

AMERICAN PANDEMIC

THE LOST WORLDS OF THE 1918 INFLUENZA EPIDEMIC



NANCY K. BRISTOW

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*To the memory of my great-grandparents, my family's past
and to my nieces and nephews, our families' futures*

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My great-grandparents were the inspiration for this book, and it is dedicated to them. I knew them only through their wonderful son John, but have kept their picture with me throughout this project as a constant reminder of the human costs of the pandemic. Like millions of Americans caught in the storm of influenza, their particular story is lost to us. My hope is that this book gives voice, in some small way, to their experiences in the dark days of the pandemic.

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Lost Worlds

According to family lore, in the fall of 1918 John Bristow, an adolescent of 14 or 15, was orphaned in Pittsburgh, Pennsylvania. His mother Elizabeth had died quickly and unexpectedly of influenza. While attending funeral services a few days later, his father began feeling ill. Within days, John lost his only remaining parent. In the course of a week he had become both an orphan and an adult. (See Figure 0.1) Even the comforts of home were taken away, the family's few possessions removed by relatives during the second funeral. With both parents gone, John went to work. Little more is known about this catastrophic event in young Bristow's life, an event that was repeated millions of times during the fall and winter of 1918–1919 as the worst influenza pandemic in recorded history raged around the world.

Experts today estimate that as many as one-third of humans around the globe, perhaps 500 million people, and over one-quarter of Americans, roughly 25 million people, were infected by this new incarnation of influenza, incorrectly dubbed Spanish influenza by its contemporaries. Striking with unprecedented ferocity, the pandemic caused no fewer than 50 million deaths worldwide.¹ Attacking in four waves, influenza hit first in the spring of 1918, but it attracted little public notice among Americans who expected annual influenza outbreaks. The wave of disease began to garner attention as it moved to the European battlefields during the late spring and summer. Then, in late August, the pandemic exploded in its second wave, striking simultaneously on three continents and spreading rapidly throughout the world. A third wave followed close behind, attacking in the winter as many communities were still recovering from the autumn crisis. In early 1920 influenza would strike in one more wave, or perhaps the first seasonal outbreak of this new influenza strain.² The second wave of the pandemic was the most costly, when morbidity rates in most communities ranged between 25 and 40 percent. Though other influenza pandemics had killed only .1 percent of the infected, this attack wielded a shockingly high mortality rate of 2.5 percent, largely the result of bacterial pneumonia. Some 675,000



Figure 0.1 The Bristow family, approximately 1913. From left: Elizabeth, William, John Sr., John Jr. Both parents are believed to have died in the fourth wave of the pandemic in 1920.

American perished, half a million more than normally died from influenza each year.³ The impact was severe enough to lower life expectancy for Americans in 1918 by twelve years.⁴

High rates of infection and death were made all the more startling, and ultimately more disruptive, as Americans recognized just who it was who was sickening and dying. Influenza is traditionally associated with an age-specific mortality chart shaped like a “U,” the result of high death rates among infants and the elderly. Infection rates during the 1918 pandemic remained consistent with this model as children evidenced the highest rates of illness. Mortality rates, though, defied previous patterns associated with influenza as 99 percent of excess influenza deaths occurred among Americans younger than 65. The result was a W-shaped mortality chart (see Figure 0.2) that reflected the surprisingly high death rates for adults between 20 and 40, a population that suffered almost half of the pandemic deaths in the United States.⁵ John Bristow’s parents, my great-grandparents, were two of those victims.

Oral histories offer up only fragments of my great-grandparents’ story. John and Elizabeth Bristow were immigrants from Northern Ireland. Settling in Pittsburgh, John moved houses for a living. In 1905 their son John was born, and some years later a younger brother, William, followed. Elizabeth had family living nearby when the epidemic struck. Beyond these simple details, threads of

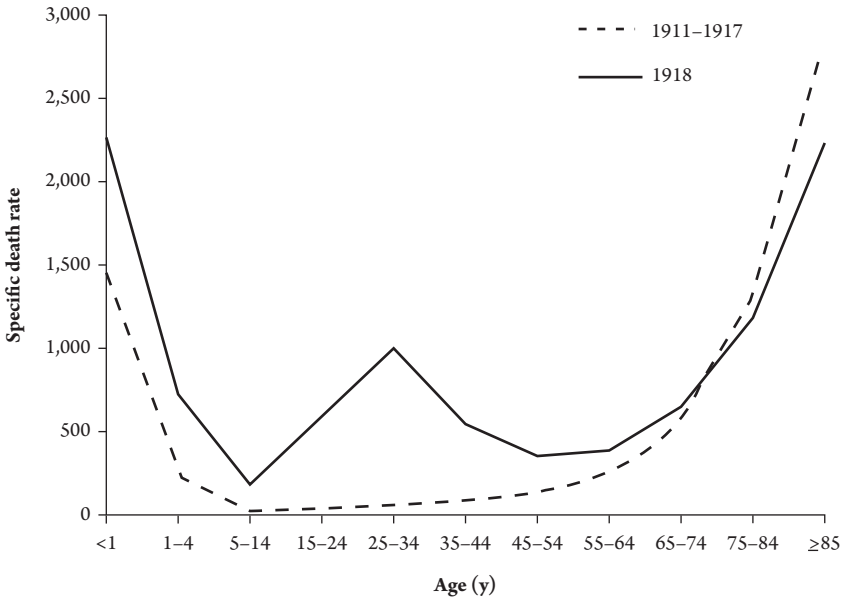


Figure 0.2: This chart graphs the difference between influenza’s usual “U”-shaped mortality patterns and the “W” pattern that emerged in 1918. “Figure 0.2. ‘U’ and ‘W’-shaped combined influenza and pneumonia mortality, by age at death, per 100,000 persons in each age group, United States, 1911–1918.” Jeffery K. Taubenberger and David M. Morens, “1918 Influenza: The Mother of All Pandemics,” *Emerging Infectious Disease* 12 (January 2006): 19.

information too sparse to weave into a recognizable tapestry of their lives, little else is known. Did John and Elizabeth immigrate together, or did they meet in the United States? What had they left behind in Ireland, and what were their hopes for their lives in America? How did they imagine their children’s futures? The contours of their lives and the facts of their deaths, as well as the consequences for John and William, are largely lost with the passage of time and memory. As my brother Jim, who through sheer coincidence named his children John and Elizabeth, suggested when I asked him to recount what he knew of our great-grandparents, “I know nothing of them. My history starts with their dying in the flu epidemic of 1918.”⁶

It was the desire to develop some understanding of what the Bristows might have experienced in those difficult days of 1918 that first motivated my research into the pandemic. This work soon led to a surprising discovery. John and Elizabeth Bristow, it seems, did not die in 1918; both of their names appear in the 1920 census. Rather than succumbing to the second deadly wave of influenza in the fall of 1918, they were likely victims of the 1920 outbreak, which continued to show many of the epidemiological markings of the 1918 pandemic. The

specific details of my family's experience of the influenza crisis are little clearer today than when I began this book, replaced by my broader purpose of constructing a social and cultural history of the influenza pandemic in the United States as a richer backdrop for understanding the experience of millions of Americans—some of them remembered as members of our families, others of them now nameless and faceless—whose lives were forever changed by this cataclysm.

At a time when race, class, gender, region, age, religion, and other social identifiers shaped lives of great difference and disparity in this country, to imagine a comprehensive account of all Americans seems audacious at best, arrogant at worst. And yet it is precisely this diversity of experience that makes a fuller exploration of the pandemic both necessary and meaningful. Despite the widespread nature of the incident, sources reflecting the full reach of its impacts are notoriously hard to locate. While the public health responses to the epidemic are easy to track, citizens' reaction to those responses are more difficult to identify. While physicians' recommendations for treatment are readily available in the medical press, their private responses to the meaninglessness of their efforts were rarely spoken or recorded. And the virus's significance in the private lives of Americans—those who suffered its scourge as well as those who tended the ill, those who died in the epidemic and those who were left behind to mourn—is much more elusive. This book is an effort to piece together fragmentary sources to hear voices previously unheard and elucidate the range of ways Americans experienced the pandemic.

It has long been an article of faith among historians of the United States that the epidemic of Spanish influenza was one of the great forgotten episodes of American history, an argument made most notably by Alfred Crosby in his 1976 book, *Epidemic and Peace*. Crosby noted that though "the destruction wrought by Spanish influenza is memorialized in reams of published statistics in every technologically advanced nation that was not in a state of chaos in 1918," the epidemic "never inspired awe, not in 1918 and not since."⁷ Except for a few rare exceptions, Crosby explained, Americans simply forgot the medical disaster of 1918, excluding it almost entirely from both popular periodicals and academic textbooks in the decades to come.⁸ When Crosby's book was reissued in 1989, its new title, *America's Forgotten Pandemic: The Influenza of 1918*, highlighted the nation's failure to remember, and in subsequent years countless authors have repeated this claim.⁹

There is important truth in this rendering of the epidemic: the public culture of the United States did turn its back on the memory of this event. But such a characterization of the epidemic's impact also neglects the complexity of a national memory that includes not just the public and shared narratives but also the private recollections of individuals and families. A few voices, including

Crosby's, have introduced this corrective.¹⁰ The national amnesia posed "a mystery and a paradox," Crosby offered, because the nation had in fact remembered the epidemic at the level of "intimate" recollection.¹¹ This book foregrounds this point, arguing that for millions of Americans, both those who suffered from influenza and those who lost loved ones to the disease, the 1918 pandemic lived on in vivid memories and in lives indelibly marked by those experiences.

My family offers one example of this more private remembering. In the summer of 1995 my father and I took our last backpacking trip together. While we hiked from the Columbia River to Mt. Hood in Oregon I learned for the first time that John and Elizabeth Bristow had died in the influenza pandemic. I had long been fascinated by the influenza outbreak and had even considered pursuing its history for my doctoral dissertation. I had also known my grandfather well as a child and was aware he had been an orphan. Even so, I had managed to pass the first thirty-seven years of my life without making the connection between these histories. My family, it might seem, was following a pattern of forgetting common among Americans. Such a conclusion, though, glosses over what was actually a quiet process of remembering. Though I did not learn the story of my great-grandparents' deaths during the pandemic until well into adulthood, my grandfather had not neglected to tell it to others. In the summer of 2004, as I interviewed members of my immediate family—my mother, my brothers, my niece and nephew—I discovered that while the youngest Bristows did not know this history, others certainly did.

On the basic facts family members seem to agree. My grandfather John was orphaned suddenly when his parents died in the influenza pandemic in Pittsburgh. Other details emerge only sporadically, perhaps apocryphally, and always with uncertainty. The confusion surrounding the timing of the Bristows' illnesses and deaths—when did they succumb to influenza?—highlights the fallibility of our shared memory. Among various family accounts other discrepancies emerge. My brothers and I had always understood that my grandfather lost everything when family members ransacked the family's home during the funeral of his second parent, and we believed that my grandfather had raised his younger brother after the loss of his parents.¹² "The only thing left behind was John and his younger brother," Jim clearly remembered.¹³ Recalling with relish our grandfather's ingenuity, he detailed how he had purchased a blind horse and cart from which he sold fruits and vegetables. "They could go out when many of the other street vendors were unwilling," my brother conveyed with some pleasure, "because the horse didn't know, couldn't see anything . . . and wasn't scared of slipping on the streetcar tracks."

While my brothers and I have long cherished this heroic vision of our grandfather looking after a helpless younger sibling, my mother's version of the story differs in significant details. John, according to her account, was 15 years old

when influenza struck and he did not raise his younger brother but saw William placed in an orphanage. My mother's story also casts the looters of the family home in an entirely new light. "When your grandfather came home from the funeral," she explained, "the house had been totally cleaned out by the other members of the family. And they took John . . . into their home, with all his stuff of course. And so he lived with these brothers [of Elizabeth Bristow]." ¹⁴ While these various accounts offer significant contradictions, the one thing we do know is the cause of John and Elizabeth's deaths and the importance their passing held in the life of my grandfather and his brother.

If the pandemic was not forgotten, but rather lived on in individual and family memories and in countless lives remade by personal trauma and family loss, such a finding only heightens the need to explain our nation's public amnesia. As I have worked on this book, I have benefited from the work of others who have wrestled with this dynamic of forgetting and remembering as it appeared in personal, community, and national reactions to other tragedies. When people respond to catastrophe, shared ways of describing and ultimately of understanding such an event emerge, so-called preferred narratives of a culture's response to crisis. ¹⁵ In recent decades, study of collective memory has focused on how nations, as well as smaller cultural groupings, have remembered their past, recognizing the purposefulness of memory-making and the important relationship between a culture's depictions of its past and the circumstances of its present. ¹⁶ Preferred narratives emerge as those stories that best fit a culture's beliefs about itself and about its past, present, and future. This book explores the preferred narratives that emerged both during and following the epidemic, seeking to illuminate the public amnesia about the pandemic that contrasted starkly with its profound private impact. What made it possible for a culture to forget an event so significant and so fully remembered in the lives of so many people?

Some have argued that the rapid onset and sudden departure of Spanish flu caused its fleeting presence in American memory. A further epidemiological explanation maintains that it was the pandemic's particular virulence among young adults, and the corresponding limits of its impact on the nation's leadership class, which allowed it to be so easily forgotten. ¹⁷ While it is true that the pandemic did not produce lasting social or cultural change and that the disease's epidemiological patterns contributed to that outcome, this was not because influenza traveled too fast to affect Americans or because they were unimpressed with its impact. A horrifying disease that bore little resemblance to the common yearly influenza, pandemic Spanish flu shocked Americans even as it disrupted the most basic patterns of their lives. Rather than leading to deep change, though, the disorder seemed instead to reinforce the status quo, leaving little cultural mark of the epidemic's impact. Confronting an unfamiliar disease and circumstances that were anything but familiar, many Americans clung to established

norms amidst the chaos. Social identity shaped Americans' pandemic experiences in the most powerful ways, health care professionals as well as patients, men as well as women, whites as well as people of color, middle and upper classes as well as the working class. Men and women viewed the events through gendered lenses and responded in ways that fit with expectations about their masculine or feminine identity. Race and class hierarchies, in turn, shaped the behaviors of those who most benefited from them, ensuring that some people in the country suffered from not only influenza but also the indignities and inequalities of the American caste system.

This is not to suggest that all Americans responded to the epidemic by acting out their prescribed social roles. The crisis of the pandemic allowed for substantial challenges to the existing cultural norms. For instance, practitioners of alternative medical systems called into question the efficacy of allopathic (mainstream Western) medicine and found a desperate and sometimes sympathetic public willing to engage in practices ranging from folk cures to chiropractic. Similarly, targets of white, middle-class "uplift" during the crisis, the poor and people of color in particular, often resisted such interventions and relied instead on the standards and practices of their own communities. Yet these challenges to existing social categories only highlighted both how rare, and ultimately how powerless, such efforts were. Though Americans often tried alternative treatments during the epidemic, their expectations of modern medicine—that it would cure patients easily and efficiently—survived the crisis, as did the growing authority of mainstream health care professionals. Even less disturbed were traditional racial and class hierarchies. The race riots and failed labor strikes of 1919 would soon demonstrate just how little impact the epidemic had had on white supremacist thought or on the basic belief that economic opportunity was open to all. It may be that this confirmation of the established and the traditional helped to ensure that the epidemic would pass easily from public attention. Acting to reinforce rather than unsettle the social and cultural status quo, the influenza crisis remade individual lives but not Americans' communal life.¹⁸

This conservative approach to the circumstances of the pandemic was mirrored in Americans' reaction to the growing power of government evidenced during the emergency, and during the war more generally.¹⁹ Though willing to accept public health officials' guidance in the early weeks of the crisis, as weeks and months passed and these officials proved unable to contain influenza, Americans grew restive under their control. Only the passing of the epidemic prevented a more significant challenge to their authority. The epidemic, then, was one more chapter in the tale of Americans' rejection of the Progressive era and the enhanced role of the state it had encouraged. As the epidemic waned, so, too, did Americans' willingness to accept governmental intervention in their daily lives. One part of Americans' broader turn to conservative politics in the

post-epidemic era, the influenza crisis again fostered not change but the reinforcing of traditional patterns in American public life.

Those public consequences the epidemic did have, in turn, were often made invisible by broader forces shaping American life. Most obviously, World War I and the coming of peace kept the American people's attention focused away from the pandemic.²⁰ An exploration of the language Americans employed to narrate their experiences in the pandemic reveals how completely the two events were joined in their minds and memories. The military conflict trumped the epidemic in public discourse, keeping the pandemic both literally and figuratively relegated to back pages and small type.²¹ The war and the epidemic were soon conflated into a single struggle in many Americans' minds, with influenza deaths subsumed under the broader category of wartime losses and the pandemic recast as a chapter in the epic tale of World War I.

Some commentators have dismissed the issue of public amnesia altogether, suggesting that because such a response is easily explained by human nature or the dynamics of national memory, it is of little importance. H. L. Mencken, the noted essayist and social critic, noted that the epidemic "is seldom mentioned" and that "most Americans have apparently forgotten it," but argued that such a response was "not surprising." He explained, "The human mind always tries to expunge the intolerable from memory, just as it tries to conceal it while current."²² More recently, the popular historian of the flu epidemic, John Barry, concurred, arguing that the nation's forgetfulness "may not be unusual at all," that such is the nature of memory.²³ Such claims may underestimate how frequently natural disasters, including epidemics, have preoccupied the recorders of human history. Most famous, of course, must be Thucydides' description of the ravaging of ancient Athens by the plague, an account that has served as both inspiration and model for centuries of accounts.²⁴

In turn, if Americans, or human beings, are prone to forgetting their communities' worst moments, the very commonality of this response makes understanding it all the more important. Those who have written about other incidents of trauma offer a useful starting place for understanding both the causes and consequences of this public amnesia. Rape survivor Susan Brison described "the massive denial of those around me," a reaction she came to understand as the result of their unwillingness "to imagine the victim's shattered life." Such imaginings, she understands, would undercut "their illusions about their own safety and control over their own lives."²⁵ Not entirely dissimilar has been the reaction of Western cultures to the narratives of Holocaust survivors, too often remade into what historian Lawrence Langer calls "narratives of evasion."²⁶ Though the epidemic was a very different kind of event, this desire to shut down a narrative of helplessness, evident with other kinds of trauma, may help to explain Americans' unwillingness to retain a public memory of the pandemic. Certain kinds of

stories, it seems, are not deliberately told by a culture or retained as part of its conscious history. The specifics of the flu pandemic's story, and of American culture in 1918–1919, exaggerated this tendency toward evasion. The influenza pandemic was, simply put, the wrong narrative for its time and place. To remember the pandemic would have required Americans to accept a narrative of vulnerability and weakness that contradicted their fundamental understandings of themselves and their country's history.

Some have suggested that it was the familiarity of epidemics generally, and of epidemic influenza more specifically, that led to the nation's amnesia.²⁷ Americans were certainly more familiar with epidemics in the early twentieth century, but this argument fails to acknowledge the buoyant optimism in the power of science that had come to characterize Americans' perceptions of modern medicine by 1918. The return to pandemic conditions was a terrible surprise, a shocking descent into a past from which Americans hoped they had escaped.²⁸ Progressive-era Americans were fixated on progress, growth, and development, and they wanted to believe that experts could solve whatever problems they might face. Beliefs about American health care mirrored this pattern. By 1918 doctors, nurses, and public health experts trusted in their ability to protect the American people from the kind of epidemic that had menaced the nation in the nineteenth century, and laypeople shared this optimism.

Though they proved unable to prevent the epidemic, in its aftermath health professionals replaced the anguished narrative so many Americans held to privately with an optimistic narrative more in keeping with their professional self-image. From this perspective, the epidemic was first and foremost an opportunity—for the fields of public health, medicine, and nursing and for the nation.²⁹ Forgotten was the failure of public health leaders to mobilize the nation in advance of the approaching scourge. Ignored was the inability of modern medicine to protect Americans from influenza, pneumonia, and death. Denied was the reality that the influenza pandemic was the worst health disaster in recorded history. As this narrative came to dominate the public accounts of the epidemic, the painful memories so many Americans held in their hearts were erased from the public discourse. This erasure of their stories left them to suffer privately, and often silently, exacerbating the tragedy of the epidemic.

The social and cultural history that follows is focused especially on the experiences of Americans as they endured the influenza pandemic and on the public and private narratives they created to explain and give meaning to those experiences. Chapter One traces the history of influenza in the decades immediately preceding the 1918 epidemic. When Americans confronted the epidemic in 1918, most had some familiarity with influenza, and many remembered the last pandemic of 1889–1890. Despite influenza's continuing threat, the growth of

scientific medicine and its repeated successes in controlling infectious diseases led professionals in medicine and public health to confidently articulate the promise of their work. Influenced by germ theory and often aware of the bacteriological revolution, the lay public, in turn, developed a complex understanding of influenza. Sharing, to some extent, the optimistic outlook of health care professionals, they domesticated influenza, understanding it as a troubling, but ultimately familiar, annual visitor. Such narratives did little to prepare Americans for the impending cataclysm.

Chapter Two moves into 1918 and the intimate world of the influenza patient, investigating the meaning of the epidemic in the lives of its most immediate victims, as well as the network of family, friends, and neighbors that surrounded them. While the virus did not discriminate among its victims, American culture certainly did. This chapter details the profound impact of gender, class, and race in shaping responses to the pandemic. The continuance of familiar social norms served for some as a bulwark against the unfamiliar storm of the pandemic, ensuring that existing social hierarchies would be reinforced during the crisis, though some Americans resisted them. The chapter also explores how Americans tried to make sense of the pandemic. While some found Christian purpose in the chaos and others a renewed commitment to democracy, for most it was the war that best served as a metaphor for interpreting their experiences. Framing the struggle with influenza as a martial contest, Americans employed the rhetoric of war to describe the epidemic and in doing so imbued not only the battle but also its costs with heightened meaning.

The next two chapters turn to health care professionals. Chapter Three focuses on the efforts of public health officials and practitioners as they sought to control the epidemic and on the responses of citizens to the new interventions in their lives they faced as a result. From prohibitions on common drinking cups to mandated school closures and public masking, public health officials asked Americans to accept new intrusions in their public lives, while educational materials urged changes in private behaviors as well. Narrating their efforts to tame the influenza outbreak as a classically Progressive reform program, public health officials reminded Americans of their responsibilities as citizens of a nation at war. Americans were initially receptive, hoping to protect themselves from the worst of the crisis by relying on professional guidance. As the scourge proved immune to the measures employed by health officials, citizens resisted restrictions and offered new challenges to the authority of the public health leadership.

Chapter Four examines the experiences of doctors and nurses who provided health care during the epidemic. Though these two groups of medical professionals worked together closely during the crisis, their narration of their experiences differed dramatically, again suggesting the power of social identity in shaping reactions to the pandemic. Adhering to standards that measured performance

on the basis of masculine qualities of skill and power, physicians defined their success in terms of patient survival. In the context of the pandemic, such a standard was difficult to meet, and doctors often felt starkly disappointed in themselves and their profession. The challenges posed by folk medicine, patent medicine hucksters, and alternative medical practitioners only enhanced the sense of crisis the epidemic posed to mainstream physicians. Nurses, on the other hand, seemed to thrive during the epidemic. Challenged to serve others, and to do so with a caring, self-sacrificing, and domestic touch, nurses found confirmation of their professional skills and feminine identities during the epidemic.

Chapter Five shifts to the aftermath of the epidemic and the experiences of the various participants in the months following its conclusion, exploring the competing narratives that emerged as these groups attempted to make sense of the calamity. While physicians were certainly chastened by the pandemic, their voices nevertheless joined the triumphal chorus of public health practitioners and nurses looking to a bright future in the years that followed. More generally in the public sphere, too, laypeople shared with health care professionals this narrative of opportunity and promise. While Americans neglected the pandemic in the public sphere and soon erased it from the national narrative, millions of Americans continued to remember the ways in which their lives were forever changed by the influenza crisis of 1918–1919. The book concludes with an epilogue that illuminates the cost of public amnesia and its divergence from so many Americans' private memories.

In December 1918, W. A. Brooks, the Acting Chief Surgeon for the State of Massachusetts, posited, "Probably the real history of the epidemic of the so-called 'Spanish Influenza' will never be known. Perhaps it is just as well that all of its horrors should not appear in print."³⁰ This book suggests, instead, that we owe the victims of the pandemic and ourselves a fuller understanding of the tragedies of 1918, an understanding that might help us better serve each other when the next crisis comes.

“Influenza has apparently become domesticated with us”

Influenza, Medicine, and the Public, 1890–1918

In late 1889 reports of influenza in Europe reached the United States. From Antwerp to Rome, from London to St. Petersburg, Europeans were awash in the disease.¹ The *Chicago Tribune* announced in an article entitled “Everybody Is Sneezing” on December 15, “Nothing since the Eiffel tower has absorbed so much public attention as this aggravating and mysterious malady that . . . today holds not less than a hundred thousand Parisians in its annoying but happily harmless clutches.”² Though reports might acknowledge the scale of the epidemic, most initially maintained a reassuring tone for their readers.³ Thus an editorial in the *New York Times* asserted on December 11, “Nothing could well be more ludicrous than the spectacle of whole nations trembling before the advance of an influenza.”⁴

As the epidemic reached American shores in late 1889 and spread across the country in the first days of the new year, many commentators continued to downplay its risks. On December 19 the *New York Times* detailed an outbreak in Charles Street Jail in Boston, noting that though they wavered on whether the outbreak was connected to the European epidemic, “the health authorities do not think there is any particular cause for fear.” Paraphrasing a report from the professional weekly, the *Medical Record*, the article predicted, “North America . . . does not seem to be very favorable to the development of epidemic influenza in its worst forms, and it is not likely that we shall have a severe visitation.” Though conceding that the disease might offer a threat to “children or the aged,” the article concluded, “The disease is not dangerous” and “very slightly, if at all, contagious.”⁵

Even as experts reassured the American public, reports from Europe described a deteriorating situation. By the end of December the *New York Times* printed an

alarming headline declaring "Influenza's Fatal Phase" in Europe. A story from Paris the next day explained, "The influenza is spreading and is very fatal. The large number of deaths is exciting grave apprehensions."⁶ As the pandemic's range expanded and its death toll grew, headlines across the nation soon announced its widening and worsening reach in the United States. "Gaining a Foothold Everywhere."⁷ "First Fatal Case in Chicago."⁸ "West Virginia Has It."⁹ "All Baltimore Seized."¹⁰ "It Has a Firm Grip on Milwaukee."¹¹ "Sickness in Oregon."¹² "Raging in Dakota."¹³ "La Grippe—The Disease Has a Firm Hold in San Francisco."¹⁴ "It Is Spreading—The Influenza Is the Biggest Thing in Atlanta Just Now."¹⁵ "Rough on the Indians."¹⁶ And then, definitively, "The Fatal Influenza."¹⁷ What had once been Europe's problem had quickly made itself America's problem.

On January 1, 1890, New York health officials, acknowledging the prevalence of influenza in New York and linking it to the "Russian Influenza" believed to be plaguing Europe, issued "An Official Warning." The announcement asked both the healthy and the sick to look after themselves and urged those with "colds" or "influenza" to "seek medical aid at once."¹⁸ "It was only the other day that we were congratulating ourselves upon the lowest death rate recorded in the vital statistics of the city," the *New York Times* editors reminded readers, "and on the last day of the year the mortality is greater than has ever occurred before, except in the extreme heat of Summer." Though uncertain the epidemic disease was really influenza, the paper conceded that "whatever it is, it is doing serious mischief." Given the new danger, the editors concluded, "It is plain that nobody who is attacked can afford to delay for an hour to invoke medical advice."¹⁹

Once it struck, influenza spread swiftly to disrupt businesses and public services across the country. In Philadelphia and New York the police departments were hard hit.²⁰ In Detroit, policemen were joined in their illness by the "clerical and working force" of most stores and factories in town.²¹ In Atlanta the post office employees were "prostrated," while in San Antonio the telephone exchange suffered.²² At the Clinton prison in New York, the inmate workforce was "weakened" by hundreds of cases, and the state penitentiary in Missouri suffered a similar fate.²³ In Milwaukee "many business houses" were "short-handed," and in "public offices a number of clerks" were sick.²⁴ In Providence, Rhode Island, "all court business" was "suspended."²⁵ In Colfax, Illinois, "deplorable conditions" emerged as the town was attacked by the epidemic even as the few doctors in town suffered from influenza or traveled elsewhere to attend to sick family members.²⁶ At the Tillamook lighthouse off the coast of Oregon, "one of the keepers" came "down with the dread disease," while both Los Angeles and Pittsburgh reported stricken workers on the railroads.²⁷ In Astoria, Oregon, influenza acted as a "sort of opiate on matters in general," particularly for the young.²⁸

Despite Americans' alarm over the march of influenza in the winter of 1889–1890, it was by no means the first flu pandemic. Hippocrates is sometimes credited