Chapter 4

The law and the limits of the dressed body: masking regulation and the 1918–19 influenza pandemic in Australia

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Introduction

The 'Spanish' influenza pandemic was a global outbreak of illness that the World Health Organization has called 'exceptional, the most deadly disease event in human history' (Ryan 2008, 24). Originating not in Spain but, in all likelihood, in the state of Kansas in the USA, the influenza came to be named after the country whose media first reported its threat (Johnson 2006; Trilla, Trilla and Daer 2008, 668–73).

While knowledge of the outbreak initially remained tightly controlled to maintain the war effort, the influenza itself spread rapidly, carried to Europe by mobilized American troops in April 1918. It eventually affected communities across the globe, transmitted by those returning from the First World War. Four years of brutal war provided the perfect environmental and social conditions for magnifying the virulence of the influenza, greatly extending the suffering it brought (Shanks et al. 2010; Taubenberger and Morens 2006). Unprecedented numbers of people in transit and people gathering to celebrate the end of the war, as well as factors such as poor nutrition, anxiety, depression and physical stress all aligned to shape a pandemic that was responsible for the deaths of tens of millions worldwide (Blackwell 2007, 26).

Though the influenza pandemic's reach was global, its impacts varied greatly from location to location. The Australian experience of the pandemic was particularly unique (Arrowsmith 2007; Bashford 2003; McQueen

1976; Taksa 1994). Australia suffered a single long outbreak of influenza (Arrowsmith 2007, 23; Curson and McCracken 2006, 114–15) rather than the waves that are recognized as having occurred elsewhere (Director General of Public Health 1920; Johnson and Mueller 2002, 107).[1] Moreover, the impact was immense. An estimated two million Australians were infected out of a population of just over five million, with approximately 36 per cent of the population of metropolitan Sydney infected during the first half of 1919 alone (Department of Public Health, New South Wales 1919, 152–3). This rate of infection was higher than international averages of 25–30 per cent (Curson and McCracken 2006, 103; Johnson and Mueller 2002, 114). It should also be acknowledged that Australia's Indigenous communities were severely and disproportionately afflicted by the pandemic, with mortality rates approaching 50 per cent across some groups (Briscoe 1996, 196; Cleland 1928, 195–200). In total, at least 14,500 people died from influenza in under a year in Australia. This impact was considerable and eyewitness accounts indicated that there were so many horse-drawn hearses lining the streets of Sydney that 'there was almost a procession' (Mashford 1998, 10).

For what remains the most lethal single event in modern history, the attention historians across the globe give to the influenza pandemic is limited, leaving it widely described as ignored or forgotten (Davis 2011; Davis, Stephenson and Flowers 2011; Flecknoe 2020; Honigsbaum 2016, 2018; Hume 2000; Killingray and Phillips 2003; Phillips 2004). This neglect particularly affects accounts of the pandemic's impact in Australia, which lacks a body of scholarly work such as those in the United Kingdom, USA or Spain (Brown 2019; Davis 2013; Pal 2019).[2] This is all the more surprising given the pandemic's effect on Australia and its unique natural history in the country (Hobbins, McWhinney and Wishart 2019).

Recent research has argued that the root of this neglect lies in Australia's legacy of nationalist and federalist orientations, which were particularly strong during the first decades of the Australian Federation (Youde 2017), a period which coincided with the influenza outbreak. The fact that the influenza pandemic generated one of the first – and very public and heated – disagreements between the recently federated Australian states, and between state and commonwealth governments, supports this interpretation and perhaps explains the pandemic's relative invisibility in the literature. The pandemic was no great triumph for the Federation, nor was the ability of the various branches of government – state and federal – to work together to effectively navigate the citizens they represented through a pandemic.

One result of the absence of the 1918–19 pandemic in the literature is that our collective memory of the event lacks the necessary detail and robustness demanded of it. As we explain below, the history of the influenza

pandemic is central to Australia's contemporary pandemic planning and preparedness. Yet we still require a well-developed historical scholarship on the pandemic and especially a clear vision of how influenza affected the everyday lives of Australian communities, and how this in turn influenced efforts to control the spread of influenza. Neither responses to the outbreak nor the reception of the medical and government advice the public received, nor indeed the regulations that were forced upon citizens, have been studied in critical depth.

To begin to rectify this gap, we present a new history of the 1918–19 influenza pandemic in Australia, focusing particularly on the lived experience of the pandemic and its governance as a way of considering its implications for present and future pandemic events. In this chapter we examine in particular New South Wales – the state which suffered the greatest losses – and its capital, Sydney (New South Wales Parliament 1920, Section V, Part I, 153). We engage a methodology of overlaying personal accounts from different source types with government and institutional records to generate a nuanced understanding of the relationship between state responses and the social and lived aspects of the pandemic, and how their intersection affected regulation and compliance.[3]

In this attempt to map parallel histories of regulatory and government responses alongside lived experiences of the influenza pandemic, we focus on what contemporary newspaper reports from across the country described as 'the most talked of development in connection with the epidemic': the compulsory wearing of face masks (*Daily Mercury* 1919; *Northern Herald* 1919; *Observer* 1919; *Sydney Morning Herald* 1919a, 8; *Townsville Daily Bulletin* 1919; *West Australian* 1919). No critical study of the mask has yet been undertaken in relation to the 1918–19 influenza pandemic, despite its central role as both regulatory device and cultural object. Drawing on a variety of legal, governmental and cultural sources, we pursue this critical line of inquiry to demonstrate how both formal and informal efforts to regulate the progress of the virus through masking regulation continually required negotiation with existing social and cultural practices. Established conventions – particularly those of dressing and fashion – mediated responses to regulation, the events and impacts of the influenza, and its representation and articulation.

Examining regulation through humanities-based materials and approaches, broadly located within the fields of design and material culture, presents an opportunity to understand how those who find themselves subject to the jurisdiction of medicine and law give practical effect to the demands of those powers. It also renders visible how those powers come to exercise jurisdiction over the bodies and practices of individuals through efforts which utilize or intersect with design and material cultures.

Interdisciplinary thinking, such as that which guides our research, is a means of being attentive to the relationship between the law, our theory of how it comes to exercise its jurisdiction and its actual impacts on the world by tracing a material history. This results in the complication of histories of regulation, claims regarding its operation and the way both are narrated. In turn, this complexity demonstrates the deeply embedded nature of regulation in a multitude of contexts, and the tensions surrounding its role, usage and effectiveness.

To examine the relationship between regulation and culture, and how they coexist, inform and define one another, we first establish the scholarly reception of the influenza pandemic, with a focus particularly upon Australia. We follow this with a contextualization of the introduction of compulsory masking in New South Wales as the pandemic spread in 1918–19. In this way, we intend to demonstrate how responses to masking regulation intersected with wider efforts to control the outbreak, presenting regulation from the perspective of those who encountered it and thus as a series of interrelated experiences, rather than as distinct acts. Then we develop an account of the reception of imposed mask wearing and the behaviours that ensued, highlighting how the reality of masking regulation deviated from the detailed protocols that were established in government and medical decrees – largely disseminated through the popular press. Our research ultimately reveals that despite consistent educational, medical, policing and political efforts by the state and other actors, masking regulation generated inconsistent responses. To account for this, we conclude by examining the lived, embodied experience of compulsory mask use (or misuse). Our archival research leads us to the notion that attitudes and practices directed towards compulsory influenza mask wearing were configured physically and culturally, as an embodied or lived experience of environment and culture. This process was determined by the reality of the mask itself, an object applied to the body that was subject to 'informal' regulation by its wearers. Thus, mask wearing intersected with established attitudes and behaviours, rather than serving solely as an ideological or psychological position adopted towards a regulatory act of law making, or through medical arguments that were put forth in accounts of the pandemic generated as part of the regulatory effort. To be attentive to these experiences offers an opportunity to better understand how regulation can be more effective in ensuring its aims and outcomes.

The history of the influenza pandemic: masking, governance and lived experience

The history of the 1918–19 influenza pandemic is central to contemporary pandemic planning regimes (Jester, Uyeki and Jernigan 2018; Taubenberger, Hultin and Morens 2007). Australia's current pandemic model and planning regime directly draw from this history, which acts as the model for what to expect epidemiologically, socially and otherwise in the event of a new pandemic, such as COVID-19 (Communicable Diseases Network Australia and New Zealand and Influenza Pandemic Planning Committee 1999; Department of Health 2014). Given the use to which the history of the pandemic is put, the availability of high-quality historical evidence to support research and preparation for pandemic events like COVID-19 is essential (Pan et al. 2020; Pavia 2019; Roberts and Tehrani 2020; Saunders-Hastings and Krewski 2016). This means that the history of the influenza pandemic and how we tell it –in all its aspects – is hugely significant in our present and foreseeable future (Blackwell 2007). A deeper understanding of the various aspects of the 1918–19 influenza outbreak can provide models to prevent and respond to new pandemics or infectious disease threats (Caley, Philp and McCracken 2008), including the identification of social, cultural, legal and other factors that might temper or, alternatively, potentiate the impact of any such threat (Matthews n.d.).

For us, it is therefore most urgent to uncover and understand the lived experiences of those who suffered through the influenza pandemic in Australia. In particular, we are interested in understanding the lived experience of the various regulatory efforts constructed to govern the pandemic. Living with COVID-19 has demonstrated how vital it is to understand this aspect. COVID-19 presents regular opportunities to observe the complex intersection between institutional and governmental responses to pandemics and our daily lives. It renders visible the infinite number of ways in which governance meets and shapes well-being and health, as well as behavioural, psychological and emotional responses. It is at these junctures that the fundamental shape of a pandemic is forged. In Australia, for example, the federal government's lethargy across the first eighteen months of the COVID-19 pandemic with regard to vaccination has fostered the development of attitudinal postures and associated behaviours in the community that have – likely inadvertently – resulted in significant virus outbreaks (BBC News 2021). While our experiences of living through a pandemic may be new to us today, a history of the lived experience of pandemic may help locate how the juncture of such pandemic governance, inclusive of regulations such as compulsory masking, has the potential to influence other monumental events, such as COVID-19, and their aftermaths.

Unfortunately, we lack a well-developed, critical scholarship on Australian aspects of the influenza pandemic,[4] especially with regard to the lived experience of pandemic governance efforts. The Australian scholarship that does exist on the topic is heavily oriented towards medical and institutional perspectives, and is focused on the disciplinary and governmental efforts mounted in response to the pandemic. This body of scholarship tends to present this history through the lens of the major transitions of the time, namely the end of the First World War and the first real test of quarantine and related powers with which the commonwealth government had recently been vested (Hyslop 1995, 1997; McQueen 1976). Other accounts originate in medicine and the medical sciences, centring on organized medical services and responses or epidemiological aspects of the pandemic (Camm 1984). Some scholarship does examine more intimate experiences of the Australian influenza pandemic; however, these studies are few in number and either feature examinations of lived experience as secondary to the development of a theoretical position (Taksa 1994) or do not interpret the accounts they uncover (Arnold 2020; Boynton-Bricknell and Richardson 2020; Mashford 1998; Rice 2018; Spinney 2017; Wengert 2018). Thankfully, we have the benefit of scholarship on the history of Australian public health practice at the time, which provides a valuable contextualization of the use of quarantine and isolation powers in response to the influenza pandemic (Bashford 2003). Whilst this work is essential to understanding the broader character of Australia's public health practice and for contextualizing state practice in this era, the history of the 1918–19 influenza pandemic has thus far received only passing treatment.

This gap in the scholarship is all the more stark in the face of the overwhelming amount of primary material available to researchers, particularly from the popular press. The importance of newspapers was officially acknowledged during the influenza pandemic itself, as the 'public press' was invaluable as a channel through which critical information concerning influenza was disseminated (Department of Public Health, New South Wales 1919, 150), partially as a result of state health departments' failure to effectively coordinate their efforts. Government directives, as well as diverse opinions which examined practical and ethical questions, were regularly printed. Newspapers were also the place where dissent or deviation from government regulations and advice played out (Arrowsmith 2007, 56; Curson 2015, 15). Information often had to be communicated to a large number of people – even displaced people – and newspapers were the most accessible technology for doing so. For instance, many people were stranded in Victoria after the border closed between it and South Australia, so complete instructions on how to return to South Australia, including quarantine requirements, were delivered through newspapers (*Normal* 1919, 5). As

these major events played out before a general public, it is no wonder that the influenza pandemic completely held public attention and newspapers became the principal forum to capture the concern, fear and uncertainty it generated (Curson 2015, 15). Newspapers also captured divided opinions that affected the population, particularly concerning masking, including those of medical professionals and those who wished to express opinions on their influenza experience in other jurisdictions. This began in newspapers even before influenza arrived in Australia (Arrowsmith 2007, 56). The general divergence of views was driven by the concrete lack of knowledge about the disease, approaches to its treatment and responses to its presence. In essence, newspapers provide a diverse and comprehensive body of materials related to the influenza pandemic.

The lack of detailed scholarly analysis of the lived experience of influenza regulation has led to the categorization of pandemic governance and public responses as a well-worn binary of order and hysteria (Curson 2015, 84–6). This model provides a picture of the wider governance of the threat and response to it as far more clear-cut, and potentially more well ordered, disciplined and well regulated, than the research presented in this chapter demonstrates. Our research has uncovered a greater variety and complexity of responses represented as either a picture of well-ordered influenza governance or of general fear and panic. Such mischaracterization of the pandemic experience elides the complexities of its governance and fails to express the truth of the lived situation. It thus provides a false model upon which to base expectations regarding the governance of current and future pandemic events, such as COVID-19, and a false impression of our own past.

To offer an expanded understanding of how efforts to govern the influenza pandemic were met and experienced in daily life, we focus on mandatory masking in particular. On 30 January 1919 the New South Wales state government ordered the people of Cumberland County (wider Sydney) to wear face masks. Masks were required in all public spheres, though with some modifications to accommodate certain activities (Davidson 1919, 593, 594). The regulation was briefly repealed on 15 March, when it seemed the threat from influenza was passing, but was soon reinstated on 24 March, when influenza cases began to spike. This second regulation required face masks in spaces such as lifts, shops, workrooms, auctions and on public transport – or anywhere that groups of people gathered in close proximity. Masks were still being worn in these spaces in late July 1919, meaning that Sydney was subject to some form of compulsory masking regulation for an extended period.[5]

In developing a new history of masking, we invest in first-hand accounts which chronicle the lived experience of masking regulation, presenting diverse views on its impacts. Amid the richness and variety of the available

primary material, one dominant theme is prominent: wearing a mask generated physical responses and actions. Covering part of the face with an influenza mask seems to have reinforced the centrality of the body within efforts to govern the pandemic. Not only was influenza itself defined through its impact on bodies, but so too were measures put in place to protect them, masking being the first among them. As in the age of COVID-19, where masks generate a series of implications for our bodies, the primary sources on the experience of masking during the 1918–19 influenza pandemic are saturated with commentary that frames masking regulation in bodily terms. These range from the most effective ways to accommodate facial hair while masking, to the impact of the mask on those with serious respiratory complications. The pervasiveness of this theme of masking and evidence of its reception in particularly corporeal terms drives our approach to studying the lived experience of pandemic governance. Among other things, it prompts us to consider the mask through discourses related to the application of objects to the body: that is, as an act of dressing.

Masks are for us, then, not only a technical object of public health regulation or what we today term 'personal protective equipment'. Rather, they are, both in 1919 and now, an act of dressing, a practice of preparing the body for the public realm, the imposition, use, misuse and circulation of which provide a way of examining the 1918–19 influenza pandemic as played out at the most intimate scale: upon individual bodies with the potential to influence the pandemic's progress. As such, masks and mask wearing become a material emblem of the diverse and complex experiences of influenza and its governance, a material object and associated series of practices born of the influenza pandemic.[6]

A 'most exalted infectivity': the arrival of influenza in Australia

A major contextual event for the influenza pandemic's emergence was, of course, the First World War. The virus travelled across the Atlantic with mobilized troops, reaching its peak intensity in Europe between July 1918 and February 1919 (McQueen 1976; *War Diary Medical Section 11Q AIF Depots in United Kingdom* 1919, Appendix). By July 1918 Australian quarantine officials had acknowledged the rapidly spreading influenza. With the first vessels carrying infected troops arriving in Australia in October of that year, a maritime quarantine was established.

This maritime quarantine was a signal feature of the Australian government's response to influenza (Cumpston 1919), and its consequences likely affected the other regulatory efforts which followed. Under the quarantine

arrangements, every vessel that wished to dock at an Australian port had to undergo a seven-day quarantine from that point. J. H. L. Cumpston (1919, iii), the pioneering Director of the Commonwealth Quarantine Service and architect of the maritime quarantine, described the influenza strain as presenting an 'intense virulence and most exalted infectivity', and credited the establishment of maritime quarantine lines with delaying the spread of the early stages of the pandemic amongst the general Australian population. Regardless of its successes, the practical weight of enforcing the maritime quarantine placed a significant strain on the relatively new Commonwealth Quarantine Service. The result was that the unprecedented scale of the operation generated such complexities, tensions and failures that this, the first formal regulatory effort in the face of influenza, started to break down in highly visible ways.[7] Multiple large-scale quarantine breaches occurred, each well documented in the press. So many arose that they were characterized as 'constant' by the Secretary of the Department of Defence (Knowles 1919, 115). The first major resistance occurred together with the introduction of the compulsory masking regulation and involved approximately 900 troops from the ship *Argyllshire*, who on 1 February 1919 crossed quarantine lines at North Head Quarantine Station in Sydney. The troops were met by police and military authorities. Following negotiations, the insurgents were required to mask, and were marched through the city of Sydney to the Sydney Cricket Ground (*Sydney Mail* 1919), where they undertook three days of quarantine. The official response to such defiance of quarantine efforts was firm, with the Secretary of the Department of Defence labelling quarantine breaches a form of mutiny. The Commandant of the Fifth Military District (Sydney) even ordered that if 'the guard cannot find any other means of preventing these men from breaking quarantine that they should use their rifles even to the extent of inflicting serious bodily harm or killing some member of the Australian Imperial Force while trying to break out' (Knowles 1919).

Despite this intensification of the state's response, it took only three weeks until a further 150 men held in quarantine aboard the *Orsova* threatened to breach quarantine lines. The *Orsova* had been held in quarantine in response to a confirmed onboard influenza case, meaning that this breach of quarantine was particularly dangerous to the populace and threatened the containment which had been maintained by the use of maritime quarantine. Telegrams between the Premier of New South Wales and the Acting Prime Minister demonstrated the real public health risk of such a breach and the seriousness with which the New South Wales government took it. The Premier, facing this very real risk of quarantine breach, curtly reminded his Federal counterpart that the '[r]esponsibility of maintaining quarantine [was] clearly Federal', and threatened that '[n]evertheless if soldiers

attempt land in Sydney, State authorities will be obliged to arrest them' which 'may lead to conflict and to very serious consequences' (Letters received n.d., 25 February 1919). Following this message, the premier made formal application pursuant to s 119 of the Commonwealth Constitution for military aid to protect 'against the domestic violence involved in such a conflict', suggesting that instructions be sent to army and naval forces to 'take all necessary steps to prevent any such breach' (Letters received n.d., 25 February 1919). The response from the Commonwealth that night was that the 'Commandant Sydney ... instructed to employ every means to prevent men breaking quarantine' (Letters received n.d., 25 February 1919).

In response to this authorization, those attempting to break quarantine from the *Orsova* were met at the gates of the quarantine station by a 'strong guard', whereupon they were reported to have 'listened to reason' (*Daily Telegraph* 1919a) and returned to their accommodation. This is the first and only time that the Australian Defence Force was called out under constitutional provisions to render aid to civil authorities to quell civil unrest. This use of the Australian military has thus far not been acknowledged in the legal or legal-historical literature on the use of these constitutional powers (see for example Cahill and Cahill 2006, 10–13; Head 2001; 2008, 97; Moore 2005; Stephenson 2015).

News of the *Argyllshire* and *Orsova* incidents activated a strong civilian response regarding the treatment of returning soldiers in Australia's quarantine system. Criticism was raised regarding the arrangements made for the quarantine, while the soundness of the regulations was regularly examined in weighing the experience of war and pandemic against the necessity to stem the spread of influenza (*Sydney Morning Herald* 1919g). Community groups and the wider public roundly criticized the handling of quarantine regulation. Church leaders especially condemned the actions of the Commonwealth government with 'strong censure' in light of its refusal to allow clergy to minister to the infected and dying in quarantine, for instance, and engaged in acts of civil disobedience to force changes to the regulation (*Daily Telegraph* 1918a, 1918b; *Grafton Argus and Clarence River General Advertiser* 1918). This position was widely supported through opinion pieces published in major newspapers (*Sydney Morning Herald* 1918).

Given this picture, dissent regarding the establishment of regulations to govern the spread of influenza was in evidence from the earliest moment of their enactment. The contestation of and resistance to the maritime quarantine thus established a critical discourse in the face of regulatory efforts. These tensions were fed by breakdowns between the different levels of government, within the medical community and between medicine and government, all active nodes attempting to govern the outbreak. Conflict between the New South Wales and Victorian premiers, for example, was

particularly intense from the outset of the pandemic and continued throughout 1919 (Shaw 2020, 124). The acting premier of New South Wales voiced this anger to his Commonwealth and Victorian counterparts, writing urgent and forceful telegrams chastising Victoria's perceived mismanagement of limiting the influenza outbreak (Claims Committee – Colonial Secretary – Archival Bundle n.d.).[8] Medical experts engaged in similar infighting, and were in such disarray that McQueen recorded that 'support for nationalization of medicine ranged from *Punch* and the President of the 1920 Medical Congress, through the Australian Natives' Association and the *Freeman's Journal*' (McQueen 1976, 136; *Sun* 1919a). *The Bulletin* even asked, 'Should a doctor be hanged now and then?' (1919, 6).

In this context, formal public health orders were generated at a significant pace in New South Wales, regularly appearing in newspapers to inform the populace of the fast-moving developments. Successive areas of New South Wales were declared 'infected', whereupon quarantine and isolation zones were instituted within the state. Crossing into and out of these declared areas was prohibited. The state assumed management of hospitals, as well as proclaiming that all libraries, schools, churches, theatres, public halls and places of indoor entertainment be closed. Meetings for any purpose were also banned – including for religious and political purposes (Minute Paper for the Executive Council, 7 February 1919).[9] Temporary emergency hospitals were opened, while numerous depots for stockpiling and delivering aid were established across the state (Metropolitan Citizens' Influenza Administrative Committee 1920). This led, finally, to the announcement that all persons within the County of Cumberland, within ten miles of the Victorian border or on public transport were required to wear multi-layered gauze face masks with a penalty of up to £10 for transgressions (By-Law No. 532 1919).

'Gauze versus the microbe': compulsory face masks

The New South Wales Governor in Council made the initial proclamation of laws requiring compulsory masking on 30 January 1919. It required that a 'mask or covering of gauze or other suitable material sufficient to exclude the germs of the … infectious or contagious disease' be worn 'upon the face so as to completely cover the mouth and nose' (*Government Gazette of the State of New South Wales* 1919a). Advice typically suggested that the mask should cover the nose and mouth and fit tightly, sitting just below the eyes, and that it should be composed of a thickness equal to six layers of ordinary gauze (*Sun* 1919c, 7).

In full-page notices in major newspapers the following weekday, the premier of New South Wales enjoined the public to confront 'a danger greater

than war' that 'threatens the lives of all' (*Daily Telegraph* 1919c; *Sun* 1919b; *Sydney Morning Herald* 1919f). The language in these notices relied on the established rhetoric of war – both in terms of its martial language and reflection of discourse that had developed regarding the home front. In these notices, the state mobilized the success of existing efforts in the 'battle' against influenza to argue that 'the fight can be won'. This terminology was, however, confined to the proclamation's preamble. It thereafter gave way to the language of utilitarian calculus as the state appealed for the public to wear masks: specifically, the government 'insists that the many shall not be placed in danger for the few and that EVERYONE SHALL WEAR A MASK' (emphasis in original; Claims Committee – Colonial Secretary – Archival Bundle n.d.).

Just as resistance and non-compliance were a feature of maritime quarantine regulations, the potential for resistance to compulsory mask wearing was anticipated in this very first masking regulation proclamation: 'Those who are not [wearing a mask] are not showing their independence – they are only showing their indifference for the lives of others – for the lives of the women and the helpless little children who cannot help themselves' (Claims Committee – Colonial Secretary – Archival Bundle n.d.). An appeal replete with the rhetoric of duty and protection of the vulnerable was mobilized to construct non-compliance as a form of indifference to the lives of others. This was an appeal designed to enliven a sense of duty, flowing from the good character of the populace rather than self-interest. No sense of the potential effectiveness or otherwise of the mask as a technology to prevent transmission was engaged with in these announcements. Indeed, public messaging regarding the necessity and effectiveness of masking was made more strongly in such announcements than in internal government documents, where ambiguities around the effectiveness of masking were often present (Department of Public Health, New South Wales 1919).

From this moment, masks came to dominate headlines across the country because, in combination with inoculation, masks were now endorsed as the key measure in the regulation and control of the spread of influenza by the New South Wales State Government. Despite the firm rhetoric emanating from the state, debate regarding the mask and masking practices also began immediately. A wide variety of perspectives found their way into print, from opinion pieces firmly advocating for the adoption or rejection of masking, to the cataloguing of mask types, to the correct way to wear a mask and, through forms of journalistic 'fieldwork', reports on how masks were being worn in the public arena. All were reported in exceptionally close detail.

The debate became heated, especially regarding the effectiveness of the mask as a precaution against transmission. This was likely intensified by divisions in the medical community as to their effectiveness. Born of a

lack of any real knowledge about influenza, this was exacerbated by the divisions across governing bodies managing the response to the outbreak (Arrowsmith 2007). 'The wearing o' the mask. Is it merely a fad?' asked one newspaper headline (*Daily News* 1919; *The Age* 1919). Competing letters to the editor claimed that masks were either the *only* effective way to curb influenza's reach (*Herald* 1919) or, alternatively, a *wholly useless* undertaking (Bennson 1919).

At every level of medical and social discourse, the status of masks as a preventative measure was deliberated. Even public health organizations seemed to acknowledge the ambivalence regarding masks, though they tended to conclude in favour of masking (Department of Public Health, New South Wales 1919, 163; Director General of Public Health 1920). These divided opinions as to the effectiveness of the mask in combating influenza were not distributed neatly along demographic or professional lines, however. For instance, in the correspondence section of *The Medical Journal of Australia* one medical practitioner claimed that masks were more likely to cause infection than prevent it (McLeod 1919), while another claimed the opposite in a direct rebuttal in a later issue of the journal (Sadler 1919).

These 'pro' or 'anti' responses that played out during the outbreak are replicated by modern commentators who reproduce a series of binary oppositions in their own reading of the mask. This extends not only to views regarding the effectiveness/ineffectiveness of masking as a tool of transmission reduction, but also through a binary of compliance/non-compliance regarding the practices of those enjoined to wear a mask. Historian John Barry, author of the widely cited book *The Great Influenza*, stated, for example, that 'the masks actually didn't do any good whatsoever' (2005, 358–9), while others have supported masking as an effective barrier precaution (Bootsma and Ferguson 2007). This binary structure extends even to more subtle and interpretative scholarship, which adopts a positive/negative structure. The mask is approached either positively, as a tool of modern sanitization, or negatively, represented as a ghoulish reminder of the presence of death. Barry, in a more interpretative gesture, figured the mask as a material sign of the otherwise invisible influenza (2005, 315–16), arguing that masks turned cities into a 'grotesque carnival', making the horror of influenza more present (350). Conversely, others have presented the mask as facilitating a kind of transformation towards reason, making it a transformative device, much as classic anthropological discourse has treated ceremonial masking. Medical anthropologist Christos Lynteris, whose work concerns medical visual culture, rendered the mask during the 1910–11 Manchurian plague outbreak in this way. He charted how adoption of the mask helped citizens transform their very selves into rational, modern and hygienic beings who judiciously faced the coming of the virus (Lynteris 2018).

Eyewitness accounts recorded at the time of the influenza outbreak in Australia seemed to support each of these mask interpretation models. For instance, writing in *The Daily Observer* (1919) under the heading 'Touchy topics of the day', an unnamed journalist said:

> The slight inconvenience of wearing a gruesome looking mask, and the absurdity of the spectacle, are small considerations in comparison with the frightful risks of maintaining the individual's sense of dignity. The black spectre of death is hanging over Sydney to-day; the white mask indicates that everyone sees it.

A practical resolve was observed alongside the spectre of fear. Repeatedly, accounts asserted that people were masking following medical advice but ignoring divisions within the medical community. For example, *The Sydney Stock and Station Journal* (1919) opined: 'Some people there are, of course, who have no faith in the mask; but most people are giving the doctors the benefit of the doubt.'

Yet the archival research discussed in the next section of this chapter reveals that neither the models of fear, reason or, alternatively, of compliance or non-compliance fully encapsulate Sydneysiders' lived experience of regulated masking. Instead, it shows that factors beyond a public, highly visible and contested discourse also shaped responses to masking regulation (*Sydney Morning Herald* 1919e). One brief example demonstrates this well. On Tuesday, 4 February 1919, just days after the masking regulation had been proclaimed, the *Sydney Morning Herald* reported on a count undertaken in various parts of the city. In 15 minutes, 327 people were observed in one location with bare faces and 260 in another. Importantly, of those who were not masked, a dozen had no mask, whilst the rest had a mask with them but were simply not wearing it over their faces (*Sydney Morning Herald* 1919d). This eyewitness account reveals a situation where the simple question of whether people 'accepted' or 'rejected' the act of masking was not the sole consideration facing the population of Sydney. Instead of focusing on the binary of 'for or against', or 'fear or common sense', what is essential is that we understand why people made the seemingly inconsistent choices they did – to have a mask but to not wear it, for instance – and thereafter how their relationship with masks was formed.

'Surreptitious inhalations of atmosphere': dress and masking

The experience of residents in New South Wales living through masking regulation can be fruitfully located and understood in connection to discourses

of dress and fashion. This interpretation is supported by the layers of archival material, including media reports, official proclamations, government statements and various records generated by the Board of Health and other public health authorities, which provide access to the lived experience of masking regulation among the population of Sydney at the time. While colloquially *dress* and *fashion* may be used interchangeably, scholars typically refer to dressing as the broader act of applying objects or elements to the body, while fashion specifically relates to regimes of taste, design and style that have a strong temporal component.

The more fundamental of these discourses – dress – regularly features within accounts of mask wearing generated during the influenza pandemic. Such reports typically frame the mask in terms of embodied experience, that is one which foregrounds how the material object of the mask operates on and with the body. This generates a form of dialectic established between the social world a body inhabits, the act of masking and the particular experiences of an individual masked body (Entwistle 2000, 28–30). A typical account of masking from the time underlines the mask's reality as an item of embodied dress: 'After an hour or so there is an overwhelming sense of partial suffocation, a feeling of intense heat, and an almost uncontrollable yearning for surreptitious inhalations of atmosphere without the intervention of gauze' (*Sydney Morning Herald* 1919d).

Drawing from the phenomenology of Merleau-Ponty and Bourdieu, approaching such accounts of mask wearing as an embodied experience allows for a 'carnal sociology' (Crossley 1995), locating the adoption of the mask as a situated bodily practice where the body is not inert, but functions as a perceptive vehicle of being, indivisible from the self (Entwistle 2000, 29). Thus, the potential benefits of masking (both in terms of health outcomes and avoiding the penalties of non-compliance) are likely to be negotiated by the individual through the body and determined by the body, rather than being the sole result of adopting a fixed position within an ideological discourse. The breakdown of the dialectic between the body and its practices – in this instance wearing a face mask – occurs if a wearer is 'overwhelmed', as characterized in the passage quoted above from the *Sydney Morning Herald*, by physical discomfort, impracticality or some form of limitation.

When such a rupture occurs, it erodes the beliefs, intentions or volition of the wearer to comply with regulation, and is unable to withstand the wearer's embodied experience. The effectiveness of the masking regulation, then, was likely determined not simply by the wider context of the divisive nature of quarantine and regulation or arguments as to the mask's formal protective function, but also through the act of adoption. Even government documents advocating for the wearing of masks raised this multiplicity of

the experience of mask wearing as simultaneously potentially protective and limiting. One Department of Public Health report stated: 'Anyone who has ever tried to blow out a candle through a mask composed of three layers of surgical gauze will be convinced of the efficacy of the mask in preventing the passage of droplets or massive infecting particles' (Department of Public Health, New South Wales 1919, 163). Certainly, this report reveals the supposed value of the mask as a shield, but also exposes its impracticalities as an item of daily dress, particularly one composed of the recommended multiple layers of gauze – though mask type varied widely – and required to be worn for a six-month period through an Australian summer.

Understanding the lived experience of the wider governance of the pandemic requires moving beyond debates of the mask's effectiveness as a tool against the spread of influenza. Such accounts must also include real-world criteria, such as those raised and foregrounded by the discourses of dressing. As *The Cumberland Argus* (1919) observed:

> As the day wore on and the heat increased, men were to be seen everywhere wearing their masks on their foreheads or around their necks. Men and women who wore their masks religiously in the fresh and uncontaminated air of the streets took them off unconcernedly in stuffy railway carriages. 'They are too beastly hot.' Said they, 'and we can't get enough air through them' … Some smokers wore masks fitted with a flap through which they stuck their pipes.

The inherent tension in this scenario – between environment, impulses, regulation and structured codes of conduct – connects with Bourdieu's writing on the body, which argues that the declaration of the body's limits is a factor in determining the range of possibilities within a lived environment (Craik 1993, 4–5). The reporting on the experiences of those living through the masking regulations repeatedly demonstrates the body's role in determining the possibilities and limitations of regulation.

Besides environmental concerns, bodies themselves could generate conditions that impacted compliance with the regulation, at least from the wearer's perspective. An account offered by a woman charged with failure to wear a mask on a tram on Sydney's Oxford Street noted that she was only able to wear her mask under her chin, for she was suffering from catarrh (a build-up of mucus in the airway) and presumably could not breathe effectively through the gauze if her mouth and nose remained covered. Regardless, she was charged with an offence (*Sydney Morning Herald* 1919c). Furthermore, adopting the mask in high-risk public spaces was impractical in other ways. It might limit the body's passage through essential social or cultural actions required to function in a particular space or context. A headline printed in *The Tweed Daily* on Friday, 31 January

1919 revealed as much without need for further explanation: 'Churchgoers to wear masks – Sermon in muffled tones – Possible elimination of hymn singing'. Additionally, particular groups of people experienced masks differently based on their physical realities; children found it difficult to wear masks, for example (Pearn 2020). Rather than a site where the irrational (not masked) self combats the rational (masked) self, or where compliance and non-compliance can be understood as absolute values instead of highly context-dependent choices, responses to masking were configured as physical lived experience through embodied practice. Wrapping the advised six layers of gauze around the lower half of the face produced a radically altered bodily experience, which was at times untenable. If dressing is a ubiquitous act of preparing the body for the social world (Kaiser 2013, 14), then regulations which connect with the dressing of the body must be configured through the experiences of the body as it inhabits the world (Jenss 2016, 7).

Even the dissemination of public safety information was influenced by the adoption of the mask. For example, at a public meeting that took place for the purpose of galvanizing efforts to combat influenza, this exchange occurred:

> Mr. Rankin ... endeavored to address the crowd through the mask, and created amusement in the effort. 'Can you understand what I say?' He asked a member of the audience ... 'No', came back the answer. Then Mr. Rankin abandoned the mask, and trusted to providence that he would escape any germs during the remainder of the evening (*The Newcastle Sun* 1919).

The 'useful but grotesque nosebag': fashion and masking

Beyond the embodied experiences of the mask – so present they could undermine even official attempts to provide information during the pandemic – additional factors generated the lived experience of masking regulation and the governance of the influenza pandemic. While discourses of dress enable us to understand the issues that masks raised for the bodies that wore them, fashion discourses attempt to resolve them. Fashion, as applied here, is the conscious and significant investment in the systematization of dress, often driven by a strong design principle, unifying approaches and objects into a recognizable scheme.

Fashion discourse was repeatedly present in first-hand accounts reporting on the masking regulation, appearing in two strands. In each, fashion discourse was both generated and mobilized: first, the notion that the mask

made the wearer starkly conspicuous, and second, that masks were 'ugly'. Advertisements for masks, for example, proclaimed that the proprietor's masks were 'Not so bad to wear as they look' (*National Advocate* 1919), or stated, 'This mask may be ugly, but it is very effective' (*Daily Telegraph* 1919b). Beyond the mask's perceived lack of becomingness, reporting focused on the unwelcome visibility the mask generated. A *Sydney Morning Herald* (1919b) journalist wrote:

> The objection to wearing a mask resolves itself simply and solely into the dislike of the average person to making himself [*sic*] conspicuous. Once the pioneers have introduced the fashion we shall think no more of wearing masks than of wearing hats.

The highly optimistic prediction that the mask would become a fashionable item is in no way supported by the primary evidence. It is clear that fashion was called upon to resolve some of the disquiet that wearers experienced while donning the mask, yet fashioning of masks was limited. Entrenched social norms were a major factor in restricting the reach of fashion to drive compliance, particularly in terms of gender and class divisions.

Though fashioning the influenza mask was not a typical response to masking regulation, masks could be made to connect with a pre-existing fashion regime, thereby offering the wearer some potential agency to interpret and in some way shape the enforced act of masking. For instance, the *Newcastle Morning Herald* (1919) reported: 'Society dames are having influenza masks made to match their gowns, and in some cases their eyes. All sorts of tints are being selected, but the favourite fancies are Rose du Barri pink and Alice blue.' Such 'fashioned' fabrications of the influenza mask in popular summertime colours had the potential to homogenize the mask within a pre-existing fashion regime. Alternatively, it could emphasize the wearer's distinct identity, socioeconomic position or cultural fluency via the expression of their knowledge of fashion trends.

Most masks were not made to match a specific outfit, however, and such investments were presumably only the domain of 'society dames' when attending a function that required them to wear more elaborate forms of dress, such as gowns. The majority of masks were not even embellished or decorated, but simply left as plain gauze. Some women covered their plain gauze masks with another textile, however, as revealed in *The Cumberland Argus* (1919): 'most of the women wore the regulation mask without any attempt at decoration, though they tried to hide its ugliness with veils'. In this same vein, the *Goulburn Evening Penny Post* (1919) reported that:

> a good many feminine wearers are finding a certain amount of comfort in transforming the useful but grotesque 'nosebag' into a thing,

> if not exactly of beauty, at any rate of a certain attractiveness. The Yashmak veil [what may be thought of as a form of niqab] is greatly in favour … Although it may be considered that the appearance of the mask is a trifling matter, there is, after all, no great harm in adding to its becomingness, so long as its utility is not interfered with.

This instinct to reduce the visual impact of the influenza mask by covering it with a veil expanded the discourse of the masking regulation beyond compliance/non-compliance, so that the focus shifted to the individual wearer and their ability to interpret or mediate between regulation and culture, made material through their acts of fashioning.

Such acts may have been undertaken to veil not only the conspicuous presence of the influenza mask, but also its material reality. A *Daily Telegraph* reporter (1919d) reasoned: 'Whatever the covering it is an unquestionable improvement on the white patch of gauze, which in the course of the day takes unto itself a soiled complexion [which is] anything but attractive.' The mention of masks becoming soiled over the course of the day encouraged a consideration of the mask itself in real-world terms, rather than the eternally white gauze suspended over the mouth as it appeared in photographs at the time. The *Daily Telegraph* reporter revealed that the fabric of the mask became dirty over short periods of time, taking on the grime encountered or generated by the wearer's body. The unadorned white mask made visible the relationship between the physical world and the body, while the coloured veil covering the mask had the potential to obscure these processes somewhat, replacing them with signs of ordered culture, specifically of fashion. Designing a mask or hiding it behind a fashionable veil, executing these choices or collaborating to produce them, locates fashion as a process rather than an object. That is, it becomes a series of related actions and responses that rely on formulation, rather than simple acquiescence, a negation or navigation within a series of interconnected social currents (Kaiser 2013, 14). The process of fashion generated the potential to shift the discourse of division surrounding regulation beyond whether a mask was adopted or not to how a mask would be worn and seen, with the capacity to shift the connotations attached to its adoption by its association with pre-existing and developing cultural patterns. As a tool to combat the uncertainties experienced over the visibility issues connected to the mask, fashion might in some way address them and thus aid compliance for those individuals able to access its mechanisms.

The fashioning of the influenza mask demonstrates the degree to which the masks required wearers to negotiate the network of social and cultural meanings, and discursive resources, that the introduction of the masking regulation instigated, and which formed a great part of their lived

experience. Whether framed as an emotional, physical or psychological response, the introduction of a masking regulation frequently required the wearer to undertake further action; the regulation was not an endpoint. Rather, it was an initiating act that generated a series of potential subsequent actions and practices. It is difficult to determine the impact fashion cultures had on compliance, but it was widely reported that women took up the mask more uniformly than men (*Sydney Morning Herald* 1919d, 6), and also that fewer women than men died of influenza (McCracken and Curson 2003, 120–2). Broadly speaking, women had access to a wider series of responses to the establishment of the masking regulation, particularly in the realm of fashion. Still, it is yet to be studied whether masking cultures and other factors contributed to these figures (Eastwood et al. 2009; Short, Kedzierska and van de Sandt 2018). While it is difficult to precisely connect cause and effect for this question, thus potentially demonstrating the complexity of the web of associations rather than its absence, cultures of fashion, communication and bodily ease and unease intersected with regulation, and in some form determined how compliance functioned. Ugliness, dirtiness, embarrassment and the cultivation of attractiveness were factors relevant to compliance, as were the relationship between the body, the physical environment and the material mask. Some factors – such as heat, fatigue and partial suffocation – were forces that were more difficult to overcome than others, and which, seemingly, no amount of fashioning could appease.

Coda: masking then and masking now

Beyond its function as the foundation of pandemic planning in Australia, the 1918–19 influenza pandemic offers an opportunity to examine the lived experience of pandemics and the intersections of culture, law, health advice and regulation to better understand how pandemics affect those who live through them. In our present moment of the COVID-19 pandemic, the experience from 1918–19 has never been of greater relevance. While acknowledging the magnitude of the 1918–19 pandemic in our present circumstances may bring little consolation – the number of Australians infected with influenza in its first year reached a figure more than sixty times greater than those who contracted COVID-19 over the same period of time – the clear similarities that run between the two historical events, despite their differences, offer valuable insights.

As was the case in 1919, face masks were made compulsory in public spaces in Sydney in 2021 where social distancing could not be guaranteed. Initially lasting from 3 to 24 January (Rabe 2021), compulsory masking was

again ordered for 6 to 17 May (*The Guardian Australia* 2021) and again on 20 June (Stuart 2021). Indeed, Sydney's masking regulations remain in effect at the time of drafting this chapter in November 2021, with no end in sight.

Though the circumstances of masking in 1919 and 2021 are largely different – particularly in terms of the materiality of masks themselves – significant parallels exist between the two moments. In 2021, Australia's masking regulation has been met with a variety of responses – including apathy – as occurred in 1919. While sensational accounts of individuals refusing to adopt masks have dominated news headlines in 2021 (Clifford 2021), a more subtle form of resistance, and potentially a more widely practised one, was also in operation. One Australian journalist humorously referred to this practice as 'half-masking' (Holden 2020), presumably a play on 'half-assing' – that is, to do something improperly with little effort or care, showing unwillingness to fully engage with a practice.[10]

Much as in 1919, a scan of the reporting and research on half-masking or other forms of reluctance to adopt the mask as advised reveals a series of context-driven responses that pushed this unwillingness. These included but were not limited to the cost of masks (Fitzsimmons 2021); non-medical physical impediments, such as having a beard (Rabe 2021); issues with general comfort (Koh et al. 2022); breathing issues (Patty 2021); impaired vision, including fogged glasses (Holden 2020); skin irritation (Stewart 2020); the desire to smoke a cigarette (Porter 2021); casual sex (Chow et al. 2021); and fear of abuse or aggression (Ma and Zhan 2020; Fang et al. 2020). During both the COVID-19 pandemic and the 1918–19 influenza outbreak, the possibilities of and actions related to engaging with masking regulation determined its effectiveness. Yet in both instances regulatory efforts rarely focused on the realities of compliance. While public health orders and the information provided by state regulators may tell us the correct way to interact with devices meant to protect us, they infrequently address the minutiae of physical or emotional experiences that may be encountered – and need to be countered – through efforts to follow regulations and advice. This neglect of lived, embodied experience generates a need for information, practice and accounts of negotiating the embodied moment of masking found in informal networks of information exchange and cultural expression, such as interpersonal networks or even beauty columns (Singer 2021).

As with the influenza outbreak of 1918–19, those tasked with disseminating health information in Sydney during the COVID-19 pandemic struggled to comply with masking regulation. In a 2021 national news report on a leading Australian commercial television channel, a pharmacist was interviewed on the eve of the introduction of the first round of compulsory masking in Sydney (9 News 2021). In one shot, the pharmacist restocked shelves in a pharmacy wearing her mask in accordance with New South

Wales health advice. When talking to the reporter, however, the pharmacist's mask appeared to have slipped below her nose, presumably resulting from the act of conversing. Unable to rectify the situation without a lengthy procedure of removing the mask, washing or sanitizing her hands and replacing it, the mask was left ineffectively worn, possibly harmfully so, covering the pharmacist's chin and top lip but leaving her nose exposed and rubbing against the mask's fabric (World Health Organization 2020). Like Mr Rankin during the 1918–19 pandemic, who had to remove his mask to properly address his audience about the pandemic, the pharmacist in question demonstrates the limitations of regulation, the agency of the body and the at times awkward and problematic intersection of the two.

As attempts to regulate the progression of the novel Coronavirus continue, we become witness to a particular kind of encounter, perhaps even a 'meeting of laws', between well-established social and cultural norms, embodied corporeal limits and the law of the mask. In this encounter, established conventions are met with the demand of law and the limitations of bodies. This meeting then alters the reception, representation and articulation of formal law, bodily practice and perhaps even the course of the pandemic itself. The way that these forms of authority find their mutual co-constitution in the pandemic mask allows us to understand the mask itself, not as a static but as a lived and historical apparatus, and the task of regulating COVID-19 as a similarly embedded practice, best understood as being in dialogue with those who receive it – a mask or regulation that operates upon and with the body.

Notes

1. The literature on the influenza pandemic in Australia tends to discuss it in waves. In a truer sense, they might be referred to as key episodes within the outbreak with high levels of mortality, as opposed to true waves like those suffered in Europe. Arrowsmith (2007, 23) identifies three waves, while McCracken and Curson (2003, 114–15) indicate that there were two. The discussion of 'waves' aside, the virus first appeared in Australia in late January 1919, spread throughout February and worsened in March. Cases became less frequent, but in May and June there was a significant increase in those afflicted, with respite coming in July and only a handful of new patients being noted in August 1919.

2. Although historian Anthea Hyslop is currently developing another monograph on the topic: see Hyslop (2018).

3. The research for this chapter began in 2018, with the initial work presented at the Australia and New Zealand Law and History Society Annual Conference. The scope of the project was expanded with the advent of the COVID-19 pandemic.

4. Ian Shaw's study of the 1918–19 pandemic presents a wide-ranging history of the influenza outbreak across Australia. Written for a general audience, with limited citations, the carefully researched volume provides a strong case for a deeper examination of the impacts of the influenza in Australia. The need for critical, scholarly studies of the social, cultural, political and institutional effects of the influenza is made clear through Shaw's valuable work: see Shaw (2020).

5. The exact requirements of the regulation evolved over the periods in which it was in effect, as is the case with present-day masking regulations in Australia. *Government Gazette of the State of New South Wales* (1919b, 1919c).

6. Lupton et al.'s compact study of the face mask and its 'sociomaterial' impacts during the COVID-19 pandemic, offered from a health and social policy perspective, adds a significant strand to an emerging body of scholarship presenting material readings of face masks (Lupton et al. 2021).

7. This was a new site of the long-running tension between the State Departments of Health and the Commonwealth Quarantine Service, and particularly its leader J. H. L. Cumpston, expressed most recently in the response to smallpox in Sydney in 1913; see Lewis (2003, 180).

8. Anger at Victorian actions from the New South Wales authorities was not unwarranted. The Victorian government did not notify the Commonwealth of the presence of influenza for a full week after it was identified and, furthermore, refused to acknowledge its first cases of influenza for a full fortnight – or, more correctly, not until the day *after* New South Wales proclaimed itself an 'infected state' on 28 January 1919. See Department of Public Health, New South Wales (1919, 159).

9. The proclamation, which banned all meetings, including for political purposes, was carefully managed by the Executive Government of New South Wales. The Minute Paper that contains the proposed proclamation for viceregal signature was edited by hand, with the effect that the earlier draft that provided specific notice that 'a political meeting' or to 'hear an address or discourse upon any subject' was deleted, leaving behind the phrase 'whether for religious service or … for any other purpose'. See Minute Paper for the Executive Council, 7 February 1919.

10. Even the newly appointed deputy prime minister of Australia was fined for non-compliance with the masking regulation after police received a tip-off that he had failed to put on a mask before entering a service station to pay for petrol in his electorate of Armidale (Zagon and Noble 2021).

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