New Zealand Journal of History, 34, 1 (2000) Phyllis S. Herda

Disease and the Colonial Narrative

THE 1918 INFLUENZA PANDEMIC IN WESTERN POLYNESIA

RECENTLY, historians have begun to investigate the categorization and construction of illness and disease as a site of imposition of colonial rule upon indigenous subjects.[1] In the colonies, the structure, management and delivery of medical services were perceived by the colonizers as a benign, if not beneficial, aspect of the colonial experience for indigenous populations. These Western notions were generally underpinned by an uncritical colonial acceptance of the efficacy of Western medical practices, which were part of a cluster of sociopolitical institutions (including hospitals, schools and Western forms of government) believed to deliver the benefits of 'civilization' to so-called 'primitive' peoples.

The influenza pandemic of 1918 was one such site in western Polynesia (as it was elsewhere in the world[2]) where the surviving discourse of the colonizers demonstrably shows how disease and, importantly, Western biomedical practices were used to defend the legitimacy of colonial rule and reinforce its inherent hierarchies. This is evident despite the fact that Western medicine had little or nothing to offer those affected by the influenza virus of 1918. Large numbers succumbed to the virus in parts of western Polynesia. Western Samoa, for example, lost between 19%–22% of the population — most of them adults. Questions about how and why the pandemic arrived and spread and what medical facilities were marshalled in response inevitably led to questions about colonial

1 See, for example, David Arnold, ed., *Imperial Medicine and Indigenous Societies*, Manchester, 1988; Roy MacLeod and Milton Lewis, eds, *Disease, Medicine and Empire: Perspectives on Western Medicine and the Experience of European Expansion*, London, 1988; Megan Vaughan, *Curing Their Ills: Colonial Power and African Illness*, Cambridge, 1991; Suzanne Austin Alchon, *Native Society and Disease in Colonial Ecuador*, Cambridge, 1991; Sandra M. Tomkins, 'The Influenza Epidemic of 1918-19 in Western Samoa', *Journal of Pacific History* (JPH), 27, 2 (1992) pp.181–97; David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India*, Berkeley, 1993; Mark Harrison, *Public Health in British India: Anglo-Indian Preventive Medicine 1859–1914*, Cambridge, 1994; Lenore Manderson, *Sickness and the State: Health and Illness in Colonial Malaya 1870–1940*, Cambridge, 1996; Heather Bell, *Frontiers of Medicine in the Anglo-Egyptian Sudan 1899–1940*, Oxford, 1999.

2 See, for example, Geoffrey Rice, *Black November: The 1918 Influenza Epidemic in New Zealand*, Wellington, 1988; Alfred Crosby, *America's Forgotten Pandemic: The Influenza of 1918*, Cambridge, 1989, especially pp. 232–40; Howard Philips, *Black October: The Impact of the Spanish Influenza of 1918 on South Africa*, Pretoria, 1990; Tomkins; Anthea Hyslop, '"Lots of People Blamed the Soldiers": Australian Recollections of the Spanish Influenza Pandemic, 1918–1919', paper presented at Spanish 'Flu 1918–1998: Reflections on the Influenza Pandemic of 1918 after 80 Years, conference at University of Capetown, 12-15 September 1998.

administrations. These questions were raised by both the colonizers and the colonized.[3] In western Polynesia in 1918, the colonial and regional context in which the influenza occurred dictated how the pandemic was 'read' and understood. Thus, the influenza acquired significance not only from its fatalities but also from its political location in the early twentieth century.

At the time Britain, the United States and New Zealand (not to mention a recently departed Germany) were all involved in the colonial administration of the region. However, how the pandemic played out in each island group was unique as each group constructed the pandemic as a site of its own colonialism. The imperial agenda of each west Polynesian colonizer dictated how the virus would be read and reacted to as much as the 'flu would, retrospectively, dictate how the colonizer would be imperially read by other colonizing powers. This paper considers the links between the pandemic and colonialism by examining how the discourse of the colonizers employed the 'flu as a legitimizing vehicle for the performance and expansion of the colonialism in the region.[4]

Western Polynesia was annexed late, relative to other regions subject to Western imperialism, into the empires of Germany, Britain, New Zealand and the United States. The islands of Fiji were ceded to Britain in 1874, after years of debate between a debt-ridden indigenous chiefly élite and the European residents of Fiji and London about how, and if, a British protectorate of the archipelago would be established. To say that Britain was reluctant to add the islands to its empire is to misunderstand international politics at the time; Britain was willing as long as it was complete annexation. The Samoan islands provided an arena for the encounter of Britain and two latecomers to imperialism: Germany and the USA. Rivalry between the three Western powers, which often included indigenous Samoan factionalization, had been building since the 1870s and reached its height in March 1889, when each of the Western nations sent warships into Apia harbour. On the brink of armed conflict, intervention came from a hurricane, which sank several of the ships. An uneasy European presence and indigenous factionalization continued for ten years. In 1899 an agreement was reached in Europe by the three Western powers and the islands were divided between the United States (Tutuila) and Germany (Savai'i and Upolu), with Britain obtaining German concessions in Melanesia. At the outbreak of World War I, New Zealand had its first engagement, albeit a peaceful one, in Apia when Britain requested that the Germans be contained. The League of Nations later declared New Zealand the official colonial administrator of Western Samoa.[5] The archipelago of Tonga, on the other hand, was the one island group in all of the Pacific which, ostensibly, escaped colonization by the West. After decades of civil strife, an indigenous monarchy was established in 1845. The monarch, King Taufa'ahau Tupou I, was a skilled ruler and statesman, and, with the support

3 For a consideration of the indigenous response to the 1918 influenza in western Polynesia see Phyllis S. Herda, 'The 1918 Influenza Pandemic In Fiji, Tonga and the Samoas', in Linda Bryder and Derek A. Dow, eds, *New Countries and Old Medicine*, Auckland, 1994, pp.46–53.

4 Nicholas Thomas, 'Sanitation and Seeing: The Creation of State Power in Early Colonial Fiji', *Comparative Studies in Society and History*, 32,1 (1990), pp.149–70; Arnold, *Colonizing the Body*.

5 For a political history of Samoa, see Malama Meleisea, *The Making of Modern Samoa: Traditional Authority and Colonial Administration in the Modern History of Western Samoa*, Suva, 1987; J.W. Davidson, *Samoa mo Samoa*, Melbourne, 1967.

and advice of British Wesleyan Methodist missionaries, he negotiated treaties with Western nations, which recognized his sovereignty. In 1900, as a result of the financial mismanagement of the kingdom by his successor, Britain established a protectorate over the islands.[6]

The influenza virus of 1918 entered the colonies of the Pacific by a variety of routes, all connected with aspects of colonialism, including soldiers returning from the war in Europe, as well as commercial shipping from Asia, Britain and North America. The Union Steam Ship Company steamer *Talune* brought the virus into western Polynesia from Auckland on its regular shipping route through Fiji (Suva and Levuka), Western Samoa (Apia), Tonga (Neiafu and Nuku'alofa) and back to Fiji (Suva). The ship left Auckland on 21 October arriving in Suva for the first time on 4 November.

News of the deadly, worldwide influenza pandemic had reached the British colony in the weeks preceding the arrival of the *Talune*; however, the steamer was only placed under a partial quarantine with cargo and passengers allowed on shore. Several of the crew of the *Talune* were reportedly ill with the 'flu when they arrived in Fiji. They were examined by the Chief Medical Officer, G.W.A. Lynch, who later reported that: 'There were six actual cases on board [the *Talune*]. I saw the cases, and with Dr. Paley came to the conclusion there was nothing special about them . . . . We put the passengers on board in quarantine. The passengers for Suva were well, and were allowed to land. Some of these passengers have since developed influenza.'[7] The medical department disavowed the arrival of the deadly 1918 strain, preferring to believe that, as an *island* colony, Fiji was less susceptible to its migration and introduction than elsewhere. Suspicious cases, including those from the *Talune*, were diagnosed as 'simple' influenza with no special precautions surrounding them. Significantly, stricken Fijian stevedores who had unloaded the ship were allowed to return to their home villages located up the Rewa Rewa river.[8]

By 6 November it was acknowledged that Suva had 'numerous cases . . . [but] it has not apparently developed the serious features of what is known as "Spanish influenza" and is evidently the New Zealand variety'.[9] A day later, while reporting the mounting deaths elsewhere in the world (13,394 in Bombay, 1753 in Vienna, 7400 in Capetown) the *Fiji Times and Herald* misguidedly reassured its readers that the 'flu among them was 'not the worst sort certainly'.[10]

Throughout the early days of November, the administration steadfastly maintained their stance that the disease was not Spanish influenza and that all was well in the colony. They perpetuated this claim despite the deaths in the Colonial Hospital of two of the Fijian dockworkers who had serviced the *Talune*. However, with the deaths of six more Fijians who worked on the wharfs and of another seven stevedores who, after sailing on the SS *Atua*, had died in Sydney,

6 For a political history of Tonga, see Sione Latukefu, *Church and State in Tonga: The Wesleyan Methodist Missionaries and Political Development, 1822–1875*, Canberra, 1974; Noel Rutherford, *Shirley Baker and the King of Tonga*, Melbourne, 1971; Noel Rutherford, *Friendly Islands: A History of Tonga*, Melbourne, 1977.

7 *Fiji Times and Herald* (FTH), 8 November 1918.

8 FTH, 19 November 1918.

9 FTH, 6 November 1918.

10 FTH, 6 November 1918.

the administration was finally forced on 18 November to acquiesce to what others in the colony had long suspected — that the dreaded Spanish 'flu was among them. C.H. Rodwell, governor of Fiji, reported to the Secretary of State for the Colonies: 'Regret to report influenza broken out here. Between 400 and 500 cases at Suva, and many officials down .... Among Europeans and Indians disease appears so far to be taking mild form, but among Fijians there have been several deaths and situation may become serious if infection spreads to villages. All reasonable precautions being taken to prevent this.'[11] However, the virus had already spread to the island's interior and was migrating across Viti Levu and through Labasa to Vanua Levu.

With the admission that Spanish influenza was in the colony, the administration was forced into action. Public pressure mounted for the closure of cinemas, restaurants, cancellation of public gatherings, including church services and, belatedly, the imposition of a strict maritime quarantine. The measures, however, proved more palliative than preventive and the 'flu quickly swept through the colony. Only the more remote islands — the Yasawas to the west and Rotuma to the north — escaped the pandemic altogether, as local shipping ground to a halt.[12] In the end, 8145 deaths (approximately 5% of the population) were attributed to the influenza in Fiji.[13]

Meanwhile, the *Talune* had made its way to Levuka, infecting the town, and it then sailed on to Apia in Western Samoa. The ship arrived there on 7 November where, once again, no mention was made of the illness on board, although by the time it reached Apia several crew members and passengers were ill — some of them seriously so. It appears that the *Talune*'s captain, John Mawson, chose to withhold this information because he feared the steamer would not be allowed to dock.[14] The virus moved through Western Samoa very quickly. The first death, a young woman named Ta'u, occurred the night the *Talune* left Apia. She had been very ill when the boat docked.[15] Apia was hit first, then the rest of Upolu was infected. By 16 November it was on Savai'i. One survivor reported that its rapid spread was 'just like a street fire'.[16] In the end, Western Samoa suffered arguably the highest or one of the highest death rates in the world from the Spanish influenza — approximately 8500 people or nearly 22% of the population.[17]

By contrast, the colony of American Samoa suffered no deaths, due to a complete maritime quarantine. Quarantine was a well-known and relatively

11 Telegram, Governor of Fiji to Secretary of State, 18 November 1918, reported in Council Paper No.30, Legislative Council, Fiji, 1919, p.1, Colonial Office (CO) 85/25, Public Records Office (PRO), Kew, London.

12 Alan Howard, personal communication, September 1997.

13 Legislative Council, Fiji, Medical Department (Report on, for the Year 1918), Council Paper no. 31, 1919, p. 5, CO 85/25, PRO.

14 Influenza Epidemic Commission, 1919, Island Territories (IT), Series 8/10, National Archives of New Zealand (NA), Wellington.

15 Upolu chiefs, Tuatagaloa, Minutes of Evidence, Samoan Influenza Epidemic Commission, 1919, IT1 Series 8, Part 2, NA.

16 Sydney Skermann, Minutes of Evidence, Samoan Influenza Epidemic Commission, 1919, IT1 Series 8, Part 2, NA.

17 Samoan Epidemic Commission, Report of the Samoan Epidemic Commission, New Zealand, 1919, p.4, IT8 8/10, NA.

successful strategy of disease containment in the Samoan islands and throughout western Polynesia. In terms of the 1918 influenza pandemic its selective application in the region resulted in extremes of mortality which, in turn, fuelled speculation, anger and resentment by the indigenous population about the way the colonies were administered. The islands of Samoa, partitioned in 1899 between Germany (later replaced by New Zealand) and the United States, demonstrate the extremes of the effectiveness of quarantine, and lack of it: Western Samoa, which did not close off its port, suffered one of the world's worst death rates from the pandemic, while American Samoa, approximately 50 kilometres away, avoided the pandemic entirely, due to an effective quarantine.

The issues surrounding quarantine would be discursively positioned and repositioned during and after the epidemic. Western Samoan anger and bitterness over the pandemic — both the circumstances of its entry as well as its management by the colonial administration — was deep and it fuelled the formation of a proto-independence movement, the Mau, in the 1920s. In petitions of protest to the New Zealand administration, the 1918 influenza pandemic topped the lists of the Mau complaints.[18] In particular, Colonel Robert Logan, the New Zealand Administrator in Western Samoa, was singled out by both Samoans and New Zealanders as incompetent and unfit in his handling of the pandemic. He was removed from his post, although not charged with criminal negligence.[19] Western Samoans also made 'odious' comparisons of the New Zealand colonial administration with that of the earlier German regime.[20] These were knowingly aimed as a double insult: first, in terms of the outright pejorative colonial comparison with another foreign power, and second for that foreign power to be the enemy in the recently ended World War. Similarly, the Western Samoan request that the administration of the colony be handed over to the United States can only be read as a snub to New Zealand rule and a pointed insult to Logan's administration in Apia.[21]

While the question of why a selective quarantine was not implemented for the *Talune* by the colonial medical officers was endlessly queried by the participants in a New Zealand government commission to investigate the pandemic, it begs the more pertinent issue of why a general quarantine was not established.[22] Governor John M. Poyer of American Samoa closed the port of Pago Pago on 3 November 1918, four days before the arrival of the *Talune* in Apia. Rumour at the time was that this was because the United States government had informed Poyer by wire of the possibility of influenza in the region. Poyer later disputed this, saying he was not officially directed from his superiors, but

18 Michael J. Field, *Mau: Samoa's Struggle for Independence*, Auckland, 1991; Mary Boyd, 'Coping With Samoan Resistance after the 1918 Influenza Epidemic', JPH, 15, 3 (1980), pp.155–74.

19 See Minutes of Evidence, Samoan Influenza Epidemic Commission, 1919, IT1 Series 8, Parts 1–3, NA.

20 Reverend Paul Cane, Minutes of Evidence, Samoan Influenza Epidemic Commission, 1919, IT1 Series 8, Part 2, NA.

21 Cane, Upolu Chiefs, Minutes of Evidence, Samoan Influenza Epidemic Commission, 1919, IT1 Series 8, Part 2, NA.

22 See Minutes of Evidence, Samoan Influenza Epidemic Commission, 1919, IT1 Series 8, Parts 1–3, NA.

had read about it in Associated Press releases and surmised that the arrival of the virus in the area was inevitable.[23] A full and complete quarantine seemed the only feasible response.

It is not clear whether Logan had heard of the voracity of the virus in other parts of the world; however, he was most definitely not notified by Wellington that the virus had arrived in New Zealand and that the colony should take precautions. Indeed, much of Logan's correspondence with the government following the pandemic, as well as his testimony to the Epidemic Commission, stated this explicitly: 'Had you warned me by wireless of this state of affairs [the epidemic in Auckland] it is probable that the lives of most of the seven thousand Samoans who perished would have been saved'.[24]

It is also difficult to ascertain with certainty why Western Samoa experienced a higher death rate than the other western Polynesian archipelagos, especially as it appears that previously introduced influenza epidemics had been shared between the island groups.[25] The *Talune* passengers disembarking at Apia almost immediately fanned out across the islands. It may be that the virus was extensively and quickly seeded by the passengers to a greater extent than in Fiji or Tonga. Certainly, the suffering and death rate in Western Samoa was compounded by the overall lack of medical assistance, food and basic supplies, although these needs were also wanting in rural Fiji and Tonga.

From Apia, the *Talune* continued on its usual voyage to Tonga, stopping at Neiafu in Vava'u, Lifuka in the Ha'apai group and on 10 November it reached the capital of Tonga, Nukua'lofa. At each Tongan port, Spanish influenza was delivered along with goods and passengers as Captain Mawson's deceptions continued. At Nuku'alofa with 71 sick passengers and crew, he reportedly gave the order that everyone on board was 'to get dressed and pretend they were not ill' in order that the steamer be allowed to unload.[26] As was true wherever it infected, the 'flu moved rapidly throughout the Tongan islands with the first death reported on 15 November. Almost 2000 people died in the Tongan archipelago as a result of the pandemic. This amounted to approximately 8% of the population, although the figure is likely to be higher as a result of non-registration of some deaths. The only doctor on Tongatapu happened to be in Fiji obtaining medical supplies when the influenza hit the islands. Not realizing that Tongatapu was also infected, he remained in Fiji to offer assistance there. Vava'u had one resident doctor; 'Eua and the Ha'apai group had no medical assistance at the time. Survivors of the pandemic remember the streets of Nuku'alofa being absolutely silent, except for the sound of the death cart doing its rounds and removing the corpses from the houses.[27] After visiting Tonga, the *Talune* returned to Fiji. By the time the steamer made its way back to Suva on 14 November, 15 people on board the steamer had died.[28]

23 Crosby, pp.236–9.

24 Colonel Logan to Minister of Defence, 1 May 1920, IT 1, Series 8, Part 1, NA.

25 Norma McArthur, *Island Populations of the Pacific*, Canberra, 1967.

26 Interview Asita Langi, 6 July 1993; interview Amanki Havea, 5 July 1993.

27 Interview Asita Langi, 6 July 1993.

28 FTH, 18 November 1918; FTH, 30 November 1918; Legislative Council, Fiji, Medical Department (Report on, for the Year 1918), Council Paper no.31, 1919, p. 4 CO 85/25, PRO.

The annual reports, correspondence and newspapers of each colony are monuments to the administrative preoccupation and ideologies of the time. Foremost among 'native issues' was a concern to foster indigenous population growth — a task undertaken with missionary zeal. This administrative regard imaged colonial rule as a perceptively moral organization looking after the welfare of the 'natives'. Wrapped in words of concern and humanity are racial underpinnings of indigenous degeneracy, which link to wider debates on the decline of native populations as well as the legitimacy of colonial rule. In the early years of the century, the administrations in Fiji and the Samoas could comfort themselves, as well as morally sanction their island presence for the folks back home, with the facts and figures of a steady population growth. An increase in indigenous populations equated with the success of Western colonialism. The 1918 influenza pandemic severely rocked this complacency.[29] 'As a result [of the influenza pandemic], the increase in the native population during the last seven years was unhappily more than wiped away.'[30]

While undoubtedly subscribing to the view that the pandemic was a natural misfortune, European administrators at the same time ascribed the higher death rate among indigenous Polynesians to native customs and beliefs. The colonial administrations in both Fiji and Western Samoa presumed that ignorance and superstition ruled the indigenous mind and body, effectively placing natives at risk from themselves and their customs. In doing so, indigenous Polynesians were seen to be the cause of their own illness and death:

> [Western Samoa]: Immediately [when] one person in a house was attacked the remainder closed all the shutters, wrapped up their heads and lay down. In one case where I personally went into a tightly closed house there were about twenty persons lying closely packed on the floor with their heads covered up and the atmosphere unspeakably foul. On their being turned out of the house it was found that only three were sick; the remainder were merely frightened, but had they been left undisturbed most of them would have died.[31]

> [Fiji]: In the European centres, and in some of the districts easily accessible, European parties rendered sterling and yeoman service in the relief of the Stricken and frightened native population, and to those efforts mainly must be attributed the fact that the loss of life was not much greater.[32]

The patronizing notion that the 'native population' was ignorantly 'frightened' of the pandemic and could not effectively deal with it cannot fail to suggest a 'race' on its knees in need of salvation from a more highly skilled and medicalized colonial administration. These assertions were based not on scientific fact, as intimated, but on cultural perceptions by the colonial expatriate community of

29 G.H.L.F. Pitt Rivers, *The Clash of Cultures and the Contact of Races: Depopulation of the Pacific and the Government of Subject Races*, London, 1927; R.H. Makgill, 30 December 1921, Health 1 (H), 122/2 Samoa – Medical Services 1920-22, NA.

30 Great Britain Colonial Office, Annual Colonial Reports - 1918, Presented October 1919, CO 85/25, PRO.

31 Administrator of Samoa to the Governor General of New Zealand, Despatch no. 14, 27 December 1918, IT1 Series 8, Part 1, NA.

32 Great Britain Colonial Office, Annual Colonial Reports - 1918, Presented October 1919, CO 85/25, PRO.

what constituted a healthy lifestyle, what caused disease and how the afflicted individual should act to assist recovery. That lifestyle was, of course, Western in nature and extended into a variety of areas.

Food and diet were of prime concern, with European food privileged in terms of recuperative and nutritional properties. For example, the Principal Medical Officer of the New Zealand administration printed a list of instructions during the pandemic for Samoan patients which 'mentioned what sort of food to take'.[33] Soup, tea, milk and a supplement known as 'Mellin's food' were the prescriptions. Similarly, a local food-drive among expatriates in Fiji during the pandemic premised its request for 'foodstuffs for ill villages . . . [because] there are only native foods on hand, and these are quite unsuitable for convalescents'.[34] Instead, bully tea, soup, rice, dry biscuits, eggs and milk were the items esteemed more acceptable and healthful:

> [Western Samoa]: I hurried back to the cookshop, and got a few dixeys full of hot milk and some biscuits, and men took them up. I then got the Chinaman to cook about a sack of rice. As soon as this was cooked the men out of the Market Hall barracks went round all the Samoan houses. Capt. Cotton and Mrs. Cotton, having arrived as arranged, took round the medicine. When we had served all the native houses round the Market Hall, we got the motor-lorry out, loaded it up with rice, hot milk, and biscuits, and went round to Consul Mitchell, as it was reported that they were in a bad way there.[35]

While the good will and the basic nursing skills of the Europeans were welcomė, the 'medicine' in this case consisted of no more than quinine and Epsom salts.[36] In addition, little regard was given to what food might be more conventional, palatable or comforting to Fijian or Samoan patients. Rather, the assumption was that European food could and would provide recuperation and health to the colonial subject.

Sanitation and cleanliness or, more precisely, the perceived lack of these is often mentioned or alluded to in European descriptions of indigenous island life. These categorizations paralleled late nineteenth- and early twentieth-century descriptions of urban poverty and disease in developed countries and fuelled many of the sanitation as well as social and moral development projects of the time.[37] These Western middle-class designations were based more on metropolitan class prejudices than on clear notions of hygiene standards and health, but were nevertheless applied to a colonial setting which, in the early

33 Skermann, Minutes of Evidence, Samoan Influenza Epidemic Commission, 1919, IT1 Series 8, Part 2, NA; Notice in Samoan with English translation, 1918, IT1 Series 8, Part 1, NA.

34 FTH, 28 December, 1918.

35 Major Andrew Alexander Richardson, Minutes of Evidencè, Samoan Influenza Epidemic Commission, 1919, IT1 Series 8, Part 2, NA.

36 Sister Mary Felicitus, Samuel Vernon Mackenzie, Minutes of Evidence, Samoan Influenza Epidemic Commission, 1919, IT1 Series 8, Part 2, NA.

37 See A.J.C. Mayne, *Fever, Squalor and Vice: Sanitation and Social Policy in Victorian Sydney*, St. Lucia, Queensland, 1982; Nancy Tomes, 'The Private Side of Public Health: Sanitary Science, Domestic Hygiene and the Germ Theory, 1870–1900', *Bulletin of the History of Medicine*, 64 (1990) pp.528–30; John Duffy, *The Sanitarians: A History of American Public Health*, Urbana, 1990; Dorothy Porter, *Health, Civilization and the State: A History of Public Health from Ancient to Modern Times*, London and New York, 1999, pp.113–25.

twentieth century, was almost exclusively a rural, village environment. Portrayals of 'native' lifestyles are littered with pejorative adjectives and during the pandemic a further connection was drawn between hygiene, disorder, influenza and death: 'The Medical Officer [for Tonga] complains of the dirty houses, dirty and filthy habits and unsanitary conditions of premises . . . the influenza epidemic was the means of disclosing a disgraceful state of sanitary conditions'.[38] European instruction and intervention always emphasized cleanliness and the availability and benefit of fresh air: 'The shutters were all down, and about a dozen people were lying sick, with one or two children on their feet. I tore the shutters off as the air was stifling. I went around the other fales (native houses) in the village, and everywhere I went was the same thing — no kaikai, shutter up, no one able to do anything.'[39] Once again, the overriding assumption was that a European notion of what constitutes cleanliness — namely openness, organization, ventilation and nuclear family living — was superior. On a more disturbing level, this characterization also suggested that the colonial subjects were unable to look after themselves properly. Other passages in the colonial discourse were more forthright in this assumption:

[Fiji]: The trouble with the natives was the same as elsewhere, the difficulty in persuading them to observe ordinary precautions. They insist on bathing in cold water, with fatal results.[40]

[Western Samoa]: From 15th to 25th November the deathrate amongst Samoans was very high, caused to a great extent by their failure to treat themselves reasonably and also by their going to bathe when they were recovering.[41]

The native body was thus transformed through the pandemic into the diseased native body available for — indeed in need of — inspection, medical interrogation and colonial intervention. The physical being of the colonized subject became a vehicle for the exercise, legitimization and coercion of colonial authority, power and control. The 'trouble' with 'native patients' was that they were not entirely accepting of the disciplinary regime:

[Fiji]: Greatest difficulty lies in inducing natives who all are naturally bad subjects to take elementary precautions on being first attacked and to submit to treatment necessary to febrile condition.[42]

The most of the trouble now is within the municipality, the trouble being to make the native patients stay indoors. They get a little better and persist in coming out. Under present weather conditions this is fatal.[43]

38 Report of the Premier of Tonga for the Year 1918, CO 861/1, PRO. See also FTH, 14 October 1918; John Mulcahy, Richardson, Minutes of Evidence, Samoan Influenza Epidemic Commission, 1919, IT1 Series 8, Part 2, NA.

39 Richardson, Minutes of Evidence, Samoan Influenza Epidemic Commission, 1919, IT1 Series 8, Part 2, NA.

40 FTH, 13 December 1918.

41 Administrator of Samoa to the Governor General of New Zealand, Despatch no.14, 27 December 1918, IT1 Series 8, Part 1, NA.

42 Telegram, 3 December 1918 from Governor of Fiji to Secretary of State for the Colonies, CO 83 14, PRO.

43 FTH, 13 December 1918.

[Western Samoa]: What was against us was the peculiarities of the country, the want of notification of disease and deaths, the want of means of communication, and the apathy of the natives. They were too ill to assist, and if they were not ill they thought they were. We could not get any of them to wake up and try and assist each other or get food.[44]

The people died saying it was the fault of the Govt., but it was the fault of the Samoans themselves not paying attention to the Govt. What they wanted was fresh air, and I opened their blinds and got the people out of their houses and on to the beach.[45]

The pandemic thus gave the colonizers, British or New Zealand, an opportunity to re-inscribe the superiority of Western food, medicine and lifestyles, thereby indirectly legitimizing their rule. The colonizers believed they were saving, and transforming, the Fijians, Samoans and, to a lesser extent, the Tongans with Western biomedicine. The fundamentally flawed nature of this view is evident within the parameters of the 1918 influenza pandemic: Western medicine had little or nothing to offer either as a preventative or as a cure. In Fiji, the recommended preventive and remedial measures for Spanish influenza were a daily gargle with peroxide of hydrogen, Cordy's fluid or salt and water, wearing facial masks and taking inhalations of Friar's Balsam, or spirits of ammonia aromatica, or aspirin, or Dover's Powder in a hot lemon drink.[46] In truth, all but the aspirin were useless in stopping the virus or alleviating its symptoms. Notwithstanding, the masks were offered only to Europeans and the inhalations to Europeans and Indian labourers on select plantations; neither were offered to the indigenous populations. In Western Samoa, quinine and Epsom salts were favoured as palliatives.[47] The only effective known Western medical treatment at the time was bed-rest and aspirin to lower the fever; in 1918 neither guaranteed survival. This did not, however, stop the administration from claiming that they were benevolently saving lives:

[Fiji]: It is gratifying, however, to be able to state that notwithstanding these difficulties a vast amount of excellent work was performed, especially by the European section of the community who, with admirable promptitude and entire disregard of personal risk, came forward voluntarily and did all in their power to assist in attending not only to Europeans but to Fijians, East Indians, and others who contracted the disease. But for their labours it is certain that not only additional lives would have been lost but many persons would have been left without any attention.[48]

[Western Samoa]: I must again refer to the magnificent work of the troops who, themselves sickening or just recovering from the disease have fed the living, buried the dead, baked bread for themselves and the white population, killed butcher-meat, worked the telephone exchange, and in the very finest spirit have carried on the town.[49]

44 Skermann, Minutes of Evidence, Samoan Influenza Epidemic Commission, 1919, IT1 Series 8, Part 2, NA.

45 Heinrich Neffgan, Lagolago Toleafoa Afamasagu, Minutes of Evidence, Samoan Influenza Epidemic Commission, 1919, IT1 Series 8, Part 2, NA.

46 FTH, 9 November 1918; FTH, 12 November 1918.

47 Sister Mary Felicitus, Samuel Vernon Mackenzie, Minutes of Evidence, Samoan Influenza Epidemic Commission, 1919, IT1 Series 8, Part 2, NA.

48 Letter, 25 January 1919, from Governor of Fiji to Secretary of State for Colonies, CO 83 145, PRO.

It is one of the fortunate things of the epidemic that in the villages outside Apia there were one or two people who were prepared to bury the dead day by day, although the graves were very shallow. That was the same at Savaii. In the Apia district the natives would do nothing. Everything possible was done by the Europeans and Chinamen. The Chinamen were digging graves. The natives would do nothing. There was only one grave that I know of that the natives helped to dig, and that was one of my native boys.[50]

[Tonga]: For a week a very small band of Europeans were called upon not only to supply food and medicine to the Europeans but to the native population as well and this was done by establishing soup kitchens and dispensaries in different quarters of the town and by organising a committee to make house-to-house visits.[51]

Fijians, Samoans or Tongans were ultimately held responsible for their own mortality during the pandemic. Their communal style of living, unsanitary living conditions, 'laziness' in terms of not procuring the right food, religious beliefs which were deemed silly superstitions, could all be cited as evidence that they could not look after themselves. Colonialism, with its component of Western practices of health and biomedicine, became the practical, humane and admissible option. This view was entirely constructed from a colonial standpoint. This ability to subtly shift the parameters of medical understanding to a deeper moral, religious or psychological judgement is worthy of further comment.

The underlying tones of the superior morality of colonialism were reinforced by accusations of inhumane treatment amongst Fijians, Samoans and Tongans. Here, indigenous colonial subjects were not just passively constructed as their own worst enemy, they were portrayed as active dangers within their own community. These reproaches were relatively common amid the narratives and reports of the 1918 pandemic in western Polynesia.

[Western Samoa]: They showed not the slightest interest in their people 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 the influenza but to the neglect of their families by the Heads and that they themselves are deeply to blame for failing to assist.[52]

[Fiji]: The callousness of the Fijian was noticeable when it came to assisting his fellow-man and the same conditions seem to be reigning on the other side of the island as are found in Suva and the district.[53]

[Tonga]: 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.[54]

49 Administrator of Samoa to the Governor General of New Zealand, Despatch no.14, 27 December 1918, IT1 Series 8, Part 1, NA.

50 Cane, Minutes of Evidence, Samoan Influenza Epidemic Commission, 1919, IT1 Series 8, Part 2, NA.

51 Enclosure no. II , Western Pacific Despatch No. 6, 8 January 1919, CO 225 164, PRO.

52 Administrator of Samoa to the Governor General of New Zealand, Despatch no.1, 20 January 1919, IT1 Series 8, Part 1, NA.

53 FTH, 13 December, 1918.

54 Enclosure no. IV, Western Pacific Despatch, 8 January 1919, CO 225 164, PRO.

These comments need to be read as 'proof' of the degraded state of the 'savage' who was in need of the civilizing process brought about through colonialism. This is plainly evident when considering the Tongan Consul's following statement, which reiterated the legitimacy of the British protectorate of the islands and hinted at his predilection for the annexation of the islands: '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'.[55]

With a deft move, the influenza pandemic had provided the colonizer with a vehicle for not only legitimizing the colonial enterprise, but also extending it. Pandemic disease provided another avenue for the hegemonic practice of colonialism in western Polynesia.

As the colonial past of western Polynesia is reread (and rewritten), not just from a uni-vocal imperial perspective but from one which examines the intersection of the various agendas of all of history's participants, the narration of local and regional histories — both indigenous and colonial — against which the dominating discourse of a metropolitan imperial history is constructed is highlighted. The historical construction (by which I mean both a narration and a comprehension or understanding of the event) of the 1918 influenza pandemic in western Polynesia by the colonial administrations is shaped and perhaps even determined by the larger Western imperial narrative. An interesting and by no means coincidental effect of this reified narrative is how it re-invests, through structures of attitude and discrete reference, the supremacy of Europeans and hegemonic rule — in terms of the maintenance of the colonial situation through an assumption of biologically self-evident 'facts' and the privileging of the Western lifestyle and its practice of medicine. Ironically, a virus which entered the islands as part of the colonial landscape and proved to be a demographic and health disaster for the indigenous population, was, in the end, discursively employed to endorse that same colonial rule.

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55 ibid.