Epidemics in Fiji's history: Stories of Power, Resistance and Contradiction

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Abstract

This paper is a historical review of known epidemics that have afflicted Fijians since European contact in the late 1700s, with particular attention to the devastations caused by the measles epidemic of 1875 and the influenza pandemic in 1918. The impact of these outbreaks is documented in numerous archival sources, including government records, the 'Proceedings of the Council of Chiefs, the Colonial Secretary's Office (CSO) files, the *Fiji Times*, and a report of the Royal Commission to investigate 'the decrease of the native population' (1896). The paper argues that despite changing historical contexts and epidemiological circumstances, official responses to disease in Fiji were underscored by assumptions of European superiority and power that ignored how non-Europeans viewed Western medicine with suspicion and colonial rules as contradictory.

Keywords: Colonialism; Depopulation; Disease; Fiji; Influenza; Measles; Quarantine

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Introduction

The history of human settlement in Fiji suggests that the archipelago has been inhabited for some three thousand years. This paper concerns epidemics that spread through the islands after European contact. Special attention is given to the 1875 measles epidemic and the 1918 influenza pandemic, notable for their devastating impact on Fijians and for the extensive historical archive that records disease responses. Coverage of the measles and influenza outbreaks are remarkably similar and were characterised by the slow response of officials, decisions based on misguided assumptions, and the general panic and confusion within communities. The measles and influenza outbreaks occurred during formal British colonisation from October 1874 to 1970, and a colonial narrative has dominated recollections of these events. Yet a close reading of archival sources reveals stories of power, resistance and contradiction. In this paper, we compare Fiji's epidemics, focusing on the colonial government response, the representations by officials and the media, and reactions from 'below' (Fiji's indigenous and migrant populations[1]). This is important to provide a more holistic understanding of how colonial power dynamics and local contexts impacted these diseases in ways that epidemiological studies have usually overlooked. We observe that despite changing historical contexts and epidemiological circumstances, quarantine measures failed in both cases, and authorities could not prevent a widespread outbreak from being repeated. Representations of diseases appear to disguise this failure and shift the blame on the indigenous people to justify Western ideas of disease and inadequate health and quarantine policies.

The introduction of diseases by foreigners to the Pacific has interested colonial officials and scholars alike. Fears of the presumed extinction of indigenous people were a key motivator of British policies in Fiji. A British Royal Commission appointed to inquire into the 'Decrease of the Native Population' in 1896 was based on notions of racial inferiority, with dubious findings that depopulation was caused by Islander immorality, women's behaviours and sexuality, and child-rearing practices ('Report of the Commission', 1896; Lukere, 1997). Nicholas Thomas (1990, p.167) argues, 'the document was always intended to be a charter for intervention', and the colonial government used the notion of 'sanitation' to justify various political, moral and cultural agendas as a form of 'cultural colonialism'. A 'Native Administration' established by the British to preserve the iTaukei population implemented policies restricting their movements and preventing them from working outside their villages. It was motivated by a wider regional concern about the 'fatal impact' of Europeans on Pacific Islanders, a notion later challenged by demographer Norma McArthur. She was one of the first to systematically test the depopulation assumption, demonstrating in the 1960s that early estimates of Pacific populations by Europeans were inaccurate and, at times, exaggerated (Moorehead, 1966; McArthur, 1967).

As a regional hub and headquarters for the British Western Pacific High Commission from 1877 to 1953, Fiji was 'the major regional provider of health practitioner training' (Roberts, Leckie & Chang, 2017, p.238). It established a psychiatric hospital in 1884, a medical school in 1885 and the Colonial War Memorial Hospital (CWM) in 1923 in Fiji's capital, Suva. In addition, a leprosy colony was established in 1911 on Magokai island by a Roman Catholic order, the Missionary

[1] During the colonial period, officials referred to indigenous Fijians as 'Fijians' or 'Natives'. Today, they are known as iTaukei. The second largest ethnic group were Indian indentured labourers who came to Fiji between 1879 and 1916. They were usually referred to as 'Indians', although they identified as girmitiya, and their descendants today are officially described as Fijians of Indian descent. The label 'European' was applied indiscriminately to the entire white population in Fiji, who occupied a privileged position in the colony despite being an ethnic minority.

Sisters of the Society of Mary. It accepted patients from the region and contributed to Anglophone understandings of disease. Vicki Luker and Jane Buckingham (2017, p.271) said, 'Aspects of the Pacific experience of leprosy were thus inscribed on 19th and early 20th-century imperial, Christian, medical and popular consciousness.' More recently, Jacqueline Leckie (2019) charted the development of Western medicine and mental health in Fiji. Her book explores the history of Fiji's Public Lunatic Asylum since 1884 and how mental disorder or 'madness' was treated within the colonial health system. Her historical study helps us understand the miscommunications between authorities and local communities, colonial biomedicine practices, and the tensions and prejudices that underscored discourse.

The failure of quarantine measures in Fiji and other parts of the Pacific in the late 19th and early 20th centuries exposed these misunderstandings. Of the two epidemics, the measles outbreak of 1875 has been the focus of most epidemiological studies which have attempted to explain why the mortality rate of measles was so high in Fiji. Conventional explanations have described the phenomenon as a 'virgin soil epidemic' to explain how Fijians had no prior exposure or immunity to the disease (Morens, Folkers & Fauci 2008). However, several studies also noted quarantine system failures, which contributed to the initial outbreak. At the time, Fiji was in a period of government transition, and although they were bound by the quarantine laws and public health provisions of Great Britain, a quarantine system for Fiji was not put in place. This may explain why the H.M.S. *Dido* did not declare its infected status with a yellow flag on arrival (Morens, 1998, p.121). Cliff and Haggett (2017, p.30) also note that Fiji's Chief Medical Officer only took up his duties in June 1875 at the end of the epidemic, and there were only four medical officers to serve the population. Of all the epidemiological studies of measles, Morens (1998, p.126) provides the most holistic view, which acknowledges 'The all-too-easy stigmatisation of Fijians in 1875'. He argues that 'popular racial notions may have overwhelmed scientific evidence and common sense.' Morley (1974, p.1113) also points out a 'major defect' in systems of medical training which fail to understand local attitudes and beliefs, and argues it can impact the effectiveness of care and severity of disease.

Although quarantine measures were tightened in Fiji after 1875, further outbreaks suggest that there were still issues that had been unresolved by the British. For example, Rotuma's quarantine was breached in 1911 with a similarly devastating effect (Shanks et al. 2011). Several historical studies focused on the 1918 Spanish influenza and sought to understand how colonial medical responses failed in the Pacific Islands and identifying the associated Islander experiences. Much Pacific scholarship centres on New Zealand and Sāmoa, the latter likely suffering the most devastating loss of life of all the Pacific Islands (Herda, 2000; Tomkins, 1992; Boyd, 1980; Rice, 2005). William Cavert's comparison of the outbreaks in Tahiti and New Caledonia and John McLane's comparison of Fiji, Sāmoa and Tonga highlights the frequently inadequate responses by colonial authorities (Cavert, 2022; McLane, 2013).

Lila Balavu / Mili

Lila balavu, translated as 'wasting sickness,' is the first disease known in the historical record. It is often conflated with a major outbreak of dysentery that followed. Both epidemics are contemporary, with the arrival of the first European ships. However, indigenous accounts diverge on how or where this disease originated. The disease is remembered as *mili* rather than *lila balavu* in the Lau Group (Talebulamaijaina, 2022). In Ra province, an account told of the *Daunavatu* tribe angering *Degei*,

the head deity of Fiji, who punished them by sending down the *lila balavu*. To escape the sickness, the *Daunavatu* fled their homelands and dispersed to Navatusila (in the centre of Viti Levu); Nakorotubu; Dawasamu (Tailevu); Bua; the Yasawas; Nadroga (the Navatu people claim that the Kwa Levu or paramount of Nadroga is of Navatu origin); Vatulele and Kadavu (Parke, 2014, p.120).

Other traditions indicate that the disease spread throughout Fiji. Traditions from Vanualevu, Ra, Tailevu, Noco, Nakelo, Kadavu, Lau, and Nadroga mention two disastrous epidemics about the time of the first visit of European ships. An account by Ilai Motonicocoka ('Report of the Commission', 1896, pp.50-55) suggests that the *lila balavu* coincided with the arrival of the first European ship and the appearance of a triple-tailed comet in the night sky. A tradition from the island of Oneata in the Lau Group told of the disease originating from the crew of a European ship wrecked on the nearby Bukatatanoa Reef. It spread to Oneata when the villagers rescued the crew, then to neighbouring Lakeba Island and finally to Bau Island, a political powerhouse in the south-eastern quadrant of Viti Levu ('Report of the Commission', 1896, p.34).

Colonial administrator Basil Thomson and other early European commentators on Fijian history identified Motonicocoka's 'first ship' as the American schooner *Argo,* which visited Fijian waters in 1800 on its way from Canton to the penal colonies of Norfolk Island and Port Jackson (Routledge, 1985). Dysentery-type diseases and cholera were endemic in Canton (Tent & Geraghty, 2001, p.196). When the ship was wrecked on Bukatatanoa Reef, it released a wave of destruction that the missionary Reverend John Hunt described as 'fearfully rapid.' Another missionary, Reverend Joseph Waterhouse ([1866]1997, p.13), thought the disease was 'Asiatic cholera.'

Contemporary *meke* (traditional songs and dance) about the *lila balavu* attests to the magnitude of the disaster. One such *meke* from Buretu in Tailevu and transcribed by Motonicocoka described the *lila* as having 'spread far and wide,' of being 'terrible,' of making old people 'listless,' and causing stomach and headaches. Moreover, when people caught *lila balavu*, their legs weakened to the point of being unable to stand.

Interestingly, Motonicocoka's account mentions a herb subsequently called *Vueti Naitasiri*, which was so named because it had healed the chiefs of Naitasiri. This district was hit particularly hard by the disease. A *wavuwavu* concoction was also used to treat patients. These cures show Fijian ingenuity in finding medical treatment for ailments.

The number of deaths from the epidemic is unknown, but Norma McArthur (1967, p.6) estimated that half of Fiji's population might have died from the combined effect of *lila balavu* and dysentery. Old villagers speaking of *lila balavu* to the Commission in 1893 believed the calamity was more significant than the measles epidemic of 1875, which killed one in four Fijians. They suggested that the sickness and the following famine wiped out entire villages. For example, a 19th Century *meke* mentioned Koroma, a village of 'a thousand foundations,' which had been decimated by the disease and subsequently abandoned. The disease also wiped out the tribes of Davuilevu and Korolevu in the Toga district of Rewa ('Report of the Commission', 1896, pp.34-35). Among the many victims of *lila* was Ratu Banuve, the *vunivalu* or war chief of Bau, who was posthumously given the title *Baleinavāvālagi* or 'dead by foreign disease' (Waterhouse, 1997, p.13).

Several other diseases made their mark in the earlier parts of the 19th Century. Among them, a disease termed *vudi coro* appeared in 1820, probably via the agency of two American ships. It was so named because the patients' skin resembled a scalded banana ('Report of the Commission', 1896,

p.36). Influenza was also recorded, such as when an epidemic swept through the islands in September 1839. Described as 'malignant and obstinate,' it caused many deaths nationwide (Derrick, 1950, p.62). All these diseases originated from foreign ships. This reality prompted the American physician Sylvester Lambert (1934, p.3) to write that in the mid-1800s, vessels could come to any Pacific Island 'with no apparent sickness on board,' stay a day or two, and shortly afterwards, an epidemic of tuberculosis, pneumonia, dysentery, gonorrhoea, measles or syphilis may sweep over 'the native non-immune population like fire through a dry forest'.

The Measles Epidemic of 1875

The 1875 measles epidemic demonstrates the truth of this assertion, Fiji's worst humanitarian disaster. This epidemic took an estimated 40,000 Fijian lives, or a quarter of the total population[2], barely three months after British annexation. Such was the magnitude of this calamity that, for many years after, Fijians measured time not so much in terms of pre- and post-annexation but by the existential trauma precipitated by the measles epidemic (Brewster, 1922, p.68). Routledge (1985, p.218) suggests the 1875 measles epidemic was the determining phenomenon of 19th Century Fiji history.

The origins of the disease lie in Ratu Seru Cakobau's visit to Sydney in December 1874 at the behest of Sir Hercules Robinson, then Governor of New South Wales and Acting Governor of Fiji. Cakobau was the self-styled Tui Viti, or King of Fiji, who had ceded Fiji to Great Britain just two months earlier with several other high chiefs of Fiji. Unbeknown to him and his delegation, measles was spreading through the city. As a result, Cakobau and several others, including his sons Ratu Timoci Tavanavanua and Ratu Josefa Celua, contracted the disease.

No attempt was made to quarantine the *Dido* passengers in Levuka, Fiji's first capital. The absence of quarantine laws and senior medical personnel compounded the situation. Instead, members of the constabulary and the boat's crew were exposed to infected individuals and permitted to return to their barracks and homes. Upon landing, Ratu Cakobau and his retinue were brought to Ratu Savenaca Naucabalavu's residence in Nasova and then to the neighbouring village of Draiba. Over the following days, chiefs and people from the populous districts of Rewa, Bau, Tailevu and other parts of the group arrived to pay homage to the Bauan party. They brought yams, taro, fruits, vegetables, and poultry obtained from Levuka settlers.[3] These interactions created ample opportunities for the virus to spread.

Navuso and the Loss of Leadership

Ten days after the arrival of the *Dido*, Edgar Layard, the Colonial Administrator of the Provisional Government of Fiji, convened a meeting of chiefs from the interior of Fiji at Navuso in Naitasiri.[4] It aimed to explain the country's new colonial configuration to the Colo chiefs in the mountainous districts of the main island of Viti Levu. Cakobau had never conquered these tribes, and they resented that decisions about surrendering their people and territories to the British Crown had been

[2] This official figure was reported by Dr Bolton Corney (1883, p. 84), who arrived in the colony a few years after the epidemic and rose to the rank of Acting Chief Medical Officer in the early 1880s. Based on Norma McArthur's calculations and estimates, the actual figure probably lies somewhere in between 30,000 and 40,000 (McArthur, 1967, pp.9-10).

[3] *Fiji Times*, 20 and 23 January 1875.

[4] The best source for this meeting is Layard's report on the meeting in Despatch 21, Robinson to Carnarvon, 17 March 1875, 75/5786, CO 83/6, Public Records Office, London. See also *Fiji Times*, 27 and 30 January 1875.

made without their consent. Close to seventy chiefs attended the meeting with 130 other attendants in the various delegations. Then, following assurances that the new colonial order would not unduly disrupt their way of life, they returned to their homes in the interior of Viti Levu.

However, unbeknown to them, some government delegation members were infected with the measles virus. The delegation included Layard, John Bates Thurston, members of the Executive Council of the new colonial administration, Walter Carew (the mediator between the inland tribes and the Government), Captain Chapman and other officers and crew of the *Dido*, Ratu Epeli Nailatikau (Cakobau's eldest son), Ratu Savanaca, Ratu Kini Nanovo – the Kwa Levu (paramount chief) of Nadroga, several other chiefs, and a party of the native constabulary.

The virus was given ample opportunities to transmit during the meeting. Traditional protocols dictated that yaqona be drunk, gifts exchanged, goods bartered, and a grand banquet wind up the proceedings. Infected individuals mingled freely with others, making the village a central site for spreading measles in the Naitasiri province. The participants took the disease back over large parts of the island. In a gesture that aggravated matters, Captain Chapman invited about a dozen Colo chiefs to Levuka to witness the grand allure of the *Dido*. The Colo chiefs returned home with the seed of their imminent demise.

A few days after the meeting, the *Dido* was dispatched to Macuata in Vanua Levu to attend to a long-running dispute between Ritova and Katonivere, the claimants of the Tui Macuata title.[5] The government delegation comprised Layard, Thurston and others who had attended the Navuso meeting. Surprisingly, Ratu Timoci also travelled with the delegation, seen as having recovered sufficiently from the disease. At Naduri (the chiefly village of Macuata), a chief's meeting heard testimonies from the contending sides. Ritova and his sons were seen as the chief instigators of the troubles, and they were arrested and brought back to Levuka. The likelihood of this meeting being a super-spreader cannot be denied. Ritova's removal to Levuka was the sound of a death knell. He was exposed to multiple sources of viral transmission and succumbed to the disease within four weeks of his arrest.[6]

Other chiefs met the fate of the Macuata chief. Ratu Savenaca and Ratu Kini, part of the government delegation in Navuso, died within a few days of Ritova. Ratu Kini's Nadroga province was hit particularly hard. According to the *Fiji Times*, the three highest chiefs in the province succumbed to their illness, and soon 'all the leading men' were 'dead and gone.'[7] In Levuka Town, the Tui Levuka could be seen ministering and affording 'everything in his power' to the sick and the dying in his village.[8] However, by early March, he had perished along with Tui Vagadaci, the chief of a village near Levuka.[9] The death of these chiefs deprived Fijians of leadership at a crucial time.

In Colo, a report from Major Harding on 3 March indicated that all the chiefs who had attended the Navuso meeting were down with measles (Corney, 1883, p.80). The Colo people saw the disease as having been spread deliberately by foreigners to kill them and take their lands. They concluded that the epidemic, the Church, and the new government were the same enemy. Before long, several

[5] Extract of Captain Chapman's letter, 18 March 1875. Public Records Office, CO 83. Admiralty 5355. Accessed through Trove: https://nla.gov.au/nla.obj-2154947228/
[6] See Despatch 24, Robinson to Carnarvon, 17 March 1875, 75/5789, CO 83/6, Public Records Office, London.
[7] *Fiji Times*, 24 April 1875.
[8] *Fiji Times*, 27 February 1875.
[9] *Fiji Times*, 10 March 1875.

Wesleyan teachers stationed in the mountains were driven out. People chose to return to the safety of their gods and began organising their resistance against any further foreign encroachments.[10] Within a year, the antagonism caused by measles had become one of the leading causes of a war in which an alliance of Colo tribes fought against the colonial army ('Notes of the Proceedings of a Native Council', 1876, p.6).

The government finally warned about the outbreak on 12 February 1875, a month after the arrival of the *Dido*. By then, nearly one hundred of the 147 Armed Native Constabulary and others in Levuka were infected. Layard wrote to Robinson announcing that the disease had reached epidemic proportions within the indigenous population (Squire, 1879, pp.72-73). Robinson did not escalate the matter until 17 March, and it was not until 10 May that Lord Carnarvon, the Secretary of State for Colonies in London, became aware of the catastrophe.[11] By then, all that Carnarvon could do was to inform the Queen, denounce the cowardice of certain colonial officials who had, in his view, 'abandoned their duties,' and express 'deep concern' at this 'extremely unfortunate' affair.[12] Carnarvon advised the House of Lords of his ministry's inability to intervene other than to instruct his officials in Fiji 'to spare no trouble or expense in their endeavours to succour the people and to arrest the spreading of the pestilence.'[13] By then, however, measles had spread all over the country.

Government and Media Response

The government's response to the outbreak was 'feeble,' and its effectiveness at mitigating the ravages of the disease was a failure. On 25 February, it issued new quarantine regulations to prevent the disease from spreading beyond Ovalau. However, by then, the virus had spread across the archipelago, carried by travelling government officials and agents. Melanesian and i-Kiribati labourers, many of whom were stationed and processed in Levuka, also became vectors of transmission. The quarantine regulations were also ineffective because the government could not enforce them. The government published and distributed directions for nursing and maintaining cleanliness in the Fijian vernacular.[14] However, given the scale and seriousness of the outbreak, their impact was minimal.

The local press was concerned about how the disease was introduced and allowed to take root. While the *Fiji Argus* showed some sympathy towards the government's efforts, the *Fiji Times* concluded that senior officials had 'heedlessly allowed many thousands of lives to be sacrificed whilst they coolly looked on with supreme indifference and carelessness'.[15] Indeed, the government's principal activities were limited mainly to post-epidemic interventions. In the aftermath, the authorities pressed village heads to keep villages clean and to raise mounds of soil over any remaining half-buried corpses (Corney, 1883, p.84). Perhaps the most significant of the government's post-epidemic programs was the compulsory and universal vaccination of survivors. It appointed, trained, and paid many local leaders as district vaccinators, vaccinating 110,000 Fijians (Corney, 1883, p.91). However, given the scale of the disaster, the vaccination program may have appeared salutary

[10] *Fiji Times*, 1 May 1875.
[11] Despatch 22, Robinson to Carnarvon. 'Outbreak of measles in an epidemic form.' 10 May 1875. In, 17 March 1875. CO 83/6.
[12] Minute in Despatch 22, Robinson to Carnarvon. 10 May 1875. CO 83/6.
[13] *Sydney Morning Herald*, 24 August 1875.
[14] *Fiji Times*, 24 February 1875.
[15] *Fiji Times*, 3 July 1875.

to many survivors.

Within a few weeks of the outbreak, there was a shortage of fresh food at Levuka. The food shortage also affected the government's ability to collect and distribute victuals in parts of the colony where communities were starving (Corney, 1883, p.81). The epidemic also exposed Fiji's perennial labour shortage. This was felt across the economy, from private households to plantations, transport and exports. The disease disrupted the racial division of labour inherent in colonialism. As a result, Europeans had to endure the ignominy of weeding their gardens, doing their housework and looking after their children.

Work on public infrastructure, such as the tramway to link Levuka Township to the wharf, was held up because the prison labour on which the government relied for public works was sick with measles.[16] Likewise, agricultural production halted on the large European-owned plantations where local and imported labourers fell ill.[17] Hence, for the colonists who assumed that the economy's welfare rested entirely on their entrepreneurial spirit, the disease underlined the value of indigenous labour to the colonial economy.

Ironically, as the mouthpiece of white interests, the *Fiji Times* had long professed that Britain would bring civilisation to the indigenous inhabitants. Yet, contrary to this promise, the first mark of British rule would forever be tainted by the incompetence of its officials and the misery and death that befall the indigenous population. The epidemic thus brought colonists face to face with the frailties of their government and the fallibility of their civilisation. The paper proclaimed that a blunder of such magnitude could 'not be tolerated by a government of one of the world's most civilised empires' and called for an enquiry.[18]

The inquisition demanded by the *Fiji Times* was led primarily by Lord Carnarvon as Secretary of State for Colonies but also involved the Admiralty because of the complicity of the *Dido* in the affair. In the end, the investigation conceded that the colonial officials and navy officers were unaware of the severity of the disease. It concluded that the lack of proper precautions to prevent the transport of infected persons had arisen 'in a great degree from ignorance rather than inattention or neglect.' It lamented the loss of Fijian lives but did nothing but issue a letter of disapproval to the concerned parties.[19] No one was held accountable.

Representations: Indigenous Apathy and Colonial Benevolence

The British government's failure and culpability have rarely been acknowledged in the narratives that followed the epidemic. Its role in the outbreak has effectively disappeared under discourses that simultaneously asserted indigenous apathy and colonial benevolence. In the first instance, the large number of native deaths was attributed to their lack of immunity. An accompanying discourse reproached Fijians for surrendering to their fate without fighting. Such a view was held by medical professionals, including Corney (1883, p.83), whose report suggested that a lack of cleanliness in the villages, the slow and callous disposal of the dead, the absence of proper sanitary precautions, the prevalence of superstition, and the capitulation to despair contributed to the fatal results. This view was canonised in the 1896 *Report of the Commission of Inquiry into the Decrease of the Native*

[16] *Fiji Times*, 14 April 1875.
[17] *Fiji Times*, 7 April 1875.
[18] *Fiji Times*, 24 February 1875.
[19] UK Parliament Hansard. Volume 231. 1 August 1876.

Population, of which Corney was one of the authors. The Commission reported that aside from starvation and neglect,

> the heavy mortality was also attributable in great measure to the people's dire ignorance of the simplest nursing precautions, their blind unimpressiveness, their want of ordinary foresight, their apathy and despair. ('Report of the Commission', 1896, p.36).

Borrowing heavily from this trope, the colonial historian R. A. Derrick concluded that Fijians 'awaited the end' with 'apathetic fatalism' (Derrick, 1950, pp.3, 13).

This construction of native passivity contrasted with representations of white settlers as diligent, generous and well-intentioned. Viewed from this perspective, the destructive effects of measles occurred despite the colonial government's competence and charity and the settlers' selflessness. For instance, Derrick's portrait of the colonial administration at the outset of the epidemic was of a dedicated 'skeleton staff of officials appointed with limited powers … toiling to bring order out of the chaos resulting from the collapse of the former [Cakobau] Government' (Derrick, 1950, pp.3-4). This image is inconsistent with, and effectively conceals, the administration's ineptitude and criminal neglect. The *Fiji Times* echoed similar views of boundless colonial philanthropy:

The store books of the whites throughout the colony could give details of provisions supplied by those who have pinched themselves in order that they might give food to the weak and starving Fijian. The various missionary stations scattered through the islands can show returns of medicines and comforts supplied ungrudgingly to the limit of the means in hand.[20]

It cannot be denied that European planters and settlers came to the aid of indigenous communities. Yet, the narratives in the pages of the *Fiji Times* implied a kind of 'White saviourism' that would rescue indigenous Fijians from doom. However, one might ask why, if settler generosity was so great, so many Fijians died all around Ovalau near the largest European settlement of the colony.

As we saw earlier, the colonial administration shifted the blame for spreading the disease on Fijians' intractable habit of moving about. In a memorandum to Gordon, Thurston wrote that a major cause of the spread of measles was 'the great number of Fijians who, in the second or third week after Thakombau's arrival, visited the village in which the ex-king lay' (Corney, 1883, p.79). Here, Thurston concealed his role in allowing Cakobau and his retinue to disembark and shifted the blame to Fijians' supposed intractable and instinctive indiscipline. For all the representations of Fijians as responsible for their demise, the colonists could not deny that the British Government had failed in its duty of care. This abnegation of responsibility is well captured in the Fijian expression *viri beibei*, or 'shifting the blame' (Corney, 1883, p.78).

Indigenous Responses to the Disease

Ample evidence can be found of Fijian responses to measles that disturb the dominant narratives of British superiority and benevolence. When considered collectively, these 'counter-narratives' unsettle the notion that Fijians were passive victims of the disease. Official and press reports leave little doubt that Fijians felt aggrieved by the devastation caused by measles. In his report, Corney (1883, pp.81-82) noted that many Fijians understood the plague as 'a consequence of annexation by

[20] *Fiji Times*, 3 July 1875.

the white man's empire' and that the sickness had been introduced 'for the special purpose of carrying them off.' Similarly, the *Fiji Times* reported that Fijians believed that 'the white men brought the sickness to Fiji' so that 'the white men get all the land.'[21] Suspicious of colonial intentions, Fijians refused to take European medicine, placing their trust in the various plant-based remedies prepared by their *Matai-ni-mate* (traditional doctors).[22]

Despite this resentment, one needs to be mindful that survival took precedence over resistance. The death rate was no less than 78 per cent per annum for the four months the illness lasted (Corney, 1883, p.85). In many communities, the mortality was such that feeding themselves, nursing others or digging graves were almost impossible (Corney, 1883, pp.81, 83). For instance, in the province of Cakaudrove in Vanua Levu, measles caused havoc as it spread through the southern coast. The villages of Nawi and Naweni were deserted or torched as their inhabitants took to the bush, hoping to escape the virus. At least 110 people were reported to have died at Natewa Bay while sheltering in the bush. An average of 45 people died in the bay's 40 villages. In the village of Koroniyasaca, no less than 130 people perished.[23] This might explain why this village no longer exists. Other islands and provinces experienced similar trends.

Significant gender dimensions are also discernible. Women suffered as men fell ill or died. In addition to their domestic and fishing duties, attending to the sick, and organising bereavement ceremonies, they went to the plantations to procure food. These pressures affected their psycho-social well-being. A report from Vanua Levu described how widowed mothers 'with their babes weeping around […] succumbed one after another to the malignity of an imported European disease until but few are left to tell the tale of woe.[24] This representation of women as unfortunate and vulnerable measles victims affords poorly with the full range of indigenous responses to the disease. Still, it does provide a sense of their particular hardships.

There was little time for creative or adaptive strategies in the face of an invisible and lethal enemy. Instead, people coped as best they could. Hence, when some communities were criticised for burying corpses in shallow graves that pigs or hawks would dig up,[25] it reflected their utter exhaustion. These hardships help to put some perspective on the perception that Fijians neglected the health of their loved ones. Indeed, in some cases, no loved ones were left to care for as entire families were buried together in their *yavu*, the sacred raised platform that Fijians identify not just as their house but as the foundation of their family's cultural and land heritage (Gordon-Cumming, 1882, p.34).

As they faced starvation and death, communities were often left to fend for themselves in a context devoid of leadership. Fijian chiefs and village elders were rapidly exposed to the disease because they were at the forefront of the response. Whether their chiefs survived or not, most communities were conscious of the contagious nature of the virus and organised themselves accordingly. In many villages, the church was converted into a hospital[26], and a separate cemetery was allocated for measles victims.[27] On some islands, villages were razed because of the risks of staying in a location where the virus was active. In these cases, villages were moved to more suitable sites where new

[21] *Fiji Times*, 15 May 1875.
[22] *Fiji Times*, 15 May 1875.
[23] *Fiji Times*, 19 June 1875.
[24] *Fiji Times*, 3 July 1875.
[25] *Fiji Times*, 24 March 1875.
[26] *Fiji Times*, 13 March 1875.
[27] Cakobau Government Records, 329/43/1875.

dwellings were built out of entirely new materials.[28] Oral history and archaeology also indicate that in some cases, village leaders chose to remove their village from less accessible sites in the interior to the coast in acknowledgement that the best way to fight this disease was to seek and use remedies devised by doctors who were familiar with the disease (Kinijoji Sarai, 2021). In the low-lying, densely populated areas of the Rewa Delta, some people abandoned their villages and rebuilt their lives elsewhere (Ro Salesi Logavatu, 2022). By abandoning their sacred *yavu* – the source of their identity – these villagers showed their determination to remove themselves from any source of potential contamination.

The charge that indigenous communities did not take to European advice and assistance is also disputable. In some locations where trust had long been established between Fijian villages and their European neighbours, close collaborations were formed and yielded positive results. One such productive partnership was established between the villages on the southern coast of Cakaudrove (Vanua Levu) from Nakobo to Waikava. These communities worked with the Henry family of Vatukali and avoided any measles-related deaths. In Waikava, the largest structure in the village, the *Burenisa* or 'Strangers' House' was converted into a hospital when measles struck. The villagers' gratitude can be attested by the major *soli*, or 'gifting ceremony,' organized by the people of Waikava in August 1875 when significant quantities of Waikava's largest yams and yaqona plants were presented to Mrs Henry.[29] This celebration again suggests that Fijians were happy to appropriate and integrate Western ideas into their response to the disease.

The Waikava example suggests that most communities decided to stay put and avoid unnecessary movement. The missionary John Waterhouse observed that work and travel were suspended for a month to avoid transmission. This lack of movement and communication and the effects of the quarantine regulations suggest that the government and the newspapers had little idea about what was happening in the rest of the country. This suggests that the broad stereotypical assertions made by officials, settlers, and newspapers about how Fijians responded to the crisis need to be treated with caution. It also suggests that much more work remains to be done in reconstituting a village perspective on how indigenous Fijians responded to measles.

Tellingly, the first signs that a recovery was underway did not come from government officials or newspaper reporters. Instead, they came from a somewhat unexpected source: food. From the end of April 1875, indications that the epidemic was in decline came from the small trickle of food-laden canoes that began to appear across the Levuka waterfront.[30] The yams, taro, fruits and vegetables they brought were small but important signals that communities were recovering. However, demographically speaking, it would take at least 40 years for indigenous Fijians to recover from the disease.

The Influenza Pandemic of 1918

By the time Fiji's population showed signs of recovery in the early twentieth century, another epidemic reached its shores with devastating effects. Improved quarantine measures and Western medical knowledge could not prevent the outbreak of an influenza pandemic (also known as the Spanish Flu), which was spread easily and rapidly through parts of the Pacific Islands by steamships

[28] *Fiji Times*, 9 June 1875.
[29] *Fiji Times*, 19 June and 11 September 1875.
[30] *Fiji Times*, 21 and 28 April 1875.

connecting the British Empire. The disease arrived in Fiji on 14 November 1918, carried aboard the New Zealand ship *Talune,* which had departed Auckland on 31 October for Western Sāmoa and Tonga. Unfortunately, Fijian labourers working aboard the ship were infected, and when they disembarked at Suva and Levuka, the disease quickly spread. The flu strain was airborne, highly infectious, and lethal – some regions reported mortality rates as high as 5-10 per-cent, and young adults were universally affected (Johnson & Mueller, 2002, p.106).

It is unclear where the Spanish Flu originated – the name was attributed to Spain because it was one of the few neutral nations during World War I which openly reported its influenza troubles. World War I exacerbated the spread and lethality of the disease globally. In Fiji, the war had taken a third of the country's medical personnel away at a crucial time. Armistice Day celebrations in Suva (seven days after the *Talune* arrived) became a 'super-spreader' event as crowds contracted the disease in town and took it to their homes (McLane, 2013, p.115). The influenza pandemic lasted 18 months and is estimated to have killed 3-6% of the world's population (50-100 million people). In Fiji, approximately 9000 people (5% of the population) were killed between November 1918 and April 1919. The epidemic was among the deadliest in Fiji's history, second only to the measles epidemic in 1875.

Fijian society had changed significantly since the measles epidemic of 1875. Fiji's population had grown to 139,541 by 1911, and the size and shape of ethnic groups were changing, most notably the growth of Indian and part-European (*kailoma*) populations. With the suspension of the indentured labour system in 1917, the *girmitiyas* (labourers) and their descendants prospered in their new homes. They began to agitate for human rights and fairer political representation (Lal 1992). In addition, the sugar and tourism industries encouraged urban migration, which resulted in higher-density urban spaces in parts of Fiji, most notably Suva, which would become a regional hub in the British Pacific empire with a population of 7,788 in 1911. Despite the rapid transformations in the Fijian colony, the influenza outbreak and the subsequent response of colonial authorities were remarkably similar to the measles epidemic 30 years before.

The first notice about the disease appeared in the *Fiji Times* on 6 November, but it was downplayed. On 8 November, the Chief Medical Officer, Dr Lynch, reassured the public that the Board of Health had met and was prepared, citing the Quarantine Ordinance 1911. Yet the last line of the article betrayed the truth: 'Dr. Lynch said that if, by any chance, we are so unfortunate as to see a large outbreak in Suva, he thought the people would have to depend very largely on their own individual caretaking because, after all, there were only a few beds in hospital and very few nurses. It would be home-nursing in 99 cases out of 100.'[31] By 16 November, reports of 80 quarantined Fijians at the Immigration Depot at Korovou mingling with friends and relatives undermined Lynch's assurances that quarantine controls were strict.[32] Schools and cinemas were closed in Suva, where the outbreak began, and a voluntary workers brigade was formed. On 26 November, the *Fiji Times* estimated that cases in Suva exceeded four figures, and most of the hospital staff and Korovou depot were ill. Two days later, the prison reported 80 sick prisoners. Most constabulary members were so ill that they could not patrol the 'ordinary beats.' Ominously the *Fiji Times* reported, 'the town is very quiet.'[33]

[31] *Fiji Times*, 6 November 1918, 4.
[32] *Fiji Times,* 16 November 1918, 4.
[33] *Fiji Times,* 28 November 1918, 4.

Sporadic reports were published in the newspapers as the virus spread to the regional areas. One report from Viria village published in the *Fiji Times* on 17 December was typical of the time:

A Voluntary Helper writes us: -

> There have been 59 deaths in Viria and surrounding districts from influenza and pneumonia to the 14th inst. There were only three deaths in Viria itself last week, and the town is improving for the simple reason that 97 per cent have been or are 'down.' We are faced with the difficulty of burying the dead, as there were only two old Fijians we could rely on, and one of those is now ill...Provisions and benzene are very short.[34]

As mentioned above, the war had taken a third of the medical personnel, leaving the colony vulnerable. A report from Tailevu province on 4 December stated: 'The outburst at present is a mild form, but in one town of about one hundred inhabitants, there were only three men on their feet. There is no European doctor or native medical practitioner in the districts, nor any medicines except what some European settlers may have.'[35] In the smaller remote islands of Fiji, the situation was dire. On 23 December, it was reported that there was no doctor available and only three Native Medical Practitioners for the entire Lau Group.[36] Schools were hastily converted into make-shift hospitals, and the colonial government requested medical aid from New Zealand, but it arrived after the epidemic had finished due to shipping delays.

Representations of the disease in the media, dominated mainly by the European elite, portrayed indigenous apathy and colonial benevolence similar to 1875. Historian Brij V. Lal argues that 'the epidemic opened up long-standing social fissures', and McLane argues that the disease arrived at a time of 'social vulnerability' in the colony (Lal, 1992, p.58; McLane, 2013, p.71). The trauma created by the disease aggravated pre-existing tensions between Europeans, iTaukei and Indians, and these racial prejudices were reflected in the responses published by the *Fiji Times.*

On 17 December, the *Fiji Times* claimed that 'the natives are most ungrateful for any sacrifice on the white men's part', and this claim was repeated several times in subsequent issues.[37] Another statement similarly reflects misguided ideas of colonial benevolence: 'The disease is apparently assuming a more serious form among Europeans, possibly due to the fact that they are over-working themselves in the interests of others.'[38] The Chief Medical Officer's attitude was also condescending: 'natives are rather apt to panic and do foolish things when they get high temperatures. If they follow the advice given to them, I do not think they will come to much trouble.'[39] So, what was the official advice? A Fiji Board of Health notice recommended 'free ventilation' and to 'fortify the power of resistance', but what that meant was not explained clearly.[40] Similarly, the New Zealand Board of Health gave unclear advice ranging from bed rest, hot drinks and quinine to gargling a mix of boric acid, baking soda and salt in hot water. It also warned readers, 'Don't depress yourself by looking at the bad side'.[41]

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[34] *Fiji Times,* 17 December 1918, 4.
[35] *Fiji Times,* 4 December 1918, 4.
[36] *Fiji Times,* 23 December 1918, 4.
[37] *Fiji Times,* 17 December 1918, 4.
[38] *Fiji Times,* 6 December 1918, 4.
[39] 'Influenza in Fiji: What is Being Done: Yesterday's Board of Health', *Fiji Times,* 8 November 1918, 2.
[40] *Fiji Times,* 15 November 1918, 4.
[41] *Fiji Times,* 3 December 1918, 4.

Memories of the 1875 measles epidemic likely shaped indigenous responses to the influenza pandemic, who were rightfully distrustful of government advice and Western medicine. Curiously, the *Fiji Times* made no comparison with measles until January 9, 1919. Some articles reported Fijians using a variety of local remedies, often because there were no European doctors or medicines available. These included *dabi* bark (*Carapa obovata*) and lemon leaves or *kavika* juice (*Jambosa malaccensis*), but there were likely many more strategies being used at the time. The rapid spread of disease and its propensity to kill young, healthy adults meant that, like in 1875, Fijians had to fend for themselves and adapt as best they could. As McLane points out, many Europeans blamed high Fijian mortality on Fijian responses to the epidemic without adequately understanding the contexts in which decisions were made (McLane, 2013, p.138). Fijians were not the only ones who chose to ignore official advice. In Taveuni, 'the planters have themselves to thank for this [quarantine] by taking the law into their own hands and forbidding people passing through their estates.' In Kadavu, 'the epidemic at Nakaseleka is said to be dying out, as the priests put guards at all the approaches to that town, and would not allow anyone to enter or leave.'[42]

For Indians, many of whom were employed on sugar plantations in the colony, plantation owners were motivated to provide care to their labourers and, in some cases, were better equipped with supplies and facilities. In Lautoka, the CSR's Labour Hospital catered specifically for Indian labourers, and in Rewa, the company installed an inhalation machine for its workers. One report on 31st December from Sigatoka claimed, 'The mortality among the free Indians was heavy, but was much lighter among the indentured Indians.'[43] However, years of mistreatment by plantation overseers and colonial regulations discouraged Indians from trusting authorities. McLane argues that this encouraged self-reliance amongst Fiji Indians.

Contrary to claims in the news that Indians were profiteering or neglecting others, Indian volunteers were reportedly distributing aid in Rewa.[44] Indian cremation practices also proved helpful in the disposal of the dead.[45] In other cases, like Navua and Ba, significant Indian mortality rates were reported, whilst reports from more remote locations like Vanua Levu were less clear. Generally, reports of the influenza epidemic focused on the impacts in towns and urban areas (mainly in Viti Levu).

The *Fiji Times* reflected an obvious bias towards the European community and portrayed Fijians and Indians as apathetic or callous, similar to judgements made of iTaukei in 1875. Only occasionally were criticisms of the government's response published. On 19 November 1918, one letter to the editor claimed 'the whole attitude of the Health Department has been a fatalistic one from the beginning', and it had 'failed its duty.'[46] By January 1919, the epidemic had subsided, and regular updates from the districts were no longer published – one exception was Indian barrister Manilal Doctor, who continued to protest in 1920 that 'the treatment of the Indians was not satisfied and proper care was not exercised.'[47] It is difficult to discern clear patterns from a source that is fragmented and contradictory and reflects the chaotic and confusing atmosphere during the epidemic. When read against the grain, minor comments intended to be critical of non-European

[42] *Fiji Times,* 24 December 1918; *Fiji Times,* 16 December 1918.
[43] *Fiji Times,* 31 December 1918, 4.
[44] These included Mr. D.M. Manilal, Pandia Bhagawah, Prasad and Mr. Gaya Singh (of the Davuilevu Mission). *Fiji Times,* 23 December 1918.
[45] *Fiji Times,* 5 December 1918.
[46] 'Exceedingly Foolish', *Fiji Times,* 19 November 1918, 4.
[47] *Fiji Times,* 2 December 1920, 6.

behaviours betray alternative information. For example, one claim that 'A few of them [Fijians] have gone on for weeks looking after their relatives and taking no precautions whatever' unintentionally contradicts other claims that Fijians were selfish and unwilling to help during the epidemic.[48] For their part, Fijians and Indians were likely well aware of the contradictions of colonial rule, as evidenced by this statement in 1920: 'Fazal Khan, an Indian wrestler said it was true that Europeans helped in the hospitals. In the hospitals, he saw sick Europeans with good beds. Why did not the Indians have the same?' [49]

Conclusion

When the CWM Hospital was opened in Suva on 2 December 1923, the guest speakers praised the efforts of the European community in Fiji in raising funds for its construction, lauded the British government for equalling their contribution, and remembered those who had served the British empire in wars overseas. Yet, curiously, none of the speakers mentioned the devastating loss of life widely reported and remembered in 1875 and 1918. Only ten years earlier, Basil Thomson (1908, p.243) had published his assessment based on the findings of the 1896 Commission, where he argued, 'it is natural enough that … the Fijians should blame the Europeans of the present day for the harm that has resulted from the introduction of foreign epidemics; but to remind them of this, as some Europeans are fond of doing, is … to give them justification for feeling a resentment that may someday take the form of reprisals.' This may explain why a discourse of colonial benevolence has concealed the catastrophic beginnings of colonial rule in Fiji and subsequent failures to provide quarantine and medical services.

The outbreak of 1875 suggests British colonial rule in Fiji was ill-prepared for an event of such magnitude, and subsequent representations of the official response attempted to deflect blame. Authorities were similarly unprepared for the influenza epidemic of 1918, particularly two new factors that complicated social relations in the country – the emergence of another major ethnic group, Indian indentured labourers and their descendants, and the growth of urban settlements. An extensive record of newspapers and official documents currently held by the National Archives of Fiji demonstrates the uneven nature of British colonial rule in Fiji and the longstanding historical misunderstandings between Europeans and Fijians (indigenous and migrants).

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[48] *Fiji Times,* 7 January 1919.
[49] *Fiji Times*, 2 December 1920, 6.

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