“LIKE BRAVE SOLDIERS:” NURSING AND THE SPANISH INFLUENZA EPIDEMIC OF 1918 IN THE UNITED STATES

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This thesis aims to shed light on the long overlooked role of nursing during the Spanish influenza epidemic of 1918 by acknowledging their extraordinary work on a variety of levels. An examination of where nursing stood as a profession at the turn of the twentieth century provides not only the context for the nurses being studied, but also reveals the great strides the profession had made to produce such extraordinary nurses to face what would come to be one of the deadliest pandemics ever seen. Once the pandemic began to spread, the nursing profession involved itself in fighting Spanish influenza in both the military and civilian sectors. The medical notes of medical professionals, diary and journal entries of nurses, and records made by the American public have been collected and analyzed to expose just how involved nurses were in the relief efforts put on by the government, as well as the very intimate details these nurses experienced, both physically and emotionally, working with those plagued by the epidemic. The question of why and how nurses were able to serve under such devastating circumstances is answered through the careful study of gender roles in medicine, the positive effects of nursing, and the sense of accomplishment these nurses felt in providing that care.
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INTRODUCTION

In the wake of the First World War, a new sort of enemy was gaining strength. With little warning, a strain of influenza commonly known as the Spanish flu ravaged the globe, devastating nations and destroying communities in a matter of months. Beginning as a strain of the common flu, the disease gradually mutated until becoming the infamous killer known today.1 In a matter of months the flu devastated populations, causing millions of deaths worldwide.2 First appearing in America in 1918, Spanish influenza defied all previous understanding of the illness. Medical professionals were helpless to understand it, and governments were unable to contain it. The pandemic shook the foundations of individuals, families, and entire societies.

In the midst of the devastation, however, an alliance of extraordinary caregivers aided the American population through the worst of the scourge. Nurses across America joined together in the fight against the influenza epidemic, soon becoming the first and most effective line of defense against the disease. In the absence of effective medical interventions, nurses provided both physical and emotional support for those suffering the disease. Americans applauded the “splendid work” of these nurses who, “stood to their tasks like brave soldiers.”3

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1 For more on the characterization of the virus that caused the 1918 Spanish influenza pandemic see Taubenberger, Jeffery K., Ann H. Reid, Amy E. Krafft, Karen E. Bijwaard, and Thomas
2 Death rates cited by historians often vary. Gina Kolata’s Flu: The Story of the Great Influenza Pandemic of 1918 reports a death toll of at least forty million people worldwide, while Mark Harrison, Howard Phillips and David Killingray have estimated global deaths as low as thirty million people. Regardless of these variations, there is a general consensus that the influenza pandemic of 1918 claimed anywhere between thirty million to one-hundred million lives worldwide. This deviation in the historiography is justifiable; cases of the epidemic often went unreported, while rural and poverty-stricken communities had disproportionate coverage.
3 A.C. Jamme, ‘Conclusions Based on a Series of Inspections at Camp Hospitals in the United States’, Proceedings of the Twenty-fifth Annual Convention of the National League of Nursing Education Held at Chicago, Illinois, June 24 to June 28, 1919, Baltimore, Williams and Wilkins Co., 1919, p. 188-189 (From the History of Nursing Archives General Collection, Department of Special Collections, Boston University).
However, the appreciation and praise towards the work of nurses during the epidemic was ephemeral. As the Spanish influenza epidemic of 1918-19 faded from the American memory, so too did the efforts of American nurses during the pandemic. In the years following its pestilence, the Spanish influenza epidemic largely escaped the attention of historians. The dominant focus by most historians during this time was on change over time, and on the political, economic, and intellectual processes that explained those changes. “A study of a random natural disaster such as the 1918 epidemic had nothing to offer the historical endeavor,” explains Lynda Bryder.4 Like Bryder, present-day historians of the Spanish influenza epidemic of 1918 are generally in agreement that the pandemic has largely escaped the attention of traditional historians, but reasons why this may be have varied in the attempt to fill this void. John M. Barry’s *The Great Influenza: The Epic Story of the Deadliest Plague in History*, published in 2004, and Tom Quinn’s *Flu: A Social History of Influenza*, published in 2014 have been particularly assertive in a new explanation for why the Spanish influenza epidemic of 1918 has been left out of larger histories. Both Barry and Quinn attribute the absence to the influence of American President Woodrow Wilson, who would not permit government reports about the virulence of the outbreak to be published in fear that it would weaken the war effort.5 Other

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5 Tom Quinn, *Flu: A Social History of Influenza* (Chichester: IMM Lifestyle, 2014), 125; John M. Barry, *The Great Influenza: The Epic Story of the Deadliest Plague in History* (London: Penguin, 2010). The evidence that Barry and Quinn cite to support their argument is both thorough and significant in the new insight they have brought to the historiography. Soon after the declaration of war, Wilson issued Executive Order 2594, creating the Committee on Public Information, and pushed the Espionage Act through Congress, calling it "an imperative necessity." The Committee on Public Information was to act as an independent agency of the United States Government, and to influence public opinion regarding American participation in World War I. The following Espionage Act authorized the state to punish all individuals who engaged in any form of expression that was believed to undermine United States economic and political policies. The law
explanations for the lack of historical analysis on the epidemic are less political. Howard Phillips and David Killingray, in *The Spanish Influenza Pandemic of 1918-19: New Perspectives*, assert that the answers to why the pandemic largely escaped the attention of traditional historians is due to the overall lack of any major official response, meaning that the pandemic left few traces in official records, and compared with cholera, smallpox, or the plague, there is relatively little for the historian to digest.\(^6\)

In more recent decades following the epidemic, historians and scientists alike began taking note of the scourge; as the scientific research and medical knowledge expanded, so too did the range of historical literature on the Spanish influenza epidemic of 1918. From the first publications on the virus that attempted a comprehensive, more contextual approach, historians have expanded their research to include various disciplines and points of view. The epidemic touched virtually every nation, city, and community throughout the world, a fact that can be seen in the wide range of literature dedicated to different countries and localities’ experiences with this influenza. Other historians aim to answer different questions and address varying complexities, further adding to the historiography of the Spanish influenza epidemic of 1918-19. The historical literature dedicated to the relationship between this epidemic of 1918-19 and American public health policies is an excellent example of how far the research has come, encompassing historical, scientific, and social perspectives.

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One of the first historians to write on the epidemic was A.A. Hoehling with his publication of *The Great Epidemic* (1961). Hoehling describes in graphic detail how the influenza spread, tracing it through American cities and examining how it affected various communities. Hoehling goes beyond the devastating death rates and introduces readers to the idea that the epidemic had much more far-reaching consequences, notably the effect of influenza on the war effort. As one of the first publications to bring this history life, Hoehling’s *The Great Epidemic* offered readers a glimpse into the devastating epidemic. However, the work lacked analysis, and Hoehling failed to build a historical context in which to place this event in American history. Instead, the Spanish influenza epidemic again faded into the background.

In 1976, however, two seminal publications would change the ways historians saw the Spanish influenza epidemic of 1918. Alfred W. Crosby’s *Epidemic and Peace, 1918* (1976) and *America’s Forgotten Pandemic: The Influenza of 1918* (1976) gave the epidemic new life in historical literature. With these publications, Crosby outlined the great historical significance of the epidemic, and argued that this event had lasting consequences that are still felt even today. In *America’s Forgotten Pandemic* in particular, Crosby illustrates the wide impact of Spanish influenza, by chronicling the epidemic in Philadelphia and San Francisco. Crosby touches on important themes in the history of medicine and disease, including public attitudes towards health professionals, the critical role of nurses, the efforts of scientists to discover the cause in a variety of germs and viruses, and the development of early flu vaccines. With such in-depth

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analysis of Spanish influenza and its complex relationship with the American public, medical professionals, scientists, and politics, Crosby successfully developed an insightful historical context that spoke to a variety of professional disciplines. As a result, these two texts remain definitive works cited by professionals studying the Spanish influenza epidemic from a number of perspectives all over the globe.

Spanish influenza exploded upon the world in the last week of August 1918, rapidly spreading as a result of the conditions of war. “A modern system of global communications, of steamships and railways, along with the constant and large-scale movement of men and materials for the war provided the conditions for the easy and speedy spread of the virus.”

The epidemic touched virtually every nation, city, and community throughout the world; a fact that can be seen in the wide range of literature dedicated to different countries’ and localities’ experiences with this killer-flu. Among these regional histories is Mohammad Hossein, Ghanbar Ali Raees Jalali, and Farzaneh Azizi’s publication of "A History of the 1918 Spanish Influenza Pandemic and its Impact on Iran" (2010) in the Archives of Iranian Medicine. In the country of Iran alone, mortality rates are estimated to be more than one million people. However, detailed information on the impact of this outbreak in Iran is limited. The authors offer a brief history of the influenza pandemics in the world and, more significantly, a survey of the spread of the 1918 Spanish flu to Iran.

Publications like the former provide invaluable insight into how the Spanish influenza epidemic of 1918-19 influenced different parts of the globe; however they are at best only skimming the surface of the complex experiences and relationships the epidemic affected. An

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example of how researching local experiences with the epidemic allows historians to investigate deeper into the complex experiences and relationships the epidemic caused can be seen in the work of Svenn-Erik Mamelund. With his publication of “Spanish Influenza Mortality of Ethnic Minorities in Norway 1918-1919,” and “A socially neutral disease? Individual social class, household wealth and mortality from Spanish influenza in two socially contrasting parishes in Kristiania 1918–19.” In both articles, Mamelund demonstrates how the history of one locality can reveal great insights into the epidemic as a whole. In “A socially neutral disease?” in particular, Mamelund focuses on the local history of Kristiania, today known as Oslo, the capital of Norway. Through examining Kristiania’s unique experience with the epidemic, this paper was the first study of its kind; utilizing individual and household-level data to test the long-held hypothesis that Spanish influenza was a socially neutral disease with respect to mortality. Much of the literature since 1918 has favored the view that mortality from Spanish influenza was class neutral, however Mamelund’s analysis has shown that wealth and social status were the only socioeconomic variables that had an independent and significant effect on mortality.

While Mamelund’s research is significant, however, this work is by far not the only local history that demonstrates the impact of the epidemic. While Mamelund centered his research on socioeconomic statuses in relation to mortality rates, others answer different questions and address varying complexities, enriching the historiography of the Spanish influenza epidemic of 1918-19. One such book is María-Isabel Porras-Gallo and Ryan A. Davis’ The Spanish Influenza Pandemic of 1918–19: Perspectives from the Iberian Peninsula

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The fact that the pandemic of 1918 was called “Spanish” at all is a reflection of the political situation of the time, and has absolutely no foundation on the real origins of the disease. The accusatory implication of the label, suggesting that Spain was primarily responsible for the pandemic, has arguably overshadowed Spain’s true experience with the epidemic; María-Isabel Porras-Gallo and Ryan A. Davis establish just how severe the pandemic really was in that country. The book focuses on a wide array of responses to the epidemic’s presence. Accounts range from particular cities like Pamplona and Alicante in Spain and Belo Horizonte and Salvador in Brazil, to broader, more policy-oriented studies investigating the way in which these experiences of combating the epidemic helped shape the country’s subsequent public health policies.

Like Porras-Gallo and Davis, Mark Osborne Humphries has been applauded for his work examining local public health policies during and after the Spanish influenza epidemic. Humphries’ *The Last Plague: Spanish Influenza and the Politics of Public Health in Canada* (2013) offers the Canadian public health perspective, and argues that Spanish influenza was decisive to the creation of a centralized public health structure in Canada in the form of the new federal Department of Health, set up in 1919. “The Spanish influenza,” he argues, “was the immediate catalyst, the crisis having made the creation of such a department an urgent priority.” The great failure of existing public health policies at the time of the epidemic, along with growing social, ideological, and political pressures within Canada, finally persuaded the federal government of the need to rethink its policy in this regard. Humphries concludes that the

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14 Ibid., 168.
result, the establishment of Canada's first federal Department of Health, effectively ushered in the modern era of public health in that country.

In fact, the historical literature dedicated to the relationship between the Spanish influenza epidemic of 1918-19 and public health policies is extremely rich, especially in regard to the American experience with the virus. Moreover, the Spanish influenza epidemic marks a very clear intersection between the disciplines of history and the study of public health. For example, Dorothy Porter’s publications of *The History of Public Health and the Modern State* (1994) and *Health, Civilization and the State: A History of Public Health from Ancient to Modern Times* (1999) examine the conception of development of public health in an international historical perspective, and the author places the Spanish influenza epidemic in the larger context of how disease has shaped global history. Others, like George Rosen’s *A History of Public Health* (1993) and John W. Ward and Christian Warren’s *Silent Victories: The History and Practice of Public Health in Twentieth-century America* (2006), are two of a vast variety of publications dedicated to the history of public health in America. The former are more recommended to the student of Spanish influenza, as substantial sections, if not entire chapters, are reserved for the epidemic of 1918-19, and give both local and international context.

In the past two decades, an increasing number of historians have recognized this close relationship between public health and the Spanish influenza epidemic of 1918-19, as can be seen in the number of publications dedicated to the epidemic’s effects on public health policy,

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especially on a local or national level.\textsuperscript{17} Research devoted to the epidemic’s affect on public health policy in America is particularly impressive. Dorothy A. Pettit and Janice Baillie’s \textit{A Cruel Wind: Pandemic Flu in America, 1918-1920} (2008) is among the most effective of these studies.\textsuperscript{18} Pettit and Baillie present a comprehensive technical history of this pandemic and they detail influenza's impact on American life. Papers and diaries of key medical, military, and governmental figures that led the efforts against this pandemic, along with charts presenting case and mortality statistics, illustrate the realities and struggles of medical researchers and public health leaders confronted by an epidemic they did not understand and were powerless to stop. Furthering Pettit and Baillie’s success in their research is their clear analysis of the short- and long-term impacts on American public health, such as the creation of a permanent international Red Cross, and changes in the life insurance industry.

Additional successful research dedicated to the epidemic’s effects on American public health policy can be found in John M. Barry’s \textit{The Great Influenza: The Epic Story of the Deadliest Plague in History} (2004).\textsuperscript{19} Like Pettit and Baillie, Barry argues that there is a significant connection between public health and epidemic disease. Moreover, Barry introduces the idea that public health and the Spanish influenza epidemic were further linked by politics. Government response to an epidemic is often colored by the politics of the moment, Barry explains, and the epidemic of 1918-19 was no exception. Spanish influenza ravaged through America as the Great War raged on. Barry provides excellent

\textsuperscript{18} Dorothy A. Pettit and Janice Baillie’s \textit{A Cruel Wind: Pandemic Flu in America, 1918-1920} (Murfreesboro, TN: Timberlane, 2008).
\textsuperscript{19} Barry, \textit{The Great Influenza}. 
insight into what was occurring in the United States at the time, and places this unprecedented human disaster both within the context of American developments and the history of medicine. Much of his discussion centers on the “great men” of medicine at the time of the epidemic; prominent scientists spearheading the chase for a cure in the United States included William H. Welch of the Johns Hopkins School of Medicine, Army General Surgeon William Gorgas, Rufus Cole and Oswald Avery of the Rockefeller Institute, William Park and Anna Williams of the New York City Department of Public Health, and Paul Lewis at the Henry Phipps Institute of University of Pennsylvania in Philadelphia.\(^{20}\)

What the historical literature on the Spanish influenza epidemic of 1918 largely lacks, however, is recognition of a common theme that virtually all publications mention, but never explore: the role of the nurse. Indeed, even the work done by Alfred W. Crosby on the epidemic, praised as the first comprehensive study of the epidemic, fails to significantly address this topic. And while only skimming the surface of nursing’s role in the fight against the disease, Crosby himself admits, nurses were “more important than doctors. In the absence of effective medical interventions, it was the soup, blankets, fresh air and “Tender Loving Care [that kept] the patient alive until the disease passed away: that was the miracle drug of 1918.”\(^{21}\)

Though the historiography of nursing is quite extensive, the instrumental role that nurses played during the Spanish influenza epidemic of 1918 is often only briefly praised in a passing paragraph, if mentioned at all. However, while these histories may not directly discuss nurses’ roles during the epidemic, the analyses they provide on the ideology and evolution of the

\(^{20}\) Barry, The Great Influenza.

\(^{21}\) Crosby, America's Forgotten Pandemic, 6-7; See also Crosby Epidemic and Peace, 51, 71-76, 79-82, 93-97, 102, 108, 113, 133, 157, 162.
profession are invaluable to understanding how the nurse was able to cope with the devastation caused by this disease.

Barbara Melosh’s *The Physician’s Hand: Work Culture and Conflict in American Nursing* (1982) examines the profession through a lens of labor history, and addresses the meaning of work and its relationship to gender in 20th century America. Melosh successfully uses the nursing profession to analyze the relationship between gender and work within the appropriate historical context. This relationship between gender and work in regards to nursing becomes particularly important to the Spanish influenza epidemic of 1918 as historians link nursing to specific abilities to both cope with stress and care for those in need. A predominately female profession, the idea that nurses had an innate ability to care developed from the “cultural expectation that caring would be a part of a woman’s duty to family and community.”

Caring was indeed their work, but mainstream American culture has historically separated caring from work by placing it into a realm of affection and female duty. In *Ordered to Care: The Dilemma of American Nursing, 1850 – 1945* (2004), Susan Reverby demonstrates that this separation between caring and work is a gap nurses must negotiate every day. Unlike historians of the nursing profession before her, however, Reverby offers a substantial combination of primary data with labor history, women’s studies, and political science.

The dichotomy between caring and work is a common theme throughout the historiography of nursing. Moreover, this contrast is significant to the ways in which nurses responded to the Spanish influenza epidemic of 1918; advances in professional training forced


nurses to improve technical medical skill and knowledge, while their growing roles and responsibilities in their communities encouraged the good character necessary in caring for the ill.\textsuperscript{24} The importance of these capabilities are explained in greater depth by Patricia D'Antonio in \textit{American Nursing: A History of Knowledge, Authority, and the Meaning of Work} (2010). D’Antonio examines the social, cultural, professional and personal influences on the development of the profession of nursing in the United States, and the women who built the profession. D’Antonio successfully places the nursing profession in a proper historical context while maintaining its focus on the ways nurses understood and built on the meaning of their work. While the research done by Barbara Melosh, Susan Reverby, and Patricia D’Antonio do not explicitly examine the role of nursing during the Spanish influenza epidemic of 1918, their analysis of the nursing profession during the early twentieth century is instrumental in understanding how invaluable the nurse was to America’s survival of the epidemic.

It is only within the last decade that the very specific relationship between nursing and the Spanish influenza epidemic of 1918 has emerged in the scholarly research. An increase in literature on the subject of the Spanish influenza epidemic of 1918-19 can be attributed to what historian Howard Phillips has called, “a rising international tide of works on this pandemic…prompted by twenty-first-century fears of new epidemics and bioterrorism.”\textsuperscript{25} Indeed, new natural disasters are introduced every day; the idea of a new epidemic spreading into our communities is a familiar fear, and past diseases like Spanish influenza are being examined in greater depth and detail.

\textsuperscript{24} Patricia D'Antonio, \textit{American Nursing: A History of Knowledge, Authority, and the Meaning of Work} (Johns Hopkins University Press, 2010), 38.
\textsuperscript{25} Howard Phillips; Mark Osborne Humphries. \textit{The Last Plague: Spanish Influenza and the Politics of Public Health in Canada, The American Historical Review}, Volume 119, Issue 3, 1 June 2014, Pages 883–884,
An excellent example of this “rising tide” is Nancy K. Bristow’s, “‘You can’t do anything for influenza:’ Doctors, nurses and the power of gender during the influenza pandemic in the United States” in Howard Phillips and David Killingray, *The Spanish Influenza Pandemic of 1918-19: New Perspectives*.²⁶ In the context of the Spanish influenza epidemic in America, Bristow examines the overwhelming evidence that nurses displayed sense of optimism and satisfaction in dealing with the disease in relation to the responses of doctors, scientists, and the lay public. “Through acknowledging the horror of the disease and the wretches state of their victims,” writes Bristow, “nurses often recounted their experiences in the epidemic positively.”²⁷ Doctor’s and nurses worked together closely during the epidemic, and yet most accounts by doctors reflect no similar sense of satisfaction. Bristow explains that these differences can be attributed to the sex-segregated medical system in which gender shaped both the roles and responsibilities of healthcare providers.²⁸ This sense of optimism, femininity, and care are invaluable to understanding how nurses were so impactful during the epidemic. Through her analyses Bristow again introduces the dichotomy between caring and work, and placing it into a realm of affection and female duty.

Bristow’s work is significant to the historiography of Spanish influenza, as the literature on the role of nursing during the Spanish influenza epidemic of 1918 is still quite limited. However, there are some historians who are taking this opportunity of increased interest in the epidemic to explore the primary sources left by the nurses that fought it. Susan Kingsley Kent’s *The Influenza Pandemic of 1918-1919: A Brief History with Documents* (2013) provides an

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²⁷ Ibid., 59.
²⁸ Ibid., 59.
excellent example of how necessary the recognition of nursing is to the creation of a comprehensive history of the Spanish influenza epidemic of 1918. A concise but thorough introduction to the epidemic, Kent allows the primary documents to lead the discussion. It does not take long for the reader to discover that a great many of these primary sources collected from the time of the epidemic are from nurses, and that their presence during this time was undoubtedly instrumental to the survival of many. With diary entries ranging from nurses’ experiences in the United States Navy, Kentucky coal mines, and logging camps in Michigan, each entry documents the devastation of the Spanish influenza epidemic and the extraordinary manner in which nurses responded.

Like Kent, Arlene W. Keeling and Barbra Mann Wall’s *Nurses on the Front Line: When Disaster Strikes, 1878–2010* (2011) and *Nurses and Disasters: Global, Historical Case Studies* (2015) highlight the valuable roles that nurses have played throughout history, often without formal recognition, and the book focuses on nurses as integral to community responses. Intimate first-hand experiences through letters, memoirs, oral histories, and newspaper articles provide insight into the character and speed of responders during a disaster, and analyses the role of nurses as part of a community response. In *Nurses and Disasters: Global, Historical Case Studies* (2015) in particular, Keeling and Wall include a case study on nursing and the 1918

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Spanish influenza epidemic in Alaska.\textsuperscript{32} The study traces the influenza epidemic in coastal Alaska and the collaboration among the Alaskan territories, private enterprises, the Red Cross, and the United States Public Health Service; the role of nurses in each of these groups proved key in mitigating the disaster in the vulnerable, “immunological naïve, under-resourced, and often disenfranchised populations.”\textsuperscript{33} Keeling and Wall’s case study provides invaluable evidence of the significant role that nursing played during the Spanish influenza epidemic of 1918.

Only in more recent decades have historians and scientists began to take note of the pandemic; as the scientific research and medical knowledge expanded, so too did the range of historical literature on the Spanish influenza epidemic of 1918. From the first publications on the virus that attempted a comprehensive, more contextual approach, historians have expanded their research to include various disciplines and points of view. Additionally, historians aim to answer different questions and address varying complexities, further adding to the historiography of the Spanish influenza epidemic of 1918-19. The historical literature dedicated to the relationship between the Spanish influenza epidemic of 1918-19 and American public health policies is an excellent example of how far the research has come, encompassing historical, scientific, and social perspectives. Through the literature, the far-reaching effects of the Spanish influenza epidemic of 1918 are examined, and while each publication may differ in their discipline or concentration, the importance of nursing to the epidemic is evident. The primary evidence, as well as existing secondary literature on the subject of the epidemic supports that nurses were invaluable to the history of this devastating event in history; a comprehensive study on the role of nursing during the Spanish influenza epidemic of 1918 begs to be written.

\textsuperscript{32} Ibid., 91-113.
\textsuperscript{33} Ibid, 93.
This thesis aims to shed light on the long overlooked role of nursing during the Spanish influenza epidemic of 1918-19 by acknowledging their extraordinary work on a variety of levels. An examination of where nursing stood as a profession at the turn of the twentieth century provides not only the context for the nurses being studied, but also reveals the great strides the profession had made to produce such extraordinary nurses to face what would come to be one of the deadliest pandemics ever seen. Once the pandemic began to spread, the nursing profession involved itself in fighting Spanish influenza in both the military and civilian sectors. The medical notes of medical professionals, diary and journal entries of nurses, and records made by the American public have been collected and analyzed to expose just how involved nurses were in the relief efforts put on by the government, as well as the very intimate details these nurses experienced, both physically and emotionally, working with those plagued by the epidemic. The question of why and how nurses were able to serve under such devastating circumstances is answered through the careful study of gender roles in medicine, the positive effects of nursing, and the sense of accomplishment these nurses felt in providing that care.
CHAPTER 1
A NEW SORT OF VIRUS: NURSING AT THE TURN TWENTIETH CENTURY AND THE KILLER FLU

At the turn of the twentieth century, nursing had firmly established itself as a necessary and significant profession within the medical community. In the nineteenth century nursing evolved both contextually and culturally: prior the Civil War, nursing in the United States was a self-declared vocation practiced as a domestic service rather than a skilled craft.\textsuperscript{34} Nursing was viewed as the duty of female relatives or neighbors, and developed from the “cultural expectation that caring would be a part of a woman’s duty to family and community.”\textsuperscript{35} Gaining respect and credibility during the Civil War - preparing food and supplies, medicating and administering treatments to soldiers – American nursing adopted new, more professionalized ideologies and practices.\textsuperscript{36}

Far from the self-declared vocation practiced as a domestic service, American nursing in the post-Civil War years advanced significantly, requiring formally trained nurses with credentials from training schools in hospitals throughout the country. The initiative behind such training schools began slowly. In 1880, fifteen hospitals had established training schools; by 1890, only twenty more had followed suit. By 1900, however, the numbers had grown to 432 such schools, as real advances in aseptic techniques turned hospitals into preferred sites for surgery and childbirth. The numbers of training schools then tripled to 1,129 by 1910.\textsuperscript{37} There were training schools in large urban hospitals as well as small rural ones; there were training schools in women’s hospitals, children’s hospitals, and tuberculosis sanatoriums, most of which

\begin{itemize}
\item \textsuperscript{34} Melosh, “\textit{The Physician’s Hand},” 3.
\item \textsuperscript{35} Reverby, \textit{Ordered to Care}, 2.
\item \textsuperscript{36} Pendse “Women and Healthcare.”
\item \textsuperscript{37} Historical Statistics of the United States, Millennial Edition Online, Series Bd241-256, Table 2-541; D'Antonio, \textit{American Nursing}, 29.
\end{itemize}
were either affiliated with or owned by a hospital capable of providing nursing students with the clinical experience necessary to receive a diploma. Additional requirements for nursing students emphasized medical science, skilled techniques, discipline, loyalty, and obedience.

The popularity of nursing schools, evident in the ever-expanding number of these training institutions in the years leading up to and within the twentieth century, and the growing number of graduating nurses further advanced the occupation as a respected profession. With its new professionalism, nursing began to expand and organize into associations around the nation. In the 1890s the American Society of Superintendents of Training Schools for Nurses, later renamed the National League of Nursing Education, and the Associated Alumna of the United States, later renamed the American Nurses Association, were organized, along with state nurses’ associations around the country.

As the profession grew, so too did the way nurses regarded their roles and responsibilities to their communities and country. Isabel Hampton Robb, one of the most powerful and persuasive of American nursing leaders, proclaimed nurses unique in that they were the first women to be provided with the complete training of “the hands, the head, and the heart that were the core of all women’s educational aspirations.” Continuing on the meaning of nursing to women and of their roles, their work, and their responsibilities, Hampton pressed, “Can a woman, in any other kind of work which she may choose for herself find a higher ideal or a graver responsibility” than that of nursing, than that of dedicating one’s life to the preservation of human life and the alleviation of human suffering. Trained nurses, she explained, cared for the

38 Pendse “Women and Healthcare.”
41 Ibid., 35.
sick in homes of both private families and the urban poor. However they served, their commitment was to participate in the “progress that is medical science.”

The drive towards the professionalization of nursing that created nursing associations and training schools in the late nineteenth century allowed the nursing profession to enter the new century with confidence; the nursing diploma testified to certain facts or knowledge, competencies, and education. But, as explained by historian Patricia D'Antonio, the nursing diploma “also bore witness to its holder’s character: she would put patients’ needs before her own, faithfully execute medical orders, hold sick-bed confidences in trust, and provide calming experiences that would put suffering minds at ease. The knowledge for competent clinical care also involved more than just the ability to understand, explain, and execute prescribed treatments proficiently and calmly.”

More and more nurses were expressing pride, and educating the public of just how capable they were, and how significant their roles were in the medical community. There was concern that a nurse was often seen as a simple aid to the physician, and available to take orders when necessary. And while in some cases this assumption may have held true, nurses’ roles expanded far beyond the hand of the physician. A nurse was capable and competent when a situation called for quick judgments. Indeed, a nurse would follow orders, but “not mindlessly or rigidly. Nurses would be watchful and waiting – but when necessary, they would also act immediately, forcefully, and competently.” A nurse had to act in the face of sudden changes in patient’s conditions, and to act immediately with knowledge, with control, and with authority. In

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42 Ibid., 31, 32, 33; D'Antonio, American Nursing, 35.
43 D'Antonio, American Nursing, 38.
44 Ibid., 44.
the autumn of 1918, these skills would prove invaluable as nurses were faced with one of the most devastating epidemiological disasters America had ever seen.

Josie Maybel Brown completed her nursing training in 1917, just as the United States entered the Great War on the side of the Allies. As Josie sat in her seat during a night out to the theater, the screen suddenly went blank. Then a message appeared across the screen: “Would Josie M. Brown please report to the ticket office?” Josie obeyed the message, and went to the ticket office to find a Western Union boy with a telegram from the Bureau of Medicine and Surgery in Washington, D.C. Opening the envelope, Josie read: “You are called to duty…. Proceed to Great Lakes, Illinois.” She had been officially drafted into the United States Nursing Corps. As she rode in the old Pullman going to Chicago, Josie watched as the own she new flew quickly past; it would only be a days trip to get to the city. As Josie looked around the train at her fellow passengers, a man opened a paper in front of her. The headline read: “6,000 in the hospital have Spanish Influenza in Great Lakes, Illinois.” “Oh that’s where I am going.” Josie said. “What is Spanish Influenza?”

The onset of autumn brought the first signs that a very new and severe flu virus was spreading. As one physician noted in a letter to The Lancet, “Surely we are seeing a type of influenza quite different from anything we have seen before.” Beginning as a strain of the common flu, Spanish influenza gradually mutated into what would become one of the deadliest pandemics ever seen. Like all influenza viruses, the influenza strain of 1918-19 spread easily; passing from one person to another with the ease and familiarity of a handshake. Droplets of saliva from coughing, sneezing, and even talking by the infected were released into the air in

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45 “A Winding Sheet and a Wooden Box.”
46 Ibid., 18.
47 Ibid., 19.
search of a new host to contaminate. Even by touching their own eyes, noses, or mouths, the infected risked passing the virus to others via the surfaces, objects, and people they touched. What made this influenza strain particularly hard to control was that people who contracted the flu were contagious for as much as a full day before any sign of symptom. Once a person began to show symptoms, they remained contagious for five to seven days.

Cases of the epidemic were generally characterized by common complaints associated with the flu. It often began like a cold, sneezing, coughing, body aches, muscle and joint pain, headache, a sore throat, harsh breathing, and a fever that would last several days. As the virus progressed, much more worrying symptoms began to present themselves. Otherwise healthy adults began collapsing in the streets, suffering from severe breathing difficulties, a rapid heartbeat and palpitations. In other patients, the hemorrhaging of the mucus membranes from excessive sneezing, as well as bloody noses were commonly seen. Doctors reported some patients who “spit up a quantity of frothy sputum tinged with bright blood.” Another physician recalled that his influenza patients "died struggling to clear their airways of a blood-tinged froth that sometimes gushed from their nose and mouth." Autopsies on these patients revealed the entire body cavity was often filled with this liquid.

The latter stages of the new illness brought about even more alarming symptoms. “The dreaded blueness” of the face caused by heliotrope cyanosis was cited by nurses and doctors repeatedly; this “blueness” would come to be understood as a sign of pneumonia, and almost

49 Journal of the American Medical Association, January 5, 1919, 288.
51 Collier, The Lancet.
53 Beveridge, Influenza, 134.
certain death. The cyanosis, or blue coloration, was evidence that the patient’s infected lungs were unable to transfer adequate amounts of oxygen to the bloodstream. After a few hours of struggling to breathe, those tinged blue often died from heart attacks brought on by the strain of breathing, or other vital organs collapsing as the body began to fail under the enormous strain. As one physician described, "it is simply a struggle for air until they suffocate."

However, as troubling as these symptoms were, they were by no means the most dangerous or deadly complications of the influenza virus; that distinction belonged to pneumonia. As a viral disease, when influenza kills, it usually does so in one of two ways: “either quickly and directly with a violent viral pneumonia so damaging that it has been compared to burning the lungs; or more slowly and indirectly by stripping the body of defenses, allowing bacteria to invade the lungs and cause more common and slower killing bacterial pneumonia.” The majority of deaths in the 1918–1919 influenza pandemic likely resulted directly from secondary bacterial pneumonia.

Spanish influenza was also unlike any other influenza previously seen in the demographic of the victims it infected. Preceding strains of influenza tended to take infants and the elderly, targeting their weak immune systems. Spanish influenza, however, preferred men and women between the ages of fifteen and forty five at a rate twenty times greater than previous
manifestations of the disease. Evidence suggests that the virulent nature of the Spanish Influenza strain triggered an immune response in its victims that itself served to exacerbate the severity of the virus. Historian Susan Kingsley Kent explains this phenomenon: “When bodies release toxins to fight the influenza virus – called cytokines – those toxins proved powerful enough to destroy lung tissue. In attacking the virus, in other words, the cytokines also attacked vulnerable respiratory tissue, making those possessing the strongest immune systems the most likely to succumb to respiratory illness, particularly pneumonia.”

The Spanish influenza virus quickly and viciously stripped victims’ bodies of their natural defenses. The front line of these defenses is the immune system; a complex combination of various cells, antibodies, enzymes, toxins, and proteins that work together to keep the body healthy and ward off infection. It does so with the ability to recognize what belongs in the body, and destroys what does not belong. The physical markings that allow this immune response are called antigens; good antigens, such as bacteria that help you digest food, are left alone, while bad antigens, or those that cause disease, are attacked and removed from the body. Once the immune system rids the body of a bad, or disease-causing antigen, specialized white cells and antibodies that bind to the antigen remain in the body. If any invader carrying the same antigen attacks again, the immune system will respond far more quickly than the first time. When the immune system can respond so quickly that a new infection does not have the opportunity to cause symptoms, people become immune to the disease. But influenza has a way to evade the immune system.

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61 Kent, The Influenza Pandemic of 1918-1919, 2; Price-Smith, Contagion and Chaos, 60-61.
Like many viruses, influenza has the ability to mutate, or evolve, in order to survive. Influenza viruses can evolve in a gradual way through mutations in the genes that relate to the viral surface proteins hemagglutinin and neuraminidase. These mutations may cause the virus’ outer surface to appear different to a host previously infected with a strain of the virus. Known as antigen drift, the immune system does not recognize the bad antigen, and cannot effectively fight the mutated virus, and disease results. Another method by which the influenza virus can evolve is antigenic shift; a process by which two or more different types of influenza combine to form a virus radically different from the ancestor strains. Antigenic shift may result in global disease spread, or pandemic, because humans will have a weak immune response to block the infection.

The place of origin of the 1918 strain, while much debated, was most likely the American Midwest in the early months of 1918. The fact that the pandemic of 1918 was called “Spanish” at all is a reflection of the political situation of the time, and has no foundation on the real origins of the disease. The theory that Spanish influenza originated in the American Midwest is further supported by the records of Dr. Loring Miner of Haskell County, Kansas. In late January and early February 1918, Doctor Miner became concerned by developments in his region. Miner’s patients throughout Haskell County, Kansas, in towns such as Santana, in Sublette, in Santa Fe, in Jean, in Copeland, and on isolated farms, were all ill with a new sort of virus. Common symptoms turned violent; this was not the common flu, Miner was sure. The new virus overwhelmed Miner with new patients. Then, as suddenly as it had appeared, the virus was gone. Still, Doctor Miner was concerned. So much so that he was compelled to share his experience

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64 Ibid.
65 See also Phillips and Killingray, The Spanish Influenza Pandemic of 1918-19, 5.
with national public health officials. A single article from Miner appeared in *Public Health Reports*, a weekly journal published by the U.S. Public Health Service to alert health officials to outbreaks, warning of “influenza of the severe type.” Miner’s article remains the first mention of the epidemic outbreak in 1918 suggesting that “a new influenza virus was adapting violently to man.”

Dr. Loring Miner had unknowingly experienced the first of what would eventually be at least three major waves of the Spanish influenza epidemic. The first wave, as recorded by Miner, went virtually unnoticed. Newspapers reported the few areas of relatively intense concentration: in March over one-thousand Ford Factory workers in Detroit, Michigan were sent home with influenza. In April and May, five-hundred of San Quentin’s nineteen-hundred inmates were struck down, with three infections becoming fatal. In most cases the illness was not very severe and the mortality rates were low. The relative isolation of Haskell County, Kansas paired with a sparse population of only 993 in 1910 and 1,455 in 1920, the influenza virus infecting the county very well might have died out. However, because this was wartime, and men from Haskell County were leaving to join the war effort; unaware of the deadly virus they were carrying.

The second, and far deadlier wave of Spanish influenza exploded upon the world in the last week of August 1918, rapidly spreading along with the conditions of war. “A modern system of global communications, of steamships and railways, along with the constant and large-scale movement of men and materials for the war provided the conditions for the easy and speedy

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68 United States. Annual Reports of the Navy Department,” 1919, 2425.
69 Crosby *Epidemic and Peace*, 18.
spread of the virus.” Exacerbated by unprecedented levels of overcrowding and primitive, unsanitary conditions in army camps, Spanish influenza gained momentum. “One of the biggest problems for armies throughout history has been disease,” wrote historian Tom Quinn. “Once you bring together tens of thousands of men and cram them together into a small space, disease is almost certain to occur, and when it does, its spread is bound to be virtually unstoppable.”

And the virus was unstoppable: it ravaged through army camps and spread into the civilian population. The flu began appearing in major American cities; Boston, New York City, Philadelphia, San Francisco, and Seattle were among the stricken. The pattern varied in intensity from city to city, but remained basically the same; a high attack rate followed by a mounting death toll. National and local governments alike were unprepared for an epidemic of this measure. Even in Ohio, where activities of the Ohio State Department of Health for the prevention and control of influenza began shortly after the middle of September, before any outbreaks of the disease had even been noted in the state, the disease would ravage the Ohio countryside. Despite cooperation with local health authorities, the United Stated Public Health Service and the American Red Cross, the preventative campaign was quickly proven an unfit match for this new type of influenza.

Most local and state programs for the control of influenza consisted of the following rules and regulations meant to aid and protect the state against the epidemic: regulations providing for the reporting of cases by physicians; measures for the education of the public in regard to

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74 The Ohio Public Health Journal, Volume IX. State Department of Health. Columbus, Ohio. 1918, 494.
influenza; restrictions upon public gatherings, and; the extension of medical and nursing aid to stricken communities.\textsuperscript{75} And while the medical profession, including nursing, had made great strides in epidemiological knowledge over the past two decades, at the outset they were unprepared and ill-equipped to deal with a disease of this scale. There was seemingly no effective way of combating or curing it. “Confounded by both the disease and the epidemic,” wrote historian Nancy K. Bristow, “doctors increasingly conceded their inability to affect either one.”\textsuperscript{76} Stating it more simply, as one doctor did, “There was just nothing you could do.”\textsuperscript{77}

Indeed, Spanish influenza left many feeling hopeless, but there was in fact something that could be done, and nurses would be the ones to do it.

\textsuperscript{75} See for example: The Ohio Public Health Journal, Volume IX. State Department of Health. Columbus, Ohio. 1918, 494; Emergency Service of the Pennsylvania Council of National Defense in the Influenza Crisis, Report of the Vice-Director, Department of Medicine, Sanitation and Hospitals.”

\textsuperscript{76} Phillips and Killingray, \textit{The Spanish Influenza Pandemic of 1918-19}, 61.

CHAPTER 2
‘NURSES, MORE NURSES, AND YET MORE NURSES:’ NURSES RESPOND TO THE EPIDEMIC

On December 2, 1918, New York City’s health commissioner Royal Copeland wrote to nursing leader Lillian Wald, director of the Henry Street Settlement and chair of the New York City Nurses’ Emergency Council (formed in mid-October 1918 to coordinate the nursing response to the influenza epidemic), expressing his appreciation for the nurses’ work. “I found your organization alert to the necessities of the emergency and ready day or night to respond to the urgent calls for help. . . .”\textsuperscript{78} Copeland’s remarks echoed other letters filed immediately after the epidemic subsided. Indeed, trained nurses, as well as untrained volunteers, constituted the front-line response when thousands of Americans succumbed to flu. Skilled nursing was essential for influenza patients; in 1918, there was minimal understanding of the disease, and no antiviral medications to inhibit its progression or antibiotics to treat the complicating pneumonia that often followed.\textsuperscript{79} The problem was that there were not enough nurses available to deliver that care. In 1918, because of the deployment of large numbers of professional nurses to U.S. military camps, both at home and abroad, America was experiencing a severe shortage of nurses even before the Spanish influenza epidemic made its first appearance.

Beginning in summer of 1914, the First World War would require over seventy million military personnel to be mobilized in one of the largest wars in history.\textsuperscript{80} American leaders, in particular United States Army Surgeon General William Gorgas, had long anticipated that if war

\textsuperscript{78} Royal Copeland, Correspondence to Lillian Wald, 1918 Dec 2. Lillian Wald Collection, New York Public Library, Reel 2, Box 3 in Arlene W. Keeling, “Alert to the Necessities of the Emergency”: U.S. Nursing During the 1918 Influenza Pandemic. Public Health Reports, 2010 Supplement 3, Volume 125, 106.


ever came, the army would need vast amounts of nurses. However, Gorgas believed that not all of them would have to be fully trained: he sought to create a corps of “practical nurses” who lacked the education and training of “graduate nurses,” but were still qualified to provide more basic care. Others were also advancing this idea, but all of them were male.

The women who ran nursing would have none of it. The first nurse training schools in the United States had opened only forty-five years earlier in 1873, and the profession was still struggling to set educational standards and move away from the idea of nursing being a self-declared vocation practiced as a domestic service. One nursing leader was particularly vehement that their profession would not lower its standards to accept these “practical nurses.” Jane Delano had taught nursing and headed the Army Nurse Corps. Described as, “proud and intelligent as well as tough, driven, and authoritarian,” Delano had then just left the army to establish the Red Cross nursing program, and the Red Cross held all responsibility for supplying nurses to the army, evaluating, recruiting, and often assigning them. She rejected Gorgas’ plan, telling her colleagues it “seriously threatened” the status of professional nursing and warned:

Our Nursing Service would be of no avail with these groups of women unrelated to us, organized by physicians, serving under their guidance.” She told the Red Cross bluntly that, “if this plan were put through I should at once sever my connection with the Red Cross…[and] every member of the State and Local Committee would go out with me.

The Red Cross Army had no choice but to side with Delano. No training of nursing aids commenced. When the United States entered the War, it had 98,162 “graduate nurses.” However, in the words of historian John M. Barry, “the War sucked up nurses as it sucked up everything

81 Lavina Dock et al., *History of American Red Cross Nursing* (1922), 958; Barry, *The Great Influenza*, 142.
82 Ibid., 142.
83 Ibid., 142.
In May 1918, roughly sixteen thousand nurses were serving in the military, but it still wasn’t enough. U.S. Surgeon General Gorgas again pleaded with the Red Cross to “carry out the plans already formulated.” After learning confidential information about the desperation in combat hospitals, Delano reversed herself, supported Gorgas, and tried to convince her colleagues of the need for “practical” nurses.

Even with these new nursing aids, the military’s appetite for nurses only grew. Four million American men were under arms, with more coming. The number of trained medical military staff simply could not handle the load. More and more nurses were collected from the American home-front and sent into cantonments, aboard ships, and into France, until the military had extracted nearly every available nurse. The war in Europe had placed an enormous demand on nursing services and, since 1917, almost 9,000 trained nurses were deployed overseas, while thousands more had been sent to military camps in the United States, leaving civilian hospitals seriously depleted.

Medical care for civilians deteriorated rapidly, as the onset of autumn 1918 brought the first signs that a very new and severe flu virus was spreading. However, in many respects, the nursing profession was prepared for the pandemic. The strong leadership of Jane Delano, and Clara Noyes, director the Bureau of Nursing Service of the American Red Cross, had established a strong network of national support, as well as an impressive infrastructure. Within this powerful infrastructure was the American Red Cross, involving itself in fighting Spanish influenza in both the military and civilian sectors. In September of 1918, its headquarters in

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84 Ibid., 143.
85 Lavina Dock et al., History of American Red Cross Nursing, 958; Barry, The Great Influenza, 142.
86 Barry, The Great Influenza, 142.
87 Ibid., 143.
Washington D.C. wired all its Division Directors of Nursing to mobilize all forces as the epidemic began to spread. In an attempt to bring some degree of order to the shortage of nurses, it was ordered that no division would be permitted to recruit nurses from any other division without approval of the National Headquarters, and a standard schedule of nursing was prepared and approved by the Red Cross Army and U.S Surgeon General Gorgas. This was essential to avoid chaos; already, various areas affected by the pandemic were beginning to bid against one another for nurses.  

Still stretched thin because of the ongoing war effort, the number of available nurses was pushed to its extreme as Spanish influenza continued to spread across the country. But as the flu turned into a national crisis, Red Cross nurses did not back down. In fact, as the epidemic turned more severe, women all over the country showed up to either offer their nursing services, or volunteer to help the nurses fight the flu. Fifteen hundred nurses volunteered to the influenza battle before the Red Cross even appropriated money to pay them.  

In order to make the fullest utilization and distribution of these thousands of nurses and volunteers, and of medical supplies as well, the Red Cross created a National Committee on Influenza, consisting of representatives of the administration and all the major divisions of the Red Cross. Red Cross officials were appointed in each state to cooperate with the United States Public Health Service officer and state health chief. When United States Surgeon General Rupert Blue made his official request for nurses and emergency supplies on October 1, the Red Cross was already well on its way to filling it.

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89 Washington Post, October 3, 1918; Crosby Epidemic and Peace, 51.  
90 Crosby Epidemic and Peace, 51  
91 Ibid., 51.
However, as described by historian Alfred W. Crosby, “all the organizational machinery in the world could not make up for the cold fact that there weren’t enough nurses to care for all the men, women, and children who would need them so desperately in the coming weeks.”\textsuperscript{92} On October 5, 1918, the United States Public Health Service chief in Boston telegraphed flu-stricken Bath, Maine, that two doctors were on their way, but that was all: “Can send all the Doctors you want but not one nurse.” It was a common message in the fall of 1918.\textsuperscript{93}

The nursing shortage was further intensified by the fact that African American nurses were not allowed to serve as army nurses in support of the war effort. While not explicitly stating that they could not serve, the criteria for a nurse to aid in the war effort made it virtually impossible for African Americans to qualify. The American Red Cross required that a nurse have graduated from a school associated with a hospital with more than fifty beds; most African American nurses had graduated from small segregated hospital training schools that did not come close to meeting the criteria.\textsuperscript{94} By August of 1918, however, the nursing shortage had become so severe that the United States Army began accepting the aid of African American nurses, sending the first black nurses to Camp Sherman in Ohio, and Camp Grant in Illinois.\textsuperscript{95}

All over the United States, word of the pandemic spread and prompted preemptive measures. In Philadelphia, for example, the city was divided into seven districts in an attempt to slow the imminent overcrowding of certain hospitals. Each district was asked to make do with its own resources as much as possible. The Emergency Aid Nursing Committee and the Visiting

\textsuperscript{92} Ibid., 51.
\textsuperscript{93} National Archives, RGe, File 1622, Draper to Kempf, Boston, Mass., October 5, 1918; Crosby \textit{Epidemic and Peace}, 51.
\textsuperscript{94} Keeling, “Alert to the necessities of the emergency,” 107.
\textsuperscript{95} African American nurses were not allowed to maintain their appointments as Army nurses in the post-war era. This restrictive rule was finally eliminated 20 years later during World War II. Sarnecky M. A history of the U.S. Army Nurse Corps. Philadelphia: University of Pennsylvania Press; 1999 in Keeling, “Alert to the necessities of the emergency,” 108.
Nurses Association took charge of all nurses in Philadelphia. Each morning the two organizations checked on the needs of the seven districts and the medical institutions within them and dispatched what nurses and lay volunteers were available. The nurses that had just returned from pandemic duty in Massachusetts were given special supervisory authority. There was, however, no way in which the shortage of nurses could be cured, no matter how efficiently they were utilized. At the height of the nursing shortage, Philadelphia’s Health Commissioner Wilmer Krusen remarked:

If you would ask me the three things Philadelphia most needs to conquer the epidemic, I would tell you ‘Nurses, more nurses, and yet more nurses.’ Doctors we have enough of. Supplies are plentiful, buildings are offered us everywhere. We have many beds that might be opened to patients. But without enough nurses to tend those we already have, we are helpless.

In New York City, the situation was just as desperate. The experience of one student nurse who worked twelve-hour shifts in a flu ward was typical:

Almost overnight the hospital was inundated. Wards were emptied hastily of patients convalescing from other ailments . . . and only emergency operations were performed. Cots appeared down the center of wards . . . vacations all cancelled . . . classes disrupted. Care was mainly supportive: we gave heart and respiratory stimulants, or sedation as the condition dictated. A variety of cough medicines . . . were ordered. Camphor in oil and caffeine by hypo [hypodermic injection] were in constant use, and we were forever balancing the advantages of forcing fluids against the disadvantages of edema, as kidneys or heart became overtaxed and the lungs showed congestion. Victims came on stretchers. Their faces and nails as blue as huckleberries.

With hospitals overflowing, public health nurses and visiting nurses assumed the major responsibility for providing care. Assistant Superintendent of the Chicago Visiting Nurses, Mary

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96 Crosby *Epidemic and Peace*, 80.
E. Westphal and her colleagues ventured right into the heart of the epidemic, treating patients who had no means of getting themselves to hospitals, or paying for treatment, in their homes. Bad housing conditions, overcrowding, “dirty streets, dirty alleys and just as dirty houses, and lack of proper sleep quarters have made our work more than usually difficult,” wrote Westphal.99 “The [Chicago] ghetto was a hotbed of influenza and pneumonia.”100 Daily, Westphal and her fellow nurses entered the flu-stricken neighborhood, and were met by desperation: “The people watch at their doors and windows, beckoning for the nurse to come in. One day a nurse who started out with fifteen patients to see, saw nearly fifty before night.”101 Nurses in the area repeatedly started out in the morning with a list of calls in her hand, but sometimes before getting out to her first case, she was surrounded by people asking her to go with them to see other patients. “Physicians could not get around to all the people needing them, it was impossible to get orders, consequently the nurse had to try to be many things to all people.”102

Of the records left by the nurses that faced the epidemic, few are as detailed and troubling as those of Assistant Superintendent Westphal. In logging the experiences of the Chicago nurses under her supervision, Westphal wrote of “one of the coldest rainiest days which we had,” when a nurse met on the sidewalk an eight-year-old boy, “barefooted and in his night dress.”103 The nurse quickly saw that he was delirious and, “coaxing him back into the house, she found the father sitting beside the stove, his head in his hands two children and one bad the mother and a two week old baby and another. She questioned the man who was nearly crazed because as he told her he had just given his sick wife an ammonia patient a spoonful of camphorated oil instead

100 Ibid., 129-33.  
101 Ibid., 129-33.  
102 Ibid., 129-33.  
103 Ibid., 129-33.
of castor oil. He had been up night and day caring for the wife and children all with temperatures above 104, and his temperature at the time was 101.6." The nurse sent for the doctor, administered to the woman, and sent the youngest child to the hospital where he died a few days later.105

In another district, Westphal found a man and his wife both ill with pneumonia. In another bed in the same room were their two children, both under the age of three, with whooping cough and influenza. “The man was wildly delirious from the start. We got them into separate rooms there and tried to make hospital arrangements, but were told that, while there were empty beds at the three hospitals which we called, there were no nurses so we had to keep the patient at home.”106 In spite of the nurses’ care, both mother and father died of influenza. “The mother gave birth to an eight-month baby the day before she died.”107 Many of the families Westphal cared for lost both mother and father. “We tried so hard to save a 28-year-old mother of four children with a baby nine months old. She was pregnant and died on the 11th day.”108

Westphal recalls that the epidemic discriminated against no one:

In one of our Polish families we lost five out a family of seven. One of our Jewish families, when the visiting nurse went to give care to a newly delivered mother one morning, she found that a child two years old had died during the night. In one of our Bohemian families, six people living in three basement rooms were ill. Many of our pregnant mothers died. In the majority of our families, most of the members were ill.109

Westphal’s account offers a vivid picture of what daily life during the epidemic looked and felt like.110

104 Ibid., 130.
105 Ibid., 130.
106 Ibid., 129-33.
107 Ibid., 129-33.
108 Ibid., 129-33.
109 Ibid., 129-33.
110 Ibid., 129-33.
The Spanish influenza epidemic was not confined to larger cities. In rural areas, nurses called on families far removed from the rest of the American population. “In all settings, they provided basic nursing care,” wrote nursing historian Arlene W. Keeling. “Changing linens, bathing patients and dressing them in flannel pneumonia jackets, checking temperatures, counting pulses and respirations, and feeding them soup and other liquid nourishments.”

A registered Florida nurse identified only by her initials, M.K.B was a member of the American Red Cross when the influenza epidemic broke out. She received an assignment to travel to Morehead City, North Carolina, a village of about three-thousand inhabitants. Upon her arrival to Morehead City, M.K.B found the village’s three physicians and a small hospital of twenty-rooms filled to the utmost capacity. “A mass meeting was held in the Red Cross rooms where we organized for work.” Similar to the larger American cities like Philadelphia, the village was divided into districts, each district having a committee to make house calls, the chairman of each committee reporting the new cases to M.K.B, and any family needing special care or supplies. “I was on duty nearly twenty hours a day, the first three days after my arrival, and from fourteen to eighteen thereafter, only going off duty when I could no longer stand,” wrote M.K.B. From the beginning, all physicians, volunteers, and nurses wore face masks, made and furnished free by the Red Cross. “All schools, churches and moving picture houses were closed. The stores were opened for ten hours, daily, but not more than six people were allowed in a store at a time. Public funerals were not permitted.” Additionally, great emphasis was placed on the need of fresh air, cleanliness, and nursing care, in every home of Morehead City. Unfortunately, the experiences of M.K.B did not mirror these standards:

In a home where the income was sufficient to ensure comfort and a few luxuries, we found neither; the children were almost without clothing, scantily fed, and dirty beyond

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recognition. On Sunday afternoon, I went into a house of four rooms that beggars
description. In one room lay a woman, the dirtiest white human being that I have ever
seen. A daughter lay in a room across the hall, with her ill husband, the two being on a
single bed. A son ill with influenza and having an attack of gall stone colic was in another
room. With a generous supply of hot water and soap, borrowed from a neighbor, [I] spent
almost the entire afternoon in cleaning the cottage and the people. I felt more than repaid
for my efforts by the expression on the face of the little two-year-old baby girl, after I had
bathed her and dressed her in clean fresh clothes. Her little head was covered with vermin
and her dear little body was emaciated for lack of proper food, but she was the only
member of that family that escaped the influenza. Considering the lack of space, it was
remarkable that so few cases of pneumonia developed, for the majority of the cottages
had only three rooms, a great many of them only two. In one room, the family, consisting
usually of from five to eight children and the father and mother would sleep on two beds.
The one redeeming feature was the abundance of fresh air, because of the numerous
cracks.\textsuperscript{112}

Over 600 miles away, in a Kentucky coal-mining camp, nurse Beulah Gribble found the
same dismal conditions. Of the 25,000 inhabitants of the camp, a great many had been stricken
by the flu – including the camp’s two doctors. The miners’ lives depended on the care of a single
nurse. Referred to by Miss F by Beauah in her diaries, Miss F had been single-handedly doing
the doctoring and nursing, working day and night. “We could not say enough for one who had
worked so faithfully under such discouraging conditions, and although at the time we arrived she
was tired and over-worked, she had not thought of giving up.”\textsuperscript{113} By the time Beulah and her
fellow nurses arrived at the Kentucky coal-mining camp, the estimated number of sick was 600;
200 were employees. Just as cities and towns all over America, the camp was divided into three
parts, with each nurse taking a section. “We carried medicines and gave them to the patients as
the doctors had instructed us, for it was impossible for them to call on all the homes, so it

\textsuperscript{112} M. K. B. Florida, “Experiences during the Epidemic, I: A Two Week’s Assignment,”
\textit{American Journal of Nursing} 19, no. 8 (1919): 607-609.
\textsuperscript{113} Beulah Gribble, “Experiences during the Epidemic, III: Influenza in a Kentucky Coal-Mining
became necessary to do more than nursing.”\textsuperscript{114} Nursing care was given as far as possible, while other patients were given instruction and medicines that often included aspirin, calomel, castor oil, or cathartics.\textsuperscript{115}

Beulah could only estimate the exact number of patients, but there were at least a thousand, with twelve confirmed deaths from influenza.\textsuperscript{116} Regardless of the distressing conditions, Beulah ended her diary entry with optimism: “The people were very pleasant, kind, and appreciative of our efforts. The work was hard and depressing, but well worth while. Everyone in town was good to us and eager to help, and after the worst was over, we were glad to have had our share in.”\textsuperscript{117} M.K.B and Beulah’s descriptions of their experiences with the epidemic reflect the heartbreak caused by the disease, but also the sense of accomplishment that nursing provided them.

This same sense of achievement and optimism can be found in records left by nurses assigned to even the most remote locations in country. A registered nurse in Newberry, Michigan, Anne Colon journeyed to treat flu victims in a logging camp in the deep woods of northern Michigan. Isolated from “the crowded districts,” the logging camp was not saved from “the deadly grip of the epidemic.”\textsuperscript{118} Upon arriving at the camp, Colon was overcome with grief:

I shall never forget the conditions we found. Influenza was traveling like wildfire through the little huts. There was confusion, suffering, and terror everywhere. The sick and well were all huddled together. In many cases the family had only one bed, so we used rough heavy cloth, sewed the four sides, slit one side in the middle, these we filled with straw and used for extra beds. There was a roaring fire in each house, the windows were nailed down, and the doors shut tight. The people were afraid of fresh air, and it took a good deal of tact, and in some cases force, to get air to them. Another of our greatest

\textsuperscript{114} Ibid., 609-11.  
\textsuperscript{115} Ibid., 609-11.  
\textsuperscript{116} Ibid., 609-11.  
\textsuperscript{117} Ibid., 609-11.  
\textsuperscript{118} Anne L. Colon, RN, “Experiences during the Epidemic, I: Influenza at Cedar Branch Camp,” \textit{American Journal of Nursing} 19, no. 8 (1919): 605-606.
difficulties was to stop their careless spitting on the walls, on the floor, and everywhere. The way we did check it was to place a tin can on a chair beside each bed and make them use them. These cans were burned each day and fresh ones given….Life and death hung in the balance.\textsuperscript{119}

Faced with great fear and surrounded by disturbing conditions, however, Colon remained committed. Like thousands of nurses across America, she would put patients’ needs before her own. Capable and competent, Colon charged forward:

I fought hard and fast to draw myself together to meet the emergency and I allowed myself to be led on and on, not with a brave and fearless heart, but with that spirit from old New England, "I cannot fail." You imagine all kinds of horrible things; your feet are like lead, yet something seems to drive you on, you lose all sense of direction, and yet you blunder insanely on. Just when all seemed lost, a light appeared, just a dim and tiny speck shining bravely in the night, but oh, it meant so much. And so we fought influenza under most trying conditions. We worked long, hard and tirelessly and felt that we had not only checked the epidemic, but had succeeded in teaching lasting lessons in sanitation and prevention of disease.\textsuperscript{120}

As they enrolled in the struggle against the epidemic, nurses like Colon all over the United States responded to a desperate need. When the influenza epidemic had reached America, it had struck a nation whose store of nurses had been depleted by the war effort. Their forces drained by the needs of the war, nurses were then faced with the most serious epidemic in the nation’s history.\textsuperscript{121} Nurses were tasked with serving as military healthcare providers, as well as maintaining adequately prepared nurses for civilian needs.\textsuperscript{122}

Regardless of the shortage, nursing as a profession responded to the national crisis with great strength and vigor. Strong leadership, a well-organized infrastructure, and the willingness of women everywhere to join the profession in the fight against the epidemic allowed individual

\textsuperscript{119} Ibid., 605-606.
\textsuperscript{120} Ibid., 605-606.
\textsuperscript{121} Bristow, ‘You Can’t Do Anything for Influenza,’ 58.
nurses to care for the ill in unprecedented numbers. In American cities, rural towns, and isolated camps, nurses dispersed, leaving no corner of the country without care. Their nursing expertise reached far beyond the ice packs and aspirin administered to reduce fever, or mustard plasters and cough syrups to alleviate lung congestion.\(^{123}\) Indeed, she would faithfully execute medical orders, but a nurse would also hold sick-bed confidences in trust, and provide calming experiences that would put suffering minds at ease. The knowledge for competent clinical care also involved more than just the ability to understand, explain, and execute prescribed treatments proficiently and calmly.\(^ {124}\) When death came, the nurses closed the eyes of the dead and comforted the bereaved.

Every nurse around the nation fighting the epidemic had her own experiences; experiences of unimaginable pain and loss in a nation that was falling to its knees to an epidemic that scourged a country just as a world war was ending. Of course, these nurses were good at their work. What made them even more miraculous, however, was their uncanny ability to face the crisis with optimism and gratitude. What allowed nurses to push forward under such devastating circumstances was this ability to see what nurse Anne Colon called “a light” in all the sickness and death.\(^ {125}\) This ability went beyond the purely optimistic; they involved status, power, and the role of women.\(^ {126}\)

\(^{123}\) Keeling, “Alert to the necessities of the emergency,” 109.
\(^{124}\) D’Antonio, American Nursing, 38.
\(^{125}\) Colon, RN, “Experiences during the Epidemic,” 605-606.
\(^{126}\) Barry, The Great Influenza, 140.
In 2005 historians Howard Phillips and David Killingray brought new attention to the Spanish influenza epidemic of 1918 with their publication of *The Spanish Influenza Pandemic of 1918-19: New Perspectives*. The collection of sixteen essays takes into consideration the scientific perspectives, medical and nursing care, official responses, demographic impacts, long-term consequences, and epidemiological lessons associated with the epidemic through a broad disciplinary spectrum. Anthropologist, historians, epidemiologists, demographers, and virologists from all over the world offer new insight to one of the deadliest pandemics ever seen. And while each essay contributes greatly to the historiography of the subject, there is perhaps none more thought provoking as Nancy K. Bristow’s “You can’t do anything for influenza’ Doctors, Nurses, and the Power of Gender During the Influenza Pandemic in the United States.”

Bristow strongly asserts that gender played a significant role in patient care during the Spanish influenza epidemic of 1918-19. Women were socialized to be nurturing, and those that became nurses were held to a certain standard by which to measure their professional achievements. This difference in gendered standards of the healthcare professionals explains the different reactions expressed by doctors and nurses to their experiences during the epidemic. Bristow’s research is strong, however the following chapter of this thesis will present additional research to complement Bristow’s work. While women were socialized to nurture, at the same time that nurturing care had real and positive effects on patient care. Bristow presented an excellent analysis of the gendering of the nursing profession, along with the sense of accomplishment nurses felt performing their duties. With the addition of evidence supporting the
actual accomplishments that nurses’ nurturing, or holistic nursing, had on patients, greater insight is shed on nursing’s role during the Spanish influenza epidemic of 1918-19.

Medicine, in particular the role of physicians, has an extensive history. From Greece as the birthplace of medical ethics, and the first medical schools in medieval Europe, to the 19th century’s introduction to genetics, immunology, and beyond. As the profession itself evolved, so too did its practitioners. Medicine had not always been so clearly the province of men. In the early years of the American colonies, for example, men and women shared care of the ill.127 By the late eighteenth century, however, an increasing number of physicians began to imagine themselves as members of a more “exclusive” profession, basing their identity on formal education.128 It was in this context that male practitioners of medicine moved to exclude women from the profession.129

By 1918, men dominated the profession, and had succeeded in eliminating all but a few women from the practice of medicine.130 “As male practitioners developed a professional identity over the course of the nineteenth century,” explains Bristow, “this identity was increasingly associated with the doctor’s masculinity.”131 Scientific developments in the 19th

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128 Ibid., 39-40; Bristow, ‘You Can’t Do Anything for Influenza,’ 58-69.
century had a major impact on understanding health and disease, as experimental research resulted in new knowledge in histology, pathology and microbiology. Distinguished men of medicine had made incredible strides, including Louis Pasteur’s discovery of the germ theory of disease based on the identification of micro-bacterial organisms, and Robert Koch’s isolation of the bacterium that caused tuberculosis, the cause of numerous deaths in the mid-19th century.\textsuperscript{132}

The scientific and medical advances that led up to the Spanish influenza epidemic of 1918-19, most of which made by men, helped solidify social expectations for medicine and the profession of the physician as being predominantly male. However, these advances also created the standards to which these men would be held by the people they treated. The lay public had laid their trust in the techniques and procedures of their physicians. After all, if doctors could vaccinate for plague and use electromagnetic radiation for medical imagings, they could surely handle a case of influenza.

It was not long, however, before the cases of influenza that doctors were seeing in the autumn of 1918 proved to be unlike any influenza ever seen. Its transmission and epidemic incarnation in the forms of severe breathing difficulties, rapid heartbeat, and “the dreaded blueness” of the face caused by heliotrope cyanosis that came to be understood as a sign of pneumonia, and almost certain death, became the most deadly of mysteries to physicians.\textsuperscript{133} Confounded by both the disease and the epidemic, doctors increasingly conceded their inability to affect either one. Noting the heated disagreements pitting doctor against doctor, one physician acknowledged the inadequacy of medical knowledge these disagreements reflected:

\begin{quote}
It was freely confessed by all that we are at sea as to the proper methods of treatment, cure, and prevention; that we do not know as yet how to prevent and control the spread of
\end{quote}

\textsuperscript{132} For more on the significant achievements of male medical scientists and their detailed responses to the 1918-1919 influenza pandemic, see Barry’s \textit{The Great Influenza}.

\textsuperscript{133} Collier, \textit{The Lancet}; Beveridge, \textit{Influenza}, 132.
the disease, and that most of the methods employed in fighting it, though pronounced efficacious by some of their adherents, have been held of little value by others.\textsuperscript{134}

Stating it more simply, as one doctor did, ‘There was just nothing you could do.’\textsuperscript{135}

Records of doctors all over the United States reflect this same sense of helplessness and powerlessness. Other physicians came to the conclusion that their medical efforts were pointless in the face of this epidemic.\textsuperscript{136} “Certain about the utility of germ theory, confident in their scientific methods and proud of recent successes in the field, many doctors had, by the early twentieth century, developed a belief in the ability of medicine to handle any scourge,” Bristow cites.\textsuperscript{137} “Influenza appeared to defy the gains made by science and the mastery over disease it had recently claimed.”\textsuperscript{138} Physicians were coming to the realization that their methods and procedures were no match for this new influenza epidemic. These newfound insecurities left physicians with an overwhelming sense of failure, both in serving the American public and within their masculine profession.

To be sure, nurses were under no delusions when facing the Spanish influenza epidemic of 1918-19. Like doctors, nurses recorded similar revulsions towards the pandemic, and shared in its horrors. Visiting nurses often recalled the devastation they encountered in great detail:

In a crib beside the mother’s bed was a six-week old baby who had not been bathed for four days and was wet and cold. Though the father…running a temperature of 103 degrees, had to get out of bed… to care for his wife and children…The family had no coal, and the three well children were shivering and hungry.\textsuperscript{139}

\textsuperscript{135} Columbia University Oral History Collection, Reminiscences of Dana W. Atchley (1964), 95.
\textsuperscript{137} Cassedy, \textit{Medicine in America}, 46 in Bristow, ‘You Can’t Do Anything for Influenza,’ 58-69.
\textsuperscript{138} Bristow, ‘You Can’t Do Anything for Influenza,’ 58-69.
\textsuperscript{139} Keeling, “Alert to the necessities of the emergency,” 108.
Similar detail can be found in those nurses serving at hospitals all over the nation:

There was a man lying on the bed dying and one was lying on the floor. Another man was lying on a stretcher waiting for the fellow on the bed to die. We would wrap him in a winding sheet because he had stopped breathing...The morgues were packed almost to the ceiling with bodies stacked one on top of the other...We didn’t have time to treat them.\textsuperscript{140}

Another nurse, Anna C. Jamme, recalled, “From the moment I left the train I saw that terrible look of horror in the faces of everyone whom I met...The wards were quiet with the stillness of death...It was a spectacle never to be forgotten.”\textsuperscript{141} To put it even more simply, as Head Nurse Mary E. Hallock later recalled: “It was a nightmare.”\textsuperscript{142} While nurses recorded the same tragedies during the epidemic as physicians, very rarely were there the same pessimisms found that were seen in the doctors that felt they had failed the American public. Physicians’ energy and determination to treat and cure the epidemic withered: many doctors came to the conclusion that, ‘the best thing that the physician can do for the patient is to leave the patient alone,” while others feared that their efforts to work with the sick might actually do more harm than good.\textsuperscript{143} One physician resolved: “our struggle against the epidemic is futile.”\textsuperscript{144}

Nurses understood just as well as doctors did that there was no known cure for this violent strain of influenza, and yet only rarely did a nurse display the same sense of pessimism or failure. Instead, nurses found new meaning and optimism in their profession. Men may have

\textsuperscript{140} “A Winding Sheet and a Wooden Box,” 19.
\textsuperscript{141} A.C. Jamme, ‘Conclusions Based on a Series of Inspections at Camp Hospitals in the United States’, \textit{Proceedings of the Twenty-fifth Annual Convention of the National League of Nursing Education Held at Chicago, Illinois, June 24 to June 28, 1919}, Baltimore, Williams and Wilkins Co., 1919, p. 188 (From the History of Nursing Archives General Collection, Department of Special Collections, Boston University).
\textsuperscript{144} Ibid., 368.
succeeded in eliminating all but a few women from the practice of medicine, however nursing had simultaneously evolved as the uniquely female answer to those that wished to participate in the medical profession. As the historian Mary Walsh explains:

“The existence of nursing clearly reinforced the notion that only men should become doctors. If women were interested in medicine, the argument went, nursing was the natural vehicle by which they could realize their objectives. The result was a neat division of responsibilities: men would cure the patients through surgery and medicine; women would provide care and maintenance – the traditional female ‘nurturing’ role.”

Nursing developed from the “cultural expectation that caring would be a part of a woman’s duty to family and community,” and therefore the profession nurtured much different ideals and expectations than that of male physicians.

Physicians could not find a cure; no vaccination or dosage of drug could stop the epidemic from ravaging across the United States, and for this reason physicians felt that they had failed the American people and failed to meet the standards of their profession. Without a known cure, those suffering from the disease could only be made comfortable; the “care and maintenance” that nurses offered was a welcome relief to patients, and a point of pride to the nurses administering that care. Often the nurses’ sense of accomplishment reflected a success as simple as providing basic comfort. Describing the work of a Red Cross nurse in the mountains of Virginia, one account detailed how important basic caregiving was, asking, “Can you imagine what it meant to those people…to have a capable, willing woman appear suddenly in their midst, and without any preliminaries set to work and make them comfortable – a veritable angel of mercy in a cap and apron.”

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145 Walsh, Doctors Wanted – No Women Need Apply, 246.
146 Reverby, Ordered to Care, 2.
What gave nurses this courageous optimism and sense of accomplishment was the different standards that the male and female genders were held to during the epidemic. A large part of how nurses were able to so effectively respond to the Spanish influenza epidemic of 1918-19 lies in the fact that they surpassed the standards female nurses had been held to, and therefore felt great pride in what they were able to accomplish. Even under the most devastating and adverse circumstances, nurses were achieving what they had set out to do: they were caring for those that needed them. While doctors had seemingly failed to reach their standards of mastery over disease, nurses had both met their goals and went above and beyond expectations of their duty. Nurses never feel the same sense of failure as their male counterparts because they were not failing, and without this sense of defeat nurses had no reason to believe their efforts were futile, as doctors often did.

Evidence of nurses’ sense of satisfaction and accomplishment can be found in the archives of nurses all over the United States. Nurse Anne Colon wrote, “We fought influenza under most trying conditions. We worked long, hard and tirelessly and felt that we had not only checked the epidemic, but had succeeded in teaching lasting lessons in sanitation and prevention of disease.” \(^{148}\) “The work was hard and depressing, but well worthwhile. Everyone in town was good to us and eager to help, and after the worst was over, we were glad to have had our share in,” nurse Beulah Gribble penned in her diary. \(^{149}\) Nurse Bessie Hawse, recounted her experience, noting:

> Eight miles from Talladega in the back woods, a colored [sic] family of ten were in bed and dying for the want of attention. No one would come near. I was asked by the health officer if I would go. I was glad of the opportunity. As I entered the little country cabin I found the mother dead in bed. Three children buried the week before. The father and remainder of the family running a temperature of 102–104. Some had influenza, others


\(^{149}\) Gribble, “Experiences during the Epidemic,” 609-11.
had pneumonia. . . . I rolled up my sleeves and killed chickens and began to cook. I forgot I was not a cook, but I only thought of saving lives. I milked the cow, gave medicine, and did everything I could to help...I didn’t realize how tired I was until I got home.\textsuperscript{150}

Overworked to a state of exhaustion and witness to terrible disease and death, nurses nevertheless embraced their experience in the epidemic. “It was the most horrible and yet most beautiful experience,” one woman explained, “I am so glad to find that I can help,” said another.\textsuperscript{151} Others, too, professed their happiness in being able to do the work of a nurse. Recounting the death of a volunteer nurse after only eight days, a Red Cross report emphasized the satisfaction the young woman had found in her work: “In the last moments she stated that she had obtained more joy from her work in the past eight [days] than she had in the twenty five years of her life.”\textsuperscript{152}

What Nancy K. Bristow’s research reveals is that nurses were able to reflect so much more positively on their work during the epidemic because of the different standards that the male and female genders were held to during the epidemic. This conclusion by Bristow is important to the history of nursing during the Spanish influenza epidemic of 1918-19 because it gives greater insight into how nurses were able to so effectively respond to the emergency.

Bristow’s research is strong; however, the following chapter of this thesis will present additional research to complement Bristow’s work. While women were socialized to nurture, at

\textsuperscript{151} G.W. Peabody, ‘Report of Behalf of the Board of Managers’, in 33\textsuperscript{rd} Annual Report, The Instructive District Nursing Association, Boston, Year Ending December 31, 1918 (From the Visiting Nurses Association of Boston Collection, Department of Special Collections, Boston University); Volunteer nurse quoted in Bradford Luckingham, Epidemic in the Southwest, 1918-1919. Texas Western Press, 1984, p. 10.
\textsuperscript{152} National Archives, Record Group 200, Box 688, File 803.8 – Epidemics, Influenza – Reports and Statistics – Southern Division, ‘Red Cross Care of Influenza Epidemic throughout Southern Division’.
the same time nurturing care had real and positive effects on patient care. Bristow presented an excellent analysis of the gendering of the nursing profession, along with the sense of accomplishment nurses felt performing their duties. With the addition of evidence supporting the actual accomplishments that nurses’ nurturing, or holistic nursing, had on patients, greater insight is shed on nursing’s role during the Spanish influenza epidemic of 1918-19.

In consideration of the physical symptoms patients experienced, nurses administered such treatments as ice packs and aspirin to reduce fever, mustard plasters and cough syrups to alleviate lung congestion, and a wide variety of other therapies to ease patients’ physical discomforts.¹⁵³ However, nurses treating influenza patients understood that physical symptoms of their patients did not stand alone; in a nation plagued by the worst pandemic ever seen, the mind and spirit of Americans demanded the same level of care. Nurses like Mary E. Westphal recorded experiences that witnessed entire families suffering from influenza, “nearly crazed” at the sight of their dying loved ones.”¹⁵⁴ In many instances, the nurse was a patient’s only source of psychological or emotional relief. All over the nation nurses were building relationships with their patients to ensure that both their physical and emotional health was properly treated and cared for. Nurses held sick-bed confidences in trust, and provided calming experiences that put suffering minds at ease.¹⁵⁵

In addition to the consideration of the mind, body, and spirit of patients, nurses fighting the epidemic understood that the social and community environments played a vital role in

¹⁵⁴ Westphal, “Influenza Vignettes,” 130.
¹⁵⁵ D'Antonio, American Nursing, 38.
patients’ lives and well-being.¹⁵⁶ Nurses displayed a tremendous concern for the health of society at large, and were fervent advocates for social change. Examples of this can be seen in their efforts to not only treat patients, but to teach entire communities basic hygienic practices, and educating them about the importance of covering coughs and spitting into handkerchiefs, boiling soiled linens, and opening windows for fresh air.¹⁵⁷

Accounts left by doctors, nurses, and patients have led historians to believe that providing basic nursing care was comforting and often quite effective. In addition to nurses’ sense of accomplishment, the methods used by nurses during the Spanish influenza epidemic of 1918-19 had real, quantitative effects on the lives of their patients.¹⁵⁸ More recent research on nursing shows that holistic nursing, which gives care to the mind and body, has a positive effect on patient outcomes.¹⁵⁹ However, while the same standards and quantitative analysis cannot be applied directly to the work done by nurses fighting the Spanish influenza epidemic, it is reasonable to assume that basic care made a difference in patient outcomes in 1918. Nurses were dedicated to serving the whole person and the whole community.

Gender played a significant role in patient care during the Spanish influenza epidemic of 1918-19, as women were socialized to be nurturing, and those who became nurses were held to a certain standard by which to measure their professional achievements. This difference in gendered standards of the healthcare professionals explains the different reactions expressed by

¹⁵⁷ Keeling, “Alert to the necessities of the emergency,” 109
doctors and nurses to their experiences during the epidemic. An examination of the records left by doctors, nurses, and patients provide solid evidence that these holistic nursing approaches were effective, however the care administered by these nurses had quantitative positive effects on patient well-being as well. The methods and treatments provided by nurses in the early twentieth century clearly display a holistic understanding of body-mind-spirit connections; the same treatments and methods that today have been quantified and have provided positive results in comprehensive holistic nursing care instruments of measurement. With the addition of this information supporting the actual accomplishments that nurses’ nurturing, or holistic nursing, had on patients, greater insight is shed on nursing’s role during the Spanish influenza epidemic of 1918-19.
By the summer of 1919, the influenza strain had begun to slow, and new cases of the disease dropped abruptly. “In Philadelphia, for example,” explains historian John M. Barry, “4,597 people died in the week ending 16 October, but by 11 November, influenza had almost disappeared from the city.” 160 One explanation for the rapid decline of the disease is that doctors simply improved the treatment and prevention of secondary bacterial pneumonia that was most commonly associated with the death of influenza patients. However, researchers have found virtually no evidence to support this claim. 161 A much more likely theory that would explain the rapid decline of the disease is that the 1918 virus quickly mutated to a less lethal strain. This is a common occurrence with influenza viruses: there is a tendency for pathogenic viruses to become less lethal with time, as the hosts of more dangerous strains expire.

Just over a decade following the deadly strain, scientists determined that influenza is caused by a virus, allowing clinicians to develop vaccines against the disease. 162 Then, in 1997 scientists under the leadership of Jeffrey Taubenberger determined the specific virus responsible for the 1918-19 strain. Using preserved lung tissue from the body of U.S. Army Private Roscoe Vaughan, who had died of the flu at Camp Jackson, South Carolina, on September 26, 1918,
Taubenberger and his colleagues performed DNA analysis. The tests revealed that the flu pandemic of 1918-19 had been caused by an influenza A virus, also known as H1N1.\textsuperscript{163}

After the Spanish influenza epidemic of 1918-19, the nursing profession assumed new respect and growth as it continued further into the twentieth century. The 1920s and 1930s saw an increase in the number of hospitals and improvements in patient care, both of which relied heavily on the abilities of the nurse. The knowledge and skills that nurses had demonstrated during the epidemic of 1918-19 would again be in high demand as the United States entered World War II, and once more nursing would prove invaluable to the health of the nation. As nursing continued to earn respect and admiration, the profession expanded in its training. This was done in part by removing nursing education from its base within hospital training schools, and placing it in institutions of higher education and programs centered in two-year community colleges. Further, the profession “abandoned its objectionable system of racial and gender segregation, opening up equal educational, professional, and employment opportunities to all nurses.”\textsuperscript{164}

Outside of their training programs nurses continued to thrive, due in large part to increased acknowledgement by both the medical community and the national government they served. In 1934, for example, the United States Public Health Service appointed the first nurse as a consultant in organizing and supervising relief nursing projects necessitated by the Great Depression; only two years later the United States Public Health Service would increase their one nurse consultant to seven. In 1941, the Subcommittee on Nursing, the official government agency for nursing matters related to defense, was formed. Continuing to prove how invaluable

\textsuperscript{163} Taubenberger, et. al. “Genetic Characterization of the 1918 ‘Spanish’ Influenza Virus,” 22.
\textsuperscript{164} “American Nursing: An Introduction to the Past.” Nursing, History, and Health Care, University of Pennsylvania School of Nursing. February 2018; D'Antonio, American Nursing.
their service was, nursing intensified their influence through schools and public programing, including the development of the Nurse Scientist Graduate Training Grants Program in 1962, and the American Association of Colleges of Nurses in 1969. In addition to national authority and an increasing academic presence, the establishment of the National Center for Nursing Research at the National Institutes of Health in 1986 represented a major step for the profession by advancing the scientific research done by nurses. Then, in 1993, the National Institute of Nursing Research was established at the National Institutes of Health, therefore recognizing the critical contributions to the nation’s health made by nursing research.

Nurses were the first line of defense during the influenza pandemic of 1918-19, and their contributions to health both then and now are not to be overlooked. From the profession’s evolution as a self-declared vocation practiced as a domestic service, to the establishment of nursing as a necessary and significant profession within the medical community, the occupation made great strides to produce such extraordinary nurses to face what would come to be known as one of the deadliest pandemics ever seen. In the absence of effective medical interventions, nurses provided both physical and emotional support for those suffering the disease. Americans applauded the “splendid work” of these nurses who, ‘stood to their tasks like brave soldiers.”

This thesis has shown what an invaluable role nursing played during the Spanish influenza epidemic of 1918-19 by acknowledging their extraordinary work on a variety of levels. An examination of where nursing stood as a profession at the turn of the twentieth century provided not only the context for the nurses being studied, but also revealed the great strides the profession had made to produce such extraordinary nurses to face what would come to be one of the deadliest pandemics ever seen. Once the pandemic began to spread, the nursing profession

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165 Jamme, ‘Conclusions Based on a Series of Inspections at Camp Hospitals in the United States’, 188-189.
involved itself in fighting Spanish influenza in both the military and civilian sectors. The medical notes of medical professionals, diary and journal entries of nurses, and records made by the American public were collected and analyzed to expose just how involved nurses were crucial to the relief efforts initiated by the government, as well as the very intimate details these nurses experienced, both physically and emotionally, working with those plagued by the epidemic. The question of why and how nurses were able to serve under such devastating circumstances was answered through the careful study of gender roles in medicine, the positive effects of nursing, and the sense of accomplishment these nurses felt in providing that care.

An examination of the existing historical literature on the subject revealed that historians have widely under-acknowledged the work of nurses during the epidemic. It is only within the last decade that the very specific relationship between nursing and the Spanish influenza epidemic of 1918 has emerged in the scholarly research, including the exceptional work done by Nancy K. Bristow, Arlene W. Keeling and Barbra Mann Wall. Even with their contributions, however, there remains much to explore. Journal articles, diaries, medical records, and a vast amount of other primary materials exist all over the world that have yet to be collected or translated. Examination and analysis of these materials will only strengthen our understanding of the extraordinary role of nurses around the globe in fighting the Spanish influenza epidemic of 1918-19, as well as expand on our knowledge of countless other areas related to the epidemic, including its origins, excess mortality, cyclicity of influenza pandemics, and other undiscovered information with practical applications relevant to the threat of pandemic influenza.

Since the Spanish influenza epidemic of 1918-19, influenza pandemics have continued to spread. The Asian influenza pandemic of 1957-58, and the Hong Kong influenza pandemic of 1968-69 each killed an estimated one million people worldwide. The most recent influenza
pandemic, the 2009 H1N1 or “Swine Flu,” was first detected in the United States in April 2009. It is estimated that the 2009 H1N1 strain killed upwards of 284,500 people worldwide. Influenza epidemics continue to appear; reports of a particularly severe flu have been on the rise since early November 2017 and, as of February 2018, it shows no signs of slowing down. And while undoubtedly devastating, influenza is not the only disease known to present itself in epidemic form. Human Immunodeficiency Virus (HIV), Severe Acute Respiratory Syndrome (SARS) and, more recently, the Zika and Ebola viruses have caused great fear and significant mortality around the world. While world health authorities such as the Centers for Disease Control and Prevention continuously keep an eye on public health and any immediate health dangers, the threat of another epidemiological outbreak is sincere. As Jean N. Harrowing so stated:

Nurses have a significant role to play in the development and implementation of strategies at local, national, and global levels to protect the health of society. By thoughtful attention to the lessons of our past, and by taking advantage of modern technologies, nurses will be able to demonstrate once again their abilities to contribute in a meaningful way to the health of all people.\footnote{Jean N. Harrowing, “Everything Depends on Good Nursing’ Spanish Influenza Epidemic of 1918-19.” University of Lethbridge, ProQuest, 1 Mar. 2006,}

Many important advances have been made in medical science and technology since the influenza pandemic of 1918-119; however the ongoing threat of another worldwide pandemic means that efforts must continue to ensure that all possible defenses against a similar event are in place. Nurses have been, and always will be absolutely essential to defending our nation against such threats.

\footnote{Dawood FS, Iuliano AD, Reed C, et al. (September 2012). "Estimated global mortality associated with the first 12 months of 2009 pandemic influenza A H1N1 virus circulation: a modelling study". \textit{Lancet Infect Dis}. 12 (9): 687--95.}
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