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Shadows of the Plague: American Memories of the 1918 Influenza Pandemic in Oral Histories

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SHADOWS OF THE PLAGUE:
AMERICAN MEMORIES OF THE 1918 INFLUENZA PANDEMIC IN ORAL HISTORIES

by

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B.A., Southern Illinois University, 2015

A Research Paper
Submitted in Partial Fulfillment of the Requirements for the
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Approved by:

Dr. Joseph Sramek, Chair

Graduate School
Southern Illinois University Carbondale
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HEADING 1

INTRODUCTION

“Of course, the influenza epidemic, it was pretty bad. Of course, we didn't have the modern medicines to counteract as they do today. Many, many people lost their lives as a result of that. Would not be a matter of too great concern today”.¹ The twenty-first century has seen its fair share of viruses circling the globe, including Severe Acute Respiratory Syndrome (SARS), the Swine Flu and the COVID-19 Pandemic. Each of these diseases has taken its place amongst the cadre of plagues that haunt the annals of medical history. Disease and its close connection with death have always gone hand in hand in the imagination of humans. Images of dancing skeletons spreading the Black Death and pox-marked victims dying in their thousands litter the illustrated pages of medieval and early modern books. Stories of earlier plagues, epidemics, and pandemics abound throughout the histories of numerous societies on almost every continent. The 1918 influenza pandemic, and its subsequent resurgence during 1919, was one of the deadliest plagues in recorded history, with a worldwide death toll of about 50 million, perhaps more.² In America alone, 25% of people were infected, and an estimated 675,000 were killed.³ Clearly, such a deadly virus is bound to leave an indelible mark, not only on the global population, but also within the memories of its survivors.

¹ Lodge Grant, interview by Marilyn Anderson, *Grant, Lodge- Interview and Memoir*, (1980), transcript, University of Illinois at Springfield, 15.

² Niall P. A. S. Johnson and Juergen Mueller. "Updating the Accounts: Global Mortality of the 1918-1920 "Spanish" Influenza Pandemic." *Bulletin of the History of Medicine* 76, no. 1 (2002): 105-115.

³ Matthew Wills. "The Flu Pandemic of 1918, As Reported in 1918." *JSTOR*, January 15, 2018. <https://daily.jstor.org/the-flu-pandemic-of-1918-as-reported-in-1918/>.

History is not just the facts of an event or time period; not just the recorded incidences that fill statistical accounts, medical journals, and newspaper reports. It is also the first hand stories that people tell, the ways in which they remember and experienced it, and how those memories affect the eyewitness' view of what happened. It is not only the order of events many historians can agree for in that lies the entire reason for what makes history fascinating: the human element. The past is important to the present because of the repercussions those living today feel from it. As Alessandro Portelli, the famous oral historian, said, "the first thing that makes oral history different, therefore, is that it tells us less about *events* than about their *meaning*. This does not imply that oral history has no factual validity. Interviews often reveal unknown events or unknown aspects of known events; they always cast new life on unexplored areas of the daily life of the nonhegemonic-classes".⁴ Oral histories, diary entries, journalistic interviews of ordinary citizens, and other sources such as these put human faces on the 1918 pandemic, well beyond what any health commission report or statistical analysis might provide.

This paper is a study of these memories, specifically those told through oral history interviews done by American interviewees. It is an attempt to compare the manner in which similar themes emerge in different accounts of the pandemic, as well as explain how certain aspects the disease affected the daily lives of Americans and theorize some of the reasons for why they are remembered this way. This study will be divided into different parts. The first consists of an overview of the 1918 influenza pandemic will be laid out in order to provide a background to the oral history narratives and provide context for their stories. Next is various-excerpts from the oral history interviews, revealing and extracting aspects of the pandemic most

⁴ Alessandro Portelli. *The Death of Luigi Trastulli and Other Stories: Form and Meaning in Oral History*. Albany, NY: State University of New York Press, 1991.

remembered by survivors and why. Many similar themes run throughout these narratives. For example, many female interviewees reflected on the high mortality rate of pregnant women infected with the virus, revealing not only a particularly gendered way of remembering the pandemic, but also a part of the disease's daily toll that was traumatic enough to be remembered clearly by many women years after the event.

Within these oral interviews, the memories of interviewees sometimes differed and discrepancies were found in some of the accounts as well. Some interviewees recollect whiskey as being the only effective treatment against the influenza, while another interviewee remembers the use of whiskey as being completely useless in the fight against the virus, and, in fact, seems to believe that its use as treatment actually did more harm than good. These differing memories are, perhaps due to certain biases or simply the varying experiences of an individual. Nonetheless, they add value and a broader picture to the story. Both indicate how each person's experiences affect their recall of the event, and point to what aspects of the pandemic were important to its survivors.

Oral history interviews are integral to this paper and the presentation of these memories. As a method of historical research, oral history is sometimes criticized for its dependence on memory, and historians can be hesitant to use it as a source since the flaws and changeability of memory can lead to it being an inaccurate or otherwise biased narrative of historical events. However, many oral historians see oral history's importance less as an entirely accurate account of events, but instead as a means to study the memories of an event, how collective memory and narratives mediated by society affects individual memories, and the reasons behind why historical events are put into certain story structures. This paper will follow in that vein of oral history scholarship.

HEADING 2

THE PANDEMIC

The 1918 Influenza Pandemic—was caused by a strain of the influenza A virus, possibly transmitted to humans from birds. “All pandemic and endemic influenza A viruses have been descended from the 1918 pandemic influenza virus, which was itself likely descended from a wild waterfowl virus at some point in or shortly before 1918”.⁵ The actual difference between an epidemic and a pandemic is more geographical. An epidemic is simply the term for an actively spreading disease in an area or sporadic regions, while a pandemic is a disease that spreads throughout an entire nation or the whole world. Most scholars agree that the virus was first transmitted to humans in the United States, with the first outbreak at Camp Funston, an army training camp in Kansas.⁶ From there it spread across the country and among soldiers, medical workers, and civilians. When American soldiers began crossing the Atlantic Ocean to join the war effort, the virus made its way to Europe. “In Europe, the disease spread through France, Great Britain, Italy and Spain, causing havoc with World War I First World War military operations. Three quarters of French troops and more than half of British troops fell ill in the spring of 1918. In May, the flu hit North Africa, and then Bombay in India; in June, the first cases were recorded in China, and in July in Australia”.⁷ The pandemic began sweeping

⁵ Jeffery K. Taubenberger, John C. Kash, and David M. Morens. “The 1918 Influenza Pandemic: 100 Years of Questions Answered and Unanswered.” *Science Translational Medicine* 11, no. 502 (July 24, 2019): 1.

⁶ Peter C. Wever, and Leo van Bergen. “Death From 1918 Pandemic Influenza During the First World War: A Perspective From Personal and Anecdotal Evidence.” *Influenza and other Respiratory Viruses* 8, (2014): 539.

⁷ M. Martini, et al. “The Spanish Influenza Pandemic: A Lesson From History 100 Years After 1918,” *Journal of Preventive Medicine and Hygiene* 60, (March 29, 2019): E64.

throughout the world in three waves, the first in spring of 1918, the second in the summer and fall of that same year, and the third occurring during the winter of 1918-1919.⁸ By 1920, it had killed millions of people and infected millions more. Its effects would continue to reverberate throughout the decades afterwards, especially whenever a new pandemic or epidemic emerged on the horizon.

The year of 1918 was something of the perfect storm for a pandemic to occur due to three factors: military troops traveling overseas, overcrowded living conditions, and no cure for the disease. World War I had been raging throughout Europe, Africa, and parts of Asia for four years already, with soldiers being shipped from North America and Oceania. The United States entered the war in 1917, but did not send massive amounts of troops overseas until early 1918. Thus, when America began experiencing waves of a new influenza pandemic in the spring of the same year, the virus easily traveled around the world.

Newly crowded cities and industrialized conditions, due to the war and growth of industrialization, also contributed to the increasing rate of infections. Barbara Jester, researcher for the Center for Disease Control, points out that:

“Crowding was common among the civilian population as well and many cities, particularly on the east coast also experienced-influenza outbreaks in the spring of 1918. The U.S. had become one of the most industrialized countries in the world and half of its population resided in cities and near filled with factories and office buildings. The war industries pulled tens of thousands of additional workers into U.S. cities. Housing was inadequate for the expanding population and as many as four families shared a single

⁸ David M. Morens and Anthony S Fauci. “The 1918 Influenza Pandemic: Insights for the 21st Century,” *The Journal of Infectious Diseases* 195, Issue 7, (April 1 2007): 1023.

apartment. In boarding houses, residents not only shared rooms, but beds as well, with many factories operating multiple shifts”.⁹

A third factor contributing to the spread of the disease and its high mortality rate, was the lack of medical knowledge during this period. “Medical care for influenza and its complications was very limited in 1918. The Influenza viruses had not yet been isolated and influenza diagnostics and influenza vaccines not yet developed, antibiotics for treatment of secondary bacterial co-infections had not yet been discovered”.¹⁰ Regardless of medical technology then, what was noticeable among physicians treating the pandemic at that time, the highest mortality rate were persons between ages 20 and 40. The peak mortality age was 28, possibly as a result of being predisposed to the disease or exposure to a previous influenza epidemic when they were children.¹¹

Whatever the reasons for the flu’s unusually extreme deadliness, the fact remains that it was a major pandemic--one that killed even more people than World War I, which had an estimated death toll of 40 million. Such a tragic event, even though it came in the midst of a decade that saw such a massive scale of death and destruction, is bound to leave a mark on the psyches of those who experienced it. Just like the war that helped spread the illness, the influenza pandemic was a traumatic time in American history. Those who survived it would go on to

⁹ Barbara Jester, et al., “Historical and Clinical Aspects of the 1918 H1N1 Pandemic in the United States,” *Virology* 527, (2019): 32-3.

¹⁰ *Ibid.*, 33.

¹¹ Nick Wilson, et al., “Age-Specific Mortality During the 1918–19 Influenza Pandemic and Possible Relationship to the 1889–92 Influenza Pandemic,” *The Journal of Infectious Diseases* 210, Issue 6, (September 15, 2014): 993.

remember it for the rest of their lives, even if they had been young children at the time. The parts that they particularly remember, even decades later, are what are of interest here.

HEADING 3

THE MEMORIES

Such a large loss of life, as well as the illness and general disruption to life that the pandemic caused, of course imprinted itself into the minds of those who lived through it. This is evident in the many oral histories recorded by said survivors. Particularly thought-provoking in this research, are the similarities in memories between separate interviewees. Taking an in-depth look at the interviews and the memories associated with them, researchers can then study the reasons why certain aspects of the pandemic's effect on American life are included in interviewees narratives of their experiences, and what these particular memories say about the interviewees' general historical perspective, the trauma from the event, and viewpoints on their own memories. Also included in this analysis of individual memories is the sociocultural and historical context in which certain stories are remembered and retold in the interviews.

As the flu spread in the U.S. and globally, it continued to attack the immune system, causing an array of symptoms. Included were the “normal flu symptoms of fever, nausea, aches and diarrhea. Many developed severe pneumonia attack. Dark spots would appear on the cheeks and patients would turn blue, suffocating from a lack of oxygen as lungs filled with a frothy, bloody substance”.¹² Whenever someone began to experience these symptoms, it indicated that influenza had reached the community. In many ways, pandemic survivors relate their own memories not to memories of other illnesses or flus within their own lives, but to infamous plagues of the past. James Hughes, an Irish immigrant interviewed for the Federal Writer's

¹² Richard Knox. “1918 Killer Flu Reconstructed,” *NPR*, (October 5, 2005), <https://www.npr.org/templates/story/story.php?storyId=4946718>

Project, connected the influenza to both the bubonic plague and the Irish famine. In his interview, he stated:

“D’ya remimber the flu thet come the tame a the war? Alwiays a war brengs somethin’ an’ I alwiays thought thet flu wuzn’t jest the flu. It wuz more laike the bumbatic pliague [bubonic plague]. Anywiays a lotta thim thet daied a it tirmed black, jest laike they wuz said ta heve tirmed black in Ireland in ‘46 an’ ‘47 whin they hed the bumbatic pliague thiere”.¹³

To him, this was no “ordinary” flu. Of course, not many would classify a virus that killed an estimated 50 million people worldwide as being “ordinary.” In James Hughes personal narrative of the event, he placed in within an even greater storyline. He was able to understand his own experience by comparing it to the experiences of others, to those of his ancestors. In choosing to remember the disease, James Hughes, placed it within a broader narrative of human tragedy, in order to understand and relate its significance to his own life.

¹³ James Hughes, interview by Jane K. Leary, *The Influenza Epidemic*, (May 24, 1939), transcript, Federal Writer’s Project, Library of Congress, Washington D.C., 1.

HEADING 4

REFLECTIONS: CHILDREN OF THE PANDEMIC

Oral history interviews speak volumes about people's lives, as does Bertha Craig. A native of Petersburg, IL, she was twelve-years old during-the first wave of the pandemic. She remembered of the symptoms that, "you'd have high temperatures, and no appetite, and... I think you just---maybe it was mostly the appetite and the fever-temperature. By not eating so long is why you got so weak. You might have had a sore throat. I don't remember if you had the sore throat, but I know nobody came in your house. They couldn't come in if you had it. You know, if they didn't have it, they didn't allow it".¹⁴ Also, according to another resident of Illinois at that time, Joseph R. Buckles of Pawnee, it was "just like the old flu you get today. Only thing is they didn't have any antibiotics to fight it and then you would go into pneumonia and that would be the end of you".¹⁵

Based on Bertha Craig's memory, a higher emphasis on the symptoms of high fever and diminished appetite, as well as her definitive memory that people couldn't visit family or neighbors might be due more to her having been a child at the time than anything else. To a child who did not witness some of the more gruesome aspects of the disease, simply having a high fever and a loss of appetite is significant enough to warrant attention. Being confined to one's own home must have been quite difficult for children.-

Childhood memories of the influenza pandemic was a common theme in the oral history transcripts because many of the interviews were conducted during the 1970s and 1980s. The

¹⁴ Bertha Craig, interview by Judith Haynes, *Craig, Bertha- Interview and Memoir*, (1981), transcript, University of Illinois at Springfield, 28.

interviews show how much of an impression and psychological impact the pandemic left on the children who lived through it. For example, Teresa Denning, shares vivid memories of daily life during the 1918 influenza pandemic. In her interview, she recalled that:

“During the 1919 flu epidemic, I was about six years old then, no one left their homes without a mask. Now, a mask is several thickness of gauze, bandage, and it’s put over the mouth and nose and held in place by a tape or string that we hooked over the ears. The masks were moistened with some kind of a disinfectant, and if I recall right, it smelled something like eucalyptus oils. Then the wearer of the mask breathed through this, and it was supposed to catch the contagious germs, so we didn’t get the flu. And none of our family actually did have the flu”.¹⁶

This memory not only mirrors the measures that were taken against other pandemics, such as Covid-19, but also emphasizes the aspects of the disease and its effect on American society that would remain in survivor’s memories. It also reveals some of the steps that were being taken in this particular time and place to combat the disease.

¹⁵ Joseph R. Buckles, interview by Joyce Reynolds, *Buckles, Joseph R. - Interview and Memoir*, (1980), transcript, University of Illinois at Springfield, 29.

¹⁶ Teresa Denning, interview by Lynn Kelstron Ballard, *Denning, Teresa Interview, 1977 February 26*, (February 26, 1977), transcript, Oral History Research Center, Special Collections & Archives, University Libraries, University of Nevada, Las Vegas.

HEADING 5

MILITARY BASES AND THE VIRUS SPREAD TO NEARBY COMMUNITIES

The trauma of the “Spanish flu” affected not only the memories of children, but of adults as well. After all, young adults had the highest mortality rate with this particular strain of influenza. With a nation at war, many young adult Americans were serving in the armed forces, and those who were not overseas were stationed at military camps throughout the continental U.S. Americans stationed on the nation’s military bases infected with the virus also remember the pandemic. Civilians living in surrounding communities witnessed the disease’s toll on military camps. Lodge Grant, a civilian who lived in Williamson County, Illinois during the pandemic, distinctly remembered how it spread out from military bases and into communities:

“Of course, many of the soldier boys contracted the influenza in camps. Some of them were living in, not permanent barracks, but hastily constructed camps. The influenza was pretty rampant. In some places they closed down the schools and closed the churches. They closed the movie theatres so that people wouldn't be in contact with each other in large groups. And I recall that in high school a period where we had the local physicians come out there. They'd run us through in lines, looked down our throats. If anybody had a suspicious looking throat, why he was sent home”.¹⁷

The disease spread rapidly from military camp to military camp, and many of the people stationed at these bases, especially individuals who worked in the medical departments, witnessed the devastation. As it spread, thousands of soldiers, and other military personnel, died, while others lived to tell their stories, affecting daily life in these camps. At Camp Pike in

¹⁷ Lodge Grant, *Grant, Lodge- Interview and Memoir*, 15.

Arkansas, the morgue quickly became filled with bodies. Alice L. Duffield, a nurse at there, told a story concerning this grim fact to the Veterans History Project:

“And I was on night duty, and those boys just died. And finally the black orderly and a white orderly took a patient to the morgue, and when they opened the door, the morgue was so full, that one of them fell on the floor and the black orderly came back and he said, ‘Just can't take it any longer! Just can't take it any longer!... Had to pick him up and tried to get him back in, but there wasn't room for him!’ Now they needed another morgue, was what they needed”.¹⁸

Such a morbid story emphasizes the severity and deadliness of the disease, as well as the toll it took upon those whose job it was to handle the dead.

Once the influenza struck one military base, it would soon spread to the next. Benjamin S. DeBoice, a lieutenant stationed at Camp Grant, remembered:

“...the flu struck Camp Grant along in the early fall of 1918. We knew what we were up against because it had hit the Great Lakes Naval Training Station in Waukegan, Illinois before it hit Camp Grant. And they died like flies at Great Lakes. When it hit Camp Grant we knew what we were in for. It was early in the fall of 1918 as I said just at the time when they had had six deaths at Camp Grant”.¹⁹

However, the warning that Camp Grant received from the Great Lakes Naval Training Station officials did not spare the camp from watching the flu wreak havoc and experiencing a huge mortality rate themselves of upwards to 1,400. In the memories of Howard Herron, a

¹⁸ Alice L. Duffield, interview by Linda Barnickel, (2002), audio, Veterans History Project, Library of Congress, Washington D.C.

member of the navy during WWI, he said, “I saw them lined up at Great Lakes, they died like flies. They didn't have boxes to send them in. They would just cart them up. It was below zero and they would have a tag on them, a big tag with their name and number and where they lived and everything else about him, the father's name, on his big toe and they would cart them along”.²⁰

According to Dr. Kurt Atkinson, the Post Surgeon at Call Field, TX, he was apprised of and heeded the early warning regarding the escalation of the virus. His response differed from that of other military camps. Atkinson stated:

“...when the ‘flu’ epidemic struck Call Field, Sunday, December, 1918—the boys began to come down very rapidly—A football game was in progress—The commanding officer immediately ordered the game stopped and sentinels posted at the gate of the field with orders that no one was to be admitted. —It was very hard for the citizens of Wichita Falls to learn that a military quarantine could not be evaded. Within an hour the two ambulances were very busy taking men from the different parts of the camp to the hospital, and by the next day, the hospital was filled to its capacity”.²¹

Dr. Atkinson believed, that Call Field’s quickness to quarantine and transport soldiers to hospitals helped to prevent the kind of death toll that other military camps experienced. He posited that “on account of this arrangement no soldier in Call Field suffered from the lack of

¹⁹ Benjamin S. DeBoice, interview by Charles Ruge and Davis Cullom, *DeBoice, Benjamin S.- Interview and Memoir*, (1978-9), transcript, University of Illinois at Springfield, 22.

²⁰ Howard Herron, interview by Shirley Marshall, Herron, Howard- Interview and Memoir, (1980), transcript, University of Illinois at Springfield, 43-4.

²¹ Dr. Curtis Atkinson, interview by Ethel C. Delaney, *Reminisces Centered Around Call Field*, transcript, Federal Writer’s Project, Library of Congress, Washington D.C., 3.

medical attention, and the death rate from the 'flu' epidemic was next to the lowest of any field or camp in the United States".²²

²² Ibid., 4.

HEADING 6

MEMORIES OF PREGNANCY AND MORTALITY IN THE TIME OF FLU

The flu was not restricted to the military camps, but fanned out into surrounding communities. Civilians soon came to have their own experiences of grief, woe, and horror between 1918-1919. Decades later, they shared their sorrowful and frightening stories in oral interviews. Not only did they share their stories with interviewees, but their stories shared certain aspects in common with each other. Perhaps this is to be expected, since the pandemic, being caused by one virus, often affected people with similar symptoms, and caused the same sickness and mourning in cities and regions across the world. After all, everything is equal in death. However, there are some common themes from these oral histories that are worthy of further study, due either to the number of times they crop up in interviews done by people from very different social classes and parts of America, or by the information, historical and psychological, that can be gleaned from the stories told. These themes are often striking both in similarity and difference from each person's memory of a particular subject. The first case of a remembered aspect of the epidemic appearing frequently in these interviews is also a very personal and heartbreaking one, showing just how severe the toll of the influenza was on people's lives. What is remembered here with such strength and sad clarity is the morbid statistic of what happened when a pregnant woman became infected with the virus. Many female interviewees described the situation as something akin to a death sentence, and the regularity of how much in agreement these women, who never met each other, are on this fact is quite informative, if not outright surprising.

In an oral history interview, Bernice T. Van der Vries, whose husband worked at the University of Chicago, said "all pregnant women, if they were anywhere near the time of

childbirth, died. They seemed to be just ready for the flu. The Blisses had one child and they were about to have another when she died. Oh, any number of women--I, at that time, probably knew eight or ten because I was somewhat of that same age, you see".²³ Nannie Pharis, who lived in Spray, North Carolina at the time, had a similar memory. "Well, I'll tell you. Every woman that was pregnant died that taken that flu, that influenza. I had a sister-in-law die, and my sister died. And then I had several cousins die".²⁴ Marguerite Boehm, a nursing student at Mullanphy Hospital in St. Louis, painted a stark picture of the grim outlook for expecting women. She stated, "there were so many people that were lost. Especially pregnant women. If women were pregnant, it just seemed like they were doomed".²⁵

Later scientific and academic studies have corroborated with these recollections of pregnant women during the pandemic. Statistical evidence has shown that, "compared to women not recorded as pregnant, expectant women had a 50 per cent higher chance of developing pneumonic complications. Once complications had developed, such women were 50 per cent more likely to die".²⁶ And even if a mother and baby survived the flu, significant health problems still often occurred. In fact, according to Jonas Helgertz and Tommy Bengtsson point out that:

²³ Bernice T. Van der Vries, interview by Horace Q. Waggoner, *Van der Vries, Bernice T.- Interview and Memoir*, (1979-80), transcript, University of Illinois at Springfield, 133.

²⁴ James and Nannie Pharis, interview by Allen Tullos, *Interview with James and Nannie Pharis*, (1978-9), transcript, Southern Oral History Program, The University of North Carolina at Chapel Hill, 57.

²⁵ Marguerite Boehm, interview by Karen Gregg, *Boehm, Marguerite- Interview and Memoir*, (1972), transcript, University of Illinois at Springfield, 2.

²⁶ Alice Reid. "The Effects of the 1918-1919 Influenza Pandemic on Infant and Child Health in Derbyshire." *Medical History* vol. 49, 1 (2005): 32.

“Studies on the United States have shown that children born in 1919—and thus exposed to the H1N1 virus *in utero*, experienced worse health and higher mortality than persons born in older ages. Those exposed also had lower educational attainment, higher rates of physical disability, lower income attainment, lower socioeconomic status (SES), and a higher dependence on social welfare than surrounding birth cohorts”.²⁷

Clearly, the influenza wreaked havoc on both pregnant women and their children. With such a high pneumonic complication rate as 50 percent more than non-pregnant women, it is not hard to then-deduce how much higher their chance of the illness resulting in fatality was compared to other women. If, amongst a pandemic that killed an estimated 50 million people, the death rate of pregnant women was high enough to be markedly noticeable, then that indeed must have been an extreme number. It is, after all, a high enough number that some survivors remember pregnant women as being essentially “doomed” if they contracted the virus.

The repeated occurrences of this particular memory in the oral histories has deeper meaning than the scientific fact that pregnant women were more susceptible to influenza complications. Something that makes this recurring memory of pregnant women’s dire circumstances during the pandemic particularly interesting is that it appears frequently to be a uniquely feminine remembrance. None of the male interviewees in all of the interviews that this researcher read through had anything at all to say about the high death rate of pregnant women; not even those who has been medical doctors back then. However, several female interviewees vividly remembered this aspect of the pandemic. It was a memory that haunted female survivors enough to appear in the recollections of many women decades after the event. These women

²⁷ Jonas Helgertz and Tommy Bengtsson. “The Long-Lasting Influenza: The Impact of Fetal Stress During the 1918 Influenza Pandemic on Socioeconomic Attainment and Health in

were all from different backgrounds, social, geographical location, and professional occupations. Yet, they had one memory in common, one that was never included in male interviews surveyed here. This suggests that the experience of pregnant women dying more frequently from the virus was a particularly gendered experience.

It is difficult to say why that is, though. Why do male interviewees, including physicians who would almost assuredly have treated pregnant patients, not raise the disease's daily toll during their interviews? Female interviewees, from the medical professions, such as nurses, to factory workers and housewives, remember it so clearly, and felt it to be an important detail to share in their stories of the pandemic. Perhaps it is because the women saw themselves in these other, less fortunate women. Maybe, since they were females, or had-been pregnant at some point in their lives making it easier for them to empathize and sympathize with these women than their male counterparts. It could very well be that, having imagined themselves in that position during that time, that empathy helped these tragic incidences to stick within their memories. Or, maybe it was simply because they, being fellow women, interacted with pregnant women more.

These women were their friends, neighbors, and sisters. They were, during an era of more cultural separation between the sexes than there is today, more closely connected with the pregnant women, and were more traumatized and devastated when these women died, since they were losing those close to them. These connections are apparent in the oral interviews. Bernice T. Van der Vries tells of losing women with whom she befriended. For Nannie Pharis, she lost family members, even a sister. Marguerite Boehm was a nurse, made to be more distant from her patients due to the need for professional relationships. However, being a nurse in training, perhaps midwifery duties in the hospital brought her more into contact with pregnant women,

therefore cementing in her mind the memories of the risks these women faced from the illness.

The interviews of female interviewees say as much about the structuring of women's memories and their historical relationships as it does the extremely high death rate of pregnant women from the influenza.

HEADING 7

WHISKEY, QUININE, AND OTHER MEDICAL TREATMENTS

The impact of the pandemic led to an urgency to find a treatment and a cure. In the meantime, persons affected by the flu were desperate enough to seek remedies of their own. Influenza survivors tell stories about using whiskey as treatment for the disease's symptoms. James Pharis, Nannie Pharis' husband, remembered that, "doctors was all worried to death that people dying everywhere. He says, 'We don't know what to do. The only thing I can tell you to do, if you can get any whiskey, get it and drink it. That's the only thing that we know what to do.'"²⁸ Howard Herron told his interviewer that, "After the fellows that drank a lot of liquor, if they got the flu, it killed them. And if you got the flu and you weren't a drinker, they would give you whiskey and it cured the flu. That's what their best remedy the doctor would give you, they'd give you whiskey. That's what they tell me".²⁹ Newspapers from around the country support Pharis's and Herron's accounts of whiskey as a popular source of treatment. For example, *The Birmingham News* tells of 25 gallons of confiscated illegal whiskey being donated to the Medical Department of the U.S. Army.³⁰

Whether or not the use of whiskey was effective against the symptoms of influenza is debatable among the interviewees. Ninnie Shepherd, who was a child in Kentucky during the pandemic, remembered that doctors "would give their patients whiskey. They thought that would

²⁸ James and Nannie Pharis, *Interview with James and Nannie Pharis*, 56.

²⁹ Howard Herron, *Howard- Interview and Memoir*, 44.

³⁰ "Whiskey, Captured By Police, To Help Fight On Influenza," *The Birmingham News*, (October 19, 1918): 6.

help, and that just killed them in piles when they done that. They just couldn't resist that at all".³¹ Her remembrances that the use of whiskey as treatment often ended in the patient's death could betray an anti-alcohol bias due to the legal status of alcohol at that time. In 1918, several states had already adopted prohibition.³² Legal exceptions were made as medical experts continued to use alcohol to treat the symptoms, but in many areas it was confined specifically to professional medical settings. Dr. Manning, the Omaha City Health Commissioner quoted in the *Omaha Daily Bee*, stated, "This whisky (sic) is for the use of hospitals only. Not a single, solitary exception will be made in that, you may be sure".³³ Perhaps, giving whiskey as a stimulant did actually hurt more than it helped, since alcohol has been shown to lower the immune system.³⁴ This fact also corroborates Howard Herron's testimony on the subject of chronic drinkers being more susceptible to the devastating effects of influenza than non-drinkers.

Additional types of possible treatments for the influenza were present in the transcripts. Bertha Craig recalled doctors using, "mostly quinine, I'd say. Quinine was for malaria. Quinine was for everything in those days, you know".³⁵ Medical journal articles from 1918 often advised

³¹ Ninnie Shepherd, interview by Sadie W. Stidham, *Interview with Ninnie Shepherd April 5, 1979*, (April 5, 1979), audio, Frontier Nursing Service Oral History Project, Louie B. Nunn Center for Oral History, University of Kentucky Libraries.

³² Paul Aaron and David Musto. "Temperance and Prohibition in America: A Historical Overview," *Alcohol and Public Policy: Beyond the Shadow of Prohibition*, Panel on Alternative Policies Affecting the Prevention of Alcohol Abuse and Alcoholism, Committee on Substance Abuse and Habitual Behavior, Assembly of Behavioral and Social Sciences, National Research Council, Washington D.C., (1981): 157.

³³ Whisky May Be Used As A Cure For Influenza," *Omaha Daily Bee*, (October 26, 1918): 7

³⁴ Gyongyi Szabo and Banishree Saha. "Alcohol's Effect on Host Defense." *Alcohol Research : Current Reviews* 37, (2015): 159-70.

³⁵ Bertha Craig, *Craig, Bertha- Interview and Memoir*, 28.

doctors to use quinine to reduce fever in patients. It was to be administered by mouth, in rare cases through the rectum, and the patient given laudanum if the quinine caused any other side effects³⁶.

Nurse-in-training Marguerite Boehm remembered a Dr. Barry, who worked at the same hospital, and the more “unique” form of treatment he used. She recalled, “There was what they called pneumonia phelacagen at that time and he treated the patients with this pneumonia phelacagen and intramuscular champhorated oil. And how he arrived at that treatment, I have no idea”.³⁷ She went on to say, “As strange as it may seem he never lost anybody”.³⁸ It was not unusual for doctors to use a combination of drugs to treat similar symptoms of other diseases to fight this particular one. In Winnebago County, Wisconsin, for example, “Physicians prescribed heroine hydrochloride, codeine sulphate, cocaine hydrochloridum, opium, morphine sulphate, elixir terpin hydrate (a concoction of turpentine, alcohol, and nitric acid), paregoric elixir (made with powdered opium, benzoic acid, camphor, oil of anise, glycerin diluted alcohol, and morphine)”.³⁹ Whether it was whiskey, quinine, or camphor oil, numerous oral history testimonies regarding influenza treatments have two major themes in common. There was no set cure and no treatment, often leaving doctors scrambling in the dark trying to fight the disease. In a time with no antibiotics and when germ theory was still relatively new, medical science had no

³⁶ “Notes on the Symptomology and Morbid Anatomy of So-Called ‘Spanish Influenza,’: With Special Reference to its Diagnosis from Other Forms of ‘P.U.O.’,” *The Lancet* 192, Issue 4961, (September 28, 1918): 419.

³⁷ Marguerite Boehm, *Boehm, Marguerite- Interview and Memoir*, 2.

³⁸ *Ibid.*, 2.

³⁹ Teri Shors and Susan H. McFadden. “1918 Influenza: A Winnebago County, Wisconsin Perspective.” *Clinical Medicine & Research* 7, (2009): 152.

guarantees on how to combat the influenza, and this particular aspect is what sticks out in survivors' minds. Differing opinions among physicians concerning a successful treatment all point to a helpless medical system that left a lasting impression. A doctor might use a large combination of every medicine under the sun, or they might rely on either whiskey or quinine, but the results were the same in most of the oral history interviews. Ultimately, the medical establishment could only treat the symptoms as best it could while waiting for the disease itself to run its course.

HEADING 8

SYMBOLS OF DEATH AND ITS PREVALENCE DURING THE PANDEMIC

This leads into the most enduring memory of many pandemic survivors, which appears in every interview examined for this project and haunts survivors' memories, not like a specter at the feast that awaits at the edges, but a reaper that presides in the midst of it all. Of course, it is death in general, and the alarmingly high death toll this pandemic created in its wake, that is traumatizing enough to remain-center stage in the interviewees' memories. They remember the deceased, but there are also more indirect memories of death. Populating these stories were memories of funerals, deathly accoutrements, such as coffins and funerary shrouds. Teamus Bartley, who worked for a coal mine in Kentucky, remembered that “nearly every porch, every porch that I’d look at had—would have a casket box a sitting on it. And men a digging graves just as hard as they could and the mines had to shut down there wasn’t a nary a man, there wasn’t a, there wasn’t a mine a running’ a lump of coal or running no work. Stayed that away for about six weeks”.⁴⁰

“Anyway, they were dying; many families were losing one or more in their family. It was getting so bad, the deaths, that they even (there was one hearse in the town), they had to use wagons, drawn by two horses to carry people to the grave. I remember seeing them pass the house, seems like to me, now, it was every day”.⁴¹ Dr. Ernest V. Reynolds had a similar memory

⁴⁰ Teamus Bartley, interview by Nyoka Hawkins, (June 14, 1987), audio, Louie B. Nunn Center for Oral History, University of Kentucky Libraries.

⁴¹ Robert McKinney Martin, interview by Tom McLean, *Interview with Judge Robert McKinney Martin*, (1996), transcript, School of Law Oral History Project, University of North Carolina at Chapel Hill, 12.

from his childhood in Vermont of watching hearses make their way to the graveyard every day. He asserted:

“...during that epidemic, it was day after day, this was when they were still having the horse drawn hearses and the carriages there. These, they had the Catholic cemetery was only about a quarter of a mile up this hill and day after day during this epidemic you’d see these, this funeral procedure, all horse, black horses and black hearses and so forth going by there and sometimes three or four funerals a day”.⁴²

Of course, wooden boxes and hearse wagons themselves are not the cause of such profound memories. It was death, and the high number of dead, associated with said objects that traumatized survivors enough to leave such lasting impressions. It was the fear of catching the influenza themselves, or people they cared about getting it, that caused such strong emotions and, eventually, memories. Mildred Schull not only remembered bodies wrapped in shrouds from her childhood in Illinois during the pandemic, but also the fear that affected her and her entire community:

“But, oh, they were, people were so afraid of this flu and when somebody died the undertaker wouldn't go in to take the body out. They raised the window and shoved a board in. I can remember this because it made such a horrible impression on my mind as a child. They shoved this board in and the people inside would wrap the body in a sheet and lay it on that board and they would slide it out. That's the way they took--at least in this one case that I remember. That's the way they took the body”.⁴³

⁴² Ernest V. Reynolds, interview by Mary Kasamatsu, (March 24, 1988), transcript, 8.

⁴³ Mildred Shull, interview by Joanne Stevens, *Shull, Mildred- Interview and Memoir*, (1976), transcript, University of Illinois at Springfield, 7.

Those who actually do tell stories about witnessing people die from the influenza paint a horrifying picture. Bruce K. Hayden, Sr., who served in an all-black military unit during World War I, contracted the flu along with other soldiers on the ship *Mongolia* as they were bound for France. “After we had gotten out from shore about a day, men began to die just like rats with the flu. And there was no place for them to rest; the dead were all downstairs, but they couldn't stay downstairs because the ship was not clean and there was no air”.⁴⁴ His story grows even darker as he went on to say, “I've seen men die. Men would just die, just come on my lap and all around me there men were dying and they'd take them and bury them at sea. Just take them and throw them out and bury them at sea, you know, didn't hardly sometime... they didn't hardly have time to wrap them in sheets. That is true; they just buried those men”.⁴⁵ This grim, nightmarish scenario of massive death surrounding a person reads like a scene from the infamous Black Death of the 14th century, but from a military ship in the 20th century. Hayden's recollections illustrate just how tragic and gruesome the pandemic of 1918 was.

Throughout the oral history interviews were other emerging themes including guilt among many pandemic survivors. Hallie Staley Kinter, a nurse in training at Illinois' Springfield Hospital, said:

“The doctors hardly knew what it was when it first came. And I was on night duty and another nurse and I were on night duty on that floor, and we had so many sick patients. And at that time the belief was that you had to have fresh air for the patients, and you'd have to have the windows open and the rooms were so awfully cold at night, and well, it

⁴⁴ Bruce K. Hayden Sr., interview by Reverend Negil L. McPherson, *Hayden, Bruce K. Sr. - Interview and Memoir*, (1975), transcript, University of Illinois at Springfield, 28.

⁴⁵ *Ibid.*, 28.

was hard. Of course, the other nurse, she went down with the flu, and then I followed shortly afterwards. And I was sick. She was too, but I made it through but she went into TB (tuberculosis) and died later. And I always felt bad about that. She was a larger girl than I was and looked sturdier, but I don't know, she didn't make it but I did".⁴⁶

⁴⁶ Hallie Staley Kinter, interview by Jacqui Pearson, *Kinter, Hallie Staley- Interview and Memoir*, transcript, University of Illinois at Springfield, 43.

HEADING 9

CONCLUSION

Disease and death were felt heavily throughout the U.S. and the between 1918-1920. A nation that was already reeling from the harsh toll and aftermath of a devastating world war now had to contend with a ravaging pandemic that created even more death than the war itself. Such turmoil, fear, guilt, and grief left behind a traumatized generation of Americans and was still felt years later in their remembrances of 1918. Their stories, their memories, and the ways their experiences impacted their lives during that monumental era resonate today. The memories leave those in the present with a more human, more intimate understanding of a tragic pandemic, ~~one~~ that goes beyond statistics and the medical reports. Their stories provide those of present and future ages with a path toward preparing for and dealing with other pandemics. After all, as stated at the beginning of this paper, plague has haunted the annals of human history as something that sparks fear and awe into the imagination, but this is because it continually reoccurs in every society and era. Plague is a thing of the past, a monster of history, until it eventually appears again in the present. However, as much horror and sadness as these oral history interviews contain, there is also a glimmer of hope and enlightenment, as the stories provide people of the present and the future with a means of understanding their own experiences, be it through pandemic, war, or ordinary life that are all, in their own way, of history.

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