



REFLECTION ARTICLE

COVID-19: What Needs to be Documented? Insights from the Pneumonic Influenza of 1918–1919¹

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Abstract

This article compares the influenza pandemic of 1918–1919 and the recent COVID-19 pandemic in their Australian manifestations, with particular reference to their advent and impact, the response of medical science to each, and their management by federal and state authorities. It also comments on the availability of primary sources, both oral and written, for the study of each pandemic ordeal.

Keywords: *Influenza pandemic; Documentation strategies; Medical science.*

I think I always assumed that the next great pandemic after that of pneumonic influenza would reflect its predecessor in several ways: chiefly in how a society handles the practical problem of very large numbers of people falling sick at once, from a highly infectious and often lethal disease. We would see governments in conference, emergency hospitals established, social activities curbed, local relief measures organised, and of course a vaccine, as soon as one could be devised and deployed. But also, and notwithstanding the emergence some years back of severe acute respiratory syndrome (SARS) and one or two other new diseases, I thought that some sinister variant of the well-known influenza virus was still the likeliest candidate for a pandemic role. And I took it for granted that Australia would not be able to protect itself as it had done in 1918, by strict maritime quarantine measures. That barrier had kept the lethal ‘flu’ out of the community for almost 3 months, while preparations were made and the virus became somewhat less aggressive. But these days travel by air, so much swifter than by sea, could bring a disease here even before its symptoms had appeared and in any case could hardly be controlled as shipping could. Moreover, our old coastal quarantine stations had long since become museums. As for land quarantine, I don’t recall even wondering if our states would close their borders against each other this time around: that kind of thing belonged to another era.

I was near enough right about the practical responses to the community crisis, although the prolonged border closures and the recurrent lockdowns of entire communities, to curb COVID-19, exceeded in severity the movement controls introduced in 1918–1919 against the ‘flu’. The initial rejection of face masks for community use surprised me: despite some criticism, they had proved their worth in 1919. But I was wrong about the rest. All a country has to

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do these days is to declare that no plane from this or that foreign clime will be allowed to land here. And then, when it is allowed, the passengers must undergo compulsory quarantine – in designated hotels, if nothing else be available. I was wrong, too, about the kind of disease that would be involved: *not* an influenza of any type, but instead a mysterious coronavirus, for which there was no known cure, let alone a vaccine. In this respect, the new pandemic was reflecting that of 1918–1919 even more closely than I'd expected. Their main differences appeared to be as follows: firstly, those people worst affected – this time the elderly and the vulnerable, rather than the young and fit; secondly, the much greater capacity of today's medical science to respond to a new virus – progress that owes much to the challenge of pneumonic influenza; and lastly, the mortality of each pandemic – far greater everywhere from 'Spanish flu' than from COVID-19: albeit, for Australia, in each instance mercifully less heavy than elsewhere.

For historians, then, I think the questions raised by COVID-19 in Australia will be similar to those posed by the pneumonic influenza pandemic. Where did it come from? How did it enter the community? How was it spread and controlled? How did governments respond, and with what measures? What happened, and why, if their schemes went awry? How did medical science approach the problem of a new and dangerous disease? How did the community react to the pandemic threat and to the constraints that its management imposed? What were the ordeal's longer-term consequences?

With COVID-19, as with pneumonic influenza, the dealings between federal and state governments are a central theme. In November 1918, the health ministers and senior health officials from around the country gathered in Melbourne, at that time the home of the federal government, to formulate a national plan for meeting the pandemic's onslaught. That conference was a single event, and the agreement that emerged soon fell apart over border closures, halted trains and other quarantine problems; but a century later, it furnished an example of sorts for 2020's National Cabinet. The November Agreement of 1918 and its gradual unravelling were well reported in the daily press, and the official record may be found at the National Archives: a veritable goldmine of formal reports, letters and innumerable telegrams between federal and state governments. I hope that 'cabinet confidentiality' will not have prevented 2020's 'remote' National Cabinet meetings from being recorded, both in video and in transcript, and that the related traffic of emails will survive as well as all those long-ago telegrams did. Both then and now, such records reveal much about the dynamics of federal-state relations under conditions of stress, and the extent of their respective emergency powers.

In 1918–1919, maritime quarantine was in the hands of the federal director of quarantine, Dr JHL (Howard) Cumpston, and careful records were kept of activities at the several coastal quarantine stations around the country. Yet in January 1919, after several months of impressive success, pneumonic influenza escaped into the community at Melbourne, the interim federal capital, and how it had done so could not then be established. That puzzle helped to delay both federal and Victorian health authorities in recognising it as the dread disease: a delay that allowed it not only to spread in Melbourne but also to travel by train to Sydney before any borders were closed. Today, the puzzle would have been swiftly solved by genomic analysis of viral samples, which might also have traced the symptomless carrier now surmised to have brought the 'flu' out of quarantine and into Melbourne. But in 1919, any knowledge of viruses was in its infancy, and influenza was regarded as a bacterial disease. I trust that the full story of 2020's quarantine failures, whether Sydney's *Ruby Princess* cruise ship saga or Melbourne's hotel quarantine breakdown, will be preserved for posterity in the records of the formal enquiries that followed.

On the other hand, I have no doubt that the role of medical science in this pandemic will be exhaustively recorded. It has been fascinating to observe modern medicine responding again,

as it did in 1918, to an unknown and highly infectious pandemic disease. Back then, with bacteriology the new field of achievement, medical scientists worked frantically to produce a bacterial vaccine. Here in Australia, the young Commonwealth Serum Laboratories quickly developed one, as did state pathology labs, and supplied several million doses in the space of 6 months to a remarkably receptive public. That bacterial vaccine could not waylay the virus, but it did appear to reduce the impact of secondary bacterial infections. Today's medical science response has been able to deploy the enormous benefits of a century's progress in virology. Likewise, with COVID-19, the medical and nursing professions have been able to draw on highly sophisticated technology and pharmaceutical research. By contrast, their counterparts in 1918–1919 could do little beyond treating influenza's symptoms and providing careful nursing, although both these things went far toward helping patients survive. Doctors tried hard to find effective cures, as may be seen in the pages of the *Medical Journal of Australia*; but amid the crisis most would have had scant time to spare for experiment.

The broader community's experience of a pandemic may emerge in various ways. That of 1918–1919 can be found in part in municipal records of relief distributed to families whose breadwinners had lost their employment or, worse, had died. It appears also in letters to newspapers of the time, or in private diaries and letters fortuitously preserved. Half a century would pass before scholars began soliciting survivors' recollections of pneumonic influenza. One of the first was Richard Collier, a British author and journalist, who in 1972 sought responses from around the world to incorporate in a book entitled *The Plague of the Spanish Lady* (1974). Among his correspondents were some 150 Australians who recorded for him their own memories or those of their families. Around 15 years later, New South Wales scholars conducting interviews with octogenarians for Australia's bicentenary unearthed further memories of the pandemic that followed the Great War. In both sources, these private recollections may have been faded a little by time, but they are unaffected – unexaggerated? – by any sense of their significance as part of a great world drama. With today's pandemic, personal experiences gathered now will have greater immediacy and will probably reflect their global context more strongly – if only because modern news media have conveyed that global context so clearly.

Indeed, many of our daily newspapers quickly began gathering experiences of lockdown, hardship and sickness, alongside family reminiscences of beloved older members lost to COVID-19. Press, radio, television and websites have together collected formidable amounts of information, analysis and detailed description of this pandemic. By contrast, in 1918–1919, newspapers were almost the only public medium, and photographic images from that pandemic were chiefly confined to illustrated weeklies like the *Sydney Mail*. Media records from today's pandemic, provided they continue to be accessible, will present for historians a research resource of almost overwhelming proportions.

A further burden for future researchers will be the extraordinary length of the current pandemic – 3 years so far, and with new viral variants still emerging. By contrast, Australians' encounter with the 'flu' pandemic's severe second and third waves lasted only half as long: from cases among our soldiers overseas, in August 1918, to a final isolated outbreak in Far North Queensland, in early 1920. For the Australian community itself, the pandemic experience endured for barely a year, from January 1919 in Melbourne to January 1920 on Thursday Island. Indeed, in most of the country, the 'flu' had faded out by late 1919. Today, the current pandemic appears to be declining slowly, and COVID-19 may well become, like influenza, an annual visitor of varying severity, for which we shall be reasonably well prepared.

The history of the 1918–1919 influenza pandemic is at one level a record of public dramas and private tragedies amid a great human crisis. Deeper down, it also reveals much about how society functioned in more normal times, throwing light on themes that might not seem to bear

on the crisis but were nevertheless significant elements of ordinary life. I feel confident that our current pandemic will reveal to historians at least as much as its predecessor has done – about how, in all manner of ways, we were living our lives, before it turned them upside down.

A note on sources

For those parts of this article dealing with COVID-19, I have drawn on common knowledge, rather than specific sources. For those dealing with the influenza of 1918–1919, I have drawn on my own research, contained in the following articles:

‘A Question of Identity: J.H.L. Cumpston and Spanish Influenza, 1918–1919’, in D. Walker and M. Bennett (eds), *Intellect and Emotion: Perspectives on Australian History. Essays in Honour of Michael Roe*, Centre for Australian Studies, Deakin University and Centre for Tasmanian Historical Studies, University of Tasmania, Geelong, 1998, pp. 60–76 (see also *Australian Cultural History*, no. 16, 1997/98); ‘Insidious Immigrant: Spanish Influenza and Border Quarantine in Australia, 1919’, in S. Parry (ed.), *Migration to Mining: Medicine & Health in Australian History. Collected Papers of the Fifth Biennial Conference of the Australian Society of the History of Medicine*, Historical Society of the Northern Territory and Australian Society of the History of Medicine, Darwin, 1998, pp. 201–215; ‘Old Ways, New Means: Fighting Spanish Influenza in Australia, 1918–1919’, in L. Bryder and D.A. Dow (eds), *New Countries and Old Medicine: Proceedings of an International Conference on the History of Medicine and Health, Auckland, New Zealand, 1994*, Auckland Medical History Society, Auckland, 1995, pp. 54–60; ‘Forewarned, Forearmed: Australia and the Spanish Influenza Pandemic, 1918–1919’, in J. Lack (ed.), *1919: The Year Things Fell Apart?*, Australian Scholarly Publishing, Melbourne 2019, pp. 30–43; ‘The Great Pandemic of 1918–1919: Pneumonic Influenza in Australia’, *Victorian Historical Journal*, vol. 93, no 2, December 2022, pp. 333–348.

Notes on contributor

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Note

1. This paper is an extended version of a paper presented in December 2020 to the UNESCO Memory of the World Program’s Symposium on Documenting COVID-19 in Australia. It has also appeared, among other papers dealing with Australia’s experience of the COVID-19 pandemic, in *Health & History*, vol. 25, no. 1, 2023, the journal of the Australian and New Zealand Society of the History of Medicine.