Benson was just twenty years old in 1911 when he was sentenced in the Victorian courts to twelve months imprisonment, under his birth name of Percival Long, on a vagrancy charge of having insufficient means of support. On his release from Pentridge he travelled to Sydney. There he was arrested at Randwick Racecourse in January 1912 on suspicion of planning, in association with another man, to rob some of the punters of their earnings. When it was discovered that he was a recently discharged prisoner from Victoria, the NSW police proceeded to charge him under the *Influx of Criminals Prevention Act*. This 1903 legislation was a legacy of numerous colonial provisions dating back to the gold rushes in Victoria, when that colony had legislated to prevent a threatened influx of Vandemonians.[9]

There is some evidence that the Commonwealth had been preparing to challenge the attempts by various states in the early federation to criminalise cross-border movements of those they considered undesirable. John Benson's arrest was the provocation to action. The

Commonwealth in April 1912 commenced an action to quash Benson's conviction under the offending statute as an infringement of Sections 92 (guaranteeing free passage) and 117 (preventing discrimination on the basis of residence in another state) of the Commonwealth Constitution.

In going to the defence of discharged prisoner John Benson's right to cross the Victorian border into NSW, the Commonwealth took an important step in testing the scope of the constitutional order. In substance the action was successful—the High Court's four judges—Samuel Griffith, Edmund Barton, Isaac Isaacs and H.B. Higgins—all of them graduates of the 1890s Federal Convention debates, agreed that John Benson should not be imprisoned under any such statute as the *Influx of Criminals Prevention Act*. But, in so deciding, these judges were brought to consider some underlying principles that grounded the powers of the states as well as those of the Commonwealth.

In particular they all acknowledged something that was a familiar part of the United States Constitution and its nineteenth-century jurisprudence, the 'police power of the state'. This doctrine harked back to William Blackstone and earlier. It referenced not so much the narrower issue of what powers a public 'police' possess, but what powers for governance are possessed by states, and for what ends. The scope of government power was something that the 'Federation Fathers' debated in the 1890s. The first great commentary on the new Constitution, by John Quick and Robert Garran, summarised the substance of the doctrine, something they referred to as a 'rule': 'The primary objects of the police power of a State are the protection of health, the prevention of fraud, and the preservation of morals'. Another influential constitutional lawyer of the time, Tasmanian federationist and judge Andrew Inglis Clark, paraphrased an American lawyer to suggest that the police power of the states was 'the power possessed by a government to protect its citizens from danger, disease and vice'. Implicit in the definitions, as in the High Court discussions of the police power in *Smithers*, was something that hovered between potentialities of power and obligations to use it for specific ends, even if these might be expanded. Protecting citizens from 'danger, disease and vice' pointed to a scope of government responsibilities that embraced safety, security and health, including health of mind and body.

In dismissing the New South Wales claims to control the influx of criminals, the judges of the High Court took care not to inflate the

claims of the Commonwealth's own 'police power'. That was because all of them, even to an extent Isaacs (the most inclined to favour a very strong national power), recognised that the states had retained the 'police power' to govern for the welfare of their populations, in matters especially of health, safety and security. When even Isaacs conceded that a state government might not be in conflict with the Constitution when it restricted freedom of movement into and within the state by passing 'health and quarantine laws' for example, he was pointing to a future in which states would continue to exercise significant powers for the welfare of their communities.

A Federation of the States, or Mate against Mate?

The legacies of political history and the constitutional frameworks of the federation do not exhaust the realities of the states as centres of power, not by any means. State identity is regularly invoked by politicians, media commentators and vox pop opinion. When Pauline Hanson's One Nation political party nominated candidates resident outside their electorate and even state in 2022, denunciations flowed freely from others. In north Queensland, there were complaints of 'Mexicans from Melbourne' being nominated for Townsville seats—'Victoria is classed as Mexico in my books. They get all the gold paved roads and the nice new trains, while up here in north Queensland we fight for the crumbs'.[10] It was a metaphor deployed by famed Queensland populist premier Joh Bjelke-Peterson to characterise the threat from the south.

Australian affection for sport is a powerful lubricant—its commercialisation in modern Rugby League in the two-state annual State of Origin series is a curiously lop-sided instance, a relatively harmless platform where opposing state premiers, male or female, can don football guernseys and spout nonsense about the resilience of Queenslanders or New South Welshmen. Other sports have state identities reinforced in competition, cricket especially through the Sheffield Shield. Interstate rivalries in these contexts are somewhat less assertive than once they were. They are platforms of convenience, organisational mechanisms. To that extent they replicate somewhat more fateful identities established by the nominal conventions for enlistments in the Australian armed forces historically—the Ns, Vs, Qs and so on designating the state of enlistment of personnel in the battalions of the AIF in both world wars.

More cogent state identities are reinforced by the very political tensions that are reproduced by the fact of federation. Fiscal policy has increasingly been monopolised by the Commonwealth, yet the distribution of tax burdens and income flows is subject to formulae that seek to adjust state and regional inequalities in wealth and opportunity. State premiers are measured locally by their capacity to advocate for a greater share of the goods distributed by the Commonwealth. Their political fortunes and those of the parties they represent can rise or fall on the quality of their performance on the national stage. On that platform skilful actors can effect real outcomes as well as fostering domestic political fortunes within their own states.

It is against such a background of institutional, cultural and political realities that the long pandemic of 2020–22 played out with great effect to reinforce the states as much more than a residual remnant of the Australian federation.[11] And, while the experience may demonstrate the centrifugal effects of a public health crisis in a federation, 'exacerbating divisions and intensifying subnational loyalties',[12] I suggest that, from the point of the view of the Australian states as political and constitutional entities, the effects have been very centripetal. Emergency, whether of pestilence, flood or fire, continues to demonstrate that what the states can or should do for their peoples matters to those citizens. Bringing the states back in means recognising their value as well as their constitutional status in the national story. Equally it points to the limits of an aggressive Commonwealth politics of division for party advantage. Prime Minister Morrison demonstrated those limits over the course of the 2020–22 pandemic by severely but also selectively criticising 'parochial' state governments (Labor premiers of Western Australia, Victoria and Queensland especially) in an attempt to demonstrate national leadership, only to see their political fortunes improve as his collapsed.

I have argued here that the experience of recent pandemic and other crises has elevated the Australian states as governing entities whose powers should be reckoned with rather than regretted. If we are to understand what this reckoning means, then I suggest that we need to recapture the historically grounded fact of the states as the entities whose compact makes up the federation. But, more than this, we need to acknowledge the reality of the states as centres of both political power and governing capacities, and as foci of popular identification, with political consequences. That kind of recognition may require that we stop regarding the federation as the incomplete achievement of national unity and accept that devolved power has its merits as well as its costs.

Notes

1 *Sky News*, 20 December 2019, at https://news.sky.com/video/i-dont-hold-a-hose-says-australias-pm-explaining-his-holiday-during-bush-fires-11891132.

2 George Megalogenis, *The Australian Moment: How We Were Made for these Times*, Melbourne, Penguin, 2012, p. 85.

3 Des Houghton, 'Call to Abolish States', *Courier Mail*, 30 October 2021, p. 46.

4 *New Daily*, 26 July 2020, at https://thenewdaily.com.au/news/coronavirus/2020/07/26/bunnings-karen-anti-masker-video-outrage/.

5 *Palmer v Western Australia* [2021] HCA 5. In October 2021, Palmer also lost his action to sue the State of Western Australia for losses incurred by the state's failure to approve a mining project, at https://www.abc.net.au/news/2021-10-13/clive-palmer-loses-battle-against-state-of-western-australia/100534312.

6 'Mr Watt's Defence', *Sydney Morning Herald*, 12 February 1919, p. 9. For an extended treatment of the public health questions involved in this period in the context of the federation, see Carolyn Holbrook, 'Public Health in a Federation: Lessons from the Spanish Influenza in Australia', *Social History of Medicine*, vol. 35, no. 3, 2022, pp. 818-46.

7 For fines and penalties in the 1919 influenza pandemic, see Mark Finnane, 'Governing in a Pandemic: Law and Government in Australia, 1919', *Australian Historical Studies*, vol. 53, no. 2, 2022, pp. 266–83, at https://doi.org/10.1080/1031461X.2021.1920990; for COVID-19 and criminal law, see Joseph Lelliott, Andreas Schloenhardt, and Ruby Ioannou, 'Pandemics, Punishment, and Public Health: COVID-19 and Criminal Law in Australia', *UNSW Law Journal*, vol. 44, no. 1, 2021, pp. 167–96.

8 The material that follows on *R v Smithers, ex parte Benson* (HCA 1912) draws on Mark Finnane, '"Absolutely Free"?: Freedom of Movement and "the Police Power" in Federation Australia', *Australian Historical Studies*, latest articles, 2022, at https://doi.org/10.1080/1031461X.2022.2061023).

9 Janet McCalman, *Vandemonians: The Repressed History of Colonial Victoria*, Melbourne, Miegunyah Press, 2021; Stefan Petrow, '"Convict-Phobia": Combating Vandemonian Convicts in 1850s and 1860s Victoria', *Journal of Australian Colonial History*, vol. 14, 2012, pp. 260–71.

10 https://www.theguardian.com/australia-news/2022/may/05/flabbergasted-melbourne-based-one-nation-candidate-running-in-north-queensland-seat.

11 See in this respect the recent work of Carolyn Holbrook: '"I don't hold a hose mate": Power and Sentiment in the Australian Federation', Annual Lecture, History Council of Victoria, 21 October 2021, at https://youtu.be/PZI5F2eLNMA.

12 *Cf* Holbrook, 'Public Health in a Federation', p. 28.

New South Wales–Victorian Border Communities in the Influenza Pandemic, 1919

Erik Eklund

Abstract

This article explores the experience of border communities along the New South Wales–Victorian border during the 1919 influenza pandemic. It considers four themes: economic dislocation; disruption to family and kinship; division and difference that border regulations brought; and evidence of deliberate undermining of those regulations. These themes reveal the challenges and controversies sparked by the pandemic, especially in the early months of 1919. In these conditions border communities reveal the unfinished project of federation, and how border controls were subject to modification or local adaptation. The article also shows a large degree of compliance, despite illegal border crossings, as well as attempts to negotiate the wider problems of public health and quarantine. Border closures persist as a regional memory kept alive by local historians and historical societies, as well as families.

This article explores the experience of border communities during the 1919 influenza pandemic through four overarching themes: economic dislocation; the disruption to family, kinship and community networks; the exacerbation of division and difference that border regulations brought; and, finally, evidence of deliberate flouting or undermining of those regulations. For reasons of space, the focus will be on the communities along the New South Wales (NSW)–Victorian border, though similar experiences and themes can and have been found along other interstate borders in Australia.[1] Before tackling these four themes, I will briefly consider the border itself and its prior history to the extent that it is relevant to the 1919 experiences.

Borders are places where social, political and economic forces coalesce and interact. Borders are sites of possibility but also places where social and cultural practices can be constrained and curtailed by state intervention. In times of crisis, state action occurs on a regular

basis in border zones, often with little warning or prior planning. The NSW–Victorian border was a colonial artefact, first enacted in 1851 but not fully mapped out and fixed on the landscape until the early 1870s.[2] Traversing the length of the Murray River from the South Australian border, the NSW–Victorian border then takes an overland route in a south-easterly direction from the source of the river to Cape Howe, a distance of approximately 155 kilometres. The border's definition and later surveys sought to overwrite an Indigenous map of landscapes and country, but, despite the authority claimed by the colonial powers for the new boundary, it never was able to fully erase Indigenous pathways that crossed the interstate border or ignored it altogether.

In places the border was well populated by settler communities, and in other parts it was relatively isolated. Large swathes of the NSW–Victorian border traversed—in settler terms—lonely, isolated country along the Murray River and then overland from near Indi Springs to Cape Howe. The border communities included the proximate towns of Albury (NSW) and Wodonga (Victoria) as well as other towns along the Murray River including Echuca (Victoria), Moama (NSW), Yarrawonga (Victoria), Mulwala (NSW), and Mildura (Victoria). As cultural historian Dirk Spennemann notes, there was often a pair of towns either side of the river border, a larger one on one side complemented by a smaller satellite town across the river in order to facilitate trade, commerce and the collection of customs and excise. In the east across the land border, the isolated Victorian settler town of Bendoc was 20 kilometres from Delegate in NSW along the very rough Bonang Highway (Figure 1). Further east, Genoa (Victoria) was 70 kilometres from Eden (NSW) via the equally poor Eden–Genoa Road, subsequently renamed and integrated into the Princes Highway. In these areas state policies and programs were difficult to implement, and there were a number of unmapped border crossings that could be used to evade any border controls. In isolated areas, border communities were heavily reliant on cross-border trade and sociality. As the *Delegate Argus* commented in February 1919, 'the interests of people on both sides of the border are interwoven; in trade and social life they have always been as one'.[3]

Figure 1: Constables Eggert and Evans from the NSW Police at a border checkpoint on the Bonang Highway in early 1919 between Delegate in NSW and Bendoc in Victoria (Courtesy NSW Police Force Collection)

Pre-1918 Border Experiences

The complex history of border tariffs, customs, and cross-border transport by punt and, later, road, river, or rail evokes not only competitive state actions and rivalries but also local agency through shared mutual interests in convenience and easy cross-border flows.[4] The border regulations introduced first by NSW and then by Victoria in January and February 1919, and referred to elsewhere in this special issue, were a shock, but border challenges and controversies were not necessarily unprecedented. The sight of constables patrolling the Swan Hill Bridge was not an entirely novel experience. This bridge, built in 1896 at the river crossing at Swan Hill (Victoria), was, together with others along the Murray, subject to quarantine restrictions in previous years when there were outbreaks of smallpox in Sydney and Melbourne.[5] Depending on the source of the outbreak, either Victorian or NSW constables patrolled the bridge to stop interstate travellers from infected areas.[6] The Swan Hill Bridge itself was something of a symbol of interstate co-operation since it was jointly financed by the NSW and Victorian governments.[7] Likewise, police patrols were to be found on the Union Bridge at Albury–Wodonga and at key points along the border at the land crossings, including the Eden–Genoa Road and the Bonang Highway.

The Influenza Pandemic, 1918–20

Between 1918 and 1920 the primary source of transmission and infection of 'pneumonic influenza' was the maritime trade in goods and people. This was obviously the case for Australia where both the mainland and the island state of Tasmania were bordered by the sea. The major ports, including Sydney, Fremantle, Melbourne and Hobart, were sources of potential transmission in the way that airports were in the COVID-19 pandemic from 2020. None of these commercial ports, for the most part capital cities, were close to interstate borders. The NSW town of Albury is 635 kilometres by rail from Sydney, while neighbouring Wodonga across the border in Victoria is 307 kilometres from Melbourne. This meant that border regions waited anxiously as the Australian capital cities and other major ports of entry experienced their first cases of 'pneumonic influenza' outside of quarantine in January 1919.[8]

It was the railway networks that spread the virus, with the earliest inland infections occurring along the train lines and through major railway hubs.[9] The dramatic announcement by NSW on 30 January 1919 that 'no person residing or being in the state of Victoria shall pass or come into the state of New South Wales' had a serious impact on border communities.[10] This halted the regular movement of Victorian residents across the border, but returning NSW residents, including commercial travellers, transport workers and those visiting friends and family interstate in Victoria, were also affected. They were required to secure a medical certificate in order to gain clearance to return home. Victorians and others, including Queenslanders (who were not able to transit through NSW to get home), were required to quarantine at a place not more than ten miles from the border for seven days and then secure the appropriate medical certificate before they could cross the border.[11]

Economic Dislocation

Border closure meant that regular patterns of trade and commerce were curtailed. After NSW closed its borders a number of Albury businessman were trapped in Wodonga and were required to isolate for seven days in the quarantine camp at Wahgunyah, a small Victorian town on the river opposite the NSW town of Corowa. The border communities called for an Albury-based solution to the quarantine issue rather than forcing the Albury residents to quarantine in Victoria.[12]

The Union Bridge at the river crossing at Albury–Wodonga was a vital trade link for the area and indeed for the two states. The first bridge across the river was built in 1868 then upgraded and replaced in 1898 (Figure 2). The Murray Bridge, built for rail in 1883, was also in this vicinity. Carriers travelling across the border found the new regulations imposed in late January 1919 meant they had to leave cartloads of fruit and vegetables or other goods at bridge crossings. Soon arrangements were put in place to leave loads at the border crossing to be picked up by NSW-based carriers, thus incurring additional costs in time and money as a result of double-handling.

Figure 2: The Union Bridge over the Murray River connecting Wodonga in Victoria and Albury in NSW in 1918 (Courtesy Victorian Public Record Office, VPRS17684/ P0003/976, 18_00059)

The bridge was built in 1898 and replaced by a new bridge in 1961. Note that the PROV record incorrectly identifies this as the 'Albert Bridge'.

In response to press reports that cab drivers were overcharging on fares to and from the quarantine camps from the Union Bridge, passengers were refusing to pay the fare, claiming the government had promised to cover their costs. In other cases, however, cab drivers had taken people from the quarantine camp to Albury railway station for no charge at all as 'these were cases of distress'.[13] The costs of quarantine drained away savings as people had to pay for food and lodging, medical certificates, and additional travel costs.

It was not just carriers and cab drivers who were affected. Retail trade dropped substantially as people stayed at home to avoid infection. This had adverse consequences for all retail areas in the border towns. The president of the Albury Chamber of Commerce, G.S. Allen, reported to a meeting convened by the Albury mayor, that the traders were the ones who had suffered the most. 'The place is deserted', Mr Allen noted, 'and the trade is blasted'.[14]

The movement of sheep and cattle across the border for agistment or to go to market was also affected. Two stockmen who crossed the border without the proper authorisations were fined. This presented particular problems for the pastoral industry as the nearest railway was often across the border, and moving stock to market across the river was a regular occurrence. Riverina cattlemen, for example, often used the rail connection at Swan Hill (Victoria). The Swan Hill Bridge is heritage listed partly for its role in 'facilitating intercolonial trade between New South Wales and Victoria'.[15] At a meeting convened by the mayor in Albury, stock agents there also indicated that regular cattle, horse and wool sales had been hard hit.[16]

In far east Gippsland, in the Mallacoota, Cann River and Genoa area, communities were reliant on supplies sourced from the NSW port town of Eden. Genoa in Victoria was 72 kilometres by a rough road from Eden as compared to 110 kilometres from the nearest substantial Victorian town, Orbost. After 30 January, when NSW closed its borders, Genoa's residents could no longer cross the border to Eden for supplies and medical assistance. There were local calls for this area to be included in the NSW quarantine zone.[17] It is telling that it was the NSW newspapers from the far south coast and inland areas north of the border that covered the plight of Mallacoota and its nearby settlements, with the newspapers published in Bombala, Eden and Delegate being particularly sympathetic.

Disruption to Family, Kinship and Community Networks

Where there were commercial and trade relationships across the border there were also family, kinship, and community relationships. The factors that made commercial relationships between proximate communities possible—a rail or decent road connections, and a distance that was not too forbidding—also enabled social and cultural connections.

One group that was severely affected was the returned soldier population. Men from border districts often had relatives and friends on

either side of the border and were impacted by the border regulations, both when they were attempting to return to their communities and when 'Welcome Home' events were organised whilst border regulations were in place. In March 1919 in Delegate (NSW), returned soldiers were unable to include their relatives and friends from Bendoc and surrounding areas in Victoria in the celebrations welcoming them back from war service in Europe since the border was closed to normal crossing.[18] Victorian Premier Harry Lawson pointed out that there were many instances of returned men who were affected by the sudden imposition of NSW border controls.

The notion of a fixed physical border does not translate into Indigenous worldviews. The River Murray, for example, as Spennemann points out, was not a hard boundary between separate groups but a 'liminal zone' where neighboring clans had access to both sides of the river.[19] Indigenous people who lived along the NSW/Victorian border were adept at using their border-crossing capacity to quickly switch jurisdictions to escape control and surveillance. At the NSW mission of Cummeragunja, children swam across the Murray River to escape police or child welfare officers. Long-term kinship networks persisted despite the colonial artefact of the border. The Gunnai in far east Gippsland had traditional links reinforced by marriage and trading networks with the Yuin of the far south coast of NSW. Work picking beans up and down the east coast meant that '[f]or Aboriginal families who moved across the border for seasonal work, crossing the border disrupted paper trails created by school records and interrupted surveillance'.[20]

Disruptions to the mail service, noted above as an impost on trade and commerce, also affected personal communication via letter and telegram. When the Orbost-based postman sought to retrieve the Bendoc and District mail from the NSW town of Delegate, he was stopped at the Delegate Post Office and escorted back to the border empty-handed.[21] There were other impacts that were more familial and social. The Church of Christ at Bendoc found that its congregation, which in normal times included those from both sides of the border, was now divided and members could not attend church together. They found comfort in visiting the border to see their brethren.[22] The NSW modification to the border regulations in March allowed the mayor of Moama (NSW) to attend the annual congregational meeting of the Church of England in Echuca (Victoria). Alderman L. Martin said that he was hoping

> the practice would be abolished of the Government requiring fees to be paid for the medical examinations needed before the passports were issued (hear, hear) and that the spirit of federation would be put naturally and really into evidence (Applause).[23]

Division and Discord

In mid-February 1919, Premier Lawson telegrammed his NSW counterpart, Premier William Holman, estimating that almost 1,000 people, either from NSW or Queensland, were stuck in Victoria, and pointing out that 'many are reduced to humiliation and distress through funds running low', because there were not enough places available in the quarantine camps to complete the mandatory seven-day isolation required to return to NSW.[24] The timing of the outbreak, towards the end of the summer school holidays, was particularly unfortunate. This meant that there were large numbers of travellers who had crossed the state border in either direction. For those crossing from NSW over the summer, a favourite objective was a trip to Melbourne or, for many, just visiting relatives on the Victorian side. Thus, when NSW abruptly closed the border, the lack of notice or planning meant that a number of NSW residents were caught in Victoria unable to return home.

Up and down the border there were quarantine camps established to cater for these NSW people, who were now unable to cross the border. Conditions were often basic as authorities scrambled to make proper provision. At the sports-ground camp at Albury, Professor Kerr Grant, a physicist from the University of Adelaide who was *en route* to Sydney, reported tainted meat, sour milk, and an outbreak of diarrhoea amongst the adults. He noted, however, that conditions did improve after the first two days.[25] At the Albury camp temporary residents were housed in tents and subject to daily inhalations and temperature checks. An inspection by the NSW attorney general, David Hall, found residents coping but with grievances over the length of quarantine and numerous requests for dispensation. Residents were resting in their tents or playing cricket; the cricket game including two amputee returned soldiers caught up in the quarantine requirements.[26] A stay at the quarantine camp at Torrumbarry, near Echuca, was reportedly an ordeal for returning NSW residents, with conditions there said to be 'scandalous'. All camp services had to be paid for, and the necessary medical certificate cost ten shillings. As Alderman Williams from Deniliquin Council put it, 'if the Government

caused people to go into the Quarantine Station they should not have to pay for it'.[27] Reports of conditions in the camps, mistakes or oversights by authorities, and the economic hardship quarantine caused became regular features of border newspapers throughout February and March 1919.

Where NSW border towns were not on the major railway lines radiating out of Sydney, their main fear of contracting the virus focused on nearby Victorian border towns and travellers from Victoria more generally. Historian Alison Moir argued that an initial period of 'cross-border solidarity' was soon followed by greater anxiety over transmission and infection. There was a sense of shared frustration over the inconvenience and difficulties posed by the initial quarantine and medical check requirements, she suggests, but this soon gave way to a greater concern about the possibility of infection.[28]

NSW authorities mandated masks from 30 January 1919. Mask-wearing became a symbol of difference and was a shock to Victorians entering NSW border towns, where the inhabitants were largely masked up. As case numbers in the nearby Victorian towns increased, there was a discernible shift in tone in the NSW local press, with the editorial advice given to readers becoming more wary. In February 1919 the *Riverina Recorder* emphasised that there were no cases in their region and advised readers:

> The total number of cases in Victoria has now reached 2000, with 60 deaths, and as the disease has pretty well spread all over that State, it is most urgent that no person should be allowed to cross into New South Wales from Victoria, unless they have been inoculated and undergone the necessary quarantine, and hold a New South Wales Government medical officer's Certificate as being free from the disease.[29]

At the same time there is evidence of sober acceptance that those on the other side of the border were not always responsible for new infections. A correspondent from the small farming settlement of Craigie, not far from Delegate in NSW, reported in August 1919 that 'some of the border districts are having a bad time, from, it is said, influenza'. The correspondent noted that a traveller from Orbost in Victoria was said to be the 'cause of the outbreak but as the same epidemic raged around this locality only a short time since, it is almost certain that neither the traveller nor Orbost was guilty'.[30]

Deliberate Flouting or Undermining of the Regulations

The border press did report some court cases involving people who were charged with infringing border and public health regulations. There was a high-profile case in Albury where eleven Victorians were charged with illegally crossing the border. Another case was reported from the high country when two stock employees from Khancoban were charged with crossing the river into NSW with a mob of cattle without the appropriate approvals. In all cases the fine was a hefty £3 and court costs of six shillings—more than a week's minimum wage.[31]

The press reported complaints and dissatisfaction, especially as quarantine was still required when most towns either side of the border had no influenza cases. What especially riled country press editors was the complete absence of any cases found in the quarantine camps with their regime of temperature testing, so the argument was that this major inconvenience was having little or no effect. When the NSW attorney general visited the Albury showground camp the *Border Morning Mail* editor was outraged. It seemed, he argued, that the attorney general could come and go at the camp as he pleased, but no other visitors were allowed, and any interaction with outsiders was strictly forbidden.[32]

Clashes between returned soldiers eager to travel to their home communities and local police enforcing the border regulations had the greatest potential to create a more serious border incident. There had already been violent clashes in the capital cities featuring disaffected returned men from as early as 1916.[33] A report in the *Farmer and Settler* noted in March 1919 that a dozen returned soldiers travelling in a horse and cart became angry after being refused entry into NSW at the Union Bridge. 'After a heated argument', commented the paper, 'they were escorted back to the Victorian side'. This was not the end of the matter, for three mounted men (two of whom were soldiers) galloped across the bridge shouting to the police constables to stand aside. Later that evening, three soldiers crossed the river on horseback near the sports ground, but they were arrested by police in the streets of Albury and taken back to Victoria.[34] It is impossible to track how many other soldiers might have been successful in avoiding capture in these clandestine border crossings.

Perhaps the most concerted effort to modify if not subvert the regulations occurred in far east Gippsland, that area of Victoria so heavily reliant on south-east NSW for trade, supplies, and access to markets.

A campaign to declare far east Gippsland part of the NSW quarantine zone gained some momentum and was well covered in the NSW and Victorian press.[35] Faced with indifference, or at least an unwillingness to alter the regulations, residents in this part of Victoria effectively began self-isolating to minimise contact with other Victorian towns. Residents of Mallacoota, Genoa and Wangrabelle steadfastly refused to serve motor vehicles that had travelled up from Orbost.[36] They spread the word that there were no services available for tourists, 'for at each place', complained one party who had driven up from Central Gippsland, 'it approached people who held up their hands in warning and shouted to the motorists to go back'.[37] Lobbying from this region convinced the acting prime minister, William Watt, and the Victorian minister for health, John Bowser. Both indicated publicly that their government would support such a move. However, the NSW government refused to make the change, even though it had initially indicated it would seriously consider it and sentiment in NSW border towns strongly supported it.[38]

Despite the complaints and the controversies, most reports suggest a high degree of compliance with the border controls and public hygiene measures. There were oblique references to border crossings via little-used tracks or hidden parts of the Murray River well away from public roads and communities. NSW police could hardly keep an eye on the whole of the river, much less the lengthy land border down to Cape Howe. At the Swan Hill Bridge, according to Melbourne's *Argus*, Victorian barbers and dentists were attending to their NSW customers and patients through the fence itself.[39] The difficult environment at Swan Hill, Albury–Wodonga and elsewhere was undoubtedly ameliorated after NSW authorities modified the regulations in mid-March 1919, reducing the quarantine period to four days with a medical certificate, and allowing cross-border movement with a police permit for those who lived within ten miles of the border.[40]

Given their secret and at times illegal nature, these banned crossings are very difficult to quantify. Local historians along either side of the border suggest that such crossings, away from the main bridges and patrolled sites, were commonplace.[41] The *Age* received what it called a 'reliable report' from Wahgunyah that, while the police patrolled the bridge crossing 24 hours a day, 'no river patrols exists and there are many instances of persons avoiding the restrictions by crossing in boats

belonging to residents living along the river, which, the correspondent states, are doing a "thriving business'".[42] And, as we have seen, First Nations people along the border regularly traversed the boundary to avoid scrutiny or control from state authorities. 'In practice', as A.J. Brown and Mark Bruerton have noted,

> most Australian state borders travel through rural or remote areas of the country, with low population densities. Communities in these regions tend to address localised cross-border issues in informal ways, usually without formal agreements and with or without recourse to (or approval from) state governments.[43]

Conclusion

In September 1919 both states declared the pandemic over, and indeed case numbers appeared to be subsiding. The worst of the crisis, or so it seemed, was over. But the experience of border closures and border difficulties persisted as a regional memory in these communities, kept alive by local historians, historical societies and families. It should come as no surprise then that, once state border closures were reintroduced in 2021 during the COVID 19 pandemic, it was the border newspapers and media—where they still existed—that highlighted this earlier history.[44] Border histories reveal much about the nature and extent of our federation, revealing not only how the idea of a unified nation was more imagined than real but also the ways typical patterns of economic and social exchange could easily be overturned by the states at will. The editor of the *Riverine Herald*, in railing against the border restrictions, lamented: 'The people of several states can apparently be kept as much apart to-day as they were before the days of federation'.[45] As geographers Corey Johnson *et al* have noted: '[r]ather than neutral lines, borders are often pools of emotions, fears and memories that can be mobilized apace for both progressive and regressive purposes'.[46] Border communities under crisis conditions reveal the unfinished project of federation, its contingent status, and how border controls were subject to modification or even local adaptation.

Notes

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Young Voices of the Pandemic: The COVID Kids Oral History Project

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Abstract

As the COVID-19 pandemic spread throughout the world in 2020, the Way Back When team of professional historians, recognising the rareness of the situation and its particular impact on children, decided to conduct an oral history project to capture personal experiences in the present for the benefit of historians and researchers in the future. Over a period of two months, we interviewed over 50 children and young people between the ages of four and nineteen about their experiences of the pandemic. The moments in time captured in these interviews offer a window into the lives of young people during what we hope is a once-in-a-lifetime event.

When the world plunged into lockdown in 2020 as a result of the COVID-19 pandemic, the members of our small team at Way Back When Consulting Historians, like so many others, suddenly found themselves with limited paid work. Many projects we had started and others that we had scheduled for the future had to be put on hold or significantly modified owing to the restrictions placed on travel, access to archives and face-to-face contact. We were stuck in our homes with our families, which for half the team included school-aged children.

Recognising the uniqueness of this time and our own situation, we decided to use our skills as historians to capture some of these experiences in the present, so that historians and researchers in the future could better understand what it was like to live through COVID-19. We had before us an amazing opportunity to design and undertake a project completely of our own making—an opportunity that does not come along frequently for consultants, and one that we relished.

Through our own personal and anecdotal experiences, we were acutely aware of the particular impact the pandemic was having on children and young people. We saw this as the perfect opportunity to

capture and collect the stories and experiences of a group that is often silent in archival collections. Finding the voices and experiences of children and young people in the archives is incredibly challenging, as they leave few records behind. Children are often written *about*, especially in the case of official or state archives such as the records of welfare, education or legal organisations and institutions. Looking through these records, we can uncover much about the experiences of children during major events such as wars, epidemics and pandemics, as well as within official systems such as orphanages, welfare institutions and schools. But these are not the experiences of children in their own words and voices.

There are also archives documenting adults' recollections of their experiences as children, especially where they had traumatic interactions with official institutions or agencies. We can infer experiences and revisit memories through oral history interviews (where possible) with adults about their childhoods. But finding the actual voices of children in the archives, expressing their thoughts, feelings and experiences in their own words at the time they occurred, is a much more challenging task. This is a major reason that Anne Frank's diary has remained such an important historical resource as rare evidence of a child's experience of the Holocaust, written in her own words. While sources other than written documentation, such as children's drawings, can also provide valuable insights into children's experiences, they can be difficult to interpret, and comparatively few artefacts produced by children have been preserved.

Lockdown in the state of Victoria, and particularly in Melbourne, was relatively severe within the Australian context. At the height of the second wave of coronavirus cases, stage four restrictions included a five-kilometre travel limit, one hour of exercise outside the home per day, bans on gatherings of any kind, and only four permitted reasons to leave home. The closure of playgrounds and schools particularly affected children.

Although we were aware that large collecting institutions around Australia were working hard to build contemporary collections about COVID-19, we also knew that the pandemic was affecting everyone, so there was a huge variety of experiences to cover. While children's experiences would inevitably be part of these collections, oral histories with children did not appear to be a major focus.[1]

We knew that we had to capture stories quickly. By the time we began to seriously plan this project, however, restrictions were due to ease, and we wanted to speak to children and record their experiences and musings

before the lockdowns ended and their memories of that time began to fade. The temporality of the situation was one of our biggest concerns. We knew that life would change very quickly once restrictions eased. This presented both a challenge and an opportunity.

As a small, four-person team with plenty of experience running oral history projects, we were able to respond rapidly. However, while we were motivated to act quickly, we did not want this to be at the expense of a thorough approach that took ethical considerations into account.

We wanted to capture the stories and experiences in the moment, but when we started this project we had no idea where the collection might end up. We hoped we would be able to find a permanent home for it in a large collecting institution that would ensure its preservation and accessibility for future researchers, but at the time we had no certainty that this would be possible. We needed to assure our interviewees and their parents that although the collection would be temporarily stored with us we were hoping to find a secure, permanent home for it in the future. This also meant that we had to be prepared to undertake more work down the track in terms of re-contacting the participants and seeking their consent for the materials to be placed with a permanent collection. This was a unique challenge for us, since in all our previous projects we and our interviewees knew from the outset what the outcome would be for the collected material.

Clear communication was therefore essential, and we took great care in making sure our interviewees and their parents understood what we were hoping to achieve with the project. We set about creating a strong methodology and process, preparing a risk management strategy, providing information statements for children and parents, and arranging for consent forms tailored to different ages. When we began interviewing, we were careful to gain clear consent, both verbally and in writing, from participants and their parents.

Once this documentation was prepared, our next step was to find participants. Drawing on our own families and friends, we were able to locate eager participants in Melbourne and regional Victoria relatively easily. However, because we were relying on our personal networks, there were limitations to the types of interviewees we were able to source. Our many friends and family members came from similar socio-economic and cultural backgrounds, and most also had similar experiences of the pandemic.

The moments in time captured in interviews of these COVID Kids offer a window into the lives of young people during what we hope is a once-in-a-lifetime event.

The collection of interviews has a permanent home with the National Library of Australia's remarkable Oral History and Folklore collection.

While we were aware of this limitation, we did not let it deter us from continuing. Our thinking was that anything we collected at this stage—despite limitations in the sample—would be better than nothing. And, although we did end up with a large number of interviewees of similar background, the breadth of individual experiences, reflections and understandings of the pandemic was nevertheless diverse and fascinating.

Over a period of two months from September to November 2020, we managed to interview over 50 children and young people between the ages of four and nineteen, ranging from kindergarten to first-year university students. The interviews covered topics such as understandings of COVID-19, the reasons for restrictions, engagement with media and information relating to the pandemic, and changes to home life, schooling, activities and relationships.

The impact of the pandemic on the lives of the children we interviewed is evident in the collection. All of our interviewees had been learning from home for nearly half of the school year, and for some of our youngest interviewees this was also half of their entire school lives! The schools they attended had varying levels of resources and support. Several interviewees had parents who lost jobs owing to the pandemic, and most had at least one parent who had been working from home for much of the year. Some had parents who were able to assist with home schooling, while other parents were essential workers employed outside the home. Many were separated from family members who were interstate or overseas, and all of them felt the effects of being kept apart from friends.

Cancelled birthday parties or holidays were a big feature of the lockdown experience for many of our interviewees, as was the feeling of missing out on special events or activities. Some of the interviewees noted the particular impact of the pandemic on special religious or cultural days of commemoration and celebration. Feelings about home schooling ranged from those who thrived, preferring it to regular school, to those who really struggled and found their motivation and concentration tested to the limit. Seventeen-year-old Ed said:

> For a while during online learning I wasn't feeling the best, so I cleaned a bunch to give myself a bit more space because I was feeling a bit claustrophobic … I've never really felt too bad. I've always been pretty nonchalant, happy about it, but with COVID there were just days where I was just really tired and unmotivated … and my room just got a lot worse. I wouldn't do my work; I'd just lie in bed for a couple of hours listening to music.

There was considerable variation in responses relating to understandings of what was actually happening and what the COVID-19 pandemic was all about. Some of the young people were actively following case numbers, could describe what the virus looks like, and understood a great deal about what the restrictions were and why they were in place. At just five years old, Charlotte understood that 'it is a virus that has germs that can spread … Someone passed it on and then passed it on and then passed it on to other people and it keeps on spreading around the world'. Eight-year-old Mattea said, 'We have to keep apart just a little bit, and not touch, and not be in a big crowd'. When asked about face masks, she observed: 'Some people just don't wear it over their nose, and if they don't wear it over their nose, there's no point even wearing a mask!'

Other interviewees remained mostly oblivious to what was really going on, with a fairly tenuous grasp of why their lives had been so drastically interrupted. Some provided interesting insights into the stories that children told each other about coronavirus. When asked how COVID-19 first appeared, seven-year-old Zoe said: 'In China people at a market made bat soup, one person ate the bat and got COVID and it just spreaded around the whole world'.

Many of the children and young people we interviewed provided surprisingly introspective reflections about their experiences, commenting on the things they had learned about themselves and their own needs, particularly when it came to their personal relationships with family members and friends. Speaking about reconnecting with friends after lockdown, nine-year-old Riley shared: 'It's hard, going back to see them. It would probably be different. And we're maybe not as close as we used to be, because we used to play with each other every day'. Some young people relished the opportunity to spend more time with their families, and many described using lockdown periods to master a new skill or develop a new hobby. For some interviewees, the addition of a new pet was a highlight of being in lockdown, and many included their pets when telling us about the family members they were living with.

What we found particularly striking was that no matter what challenges these children and young people found themselves having to confront—and for many there were some significant challenges—the majority maintained an overwhelmingly positive attitude. Many of the interviewees were confident that scientific researchers would eventually produce a vaccine for COVID-19 (as there were none at the time of our

interviews in 2020). The majority supported the restrictive measures that were put in place to slow the spread of the virus and protect the community, believing they were for the greater good of everyone around them. Many interviewees were able to see the benefits of going through the experience of lockdown. Fourteen-year-old Ruby reflected: 'I've started really appreciating that I have people around … I think it's made me a bit more grateful about what I have than what I wish I had'.

As interviewers, we found this project was an inspiring and uplifting experience for us as well in providing insights into how hopeful these young people remained. Having the opportunity to chat with them was in many ways the perfect antidote to our own feelings of helplessness and despair brought on by what felt like never-ending lockdowns. We should note, however, that the positivity of many of our interviewees was no doubt influenced by the privileged socio-economic circumstances of their families.

Because of the restrictions in place, we conducted all the interviews as part of this project remotely, using Zoom as a platform to both interview and record. There are obvious limitations with remote interviewing, including reduced recording quality, troublesome internet connections, a lack of control over the recording environment, and the challenges of building a strong rapport with the interviewees through a computer screen. However, we found that this mode of interviewing and recording provided an accurate reflection of the unique period we were living through, given how much of our lives we were spending online and connecting with others over Zoom. Watching the interviews now gives a strong sense of that time, from sudden technology glitches and rooms that were too dark or too bright, to fuzzy microphones, strange camera angles, and family members interrupting and making noises in the background. Ultimately, we feel that the stories and experiences we recorded were worth it, despite the fact that we were unable to control the quality of the recordings as well as we usually can.

We have a lot of oral history experience between the four of us in the Way Back When team, but this was unlike any other oral history project we have worked on. Interviewing children brought up many dilemmas, including how to make sure of informed consent, building and maintaining rapport with interviewees, adapting our questions to suit different ages and situations—and, most importantly, keeping our interviewees engaged in the conversation. While we prepared as much as

we could, we found that interviewing children required us to be constantly on our toes and ready for anything. We went into each interview with very little idea about where our interviewee might take us, and we adapted as we went. For example, while we did initially interview some children as young as four years old, we quickly decided to limit our interviews to school-aged children, as we found that it was difficult to keep four-year-olds on topic and engaged with the conversation, especially remotely. The project was an exhausting but exhilarating challenge.

We are thrilled that our collection has now found a permanent home with the National Library of Australia's remarkable Oral History and Folklore collection. The library will ensure that our COVID Kids interviews are preserved alongside over 55,000 hours of recordings that provide information about cultural, intellectual and social life in Australia and document our history in the voices of the people who have lived it. It is rewarding and gratifying to know that future researchers will be able to listen to the interviews that were gathered as part of our project, to find out what it was like for kids living through Melbourne's 2020 lockdowns.

The moments in time captured in these interviews offer a window into the lives of children during what we hope is a once-in-a-lifetime event. We have high hopes that future historians will find this collection a valuable resource for providing important insights into this pivotal time in our history. We are extremely proud to have contributed in a small way to the collective memory of the COVID-19 pandemic by recording and preserving the voices of children and young people. As the pandemic continues, we also hope to continue our work with this collection to ensure that these voices are not lost to history and feature loudly in the archives of the future.

A short film created to be viewed with the COVID Kids collection is available on our website: https://www.waybackwhen.com.au/covid-kids.

Notes

1 Some examples of COVID-19 collections around Australia include: *Journal of the Plague Year*, The University of Melbourne, at https://pursuit.unimelb.edu.au/articles/journal-of-the-plague-year; *Collecting the Curve*, Museums Victoria, at https://museumsvictoria.com.au/collections-research/collecting-the-curve; *Memory Bank*, State Library Victoria, at https://www.slv.vic.gov.au/memorybank; *NSW at Home*, State Library New South Wales, at https://www.sl.nsw.gov.au/nswathome; *Bridging the Distance*, National Museum of Australia, at https://www.nma.gov.au/about/bridging-the-distance-pandemic-experiences. All accessed 29 July 2022.

INTERPRETING AN IMAGE

‘Taking no risks’: Traralgon’s Response to the Influenza Epidemic

Cheryl Griffin

The ‘Flu’

There’s been much agitation, likewise some sore vexation
To prepare to meet the dread and wily flu.
And the Shire Council has decreed that to meet the urgent need
An isolation hospital is wanted too.

So the State School’s been fitted, paraphernalia all collected,
Matron, nurses, wardsmen all are on the spot.
The staff is all quite ready, just waiting for a steady
Stream of “pnu-flus” from the township in to trot.

The kids with joy are singing while the Dr’s phone keeps ringing
Replying to enquiries what to do till he can come;
While the nurses and the staff (again the kiddies laugh)
Look and long and yearn for patients—just for one

The scholars who’re away enjoy it more each day,
Say the hospital is an excellent idea;
But the mothers fume and fret, for there’s no respite in store as yet
And the month’s vacation seems to them a year.

The wonted sense of jollity with the kiddies full of glee
As they ramble round the old school day by day
Is changed to one serene, only bunnies can be seen,
Gambolling where the scholars have their play.

The hospital’s quite up to date, snow white bed in rows await
An occupant whose symptoms leave no doubt
That he’s well and truly caught the complaint that must be fought
To a finish till its settled, down and out.

As the days go slowly by, the flu keeps drawing nigh.
Morwell’s well infected, not a dozen miles away;

And the townsfolk look and sigh as they pass each other by
Half scared to say "How's Mr Dash today?"

It wasn't safe to even cough or to say you're feeling off
Or the rumour's bound to fly around alright,
That So-and-So's infected and to have his ills corrected
He was taken to the hospital last night.

But the trouble looks like ending, soon the mothers will be sending
The boys and girls along to school once more;
And for nurses for the flu and all the doctors too
A well-deserved and needed spell's in store.

Now the flu has spent its force and Traralgon in its course
Has been spared and still remains quite free and "clean";
A word of praise from me to those who helped to keep it free
From the terrors of the flu that might have been.

J. Ockwell, Traralgon South, 22 February 1919 (*Traralgon Record*, 4 March 1919, p. 3)

Figure 1: Staff of the Emergency Hospital set up in the Traralgon State School during the influenza epidemic in 1919 (Courtesy Royal Historical Society of Victoria, MS 000883, image MSP4-0465)

When this photograph was taken, the small Gippsland town of Traralgon, 160 kilometres east of Melbourne, had been established for just 60 years. Traralgon is located on the land of the Braiakaulung people of the Gunaikurnai nation, who had lived there for many thousands of years before the first white settlers arrived in the 1840s and occupied land in

what is now known as the Latrobe Valley. By the 1860s Traralgon had been transformed from a pastoral run to a tiny settlement with little more than a store, an inn and a few bark huts housing a dozen or so families. Ten years on and new life came to the settlement after the discovery of gold in Gippsland and elsewhere. The arrival of the railway that connected the town to Melbourne in 1877 created even more economic opportunities. As land opened up for settlement, dairy farms and associated industries became the area's lifeblood. This was the core of Traralgon's economy until well into the 1930s.

Although it was a town of only about 2,000 residents, 252 Traralgon men served in World War I and 52 died in the conflict, so the town's residents were well aware of the traumas brought about by war and had rallied together during the war years to support those serving overseas and the families left at home. They were probably not prepared for an extra trauma, a deadly virus brought home by returning service personnel. However, as you can see from this photograph, the town responded quickly. The local council, health authorities, community groups like the Red Cross, and ordinary residents readied themselves for the 'terrors of the flu', first reported in the local newspaper, the *Traralgon Record*, in late January 1919.

Like its neighbour Morwell, a similarly sized town, Traralgon had no hospital, and so the state school in Grey Street with higher elementary school attached was commandeered and refitted as an emergency isolation hospital. Classrooms were converted into wards capable of holding twelve patients and other rooms were transformed into kitchen and laundry facilities. A group of volunteer staff, under the supervision of Matron Esther O'Mara, took up residence in the higher elementary school.

All was in readiness on the day the staff posed for this photograph (Figure 1) outside the school alongside a number of unidentified adults, some children, and a dog that sits in front of Matron O'Mara, looking at the photographer as if to say 'I'm part of the team, too'. Standing in the middle is Dr Andrew Hagen, who had changed his name from Hagenauer when he enlisted as a medic in 1915. Hagen, a Gippslander who was born to missionaries Friedrich and Louisa Hagenauer at Ramahyuck Mission in 1875, returned to practise in Traralgon in early 1919 and, along with Shire Health Officer Dr T.A. McLean, attended the influenza cases of the district.

The verses reproduced at the start of this piece tell the story of the early phase of the epidemic when Traralgon beat the odds and could boast of keeping free of the 'terrors of the flu that might have been'. There were cases all around—30 at the Sale Hospital by the end of January—and other Gippsland towns were taking similar precautions, Morwell also converting its state school to a temporary hospital.

Melbourne cases rose sharply and, as city residents flocked to the country by train, they were warned to isolate on arrival. People were also advised to wear masks and to wear them properly. Borders closed. In Melbourne, pubs closed within a radius of fifteen miles of the GPO, but churches remained open. Schools closed, many of them to take up duty as emergency hospitals.

In Traralgon, the community rallied, and the local Red Cross set about finding bedding and other much-needed supplies. And all the while, Traralgon remained influenza-free. Eventually, in the first week of March, the town's temporary hospital was dismantled and the school re-opened. But two months later, when a new wave emerged and several cases were reported in Traralgon, there was no choice but to take over the school again. This time the pupils continued their schooling in the various Protestant Sunday Schools. The hospital staff moved back in and were soon dealing with fifteen cases (Yarram, about 60 kilometres south, had 40). Towards the end of May, the first influenza death was reported, and later Mrs Jones, one of the volunteer nurses and wife of local clergyman Reverend W.C. Jones, became ill but survived. The only other reported casualty was a 41-year-old woman who died of complications from an earlier bout of flu.

By the end of May the worst was over in Traralgon, even though the epidemic continued to 'hold sway' throughout Gippsland. The school was cleaned and fumigated, the wards turned back into classrooms and the nurses moved out of their quarters in the higher elementary school. Within two weeks school activities had resumed, despite the reservations of some parents who believed that their children were in danger from lingering germs. The minister of health glossed over these concerns, decreeing that all school buildings being used as hospitals should close for cleaning, then reopen for classes.

The 1919 influenza crisis triggered concerns in Traralgon about the lack of a local hospital, and the community turned its attention to 'the hospital question'. Dr Hagen and his second wife Sara built a private

hospital 'Cumnock' there in 1925, but it was not until 1950 that the foundation stone was laid for the Traralgon and District Hospital. It opened in June 1956 and was merged into the new La Trobe Regional Hospital in 1991.

By 1956 industry and modernity had come to Traralgon, and it was no longer a small rural community centred on its dairy industry. Electricity had arrived in 1923, and a paper mill opened in 1936. Other industries moved in. Coal mining transformed the Latrobe Valley landscape, bringing with it power generation plants. With increased employment opportunities came a huge growth in population, but the area suffered job losses and social dislocation when power plants were privatised in the 1990s. The City of Latrobe, incorporating Morwell, Moe and Traralgon, was created in 1994. Today, Traralgon's economy is diversifying and it is a growing industrial city, home to 25,000 people, more than ten times the number who faced the influenza epidemic of 1919.

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REVIEWS

Jas A Munro & Co: The Largest Garage in Melbourne

By Ian Berg. Ian Berg, Melbourne 2021. Pp. 150. $50.00, hardback.

Historical sources for Australia's automotive history, outside of the major manufacturers, can prove difficult to come by. This is especially the case for the smaller, independent businesses that have served as the industry's backbone since its formation. The Munro family archive is an exceptional source, which Ian Berg has diligently sought to showcase. As the author notes in his introduction, the story of Jas Munro is just one story held within this private collection, but it is a notable one as his life as a key business owner within the burgeoning automotive industry offers an insight into urban life in early twentieth-century Melbourne.

Munro's story is a common one for his era, but others are rarely this well documented. His life and work were influenced by the transformation of mobility that occurred in the late nineteenth century. He originally took after his father, working as a coachbuilder, but with a passion for cycling. He emigrated to Melbourne from Scotland in 1891 and set up a factory to manufacture bedding and other small goods. It was not long before he resumed his passion for cycling and became fascinated with the new motorcycles arriving from Europe. Like many cycling enthusiasts, Munro's interest was piqued by the new motorised cars. His association with the Melbourne Bicycle Club (many members of which became the founders of the Automobile Club of Victoria) and his connections to businesses in France provided an entry point for Munro to expand his business interests into the new automotive industry. He imported his first car in 1907 and purchased a large property on Elizabeth Street in 1910 to open his garage.

Munro's entry into the automotive industry occurred during a pivotal period of transformation. While prices still restricted car ownership in urban Melbourne to the wealthy elites, the car itself was no longer considered a novel toy for modern men. Rather, it was increasingly seen as the transportation of the future, and sales grew accordingly. Munro's exclusive business deals with French manufacturers and his local connections to the Automobile Club allowed him to quickly expand

his business. By 1912, he employed over 160 people in his garage, with turnover well exceeding those of his other manufacturing enterprises.

The outbreak of war in 1914 completely disrupted the automotive industry. Manufacturing soon stopped, as Munro's main suppliers in France and Britain were co-opted by their respective governments for the war effort. Berg's account balances the narrative of the war effort well between the conflict in Europe and its personal effects on Munro. Both Munro's sons enlisted for war, while Munro himself turned his manufacturing enterprises towards building ambulances for the Medical Corps. The war severely restricted the automobile business, and by 1917 Munro was reliant on his bedding manufacturing business to keep his automotive enterprises afloat.

Having survived the disruption of the war, Munro was well placed to profit from the automotive boom of the 1920s. His sons used their service in France to study the continental automotive industry and brought lessons back home to incorporate into the family business. Success came again quickly. Munro sought to expand his enterprise to Sydney in 1920. Unlike his Melbourne garage, however, the Sydney business proved troublesome, and efforts to balance the books between the two garages caught the attention of the federal commissioner of taxation. Munro found himself in court contesting charges throughout the decade, which took a toll on both his finances and his health. Facing increasing competition from larger manufacturers and the closure of his Sydney garage in 1924 through financial difficulties, Munro by the end of the decade had leased his Melbourne garage and retired, leaving his manufacturing enterprises to his sons.

The omission from this story is the contribution of the workers within Jas Munro's garages, with the exception of Jas's sons who worked within the Melbourne garage and assisted with the short-lived Sydney expansion. We see Munro's employees in photographs throughout the book, but they are never heard from. They are, of course, a critical part of this story. Berg notes that a larger disruption than the loss of importing during the war was the loss of staff. While the omission of these voices may be expected for a manuscript produced from a family archive with a biographical focus, it is still a noticeable gap.

Nevertheless, Berg's biography of Jas Munro will delight automotive enthusiasts, who will also appreciate the numerous photographs throughout, direct from the Munro collection. Historians interested

in both Australian business and automotive historiography will find great value in the fine details throughout. The addition of an appendix on the history of the Elizabeth Street garage, and what became of the site throughout the twentieth century, will also be of interest to urban historians.

Michael P.R. Pearson

Pioneers in Two Colonies: The Armytage Family in Australia 1816–1876

By Dennis Green. Ballarat Heritage Services, Ballarat 2020. Pp. 264. $60.00, paperback.

'This is not a thesis, following strict academic rigour', author Dennis Green explains in the preface to his comprehensive account of Tasmanian and Victorian pioneer George Armytage (1795–1862) and family. But few academic theses could outrank this work for the rigour of its research and careful documentation. A former associate professor of Engineering Project Management at RMIT University and author of professional papers and reports, he claims this as his 'first publication of a more general nature'. He came to the topic not as an Armytage descendant but as a long-time volunteer at the National Trust's flagship homestead, 'Como', in South Yarra, which for 90 years was an Armytage property. His enthusiasm and professional standards make a good combination.

George Armytage, like Abraham, was fruitful and multiplied. With his wife Elizabeth, whose own exceptional story is well told here, he had eleven children to survive infancy and some 53 grandchildren, so there is no shortage of descendants, including through the Hopkins, Galletly and Fairbairn lines. Different members of the family built or became associated with a host of properties of great historical significance in Victoria apart from 'Como': to name a few—'Fulham' near Balmoral; 'Ingleby', 'Wormete' and 'Turkeith' near Winchelsea; 'Elcho', 'Windemere' and 'Wooloomanata' near Lara; 'The Hermitage' at Geelong, 'Mount Sturgeon' near Dunkeld, 'Holm Park' at Beaconsfield and 'Delgany' at Portsea. A virtue of this book is its capacity to untangle these threads.

Historian Philip Brown, writing in the *Australian Dictionary of Biography* in 1966, may have been the first to reveal unequivocally that Elizabeth Peters, who married George Armytage in Van Diemen's

Land, was the daughter of an emancipated convict, Thomas Peters. Previous family accounts tended to gloss over this point or romanticise Elizabeth's father's past. Dennis Green provides detail and a much more interesting story. Sentenced in York in 1802 to transportation for larceny of silverware, Thomas Peters was sent on the famous *Calcutta*, which first attempted settlement at Sorrento before relocating to Van Diemen's Land. Thomas's wife Ann, and Elizabeth their infant daughter, were permitted to accompany the prisoners on this voyage. It was Ann, a free settler, who was the first in this family to acquire a land grant near Hobart, the nucleus of what became 'Peters' Farm'. Initially her husband was assigned to her as her servant. This means that although young Elizabeth Peters was the daughter of a convict she was also the daughter of a free settler.

Green enjoys extending the scope of this book well before and after its formal dates of 1816 to 1876. This allows him to explore the uncertain details of George Armytage's aristocratic origins and family connections to the Armytages of 'Kirklees Hall', Yorkshire, his childhood, and possibly his early training as an engineer. Alone of his family he set out for the Australian colonies in 1815, travelling briefly to Sydney and then to Van Diemen's Land. It was in 1818 that he married the sixteen-year-old Elizabeth Peters and flourished as a farmer, publican, and builder and operator of flour mills in the vicinity of Bagdad, north of Hobart.

Their eldest son, Thomas Armytage, born in 1820, was deemed old enough at sixteen to be among the first Vandemonians to venture to the Port Phillip District, preceding his father. Thomas was a key player in some of the formative events. It was he who found the remains of the murdered Charles Franks and his shepherd Flinders, subsequently interred at the first burial ground on Flagstaff Hill, Melbourne. Thomas was also in the search party after Joseph Gellibrand and George Hesse disappeared in the Western District. Still as a young man, with a broken heart and a scandalous love interest behind him, Thomas died of uncertain causes in 1842. Was it typhus, a chill or suicide? Again, with forensic attention and an absence of sensationalism, Dennis Green provides a chapter called 'A Scandal in Hobart' to give context to the story.

Much recent historical writing on Victoria's colonial origins has diverted the spotlight from Sydney and New South Wales, the seat of our first government. The Port Phillip District and its growth in its first fifteen years of European settlement becomes better understood when seen as

an offshoot or colony of Van Diemen's Land. With a cool head, Dennis Green steps the reader through the main episodes and controversies of early colonial history on both sides of Bass Strait. His bibliography and footnotes show awareness of recent historiography on matters such as convicts and settlers, governors and administrators, Tasmanian bushrangers, the 'Black War' and what he calls 'the tragic farce of the Black Line' and the motives of members of the Port Phillip Association as instigators of the Batman Treaty. But he shows how these sometimes academic topics become real when they intersect with real lives. For example, in the Black War the innocent casualties could be on both sides, irrespective of the original sin or the consequential near annihilation of the Indigenous people. In an attack on the Peters homestead, one of Elizabeth's younger sisters is speared to death and another grievously injured. Such experiences were used to justify the attitudes of colonists as they moved into territory on the other side of the Strait and set out again to displace the original occupiers by treaty, by strategy or by force if necessary, and to impose their own social structures on a new frontier.

A newcomer looking for an introduction to Tasmanian and early Victorian colonial history might find this a more helpful primer than broader histories. The specific can be more illuminating than the general.

In this vein, the author takes the reader chapter by chapter through the subsequent progress of the Armytage family and its array of strong personalities in colonial Victoria, always keen to check family stories and local legend against the original record.

The writing style is businesslike, the author allowing repetition of detail perhaps in recognition that some readers are likely to dip into the work in search of specific information. The book is equipped with extensive appendices. The publisher, Dorothy Wickham, has herself provided a good index. Art paper has been used throughout to allow colour illustrations, but this makes the near-A4 format unwieldy. A design flaw is the failure to put the many subheadings in the text into bold or a different font. Given the huge amount of information in the book, occasional typographical errors can be forgiven. In summary this is encyclopaedic yet accessible. The engineer builds his bridge well. It is an impressive piece of original research and scholarship.

Andrew Lemon

Spies and Sparrows: ASIO and the Cold War

By Phillip Deery. Melbourne University Press, Melbourne 2022. Pp. 280. $34.99, paperback.

The funeral of Mikhaïl Sergeyevich Gorbachev in September 2022 saw the last Soviet leader interred in Moscow's Novodevichy Cemetery. It is there that his shade might now be able to commune with that of another previous Soviet leader, Nikita Sergeyevich Khrushchev. Novodevichy is located near Moscow's historic Sparrow Hills (Vorobyevskie Gory). These sparrows take us from an aviary to an *Asiory* in Phillip Deery's intriguing new study of the involvement of several Australians and would-be Australians in intelligence-gathering in the second half of the twentieth century.

Of the eight individuals examined in this volume, most are Australian, with one Russian (Mrs Yevdokia Petrov), one Czech (Maximilian Wechsler), and one Greek Cypriot (Demetrios Anastassiou). This diversity of nationalities covers a spectrum of outlooks and political allegiances. There is also some kind of gender balance evident in the cases of the two women discussed, Mrs Petrov and the remarkable double agent Mrs Anne Neill.

The political trajectory of the Australian-born Anne Neill was eventually to reach the extreme right, but not without a period on the other end of the spectrum—or seemingly so, at least. An Ealing comedy could be made out of the career of this 'fluttery old lady', who worked her way into the upper echelons of the Communist Party of Australia, travelling to Moscow in December 1952 and then Peking the following month, where she met Wilfrid Burchett, who was then reporting on the Korean War. Her departure from the Communist Party of Australia in 1958 coincided with other defections at that time, especially after the suppression of the Hungarian revolution and the execution of its leader Imre Nagy.

There were no comic aspects to the career of Yevdokia Petrov, whose decision to seek political asylum in Australia helped create a climate of opinion that ensured the dominance of conservative policies for virtually the next couple of decades. Contrary to the received opinion at the time, Yevdokia may well have been the senior partner in the marriage. Defection from the Soviet security apparatus was generally a highly risky

business, as has been attested in the assassinations or mysterious deaths of numerous political and security operatives over many decades.

As far as the Petrovs were concerned, Phillip Deery argues that, by extricating Yevdokia from the shadow of her more famous husband, we can see the personal cost and domestic distress that was inflicted on her life. Vladimir might have found solace in the bottle, possibly mindful of the precariousness of life facing defectors from Soviet security organs. He died in the Mount Royal Geriatric Hospital in Parkville, Victoria, in 1991, outlived by Yevdokia who died in 2002.

After his examination of the eight cases covered in this book, Phillip Deery considers the wider problem of ensuring security and the preservation of civil liberties at the same time. His analysis suggests that a concern with security, often rather imprecisely interpreted, usually has prevailed over wider concerns with such matters as freedom of organisation or expression. The deliberations of Mr Justice Robert Hope and the Royal Commission on Intelligence and Security in 1977 concluded that ASIO had pursued radicals rather beyond what was required to obtain security intelligence relating to subversion. Deery's conclusion leaves little ground for complacency.

Ian Cummins

The Party: The Communist Party of Australia from Heyday to Reckoning

By Stuart Macintyre. Allen & Unwin, Sydney 2022. Pp. 512. $49.99, hardback.

Stuart Macintyre concludes the second volume of his pioneering history of the Communist Party of Australia with a reflection on the challenges of writing such a history. 'The temptation in writing communist history', he notes, 'is to attribute all that was rewarding and admirable to communists while reserving censure for communism as an ideology and organisation. It is a false dichotomy' (p. 407). Party members, he continues, were as varied and complex as anyone else, and the organisation could 'sustain and inspire them' in exchange for complete loyalty. The interaction between party member and the party itself was complex, multilayered, shifting, changing and evolving.

The enduring achievement of this definitive work is the way Macintyre so effectively captures this nuanced understanding over several decades. He does so with the skill that is a hallmark of his prodigious scholarship: an even-handed analysis, judicious examples to support his lucid arguments, backed by a forensic attention to detail, woven together into a flowing narrative, without ever losing sight of the wider canvas and broader issues at hand. *The Party* is at once a compelling and demanding read; it is exhausting in its thoroughness and comprehensive treatment of communism and the party but engrossing in the insightful interpretation Macintyre offers of the CPA's history

Macintyre charts the fortunes of the Communist Party from the period of illegality in 1940 to its rise to unprecedented popularity mid-way during the war (1942–45) after the entry of the Soviet Union on the side of the Allies, and then follows its brutal marginalisation during the period of the Cold War, ending with the divisions within its own ranks during the 1950s and 1960s.

A refreshing and deeply appealing aspect of this book is the focus on members of the party, with close attention to understanding their aspirations, ideals and hopes. In the face of evidence of Stalin's tyranny, and the various international crises in communism such as Khrushchev's secret speech, the Prague spring of 1968, and the Sino-Soviet split of the 1960s, how did Communist Party members maintain the faith? To understand communism, writes Macintrye, is to 'imagine a lost world of political engagement', a level of popular participation that is 'unimaginable today'. If communists went further with their rallies, demonstrations, public meetings, Macintrye argues, 'they were practising a form of participatory politics with which Australians were familiar' (p. 23). The Communist Party demanded complete loyalty and dedication. In return, it provided training, self-esteem, confidence, knowledge, and a powerful world view for its adherents, where sacrifices were a badge of honour. While many stayed the course others departed, often with bitterness after having been brutally treated. Whether members left or stayed, the examination of the appeal of the party during periods of uncertainty and change is an important feature of the book.

Another enduring aspect of the story Macintyre tells is that communism and the party made a significant contribution to Australian society, ideas and politics. Whether through union activity, work with local communities, or engagement with women's issues, the peace

movement and Aboriginal rights, the communist perspective at the height of its influence shifted the direction of political debate. Its influence and its presence in Australian society outweighed its membership, although the extent of this varied in each decade. This is not therefore only a history of a political party and a movement. *The Party* makes a vital contribution to understanding Australian political history through several turbulent decades. There were faults and failings of course, and Macintrye does not shy away from exposing the party's intolerance. The resistance by communists, for instance, to the entry of Displaced Persons after the war was couched as a threat to Australian workers. The assumption they made about those refugees who had fled their socialist homelands was that they were automatically fascist and thus to be opposed uniformly as a group.

The ability of the Communist Party to reinvent itself as the head winds of change swept in is a further aspect of its history well captured. Macintyre shows that by the 1960s the model of support for communism in another country—whether Russia or China—was waning. The efforts to engage with new social movements such as feminism and building coalitions suggests the direction in which the party was prepared to move. Macintyre strikes a sombre note as he concludes his history in 1970—the year he joined the party. The continued activism over the next two decades awaits its historian, but for Macintyre it was a period of interminable decline, an interpretation that could be contested.

In *The Party*, Stuart Macintyre's vast scholarly knowledge and erudition is on display in ample measure. His last book gives us the opportunity to reflect on the extraordinary contribution of one of Australia's leading historians to the Australian academy. That this is Macintyre's final contribution is reason for great sadness. But he has left us with a magisterial achievement by which to remember him and, in doing so, bequeaths to us the precious gift of exceptional scholarship.

Joy Damousi

Class in Australia

Edited by Steven Threadgold and Jessica Gerrard. Monash University Publishing, Melbourne 2022. Pp. 280. $39.95, paperback.

This book of fourteen essays will help those interested in class in Australia to catch up with recent scholarship. As is often the case in such collections,

the essays vary widely and do not reflect an overall argument. Many, moreover, focus on very specific issues and do not necessarily cast light on the broad issues of class and its operation in Australia.

The introduction offers an excellent historiography of recent discussions of class. It shows that, despite talk of the 'death of class', 'notions of socio-economic status, inequality, stratification and poverty [have become] more and more prominent', and class is now more relevant than ever to understanding Australian society (pp. 9–10).

Some of the essays tell the personal story of the authors' evolving attitudes to the use of class as an analytical tool. A common theme is a shift from Marxist paradigms to the cultural approach of Pierre Bourdieu. Noble, for example, was originally 'unenthused by Bourdieu' (p. 25) but eventually adopted much of his approach. Bourdieu's cultural approach, however, runs the risk of complicating analysis to the point that it ceases to be useful in understanding broad issues. Noble discusses one case at length, of 'a fitter and turner who retrained as a graphic designer and loved classical music' (p. 33). On the basis of his tastes, can he be termed working class? Is there any category that would fit him and still work as a category?

Other essays adopt more materialistic criteria for class, following in the Marxist tradition exemplified by the US sociologist Erik Olin Wright. Western thus uses categories like employer, petty bourgeois, manager and worker (p. 63). But do these categories suit Australia as a settler colony? Are they adequate for the 21st century?

Most of the essays involve case studies, some quite interesting but all presenting the difficulty of relating the particular case to any broad concept of class. Tom Barnes and Jasmine Ali offer an instructive analysis of the case of warehouse workers mobilising in the face of closure of their workplace. Since 32 per cent of the workers were casuals employed by the company and 9 per cent casuals employed by a labour hire firm (and enjoying even fewer rights), nearly half of them were working on a precarious employment basis; they were part of the precariat, in the concept introduced in France and popularised in English by G. Standing's 2011 book of the same title.

The position of casuals is certainly a major issue for our time. 'Casuals represent around a quarter of all paid employment in Australia' (p. 100). Barnes and Ali show that the workers were painfully aware of their precarious status and, interestingly, that they used friendships and

family relations with the permanent employees who oversaw them to palliate the uncertainties of their positions. But the essay focuses on how this 'precariat' fits into academic models of class without satisfying us as to how their position fits with that of more privileged workers.

A similar problem presents in McLeod and Yates' reflections on their study of the views of 26 young people about their secondary schooling. They confirm other studies showing different life trajectories for different classes but note in addition that class inflects students' perception of their school and themselves and indeed also affects how the interviewers interpret them (pp. 180–2). I am not sure, however, what this tells us about the operation of class in Australia.

Morris argues that subjecting convicts to an incredibly harsh discipline aimed to efface the 'convict taint' (p. 49) but they nevertheless continued to be 'regarded with revulsion' (p. 51) and were denied most rights. The new elite was based on land, which also required the settler to be ready 'without remorse to slaughter natives right and left', as a contemporary put it (p. 45).

Forsyth builds on Judith Brett's idea of the 'moral middle class' at the heart of the Liberal Party (p. 77). In doing so Forsyth points to the growing antagonism between the mostly professional middle class and the managerial class, which she calls 'class conflict' (pp. 85–8). But she does not show how this resembles class conflict between wage earners and employers, which is generally understood to be the fundamental class conflict.

Butler, Ho and Vincent focus on the evolution of the middle class in regard to the 'growth of market-driven education', which has led to a transfer from public to private education; private schools have become whiter, public schools 'more linguistically and culturally diverse' (pp. 197–8), and selective schools have come to be perceived, in the minds of white parents, as sites of 'Asian success' achieved illegitimately by tutors and 'tiger parenting' (pp. 199, 203). Thus the morality of the 'moral middle class' has evolved to justify what some might call racism. While this interesting argument concerns only a small and poorly defined slice of the Sydney middle class, it does point to limits of the moral views of the 'moral middle class'. Again, however, the chapter does not insert this evolution into the broader class structure.

We must surely place the fact of settler colonialism at the core of class analysis rather than adapting analytical tools from other cultures

that have not had this experience. But this terrible original sin that hangs over Australia does not seem to be a factor in most of the discussions of class in this collection.

Many of the articles concern the ways that the working class has been shifted to the margins of debate by shifts in language and at the same time poverty has been presented, as in the nineteenth century, as the result of moral failure and laziness. Once the focus of the progressive movement, the working class has been displaced by other victims of injustice, weakening efforts to combat inequality. The introduction provides an incisive and accessible account of the ways that politicians and media now obfuscate class and indeed inequalities in general by categories like 'quiet Australians' (Morrison) and 'Aussie battlers' (Howard, pp. 3–4) as opposed to the 'dole-bludger', a notion pushed hard by the right (most recently by Scott Morrison, p. 109). The use of language further marginalises the working class, argue Warr, Jacobs and Paternoster, studying the use of the term 'bogan' to replace and discredit the workingclass. Cultural representations of the poor now serve in similar fashion, Penny Rossiter argues. She analyses the TV series 'Struggle Street' as 'poverty porn', serving 'to transform precarity into moral failure, worklessness into laziness' (p. 144). Pini and Castro extend this kind of analysis to the Ru-Rom, which I discover means 'rural romance' novel. Here, the female protagonist transcends class by her own efforts, thus showing that those who fail to achieve success are personally at fault.

Gerrard and Ferrugia ask how the unemployed fit within the working class or if they do. The unemployed are under heavy pressure to be productive even when not employed (p. 112). To understand the subjective experience, Gerrard and Ferrugia discuss the case of one young Newcastle unemployed woman and make the interesting point that the unemployed now feel the pressure to develop and demonstrate 'productivity', 'resilience and character', even in their 'bodily comportment' (pp. 115, 116, 119–20).

Interviews with two leading scholars conclude these analyses of class in Australia, Larissa Behrendt and Raewyn Connell. Both offer valuable reflections on their work and on the evolution of the field, but as they are spontaneous recorded discussions they do not lend themselves to substantive discussion in this limited space.

Charles Sowerwine

Changing Fortunes: Ebb and Flow of People and Place in a Pocket of Port Melbourne

By David F. Radcliffe. PenFolk Publishing, Melbourne 2021. Pp. 266. $39.95, paperback.

As it progresses, *Changing Fortunes* is an increasingly more intensively focused study of a portion of Port Melbourne, ending in one house: the former corner shop at 281 Esplanade East. The book is a forensic documentation of the lives of individual residents of one block in Port Melbourne, a much less provincial exercise than one might assume.

Like many ardent 'Port' historians, David F. Radcliffe is not originally from Port Melbourne but loves it ardently, perhaps for that very reason. It is clear that he has pored over hundreds of nineteenth-century maps and plans, many of them well reproduced, in colour, throughout the book. If his text occasionally shows a lack of confidence, indicated by the quoting of paragraphs of primary material that would have been better paraphrased—descriptions, for instance, of the sewering of Melbourne (p. 80)—there is very little doubt he knows the area intimately. He is comfortable negotiating the comings and goings of nineteenth-century merchants, clerks and manual workers through the evolving urban landscape of Port, although his generally excellent contextualising occasionally falls short (one minor example: in 1861 Danzig was part of Prussia, not Germany, as claimed on p.106).

Radcliffe, Queensland-raised, is professor emeritus of Engineering Education at Purdue University, Indiana: not a trained historian, then, but a well-educated fellow traveller. His prose is good-natured and seeks, probably appropriately, to focus the 21st-century reader's attention on the differences between alien past and familiar present. He reminds us on page 126, for instance, that Henry Whatty's charming Edwardian photography of Port Melbourne is impressive in ways now veiled to us, so immured are we to Instagram. But he can also fall into cliché; the suggestion that 'Families are a bulwark through the vicissitudes of life' (p. 147), for instance, is not merely old hat, it also ignores sad reality for many, including people Radcliffe himself discusses such as the family of the ruinously alcoholic Thomas Dawson (p. 149). He similarly buys into sentimentalisation of working-class life of the early twentieth century; 'doors were never locked', he claims on p. 163, lauding 'a closeness, a tribal culture, between families and their neighbours'. Such may have been the

joys of Port life for many, but early twentieth-century Melbourne was a cruel, violent, crime-ridden place and the 'tribal culture' could also lead many groups to conflict with each other, on religious, ethnic, gender and many more grounds. Chapter 11, on 'Landladies and Landlords', touches on sorrows of the period, however (as does a short discussion of domestic violence on p. 232), without acknowledging or analysing the contrast with the nostalgic 'take' mentioned above.

Radcliffe also, at times, gives in to the charms of what-if-ism in unproductive ways: if a 'grand plan' of Robert Hoddle's had 'come to fruition', he tells us on page 48, 'Port Melbourne would have had a quite different history'. Of course the truth of this is unknowable, but, most likely, Port Melbourne would in the final analysis have remained an inner Melbourne suburb, typical in many ways, prone to wider policy and zoning decisions, twentieth-century stigma and 21st-century gentrification, such as has affected most Victorian-era urban areas.

These qualms are not to denigrate the robustness of Radcliffe's research or the skill with which he has assembled his findings. He takes us through the intricacies and the frustrations of distinguishing between identically named contemporaries and parses the forgotten in-jokes of long ago—such as the Graham Street Wesley Church Trustees' hyperbolic discussion, in 1895, of Ellen Prisk's resignation as organist, on p. 101.

Radcliffe's discussion of the various confectionary businesses operating from 281 Esplanade East (Chapter 10), compelling in itself, is also a fascinating illustration of how the very local can better illustrate the global (or, at least, urban Australian) experience of the first half of the twentieth century. Through a host of different proprietors, largely but not exclusively single women informed through standard texts (Radcliffe tells us E.W. Cole's *Sweetmaking* was a popular authority and reproduces its cover depicting a respectable, clean, lady sweetmaker), an informal network of corner stores provided bespoke lollies *and* social spaces. Whereas the anti-slum campaigners of the early twentieth century produced finely detailed maps noting pubs, bordellos and other places of ill-repute, little notice has hitherto been taken of the thousands of establishments like the sweet shop at Younie's Corner.

Radcliffe hopes that his book will fill 'a niche between a precinct study, a family history and the history of a house' (p. xviii). It does. It is a high-quality local history, homing in on a single case but, through carefully managed contexts and contrasts, building in the reader's mind

a complex picture of morphing social and cultural worlds. Radcliffe's success here is not merely to be lauded; the book should also be studied in itself as an exemplar.

David Nichols

VIC BAR: A History of the Victorian Bar

By Peter Yule. Australian Scholarly Publishing, Melbourne 2022. Pp. 374. $69.95, hardback.

On 12 April 1841, the first sitting of the Supreme Court in Melbourne occurred, presided over by Judge Walpole Willis, who was appointed as resident judge for the Port Phillip District of the Colony of New South Wales. An irascible judge, who was in constant dispute with the press, Willis presided over a court that offered great drama. In 1843 there appeared as a witness before him, one J.B. Were (then a merchant), whose evidence irritated the judge so much, he committed him to jail for two months for contempt. This is what followed:

Were	'I publicly declare that I protest against the registry of that evidence'.
Judge Willis	*'I shall not bandy words with you sir'.*
Were	'I shall protest against it as long as I stand here'.
Judge Willis	*'Let Mr Were be committed for another month for his contempt'.*
Were	'I am obliged to your honour, every month adds to the pleasure it gives your honour'.
Judge Willis	*'Directed that Mr Were be committed for another month for his additional contempt'.*

As Were was being escorted from the court he turned to the judge and said 'good morning your honour' for which he received another month! Were then muttered something inaudible, to which the judge said 'let him be committed for six months'.

Fortunately for the already much-respected businessman, within a few weeks the judge became involved in a contretemps with the crown prosecutor, one of the six barristers then practising in Melbourne. The prosecutor walked out of Willis's court and was supported by his

fellow barristers. Following their petition to Governor Gipps, Willis was removed from his post, a dismissal he unsuccessfully protested in London to the Privy Council. He was replaced in Melbourne by the much more genial Judge Jeffcott. One of his first actions was to order that the unfortunate J.B. Were be released from custody.

This saga appears in Dr Yule's painstaking history of the Victorian Bar. It records the first example in Victoria of the power of barristers, once they were united in support of one of their brethren. Although few in number, perhaps ten when Victoria was granted independence in 1851, they were already powerful at a time when Sir Redmond Barry was making his way.

The incident described above is but one of many that enliven this massive tome. In the midst of great historical narrative, particularly as to lawyers and courts in Victoria preceding 1900, the tales about life at the bar are so interesting that the reader remains eager for more.

Dr Yule has been greatly assisted by early media, especially by the irreverent *Table Talk*, a weekly magazine published from 1885 to 1939. In today's much more respectful press, which rarely offers any sense of the theatre that is a dramatic day in court, one would never read anything such as the following, from 1889. It involves the then leader of the bar, one James Purves, who had just taken silk: 'The ability of Mr Purves QC as an advocate is not likely to be questioned, I am disposed to think however that he has received so much flattery from the newspapers that he is a somewhat spoiled child and rather bad tempered at that'. And, subsequently, 'Mr Purves is so impressed with his own superiority over other members of the bar he doesn't think them worthy of being treated with even the semblance of common courtesy'.

Although the bar certainly existed from the mid-nineteenth century, attempts to form an association of barristers were unsuccessful until well into the twentieth. As *Table Talk* commented in 1900, it was not for the want of trying: 'An attempt has been made to form a new Bar Association in Melbourne. The Bar, in their unemployed moments, form bar associations every few years. These bodies die of inaction, lack of nourishment, and want of something to do'.

I suspect that, for the average reader who is not a barrister, the author's account of the bar prior to Federation will be the most interesting part of this book. And the account of the role of Alfred Deakin and

other important barristers in the Federation movement discussions and ultimate resolution is riveting.

The book was commissioned by Barristers' Chambers Limited, the organisation that has, in one iteration or another, provided chambers for barristers, effectively since 1881. From the perspective of lawyers who never practised at the Bar, the provision of chambers was much admired. It contributed greatly to the collegiality and co-operation that featured strongly in a barrister's life. For a period up to 1975, 95 per cent of barristers were housed in the one building, a situation quite unknown in other common law jurisdictions. BCL still controls many leases of chambers, though some barristers now choose not to use them.

Dr Yule also devotes a good deal of time to the uniquely Victorian Bar practice of appointing relatively few clerks, to whom barristers are allocated without personal choice. Each clerk might have a list of 70 or more barristers, whereas in Sydney or London, with chambers and clerks widely dispersed, the obtaining of both chambers and clerks is very much a matter for individual barristers, many of them in their first years at the Bar.

Without doubt the Victorian Bar deserves great credit for making entry to the ranks of practising barristers much easier than elsewhere. But it has not done so without criticism, as many of the earlier Bar rules, most of which were ultimately abandoned, were questionable. Practising barristers have thus been amused at the spectacle of some of our most eminent silks fighting feverishly in court against restrictive trade practices, before taking their seat on a Bar Council fighting to uphold completely anti-competitive rules! Barristers were also forbidden to share chambers. And the 'two counsel rule' requiring that a silk appear with junior counsel at two thirds of the leader's fee was objectionable, and unsustainable, and it added greatly to costs for clients.

Overall, however, the Bar and its Council emerge in a favourable light, although Dr Yule does not let the Council off lightly as to some notorious matters. Perhaps the worst of these was the charging of the late Philip Opas with touting for business, when he sought a solicitor to act *pro bono* to enable Opas (also ultimately working *pro bono*) to take Ronald Ryan's last, hopeless, appeal to the Privy Council. The Ethics Committee dismissed the charge, but Opas was embittered by the experience and left the Bar shortly thereafter.

There are, however, some surprising omissions from this book. It is disappointing that the author devotes time to the absurd argument about QCs or SCs rather than the more important issue as to how silks are appointed. And no mention is made of the very public controversy in the media that arose in 1987 when Bernard Teague (a solicitor) was appointed to the Supreme Court. The Bar Council protested furiously and subsequently played only a perfunctory role in the judge's welcome to the bench. Further, whilst the book refers to countless successful barristers, it is odd that, apart from mentioning that he attended Geelong College, Yule makes no mention of William Crockett, an outstanding Bar leader and Supreme Court justice from 1969 to 1996, after whom a set of chambers is also named. As to one matter though, Crockett was an outlier. The author highlights the extraordinary numbers of barristers practising before 1970 who attended Scotch or Melbourne Grammar, and, earlier, the remarkable proportion who hailed from the Western District.

There are, however, also tremendously valuable sections in this history. Never before has the remarkable role of Victorian barristers in acting for Indigenous clients been so thoroughly spelled out. And the author devotes considerable attention to the role of women in what was, until relatively recently, a male-dominated profession. Where else would one encounter a description of the practices, successful or otherwise, of the early female signatories to the Bar Roll? From the appalling treatment of Joan Rosanove, who was originally denied silk, to today, when the two senior judges in Victoria and a majority of High Court justices are women, it may be said that the winds of change have blown through the profession.

This mighty, and valuable, book is not easy to read. Its size and weight (over 2 kg) create difficulty. No doubt the dimensions are due to the inclusion of many photos including full-length plates, one of which is of the first sitting of the High Court in Melbourne. A famous, historic, photo, it is a pity it does not appear on the front cover.

Ian Dunn

Sludge: Disaster on Victoria's Goldfields

By Susan Lawrence and Peter Davies. La Trobe University Press/Black Inc., Melbourne 2019. Pp. 320. $34.00, paperback.

On 19 April 1859, the *Geelong Advertiser* addressed its readers on the pressing question: 'what is sludge?'

> It is the Colony's share of the produce of gold-digging … When all the other glories of a gold field are departed, the sludge will remain as a monument, in perpetuo, of wasted energies and a false policy ...

One hundred and seventy odd years after gold seekers stormed across California, New South Wales and Victoria, scholars have been reassessing the immediate and longer-term impacts of the gold rushes that swept the Pacific Rim and Southern Africa during the second half of the nineteenth century. Established themes, such as: accelerated economic development; mass migration; the expansion of state authority; land and democratic reform; law and order; nativism and racism; class and gender; and the economic dynamics and social character of gold-mining communities, are all being reconsidered. Together, this scholarship is expanding our understanding of the social and cultural revolution (as early historians characterised it) brought about by the Australian gold discoveries of 1851.

Susan Lawrence and Peter Davies' landmark work, *Sludge*, represents the most ambitious and compelling work to date when it comes to exploring the environmental impacts and legacies of Victoria's relationship with gold and mining. This meticulously researched and engagingly written book transports us back and forth between the sometimes tranquil, sometimes devasted, remnant landscapes of the goldfields today, to the years and decades after 1851. It was during this period that Victoria's gold-rich regions were transformed, first by shallow alluvial miners and then, more significantly, by the industrial mining companies that hollowed out and upended the gold regions.

In *Sludge*, Lawrence and Davies rediscover the story of how contemporaries confronted, fought over and eventually managed mining pollution, water conservation and regulation. 'Sludge' (or 'slickens' on the American goldfields)—the 'waves of sand, clay and gravel' thrown out by the miners, which 'choked the rivers and blanketed the fields', became the focus for these debates. The search for a solution to a problem without adequate British or Californian precedent put Victoria at the forefront of international developments in the management of industrial pollution. Throughout the book, the authors shed fresh light on the communities and characters of colonial Victoria who were engaged on the issue: mining companies, farmers, officials, engineers, 'water bosses', California veterans and Chinese gold seekers, to name but a few.

Nineteenth-century gold miners famously made use of a combination of pre-industrial and mechanised technologies to extract the

precious yellow metal. One of the great strengths of Lawrence and Davies' work is their capacity to combine archival, archaeological and database research to connect their nineteenth-century story with the landscapes left behind. Utilising their expertise as industrial archaeologists, they lead us to the diggings and map out the dams, races, sluices, tunnels and waterways that criss-cross colonial Victoria's goldfields, abandoned as miners moved on or mining became untenable. These landscapes are, the authors explain in a memorable phrase, 'entangled places', evidence of the 'resilience of environmental systems that endure despite repeated human onslaughts' (p. 3).

Intimately bound up with the issue of sludge, was the issue of water. Prior to colonisation, Aboriginal people on the goldfields had managed water resources carefully, ensuring adequate supply. But, as the authors make clear, the gold miners' thirst proved insatiable. By the late 1860s, the mining engineer and civil servant Robert Brough Smyth 'recorded hundreds of privately funded water storages and almost 4,000 kilometres of water races that had been built across the goldfields … the equivalent of digging a ditch from Melbourne to Perth with a pick and shovel' (p. 134).

In the years after the initial rush, when mining turned increasingly industrial, the situation was no less pronounced. In the 1880s, 900,000 people spread across Marvellous Melbourne, and regional Victoria consumed some '200 million litres per day for drinking, washing and cooking. Miners at that time easily provided more than four times that amount, capturing enough water to supply the daily domestic needs of a city of four million people' (p. 11). The struggle to deal with the sludge question, to contain mining pollution, to secure a sufficient clean water supply and, eventually, to develop 'water [as] a public resource, owned and managed by the government and allocated to individuals under license', the authors explain, put Victoria at the forefront of global developments (pp. 134–5).

Lawrence and Davies' *Sludge* is essential reading for anyone interested in Australian colonial history and archaeology, environmental history and the history of nineteenth-century gold seeking. This vivid history of mining, landscapes, waste and water is not an 'historical curiosity' but vital historical context, as we seek more sustainable ways of extracting the minerals we need from the earth. As for the history of the gold rushes, *Sludge* makes an invaluable contribution in relation to two essential questions: What were they really worth? What did they really cost?

Benjamin Mountford

Notes on Contributors

Julie Andrews is professor and academic director of Indigenous Research at La Trobe University. She is descended from the Woiwurrung people of Melbourne and the Yorta Yorta tribe near the borders of Victoria and New South Wales along the Murray River. She is a member of the Dhulanyagan family clan of the Ulupna people. Julie has been teaching Aboriginal Studies for approximately ten years and has extensive experience in policy and Indigenous higher education. She is a Chief Investigator in two Australian Research Council Grants on fire, flood and food in the Loddon River basin, and on Indigenous mobilities. agency and sovereignties.

Frank Bongiorno AM, FAHA, FASSA, FRHS is professor of history at the Australian National University where he was head of school from July 2018 to June 2021. Born in Nhill, he grew up in Melbourne and is a graduate of the University of Melbourne and the Australian National University. Frank has been a lecturer at the ANU, Griffith University, the University of New England and King's College London. He has also been Smuts visiting fellow in Commonwealth Studies at the University of Cambridge. His published work includes *The Sex Lives of Australians: A History* (2012) and *The Eighties: The Decade That Transformed Australia* (2015), His most recent book is *Dreamers and Schemers: A Political History of Australia* (2022).

Lucy Bracey is a historian with Way Back When Consulting Historians, a team of four professional historians who work with individuals and groups to produce histories in a variety of forms, writing for various types of publications, undertaking oral histories and creating multimedia content. They are committed to working with people to tell their stories and believe in the power of storytelling to inspire connection and drive cultural and social change. All Way Back When historians are members of the Professional Historians Association (Victoria & Tasmania) and Oral History Victoria.

Ian Cummins worked in the then Department of External Affairs in Canberra, including a period with the late Ric Throssell, in the early 1960s, before moving to Monash University, where his teaching and research interests lay principally in Russian and Soviet history. His publications

include *Marx, Engels and National Movements* (1980) and other studies on national minorities in the then USSR, as well as frequent reviews in the Australian press and other scholarly journals.

Joy Damousi AM, FASSA, FAHA is professor and director of the Institute for Humanities and Social Sciences at Australian Catholic University. She was professor of history in the School of Historical and Philosophical Studies at the University of Melbourne for most of her career and retains a fractional appointment. She was the president of the Australian Academy of the Humanities 2017–20 and the Australian Historical Association 2018–20. She has published widely in Australian history and worked closely with Stuart Macintyre for many years.

Ian Dunn AM is adjunct professor in law, LaTrobe University, and is the chair of Melbourne Forum. A partner in city law firm Wisewoulds for nearly 30 years, he was president of the Law Institute of Victoria (1987) and later executive director of that organisation. Thereafter he was the inaugural chair of the Victorian Commission for Gambling Regulation, before a term as ombudsman (General Insurance) at the Financial Ombudsman Service. He is a former director, Peter MacCallum Cancer Institute, and is a nationally accredited mediator. With his wife Meg Webster, he once operated an Angus cattle stud.

Erik Eklund holds an honorary professorship with the Australian National University. He was a professor and head of school at Monash University from 2008 to 2012, and deputy pro vice chancellor at the Monash Berwick campus in 2013. He completed a two-year appointment as the Keith Cameron chair in Australian History at University College Dublin, Ireland in 2015 and 2016. His work on Gippsland during the influenza pandemic received a commendation in the 2021 Victorian Community History Awards. His 2002 book, *Steel Town: The Making and Breaking of Port Kembla* won the Community and Regional History category in the 2003 NSW Premier's History Awards.

Mark Finnane, FAHA, FASSA is distinguished professor of history at Griffith University. He has published widely on the history of criminal justice, policing, punishment, and criminal law in both Australia and Ireland. His books include *Police and Government* (1994), *Punishment in Australian Society* (1997), *When Police Unionise* (2002), *J.V. Barry: A Life* (2007) and (co-authored with Heather Douglas) *Indigenous Crime*

and Settler Law: White Sovereignty after Empire (2012). With the support of an ARC Laureate Fellowship (2013–18) he established and continues to direct the Prosecution Project (https://prosecutionproject.griffith.edu.au/), an historical database of criminal prosecutions in Australia.

Cheryl Griffin, FRHSV was a secondary school teacher of English, media studies and history. She completed a PhD at the University of Melbourne in 2005 on Doris Macrae. a significant educationalist and unionist. On retirement Cheryl has devoted her time to community history though the Coburg and Brunswick historical societies and the RHSV, where she convenes the RHSV Writers Group. For several years she has promoted the RHSV's profile in the *CBD News* with a regular monthly column on an image from the RHSV's collection. She created the ongoing resource, the RHSV Women's Biographical Dictionary, which is found on the RHSV website. In 2022 Cheryl curated 'Kaleidoscope', an exhibition on the women of the RHSV that grew out of her dictionary project.

Tim Hogan is a librarian at State Library Victoria where he has worked in a range of roles since 1997. He is currently principal librarian for Victorian and Australian Collections. He represents SLV on the board of the History Council of Victoria.

Anthea Hyslop lectured in Australian history at the Australian National University from 1989 to 2009. Before that, she taught at the University of Adelaide and the University of Melbourne, and also at La Trobe University where she gained her PhD. She specialises in the social history of medicine and, having written several articles on the pneumonic influenza pandemic of 1918–1919, is now preparing a full study of Australia's experience of the 'Spanish' flu.

Andrew Lemon AM, FRHSV holds the degree of Doctor of Letters, is a past president of the RHSV, and edited the *Victorian Historical Journal* for a decade in the 1990s. He has published widely as a biographer and professional historian on many aspects of Victorian and Australian history. His most recent article for the *Journal* (vol. 93 no. 2, June 2022) was his 2022 Weston Bate Oration on 'Australian History as Literature, Australian Literature as History', and his most recent book is an historical novel, *The Pebbled Beach at Pentecost* (2021).

Janet McCalman AC, FAHA, FASSA is the author of four award-winning social histories: *Struggletown* (1984), *Journeyings* (1993), *Sex and Suffering* (1998) and, most recently, *Vandemonians: The Repressed History of Colonial Victoria* (2021). In 2020, in the first long lockdown in Victoria, she co-edited with Emma Dawson *What Happens Next: Reconstructing Australia after COVID-19* (2020). For twenty years she taught and researched the interdisciplinary history of population health at the University of Melbourne, where she is now an Emeritus Redmond Barry Distinguished Professor.

Sylvia Morrissey Jnr has a longstanding interest in the history of Melbourne. She lives and works in the city.

Benjamin Mountford is senior lecturer in history at the Australian Catholic University. He is the author of *Britain, China and Colonial Australia* (2016) and co-editor of *A Global History of Gold Rushes* (2018) and *Fighting Words: Fifteen Books that Shaped the Postcolonial World* (2017).

David Nichols is associate professor in urban planning at the University of Melbourne, teaching in planning history and theory. His research interests, within the broad sphere of urban history, include popular cultural representations of the city, histories of urban form, and the conception, realisation and promotion of new cities in Australia. He is the author of *The Alert, Grey Twinkling Eyes of C.J. DeGaris* (2022), co-author (with Renate Howe and Graeme Davison) of *Trendyville* (2014) and co-editor (with Sophie Perillo) of *Urban Australia and Post-Punk: Exploring Dogs in Space.* He lives in North Melbourne with two cats.

Michael P.R. Pearson is a historian, researcher, and policy adviser. He completed his PhD at the Australian Catholic University in 2022, focusing on a history of the motor mechanic trade in Australia through the twentieth century. His main research interests surround questions of class and gender in work. He currently works at Infrastructure Victoria.

Fiona Poulton is a historian with Way Back When Consulting Historians, a team of four professional historians who work with individuals and groups to produce histories in a variety of forms, writing for various types of publications, undertaking oral histories and creating multimedia content. They are committed to working with people to tell their stories

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John Schauble has degrees in history, law, politics and emergency management from the University of Melbourne and Charles Sturt University. He worked as a journalist with the *Age* and the *Sydney Morning Herald* for more than twenty years in Australia and Asia. He later spent over a decade as a senior public servant in Victoria, working in fire and emergency management.

Katherine Sheedy is a historian with Way Back When Consulting Historians, a team of four professional historians who work with individuals and groups to produce histories in a variety of forms, writing for various types of publications, undertaking oral histories and creating multimedia content. They are committed to working with people to tell their stories and believe in the power of storytelling to inspire connection and drive cultural and social change. All Way Back When historians are members of the Professional Historians Association (Victoria & Tasmania) and Oral History Victoria.

Mary Sheehan is a professional historian and former registered nurse. She holds Monash University Master of Arts and Bachelor of Arts (Hons) degrees, and has been employed in heritage, undertaken many major oral history projects, and published multiple commissioned histories including a history of nursing at St Vincent's Hospital, Melbourne (2005), and an oral history project for the Royal District Nursing Service (now Bolton Clarke) (2006–09). Mary is currently a doctoral candidate at the

University of Melbourne and is researching the social impact of the 1919 Spanish influenza pandemic in Melbourne.

Charles Sowerwine, FAHA, FRHSV is emeritus professor of history at the University of Melbourne and author of *France since 1870: Culture, Society and the Making of the Republic* (3rd edn, 2018). He has been a member of the RHSV Council since 2013 and has chaired its Heritage Committee since 2016. He has been a member of the National Trust (Vic) since 1973 and was involved in the first heritage study of Fitzroy in 1979. He collaborated in the development of the National Trust's Advocacy Toolkit and wrote 'Melbourne 2010–18' and 'Melbourne in the 2020s' for the RHSV's *Melbourne's Twenty Decades* (2019).

About the Royal Historical Society of Victoria

The Royal Historical Society of Victoria is a community organisation comprising people from many fields committed to collecting, researching and sharing an understanding of the history of Victoria. Founded in 1909, the Society continues the founders' vision that knowing the individual stories of past inhabitants gives present and future generations links with local place and local community, bolstering a sense of identity and belonging, and enriching our cultural heritage.

The RHSV is located in History House, the heritage-listed Drill Hall at 239 A'Beckett Street, Melbourne, built in 1939 on a site devoted to defence installations since the construction of the West Melbourne Orderly Room in 1866 for the Victorian Volunteer Corps. The 1939 building was designed to be used by the Army Medical Corps as a training and research facility. It passed into the hands of the Victorian government, which has leased it to the Society since 1999.

The RHSV conducts lectures, exhibitions, excursions and workshops for the benefit of members and the general public. It publishes the bi-annual *Victorian Historical Journal*, a bi-monthly newsletter, *History News*, and monographs. It is committed to collecting and making accessible the history of Melbourne and Victoria. It holds a significant collection of the history of Victoria including books, manuscripts, photographs, prints and drawings, ephemera and maps. The Society's library is considered one of Australia's richest in its focus on Victorian history. Catalogues are accessible online.

The RHSV acts as the umbrella body for over 330 historical societies throughout Victoria and actively promotes their collections, details of which are accessible via the Victorian Local History Database identified on the RHSV website. The Society also sponsors the History Victoria Support Group, which runs quarterly meetings throughout the state to increase the skills and knowledge of historical societies. The RHSV has an active online presence and runs the History Victoria bookshop—online and on-site.

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Guidelines for Contributors to the *Victorian Historical Journal*

1. The *Victorian Historical Journal* is a refereed journal publishing original and previously unpublished scholarly articles on Victorian history, or on Australian history where it illuminates Victorian history. It is published twice yearly by the Publications Committee, Royal Historical Society of Victoria.
2. The submission of original scholarly articles is invited following the journal's *Guidelines* available at http://www.historyvictoria.org.au/publications/victorian-historical-journal.
3. Articles from 4,000 to 8,000 words (including notes) are preferred.
4. The *VHJ* also publishes historical notes, which are reviewed by the editors. A historical note may be up to 4,000 words in length. It contains factual information and is different from an article in not being an extended analysis or having an argument. Submitted articles may be reduced and published as historical notes after consultation with the author.
5. The *VHJ* has a category 'Interpreting an Image' reviewed by the editor(s). Submit 1,000 words together with image(s).
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