The Influenza Epidemic of 1918-19 in Western Samoa*

SANDRA M. TOMKINS

FROM THE EARLIEST DAYS OF EUROPEAN CONTACT UNTIL WELL INTO THE 20TH century, the islands of the South Pacific were known to be peculiarly vulnerable to epidemic diseases.[1] The effects of the influenza pandemic of 1918–19, which is generally ranked second only to the 14th century Black Death in the recorded history of epidemic disease, were correspondingly severe. Belying its benign reputation, influenza left a global trail of misery and death in 1918–19, and nowhere were its ravages more devastating than in the South Pacific. No afflicted island lost less than 5% of its population, and Western Samoa, in the worst single episode of the epidemic, lost 22% of its people within a matter of weeks.[2] Although there is a burgeoning literature on the pandemic, it remains largely unchronicled where its effects were most severe, although the possibilities for historical enquiry are rich. The repercussions of an event which killed 30% of adult men, 22% of women, and 10% of all children in Samoa[3] within such a short period were endless. The losses were even more disproportionate among some groups: fully 45% of *matai* (head or titled members of an *aiga* (extended family group)) died, while only six of the 30 *faipule* (councillors) survived.[4] Thus the epidemic rapidly altered wholesale family and political structures. The social problems of providing for numerous widows and orphans were acute, as was the economic dislocation caused by the complete disruption of the agricultural cycle at a critical juncture. Perennial labour supply problems in Samoa were heavily exacerbated, intensifying the contentious issue of Chinese labour. Clearly, the epidemic constitutes a crucial and largely unexplored chapter in Samoan social history.

Most of the existing historical work on influenza in Samoa concerns the administrative record of the New Zealand military government and, indeed, the colonial status of the Islands formed the essential context of the epidemic and shaped some of its most fundamental features: precisely when and where it

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1 For an overview of Pacific demographic history, see Norma McArthur, *Island Populations of the Pacific* (Canberra 1968). For a specific discussion of Samoa see Peter Pirie, 'Population growth in the Pacific Islands: the example of Western Samoa', in R. Gerard Ward (ed.), *Man in the Pacific Islands* (Oxford 1972), 189–218.

2 Mortality figures in the various islands will be discussed in more detail below.

3 Throughout, 'Samoa' refers to Western Samoa. American Samoa is always explicitly identified.

4 Pirie, 'Population growth', 202–3.

entered, and the measures undertaken to combat it. This literature is focused on two specific questions.[5] First, to what extent was New Zealand's Military Administrator of Western Samoa, Colonel Robert Logan, responsible for the entry of the disease into the Islands? Secondly, was the unrest following the epidemic genuine or the result of machinations by Samoans motivated primarily by business interests and other grievances? There are two limitations to this approach. First, these questions have been addressed rather narrowly and will benefit from a broader perspective. The focus on Logan's personal responsibility for the entry of the disease is somewhat misplaced, as historians have tended to assume that if Logan was innocent, the epidemic was inevitable; if negligent, he stands indicted of permitting a preventable epidemic to ravage the Islands. It is possible that Logan was personally innocent but, in a more fundamental and structural sense, that the New Zealand administration was negligent.[6] An excessively narrow view has also obscured understanding and assessment of the unrest following the epidemic. The likelihood that some Samoan leaders did manipulate the situation for ulterior motives does not invalidate genuine, sincere, and legitimately expressed grievances in the wake of the epidemic. The aftermath of the epidemic, and the dissatisfaction expressed over New Zealand's rule of the Islands, deserve re-examination especially with regard to the emerging nationalist movement of the 1920s (Mau).

Secondly, the historical emphasis on these issues has neglected the insights offered by the epidemic into some hitherto unexplored aspects of the colonial relationship in the Pacific, particularly concerning the role of scientific and technological expertise in the maintenance of imperial authority. Historians have long debated the role of science and technology in imperial administration, and until recently shared the contemporary view that medicine, at least, was one straightforward facet of the question.[7] With the advances of scientific medicine

5 The only specific work on influenza in Samoa is Mary Boyd, 'Coping with Samoan resistance after the 1918 influenza epidemic', *Journal of Pacific History, 15* (1980), 155–74, which examines the acumen of the Acting Military Administrator, Colonel Robert Tate. The epidemic also merits a few pages' discussion in each of several general histories, i.e. J. W. Davidson, *Samoa Mo Samoa* (Melbourne 1967), 93–7; Malama Meleisea, *The Making of Modern Samoa* (Suva 1982), 121–5; Mary Boyd, 'The Military Administration of Western Samoa, 1914–1919', *New Zealand Journal of History, 2* (1968), 148–64.

6 The question of Logan's guilt or innocence is concerned solely with the *entry* of the disease and does not reflect on his dubious actions once it was well established; see below.

7 See, e.g., D. Headrick, 'The tools of imperialism: technology and the expansion of European colonial empires in the nineteenth century', *The Journal of Modern History, 51* (1979), 231–63; also idem, *Tools of Empire: Technology and European Imperialism in the Nineteenth Century* (New York 1981), and *The Tentacles of Progress: Technology Transfer in the Age of Imperialism 1850–1940* (New York 1988); R. V. Kubicek, 'Science and empire', in *The Administration of Imperialism* (Chapel Hill 1967); also idem, 'The colonial steamer and the occupation of West Africa by the Victorian State, 1840–1900', *The Journal of Imperial and Commonwealth History, 18* (1990), 9–32; Anis Alam, 'Science and imperialism', *Race and Class, 19* (1978), 239–51; Howard Bailes, 'Technology and imperialism: a case study of the Victorian army in Africa', *Victorian Studies, 24* (1980), 83–104. For works specifically on medicine and empire, see Roy MacLeod and Milton Lewis (eds), *Disease, Medicine, and Empire: Perspectives on Western Medicine and the Experience of European Expansion* (London 1988), and David Arnold (ed.), *Imperial Medicine and Indigenous Societies* (Manchester 1988).

of the late 19th century, European medicine was believed to be culturally neutral and therefore an inherently progressive 'tool of empire'. Previously pluralistic approaches to colonial medicine were replaced by the growing conviction of the unique rationality of Western methods, with indigenous practices regarded as superstitious, fatalistic and backward by comparison.[8] The dissemination of Western medical science was viewed as unquestionably beneficial, and indeed, perhaps the only indisputably legitimising element of European imperialism.

Recent scholarship has questioned this simple equation of medical science with objective progress. Far from acting as a value-free tool, medicine is now recognised as a cultural artifact carrying its own prejudices and assumptions. Emphasis has shifted from its assumed neutrality to its instrumentality in the maintenance of European authority. As a unique area of cultural contact, colonial medicine is now identified as a revealing source of insights regarding the principles and practice of European imperialism. Scientific expertise was not, of course, the sole basis of imperial confidence, but an episode such as the influenza epidemic, with its extreme impact and seeming challenge to notions of Western medicine's efficacy and superiority, offers a particularly fruitful approach to the basis of colonial authority. European administrators' responses — both to the epidemic in itself and to their own apparent helplessness — help to illuminate the dynamic of medical science in European[9] imperialism in the Pacific.

These questions of imperial responsibility were most contentious where the ravages of the disease were worst, but the patterns of behaviour manifested in Western Samoa were echoed in other British dependencies in the region, as will be noted below. In addition to its contribution to an understanding of the dynamics of imperialism in the Pacific, this examination of the colonial relationship in Samoa during the influenza episode of 1918–19 will also help to establish the context in which the many historical problems relating to the domestic social history of the epidemic may be pursued.

IN GLOBAL terms, the influenza epidemic of 1918–19 occurred in three distinct waves. The first was relatively mild in character, and was widespread in North America, Europe and parts of Asia in May–July 1918. The most virulent wave, accounting for the bulk of the epidemic mortality, occurred in September–December 1918. Originating simultaneously in West Africa, New England, and Western France, it spread rapidly throughout the world along major transportation and communication lines. The extreme lethality of this wave has never

[8] For a discussion of recent trends in the study of medicine and empire, see the introductions to MacLeod, *Disease*, and Arnold, *Imperial Medicine*.

[9] In their own reports, British and New Zealand administrators used the terms 'European', 'British' and 'New Zealand' interchangeably.

been satisfactorily explained by historians or epidemiologists. Given the global uniformity of the disease and the lack of any constant external factor across many climates, races, and socio-economic conditions, it is generally ascribed to the inherent qualities of the virus. The rapid spread of the disease and its indifference to all efforts at prevention and treatment were typical of influenza, but its tendency to pneumonic complications and above all its overwhelming propensity for young adults, who constituted a substantial majority of the victims, were novel and frightening.[10] Some areas experienced a recrudescence in February–April 1919, but this wave was not truly pandemic.[11]

In many areas the spread of the disease was so rapid, and opportunities for infection so numerous, that the exact appearance of the epidemic was impossible to pin-point. With its extreme infectivity and short incubation period, influenza is notoriously difficult to control, and in areas with long land boundaries and/or frequent shipping, scepticism regarding quarantine was probably justified. However, the Pacific Islands were an exception. Most British Pacific territories encountered outside contacts at clearly defined intervals relating to the progress of supply ships from Australia and New Zealand, and the infrequency of such visits made quarantine a potentially viable strategy. Moreover, with the known susceptibility of Pacific Islanders to epidemic diseases, some authorities regarded it as imperative. There were several attempts to quarantine influenza in the Pacific, which met with varying degrees of success and significantly affected the course of the disease.

The only wholly successful quarantine was undertaken by the naval government of American Samoa. On the initiative of Commander John M. Poyer, American Samoa instituted a strict maritime quarantine, which kept the disease at bay while nearby Western Samoa lost nearly a quarter of its population. Poyer realised that extreme measures were necessary and did not hesitate to institute shore patrols to repulse fugitives from stricken islands nearby. Given the extreme death rates elsewhere in the Pacific, American Samoa's deliverance seemed to many to justify these draconian measures.[12] Quarantine attempts were not restricted to small and relatively isolated islands like American Samoa. Australia erected a maritime quarantine which was successful until the summer of 1919 when a milder version of the disease finally penetrated. Australia's epidemic death toll was ultimately 12,000, less than that of Mauritius.[13] Australia's measures applied equally to outgoing vessels, and, as a result, those islands

10 For a discussion of the epidemiological features of influenza, with a section on the epidemic of 1918–19, see William Beveridge, *Influenza: The Last Great Plague* (London 1977).

11 For a discussion of the global behaviour of the pandemic, see Alfred Crosby, *America's Forgotten Pandemic* (Cambridge 1989), Ch. 1.

12 For a full account of the quarantine in American Samoa, see ibid., Ch. 12.

13 H. McQueen, 'The "Spanish" influenza pandemic in Australia, 1918–19,' in Jill Roe (ed.), *Social Policy in Australia* (Melbourne 1976), 131–47.

exclusively served by Australian ships — the Gilbert and Ellice groups, the New Hebrides, and Norfolk and the Solomon Islands — were also spared the worst ravages of influenza.[14] By contrast, New Zealand suffered severely and ships from Auckland infected Fiji, Western Samoa, Tonga and Nauru. Thus, the course of the epidemic through the British Pacific territories may be effectively traced to the movements of New Zealand's regular steamship service to these islands, the *Talune*.

The image of the *Talune* plying its route in November 1918 and leaving death and destruction in its wake is a powerful one. Leaving Auckland on 31 October 1918 in the midst of growing concern over the appearance of influenza there, the *Talune* was nonetheless issued with a clean bill of health, by virtue of which it was admitted to the ports of Suva, Levuka, and Apia. Administrators learned of the epidemic's ravages elsewhere only when they read the newspapers brought by the *Talune*, and by then infected passengers had already dispersed.[15] Within a matter of days, influenza was rampant. Morbidity rates were generally estimated at over 90%, and as a result social and economic life collapsed completely. Losses in the other British dependencies were moderate only in comparison with Western Samoa's extreme devastation. Fiji's death toll of 9,000 was over 5% of its population. Tonga and Nauru were infected slightly later and lost 6% and 16% of their populations respectively.[16] In each case, these huge losses were sustained in a period of weeks, and, as elsewhere, struck disproportionately at the young adult population.

With both the extreme death toll in Western Samoa and the close proximity of its disease-free neighbour, it is not surprising that the New Zealand-administered territory was a hotbed of unrest following the epidemic, with grievances focusing on the failure to quarantine. Historical attention to this debate has emphasised the role of the New Zealand military administrator, Colonel Robert Logan, and most accounts do blame him, to some extent, for allowing the disease to enter the Islands. Malama Meleisea refers to 'the severity of [Logan's] negligence in allowing the *Talune* to dock', and J. W. Davidson also implies that responsibility lay in Apia itself. Mary Boyd is somewhat more lenient with Logan but has been criticised for her Eurocentric approach to the question. Also, her exoneration of Logan does not fully explore the responsibility of other levels of colonial admin-

14 Crosby, *America's Forgotten Pandemic*, 234.

15 Colonial Office Papers (hereinafter CO) (Public Record Office, London (hereinafter PRO)) 209/300/59822, Report of the Samoan Epidemic Commission, 5–7, New Zealand Original Correspondence, 21 Aug. 1919.

16 High Commissioner Rodwell to Colonial Office, 25 Jan. 1919, CO 83/145/14432, Fiji Original Correspondence; Rodwell to Colonial Office, 8 Jan. 1919, CO 225/164/14389, Western Pacific Original Correspondence; J. Rewse-Smith, Acting Administrator (Nauru), to Rodwell, 24 Jan. 1921, CO 225/176/14881, Western Pacific Original Correspondence.

istration.[17] In order to assess Logan's role, it is necessary to examine both the factors which motivated Poyer's strict quarantine, and the administrative network of which Logan was a part.

Poyer did not receive any warning or advice through American naval or civilian channels. His action was based on an incidental reading of the *Press Wireless* describing the ravages of influenza elsewhere. It is not clear whether this referred to the summer 1918 wave, or to early accounts of the virulent autumn wave. In any case, given the known vulnerability of the region to epidemics, Poyer acted on his own initiative to enforce a strict maritime quarantine. Before long, the impact of the epidemic on nearby islands justified and reinforced this action, and the *cordon sanitaire* was maintained until 1921.[18] Prompt and admirable as it was, however, there was an element of the fortuitous in Poyer's success, which was a combination of commendable foresight, inspired guesswork and individual initiative. It is not known whether the *Press Wireless* was available to Logan, but even if so, he can hardly be faulted for failing to undertake a wholesale quarantine on the basis of a brief mention of influenza elsewhere. Nonetheless, to exonerate Logan regarding the entry of the disease is not to accept the inevitability of the epidemic in Western Samoa and elsewhere in the British territories. Logan was also part of a complex administrative structure, reporting to his superiors in New Zealand who were, in turn, responsible to the Colonial Office in London. This network was linked by modern cable communications, and its upper echelons had been aware of the global progress of influenza long before the *Talune* set sail from Auckland. Given its isolation and small size, administration in Western Samoa was generally of a highly personal and local character, but the epidemic was one instance where this wider imperial infrastructure offered potentially life-saving benefits.

One of the world's very first outbreaks of virulent influenza had occurred in the British West African colony of Sierra Leone in August 1918. Thus, from the earliest possible moment, the Colonial Office in London had been apprised of the character of the epidemic, receiving reports of complete economic and social disruption and unprecedented levels of mortality. It had spread throughout Africa by October, and soon began to manifest itself in Europe and America. Nonetheless, the Colonial Office did not warn its other dependencies, and as the Office was organised geographically, Pacific and Eastern administrators never learned of events in Africa. This passivity is largely accounted for by the fact that, although the Colonial Office has been shown to have reacted promptly and vigorously to health problems in some areas, its interest was largely confined to

[17] Meleisea, *The Making*, 122; Davidson, *Samoa*, 94–5; Boyd, 'Coping with Samoa'. For criticism of Boyd's analysis, see Meleisea, *The Making*, 122.

[18] See Crosby, *America's Forgotten Pandemic*, Ch. 12.

tropical medicine.[19] In other health matters, it relied on Britain's domestic public health administration for advice. Thus, the Colonial Office acted only when influenza was rampant in Britain itself in November 1918, sending a colonial circular (by regular mail) on 5 November 1918 warning of the likely spread of the disease. Needless to say, most colonies had succumbed long before the warning arrived.[20]

Administrators in New Zealand itself did not know of the approach of influenza so early, but their responsibility for Samoa was more immediate. By the time the *Talune* left Auckland on 31 October, influenza was causing growing concern, yet the ship was passed with a clean bill of health. In the interim between its departure and arrival in Apia a week later, the disease was made notifiable in New Zealand, but officials in Samoa were not apprised of this measure. Several passengers had been ill en route, but the Health Officer in Apia was not informed when the ship docked. Thus, although the nature of the epidemic was well known in both London and Auckland well before the fateful arrival of the *Talune* on 7 November, Logan learned of it only when he read the newspapers brought by the ship.[21] As the 'man on the spot' Logan bore the brunt of the criticism for the entry of the disease and historians have repeated this judgement, but in fact he himself was ill-served by the administrative machinery of which he was part. However, to exonerate Logan from the charge that he permitted the entry of the disease does not diminish his responsibility for the deficiencies of the relief effort once it was well established.[22]

The fact that the colonial administration of Western Samoa was responsible for the entry of the disease colours all subsequent events. The very presence of influenza, in stark contrast to American Samoa, was the basis of Samoan complaints. The New Zealand administration tended to dismiss these grievances as imagined or overstated, and to point to the devoted efforts of European officials and volunteers during the relief campaign as evidence of their energy and good intentions. The virtues of these efforts, however, were irrelevant to Samoans who were convinced that the administration was responsible for the greatest disaster in their history. Of course, influenza is a notoriously difficult disease to quarantine, with no guarantee of success. American Samoa's victory over the disease certainly had an element of luck to it. It was, rather, the complete lack of effort in Western Samoa which was most damning. The influenza epidemic was certainly a case where the knowledge, resources, and modern communications of empire might have worked to the incalculable benefit of Western Samoa and

19 See Kubicek, 'Science and empire'.

20 See my 'The influenza epidemic of 1918–19 in British Africa', Sections I–II, forthcoming in *The Journal of Imperial and Commonwealth History*.

21 Crosby, *America's Forgotten Pandemic*, Ch. 12; Boyd, 'Coping with Samoa'; Meleisea, *The Making*, 121–2.

22 See below.

other British possessions. That they did not do so was less a failure of technique than of initiative.

IN THE IMMEDIATE moment, the debate over the entry of the disease was academic; once established, its grim realities demanded attention. With morbidity at over 90%, the epidemic suspended virtually all aspects of social and economic life. With entire families prostrated, adults were unable to nurse each other or their children, and even healthy children suffered through neglect and malnourishment. Investigators described the atmosphere in most houses as 'unspeakably foul', and corpses accumulated so rapidly that it was some time before the garrison was able to organise mass graves, performing the 'most disgusting task' of collecting and burying decomposing bodies.[23]

As noted above, Colonial Office advice regarding influenza arrived long after the event, and neither did the Pacific territories benefit from the proximity of the Dominions of Australia and New Zealand. Fiji and Samoa appealed for aid to New Zealand, which was itself suffering severely and was unable to spare further resources. Australian officials sent a relief ship with medical supplies and personnel, which left some physicians and equipment in Fiji before proceeding to Samoa. Inevitably, however, in the time it took to organise the relief expedition, the epidemic's worst effects were spent and the Australian team arrived only to assist in the aftermath.[24] In practice, local administrators were left to cope with their own resources and manpower. Generally speaking, they responded with much energy to the crisis. Officials and volunteers worked long hours, often at much personal risk of infection, visiting the sick to dispense advice and drugs, manning dispensaries and emergency hospitals, and distributing foodstuffs and other necessities. The grim but vital task of disposing of the rapidly accumulating corpses was undertaken by military units.[25] Nonetheless, in their ultimate purpose of saving lives, these measures were doomed to failure. In part, the sheer speed and scale of the epidemic overwhelmed relief efforts, and limited manpower and resources meant that they could inevitably reach only a fraction of the population. But more fundamentally, the arsenal of European medicine simply did not possess any real solutions to the situation; the most that was possible was some relief of distress without any real impact on mortality rates.

Thus, European science and methods were conspicuously helpless during the epidemic, and an integral and revealing aspect of the colonial authorities' re-

[23] Colonel Robert Logan, Military Administrator (Western Samoa), to Lord Liverpool (Governor-General, New Zealand), 24 Jan. 1919, CO 209/300/15252, New Zealand Original Correspondence.

[24] For an account of the relief expedition, see CO 209/300/30374, New Zealand Original Correspondence, 1 Apr. 1919.

[25] See CO 209/300, Samoan Affairs Reports, for this period for the response to the epidemic in Western Samoa. For the other British Pacific territories, see original correspondence of Fiji and Western Pacific High Commission, Nov. 1918–Jan. 1919.

sponse was their reaction to their own impotence. Generally speaking, they found two ways to mitigate this harsh truth. The first was to point to their devoted work during the epidemic as a measure of their benevolence and good intentions regardless of the quarantine question or their inability to reduce mortality. The measure of the success of European efforts was not lives saved or distress relieved, but the moral virtues of the participants. Indeed, colonial administrators and observers built up a veritable mythology of the epidemic experience, based on the image of the European community selflessly united to minister to its stricken subjects. The Western Pacific High Commissioner recorded that it was

> gratifying . . . to able to state that . . . a vast amount of excellent work was performed, especially by the European section of the community, who with promptitude and disregard of personal risk, volunteered and did all possible to help not only Europeans, but also Fijians and Indians . . .

The Administrator of Western Samoa praised 'the magnificent work of the troops . . . Had the Garrison not been available and had they not worked with such spirit I tremble to think what would have happened in Apia.' The 'prompt and energetic action of the British Agent' in Tonga was believed to have been crucial in containing the crisis. The Colonial Office generally concurred that 'the handling of the epidemic reflects great credit both on the Government and on the European population generally'.[26]

The second approach was to emphasise the intractability of the situation faced by the Europeans, who perceived that their best efforts were doomed to failure not by the nature of the disease, but by the ignorance and superstition of Islanders. Colonial administrators felt that Samoans did not understand or cooperate with the efforts being mounted on their behalf. Part of the problem stemmed from living habits, particularly poor ventilation in their dwellings[27] and a tendency of family members to gather around the sick. Moreover, Islanders were felt to be 'all naturally bad subjects to take elementary precautions on first being attacked and to submit to treatment.'[28]

Above all, in the eyes of European observers, the epidemic revealed the moral failings of indigenous populations. Colonel Robert Tate, Logan's successor, reported that Samoan leaders 'showed not the slightest interest in their people

[26] Rodwell to Colonial Office, 25 Jan. 1919, CO 83/145/14432, Fiji Original Correspondence; Logan to Liverpool, 24 Jan. 1919, CO 209/300/15252, New Zealand Original Correspondence; Rodwell to Colonial Office, 8 Jan. 1919, CO 225/164/14389, Western Pacific Original Correspondence; Colonial Office minute in CO 83/146/31589, Fiji Original Correspondence, 16 Apr. 1919.

[27] It has been brought to my attention that Samoan dwellings of the period did not have closed walls. The observation regarding poor ventilation, by a contempory observer, is perhaps a further indication of lack of sensitivity to local conditions.

[28] Colonial Office minute in CO 83/143/58410, Fiji Original Correspondence, 3 Dec. 1918; see also CO 209/300/15252, New Zealand Original Correspondence, 24 Jan. 1919.

while the plague was raging and gave me not the slightest assistance in feeding the sick or burying the dead, that half the deaths were due, not to influenza, but to the neglect of their families by the Heads, and that they themselves are deeply to blame for failing to assist'.[29] An official in Fiji noted that

> the general behaviour of the native population, both Fijian, Indian, or Polynesian, was deplorable. They not only showed no willingness to help themselves, but they refused to help one another unless forced to do so, with a very few exceptions.

The British Agent in Tonga felt that

> the most discouraging feature of the outbreak was the apathy and indifference of the native chiefs to the suffering and distress of their people . . . when conditions were at their worst . . . not a single Tongan was procurable for the most urgent work.

In Samoa, 'it was only by our using strong language that the Samoans could be induced to bury their dead' and the Administrator was 'extremely disappointed with the Samoans, who showed such want of determination during the epidemic'. In Tonga, the logical conclusion was that 'Such incidents cause one to revise one's estimate of the Tongan character and show them incapable of deep feeling and unfitted for the high responsibilities of self government'.[30] As a Colonial Office official in London minuted, 'The outstanding fact . . . is the indifference of the more responsible Tongan officials and private citizens to the appeals for help and the weight of the work thrown upon Mr. McOwan and the other members of the European community'.[31] In the event, they felt that they had risen nobly to the task. The deficiencies in the 'native character' revealed by the epidemic served both to explain the failure of the relief effort, and to reinforce the case for ongoing European domination and guidance. Indeed, many officials and volunteers were confident that their own display of benevolence would improve race relations. The Governor of Fiji believed that

> The public spirit shown by the European community in this grave crisis was most gratifying and calculated to enhance that mutual respect and confidence between the public and the Government, which is so essential to the general welfare not only in emergencies but at all times.

One physician asserted that 'the mere fact of being visited by a European . . . was by the moral effect alone responsible, in my opinion, for saving the lives of some of the less severe cases, which otherwise would have died of sheer hopelessness'. A missionary in Tonga felt that the relief effort 'has proved the love of England

29 Colonel Robert Tate, Acting Military Administrator (Western Samoa), to Liverpool, 12 Feb. 1919, CO 209/300/22801, New Zealand Original Correspondence.

30 CO 85/25, Journal of the Legislative Council of Fiji, 1919, Council Paper 31 (Report of the Medical Department for 1918); I. McOwan, British Agent (Tonga), to Rodwell, 23 Dec. 1918, CO 225/164/14389, Western Pacific Original Correspondence; Logan to Liverpool, 27 Dec. 1918, CO 209/300/15252, New Zealand Original Correspondence; McOwan to Rodwell, 23 Dec. 1918, CO 225/164/14389, Western Pacific Original Correspondence.

31 Colonial Office minute in CO 225/164/14389, Western Pacific Original Correspondence, 8 Jan. 1919.

to the Tongans', while an observer in Fiji commented on 'that thought for the people which has made His Majesty's Government famous all over the world'.[32]

In these ways, colonial administrators painted the episode as a victory of Western rationalism and benevolence over native obscurantism and selfishness. There were several contradictions inherent in this stance, the foremost of which was that much-vaunted 'European' science and methods produced no tangible results in influenza prevention or treatment, as noted above. After all, 22% of the population had perished. Indeed, the administration was responsible, if not for the very presence of the disease, at least for a complete failure of initiative to forestall it or prepare for its effects. In the realm of curative medicine, too, the sense of superiority relative to Samoans and others was based on knowledge and techniques no more successful than the Islanders' own.

This confidence with which colonial administrators faced the epidemic also dulled their perceptions of its novelty and extent. With news of the devastation in Samoa, satisfaction was expressed elsewhere that mortality was held to 'only' 5–15% of entire populations. While the other territories were indeed fortunate to escape the extent of the disaster in Samoa, the epidemic was hardly handled successfully elsewhere. Colonial administrators who prided themselves on being purveyors of European science and medicine proved least able to grasp the significance, or even the dimensions, of the greatest single medical crisis of modern times. The real irony of this position was that, having accused Islanders of being 'incapable of deep feeling' during the epidemic, administrators dismissed the grief and grievances of Samoans at the loss of 22% of their fellows as the pouting of petulant children, and warned that above all they should not be 'spoiled by over-consideration'.[33] By contrast, in New Zealand itself the loss of less than 2% of the population due to the combined effects of war and epidemic was perceived as a heavy blow to the nation.[34] This double standard in assessing Samoan responses, and self-confidence in European methods and practices, led colonial administrators and observers to criticize any and all Samoan responses to the epidemic. Lack of effort was immediately ascribed to moral failing and idleness when their own reports placed morbidity at 90–95%. Logan publicly reviled some students at a girls' school whom be observed 'loafing' when, in his view, they should have been ministering to their people. Later investigation revealed that the girls were convalescent and barely able to walk.[35]

[32] CO 85/25, Journal of the Legislative Council of Fiji, Governor's Address, 27 June 1919, Council Paper 1; Rewse-Smith to Rodwell, 24 Jan. 1921, CO 225/176/14881, Western Pacific Original Correspondence; encl. in McOwan to Rodwell, 8 Jan. 1919, CO 225/164/14389, Western Pacific Original Correspondence; encl. in Rodwell to Colonial Office, 16 Apr. 1919, CO 83/146/31593, Fiji Original Correspondence.

[33] Tate to Liverpool, 7 Aug. 1919, CO 209/300/55044, New Zealand Original Correspondence.

[34] Davidson, *Samoa*, 94.

[35] CO 209/300/59822, Report of the Samoan Epidemic Commission, 10, New Zealand Original Correspondence, 21 Aug. 1919.

Quite apart from their perceptions of Samoan failings, the European effort was not without faults. In Fiji, administrators were slow to respond after the arrival of the disease, and the first weeks of the relief effort were disorganised and confused. Similar complaints were voiced in Samoa, where Logan rejected offers of aid from Pago Pago and unilaterally cut cable communications.[36] (Logan's superiors in Auckland felt that he was becoming mentally unbalanced during this period, and he was replaced by Tate in January 1919.)[37] An inquiry into the epidemic in Samoa later in 1919 concluded that although there were instances of individual heroism and much goodwill in the European relief effort, it was badly organised, with overlapping services in some areas and none in others. Above all, the Public Health Department had failed to assert effective leadership. Although, as the inquiry noted, 'it is easy to criticize, in the light of after-events, the conduct of individuals in a time of extreme distress', this assessment was in striking contrast to the self-portrayal of European relief efforts in the midst of the crisis.[38]

The essential conundrum of the epidemic response in Samoa and elsewhere in the Pacific was that colonial administrators emerged from an episode which had dramatically demonstrated their own impotence with an enhanced sense of their right to govern. Despite the extremely high mortality rates, the epidemic effort was regarded as a triumph for European science and methods. This stance was maintained only by emphasising the good intentions rather than the substance or results of relief measures, and by making a scapegoat of the 'native character'. Indeed, the assumptions and prejudices of colonial administrators regarding the superiority of Western medicine inhibited a truly objective and rational response to the epidemic by seeking to attach blame to the Islanders. In a situation where European methods were seen to be ineffective, this contradiction was not lost on Samoans. It remains to consider the expression of Samoan dissatisfaction and the longer-term impact of the epidemic episode. Two issues predominate. The first is the nature of, and response to, Samoan grievances vis-à-vis the New Zealand administration. The second concerns the policy implications of the controversy over quarantine.

THE FUNDAMENTAL basis of Samoan grievances in the wake of the epidemic concerned the very presence of influenza in Western Samoa, in stark contrast to the adjacent American territory. A petition presented to Tate in January 1919 appeared to reflect this juxtaposition, requesting transfer to American rule or, at

[36] *Fiji Times*, 6 Jan. 1919, 7 Jan. 1919; for complaints in Samoa, see especially Tate to Liverpool, CO 209/300/30374, Report on Native Unrest in Samoa, New Zealand Original Correspondence, 8 Mar. 1919.

[37] See Boyd, 'Coping with Samoa', for details on the change in Samoan administration.

[38] CO 209/300/59822, Report of the Samoan Epidemic Commission, 6, New Zealand Original Correspondence, 21 Aug. 1919.

the very least, direct British rule.[39] On investigation, Tate formed the opinion that the instigator of the petition, Toleafoa (who had lost his mother, brother, sister-in-law, nephew, and two sisters in the epidemic), was attempting to deflect attention from his role in a recent business scandal and that he was aided by several pro-American European businessmen. By implication, the unrest and anti-New Zealand sentiments following the epidemic were exaggerated and manipulated. Only Mary Boyd has investigated these events in detail, and her account is essentially a detailed exposition of Tate's role and perceptions.[40] This study does not propose to re-examine these events, and indeed it seems likely that this interpretation of the petition is correct.

Rather, the questionable aspect of this analysis is the wholesale equation of the petition with expressions of Samoan grievances. Even if some leaders did exploit the situation, such behaviour did not invalidate the bewilderment and grief of Samoans; nor did it absolve the administration of responsibility over the quarantine issue. But to colonial administrators, these complaints were yet a further indication of Samoan failings. The Governor-General of New Zealand noted that

> the Native mind is readily receptive to fancied grievances which impartial consideration would dismiss. This peculiarity of mind is characteristic of the Samoan and furnishes an easy field of activity for those who feel ill-disposed to the Administration.[41]

Samoans were generally considered to be not necessarily malicious, but childlike and immature ('combined with the deep cunning of the uncivilized'). Tate reported that

> The introduction of influenza and the burying of the dead in a common grave has entirely changed their feelings [towards the British], but this is, I hope, only temporary and like children they will get over it ... unless they are spoiled by over-consideration, which would be absolutely fatal.[42]

Ironically, by dismissing the possibility of legitimate Samoan grievances, European officials were denying the Islanders any feelings in the matter. When they had 'failed' to help themselves during the epidemic, Samoans were accused of being unfeeling. Yet when they expressed shock, pain, and bewilderment at the crisis which had befallen them, they were accused of being manipulative and sly.

The resentment following the epidemic was more genuine and more justified than contemporaries were prepared to acknowledge, but it is more speculative

[39] See Boyd, 'Coping with Samoa', for a detailed account of the petition and subsequent events.
[40] Boyd, 'Coping with Samoa'.
[41] Liverpool to Colonial Office, 26 Aug. 1921, CO 209/300/50052, New Zealand Original Correspondence.
[42] Tate to Liverpool, 7 Aug. 1919, CO 209/300/55044, New Zealand Original Correspondence.

and difficult to identify its real nature and impact on race relations. The feelings aroused during the epidemic were soon reinforced by the insulting behaviour of the Governor-General during the vice-regal visit in July 1919, and later by the abuses of the Lands and Titles Court established under Tate's successor, Sir George Richardson.[43] Some observers have suggested a direct link between the epidemic and the origins of the Samoan nationalist movement (Mau) of the 1920s, but it is difficult to trace cause-and-effect relationships over the intervening years. Perhaps it can be said, however, that the epidemic instilled a deep-seated and ongoing mistrust of the New Zealand administration. As Boyd has suggested, the situation in Samoa in 1919 'resembled a dormant but not extinct volcano liable to erupt at the slightest pretext'.[44] Up to 1918, by all accounts Samoans had been at least neutral to their new military government, but after the epidemic were disposed to view its actions with suspicion. This new instinct probably exacerbated the tensions created by the vice-regal visit and later by Richardson. Although in 1926 the leaders of the Mau did not cite the entry of influenza in 1918 as a direct grievance, it coloured later events and in this way was a root cause of the nationalist movement.[45]

The policy implications of influenza were more concrete and are more easily gauged than its impact on national consciousness. In most countries and territories, the epidemic had few significant policy repercussions because the disease was both unpreventable and untreatable. However, in the South Pacific territories where quarantine had been shown to be practicable, much dissatisfaction resulted where such measures had not even been attempted. This critique prompted a fundamental reassessment of New Zealand's and Britain's responsibilities in international public health. Nonetheless, despite the stream of reports and complaints to the Colonial Office regarding the epidemic and its aftermath again the central authority failed to take the initiative. The real impetus came from New Zealand, based partly on its own experience in October–November 1918. New Zealand complained to the Colonial Office that 'some notification should have been given to New Zealand, in view of the seriousness of the outbreak, particularly in the Union [of South Africa] and the United States'.[46] Above all, New Zealand's reaction stemmed from its responsibility for Western Samoa. Although, as we have seen, Tate believed that much of the unrest was fabricated, he urged the establishment of an enquiry which, he considered, would defuse tensions by acting as a 'sounding board' and demonstrating New

43 For the vice-regal visit see Boyd, 'Coping with Samoa'; for Richardson's régime see Meleisea, *The Making*, 128ff.

44 Mary Boyd, 'The record in Samoa to 1945', in Angus Ross (ed.), *New Zealand's Record in the Pacific Islands in the Twentieth Century* (London 1969), 123.

45 Davidson suggests a similar dynamic (*Samoa*, 97).

46 CO 361/19/56411, New Zealand Register of Correspondence, 25 Nov. 1918.

Zealand's good faith to Samoans. Accordingly, an Epidemic Commission was established to investigate the introduction of influenza into Samoa, particularly the role of the *Talune*, and to consider whether the New Zealand authorities in Auckland and/or Apia had defaulted on their duties.[47]

The Commission concluded that a general administrative failure was responsible for the epidemic's ravages in Samoa. The Commissioners were 'strongly of the opinion' that Samoa should have been informed by wireless immediately when influenza was made notifiable in New Zealand, and that this oversight constituted a failure of duty by the Public Health Department and/or Defence Department of New Zealand. At the same time, New Zealand itself was a victim of the British failure to publicise the danger of influenza until December 1918. The port health authorities in Samoa were also found suspect in having passed the ship as healthy, given the obvious condition of some of the *Talune*'s passengers. Colonel Logan's capricious behaviour in cutting the wireless link with Pago Pago and ignoring American offers of aid was also criticised. The Commission found that New Zealand's international public health arrangements were inadequate and/or insufficiently enforced and concluded that

> an effort should be made by the Government of New Zealand to come to some reciprocal arrangement with all (or with as many as possible) of the civilized Powers throughout the world for immediate cable notification of any and every serious or potentially serious disease which may break out from time to time in any particular country within the Convention.[48]

New Zealand's own experience, and the problems of her imperial charge, gave 'the impression . . . that this illness has brought out the necessity for combined action among all nations, for careful consideration of reciprocity, in order to impede as far as possible the spread of sickness from one country to another'.[49] These deliberations resulted in a representation to the Colonial Office formally urging the establishment of such administrative machinery.

South Africa independently undertook a similar initiative. The Union had suffered very severely during the epidemic,[50] and had warned its neighbours and trading partners in the belief that other countries might be able to keep the disease at bay if sufficiently warned, or at least might lay relief plans in advance. This initiative was followed up by a formal communication to the Colonial Office regarding the 'imperfection of existing machinery for the rapid dissemination

47 CO 209/300/59822, Report of the Samoan Epidemic Commission, 1, New Zealand Original Correspondence, 21 Aug. 1919.

48 CO 209/300/59822, Report of the Samoan Epidemic Commission, 7–8, New Zealand Original Correspondence, 21 Aug. 1919.

49 Liverpool to Colonial Office, 24th Secret Quarterly Report, 31 Dec. 1918, CO 209/298/12318/18/19, New Zealand Original Correspondence.

50 See Howard Phillips, *Black October: The Impact of the Spanish Influenza Epidemic of 1918 on South Africa* (Pretoria 1990).

throughout the world of early and accurate information on the occurrence of infectious disease'.[51]

The Colonial Office's initiative finally came only after these persistent requests, and took the form of a disease-information exchange network in co-operation with the Foreign Office and Local Government Board (Ministry of Health after July 1919). The system identified three groups of diseases: (1) plague, cholera, yellow fever, smallpox, and typhus; (2) relapsing fever and dysentery; (3) cerebrospinal fever, acute poliomyelitis, influenza, and pneumonia. Information on Group 1 diseases was considered essential and to be cabled to London; reports on Groups 2 and 3 diseases were to be sent by mail unless outbreaks were 'severe or otherwise remarkable'. The information was to be sent directly to the Ministry of Health, and also to neighbouring Dominions and colonial governments to save the time of re-transmission via London. Instructions were sent by circular despatch to all colonial and Dominion governments, and to British consulates.[52] With both its Foreign Office postings and its extensive empire, Britain was in an unparalleled position to remain aware of serious disease developments, for its own benefit as well as that of its colonial empire. The League of Nations established a Health Commission, whose first priority was to secure rapid and effective exchange of data on epidemic disease. While the Commission successfully addressed some specific health issues, it did not succeed in establishing an effective disease information exchange.[53] Before the emergence of an effective international organisation after World War II, Britain's network in 1919 was, for its time, the most sophisticated system in the world, but the fact that the influenza epidemic eventually resulted in these improvements stemmed not from the metropolis, top-heavy as it was with expertise and resources, but from pressures within the Empire and chiefly from the protests of Western Samoans. Britain was only a leader in the sphere of international public health to the extent that she was prompted by her colonial dependencies.

The benefits of Western science and medicine were long touted as the single most convincing justification of European imperialism. Certainly, contemporary British and New Zealand observers in the Pacific felt that the influenza epidemic of 1918–19 had amply demonstrated this, sharply contrasting their own rationalism and benevolence with native superstition and obscurantism. In fact, the handling of the epidemic was a conspicuous failure of Western science and methods, and this self-satisfied stance was propped up by belittling the 'native

51 CO 854/55, Colonies, General: Circular Despatches, 6 Sept. 1919.

52 See CO 854/55, Colonies, General: Circular Despatches, 6 Sept. 1919, 26 Nov. 1919; Foreign Office Papers (PRO) 371/4323/48529, 64907, FO General (1919).

53 Great Britain, *Parliamentary Papers*, 1920, xvii, Cmd. 978, *Ministry of Health Annual Report of the Chief Medical Officer, 1919–20* (London 1920), 136.

character', a tactic which neatly accounted for the failure of European efforts while confirming Europeans' fitness to govern. On one hand, medical science and modern communications did possess the potential to avert the disaster, but failed utterly even to attempt to do so. On the other, colonial administrators were powerless to treat or cure influenza once it was established, and their convictions regarding the inherent superiority of Western medicine actually inhibited a rational, effective response to the epidemic. The final irony was that the real benefits which eventually emerged in the wake of the epidemic resulted not from the self-styled 'enlightenment' of European science, but from grudging and belated attention to Samoan concerns and actions.