

EPIDEMIC!



Iowa Fights the Spanish Influenza

by
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As the Allied armies crushed the last German offensive in the late summer of 1918, most of the world's people looked forward to a period of peace and prosperity. The World War was about to end. But even before the armistice of November 11, a new enemy was sweeping the globe which would kill twenty million people, twice as many as those killed in the war. Five hundred thousand of these deaths would occur in the United States. The new enemy was the "Spanish Influenza," the most virulent form of in-

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fluenza yet encountered on either side of the Atlantic.

The 1918 epidemic almost certainly did not originate in Spain. Yet because Spain, as a non-belligerent, did not impose war-time censorship restrictions, its eight million influenza cases became the focus of worldwide attention. Quickly enough, however, the disease infested populations on both sides of the Atlantic. In early September, the epidemic reached the United States, and soon cities across the nation reported mounting numbers of cases. Everywhere the symptoms were the same: first a chill, then high fever, headache and backache, reddening and running of the nose and eyes, and dull muscular pain. The overall effect was one of general prostration, for which doctors at first had no remedy other than bedrest.

Cases of the disease first appeared in Iowa late in September, in Des Moines and at nearby Camp Dodge, with scattered reports from other communities. With sudden fury the epidemic then moved westward, to Sioux City and other towns. Throughout the state, municipal officials prepared to fight the disease by closing or curtailing services at public accommodations. The owners of theatres, movie houses, dance halls, pool rooms, skating rinks, and outdoor athletic facilities reduced their hours or closed completely in the course of the next several weeks. Such closings were particularly extensive in the state's larger cities, where even churches and Sunday schools complied with the practice.

The disease itself baffled contemporary physicians. Though a growing number of medical authorities suspected that a filterable virus was responsible — a hypothesis that was confirmed in 1933 after extensive study — there was no consensus among physicians as to either the cause or the cure during the postwar epidemic. As one might expect, however, all sorts of alleged remedies soon appeared. Several vaccines, including one developed at the Mayo Clinic and tested in Sioux City and Cedar Rapids, produced uncertain results, but people in the latter city proved so eager to try it that the demand for the Mayo vaccine quickly outran the supply. The consequence here, as elsewhere, was the proliferation of less scientific remedies. In Sioux City, whose city ordinance forbade the consumption of liquor, a physician's statement entitled the bearer to receive "medicinal" whiskey issued by the municipal police department. In keeping with public sentiment on the eve of national prohibition, no person was allowed more than a quart, and—a local newspaper assured its readers—"they were watched."



An emergency hospital set up in the gymnasium at Iowa State University during the influenza epidemic of 1918 (courtesy Iowa State University Archives)

1500 CASES SPANISH FLU IN CAMP DODGE

Spread of Suspected Cases Has
Forced an Enlargement of
Hospital Room.

MANY UNDER OBSERVATION

Suspected Cases Continue to
Pour Into the Camp Base
Hospital.

QUARANTINE'S LID SETTLES OVER CITY

Proclamation Makes Effective
Today Measure to Prevent
Epidemic's Spread.

PUT LID ON FOR TWO WEEKS

Committee Will Meet Daily to
Outline Further Action if
Necessary.

*News of the epidemic in
Iowa began to appear in
the Des Moines Register in
October 1918.*

Apparently there were no scientific inquiries to verify the effectiveness of the whiskey cure, or the many others that appeared as the disease spread across the Hawkeye State. These included treatment with kerosene, onions, mustard poultices, lemon juice, turpentine linament, buttercloth breath strainers, and a variety of other hot and cold applications. Despite physicians' warnings, the epidemic promoted plenty of quackery, even after the appearance of more reliable treatments for flu symptoms, including the recently introduced VICK'S VAPORUB®, which was widely advertised during the months of the epidemic.

Public health officials moved uncertainly in their efforts to combat the disease. Some Des Moines hospitals, reluctant to accept flu victims, had to be ordered to do so by a special committee set up by the State Board of Health. Dr. Guilford Sumner, secretary of the Board, sent five thousand circulars and ten thousand booklets describing the flu and proper management procedures to Iowa physicians, newspapers, and government officials. Sumner also issued a communique to the surgeon general urging him to impose a thirty-day quarantine in Iowa. Although the surgeon general rejected this advice, many Iowa communities—including the hard-hit city of Des Moines—declared quarantines at their own volition. Throughout the crisis, Board of Health representatives and municipal officials throughout the state worked tirelessly to coordinate programs aimed at stemming the epidemic.

Despite their efforts, the battle against the Spanish flu achieved only partial success. Much of the problem lay in the officials' inability to convince the public of the seriousness of the disease. In Des Moines, a number of business and labor groups charged that the Board of Health and its Flu Committee over-reacted to news of the epidemic's casualty figures. Department store owners were especially vocal in expressing their confidence in the generally good health of Des Moines citizens. And to reduce customers' anxieties, the owners had store nurses check their employees each morning; there was, they insisted, no evidence of the flu among them. Nevertheless, the city-wide quarantine hurt local business and dramatically reduced the number of outside visitors to Des Moines.

Legally, of course, the Iowa State Board of Health could do no more than to advise local communities, distribute information on the uncertain preventative measures, and recommend the quarantines. The state provided no funds and

scant regulatory means for officials to monitor the progress of public health programs. Vaccines were sent to local doctors, and emergency care facilities were established wherever space and local resources allowed, but the state left it to the counties to bear most of the costs, including the expense of treating indigents afflicted with the illness. The financial and administrative strain of dealing with a disease that would eventually attack one-fourth of the state's population was enormous. And because young adults suffered in disproportionate numbers, there were sharp rises in the numbers of children orphaned—another problem with which the local communities had to contend. Thus, the epidemic's impact was felt for years after the crisis ended, both in social terms and with respect to the physical aftereffects—including weakening of the heart, lungs, liver, and kidneys—experienced by the flu's victims.

Given the seriousness of the epidemic and the lack of medical knowledge concerning the disease, rumors ran rampant among the people of Iowa. At Camp Dodge, for example, it was alleged that several doctors and nurses had been found guilty of injecting Spanish influenza germs into their patients, and that the culprits had been court-martialed and shot. The story, of course, had no foundation in fact. Another rumor had it that fifty black enlisted men, all victims of the disease, were buried in a mass grave located behind the hospital at the army base. This too was a fiction.

In about five weeks, the crisis abated somewhat, and most Iowa communities experienced a decline in the number of cases reported each day. The epidemic had apparently peaked. At Camp Dodge and elsewhere, quarantines were lifted and life returned to normal. Schools reopened, the football season resumed, and civic life regained its routine course. On November 4, in a final tribute to the flu's victims, Camp Dodge held services for the men and women—numbering more than seven hundred—who had died before they could go "Over There."

Unfortunately, the decline in casualties was only a momentary hiatus, for within weeks the epidemic revived. The second wave of Spanish flu struck fifty thousand Iowans, killing four thousand of them. Davenport was especially hard hit; local papers reported that by Christmas the disease had taken "over six times as many Davenport lives as all the devilish devices of the bloody Hun."

Throughout the state, officials resumed the siege tactics



SUMNER ASKS IOWA TO FIGHT THE FLU

State Health Secretary Says
Thirty Days Necessary to
Exterminate Plague.

SUMNER SUGGESTS.

Closing of public meetings of
all kinds.
Abstinence from public travel.
Cessation of visiting from
house to house.
Staying at home and avoiding
crowds as much as possible.
Observance of these rules for
at least thirty days.

*State Board of Health
Secretary Dr. G. H. Sum-
ner issued a flurry of news
dispatches to counter pub-
lic apathy about the
threat posed by the flu in
Iowa.*

FLU LID ON AT DAVENPORT

Public Schools and Dances Are
Ordered Closed at Once.

DAVENPORT, Ia., Dec. 2.—All public schools were ordered closed today by the local board of health by reason of the flu epidemic. The ban is also placed on dances, Sunday schools, moving picture houses, theaters and churches will be closed later if deemed advisable. A month ago a sweeping order was issued affecting all lines of business as well as school gatherings.

The general impression at this time is that the former ban was lifted too early. All the Davenport hospitals are filled to overflowing. The emergency hospital in the Turner hall building, established during the former outbreak of the plague, will be reopened. A call for nurses has been sent to Chicago.

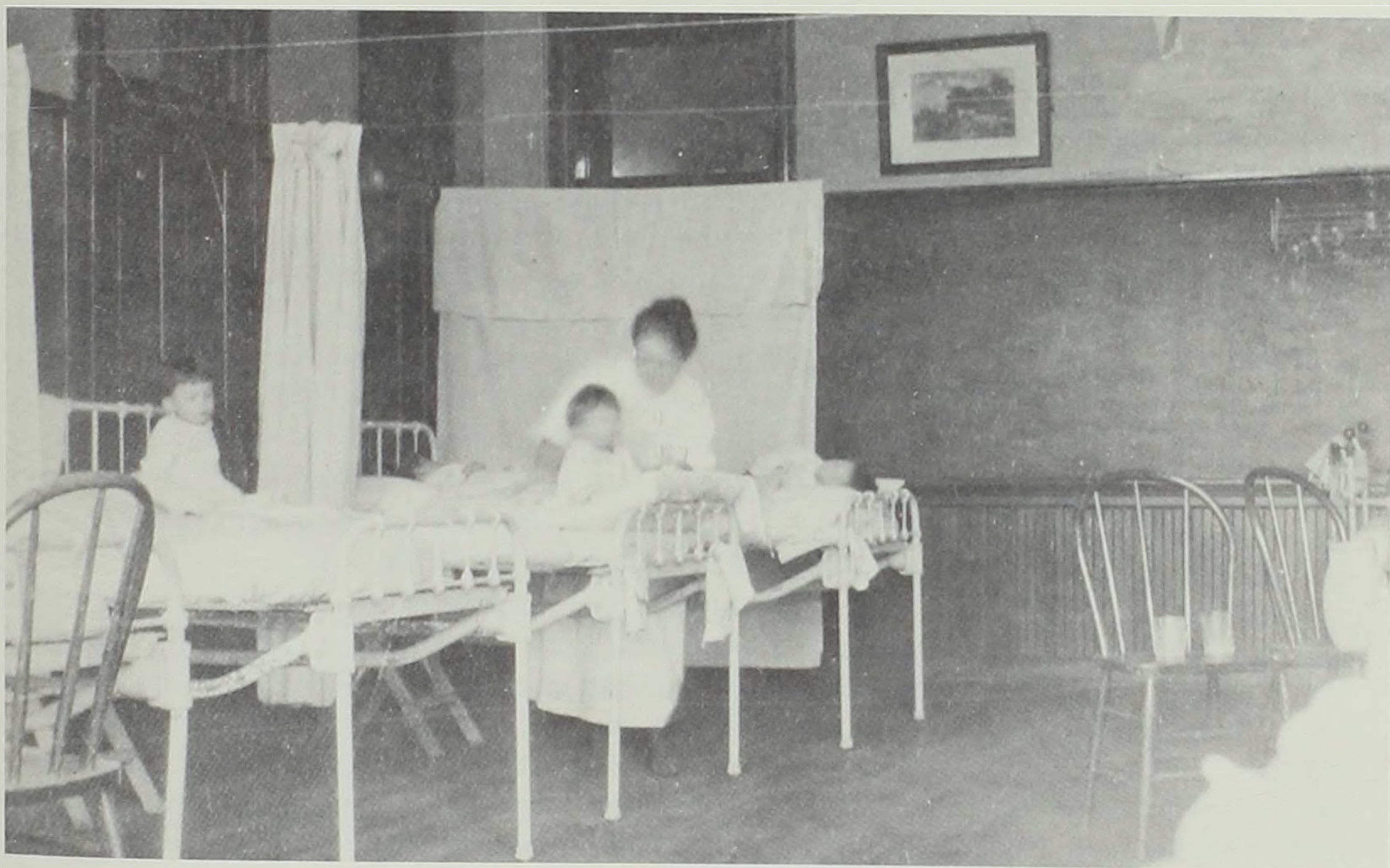
The epidemic's second wave hit hardest in Davenport.

developed earlier in the fall. In Des Moines, the Flu Committee required all persons attending public functions after 6:00 P.M. to wear masks. Barbers, elevator operators, and clerks were ordered to wear them at all times. As usual, many citizens protested these measures; movie house operators joined the department store owners in energetic opposition to the Board of Health's mandates, but to no avail. The city was of necessity shutting down again. The public schools, closed indefinitely in November, made no effort to reopen until after Christmas.

While it proved difficult to enforce the mask ordinances—and impossible to keep people from gathering—the epidemic's second wave convinced most people in Iowa that the influenza posed a serious threat to the state's population. Initial resentment and disrespect toward the regulations were perhaps understandable, since previous efforts to cure or prevent the disease had been futile. Moreover, people in 1918 ignored public health strictures because they were preoccupied with other things: the end of the war, the armistice, and the impending peace conference. Such events repeatedly crowded the epidemic off the newspapers' front pages and kept readers distracted by the drama of international postwar politics. But when Davenport began to report proportionately more flu cases than either Chicago or St. Louis, and when other Iowa communities witnessed sudden declines in commercial activity, resistance to public health warnings ceased. Closures of businesses and factories sent a message to the public in a way that even school closings had failed to do in previous months.

The second influenza wave began to subside shortly before Christmas. On December 16, Des Moines dropped its quarantine, though local businesses, schools, churches, and other public facilities were slow to resume normal operations. Davenport waited till Christmas Eve to rescind its flu restrictions, and may have been somewhat hasty at that. In early January, seven hundred fifty new cases appeared there in a three-day period. Still, the worst was over, and news of the Spanish flu slipped quietly into the newspapers' back pages.

In its sweep across the globe, the Spanish influenza of 1918 killed and maimed without regard for wealth or social status. There is some evidence that the young were more prone to contract the disease than were their elders, and it is certain that crowded conditions such as those at



Camp Dodge and Fort Des Moines provided a breeding ground for the illness. In Iowa and elsewhere, mortality rates among closely quartered military personnel were much higher than among the civilian population. Other than these items of information, however, historians face difficulties in generalizing about the epidemic. Iowa officials, overworked as they were in the days of the crisis, did not take great care in documenting the incidence or seriousness of the flu among the state's residents. Reports by physicians to local boards of health often arrived with incomplete information, and some never arrived at all. Furthermore, many flu cases never came to the attention of Iowa's medical practitioners. As a result, statistical data gathered during the epidemic provides only a rough estimate of the total number of victims. For example, the Iowa State Board of Health listed 42,797 cases of the flu during October 1918, but for some reason the procedure for listing victims seems to have been curtailed in subsequent months. Annual mortality figures, in which we may place more confidence, record 6,543 influenza-related deaths in 1918 and 1,183 in 1919. To the extent that these and other state figures are accurate, it would appear that Iowa suffered fewer deaths than did many states.

Classrooms at the Bud School in Des Moines were converted to hospital wards at the peak of the epidemic in late autumn 1918 (SHSI)

As noted, much of this good fortune should be ascribed to luck, for Iowans were not particularly conscientious in following the recommendations of public health officials. City councils, boards of health, and local flu committees complained continually about the lack of public cooperation. Hysteria alternated with indifference, and indifference resulted in a general reluctance to abide by the terms of protective regulations. People simply refused to wear masks, businesses resisted restrictions, and owners of public entertainment facilities protested all efforts at government regulation of their operations. As a result, thousands of people needlessly exposed themselves to possible infection. To make matters worse, critics and proponents of public health measures wasted days and weeks in wrangling over the manner in which such measures were to be imposed. Disgusted by such contentiousness, Dr. Sumner at one point complained that "it is remarkable how zealous the public will be in demanding the most drastic rules and regulations be enforced in case of [a] hog cholera scare, and yet when an epidemic is raging which is jeopardizing the lives of whole communities, many of the same people will manifest the utmost indifference." □

One of a series of bulletins issued by the Iowa State Board of Health during the epidemic. This one appeared in the Des Moines Register on October 15.

Note on Sources

Much of the information used in this article was gleaned from items on the epidemic published in the winter of 1918-1919 in the newspapers in Des Moines, Davenport, Sioux City, and Cedar Rapids. Also useful were Alfred W. Crosby, *Epidemic and Peace, 1918*, selected issues of the *Journal of the Iowa State Medical Society* and the *American Journal of Public Health*, and the annual reports of the Iowa State Board of Health.

A fully annotated version of this article is on file at the State Historical Society.

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IOWA STATE BOARD OF HEALTH

INFLUENZA

How to Avoid It---How to Care for Those Who Have It

The following suggestions of the Iowa State Board of Health may prove of immeasurable value to any man or woman who will read, remember and act upon them in the present great emergency. The counsel here set forth was prepared by the Massachusetts State Department of Health, after consultation with some of the ablest medical men in America. If you will follow the instructions of this official bulletin you will be doing your duty to your fellowmen, to your country and to yourself.

What to Do Until the Doctor Comes

To Householders

If you feel a sudden chill, followed by muscular pain, headache, backache, unusual tiredness and fever go to bed at once.

See that there is enough bed clothing to keep you warm.

Open all windows in your bedroom and keep them open at all times, except in rainy weather.

Take medicine to open the bowels freely.

Take some nourishing food such as milk, egg-and-milk or broth every four hours.

Stay in bed until a physician tells you that it is safe to get up.

Allow no one else to sleep in the same room.

To Workers

Walk to work if possible.

Avoid the person who coughs or sneezes.

Wash your hands before eating.

Make full use of all available sunshine.

Do not use a common towel. It spreads disease.

Should you cough or sneeze, cover nose and mouth with a handkerchief.

Keep out of crowded places. Walk in the open air rather than go to crowded places of amusement.

Sleep is necessary for wellbeing—avoid over-exertion. Eat good, clean food.

Keep away from houses where there are cases of influenza.

If sick, no matter how slightly, see a physician.

If you have had influenza, stay in bed until your doctor says you can safely get up.

To Nurses

Keep clean. Isolate your patients.

When in attendance upon patients, wear a mask which will cover both the nose and the mouth. When the mask is once in place, do not handle it.

Change the mask every two hours. Owing to the scarcity of gauze, boil for ½ hour and rinse, then use the gauze again.

Wash your hands each time you come in contact with the patient. Use bichloride of mercury, 1-1000, or Liquor Cresol compound, 1-100, for hand disinfection.

Obtain at least seven hours' sleep in each twenty-four hours. Eat plenty of good, clean food.

Walk in the fresh air daily.

Sleep with your windows open.

Insist that the patient cough, sneeze or expectorate into cloths that may be disinfected or burned.

Boil all dishes.

Keep patients warm.