

# Intellect and Emotion

Perspectives on Australian History  
Essays in Honour of Michael Roe

Edited by

David Walker  
and  
Michael Bennett

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# Intellect and Emotion

## Perspectives on Australian History

### Essays in Honour of Michael Roe

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*A QUESTION OF IDENTITY: J.H.L. CUMPSTON AND  
SPANISH INFLUENZA, 1918–1919*

ANTHEA HYSLOP

The scholarship of Michael Roe has been a source of inspiration throughout my own work in Australian history. First, in my honours year, I read his *Quest for Authority in Eastern Australia*, finding it most helpful for my study of the Victorian temperance movement. Next, his article on the establishment of the Australian Department of Health afforded stimulating insights into the nature of progressivism, a central theme of my doctoral thesis on social reform in Melbourne. Roe's *Nine Australian Progressives* came out too late for that thesis; but it earned a footnote in the book, for Michael was one of its examiners, and proved himself as generous in acknowledgment as in examination. Today his work still bears directly on my own, not least because one of his nine progressives was the founding director of the Australian Department of Health, Dr J.H.L. Cumpston, who before that was director of the federal quarantine service, and who therefore looms large in my current study of the Spanish influenza pandemic in Australia.

To John Howard Lidgett Cumpston must go the chief credit for an extraordinary achievement: the halting of a disease that was raging elsewhere, and its confinement in Australia's coastal quarantine stations for almost three months, from October 1918 to January 1919. During that time its virulence became somewhat attenuated, so that, when the dread disease did finally spread through the community, its toll was less heavy here than

overseas. Yet the very success of maritime quarantine in this instance—a success not the less impressive for being incomplete—may also have constituted a problem, if it made the disease less readily recognisable beyond its limits, and if it made Cumpston himself reluctant to accept that the barrier which had held so long, against all the odds, had ultimately been breached. This paper's purpose, then, is to examine Cumpston's role in the identification of Spanish influenza in January 1919, and to suggest some implications for the management of the pandemic in Australia.<sup>1</sup>

\* \* \*

In the northern spring of 1918, influenza first spread across the United States, then travelled with American troops to the battle-fields of Europe and beyond. By September 1918 it was prevalent in Australia and New Zealand also. This first wave of epidemic influenza did not seem very different from previous visitations, despite being, by Macfarlane Burnet's reckoning, 'moderately severe', with pneumonic symptoms in some cases and rather more deaths than usual.<sup>2</sup> But it proved to be the precursor of something far more more lethal; for by August the influenza virus in Europe had somehow mutated, producing a disease characterised by rapid onset and high mortality, particularly among men and women in the prime of life. Pneumonic complications were now common, and fatal cases developed a 'heliotrope' cyanosis—a purplish discolouration that became almost black as the victim succumbed. As the Great War drew to an end, this new strain of influenza, commonly termed 'Spanish', spread unchecked around the world, leaving many millions of dead in its wake.<sup>3</sup>

By October the pandemic was wreaking havoc in South Africa and New Zealand, and later that month it reached Australia's shores. But here it was waylaid for nearly three months by rigorous application of maritime quarantine. From mid-October, any vessel arriving from either South African or New Zealand ports, whether infected or not, was detained for seven days—unless, for a 'clean' ship out of South Africa, its master could declare that there had been no shore contact. Infected vessels from any other port would spend only three days in quarantine, if free of disease for the previous fortnight; otherwise the term was a week. If a ship still carried influenza cases, it must remain isolated until the outbreak was under control, the sick being sent to the quarantine hospital, and all 'contacts' inoculated with a pneumococcal vaccine. During quarantine, all those still on board underwent daily 'temperature parades' and inhalations of disinfectant zinc-sulphate spray.<sup>4</sup> This system relied very much on the integrity of ships' masters and medical officers, on the accuracy of their medical

records, and on correct diagnosis of influenza, 'or any febrile, toxic or septicæmic condition similar to influenza'.<sup>5</sup>

That so frail a defence could restrain for so long a disease as deceptive and as infectious as influenza would have been remarkable at any time. That it did so at a period when many thousands of troops were returning home after the Armistice was an extraordinary feat, and one fully recognised as such by contemporary observers. A report of the British Ministry of Health in 1920 noted two points 'of outstanding interest' in the Australian case:

it was the only country which attempted to secure immunity by establishing the principles of maritime and land quarantine in a strict manner, and it was the only country which escaped, for at least some months, the terrifying type of influenza which, from October to November 1918, raged elsewhere throughout the world.<sup>6</sup>

To A.G. Butler, historian of Australian Army medical services in the Great War, this country's maritime measures were

no less than an attempt to stay the disease by declaring it an 'enemy' within the meaning of the Australian Quarantine Act; and this at a moment when the inconveniences, restrictions, and even dangers arising from quarantine measures enforced would fall most heavily on the soldiers returning from the war!<sup>7</sup>

Butler paid tribute to Cumpston, as federal director, for having made 'a decision which stands out as one of the most enterprising and courageous in the history of international quarantine'.<sup>8</sup>

At the outset, Cumpston had advised his minister—W. Massy Greene, Minister for Trade and Customs—that, while the quarantine policy afforded 'reasonable grounds for anticipating complete protection', with a disease as rapidly transmissible as influenza it was 'impossible to give any firm guarantee' of exclusion.<sup>9</sup> That it was nevertheless worth attempting was reinforced, early in November, by grim messages from South Africa and New Zealand, telling of dreadful mortality and warning that, if Australia were to avoid 'a similar calamity', the only course was to prevent the pandemic's entry: all other measures were futile.<sup>10</sup> Yet, since maritime quarantine had never been attempted on so large a scale against so subtle an invader, Cumpston and his federal colleagues felt that advance provision for an epidemic was essential, to limit the spread of disease and

to control it where it occurred. Measures for such control would include 'closing all places of public resort' and banning public meetings, setting up vaccination depots and emergency hospitals, organising ambulance transport, medical and nursing staff, and issuing advice to local authorities and to the public.<sup>11</sup>

In late November, with the aim of ensuring a uniform approach, the Commonwealth authorities summoned to a conference the health ministers and health department heads of the several states, together with their British Medical Association branch presidents. Here, though, the state representatives took matters rather further than either Cumpston or Massy Greene thought advisable, arguing that, since influenza's spread matched 'the rate of human travel', it was 'desirable in the public interest to take any measures to check public travel that are at all likely to lessen the spread of the disease'.<sup>12</sup> They therefore resolved: first, that a state's chief health officer should at once report to the Director of Quarantine any case of pneumonic influenza in his state, and that the Commonwealth would then proclaim the state infected; next, that all traffic with that state would be suspended until a case appeared in a neighbouring state, whereupon traffic between them would be resumed; and further, that when any state was proclaimed infected, the federal authorities would take 'complete control of all interstate traffic both by land and sea', the states would 'render to the Commonwealth every possible aid', and repeal of the proclamation would rest in federal hands. Interstate traffic in goods and mails would be unrestricted, provided that personal contact between those handling them was avoided, and local interstate travel would be allowed for persons living within ten miles of a state's border, provided their area was 'clean'; but states might also apply 'local district isolation' and quarantine measures within their own boundaries.<sup>13</sup>

The federal authorities, for their part, doubted whether the Commonwealth's quarantine powers could be used effectively to limit influenza's spread by 'establishing a border line'. Massy Greene believed that, for 'all practical purposes', it would be impossible to quarantine an area of the Australian mainland, except perhaps Western Australia.<sup>14</sup> Cumpston doubtless had in mind also the furore aroused in 1913 by his own attempt to confine a smallpox outbreak within Sydney.<sup>15</sup> The agreement, signed on 27 November, took account of federal reservations with this caveat:

such restriction does not afford an absolute safeguard, and is liable to prove ineffective, at some stage in the course of the epidemic....

But the concerns of the states won the day:

the Conference, while recognising this, nevertheless considers that the attempt to limit the original outbreak by this means should be made, and should be continued until proved unsuccessful, in order to give neighbouring States time to complete their organization, and also to afford a delay which may result in some diminution of the virulence of the epidemic.<sup>16</sup>

By the New Year, with Spanish influenza still in quarantine, Cumpston may have been as much surprised as pleased that the maritime defence was still holding; but there now seemed good reason to trust that Australia would indeed be spared. Letters to the press expressed admiration at this achievement and gratitude to the quarantine authorities and their nursing staff, some advocating a public fund to reward the volunteers who had risked their lives for the nation's welfare.<sup>17</sup> On 8 January, Cumpston issued a detailed review of the situation, thanking those involved and finding cause for 'some considerable degree of confidence' that the problem of influenza was 'approaching complete solution'.<sup>18</sup> But even as his statement appeared, under headlines ranging from 'Fine Quarantine Achievement' to 'How Australia Was Saved', Spanish influenza was quietly slipping through the cordon—not in Sydney or Perth, where quarantine stations had been busiest, but in Melbourne, then seat of the federal government. By the end of January, the pandemic was established and spreading, the November agreement was in disarray, and Commonwealth and states were at loggerheads. How had matters come to such a pass?

\* \* \*

Today, while we still puzzle over just how it escaped—or perhaps evaded—quarantine, historians are generally in no doubt that the disease which killed more than 12,000 Australians in 1919 was indeed Spanish influenza. Yet at the time, and for some years afterwards, Cumpston himself argued that the pneumonic influenza prevalent that year was probably not the scourge from overseas, but instead 'the product of a slow evolution' of the epidemic already present in Australia since the previous winter.<sup>19</sup> In his exhaustive study, *Influenza and Maritime Quarantine in Australia*, published in May 1919, Cumpston propounded this view with energy. He based it firstly on the absence of 'any evidence of an escape of infection by a demonstrable chain from persons or vessels in quarantine to the shore population'.<sup>20</sup> His next premise was the relative mildness of Australia's pandemic: the absence of any initial explosion of cases, such as had

occurred overseas, and a lower mortality than elsewhere. Then, after careful analysis of the previous wave of influenza, he concluded:

it is legitimate to say that the evidence available points more directly to a slow evolution of an established local infection than to the introduction of fresh sources of infection from outside.<sup>21</sup>

Failing that, Cumpston added, it could at least be claimed—as indeed it is today—that maritime quarantine had ‘held the infection in check’ long enough to ‘insure a considerable natural exhaustion of virulence’. But his own belief, as stated in 1920, was that his quarantine service had defeated Spanish influenza:

Undoubtedly the application of maritime quarantine prevented the entry of the great pandemic wave of the most virulent form of this disease into the Commonwealth, by the crude method of absolute blockade ...<sup>22</sup>

Even at the time, however, Cumpston’s view was not widely shared. Dr R.P. McMeekin, Medical Superintendent at the Melbourne Hospital, who had first raised the alarm in January, was soon convinced that the disease filling his wards was identical with that in other countries, adding in his fortnightly report of 25 February: ‘This is not only my opinion, but also that of those members of the Honorary Staff who have had experience of our cases.’<sup>23</sup> Dr W.G. Armstrong, Deputy Director-General of Public Health for New South Wales, writing in 1920, was in no doubt that, ‘after a contest which was courageously and sternly fought’, the maritime defence had broken down in the end:

unless one can accept the somewhat startling hypothesis that an infectious disease, similar in all respects to that which ravaged Europe first, then America, followed by South Africa, New Zealand, and Australia, developed autogenetically in each of the countries mentioned, not simultaneously, but at successive intervals of time which were of such duration as to have enabled infection to be passed on from country to country by the ordinary means of communication.<sup>24</sup>

That Armstrong rejected this hypothesis is equally beyond doubt. Eventually, Cumpston himself ceased to advance it—publicly, at any rate—perhaps because it had been undermined by the researches of Macfarlane Burnet and Ellen Clark, published in 1942, which allowed them to state unequivocally that the pneumonic influenza of 1919 ‘did not *arise*’ in

Australia.<sup>25</sup> Instead, Cumpston concentrated his attention on the failure of land quarantine, dwelling chiefly on the shortcomings of the November agreement and the consequences of its collapse. As his emphasis on the disease's origin diminished, so his stress on the indiscretions of the states increased, and in particular his treatment of Spanish influenza's first identification in Melbourne underwent significant change.

Cumpston has left several accounts of events surrounding pneumonic influenza's first appearance in the community. The earliest of these, a memorandum of advice to Cabinet in early February 1919, stated:

On January 21st cases were reported to the State Health Department in Victoria as suspiciously like Pneumonic Influenza. On January 22nd more cases were reported and at a conference between Senior Medical Officers of the Quarantine Service and Dr. Robertson the necessity of at once obtaining all information so that a diagnosis of these cases could be immediately established was strongly represented to Dr. Robertson, the nature of the cases after inspection by a Quarantine Officer well experienced in this class of disease being considered sufficiently suggestive to warrant early and definite decision as to their nature.<sup>26</sup>

This brief summary leaves the outcome of the investigation unstated and the reader wondering whether Dr Edward Robertson, Victoria's Chief Health Officer, followed the advice given. In his *Influenza and Maritime Quarantine*, Cumpston was equally brief, noting that the first known case had occurred 'on or about 10th January', that 'official cognisance' of influenza's presence had been 'admitted by the Health Department on 23rd January', that, in accordance with the November agreement, the Chief Health Officer must notify the Director of Quarantine of any case of pneumonic influenza, and—albeit with no reference to delay—that such notification had reached him on 28 January.<sup>27</sup>

In *The Health of the People*, a work written after his retirement and published posthumously, Cumpston gave a fuller account.

Actually the first known case of influenza had occurred in Melbourne on or about 9th January; other cases had been recognized but it was only on 23rd January that the presence of this epidemic form of influenza was officially admitted by the State Health authorities. According to the agreement formally accepted by all States these cases should have been notified at once to the Director of Quarantine, but this was not done until 28th January: it was not proper, under the agreement, for the Commonwealth to proclaim the State of Victoria

as infected or to begin restrictions on inter-state traffic until this notification had been received—this was done immediately advice was received on 28th January.<sup>28</sup>

Here there is no mistaking the message. First, the disease was correctly identified by 23 January—and perhaps the Victorian health authorities could even have 'admitted' it sooner, had they seen fit. Next, there was an unwarranted delay of notification, for which the Victorian health authorities were responsible—and Cumpston, despite knowing all, could not act until they did.

In another memoir, published in the 1987 biography by his daughter, Cumpston gave still more details:

on 23rd January, 1919, an informal conference was held in Cumpston's office between the Victorian Chief Health Officer, the Medical Superintendent of the Melbourne Hospital, one of the medical officers who had had great experience of this disease at the Sydney Quarantine Station, and Cumpston. It was then recognized and admitted that definite cases of this new form of influenza were then under treatment at the Melbourne Hospital.<sup>29</sup>

In this account, Cumpston added that his Minister had taken him on that same day to meet the Premiers, currently in conference at Melbourne:

He told them that there was no doubt that the cases in the Melbourne Hospital were genuine cases of this new disease, but as he had not been officially so notified by the Victorian authorities he could not act. The Premiers' Conference immediately broke up, Holman and Theodore leaving at once for their own states.<sup>30</sup>

Here, then, Cumpston not only asserted a firm diagnosis of pandemic influenza on 23 January, but represented himself as immediately imparting its true identity to the assembled Premiers. He further stated that, by the time of Victoria's belated notification, every state had already 'taken different action' to impose 'an absolute border blockade' against her; which somehow suggests that, but for Victoria's delay, the response of the other states would have been more uniform, more in keeping with their federal agreement, even though its provisions might prove ineffectual. It is true that the delay did much to promote disorder; but Cumpston's own part in these events appears rather differently, as do the events themselves, in the sources of the period.

\* \* \*

For the greater part of January 1919, Australia's press coverage of influenza dwelt chiefly on the cases still in quarantine stations, conditions aboard infected troopships, the success of the maritime measures to date, and the continuing need for vigilance. Then on 23 January, the papers carried a statement made the previous day by Dr McMeekin, Medical Superintendent of the Melbourne Hospital, to the effect that, over the past few days, numerous cases had been admitted with symptoms of 'influenzal pneumonia'. McMeekin had previously reported a suspicious outbreak in late November, but that had petered out.<sup>31</sup> Now he knew of similar cases at the Alfred Hospital; all of them had been reported to the health authorities; and bacteriological examinations would produce results in a day or two.<sup>32</sup> It was on the strength of this announcement that the conference in Cumpston's office took place, attended by McMeekin, Robertson, Dr W.J. Penfold of the Commonwealth Serum Laboratories, and not one but two quarantine experts: Dr J.S.C. Elkington, federal quarantine officer for Queensland, and Dr Mitchell from Sydney's North Head quarantine station, both of whom had arrived that morning by the Sydney Express.<sup>33</sup>

The findings of this gathering were conveyed in a letter from Massy Greene to Acting Prime Minister Watt, giving Cumpston's summary of their deliberations. According to this letter, 'after a most careful review of the data at their disposal', the assembled doctors had agreed that, while the influenza cases appeared 'generally similar' to those in the quarantine stations, they did not show the same severity, but were comparable with those influenza cases of 1918 in which pneumonia had developed. Moreover, the infectivity of this outbreak appeared so low that it could not be considered identical to the disease overseas and in quarantine. Neither was there observable the same 'intense toxæmia' as had been seen at North Head and at Fremantle. Hence the evidence did not warrant the declaration and quarantine of Victoria. The situation, however, would be closely watched for the next 48 hours, and the state authorities would pursue each case, to seek out contacts and check any further spread.<sup>34</sup>

Massy Greene's own statement of these findings appeared next day in the press. The *Argus* rendered its central point in bold type: 'The evidence is not at present sufficient to justify declaring the State as infected with pneumonic influenza'. The minister concluded reassuringly: 'In all the circumstances, the conference does not consider that there is any justification for public alarm.' Yet, in the same issue, a further statement from Dr McMeekin struck a discordant note.

From the experience gained in the past few days there is now no doubt that an epidemic disease has attacked the commu-

nity and is apparently attacking it in an increasing degree.... The disease is quite justifiably named epidemic influenzal pneumonia. The question of its relationship to 'Spanish influenza' is immaterial from the public standpoint. It is enough to know that numerous cases of a similar kind, many with family incidence, are occurring, several of which have been severe enough to cause death. Every precaution must be taken by the community to prevent the spread of infection.<sup>35</sup>

So far, McMeekin conceded, despite those deaths 'we have not met with the serious types'.<sup>36</sup> Clearly he was not yet sure, as he would be a month later, that this was Spanish influenza; but equally clearly, from his point of view, it might as well be.

McMeekin's statement certainly rang alarm bells in Sydney, prompting a special meeting of Cabinet, which sent Watt a reminder of the terms of the November agreement, concerning declaration of infected areas and restriction of cross-border traffic. The New South Wales government expressed reluctance to advocate action that 'must inevitably prove detrimental' to Victoria's interests, but considered the situation serious enough to warrant Commonwealth action to implement the agreement, 'in the interest of public safety'.<sup>37</sup> This message was reinforced by a telegram to Watt from New South Wales' Premier Holman, still in Melbourne.<sup>38</sup> The following day, Saturday 25 January, Holman and his party left by special train for Sydney, fearing that if they lingered they might 'experience considerable difficulty' getting home.<sup>39</sup> But their departure was a response to McMeekin's statement, rather than to any specific counsels of Dr Cumpston. Far from announcing the presence of Spanish influenza to the Premiers' Conference, Cumpston, together with Robertson, had met Watt and the premiers on 24 January, and intimated that the nature of the disease was not yet 'defined or determined'.<sup>40</sup> After Holman's flight, other premiers were anxious to return home, but at Watt's suggestion contented themselves with inoculation and the fact that their conference would end on Monday.<sup>41</sup>

Late on the Friday night, following a doctors' conference, Cumpston told the press that the Commonwealth Serum Institute's tests had revealed little that was new, and he was 'still awaiting developments'. He added that it 'now rested with the State authorities to determine whether they considered the outbreak sufficiently serious to declare the State infected'.<sup>42</sup> For the next few days, Victoria's medical advisory committee continued its investigations. With visitors to Melbourne departing in droves, Dr Robertson himself conducted an inspection of all north-bound passenger trains, at the border town of Wodonga, to ensure that no cases of influenza

were aboard. On Sunday evening, 26 January, he and Cumpston both issued reassuring statements, dwelling in particular on the absence of that 'rapid and unconfined spread' of disease seen in other countries. According to Cumpston, it was a matter of 'waiting until events show what significance should be attached' to the Melbourne outbreak. Meanwhile, he said, 'no precaution should be overlooked', especially inoculation; but so far there was 'certainly' no evidence of those 'explosive outbursts of the almost universally distributed epidemic' that had characterised Spanish influenza elsewhere.<sup>43</sup> Earlier, Cumpston had telegraphed to Dr Atkinson, Commissioner of Public Health in Perth, that the Victorian outbreak 'was being exaggerated' and the disease's identity was not yet 'definitely determined'. Atkinson had previously issued instructions for halting the Transcontinental Train and examining all passengers from the eastern states; but rescinded the order on receipt of this advice.<sup>44</sup>

Unfortunately, while doctors deliberated in Melbourne, the disease had not waited on their diagnosis. On or about 21 January, even before McMeekin's first announcement, a soldier travelling by train from Melbourne to Sydney found himself sharing a carriage with a civilian Sydneyite, returning from holiday in Melbourne, who was 'sick all the way' with severe headache and fever. Two days later, the soldier himself was admitted to the military hospital at Randwick, and within a few days more, hospital staff who had attended him were likewise ill with the same symptoms. In Sydney, unlike Melbourne, no doubts were entertained as to the identity of their ailment. On 27 January, just as Cumpston's and Robertson's reassurances appeared in the press, the New South Wales government cabled to the federal authorities its formal notification of Spanish influenza in Sydney.<sup>45</sup> Next day, the Victorian government did likewise. According to Robertson, post-mortem evidence had only now confirmed that the lungs of Melbourne's influenza victims displayed a condition resembling that of cases in quarantine, rather than ordinary lobar pneumonia. In addition, new reports revealed that more cases were manifesting the symptoms of pneumonic influenza, as distinct from ordinary pneumonia, and Melbourne's epidemic was clearly 'developing greater infectivity'.<sup>46</sup>

Cumpston's response to these notifications was somewhat ambivalent. Without reference to the diagnosis of Spanish influenza, he commented to the press upon an anomaly in the November agreement. During the past week, it had become apparent that, whereas it fell to the Commonwealth authorities to take 'the final step' of declaring a state infected, they had to wait on the state's notification, and, when it came, to

accept it and act upon it without question.<sup>47</sup> It now emerged that Cumpston had drawn attention to this anomaly in a memorandum, read out by Watt at the Premiers' Conference, in which he advocated greater federal involvement in public health. The federal authorities were 'regarded by the general public as responsible for stopping the spread of disease to other States'; but, in effect, their hands were tied until the infected state called upon them to act.<sup>48</sup> This sounded very like an expression of frustration with dilatory state authorities, and an editorial in Melbourne's *Argus*, supporting centralised control of infectious diseases, reinforced the impression. It was 'an anomaly and a danger' that the federal health authorities should 'be compelled to stand idly by', with all their knowledge and resources, until a state 'saw fit to invite them to take action'. No doubt, said the *Argus*, 'the delay was due to a desire that Victoria should not suffer by being isolated'. If so, that was 'natural, but none the less regrettable'.<sup>49</sup> Yet Cumpston's own comments, though they certainly made the case for central control, convey rather more than a sense of expertise thwarted by ignorance or self-interest.

The frustration Cumpston felt sprang in part from a conviction that, since the Commonwealth had to take the responsibility for imposing restrictions, it should also have freedom to investigate the reason for them and to use its discretion in their application. Warning that other post-war epidemics were likely, Cumpston argued that the past seven days had shown the need for the authority in charge of preventive measures to be able 'to arrive at an opinion quickly and act on that opinion immediately on its own initiative'. In further comments, however, one can detect a degree of reservation about what the two states had now done.

It has so happened that Victoria delayed for several days before making such notification, possibly for quite good reasons, while New South Wales acted promptly, and notified upon the occurrence of a much smaller number of cases. In each case the Commonwealth was presented with a bare request to declare the State infected, unsupported by any evidence or official statement of the position as it existed in either State.

At present, said Cumpston, the Commonwealth had no power to seek information, except by direct enquiry of the state health authorities: 'It has to make important and grave decisions, which may conceivably not be justified, or may be too late to be effective, on the bare request of a State.'<sup>50</sup>

Between his 'possibly quite good reasons' and his 'conceivably not justified' lay the fact that Cumpston was closely acquainted with Mel-

bourne's epidemic, but knew almost nothing of Sydney's until it was notified. Moreover, he himself had laid great stress on numbers, emphasising the absence of explosive spread when there were already some 250 influenza cases in Melbourne's hospitals. He must therefore have been annoyed that New South Wales notified on the strength of a mere score of cases at Randwick—and not least because it placed him in the absurd position of declaring New South Wales infected before Victoria, where the tally of sick now exceeded 350.<sup>51</sup> Above all, it must have been galling to have his own view of the disease set aside; for Cumpston did not endorse the states' diagnosis. On 28 January, his decision to maintain quarantine controls on overseas ships was explained thus:

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.<sup>52</sup>

\* \* \*

It is something of a paradox that the very efficacy of Australia's maritime defence should have made Spanish influenza more difficult to identify outside quarantine. Although still vigorous, by January the virus was rather less aggressive than it had been three months earlier. Moreover, if its initial spread was slower here than elsewhere, that may have been because only one or two cases first introduced it, rather than the dozens or even hundreds in countries undefended by maritime quarantine. Within quarantine stations and on board ships, the question of identity was more straightforward: any influenza from overseas was probably the Spanish strain, or, if it were not, could quite justifiably be treated as such.<sup>53</sup> Also, the negative aspects of maritime quarantine, even with so many troops returning, were relatively limited. By contrast, the situation beyond the quarantine barrier was far more complex, and the implications for mis-diagnosis either way were enormous. The prevalence of the milder influenza was still very recent, and matters were further obscured by the fact that no link of transmission could be established between the disease in quarantine and that in the community. Cumpston's confidence in his maritime defence was understandable, given its exceptional success. Yet, in the absence of a direct link, that same success made it harder for him to accept that, whether by error or by intent, the defence had been pierced at last. It is possible that,

by late January, he felt that Victoria's epidemic should be notified, whatever it was. But, if he did, which seems doubtful, clearly it was not because he believed the disease to be Spanish influenza.

If indeed Cumpston's commitment to maritime quarantine was a factor in Victoria's delay, then it also played a part, albeit indirectly, in the collapse of the November agreement. So alarming were the daily bulletins from Melbourne that, even before any notification, two states had already begun inspecting trains on their own account, and one had even intruded upon the domain of federal quarantine by examining ships.<sup>54</sup> Then, with New South Wales and Victoria declared, other states began applying their own measures of land quarantine, irrespective of the terms of the agreement. The ensuing conflict between Commonwealth and states constitutes a saga in itself, with consequences both serious and farcical. But the effect of Victoria's delay can be demonstrated by a single instance: the insistence of New South Wales upon closing its borders with Victoria, despite the fact that both states were now infected. This had every appearance of an act of revenge; but the New South Wales government justified it as a means of excluding further sources of infection, and claimed that, in any case, Victoria's own dereliction—late notification—had freed her neighbours to act as they thought fit in respect of land quarantine.<sup>55</sup>

In every case, the unilateral measures of the states were harsher, not more lax, than those prescribed by the agreement. Interstate trains were halted near state borders, and their passengers stranded for days, first in chaos, then in primitive camps. Longer quarantine periods hampered coastal shipping, with dire economic results, and one or two states even applied their own restrictions to overseas vessels.<sup>56</sup> To Cumpston, the reaction of the states to Victoria's delay reinforced the case for full Commonwealth control from the outset. The federal quarantine service, he said, 'had to bear all responsibility' for introducing restrictive measures 'of far-reaching effect'—and, if these failed, 'to bear all the odium of their failure'—while unable to judge accurately of their necessity, the timing of their application, or their adequacy to the needs of the situation.<sup>57</sup> Yet, ironically, the odium he now encountered stemmed not only from influenza's spread beyond Victoria, but from federal efforts to moderate the stringency of state controls. When several states proved obdurate, the Commonwealth withdrew from the November agreement; but whereas the assertion of federal authority had aroused resentment, its withdrawal prompted charges of indifference and neglect. The Commonwealth government was seen as taking the part of Victoria, and its location in Melbourne tended to reinforce this impression.<sup>58</sup>

Cumpston, dubious of the efficacy of land quarantine, had never set much store by the November agreement. But he was nonetheless indignant when the states in their zeal exceeded its terms without consultation, and he roundly condemned their border blockades as futile at best, dangerous at worst.<sup>59</sup> He later acknowledged, however, that for remote Western Australia and island Tasmania, where interstate controls had been 'most vigorously applied', the pandemic's advent had been postponed, very much as maritime quarantine had postponed it for Australia as a whole.<sup>60</sup> It would perhaps be unjust to suggest that Cumpston's involvement in Victoria's misfortunes sharpened his scepticism concerning land quarantine; but it may fairly be said that his assessment of the disease in Victoria was influenced by the remarkable success of his own quarantine service. For Cumpston, the question of Spanish influenza's identity inevitably seemed to diminish that success, to undermine the achievement of maritime quarantine. In retrospect, it seems triumph enough that Australia was thereby spared the worst ravages of a lethal pandemic.

## NOTES

- 1 Since its presentation at the symposium for Michael Roe, this paper has been expanded somewhat, with the aid of valuable contributions and comments from several colleagues.
- 2 F.M. Burnet and E. Clark, *Influenza. A survey of the last 50 years in the light of modern work on the virus of influenza*, Melbourne, 1942, p. 73. Chapters VI and VII of this work present a detailed analysis of the 1918-1919 pandemic.
- 3 For good accounts of the pandemic in its global dimensions, see also A.W. Crosby, *America's Forgotten Pandemic. The Influenza of 1918*, Cambridge, 1989, and G. Rice, *Black November: The 1918 Influenza Epidemic in New Zealand*, Wellington, 1988. For a lively and wide-ranging essay on Australia's pandemic ordeal, see H. McQueen, 'The "Spanish" Influenza Pandemic in Australia, 1918-19', in J. Roe (ed.), *Social Policy in Australia: Some Perspectives 1901-1975*, Sydney, 1976. The name, 'Spanish influenza', may have dated from the milder first wave, but was invariably used to refer to the more lethal second and third waves.
- 4 J.H.L. Cumpston, *Influenza and Maritime Quarantine in Australia*, Commonwealth of Australia Quarantine Service Publication No. 18, Melbourne, 1919, pp. 8-10.
- 5 *Ibid.*, p. 7.
- 6 *Reports on Public Health and Medical Subjects No.4 - Report on the Pandemic of Influenza, 1918-19*, London, 1920, quoted in A.G. Butler, *The Australian Army Medical Services in the War of 1914-1918*, vol.3, Canberra, 1943, p. 782.
- 7 Butler, *op. cit.*, p. 781.
- 8 *Ibid.*
- 9 Cumpston, *Influenza and Maritime Quarantine*, p. 52.
- 10 *Ibid.*, p. 54.
- 11 'Commonwealth and States of Australia Influenza Conference 1918. Resolutions', undated typescript, series A2, item 1919/482 Pt 2, Australian Archives.
- 12 *Ibid.*
- 13 *Ibid.*
- 14 Cumpston, *Influenza and Maritime Quarantine*, p.65.
- 15 For an account of this episode, see M. Roe, *Nine Australian Progressives: 'Vitalism' in Bourgeois Social Thought, 1890 to 1960*, St Lucia, 1984, pp. 122-24.
- 16 'Commonwealth and States of Australia Influenza Conference 1918. Resolutions'
- 17 See for example *Argus*, 3, 6 January 1919; *Sydney Morning Herald*, 3, 4, 8 January 1919.
- 18 *Argus*, 9 January 1919. See also *Sydney Morning Herald* and *Advertiser* of same date.

- 19 Cumpston, *Influenza and Maritime Quarantine*, p.iii.  
 20 *Ibid.*, p. 52.  
 21 *Ibid.*, p. 62.  
 22 J.H.L. Cumpston, 'The New Preventive Medicine', Presidential Address in Public Health and State Medicine, in *Australasian Medical Congress: Transactions of the Eleventh Session*, 21-28 August 1920, Brisbane, 1921, p.79. See also Cumpston's posthumously published work of 1927-28, *Health and Disease in Australia: a History*, (M.J. Lewis ed., Canberra, 1989), p. 318.  
 23 R.P. McMeekin, 'Report of the Medical Superintendent for the Fortnight ended 24.2.1919', in 'Medical Superintendents Reports No.9', Royal Melbourne Hospital. I am most grateful to Dr Alan Gregory and Dr Ian Martin for this reference.  
 24 W.G. Armstrong, *Report of the Director-General of Public Health, New South Wales, for the year 1919, including a Report on the Influenza Epidemic, 1919*, Sydney 1920, p. 161 (NSWPP 1920, Vol.I).  
 25 Burnet and Clark, *Influenza*, p. 69. In the early 1950s, in a work clearly intended for publication (see n. 28), Cumpston made no mention of his 'evolution' theory; but in another unpublished memoir, incorporated in a biography by his daughter, he continued to query the nature of the 1919 disease, suggesting that 'the infection might well have been introduced before the application of quarantine measures and been latent'. See M. Spencer, *John Howard Lidgett Cumpston 1880-1954: A Biography*, Tenterfield, 1987, pp. 164, 172. I am most grateful to Mrs Margaret Spencer for furnishing me with a copy of her book.  
 26 'Influenza Epidemic. Commonwealth Regulations' [February 1919], Prime Minister's Department: Files of Papers, series A6006, item 1919/2/3, Australian Archives. This paper is unsigned and undated, but was probably prepared by Cumpston for his minister to take to Cabinet, and is attached to Cabinet's response, dated 3 February 1919 and initialled by W.A. Watt, as Acting Prime Minister.  
 27 Cumpston, *Influenza and Maritime Quarantine*, p. 66.  
 28 J.H.L. Cumpston, *The Health of the People: A study in federalism*, Canberra, 1978, p.36. Cumpston retired in 1945, and died in 1954. This work, written in the early 1950s, was later published by his son, Dr J.S. Cumpston.  
 29 Spencer, *John Howard Lidgett Cumpston*, p. 166.  
 30 *Ibid.*  
 31 McMeekin, 'Report of the Medical Superintendent for the Fortnight ended 2.12.1918', loc.cit., Royal Melbourne Hospital. See also his Report for the fortnight ended 27.1.1919.  
 32 *Argus*, 23 January 1919. See also *Advertiser* of same date.  
 33 *Minute*, 23 January 1919, from Cumpston to Comptroller-General (Customs), Prime Minister's Department: Influenza - Victoria. Declaration of Infected Area, series A2, item 1919/742, Australian Archives.  
 34 W. Massy Greene, Minister for Trade and Customs, to Acting Prime Minister, 23 January 1919, PM's Dept, loc.cit., Australian Archives.  
 35 *Age*, 24 January 1919. See also *Argus* of same date.  
 36 *Argus*, 24 January 1919.  
 37 Premier's Department, Sydney, to Acting Prime Minister, 24 January 1919, PM's Dept, loc. cit., Australian Archives.  
 38 *Sydney Morning Herald*, 25 January 1919  
 39 *Argus*, 27 January 1919.  
 40 *Argus*, 25 January 1919. See also *Brisbane Courier* of same date.  
 41 *Argus*, 27 January 1919.  
 42 *Argus*, 25 January 1919.  
 43 *West Australian*, 27 January 1919.  
 44 *Ibid.*  
 45 *Argus*, 28 January 1919.  
 46 *Argus*, 29 January 1919.  
 47 *Ibid.*  
 48 *Argus*, 28 January 1919.  
 49 *Argus*, 29 January 1919.  
 50 *Ibid.*  
 51 *Argus*, 27, 28 January 1919; *Sydney Morning Herald*, 28 January 1919.  
 52 *Sydney Morning Herald*, 29 January 1919.  
 53 I am grateful to Dr Ken Macnab for this observation.  
 54 *Argus*, 29 January 1919.

- 55 Telegram, 5 February 1919, from Premier NSW to Acting PM, series A2, item 1919/1302, p. 2, Australian Archives; Armstrong, *Report of the Director-General of Public Health*, loc.cit..
- 56 These measures are listed in Cumpston, *Influenza and Maritime Quarantine*, pp.66-68.
- 57 *Argus*, 29 January 1919.
- 58 'Influenza Epidemic. Commonwealth Regulations', loc. cit.; *Sydney Morning Herald*, 29 January 1919; *West Australian*, 11 February 1919; *Brisbane Courier*, 7 February 1919.
- 59 Cumpston, *Influenza and Maritime Quarantine*, ch.6
- 60 Cumpston, *Health and Disease in Australia*, p. 319.