

Influenza in 1918: An Epidemic in Images

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In addition to being the first major pandemic of the modern post-germ-theory era, the devastating influenza pandemic of 1918–1919 was also the first to be widely photographed. In army camps and cantonments, in hospitals, and in streets and workplaces across the nation, photographers aimed their lenses and captured a nation struggling to deal with the crisis. From the mundane to the grand, these photographs constitute a visual archive of a nation and a people wracked by the epidemic.

The great French photographer Henri Cartier-Bresson once wrote that through his lens he “craved to seize, in the confines of one single photograph, the whole essence of some situation that was in the process of unrolling itself before [his] eyes.”¹ In the fall of 1918, against the tragic backdrop of war and

disease, no one image could have effectively captured the turmoil of the times. That said, even a small sample of America and Americans in the midst of the great influenza pandemic of 1918 is a powerful message indeed.

History is not so much about dates and actors as it is about context, and in 1918 America, that context was war. Some four million men were mobilized in the U.S. Armed Forces. Training camps and stations were often overcrowded. Soldiers and sailors routinely were packed on to passenger trains and sent to training stations and bases around the nation. The military became an ideal breeding ground for respiratory and other infectious diseases. When influenza struck the United States in the fall of 1918, it almost universally appeared in military populations before hitting civilian



Soldiers en route to Camp Gordon, Georgia, pass through Cincinnati while wearing influenza masks, October 1918. Source: Still Picture Unit, National Archives and Records Administration, College Park, MD, 165-WW-269B-28.

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African American orderlies tend to white soldiers recovering from influenza in the isolation barracks at Camp Bowie, Texas. In the American armed forces of WWI, most African Americans eager to serve their country found themselves relegated to support roles as cooks, casket bearers, and orderlies. Those who did serve in combat were assigned to segregated units often led by white officers. Struck by influenza, sick African American soldiers, like their civilian counterparts, were placed in segregated hospitals. Source: RG112, Records of the Army Surgeon General's Office, Box 14, Folder 710 Influenza, Camp Bowie, TX, National Archives and Records Administration, College Park, MD.

Seattle workers line up to receive their influenza vaccine in November 1918. The formula used in Seattle was developed at the Puget Sound Naval Yard and included killed streptococci. By October 10, some 33,000 doses had been distributed to area physicians. Shipyard workers were the first to receive the vaccine due to their critical role in the war effort and in Seattle's economy. Source: Still Picture Unit, National Archives and Records Administration, College Park, MD, 165-WW-269B-9.





San Francisco responded to the epidemic by holding open-air police court sessions in Portsmouth Square. Source: Still Picture Unit, National Archives and Records Administration, College Park, MD, 165-WW-269B-13.



Seattle police officers don masks as they prepare to walk their beats. Seattle was one of several cities to pass mandatory face mask ordinance. Scofflaws faced arrest and a \$5 fine. Source: Still Picture Unit, National Archives and Records Administration, College Park, MD, 165-WW-269B-25.



New Yorkers take to the streets of Manhattan to celebrate Armistice Day and an end to the Great War. Scenes such as this one played out all across the nation. In some cities, a noticeable spike in influenza cases and deaths occurred in the days following November 11. Source: Still Picture Unit, National Archives and Records Administration, College Park, MD, RG306-NT-1340-2.

communities. Medical officers attempted to contain the epidemic through a host of measures, including nasal-pharyngeal sprays for all troops, quarantine of new arrivals, and isolation of cases in camp hospitals or special emergency barracks. Many commanders also sealed off their installations as best they could, to protect civilians as well as their troops.² Some civilian authorities even requested that soldiers and sailors be barred from entering their cities. In early October, for example, St. Louis Health Commissioner Max C. Starkloff telegraphed Navy Admiral W.C. Braisted asking that the military stop all unnecessary travel from infected army and navy stations, as men on furlough were coming to St. Louis and other cities and spreading influenza.³

As the influenza epidemic raged, scientists and physicians struggled to isolate the causative microbe and to develop an effective vaccine against it. Initially, efforts focused on Pfeiffer's bacillus. Later, as mounting evidence suggested that this was not the cause of influenza, medical researchers focused their attention on various bacteria responsible for influenzal pneumonia infections. The most famous of these vaccines was the formula developed at the Mayo Clinic by Edward C. Rosenow, who advocated using a vaccine based on a mixture of killed pneumococcal, streptococcal, and staphylococcal bacteria. Cities across the nation eagerly adopted the Rosenow and other vaccines and provided free or low-cost inoculations to residents.

Quacks and naysayers, on the other hand, advocated a host of alternatives such as raw onions rubbed on the chest, creosote baths, and the consumption of large quantities of brown sugar. Some—including several city health officers—claimed that a clean heart, clean bowels, or warm feet were all that was needed to stave off influenza.

Most communities responded to the epidemic by enacting social distancing measures. Health officers, mayors, and city councils ordered theaters, movie houses, dance halls, saloons, schools, churches, and other places of public gathering to close for the duration of the epidemic. Essential city services, however, had to continue, despite the danger of infection. In Denver, for example, one fire engine company had so many men out sick with influenza that the driver became the sole fireman on duty. On the scene of a fire, his only recourse was to call for civilian volunteers to assist him in laying out the hose.⁴

Local courts, on the other hand, had more flexibility in how they met the crisis. In many cities, judges either drastically reduced their caseloads or simply closed their courtrooms altogether for the duration of the epidemic. Some held outdoor sessions. Somewhat surprisingly, the impact of court closures generally turned out to be less severe than anticipated. Seattle saw a drastic drop-off in the number of marriage license applications during the epidemic (although, interestingly, the number of divorce filings increased).⁵

In Chicago, illicit activity took a huge dive during the epidemic. Some criminals were simply too ill to commit their misdeeds. Others found that, with the majority of Chicago's residents stuck at home in the evening due to the closure order, opportunities for robbery, holdups, and petty larcenies were far fewer. In fact, crime fell by 35% in Chicago during the epidemic period as compared with the same months the previous year.⁶

World War I did not just affect soldiers, sailors, and Marines. On the home front, civilians were expected to contribute to the war effort as well by self-rationing food, fabric, gasoline, and other goods, and by purchasing Liberty bonds. Movie-goers were given short pro-war speeches before the feature film by members of the Committee on Public



Motor Corps and Canteen volunteers from the Detroit chapter of the American Red Cross take a short break from delivering supplies to influenza victims. Source: "History of the Detroit Chapter, American Red Cross, Detroit, Michigan to June 31, 1919, with Short Sketch of Michigan Branch Prior to Formation of Detroit Chapter," Records of the American Red Cross, Record Group 200, Box 637, Folder 736.2 AH Detroit, National Archives and Records Administration, College Park, MD.



Boston Red Cross volunteers assemble flu masks for soldiers at hard-hit Camp Devens, MA. Many military installations utilized influenza masks, and many U.S. communities either mandated or strongly recommended their use for some or all residents. Without the help of Red Cross volunteers, there simply would not have been enough masks to meet the huge demand. Source: Still Picture Unit, National Archives and Records Administration, College Park, MD, 165-WW-269B-26.

Information, a propaganda agency created by President Wilson only a week after Congress voted for war. Everywhere were posters portraying the Kaiser as a brute and German soldiers as evil and barbaric Huns, and asking Americans to give to the war effort.

It was with great cheer then that Americans received news of the November 11, 1918, armistice ending hostilities along the Western Front. That day, crowds of people flocked to the streets to celebrate the end of the war and a return to life without rationing and Liberty loans. Suddenly, most health officers across the nation were faced with the exact situation they had worked so hard to avoid: the mass congregation of people in close proximity to one another. In the East, where the deadly fall wave was all but over, this was not as serious a problem. But in the Midwest, West, and some areas in the South, the epidemic was still raging. Health officials realized that the close contact of the celebrations would likely result in an increased number of new influenza cases, but accepted that little could be done to prevent it. As one official in Denver put it, “There is no use trying to lay down any rules regarding the peace celebration, as the lid is off entirely, and should be on account of the glorious ending of the world’s biggest war.”⁷

Organizations such as the American Red Cross, the Visiting Nurse Association, the Blue Circle Nurses, the Public Health Nurses, and others played a vital role during the influenza epidemic, providing nursing care to the ill, staffing emergency hospitals, organizing volunteers,

<p>INFLUENZA</p> <p>Begins with Headache Chilly Sensations and Fever</p> <p>When uncomplicated it is not a serious disease and fever goes down in two or three days.</p> <p>If fever persists or returns it probably means a most serious PNEUMONIA.</p> <p>When first taken sick, patients must be put to bed in a room by themselves and must not get up for anything. Send for a doctor right away.</p> <p>We urgently advise patients to go to a hospital in the early stage.</p> <p>ROCHESTER HEALTH BUREAU JOSEPH ROBY, M. D., Acting Health Officer</p>	<p>INFLUENZA</p> <p>powstaje z Bólu Głowy, Przeziębienia i Gorączki.</p> <p>Niebezpieczeństwa niema, jeżeli choroba nie jest skomplikowaną i gorączka opada w dwóch lub trzech dniach.</p> <p>Jeżeli gorączka trwa dłużej lub powraca, to prawdopodobnie powstanie bardzo poważna choroba PNEUMONIA</p> <p>Kto tylko zachoruje, powinien być położony do łóżka w oddzielnym pokoju i nie może wstawać pod żadnym warunkiem. Zawezwycie doktora natychmiast.</p> <p>My usilnie radzimy każdemu choremu udać się do Szpitala bezwzględnie.</p> <p>ROCHESTER HEALTH BUREAU JOSEPH ROBY, M. D., Acting Health Officer</p>
<p>אינפלוענצא</p> <p>פאנגט זיך אן מיט א קאפזעכטאגן. קאלטע פיהלונג און פיהער</p> <p>אויב עס קומט גוט אריין און א טעפערדיגע קראנקייט און פיהער דאן נעמט דאס איבער און צוויי אדער דריי טעג.</p> <p>אויב פיהער האלט אן אדער עס קומט אריין און א מער ערנסט לונגעןענטזענדונגן.</p> <p>זיי פונען ווערן קראנק דער קראנקע זאל זיך אונטערן נען און בעט און א צימער זיי זען אדער דא זאל אריין ליעגען און צימער און ליעגען רוהן.</p> <p>שיקט גלייך נאך א דאקטאר.</p> <p>ס'דערקאנטורען א קראנקע צו נעטן און א האלפסאל בעטן טעג. ער זאל נישט פערנאכטענען די קראנקע.</p> <p>ראטשעפטער העלפט ברויט דעשאקע ראבי מ. ד. עקסענט העלפט אפטייער.</p>	<p>L'INFLUENZA</p> <p>Comincia con mal di capo, brividi di freddo e febbre.</p> <p>Quando non vi siano altre complicazioni, non e' malattia grave e la febbre cessa in due o tre giorni.</p> <p>Se la febbre seguita o ritorna, forse significa che e' grave POLMONITE.</p> <p>Appena il paziente si sente male deve essere messo a letto in una camera separata, e non deve assolutamente alzarsi per qualsiasi motivo.</p> <p>Si chiami subito un Dottore.</p> <p>Noi urgentemente suggeriamo ai MALATI di andare all'ospedale appena si sentono male.</p> <p>ROCHESTER HEALTH BUREAU JOSEPH ROBY, M. D., Acting Health Officer</p>

During the fall of 1918, the Rochester Department of Health printed and circulated posters in English, Polish, Yiddish, and Italian, informing residents of the symptoms and dangers of influenza. Source: George W. Goler Collection, Rochester Public Library, Local History Division.

coordinating relief efforts, assembling gauze face masks, and operating ambulances. Communities across the nation were overwhelmed by the magnitude of the crisis, a situation exacerbated by the absorption into the military of a large number of physicians and nurses for the war effort and by the practice of racially segregating patients and health-care resources. With so many sick and so few to take care of them, however, the usual rules of segregation were broken in some instances. In several communities, African American nurses and orderlies were incorporated into mainstream health-care services and played a pivotal role in providing care to the ill. If not for the work of these professional, volunteer, and charitable organizations, many communities simply would not have been able to meet the needs of their residents during the influenza pandemic.

In the three decades after 1890, nearly 24 million immigrants arrived on the shores of the United States, many from rural areas of Southern and Eastern Europe. Once in America, most settled in the nation's cities, providing the cheap labor demanded by urban industry. Frequently, these newcomers were blamed for being carriers and spreaders of diseases such as tuberculosis, typhoid, cholera, and even bubonic plague.

By contrast, perhaps because it was such a widespread disease that attacked so quickly, few native-born Americans blamed immigrants for the 1918 influenza epidemic. In Denver, the Italian community was blamed briefly for helping to spread influenza by not heeding health department warnings against visiting the ill. This was the exception that proved the rule, however, and by and large immigrants were not stigmatized as carriers of the disease. In fact, most health departments, realizing that proper education could play a critical role in helping to end the epidemic, did their best to reach out to immigrant communities and to inform them of the symptoms, dangers, and treatment of influenza. This represented a major shift in the way immigrant groups had traditionally been treated during times of epidemic in America.

The 1918 influenza pandemic took a horrible toll of death and destruction in the United States. An estimated 550,000 Americans lost their lives to the disease. Countless more lost parents, children, friends, or loved ones. Many who survived their bouts with influenza were left with weakened bodies and minds prone to depression for years to come. Yet the images of the pandemic do not so much portray the calamity of the times but rather the ingenuity and sense of togetherness that it fostered. Everywhere, average citizens volunteered as nurses or as ambulance drivers, donated food and bedding for the ill, took in orphaned children, tended to sick family and friends, and worked in myriad small ways to help their cities, their towns, and their nation get through the crisis. Civil authorities worked with physicians, immigrant groups, newspaper editors and reporters, business leaders, and military officials to disseminate information and protect residents as much as possible while simultaneously working to keep local government functioning. The story of the great influenza pandemic of 1918, then, is not merely one of death and tragedy, but also one of community and service.

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