‘The dreaded pneumonic influenza has made its appearance amongst us’:
The Influenza Pandemic of 1918-19 in Gippsland, Victoria

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This article contributes to our understanding of the 1918-19 global influenza pandemic from a regional perspective. It covers the Gippsland region in the south east of Australia which traverses the area from Melbourne to the New South Wales border, with a focus on detailing pandemic history at a finely-grained community level. While the public memory of the influenza pandemic is patchy I explore local and family histories to show a vernacular memory of its impact. I also argue that the capacity for Gippsland to respond to the crisis was based on mobilisation and activity carried out during World War I. The role of women in the voluntary sector was crucial in responding to this crisis, especially the Red Cross. At the same time the crisis revealed sometimes-hidden divisions, and I also consider examples of disagreement on issues such as the location of temporary hospitals or the impacts on border areas.

Major global events such as pandemics and depressions challenge historians to tackle the scale and scope of history across multiple regions and countries. Writing a history of such events has delivered fine works of scholarship impressive in their ambition and coverage.¹ But within a global framework experiences at a regional level, specific areas within a country

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for example, are inevitably obscured. Global events are patchwork constructions of multiple layers of experiences and developments that occur across time and space. The best historians with a world history or global history perspective present these events as a total experience and synthesize an overall vision, albeit taking into account national and regional variations. This article is a contribution to our regional understanding of the 1918–19 global influenza pandemic. The aim here is to bring global events into a regional frame to understand how the Gippsland region in Victoria was affected. As the pandemic swept the globe, creeping ever closer to Australia, the people of Gippsland waited and planned, anxiously considering the almost inevitable arrival of a new affliction that was taking so many lives throughout the world. That was followed by the challenge of dealing with a new and devastating disease at a regional and town level.

My approach follows the work of regional histories which have explored the home front experience of the 1914–18 war. Certainly there is in Gippsland a plethora of material from family and local historians on soldiers and nurses and their war service. This article draws inspiration and evidence from both academics and family, community, and local historians, and it follows significant work which approaches the global pandemic from a regional or local perspective. Once you begin to explore the influenza pandemic through the lens of family and regional history then a strand of vernacular local knowledge emerges more clearly. Family historians are aware of how the pandemic affected their forbears tracing its impact on past generations through death, illness or hardship. US historian Nancy Bristow argued that while in public memory the pandemic was largely forgotten, amongst family historians and indeed in her own family there were stories of its impact. New Zealand’s pre-eminent historian of the pandemic, Geoffrey Rice, was first alerted to the topic in the 1970s.

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3 For example, the resource maintained by Philip Cashen which covers the Shire of Alberton in South Gippsland is an invaluable one. See [https://shireatwar.com/](https://shireatwar.com/) (accessed 20 September 2019). Other examples include the *Combined Journal of the East Gippsland Family History Society* and the *East Gippsland Historical Society*, ‘Black Sheep’, especially issue no.89, March 2016, and its associated website, [www.theirdutydone.com](http://www.theirdutydone.com) (accessed 1 August 2019).


by stories his father told him about its life changing impact on the small town of Taumarunui. As Rice recalled, ‘there was not a single book on the subject, only scattered references in various medical memoirs and hospital histories’.\(^6\) As a recent Royal Australian Historical Society project acknowledged, the pandemic was ‘felt in almost every community and family around the globe. As a result, it is likely to be a part of nearly everybody’s family history and local history’.\(^7\)

While the pandemic is not well memorialised at an official or public history level, grave sites that record influenza deaths are found in just about every cemetery in Australia, including those in Gippsland. The importance of family history and oral sources has been highlighted by a number of scholars, especially where the pandemic is widely regarded as leaving very little in the way of public memory or commemoration.\(^8\) Jeremy Youde noted the anxieties that surround state actors commemorating their collective failure to protect their citizens. ‘Why commemorate something’, he asked, ‘that cannot be purposed as a sign of the state’s strength, intellectual cunning, or scientific prowess?’\(^9\) As I argue below, the Gippsland case shows evidence of the persistence of the pandemic in regional memory, and in vernacular accounts of the pandemic experience together with a relatively strong community-based response to the challenges it brought. When I use ‘vernacular’ I am drawing on US historian John Bodnar’s work, where vernacular accounts utilise ‘what social reality feels like rather than what it should be like…’ which emerge from ‘a diverse array of specialized interests that are grounded in parts of the whole’.\(^10\) Vernacular memory resides outside of


formal commemorative activities, sites, and official histories, existing in local and regional histories being told and retold often by those with first-hand knowledge.\footnote{11}

The scattered remnants of Gippsland vernacular memory are to be gleaned from family histories, local histories as well as responses from family history researchers. Newspaper records are also a major source for this project. Unfortunately, there are no extant hospital records for this period. Newspapers must be used with caution but there are good reasons for having confidence in this source.\footnote{12} First, the newspapers contained a plurality of voices including news from local correspondents and letter writers, editorials and reports (often close to verbatim) on court proceedings, council meetings and other public meetings.\footnote{13} Secondly, there were more than 33 titles published in the region in 1919, preserved either through the National Library’s Trove facility or through the Gippsland and Regional Studies Collection at Federation University’s Churchill campus. Every town with more than 500 to 800 inhabitants had its own newspaper. Larger towns including Sale (pop 3,450) and Bairnsdale (3,700) had more than one paper and these had both a town and hinterland readership. An important feature of the newspapers was the on-the-spot local correspondents who regularly reported first-hand experience giving the reportage an immediate and grounded aspect. The region’s newspapers reflected the diversity and settlement pattern of the region—a myriad of small to medium sized towns with no dominant central point or metropolis.\footnote{14}

To explore the question of how Gippsland society coped with the pandemic this article will first provide background on the new influenza virus that swept the world from

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\hspace{1cm}Vernacular Public History: Historical Anniversaries and Commemorations in Newcastle, NSW’, \textit{Public History Review} 14 (2007): 128–52.  \\
\footnotesize\textsuperscript{12} The best introductory source on regional newspapers in Victoria is Elizabeth Morrison, \textit{Engines of Influence: Newspapers of Country Victoria, 1840–1890} (Melbourne: Melbourne University Press, 2005). See also Ken Inglis, ‘Questions about Newspapers’, \textit{Australian Cultural History} no.11 (1992): 120–7.  \\
\footnotesize\textsuperscript{13} For an analysis of this plurality of voices in one particular newspaper, ‘The Bulletin’, see Sylvia Lawson, \textit{The Archibald Paradox: A Strange Case of Authorship} (Melbourne: Penguin, 1987). Adrian Bingham’s account of the popular press in inter-war UK is also an extended analysis of the value of newspaper as an historical source: \textit{Gender, Modernity, and the Popular Press in Inter-war Britain} (Oxford: Clarendon Press, 2004).  \\
\footnotesize\textsuperscript{14} This point echoes Tom Ballantyne’s argument about the role of newspapers in the small New Zealand town of Gore. See his ‘Thinking Local Knowledge, Sociability and Community in Gore’s Intellectual Life, 1875–1914’, \textit{New Zealand Journal of History} 44, no.2 (2010): 144–47.
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1918. Second, it will briefly consider its arrival and impact in Australia. Finally, the article will consider in more detail how the Gippsland region coped with the pandemic after the trials of the war. This structure of moving from the global to the national to the regional departs from the Gippsland perspective but it does have the benefit of introducing readers to an historical overview of the pandemic before considering regional details. This research was completed in 2019 before the outbreak of the COVID-19 pandemic from December that year. I have been finalising the article over this time and I am conscious of the parallels, and the differences. I make no claim to present anything more than a regional history of the influenza pandemic which may offer insights into the current global situation but is not specifically directed towards achieving that goal.

The Global Influenza Pandemic of 1918–19

Influenza was a common illness for soldier and civilian alike. But towards the end World War I global conditions were conducive to the rapid spread of a new influenza virus through weakened and highly mobile military and civilian populations. The new influenza virus strain which emerged in 1918 is estimated to have killed between 20 and 50 million people worldwide.\(^\text{15}\) It is sometimes called ‘Spanish Influenza’ not because it originated in Spain but because the effects were reported there in 1918 (Spain was a neutral country lacking the military censorship typical of combatant nations). A distinctive and frightening feature of the virus, which mutated into a more virulent form after the European summer of 1918, was that it disproportionately affected the younger, relatively healthier members of the population.\(^\text{16}\) The official contemporary term was ‘Pneumonic Influenza’. This influenza was not a form of pneumonia but the virus sometimes led to secondary infections including pneumonia, which was frequently fatal.

\(^{15}\) Some estimates go higher than 50 million. See D.M. Morens, J.K. Taubenberger and A.S. Fauci, ‘Predominant Role of Bacterial Pneumonia as a Cause of Death in Pandemic Influenza: Implications for Pandemic Influenza Preparedness’, *Journal of Infectious Diseases* 198, no.7 (2008): 962–70.

The origins of the influenza strain that caused pandemic are not known with any great certainty. Oxford places the origin in a British military camp in France in 1916. Others have suggested that Chinese workers and soldiers brought a new strain of influenza to Europe in 1918, though this has been strongly refuted, most recently by G. Dennis Shanks. Distinguished medical historian, J.M. Barry argued that the virus was first detected in a military camp in Kansas in January 1918. This theory was strongly supported by Frank McFarlane Burnett, Australia’s pre-eminent research scientist in this field who also spent the first nine years of his life in Traralgon and so is often claimed a Gippslander on that basis alone. Barry’s case is convincing. In military camps in the USA, and later in Europe, soldiers were awaiting deployment or demobilisation and lived in cramped and difficult conditions which were ripe for rapid spread of a new virus. Likewise, civilian populations had lived through a global war with food shortages and increased anxiety associated with the upheaval and grief of war. As men travelled to war across the Atlantic or returned home, and as civilians returned or migrated or were forcibly removed, a dramatic and widespread global re-ordering of people began. The disease travelled with this mass movement of people.

Influenza in Australia

Maritime quarantine measures isolated Australia from the disease until early 1919. The disease that moved beyond the quarantine stations that month was known to be less virulent than the strain that infected Europe, Asia, and other British Dominions such as Canada, South

Africa and New Zealand in late 1918. There were two peaks in the disease cycle in Australia; one from March to May 1919, and a second more virulent peak from June to July. Some 15,000 Australians died from the flu over this period, and possibly 20 to 30 per cent of the population were symptomatic. The disease killed more men than women, and a large proportion of victims were between 20 and 40 years of age, but it also took a disproportionately heavy toll on Indigenous people. The strongest evidence for the impact on the Indigenous population comes from Queensland through the work of Gordon Briscoe, or in South Australia through Heather Bulleen’s research on the fringe camps of Oodnadatta. Reports from the Lake Tyers Mission in Gippsland, which had approximately 150 residents, suggest that the flu did not have a great impact there. The Aborigines’ Protection Board had extensive and wide-ranging powers over mission life and in February 1919 it restricted access to the mission, thus possibly sparing residents from infection. There are later reports of a bad strain of seasonal flu afflicting Lake Tyers mission residents in 1925.

Whatever the exact origins of the virus, it was soldiers returning home from the Western Front who brought the first cases of the flu to Australia. In October 1918 the first men fell ill in the Sydney Quarantine station at North Head. All Australian states and the Commonwealth watched developments in South Africa and New Zealand with growing concern as those countries suffered serious outbreaks from mid 1918 onwards. Victoria did not see its first case outside of quarantine until January 1919, and this respite gave the state some breathing space to prepare. Victoria was declared an infected state on 28 January 1919, reported extensively in the Gippsland press. New South Wales (NSW) had declared on 27 January, reporting that a traveller from Melbourne was the source of the infection. Severe cases had been detected in Melbourne in the previous week but state authorities had delayed an official declaration claiming they were uncertain about the exact nature of the outbreak. The declaration of 28 January effectively closed many public and commercial venues such as

24 Curson and McCracken, 103–07.
27 *The Maffra Spectator*, 30 January 1919, 3; *Bruthen and Tambo Times*, 30 January 1919, 3.
28 Hyslop, 34–5.
theatres, schools, music halls, and venues for public meetings. Churches were excluded.\textsuperscript{29} But the declaration only covered metropolitan Melbourne. Regional Victoria was deemed to be safe from the scourge afflicting the major port city, at least for the time being.

**Influenza in the Gippsland Region**

In 1919 Gippsland was a predominately rural region with its economic base in sheep and cattle, dairying, potatoes, maize and lucerne, black coal in the south, and fisheries in the east and some forestry throughout. Development had clustered around the spine of the Gippsland rail line, completed from Melbourne to Sale by 1879, and extended to Orbost by 1916. The South Gippsland line, branching off at Dandenong, reached Port Albert by 1892 (See Map 1). This line both serviced and encouraged growth in the south. Coastal towns such as Lakes Entrance, Port Albert and Port Welshpool had also seen growth. In Port Albert, Port Welshpool and Toora there were 43 fisherman working in 31 boats while a larger group worked Lakes Entrance with 198 fishers in 202 boats.\textsuperscript{30} Lakes Entrance and the Gippsland lakes generally also attracted a tourist trade from Melbourne and were busiest in the warmer months.\textsuperscript{31}

This diverse and at times rugged regional landscape shaped a settlement pattern that consisted of a number of small- to medium-sized towns clustered along the railways and the habitable coastal areas. There were fewer townships in the isolated high country in the north from Omeo to Cann River, and in the sparsely occupied east beyond Orbost. The major towns including Bairnsdale (population 3,450), Sale (3,700), Wonthaggi (4,200) and Warragul (3,450) were small on a state-wide basis but nonetheless significant for the entire region and its hinterland areas.\textsuperscript{32} There were about 1.3 million sheep in the region, 285,000 cattle and

\textsuperscript{29} *Gippsland Times*, 30 January 1919, 3.


50,000 horses. Some 4.5 million acres were given over to pasture while 155,000 acres were used for agriculture.  

Having outlined the pandemic, and the overall national and state context we can now look at the Gippsland experience. The view from the regions on the approaching pandemic was different to Melbourne. Concerned citizens read reports from the metropolitan papers, including the first accounts of influenza cases in early 1919 from a distance. Given the global spread of the virus it was inevitable that it would reach into all cities, towns and regions, but the spread into regional Victoria depended on distance to Melbourne and the nature of transport links to the city. Furthermore, commercial travellers were also discouraged from leaving Melbourne from early February 1919. Nevertheless, the spread of the virus into the regions close to Melbourne was swift. The first suspected Gippsland case appeared on 27 January 1919. A gentleman from Sale who had travelled by train to Melbourne on business had returned ill, and was immediately isolated at home on Doctor’s orders. The train line appeared to be the main conduit by which the affliction could spread to the regions. This can be seen in other regions nearby to Melbourne. The large town of Ballarat, 115 kilometres to the north east of Melbourne, experienced its first case on 24 January, and the agent of transmission was thought to be a railway passenger. By contrast in more distant Portland, 350 kilometres west of Melbourne, the pandemic was not present until May. In remote South Australia influenza was not present until May but again an infected person travelling on the railway line was the culprit. Towns in isolated parts of New South Wales including Wentworth and Balranald, which were not part of that state’s rail network, did not experience their first cases until July. Gippsland Mayors called for the government to stop the timetabled railway services for a period of ten days.

By mid-February 1919 the situation worsened. Suspected and confirmed cases were reported daily. That month the Orbost Races were postponed. The Warragul Show was

34 Gippsland Times, 26 January 1919, 3.
37 See The Yarragon, Trafalgar and Moe Settlement News, 13 February 1919, 3; The Traralgon Record, 21 February 1919, 3.
38 Gippsland Times, 17 February 1919, 3.
postponed until April.\footnote{Morwell Advertiser, 21 February 1919, 2.} In March 1919 the Orbost Show was cancelled owing to the influenza regulations.\footnote{Orbost and District Historical Society Newsletter, no.134 (February 2017): 2.} The Borough of Sale was declared an ‘infectious area’ on the 3 February, the Shire of Alberton on the 5 February and Orbost on the 6 February. Such a declaration activated the public health measures that were already in place in Melbourne.

Events were now moving quickly. As the Anglican Bishop of Gippsland, Dr Cranswick, noted on 17 February, ‘During the past month the dreaded pneumonic influenza has made its appearance amongst us’.\footnote{Gippsland Times, 17 February 1919, 3. See also Gippsland Times, 3 February 1919, 3.}

**The Major hospitals and the ‘Influenza’ hospitals**

Preparations had been proceeding in Gippsland while Melbourne was suffering its first official cases. Morwell, for example, prepared its temporary ‘Influenza Hospital’ in mid-February 1919. The state school was chosen as the location and Nurse Mayall and Nurse Kjellgrer engaged. The Shire of Morwell sourced the furniture and equipment whilst the Red Cross supplied the linen, and ‘offered to do sewing and render assistance in other directions’. A special train was planned to run from Mirboo North to Morwell bringing suspected cases to the Influenza hospital in the event of an outbreak, thus showing how two adjacent shires were planning to co-operate and pool their resources.\footnote{Morwell Advertiser and Gazette, 14 February 1919.} State schools were often the locations for flu hospitals. In Korumburra the state school in Mine Road (No.3077) became the area’s temporary hospital in February 1919.\footnote{Wilma P. Walls, Where Have the Years Gone?: 100 years of State School 3077: 1891–1991 (Korumburra: Wilma P. Walls, 1991).} In Traralgon the temporary hospital at the Grey Street primary school was initially closed in March but reopened in May with as many as 14 patients, suggesting the pattern of infection outbreak, at least for Traralgon. The Grey Street temporary hospital was set up and run by prominent Traralgon doctor, Dr Henry Hagen, who had served in the war rising to the rank of Major, and had only returned to live in Traralgon from war service in November, 1918.\footnote{Traralgon Historical Society Inc, excerpts from the Farmer Journal, 1919. Complied by John W. Davidson https://www.traralgonhistory.asn.au/journalextracts.htm (accessed 21 September 2019).
What was the medical advice then? Based on a long experience of infectious disease including influenza there was an understanding that isolation and quarantine could be effective deterrents from contracting the virus. There was a matter-of-fact acceptance of quarantine and isolation. These were generations that had lived with the ever-present threat of infectious disease outbreaks, though this new strain of influenza caused considerable consternation. The official advice, published in the *Gippsland Times* in late November 1918, is surprisingly sober and accurate:

> As soon as one is attacked by influenza, bed should be sought, and medical advice obtained. It is exceedingly unwise to try to ‘fight’ influenza by refraining from going to bed. Of the many drugs used in the treatment, quinine, salicylates, and certain coal tar derivatives have proved most useful. None of these drugs cure or prevent influenza. They do, however, relieve the symptoms. They should only be used under medical direction. Amateur dosing with drugs may cause irreparable damage.\(^{45}\)

There was an emphasis on fresh air, and ventilation and opening windows and doors to let in cleansing air. A rudimentary vaccine was developed by the newly-established Commonwealth Serum Laboratories (CSL). There is evidence of it being administered in Gippsland, by the Borough of Sale and the Shire of Avon for example, but there are no figures on exactly how many vaccinations were supplied or administered.\(^{46}\) The CSL vaccine was based on the premise that influenza was bacterial in origin so it was ineffective against the virus but later analysis suggests that it helped with secondary infections that were a common cause of serious illness and sometimes death.\(^{47}\) In 1919 some 400,000 Australians received this vaccination.

Other popular ‘remedies’ included the proprietary drinks Bovril and Oxo, strong liquor such as whisky and brandy, and various eucalyptus oil products inhaled or sprinkled on handkerchiefs.\(^{48}\) In January 1919 the *Traralgon Record* ran an advertisement for Wawn’s Wonder Wool, a woollen insert laced with inhalant that could be worn under clothing. Under the heading ‘This Influenza is Deadly – Take No Risks’, the advert claimed that ‘As

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\(^{45}\) *Gippsland Times*, 28 November 1918, 4.

\(^{46}\) *Gippsland Times*, 6 February 1919, 3 and 17 February 1919, 3.


prevention is the best known cure carry an inhalant. Wawn’s Wonder Balm (the magic salve) is the best known preventative’.49 One of the attendees at public lecture organised by the Korumburra Historical Society in November 2019 on this topic remembered his grandfather’s shed containing old supplies of this product with their distinctive rectangular shape and orange labels.

**Community cohesion and division in the pandemic**

All this activity in the state, local and voluntary sectors was based on the pre-existing lines of connection and co-operation that emerged during World War I.50 The councils, the Red Cross committees, the medical authorities, and volunteers had all worked together during war time conditions so the pandemic was, in a way, a continuation of these emergency conditions. The Red Cross was a particularly important component of this postwar mobilisation with 830 branches in Victoria in 1918, and a branch in just about every town in Gippsland.51 The Red Cross and its energetic women members provided a ready-made branch structure scattered throughout the region with the skills and experience required to respond to the pandemic.52 We have seen how the Red Cross provided linen for the Morwell temporary hospital. This also occurred at nearby Traralgon where that town’s local branch provided sheets and gowns for the temporary hospital in Grey Street. The *Traralgon Record* reported in February that ‘the ladies of the Red Cross have canvassed the town for bedding, etc., for the Hospital, and have met with a great measure of success’.53 These arrangements, put in place after a public meeting in early February, show the Red Cross working very effectively with the Mayor, shire employees, and local doctors. Clearly their donation and fundraising activities

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49 *Traralgon Record*, 10 January 1919, 6.  
50 Loeb, 203–24; Bulleen, 44–5.  
52 Marian Moser Jones studied the localist response to the 1918 pandemic in the USA through the lens of the American Red Cross. See her ‘The American Red Cross and Local Response to the 1918 Influenza Pandemic: A Four-City Case Study’, *Public Health Reports* 125, no.3, (2010): 92–104 [https://doi.org/10.1177/00333549101250S312](https://doi.org/10.1177/00333549101250S312)  
53 *Traralgon Record*, 11 February 1919, 2 and 26 September 1919, 3.
continued as well. Dr McLean noted that ‘the Red Cross Society might be able to supply gowns the same as was made during the war, for the nurses’. 54 Again, war time experience was called upon.

The response at Morwell and Traralgon was typical of those throughout the region. Town identities and key town organisations came together in late January and early February with the councils and the Red Cross playing crucial roles. Indeed, correspondence had been received by all Victorian Red Cross branches to turn their attention to influenza. In Maffra, the branch offered assistance to the Shire’s public health officer and also took charge of food supplies for the afflicted ‘acting upon instructions received from Red Cross, Melbourne’. 55 The Maffra branch, under the leadership of its executive Mrs J.J. Linton, Mrs Dunn and Mrs McKenzie, also made and distributed masks, and offered advice ‘to anyone as regards the making of same’. 56

The councils were central because they had been charged by the state government with delivering the community-based hospital care or in home support but also in reporting back to Melbourne on the number and exact location of cases. In Maffra the local public health officer, Dr Heffernan Edward Bona, was required to ensure reports were made and accurate records kept. He began administering inoculations of the CSL vaccine in the Mechanics Hall from early February as well visiting other towns in the Maffra council district. Every case of influenza, or an illness similar to influenza ‘had to be reported to the Council in writing’. 57 By 6 February Maffra had the first of two suspicious cases and Dr Bona had inoculated 400 persons which amounted to the total supply of vaccine he had been initially sent. 58 Many of these individuals across the councils and the Red Cross had worked together extensively during the war. Such alliances and relationships were easily reactivated. By April the official advice to councils had been modified. There was the ongoing requirement to record, report and isolate suspected cases but it was also noted that ‘where patients have homes in reasonable isolation … they should be kept there if the necessary attention is available’ 59

54 Traralgon Record, 7 February 1919, 2.
55 The Maffra Spectator, 10 February 1919, 3.
56 The Maffra Spectator, 6 February 1919, 3.
58 The Maffra Spectator, 6 February 1919, 3.
But such a major public health emergency was bound to generate conflict and difference of opinion. Bishop Cranswick wrote a strong letter to the *Gippsland Times* criticising the government for its inaction:

> there is a general feeling abroad that there has been a sad laxity somewhere or somehow in the guardianship of public health in this State. It is hard to understand why even now we are not subjected to the most stringent regulations. The Government appears to be strangely timid, but in face of the devastation which this disease has brought to other countries this attitude of uncertainty in grappling with it is altogether inexcusable. How much better it would be if our leaders had followed from the first the good example of those in New South Wales in treating the first signs of the disease with all the care that the dread possibilities call for. That they should not have done so is all the more inexplicable in that all the experience gained in other countries is at our service.\(^60\)

Cranswick was a theologian known for his liberal views and for his engagement in controversial public issues during his long career.\(^61\) His statements reflect how influential regional voices were not afraid to criticise government actions, even during a health crisis. There was evidence of cohesion and co-operation but there were also voices of dissent and anxiety. While Cranswick criticised the government’s slow response locals were anxious about visitors from Melbourne, or visitors from the larger towns such as Sale and Bairnsdale which had more cases. A party of gentlemen from Melbourne and Traralgon bound for Mallacoota were met with increasing alarm as they travelled east of Sale and had difficulty obtaining accommodation and meals. ‘Melbourne people’, they were told, ‘should keep their influenza to themselves’, and they were met with waving hands and shouts that they should go back.\(^62\)

In other areas of potential discord, preparations continued in January 1919 but were not always met with unanimous support. When the Mechanics’ Institute in Sale was selected as a site for a temporary hospital the neighbours complained, worried for their own safety. Nine persons from neighbouring properties met with the Mayor, arguing that the site was too close to the centre of town. As the *Gippsland Times* reported, Mr Harry Young said it was ‘inadvisable to have patients treated in the heart of the town when other places were suitable’. Young and others suggested the showground but acting President of the Borough, Councillor

\(^{60}\) *Gippsland Times*, 17 February 1919, 3.


\(^{62}\) *The Herald* (Melbourne), 22 February 1922, 1.
Kelly, said that the showground was only fit for cattle and reassured the deputation that it was safe as long as all kept their distance. The deputation still complained that not all would be reassured by this advice and that the neighbouring businesses would be destroyed. The plan went ahead despite these protests. Uncertainty and anxiety over the location of a temporary ward or hospital for influenza patients was typical of other Victorian cities and towns where similar debates were played out.

There were also financial and administrative complexities in managing patient care. Months after the pandemic, councils, the state government, hospital and medical committees throughout the region were trying to reconcile their accounts. Who was to pay for the treatment and the care? In some cases friendly societies, masonic lodges or churches paid the fees of sick patients, but in an age well before free medical care there were bills to pay even for the poor and the unemployed. The Victorian parliament passed The Local Government (Influenza Expenditure) Act which allowed councils to raise a portion of their rates ‘in connection with the epidemic of influenza’. The postwar economy was struggling, and prices for butter and milk (two Gippsland staples) were falling. Wages were stagnant and the cost of living was rising. With as many as 20 to 30 per cent of the population affected by influenza and those still well caring for the sick, the pandemic must have had a measurable negative impact on economic activity – a research question that requires further separate investigation. However, it should be no surprise that the Victorian and Australian economy slipped into a severe recession by 1920.

The pandemic also revealed other conflicts and divisions based on geography. By 30 January 1919 NSW closed its borders to Victoria. That presented particular problems for residents in East Gippsland, especially those living beyond Orbost (Map 1). In 1919 this area consisted of small farming, fishing and forestry settlements, which were isolated and difficult to reach. In Mallacoota supplies were usually sourced from Eden either via a rough track across the border through Timbillica (NSW) or by sea since this was much closer than Orbost. The first motor vehicles were able to forge a track to Mallacoota in 1918. The Country Roads Board, after its establishment in 1914, did extensive work in this and other regions throughout the state, but the ‘Princes Highway’ was not officially opened until

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63 Gippsland Times, 6 February 1919, 3.
64 Ballarat, for example, opted for tents set up at the showground. See The Ballarat Star, 27 January 1919, 4; Cluff.
1922. Mallacoota and smaller settlements such as Genoa ‘depend on Eden for everything the nearest Victorian township being situated more than 100 miles away. They are now cut off’, averred the Bombala Times, ‘and in danger of starvation’. Emphasising the connections with NSW towns, the Delegate Medical Committee wrote to the Orbost Shire Council in August 1919 requesting a contribution ‘towards expenses in combating the influenza epidemic’. In nearby Bendoc in Victoria the mail service came to the area via Delegate, but the mailman who came from Orbost made his way to Delegate only to be refused the mail and escorted back to the border.

While Commonwealth and the state governments initially had a united response to influenza, each state soon began to chart its own course, exemplified by the NSW decision to declare its own quarantine zone and shut its borders. Such an action was always going to make life difficult in the border regions where economic and social linkages across the border were strong. Indeed, the suffering in far east Gippsland was such that there were local calls for this area to be included in the NSW quarantine zone. Concern over the quarantine was part of a range of demands for development in the area from the East Gippsland Border Association and Mallacoota Development Association. These were supported by the area’s most famous inhabitant, the writer E.J. Brady, named by one of the Melbourne-based papers as ‘the leader of the ‘influenza secession movement” in the Mallacoota country.

Traces of the pandemic

If the 1918–19 Influenza pandemic remains poorly memorialised, despite a recent surge of interest following the COVID-19 pandemic, it is well remembered within the domain of local, community, and family history. Local histories in Gippsland are an excellent source for the medical and social responses to the pandemic. In Sale, one of the largest towns in

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67 *Bombala Times*, 14 February 1919, 4.
68 *Delegate Argus*, 7 August 1919, 2.
69 *Twofold Bay Magnet and South Coast and Southern Monaro Advertiser*, 15 February 1919, 3.
70 *Bombala Times*, 14 February 1919, 4.
Gippsland, the MacLachlan ward of the Sale hospital was prepared for influenza cases, and all medical staff were inoculated with the new CSL vaccine in January. Such details of the experience at Sale have been well covered by its local histories including the death from influenza of a well-known local doctor, the 41 year old Dr W.A. Reid, which shocked locals. ‘Quite a gloom pervaded the community’, reported the *Gippsland Times*, ‘when it was learned that Dr W.A. Reid has passed away’. Local historian Peter Synan notes that the hospital received 31 cases up until May with only three deaths. Local histories also highlight the role of local nurses and Voluntary Aid Detachment volunteers in staffing these wards and temporary hospitals, many of whom had war-time nursing experience. There were 56 nurses from Gippsland who enlisted in the Australian Army Nursing Service, many of whom were active in 1919 dealing with the pandemic.

Further, a brief survey of key family history contacts by Diane Cook, who assisted in the researching of this article, found moving stories of its impact on the families of Gippsland. Family historian Pamela Christensen, for example, outlined the life of Soren Christensen, born in Glengarry in 1875 and died of influenza in July 1919, who is buried in Toongabbie cemetery. Christensen had married Mary Mitchell in 1910, and his wife’s family also suffered losses from the pandemic including Mary’s sister, Alice Mitchell, and an uncle, Harry Mitchell. Anne White noted that ‘her husband’s grandfather died of this in 1919. He was a farmer just outside of Bairnsdale at Eagle Point. He wasn’t in the war as he was disabled but he caught it from soldiers who came back’. Ken Drane researched his family history which included the return of brothers Gordon and George from war service to Traralgon in 1919. They unfortunately ‘brought an unwelcome visitor to the homestead, Spanish Flu’. This soon infected a younger sister, Muriel, who was nursed by an older sister, Kate:

Their older sister Kate told me many years later that Kate took hold of a thread of phlegm and gently extracted a wash basin full of phlegm from Muriel, after which Muriel haemorrhaged from her ears. Dr McLean advised that this was a good sign. Muriel made a full recovery.

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72 *Gippsland Times*, 3 February 1919, 3.
75 These family history stories were collected by Diane Cook in 2019. I want to thank Diane and the individuals named who agreed to share their family experience.
Over the last three years the Gippsland History Facebook group has featured posts which covered the influenza pandemic, especially leading up the centenary in 2019. One post, for example, covered the small settlement of Maiden Town near the gold mining centre of Walhalla. One member commented that all of her great Aunt’s children who lived at Maiden Town died during the pandemic. Many others commented on the records of soldiers which often included bouts of influenza, either seasonal flu or the more serious pandemic flu. These family history stories highlight the personal immediacy of the experience at the town and regional level. The plethora of newspapers throughout every town in the region also covered the progress of the disease at this individual level. The *Yarram Standard* kept up a running commentary of the names of those affected and their conditions. ‘The second wave of Influenza swept over district after Easter’, noted the *Standard* and,

has been responsible for the death on Friday of Miss Ramsey head milliner at the Co-operative Store who passed away in the public hospital. She went to Ballarat at Easter and on her return became sick... The second death was Mr William McLeod of Alberton, brother of Mr Patrick McLeod of Lower Whitelaw. Also, Mr Jas McLeod Stacey’s Bridge and Mrs Kate Brain, Alberton, 60 years old.

There are similar examples from across the region. As Anthea Hyslop notes the pandemic ‘was remembered longest, preserved in family lore, by those who themselves or whose forebears had suffered grievous loss’.

**Conclusion**

The Victorian government declared the pandemic over on 8 September 1919. Available records do not show the total number of influenza deaths in Gippsland. The state figures indicate that 3,530 (1,969 males and 1,561 females) died from influenza in 1919 but that figure does not include those whose death may have been triggered by the disease but who actually died of heart failure or a secondary infection such as bacterial pneumonia. The epicentre of the outbreak in Victoria was Melbourne and its suburbs which recorded overall fatality rates of up to 19 deaths per 1000 (Fitzroy), 17 (Richmond) and Melbourne city (17) in 1919 compared to 12 per 1000 for the remainder of the state. Greater Melbourne accounted

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76 Gippsland History group, [https://www.facebook.com/groups/1755971574632862/](https://www.facebook.com/groups/1755971574632862/), the group has 15,994 members as at 14 August 2020.
77 *Yarram Standard*, 7 May 1919.
78 Hyslop.
for 2,391 influenza deaths, 91 in Ballarat, 87 in Bendigo, 65 in Geelong, and 896 were in ‘the rest of the State’.  

Without the hospital records that Peter Curson relied upon to develop his detailed calculation of the waves of infection that swept NSW in 1919, the best we can do here is make an assessment based on the newspaper reports. Across the Gippsland region the first cases occurred in late January and February. There was a lull in March but the disease returned again in April. There was a peak of cases in June and July and a final wave in August and September. This indicates a disease process in three waves, but there were regional and local differences. Smaller satellite towns in the region were less likely to be hit as early as January, and also less likely to suffer constant re-infection. A location on the main road through the region and/or the Gippsland train line meant a higher risk profile and therefore towns from Warragul, Morwell, Traralgon, Sale, and Bairnsdale were especially affected. In the south Wonthaggi and Korumburra appeared most affected; both are slightly closer to Melbourne and on the South Gippsland line. There is very little evidence of maritime transmission to the ports of the region.

The Gippsland experience of the influenza pandemic adds weight to Samuel Cohn’s recent assessment that the Australian experience ‘may have been the most positive of any nation’. Cohn’s overview argues ‘that the newspapers overflow with stories of volunteerism and self-sacrifice across the continent’. Such a finding is certainly echoed in the Gippsland-based newspapers of 1919. Wars, public health emergencies and disasters have the capacity to unite societies around common goals and challenges. The role of the voluntary sector was crucial, and the way in which disparate organisations such as councils, state departments, local doctors, nurses, volunteers and many others interacted and worked together was crucial too. At the same time these events reveal the limits of a society’s tolerance, its finite resources, and its sometimes-hidden divisions. When far east Gippsland sought relief from its difficult situation around the border closure, the Victoria State Government in Melbourne was not sympathetic. When locals greeted travellers from Melbourne with waving arms and shouts of ‘go back to Melbourne’, or when residents in Sale expressed concern over a

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79 Victorian Year Book, 1919–1920, 158.
80 Peter Curson, Deadly Encounters: How Infectious Disease Helped Shape Australia (Bury St Edmunds: Arena, 2015), 60–87.
81 Samuel Cohn, Epidemics: Hate and Compassion from the Plague of Athens to AIDS (Oxford: Oxford University Press, 2018), 520–21. I am indebted to Mary Sheehan for this reference.
temporary hospital in their neighbourhood we see evidence that the disease inspired fear and anxiety as well.

Once the first cases were seen in major metropolitan centres and important transport hubs such as Melbourne, the regions began preparing for the arrival of the disease. Despite calls to stop or limit the obvious vectors of transmission such as the regular passenger services on railway lines these continued to operate, although increasing controls were placed on non-essential journeys. Commercial travellers were discouraged with the town-based Traders’ Associations throughout the region refusing to do business with them.\(^{82}\) The region utilised its existing medical facilities, its well-known local doctors, and its social and community networks. The central role that women played during homefront mobilisation continued into the pandemic. They worked as nurses and volunteers in the temporary hospitals, with many falling ill themselves in the course of their duties. Family historians recall female relatives caring for households who were all sick. There is much more work to be done in tracing these informal and familial networks of support.

While this article has focused on the 1919 influenza experience in one region it was completed during another global pandemic, so inevitably questions about the comparative experience arise. The principal issue for me was the levels of community-based organisation and capacity that was available in 1919 compared to our contemporary society. Undoubtedly, we have the benefits of significant advances in understanding viruses, infection control, and overall medical knowledge, coupled with vastly improved communication technologies. But has our harsh neoliberal age broken apart the very social bonds that underpinned the collective action characteristic of 1919? At the heart of any societal response to a deadly threat is its capacity for collective action. As we look out across the globe and follow the progress of the current global pandemic in different countries, it is clear that this capacity for collective action varies considerably, often with tragic consequences. As the historian of medicine Robert Craig suggested when thinking about the possibility of future flu pandemics, ‘It may not be the virulence of the infection that we should fear but more our capacity to meet such a catastrophe’.\(^{83}\)

\(^{82}\) *West Gippsland Gazette*, 18 February 1919, 3. The report mentions Traders’ Associations in Sale, Warragul, Bairnsdale, Maffra and Stratford taking such action.

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