



The University of Newcastle

History Club

Department of History

STUDENT RESEARCH PAPERS
IN
AUSTRALIAN HISTORY

No. 5

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PREFACE

In the Australian History course offered in Second Year at the University of Newcastle, as part of their progressive assessment, students have the opportunity of either presenting a conventional essay or of researching a topic of their own choice from primary sources. Many students choose the second alternative, and since this programme began in 1976 a considerable corpus of material on the local history of this area has been built up. The papers are all available for public use in the local history collection of the Newcastle Public Library. The best of the papers, however, are made available to a wider readership by publishing them each year.

This, unfortunately, may be the last issue of the publication, as a reorganisation of the courses offered in this department has meant that Australian History will be taught in First Year only, where unstructured private research by students would be less appropriate. However, the editors hope you will find the papers in this volume as interesting and useful as we did.

Peter Hempenstall, Margaret Henry, Noel Rutherford.

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THE PNEUMONIC INFLUENZA EPIDEMIC OF 1919 IN
NEW SOUTH WALES WITH SPECIAL REFERENCE TO NEWCASTLE

BY

JENNIFER GREENWELL

SYNOPSIS:

In our modern society, with its reliance on medical technology and health science, influenza is seen as little more than an inconvenience. It is difficult to imagine a time when it was viewed in a much more serious light. Yet in 1919 a particularly virulent strain of pneumonic influenza swept through the world, taking with it the lives of millions.

Australia, though isolated, was not able to escape the visitation. For months, the lives of the entire population were regimented and disrupted to a remarkable degree and death came to many households. Yet today, the influenza epidemic has been virtually forgotten - a page in Australia's history which for many may as well never have been written.

In 1919, when the world has just emerged from its first global conflict, an event occurred, which, although now virtually forgotten, was to take the lives of twenty-one million people, far in excess of the death toll in the hostilities so recently terminated. The pneumonic influenza epidemic swept with unprecedented speed through a world convalescing from war. No conflict in history, no famine, no disease had ever killed so many in so short a time.

Because of its geographical isolation, Australia was one of the last countries to be affected. Terrified by the high mortality rate of the other nations, officials implemented a series of restrictions which curbed and controlled the lives of individuals to an extent hitherto unimagined. Coupled with the death toll and the massive absenteeism from work through illness, government measures caused a disruption to business and the economy, and a dislocation of social life unparalleled in the history of the nation.

While the epidemic raged in Britain, American and New Zealand, Australia for a time succeeded in maintaining a healthy isolation. In November of 1918 State and Federal governments met to decide upon preventative action and the steps to be taken should this prove unsuccessful. All ships' passengers from overseas were subject to quarantine precautions on arrival and cases of pneumonic influenza in N.S.W. were taken to the quarantine station at North Head.

Boards and committees were established to deal with the situation should quarantine be broken, but such organisations often proved to be confused and chaotic when faced with the reality of a major epidemic. An extensive campaign of inoculation was begun, the value of which was the subject of considerable controversy. The vaccine had been used overseas but its effectiveness in guaranteeing immunity was debatable, the medical consensus being that it tended to minimize the effects of the disease rather than to prevent it altogether. Medical opinion in the 1970's suggests that the vaccine had no immunological value whatsoever, although it possibly had some significant impact upon the mass psychology.¹

The campaign of inoculation was both vigorous and intense. Prominent citizens such as Governor and Lady Davidson and Archbishop Kelly submitted to much-publicized injections, while rumours were well circulated about the supposedly curative effects of the vaccine upon longstanding complaints such as rheumatism and neuritis. In the full-blown journalese of the period, the Sydney Morning Herald tells of a man whose asthma "disappeared as completely as the mist before the morning sun";² and of a sixty-eight year old woman to whom the vaccination restored "all the elasticity and the sparkle of happy youth".³

On January 25th., 1919, reports from Melbourne of an outbreak of pneumonic influenza were confirmed. The N.S.W. government was outraged, condemning the Victorian authorities for their laxity in tolerating "cases of influenza apparently in various forms of virulence, but with nobody reporting them".⁴ Medical examinations of Victorian train passengers travelling to N.S.W. were conducted at Albury, while a host of holiday-makers rushed home from the stricken state, bringing with them the very illness from which they were fleeing. The hasty departure of a special ministerial train from the diseased capital did nothing to alleviate the prevailing mood of panic.

By January 28th., four cases of pneumonic influenza were reported in Sydney, each having been contracted in Melbourne. A parliamentarian declared that "Victoria, by its neglect to have itself declared an infected state by the Commonwealth, has allowed infection to become widely distributed amongst its population, and by its delay to act in terms of the agreement, has also brought about infection in this state".⁵

The N.S.W. Government exhibited none of Victoria's "incompetence", acting swiftly to impose preventative restrictions in Sydney and the County of Cumberland. The state, having been declared, infected, was surrounded by a cordon of inspectors and police. Traffic was stopped at the borders and a quarantine period of seven days was imposed on all travellers by land or sea. Over one thousand Queenslanders were stranded in N.S.W., many left quite destitute and without accommodation. The Government's decision to include Victoria, where the epidemic was flourishing, in the quarantine restrictions, was contrary to the November agreement, which provided for unhindered intercourse between infected states, and initiated an outraged and bitter debate between the N.S.W., the Victorian and the Federal Governments.

The N.S.W. representatives contended that the November agreement had been virtually renounced when Victoria had refused to observe it. Although both states had been declared infected, the relatively few cases in N.S.W. might, it was hoped, be controlled if contact was avoided with Victoria, where the disease was so widespread that control was no longer possible. Mr. Watt, the Acting Prime Minister, condemned the "unjustifiable inconvenience"⁶ caused by the land quarantine and argued that since the disease had escaped the rigid measures imposed on overseas travellers, the haphazard methods employed by the N.S.W. Government could not hope to be effective.

As time passed, New South Wales was accused of causing serious trade and commercial dislocation and aggravating severe shortages of food and fuel. With the intensification of the epidemic, the discrimination between one state and the other became superfluous. Plans were made for the "observation, examination and supervision" of interstate travellers, but these were delayed in their implementation as the state and federal governments wrangled over their respective authorities.

Within New South Wales itself, a Medical Consultative Committee was established to advise the government and an Influenza Committee was formed to implement its regulations. In an endeavour to check the disease in its early stages, a number of restrictions was imposed in the Sydney area. All places of public entertainment, including picture shows and race meetings, were closed. Schools did not resume following the holiday break and church services and public meetings were prohibited. These closures caused considerable losses amongst proprietors and unemployment amongst workers.⁸ It was estimated that between 5000 and 6000 cinema employees were out of work and the demand for a moratorium by those directly involved was both vocal and prolonged.

An uproar arose, especially among churchmen who were prohibited from conducting services, when no restrictions were at first imposed upon hotels. In response, a proclamation was issued restricting the number of people permitted in the bar areas of hotels, and a few days later such establishments were completely closed. While such restrictions did not apply to the as yet un-infected Newcastle, a notice was displayed outside the Health Department advising people to avoid places of indoor entertainment which might encourage the spread of disease.

In the initial panic a rush for inoculation occurred, with the result that the Newcastle supply of vaccine was temporarily exhausted. When the first case was reported in Newcastle, two thousand, three hundred inoculations took place in one day. Letters to the Editors of local newspapers recommending cures and preventatives were numerous, while the manufacturers of "wonder cures" were quick to jump on the bandwagon with their miraculous remedies. As the epidemic progressed, the unscrupulous did not hesitate to make capital from the fear and suffering of others and it was observed that the price of remedies had increased by as much as one shilling, a considerable sum in those days of low wages.

The wearing of masks in public places was made compulsory in the Sydney metropolitan area and later on trains and trams in Newcastle. In the heat of February such a proclamation was particularly onerous. Individuals, especially those engaged in heavy manual tasks, complained of "partial suffocation and intense heat".¹⁰ After a few weeks, most people agreed that masks were "instruments of torture":¹¹ Smokers, especially, tended to flout the restrictions. A Sydney journalist on February 2nd., counted two hundred and sixty unmasked people in George Street in the space of ten minutes.¹² A few days later, the state government decided to enforce its regulations more strictly and summonses were issued against nine hundred and thirty two people for not wearing masks. In Newcastle, where there had been as yet no instances of the disease, the tendency to ignore the regulations was more pronounced.

At this time the government restrictions were causing considerably more dislocation and hardship than the disease itself. Business life was in general depressed. A scheme for the relief of those disadvantaged by government actions was implemented. Food supplies and rent payments were to be given and at "Distress Relief Depots" claims could be made for losses incurred because of the restrictions if the situation of the claimant met certain conditions. If these were established, the government would provide up to one third of the losses.

Some firms and shops introduced inhalation chambers in which fumes of a zinc solution were inhaled as throat sterilizers. Although restrictions were imposed on train travel from the Sydney area, the tourist areas of the Blue Mountains were crowded with those who sought protection in the healthy mountain air. Every case of sickness which was reported was investigated, and in this connection hundreds of cases, many bearing not the slightest resemblance to influenza, were the subject of inquiry.

The epidemic was not without its associated industrial disputes. In Newcastle wharf workers and coal trimmers refused to unload or work on ships unless given increased wages because of the risk allegedly associated with recently infected vessels.

For a time it seemed as if the New South Wales restrictions had indeed been successful in containing the epidemic. On February 10th., only one hundred and five cases and one death had been reported in comparison with Victoria, where few restrictions had been imposed and two thousand and seventy two cases and two hundred and ten deaths reported.

As the epidemic appeared to abate, or at least to get no worse, the state authorities, succumbing perhaps to intense pressure from business and public opinion, or simply because they sincerely believed the worst to be over, gradually lifted restrictions until by March 3rd., few regulations were in force.

At this time only one case of pneumonic influenza had been reported in Newcastle, and masking had been the only control imposed. On March 4th., a seaman who had been admitted to Newcastle Hospital from a Melbourne-based ship, died of pneumonic influenza. A number of the nursing staff had been infected and were swiftly evacuated to the Benevolent Hospital at Waratah (now Western Suburbs Maternity Hospital), which had already been prepared to serve as an isolation hospital. The disease quickly gained ground. Dr. Dick, the chief medical officer in Newcastle, complained, "It is remarkable that the cases which have been seen during the last two or three days have been seriously ill for at least a week and have been in small cottages free of access to neighbours and without isolation of any kind. In these circumstances it is hopeless to expect any limitation of the spread of disease".¹³

A refuge was established at the Junction for children whose parents had been hospitalised. The homes of victims were quarantined and the throats of contacts sprayed daily in an attempt to limit further infection. However, in Sydney as well as in Newcastle the reported cases began to soar with alarming speed. A record of twenty nine new cases were recorded on March 15th., with an increase to sixty three cases five days later, in Newcastle alone.

On March 21st., Dr. Dick said that it was "now practically impossible to trace the source of infection owing to the scattered nature of the cases".¹⁴ Government assurances that there was no cause for alarm were belied by increasing cases and many began to wonder why restrictions were not tightened, especially as the dangerous winter period was approaching.

On March 27th., with medical and nursing staff "strained to the utmost",¹⁵ masking was reinstated on public transport. The Easter Show was abandoned and Sydney was organised into fifty two administrative districts, each under the control of a committee whose task was to arrange prompt medical aid and control the removal of patients to hospitals.

Newcastle, even in the worst days of the epidemic, was never subject to the coordinated government planning afforded to Sydney. The country areas were forced to rely on council or voluntary organisations, mainly church groups, to perform the nursing and patrolling functions which were administered by state officials in the metropolis. The Newcastle-Council-organised Influenza Executive Committee constantly laboured under the difficulty of securing sufficient funds from the state headquarters, and throughout the epidemic was forced to rely on credit.

In Sydney, temporary hospitals such as the Industrial Pavilion at the Showground came into being. With insufficient staff to attend to its maintenance, quarantine was abandoned. On April 2nd., all the earlier restrictions on public gatherings, with the exception of church services, were reimposed. The Premier warned that if the restrictions were not observed, they would have to be extended and the "inconvenience, losses and suffering which we are experiencing today will be protracted".¹⁶

Desperate calls were made for extra doctors and nurses to supplement an increasingly strained medical staff. Hospitals could now only admit the most seriously ill. Thus a problem developed which was to disrupt the statistical evaluation of the epidemic and prevent the general public from obtaining any direct information concerning its extent. With the hospitals overcrowded and an established preference for home nursing in any case, it was almost impossible to obtain an accurate idea of just how many had succumbed to the disease. The deaths reported represented only those who died in hospitals, but the optimistically low reported death rate was consistently

belied by the pages of funeral notices in the Sydney and the Newcastle Morning Herald.

On April 12th., restrictions similar to those in Sydney were imposed upon Newcastle. Nevertheless, many continued to flout them especially in regard to masking. At Newcastle Railway Station a sign appeared - "No masks, no tickets".¹⁶ Yet many were sufficiently fearful to prefer to stay at home and avoid social and potentially infectious contacts. For such a time of distress, the Church suffered a curious reduction in numbers and the Dean of Newcastle felt compelled to observe that "It is the duty of Christian people to continue their religious observances and use their brains and see that there is far less likelihood of infection while sitting in a well-ventilated church than there is in doing many other things in the light of business and pleasure which still go on".¹⁷

The Church, indeed, found itself in the difficult position of justifying God's part in the epidemic. Eventually the "Newcastle Diocesan Churchman" concluded that "all disease is directly traceable to individual wrong-doing or social wrong-doing or to the effect of earlier generations. In particular, the influenza now rampant has arisen in the field of battle and is therefore due ultimately to the world's greatest corporate sin of war".¹⁸ A dubious medical conclusion, perhaps, but comforting theologically!

By April 1st., seven hundred deaths had occurred and four thousand, nine hundred people had been hospitalised in New South Wales, making the accommodation situation critical. Throughout the country areas, committees were established to provide for those in distressed circumstances because of the epidemic, while in Newcastle, to relieve the increasing pressure on Waratah Hospital, Wallsend Public School was appropriated as a temporary infirmary.

On April 10th., it was decided that the inhalation chambers were to be discontinued as they had demonstrated no efficient results and there was evidence of their having produced injurious effects upon several individuals. This was to become a contentious issue in the debate which raged throughout, and indeed after, the epidemic, concerning the validity of government restrictions. In answer to criticism, the government argued that, in being faced with the new phenomenon of a baffling epidemic, it was compelled to rely almost entirely upon the judgement of the men of science who composed the medical consultative committees. Unfortunately, even the medical experts were uncertain about the methods to combat the disease and consequently many of their proposals (for example the inhalation chambers) were tentative and experimental. Although criticism was rife, particularly in regard to disruption of business life and the encroachment upon personal liberties, it is difficult to imagine how else a government could have reacted to an essentially medical problem, except by following the advice of the acknowledged experts.

The fact remains, however, that "the so-called experts really knew next-to-nothing about the epidemic and certainly they devised no means of effectively combating it".¹⁹ Dr. Dick claimed a year later that "it will be judged that the enforcement of restrictions had no compensating advantages and indeed produced negative effects by inducing fear of the disease among the public so that many were forced to care for themselves as best they could in their illness".²⁰

In the Parliamentary debates which followed the epidemic, the government was accused of making political capital from the measures adopted to prevent the spread of the disease. At the Petersham elections the National Party published a cartoon which was intended to convey to electors that, but for

the precautionary measures of the Government they would now all be dead. If the government took credit for what it did then, it was argued, by the Opposition, it must also bear the brunt of the discredit.

Cases decreased markedly in late April and great pressure was put upon the government to remove restrictions. Eventually the authorities succumbed to the persistent demands of the public and business although there was much evidence that the epidemic had only undergone a temporary respite. Indeed, some felt that the removal of the controls may have been premature and asserted that the minister "was tortured, ridiculed and abused in a most scandalous fashion till he was driven into doing what, if he was quite sincere in his earlier utterances on the subject, he must have felt was an unwise concession".²¹

For a time the epidemic was relegated to the second or third pages of the newspapers, although the news items themselves do not indicate a significant enough decrease in cases to warrant the unqualified optimism expressed by many people.

In Newcastle the disease had displayed no evidence of abatement whatsoever and on June 6th., a record seventy new cases were admitted to hospital. On June 12th., the Department of public Health reported a recrudescence of the disease, and once more the funeral columns grew in length and number. The increases in deaths and absenteeism were taking a remarkable toll on the functioning of the entire state. In Sydney it was reported "there is hardly a business in town with a full staff and certain public institutions have to notify an earlier closing hour because of short-handedness. The theatres which fought so hard for the removal of the masks are playing to half empty houses".²²

A Sydney suburban paper reported that "the influenza epidemic is sweeping through this suburb like a cloud of poison gas. Very few households have escaped it".²³ On June 17th., three thousand four hundred and sixty three train and tram employees throughout the state were absent from work, together with four hundred policemen. While advertisements for household help had previously called for a "trained nurse", the employment situation was now so desperate that the requests were simply for "someone who has some knowledge of household duties".²⁴

Maitland was subject to a "paralysis never experienced in the worst strike",²⁵ and public offices, shops and factories were at a virtual standstill. There were many calls for restrictions to be reimposed but the government argued that by now the public had been educated in how to deal with and avoid infection and the necessary action of avoidance and discipline lay in their own hands.²⁵ The Premier stated that there was "a real danger of doctors and nurses being overwhelmed if any additional cases occur",²⁶ but in a number of areas such a situation had already arisen.

In Newcastle, which lacked the governmental organisation afforded to Sydney, individual municipalities set about the task of securing relief and nursing for their citizens. Many councils arranged for women to visit the homes of the ill and render any necessary aid. The women of Hamilton established a kitchen where food such as beef tea, custard and jelly was prepared and distributed amongst the needy, and other councils soon followed its example. Three hundred people were provided for by the Hamilton depot alone. These kitchens relied on funds donated by the public or on gifts of foodstuffs. Most of the work fell on the women of the community, who indeed seemed indefatigable, as did members of service clubs and organisations.

At a local council meeting it was reported that "very few homes in Adamstown have not been visited by the influenza - mild or otherwise"²⁷ and the Mayor of Newcastle felt that "matters were becoming very serious".²⁸ In one street in Hamilton alone, fifteen families were ill.

From the week ended June 24th., the state mortality rate increased by 100%. Over six thousand rail and tramway employees were absent from work and department stores were suffering heavily from the depletion of staff and customers. Even food sales exhibited a pronounced decrease owing to the number of ill and bedridden people. Thousands of individuals were forced to rely upon the government for food, medicine and rent and by July authorities had paid a quarter of a million pounds in compensation and relief.

By late July, the situation had improved markedly throughout most of the state. In Newcastle, for the first time in months, no new cases were admitted to the Waratah Hospital. The disease, however, remained prevalent in the outlying districts of Belmont and Swansea. By the end of July the relief depot in Newcastle and the Wallsend Emergency Hospital were closed, and life was beginning to return to normal.

The pandemic had "caused more suffering than any scourge we have ever had, owing to the fact that so many people were affected".²⁹ In New South Wales a total of six thousand, three hundred and five deaths had occurred, although it is thought that large numbers died of related causes, but whose deaths were not recorded as being directly attributed to the influenza. In Newcastle medical practitioners notified two thousand, four hundred cases, with four hundred and ninety four registered deaths, i.e. death ratio of approximately .6% of the population, this in a period of less than half a year!

The government paid dearly for the measures it had felt compelled to introduce to combat the disease. For example, in Newcastle, with a population of 90,000, £13,000 was expended in running the hospitals, in food orders, blankets and medicine, with a large amount also subscribed privately. The government was also responsible for compensating, at least partially, those individuals disadvantaged by the restrictions imposed in the epidemic's early stages.

The influenza epidemic had claimed thousands of lives, caused massive financial losses and disrupted everyday life of the individual to an extent unprecedented. Yet today it is a virtually forgotten incident in our history. Perhaps this is because of the almost science-fictional speed with which the disease came and went. Except for those who had lost family members, life quickly returned to normal. There were no significant after-effects, no maimed or injured people left as a reminder of the horrors which had passed. The restrictions and dislocations were coupled in memory with the wartime prohibitions, until many came to think of the epidemic as merely an appendage of World War I. But although as an historical and even as a medical phenomenon the influenza epidemic tends to be ignored, the fact remains that for five months in 1919 a devastating illness swept the country, causing a greater loss in life and in economic and personal liberty than any single event in the history of our nation.

FOOTNOTES

- 1.
2. Sydney Morning Herald, 31 December, 1918.
3. Ibid.
4. Ibid, 21 January, 1919.
5. Ibid, 6 February, 1919.
6. Newcastle Morning Herald, 12 February, 1919.
7. Sydney Morning Herald, 1 April, 1919.
8. Ibid, 29 January, 1919.
9. Newcastle Morning Herald, 8 April, 1919.
10. Sydney Morning Herald, 4 February, 1919.
11. Ibid, 19 February, 1919.
12. Ibid, 2 February, 1919.
13. Newcastle Morning Herald, 12 March, 1919.
14. Ibid, 21 March, 1919.
15. Sydney Morning Herald, 3 April, 1919.
16. Ibid, 27 March, 1919.
17. Newcastle Morning Herald, 16 April, 1919.
18. "The Newcastle Diocesan Churchman", 1918-1919, Vol.III, p.7, 1 April, 1919.
19. N.S.W. Parliamentary Debates, Vol.75, p.2744.
20. Newcastle Morning Herald, 10 February, 1920.
21. Ibid, 9 June, 1919.
22. Ibid, 16 June, 1919.
23. Ibid, 16 June, 1919.
24. Ibid, 19 June, 1919.
25. Ibid, 15 May, 1919.
26. Ibid, 20 June, 1919.
27. Ibid, 21 June, 1919.
28. Ibid, 22 June, 1919.
29. Commonwealth of Australia Parliamentary Debates, Vol. LXXXIX, p.12161-9.

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