Responses to the Q&A session held at the end of the webinar.

Frank Bongiorno: Anthea, could you tell us a little more about the vaccines. How effective was the dissemination, and how was it organised?

Dr Anthea Hyslop (AH): At the November 2018 conference, it was agreed that all States should seek to establish vaccine depots at convenient points for public access. The Commonwealth would supply the CSL-produced serum to the States free of charge, provided the States undertook to provide it to citizens at no charge. The Commonwealth also reserved the right to supply serum to private practitioners for use in their practice at a fixed charge. Pathology laboratories in several States also produced vaccines similar to the CSL product.

Joan Stivala: Is there any evidence that those who survived infection in the first, milder, wave had any immunity against second wave?

AH: I don’t know of any definite figures, but it seems likely that those who’d had flu in the first wave would have at least partial immunity in the second wave, despite the virus having mutated to become more lethal.

Marisa Young: Thank you so much for a wonderful presentation. You have referred to the use of schools as hospitals - do you have any information about the way day schools and boarding schools were managed during this period?

AH: Many schools were still closed for summer holidays when the dangerous second wave began, and simply remained closed for a time. Sydney schools were closed for a month or so at first, and again several weeks later, for rather longer, as the flu returned. In all States, many schools were used as emergency hospitals, and some were used as relief depots or to accommodate nurses. In some places, senior students were taught in other buildings while their school was unavailable.

Mark Dawson: Thanks so much, Anthea. What attempts, if any, were there to chart differential morbidity and mortality?

AH: Australia’s 1919 influenza mortality was well recorded, although it’s now thought to have been somewhat understated, owing to some diagnostic anomalies and unnotified cases. But morbidity is much less well documented, despite pneumonic influenza’s having been made a notifiable disease. It’s clear that, as elsewhere, more men than women died of it and mortality was much higher among people in middle life. Some attempt has been made to establish a ratio between deaths and cases for influenza generally, but that doesn’t work for this pandemic, because 1918–1919’s flu mortality was recognised at the time as being exceptionally high. Cumpston compared flu mortality in 1919 with death rates for the so-called ‘Russian’ flu pandemic of 1891, showing the rates for 1919 as far higher: e.g. in Victoria, 240 per 100,000, as against 90 per 100,000 in 1891. He also compared flu mortality for the different States in 1919, showing NSW’s as much higher than Victoria’s: 319 per 100,000. The two States’ autumn waves of flu were similar, but NSW’s winter wave in mid-1919 was for some reason much more lethal than Victoria’s.
Jenny Gregory: Anthea, I think you mentioned a doctor dying. Do you have any information about the death rate amongst medical staff?

AH: I recall mentioning a doctor falling ill with the dangerous type of flu, but he survived. I have no definite tallies, mostly anecdotal evidence. But it’s clear that a number of doctors did die, and also rather more nurses: the latter probably because nursing involved more exposure to the sick.

Carolyn Strange: Could you please let us know if the Collier letters refer to resistance to mask wearing?

AH: People interviewed by historians in Sydney (where masks had been compulsory for a time) made frequent mentions of masks, nearly all favourable, or at least not hostile. Among the Collier letters, there are likewise very few complaints, and a general idea that mask wearing, albeit tiresome, was beneficial.

Janine Rizzetti: The Exhibition Building wards are huge. Was there a difference in death rates between the smaller school-based wards, and the big Exhibition Building ward? Was one form of provision preferable to the other?

AH: I have no figures to hand for the smaller emergency hospitals, but it’s noteworthy that both the Exhibition Building hospital and the one at Wirth’s Park had a mortality similar to that of Melbourne’s major hospitals: around ten percent. I surmise that the smaller ones would have fared much the same, given that so much depended on good nursing and on how soon patients were brought in after falling ill.

Chi Chi Huang: Thank you so much for this talk Anthea. Cumpston looms large over the history of the 1918-19 influenza pandemic in Australia. I was wondering if you were able to comment on any doctors or medical personnel who may have expressed their thoughts or take on the episode?

AH: Among the medical profession there was considerable discussion on how best to treat flu cases, also some lively debate on whether or not vaccination and mask-wearing were effective. I suspect that the Resident Surgeon at the Melbourne Hospital, who reported numerous flu cases in January, was unimpressed by the subsequent delay of action; but he did not utter any public criticism. A senior health administrator in Sydney was later dismissive of Cumpston’s view that this was just more of the spring flu, but did not name Cumpston. As you know, Cumpston himself wrote extensively on the pandemic, maritime quarantine, and what he saw as the States’ recalcitrance. A later work by one who was a medical student at the time is Macfarlane Burnet’s book, co-authored with Ellen Clark: Influenza. A survey of the last 50 years in the light of modern work on the virus of epidemic influenza (Macmillan, Melbourne, 1942). Chapters 6 and 7 deal with the 1918-19 influenza.

Lian J: Hello thanks for this presentation! Three inter-related questions. Did the same debate we confront today about public health vs. the economy play out during the epidemic? Did the unions play any role in Australia in the debate around how to deal with the epidemic? Finally, how did it end? When did the circulation of the virus stop being perceived as a significant public health issue?

AH: Although schools, churches, and places of public resort were closed for a while, there was not the kind of total lockdown that we’ve had recently. The economic issue was more about some States’ tighter quarantine measures holding up cargo shipping and supplies around the coastline. Most people still went to work, and not just in ‘essential industries’. During 1919, there was a protracted seamen’s strike, which affected the whole country through disruption of supplies and related hardships; but, although the pandemic played a part in seamen’s and waterside workers’ grievances, these were of longer standing and related to wartime conditions. On the pandemic’s duration, see below.
Julianne Quaine on Ngunnawal Country: Great presentation thank you. What sort of treatment could be given in the hospital - the patients in hospital were more severe cases? or was it more about isolating people?

AH: In the case of Victoria, it was compulsory at first that all flu cases be sent to hospital, and also that their contacts be isolated. Later, these measures were deemed impracticable, but many flu sufferers still went into hospital if very ill, and/or if they could not be nursed at home. Such cases tended to be more severe if there had been delay in sending them. Treatment was mostly ‘symptomatic’: medications to relieve pain and reduce fever, expectorants, stimulants, etc., also therapeutic vaccination. Good nursing was of the utmost importance.

Jenny Gregory: Fascinating talk, Anthea. Did inoculation work?

AH: A bacterial vaccine could not confer immunity against what turned out to be a viral disease, but it did help to prevent secondary bacterial infections, and so seems to have been of some benefit.

Peter Hobbins: Bravo Anthea! In some ways the pandemic illustrated the futility of medical science in 1919 - why do you think it strengthened the growth of public health and the centralisation of medical powers by the states and the Commonwealth?

AH: I don’t think I’d speak of ‘futility’ for medical science, given that bacteriology and radiology were making steady progress. Another term might be ‘frustration’, since influenza was proving not to be a bacterial disease, and viruses were still virtually unknown. Certainly many doctors felt helpless when standard treatments for influenza often proved inadequate in this case. Concerning health powers, first I must correct myself: W. Massy Greene was Minister for Trade and Customs, not Health, and his department included the Quarantine Service, of which JHL Cumpston was Director. The debate on whether or not to transfer health powers from States to Commonwealth predated the pandemic threat, which at first appeared likely to stimulate further action, at least towards some kind of Commonwealth coordination on medical issues. The pandemic itself, while demonstrating the need for coordination, slowed progress towards agreement by distracting all governments, and also, I think, by generating some antagonism towards federal authorities. But in 1919-20 the medical profession pushed hard for federal health powers to be extended, and further support came from the International Health Board, founded by the USA’s Rockefeller Foundation. The Australian Department of Health was announced early in 1921, with Cumpston as Director. Besides controlling quarantine, it would research causes of disease and death, pursue disease prevention, collect health data and promote public health education – all in collaboration with the States, but without undermining their sovereign powers.

Maggie Shapley: Thank you Anthea - many echoes of today - border closures, PPE - was there bipartisan support for response?

AH: By and large, yes. The measures proposed at the November 1918 conference were endorsed by state parliaments without much trouble. The chief political antagonism was between State governments and federal authorities, when the flu got into the community and disputes broke out over border closures and maritime quarantine measures.

Douglas Craig: Could you say something about the end of the pandemic in Australia? Why, how and when?

AH: The pandemic petered out in most of Australia towards the end of 1919. This was later than elsewhere in the world, because our experience of it began later and progressed more slowly, thanks to maritime quarantine and border closures. The flu virus grew somewhat less virulent over time, and also the numbers of people who hadn’t encountered it were diminishing. A fair amount of
herd immunity would have developed. As we know, ‘ordinary’ flu epidemics come and go, and this one, after two lethal waves, became more ‘ordinary’ as time went on.

Nichola Garvey: How did it end?

AH: I suppose we could say, ‘not with a bang, but a whimper’. See above!

Claire B: And how did they know it had ended? A few of us displaying vested interests here!

AH: Declining case numbers, declining mortality. The influenza virus mutates, as we know, but perhaps not as readily as COVID-19? (NB I’m not a virologist!)

Rosa O’Kane: how did the mortality rate at quarantine stations like Woodman Point compare with hospitals - did the cramped conditions affect mortality?

AH: I don’t have full data for all the quarantine stations, but figures for the two troopships turned back by the Armistice, Boonah and Medic, suggest a mortality similar to that in major hospitals. From the Boonah, 27 of 300 soldiers died at Woodman Point, WA, as did four of the nurses who cared for them: among these your namesake, Sister Rosa O’Kane. From the Medic, 22 of 313 men died at North Head, NSW, while 22 of those nursing them also fell sick and two of them died.

Joshua Black: Thanks so much, Anthea! A couple of days ago, Carolyn Holbrook spoke about Western Australia’s hostility to both the federal government and the eastern states during the 1919 pandemic. She spoke of very hostile perceptions of acting PM, William Watt, among WA citizens. Do the rich records you’ve drawn on today tell us much about the political culture surrounding the pandemic in the eastern states? Did the survivors or their descendants have any views on the role of leadership through 1919?

AH: The letters and interviews say very little about contemporary politics, but press coverage and government correspondence give ample evidence of tensions between States and Commonwealth: tensions caused mostly by delayed diagnosis in Melbourne, and by disputes over border closures.

Libby Stewart: Thank you Anthea that was wonderful. I have great memories of researching this topic for you in the early days. Do you have plans to publish the wealth of information you have on this fascinating topic?

AH: The short answer is ‘Yes’. You were a great researcher, Libby!

Marcus James: Great lecture thanks Anthea - are the statistics good enough to know if there were reductions in other causes of mortality during the 1919 pandemic due to isolation, other precautions?

AH: I can’t answer this very good question yet! – except to mention that, apart from maritime quarantine, our isolation measures in 1919, although substantial, were not as comprehensive nor as prolonged as those of today.

Alison Booth: Thanks for informative, evocative and moving lecture. Do we know if the masks were constructed from many layers?

AH: They were certainly made from several layers at least, usually of gauze or butter muslin, with tapes for securing them or elastic loops over the ears. Some masks were of two pieces of cotton fabric, with a padding of cotton wool between them.
Claire B: I remember reading an article that some cities in North America experienced supply chain disruptions because workers were scared to go to work. Did similar happen here? Was any support given to workers to encourage them to isolate when sick?

AH: There were certainly supply problems created by maritime quarantine barriers, and also by industrial action by waterside workers. The public health advice was that people should stay home if they had flu symptoms. One of Collier’s correspondents, a Sydney railway worker, said his employer had told staff not to volunteer for ambulance work etc., lest they catch the flu and be obliged to miss work. This one volunteered anyway, but kept it quiet!

Helen Smith: Cases on Thursday Island in 1920

AH: Yes. Many thanks, Helen! It seems that Thursday Island escaped the flu all through 1919, but then had an unexpected outbreak early in 1920.

Anne Thoeming: Thank you so very much Anthea for your really interesting presentation. It made me think about class and the ability of the sick to access hospitals which in some cases were reserved for the ‘sick poor’ rather than the general public.

AH: Yes, this was at a time when public hospitals were still mostly reserved for the sick poor. But with advances in medical science and technology there was increasing need for them to provide also for ‘intermediate’ patients: those who could not afford private hospital fees, but who could contribute towards their treatment costs. Also, in 1919, where it was required that all flu cases be isolated in public hospitals, general practitioners wanted to be allowed to follow their private patients into such institutions, rather than relinquish them to a hospital’s medical officers. Within a decade or so, many public hospitals were equipped with intermediate and even private wards, as well as public wards. Changes in midwifery practice also played a part in these developments.

Judith Godden: Thanks Anthea – what a fascinating source, great to know about it.

AH: These days, Richard Collier’s papers are lodged in the Imperial War Museum in London. Dr Hannah Mawdsley recently wrote her PhD thesis on the influenza letters, and I understand she has a chapter on them in a new book: Guy Beiner (ed.), Pandemic Re-Awakenings. The Forgotten and Unforgotten ‘Spanish’ Flu of 1918-1919 (Oxford University Press, forthcoming).

Melody: Did non-whites get the same level of medical care in Australia during the Spanish Flu?

AH: The treatment of indigenous people varied, depending on where they were. But over all, it was of a lower, often much lower standard – if they got treatment at all. The subject is not well documented, but Gordon Briscoe made a detailed study of Queensland’s indigenous experience in his research paper, Queensland Aborigines and the Spanish Influenza Pandemic of 1918-1919 (AIATSIS, Canberra, 1996).