

"In Gauze We Trust" Public Health and Spanish Influenza on the Home Front, Seattle, 1918-1919

Author(s): Nancy Rockafellar

Source: *The Pacific Northwest Quarterly*, Vol. 77, No. 3 (Jul., 1986), pp. 104-113

Published by: University of Washington

Stable URL: <https://www.jstor.org/stable/40490901>

Accessed: 12-03-2020 21:02 UTC

JSTOR is a not-for-profit service that helps scholars, researchers, and students discover, use, and build upon a wide range of content in a trusted digital archive. We use information technology and tools to increase productivity and facilitate new forms of scholarship. For more information about JSTOR, please contact support@jstor.org.

Your use of the JSTOR archive indicates your acceptance of the Terms & Conditions of Use, available at <https://about.jstor.org/terms>



JSTOR

University of Washington is collaborating with JSTOR to digitize, preserve and extend access to *The Pacific Northwest Quarterly*

“In Gauze We Trust”

Public Health and Spanish Influenza on the Home Front, Seattle, 1918-1919

Nancy Rockafellar

*Mother has a fetching mask,
Without a trace of rust;
She's painted on a little sign;
It says: "In Gauze We Trust."¹*

When the Spanish influenza reached Seattle, in autumn of 1918, the city was fully occupied with the demands of war-time. Civilians busied themselves with Liberty Loan campaigns and Red Cross work, and the United States government kept shipyards and lumber camps in full production. The military was never very far away, for Seattle was surrounded by army and navy cantonments and training stations. Once the first wave of influenza had passed, the citizenry was praised for responding when “suddenly confronted with rules and regulations, entirely outside its previous experience . . . with a discipline that would have done credit to a Prussian hamlet.” As a loyal city on the home front, Seattle fought the disease with the same spirit that characterized its war effort.²

After the war was over, however, the cooperative mood faded. Citizens considered themselves at peace with the flu as well as the Hun. The severity of the epidemic was only one factor in determining the public reaction. Seattle's experience with Spanish influenza was a complicated interplay of events, social tensions, and a wavering faith in the efficacy of scientific public health.

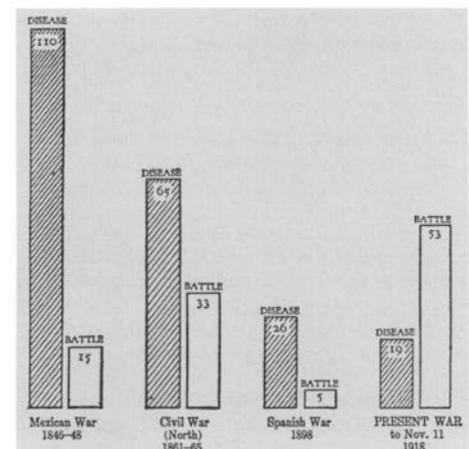
By 1918 the American public health movement had enjoyed years of success, first in the area of sanitary reform, and after 1900 through more effective control of communicable diseases by utilization of the germ theory. Yellow fever, cholera, typhoid fever, and diphtheria had caused considerable disruption and terror for 19th-century urban dwellers, but these diseases were successfully managed in the 20th century by bacteriological diagnosis, vaccination programs, and control of rats, mosquitoes, and healthy human carriers. Although public health measures were often in conflict with private interests, they were harder to criticize as the nation's health improved. Moreover, efforts on the part of the new public health to better the quality of urban life through scientific methods gained support in the progressive political climate of the early 20th century. Such measures

were attractive to both humanitarian reformers and business leaders concerned with the economic benefits of health and efficiency.³

If the federal campaign against bubonic plague in 1907 had established the power of public health, World War I consolidated it on a vast scale. During this time of national emergency, political, economic, and humanitarian motivations were combined in one effort. The concern for a robust army and citizenry translated into specific achievement as training camps and cantonments were built across the country to handle thousands of volunteers and draftees in 1917 and 1918. By the Armistice, scientific medicine had reduced military death rates from disease to a point lower than combat deaths for the first time in history (see fig. 1). In 1918, army and navy camps were highly organized, and the health of troops was demonstrably better than that of civilians, a fact that often made front-page news.⁴

For Seattle residents, successful efforts to promote health and efficiency in military camps, logging camps, and shipyards reinforced the reputation of local public health authorities. Despite an inordinate number of deaths from violence and suicide in the frontier period, Seattle had maintained an image of salubrity. The city's low death rate had long been a

Figure 1. Death rate among United States soldiers abroad (per 1,000 men). (Leonard P. Ayres, “The War with Germany: A Statistical Summary,” in *The Official Record of the United States' Part in the Great War [1923?]*)



source of local pride and was regularly publicized by city officials.

The arrival of a serious epidemic in the midst of mobilization for the war produced strange effects, and troop movements and crowding actually helped to spread the disease. Seattle was especially vulnerable. The city's population had quickly grown to over 400,000 with the arrival of many transient war workers. A naval training station occupied facilities at the University of Washington, which was within city limits, and Camp Lewis, a major army cantonment, lay 35 miles to the south. In addition, a large naval installation was located about 16 miles across Puget Sound.⁵

Although conditions of war tended to spread the epidemic, a mobilized, patriotic public was primed to deal with the calamity. In general, attitudes toward the war emergency carried over to the influenza emergency, and people looked to newspapers and official pronouncements for information about what they could expect and what they should do. Despite its seriousness and immediacy, however, Spanish influenza rarely generated the dramatic headlines that news of the war against Germany did.

On the last day of August 1918, Spanish influenza first reached Boston, and within days, new cases filled military and civilian hospitals to overflowing. Medical personnel soon characterized this virulent disease as a strain of influenza, or "la grippe." Among its most distinctive symptoms were the rapid onset (one to three days from exposure, with victims often feeling well, then prostrated by illness within an hour), high fever (101 to 105 degrees), and the fact that a full 5 to 10 percent of cases developed into severe bronchial pneumonia. As gloomy statistics accumulated, it became apparent that this flu, unlike the 1889 epidemic of la grippe, was most deadly for victims of ages 20 to 35, the supposed prime of life.⁶

Influenza first appeared in the Pacific Northwest when hundreds of sick naval draftees arrived by train from Philadelphia and were hospitalized at the Puget Sound Navy Yard. On September 23, the disease appeared at Camp Lewis. Un-



To stop the epidemic, health department officials finally required all citizens to wear six-ply gauze masks in public. (Spec. Coll. Div., UW Libraries, neg. 4590)

fortunately, the flu reached the Northwest just after the widely publicized Fourth Liberty Loan drive had begun, and patriotic rallies and parades increased contacts between soldiers and civilians.⁷

On October 4, 1918, a front-page story in the *Seattle Post-Intelligencer* reported that an alarming 700 cases of a "flu-like" illness had appeared at the University of Washington's Naval Training Station. One death had occurred, and 400 patients were hospitalized. The university's president, Henry Suzzallo, had offered a women's dormitory to help ease the hospital situation.

Despite the disturbing news, Seattle's health commissioner, Dr. J. S. McBride, did not take action. He believed that the disease at the university was "a form of la grippe . . . not subject to quarantine." By the next day, however, after a hurried conference with Mayor Ole Hanson, McBride acknowledged that Spanish influenza had arrived in Seattle and that it was "admittedly prevalent" throughout the city. From that time on, Department of Health and Sanitation orders were

supported publicly by a mayor who was "in the fight against the disease to win." He proclaimed that "health orders will inconvenience many people and cause a loss of money to many, but when it comes to a question of public health weighed against profit there can be only one decision. If thought necessary every place of public assemblage in Seattle will be closed."⁸

McBride's first orders were fairly innocuous. He forbade dances, ordered streetcars and theaters to ventilate "to the fullest extent," and instructed police officers to enforce the antisputting ordinance. An optimistic footnote to these

1. *Seattle Post-Intelligencer*, Nov. 7, 1918 (hereafter cited as *P-I* with appropriate date).

2. *Ibid.*, Nov. 11, 1918.

3. George Rosen, *A History of Public Health* (New York, 1958), provides a survey of the history of public health from the ancient world through the present. Several comprehensive histories of state and municipal public health departments have been written in the last two decades. See James H. Cassidy, *Charles V. Chapin and the Public Health Movement* (Cambridge, Mass., 1962); John Duffy, *A History of Public Health in New York City*, 2 vols. (New York, 1968-[74]); Stuart Galishoff, *Safeguarding the Public Health: Newark, 1895-1918* (Westport, Conn., 1975); Judith W. Leavitt, *The Healthiest City: Milwaukee and the Politics of Health Reform* (Princeton, 1982).

4. According to one source, the annual death rate among troops was 1.9 per 1,000 men while "among the men of military age in civil life the rate is 6.7 a 1,000"; see *Seattle Times*, Sept. 8, 1918.

5. Alfred W. Crosby, Jr., in *Epidemic and Peace, 1918* (Westport, Conn., 1976), treats the Spanish influenza epidemic comprehensively in the context of the war effort. Estimated wartime population: *Bulletin of the Department of Health and Sanitation of the City of Seattle, Washington*, Vols. 10-13 (1917-20).

6. Chester A. Darling, "The Epidemiology and Bacteriology of Influenza," *American Journal of Public Health*, Vol. 8 (1918), 752.

7. C. F. Ely, B. J. Lloyd, C. D. Hitchcock, and D. H. Nickson, "Influenza as Seen at the Puget Sound Navy Yard," *Journal of the American Medical Association*, Vol. 72 (Jan. 4, 1919), 27; George A. Soper, "The Pandemic in the Army Camps," *ibid.*, Vol. 71 (Dec. 7, 1918), 1901.

8. *P-I*, Oct. 4 (quarantine), 5 (prevalent, orders), 1918; *Seattle Union-Record*, Oct. 12, 1918 (fight).

**To Safeguard Our Customers
Against Influenza**

- 1—Uncarpeted aisles, passageways, stairways, elevators and toilet rooms, are mopped with germicide solution every night. The elevator shafts are fumigated each night.
- 2—Our carpeted departments and aisles are thoroughly gone over with the vacuum cleaners every night.
- 3—Bargain Basement is completely ventilated with brand new washing, heating and air-changing machinery.
- 4—Our Food Departments, including Cafe, Soda Fountains and Lunch Counters, have always taken and, of course, continue to take the most scrupulous pains to sterilize with plenty of soap and hot water all the dishes and glassware between services. All employees of these departments and the elevator operators wear gauze masks.
- 5—Our Children's Barber Shop and Manicure and Hairdressing Shop operatives wear gauze masks. Both these departments maintain a very high degree of sanitary conduct.
- 6—All windows are kept open during business hours when harmful drafts will not result from having them open to the air.
- 7—Every employee who develops the slightest symptom of influenza is sent home, and visiting nurses with an automobile are maintained for the benefit of our employees who are out sick.

The epidemic, as you know, is a serious menace to the war efficiency of our community. It is common and easy for each one of us to do his best to keep in good health for the good personal reason, but we must keep well to order to carry on our part of the war work.

The Bon Marche and its employees are willing to make all sacrifices which will aid Dr. McBride and the City Health Department in their splendid work. We have included one our customers in our program to Dr. McBride.

We ask that you, when in our store, use measures instead of elevators whenever possible and that you shop as quietly as possible when in the store to help avoid contagion.

THE BON MARCHE

The Bon Marche kept its store sanitized and ventilated, its staff masked, and trained nurses on duty to "safeguard" shoppers against the flu. (Seattle P-I, Oct. 27, 1918)

edicts welcomed the heavy rains that supposedly "carr[ie]d away many germs which ha[d] been floating in the dry air." But suddenly, influenza displaced war news, and a full-page headline in the *Times* announced a ban on all public assemblies. Citizens were urged to comply, for it was their "patriotic duty to . . . check the spread of the disease," since influenza could be "prevented by the intelligent and conscientious cooperation of every citizen."⁹

On October 7, a confident Mayor Hanson stated that "the prompt measures taken by the city to check the spread of influenza are having an effect. I believe we have control of the situation now." The *P-I* expressed a different view, however, in an editorial that described the health commissioner's decisive action as a "change overnight from a condition of official statistical interest to drastic emergency measures, . . . a transformation entirely too swift to inspire confidence in our health department." Dr. McBride was

further condemned for permitting exposure of many persons and failing to utilize theaters and pulpits to educate the public, but the editorial went on to urge that "our liberties . . . be curtailed for our own safety." According to the writer, "Common sense and the common instinct of self-preservation should make a general observance easy." So, despite such early complaints, McBride continued to exercise the power of his office with the mayor's blessing, and the labor-owned *Union Record* joined the more conservative press in supporting the influenza edicts.¹⁰

At first Seattle citizens found it difficult to take the epidemic seriously. Reaction to the closing of places of amusement was mixed, and people thronged the streets, "All dressed up and no place to go," as the *Times* noted. On October 7, the mayor, apparently certain that everything possible had been done, confidently predicted that "the epidemic would be ended within five days." The *P-I* Sunday sports page featured a large cartoon in which a long-nosed insect in boxing trunks, wearing a T-shirt labeled "Influenza Espano," stands victorious after knocking out an opponent named "Sports." Several days later when a U.S. trophy train stopped for nine hours at Occidental Avenue and King Street, thousands of entertainment-hungry Seattle citizens crowded through to view war memorabilia.¹¹

By October 8, 125 new cases had been reported, and deaths for the preceding day numbered 12. Dr. Thomas D. Tuttle, secretary of the state board of health, attempted to standardize health precautions across the state, requesting telegraphic information on new cases. Small towns in Washington were closing down schools, churches, theaters, pool halls, and card rooms. Seattle's city council appropriated \$5,000 for the work of the health department, which had prepared an injectable serum and was converting the old city hall into an emergency hospital. The order forbidding all public assemblies was extended to include semi-public gatherings, but still the death toll mounted. McBride threatened that if citizens failed to comply with local, state, and federal health rules, Seattle "may expect to see the same fearful ravages as are

taking place in eastern cities." When ministers asked to be exempted from the closing order, he replied bluntly, "Religion which won't keep for two weeks is not worth having."¹²

By October 11, a total of 1,368 cases had been reported, and health officers worried that large numbers of civilians would be incapacitated by the disease. Since Seattle's large labor force was at high risk, concern for the war effort grew, and support for public health measures was widespread. Already the city health department was inoculating thousands of residents with its own vaccine and achieving "beneficial results." But the department denied requests from around the state and from Oregon and Idaho because "Seattle needs all the serum we can grow." McBride was firm: "We will share with nobody until our shipyard workers and other citizens have been properly inoculated."¹³

Seattle's large population of immigrant laborers, who tended to belong to radical labor unions like the Industrial Workers of the World, was a potential source of protest, but the work force did not slack in the face of the flu emergency. In the shipyards, "every worker who snuffles is shot with the serum. . . they blow their noses and return to work." The *Union Record* urged that workers "take immediate steps to assist the city health authorities" by "not hibernating for the winter" in cheap downtown lodgings, as they customarily did, and by "getting out into the woods and camps, if possible, where the open-air life prevents the spread of the germs and where mighty work can be done in aid of the nation at this time of stress in producing the timber that is so vitally needed."¹⁴

9. *P-I*, Oct. 5, 1918 (extent, germs); *Times*, Oct. 5, 1918 (duty, prevented).

10. *Times*, Oct. 7, 1918; *P-I*, Oct. 6, 1918.

11. *Times*, Oct. 6 (dressed), 13, 1918; *P-I*, Oct. 7 (five), 13, 1918.

12. *P-I*, Oct. 8, 1918; *Union-Record*, Oct. 12, 1918 (quotations).

13. *Times*, Oct. 9, 1918 (beneficial); *P-I*, Oct. 10 (quotations), 11, 1918.

14. *Union-Record*, Oct. 8 (last quotations), 9 (snuffles), 1918.

As October wore on, the epidemic grew more serious. On the 18th the *Union Record* reported that Seattle's morgue was "JAMMED WITH DEAD BODIES." The health department firmly enforced the closing rules, forbidding all but close relatives to attend funerals. By October 20, 250 patients crowded the emergency hospital, and ambulance drivers struggled to keep up with emergency calls. Statistics published in the *Post-Intelligencer* indicated that the high point of new cases occurred in the week of October 11. The death rate would continue to increase for another week (see fig. 2). City officials watched these figures hopefully, for they had learned from the experiences of other American cities that once the flu crested, it would probably decline rapidly.¹⁵

Since the epidemic peaked in Seattle a full five weeks after it did in major eastern cities, Pacific northwesterners had an excellent opportunity to benefit from the latest national public health expertise. Wartime had enhanced the prestige of the U.S. Public Health Service, and by 1918 it was enjoying its expanded role as adviser

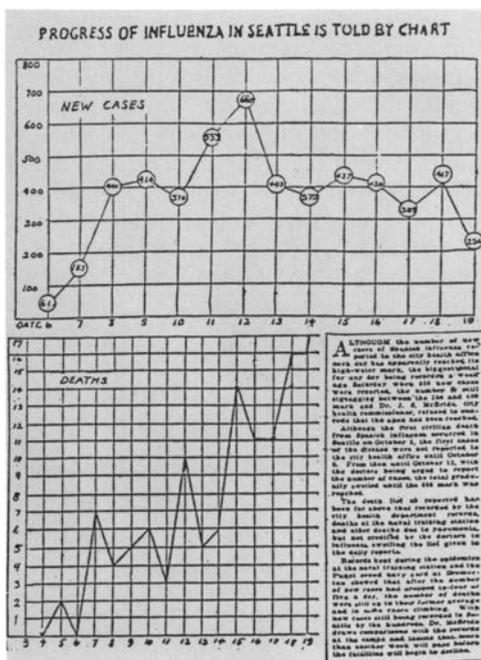


For a brief moment, well-dressed women concerned for their health tried to put fashion to work against influenza. (*Seattle Times*, Oct. 18, 1918)

quickly filled the demand for influenza preventatives and cures. Seattle newspapers contained many ads promoting blood tonic, toothpaste, and Vicks Vapo-Rub as specific cures. In response to such advertising, the Public Health Service urged restraint, reminding the public that "there is as yet no specific cure for influenza. . . . If any specific like a vaccine or serum is found to have value the Public Health Service will give the matter wide publicity." In the end, the most useful advice that national officials could give to state and local authorities was simple and grim: "When you get back home, hunt up your wood-workers and cabinet-makers and set them to making coffins. Then take your street laborers and set them to digging graves. If you do this you will not have your dead accumulating faster than you can dispose of them." Judging from the experience of Boston, Philadelphia, Newark, and Baltimore, this was good advice.¹⁸

The vague recommendations of nationally known public health professionals were open to interpretation by local officials, who faced a public clamoring for remedies. Seattle's response to the epidemic involved several measures that local officials believed had public health science sanction. The first, and possibly the most effective, of these aimed at lowering the risk of exposure by closing movie houses, churches, and schools. Dr. McBride also applied the 19th-century method of environmental sanitation. He called for a "thorough cleansing" of the city in early November; municipal crews washed streets and removed refuse, and citizens were urged to clean up their own property. Authorities advised: "Avoid tight clothes, tight shoes, tight gloves"; "Breathe pure air and breathe deeply—through your nose"; "Smother your

Figure 2. According to the P-1, new cases of flu peaked during the week of October 11-17, but authorities predicted that deaths would continue to rise. (Oct. 20, 1918)



to the military, where "increased authority" and "more liberal appropriations" made the task much easier. The Public Health Service was justifiably proud, for it had reduced diseases like typhoid and typhus to a minimum. Dreaded outbreaks of measles and polio had not materialized, despite the crowded, stressful conditions of barracks and battlefields.¹⁶

So, health officials in the western and central states were anxious for professional consultation to "know what success the East was having with vaccines; what were their views on the subject of nose and throat sprays; what lessons was the epidemic teaching with regard to mode of treatment." They hoped to get their information at the October national conference of the American Public Health Association. Unfortunately, the epidemic had prostrated the eastern medical establishment, and possibly half of the "expert" speakers would have been absent due to the flu. The meeting had to be postponed.¹⁷

In the absence of scientific remedies, patent medicine companies and quacks

15. P-1, Oct. 20, 1918.

16. Ernest C. Levy, "Some Public Health Lessons of the War," *American Journal of Public Health*, Vol. 8 (1918), 664.

17. "The Annual Meeting Postponed," *ibid.*, 786.

18. "Sure Cures for Influenza," *Public Health Reports*, Vol. 33 (Nov. 8, 1918), 1933 (specific); "Weapons against Influenza," *American Journal of Public Health*, Vol. 8 (1918), 787 (wood-workers).



cough and sneezes"; "Choose and chew your food well"; and "Don't Worry."¹⁹

A major strategy of Seattle health officials involved public morale. Citizens struggled through the fearful days of the epidemic, the authorities and the newspapers exhorting them to resist the invading microbes. The language of the war effort predominated in articles and editorials during those weeks of October and November 1918. At the outset the press challenged the public to do its patriotic duty in fighting the flu. *P-I* editorials urged citizens to "Brace Up" and "win the Battle of the Flu." When the *Union Record* printed an appeal for nurses, it warned that "A War Emergency Calls You" and reminded the women of Seattle that "THIS is just the kind of work you would get if you went abroad with the army." Above all, citizens must not be complacent. As one published opinion expressed it, "Being optimistic with the 'flu' is just the same as being lax with the Fourth Liberty Loan. You can say 'Oh, piffle' if you like, but not me."²⁰

Health officials and the press made enough reference to the importance of morale to indicate that they did indeed fear loss of social cohesion during the epidemic. Seattle was not without its

At the height of the flu scare, police enforced health department rules; only masked citizens could walk downtown and ride streetcars. (Spec. Coll. Div., UW Libraries, neg. 1538)

ugly episodes. A prominent undertaker was charged with profiteering because he billed both the bereaved family and the naval district for coffins and funeral expenses for each victim. Landlords evicted tenants ill with influenza as well as nurses who did duty at the city's emergency hospital. A doctor working in the influenza hospital was prosecuted for stealing valuables from flu victims, a "ghoulish robbery," as one newspaper called it, that brought severe criticism down on the heads of health officials. Later news stories gleefully reported that the thief had fallen ill with the disease.²¹

Seattle's most novel flu preventative was its own vaccine. In early October Dr. McBride and doctors from the Puget Sound Navy Yard developed a heat-killed bacterial vaccine. They promptly injected hundreds of draftees, compiled their statistics in early November, and published "conclusive" results in the *Journal of the American Medical Association*. The American Public Health Association published research on a similar vaccine but repeatedly stressed its ex-

perimental nature. Other medical authorities were extremely cautious, and physicians were warned to do nothing "that may arouse unwarranted hope among the public and be followed by disappointment and distrust of medical science."²²

While other communities regarded the vaccine with skepticism, McBride and Mayor Hanson promoted its use among civilians enthusiastically and gathered their own data to prove the serum's effectiveness. By October 6, McBride had inoculated 10,000 shipyard workers and had distributed vaccine to all city physicians. After a wait of 10 days he reported that "no case has yet been found where a person vaccinated with the serum has been taken down with the serious form

19. *Times*, Oct. 17, 1918 (last quotations); *P-I*, Nov. 3, 1918 (cleansing).

20. *P-I*, Nov. 4, 1918 (Brace, Battle); *Times*, Oct. 5, 1918; *Union-Record*, Oct. 18 (optimistic), 25 (Emergency, army), 1918.

21. *P-I*, Oct. 10, Nov. 1 (ghoulish), 3, 1918; *Times*, Oct. 20, 1918.

22. Ely et al, 28; "Weapons against Influenza," 788, 802; "Value of Vaccination against Influenza," *Journal of the American Medical Association*, Vol. 71 (Nov. 9, 1918), 1583 (quotation); *P-I*, Oct. 11, 1918.

of the disease." Hanson claimed that the vaccine would be the means of wiping the disease out of America and believed reports that it was "far superior as a preventative than any of the remedies reported from the New England states." The ambitious vaccination program continued throughout November, and stations were set up in the city health department and the Ballard and Georgetown city halls. A department store joined the prevention team, announcing that "an Influenza Inoculation Nurse in the Bon Marché Clinic" would "administer the serum inoculation to customers—Free of charge."²³

At the time, the most controversial weapon in Seattle's anti-influenza arsenal was the wearing of a six-ply gauze mask in public. The first mention of such a precautionary measure appeared on the fashion page. "Have you seen the veils worn by Seattle women to protect themselves from the influenza?" asked the *Times* on October 18. "Veils apparently have ceased to be merely ornamental appendages to the modern woman's costume," the article went on, "and have become for the moment in Seattle at least, a necessity in milady's wardrobe. In addition to their usefulness they lend a distinctive and individual touch when worn in the same or a contrasting shade with the tailleur." By October 29, however, flu conditions were so serious that the health commissioner made wearing a regulation six-ply gauze mask mandatory. The following day the state health department issued a similar decree, and the entire state became masked in gauze. The Bon Marche, cooperative as ever, offered masks for sale at cost for shoppers' convenience.²⁴

Masks were much more cumbersome than serum inoculation, and they caused quite a stir among Seattle residents. Everyone from shipyard workers to newlyweds found the stuffy masks intolerable. A bogus policeman had great success threatening unmasked ladies with arrest and fining them \$5. One editorialist questioned the utility of the mask on scientific grounds, noting:

Medical vigilance has not as yet succeeded in identifying the flu germ; the medical sleuths have not even secured a good description. There is no official knowledge as to whether

*he is tall or short, thin or portly, how he goes garbed, what his habits are. . . . Dr. McBride seems to be possessed of the only fact of his existence, intentions and abilities. The doctor says that this germ can wiggle through four thicknesses of gauze, but that he is foiled when confronted with six layers.*²⁵

Although some questioned the scientific validity of the gauze mask, the majority believed in compliance. One citizen expressed such an attitude in a November 2 letter to the P-I. "I am free to admit that doctors make mistakes and health officers are not infallible," he wrote, "but, as a matter of patriotic duty, let us cooperate heartily with their efforts until our city is again safe for our soldiers and shipbuilders." He urged his fellow citizens to "cheerfully and patiently abide by their decisions till time shall prove what is the best measure to prevent the spread of disease and what measures are faulty and must be dropped."²⁶

November 11, 1918, brought news of vic-

Spurred by the threat of closure, the Bon Marche urged patrons to shop only for necessities and "as quickly as possible." (P-I, Oct. 29, 1918)

Help Bring Influenza Under Better Control Quickly

We shall discontinue for the present advertising merchandise. It would, of course, be a serious thing for the community if the retail shops were closed for an extended period. You would not be able to get shoes, warm clothes or any of the other numerous necessary things which we supply.

If It Becomes Necessary, However, We Are Going to Close Our Doors Willingly and Gladly for the Public Good

* We have a very efficient telephone switchboard, Elliott 4100—and three of the milinages and most capable exchange operators in the city.

Some time ago, as a war manpower measure, we arranged with the Merchants' Parcel Delivery to make all our deliveries. They will make a special effort to deliver promptly goods ordered by phone.

In addition to asking you to shop only for necessities, we ask you to keep your children at home as much as possible.

We ask that when you are in the store you stop as quickly as possible in order that others will not be kept waiting, and so cause congestion. This should be a paramount shopping habit to reduce the man power needed to run the store, as requested by the Government. By shortening the time you take to shop, you help our people do more work in a given time, and that helps us pay them better wages.

We have done everything to make you as safe as possible when you are in the store, but we stand with Mayor Hanson and Dr. McBride. We think you, our customers, are better off if this and other stores remain open than if we close. But only complete cooperation from our customers will make it possible for us to remain open to serve you.

It Is Your Human Civic Duty to Help Us and Help the Authorities in This Emergency to Bring the Influenza to a Quick Conclusion

THE BON MARCHE

tory in Europe, and Seattle went wild. The P-I reported that downtown was filled with a "happy, seething mass of humanity. . . . Not a gauze mask was visible in the big crowds and no attempt was made by the police to see that they were." "Who could blame them on this occasion," Mayor Hanson remarked of his constituents, "but they should wear the mask." Doctors rationalized that "patriotic joy" might protect citizens as well as masks and isolation.²⁷

One day later, a reluctant health department lifted the mask rule and allowed theaters and other public places to reopen. Perhaps officials sensed the futility of attempting to enforce health ordinances, especially with the influenza epidemic in obvious decline. Seattle was determined to celebrate the end of the flu along with the end of the Great War. The *Post-Intelligencer* expressed the public mood with the headlines: "SEATTLE, NOW UNMUZZLED, PUTS IN THE DAY RESTING TIRED FEET AT MOVIES. . . . 'Flu' May Be Followed by Film Epidemic."²⁸

That the epidemic occurred in wartime is clearly important in explaining the cooperative public response in autumn of 1918. Newspapers had reported the participation of citizens on the home front as extensively as they had covered activity on the battlefields. The subject of war had dominated advertisements, photographs, editorials, society pages, and obituaries. Materials produced by President Woodrow Wilson's Committee on Public Information, headed by George Creel, saturated front pages, especially during the Fourth Liberty Loan campaign. The cumulative effect of this news on public opinion was considerable, as one small-town editorialist expressed: "The ruling passion of men now seems to be that of the greatest service possible to

23. P-I, Oct. 16, Nov. 5, 6 (nurse), 1918; *Union-Record*, Oct. 12, 1918 (superior).

24. *Times*, Oct. 18, 1918; P-I, Oct. 30, 1918.

25. P-I, Nov. 4, 6, Oct. 30 (quotation), 1918.

26. *Ibid.*, Nov. 2, 1918.

27. P-I, Nov. 11 (seething), 27 (blame), 1918.

28. *Ibid.*, Nov. 12, 13 (quotation), 1918.

their country. It is in the air, everywhere—you read about it, you can see it, and in fact with each inhalation you get a fresh supply of the ozone of patriotic life.”²⁹

With the sudden end of the war, however, Seattle residents were eager to forget the influenza emergency as quickly as possible and to celebrate. Appropriately enough, the Armistice coincided with the removal of the hated gauze masks and the resumption of business as usual, so Seattle was able to equate victory over the Hun with victory over the flu.

During the last days of November, community pride was at a high level. Seattle's death rate from influenza was half that of large eastern cities, and citizens gave their officials the credit. In October Mayor Hanson had drawn praise from army officers and navy men for his “prompt efforts to handle a serious situation.” Another observer attributed the low mortality statistics to the use of the serum developed by the city health department. As the incidence of local influenza declined abruptly in mid-November, news of the ravages of the disease among the native peoples of Canada and Alaska still occupied front-page space in Seattle newspapers. On November 19 a ship departed for Alaska with doctors, nurses, and supplies that included 500 gauze masks, tablets and hypodermic needles, and enough vaccine for 5,000 injections. Seattle was now exporting its proven preventive methods for the benefit of other communities.³⁰

However, the relief that came with Armistice Day was premature, because in early December influenza peaked again, no less dramatically than before (see fig. 3). By December 9 hundreds of new cases had been reported, and the city hospital reopened and quickly filled to capacity. Patients arrived continually by automobile, ambulance, and patrol wagon. This was no surprise to health officials, for the recrudescence of the disease had been noted in other cities, and McBride expected to secure public cooperation much as before. However, the citizenry was no longer so receptive to health department cautions and edicts. A *Post-Intelligencer* editorialist noted that “Dr.

DEATHS BY TWO MAJOR DISEASES, SEATTLE, 1918–19
(Number per Month)

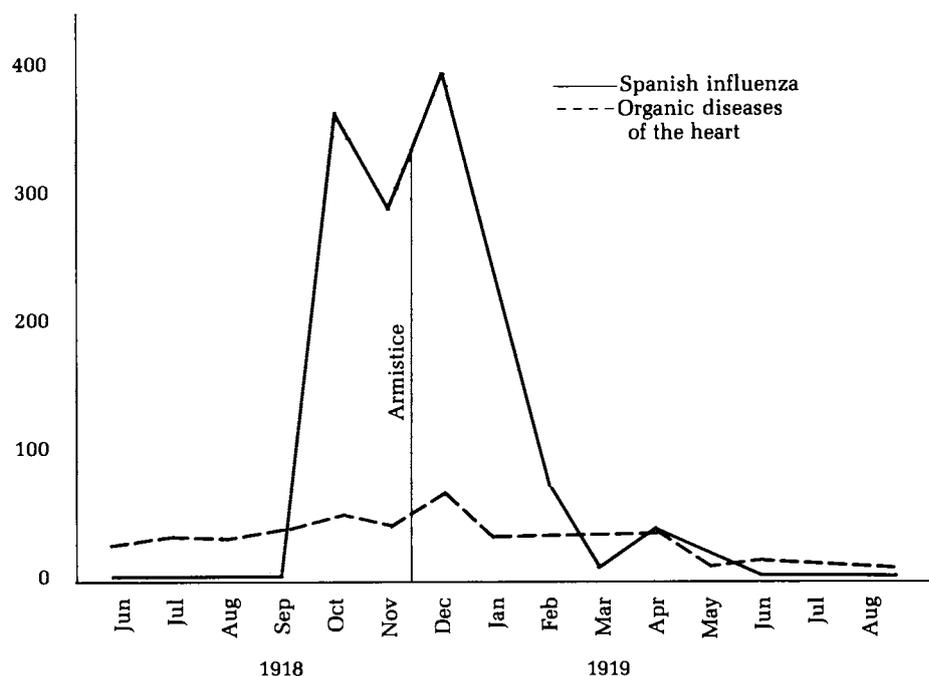


Figure 3. Monthly health department data for 1918-19 show that flu displaced heart disease as the major killer for the period. (*Bulletin of the Department of Health and Sanitation of the City of Seattle, Washington, Vols. 10-13*)

McBride's latest warning has created a distinct feeling of uneasiness. It isn't the flu that's so feared so much as it is another [ex]cess of regulative zeal. . . . Seattle should serve prompt notice on the health officials that no suggestion of another shutdown of business and revival of the mask will be tolerated.”³¹

Dr. McBride and Mayor Hanson, apparently sensing what the public would bear, turned their attention to passage of an emergency quarantine ordinance. At the same time, McBride stressed the effectiveness of his vaccine, which he referred to as “the most certain guarantee against death from the disease.” The health department set up new inoculation stations in public schools and recommended revaccination because, according to McBride: “We do not know how long the serum will render one immune, and for that reason the same precaution is again urged.” Although he enforced what rules he could, he relied

chiefly upon his serum, which, as a product of laboratory science, was as yet an unassailable panacea.³²

Although the statistics reveal that this second wave of influenza was as sudden and deadly as the October one, the public virtually ignored it. Newspaper coverage was scanty, and business went on as usual. Citizens disregarded the peril. By Christmas the number of cases declined for good, and schools reopened on a regular basis in January of 1919.

Historians generally have neglected to mention the effects of the Spanish influenza on the American home front. The Seattle example, however, is difficult to

29. *Monroe Independent*, May 2, 1918.

30. Seattle's death rate was 240 per 100,000 population; Philadelphia's was 740 per 100,000; Baltimore's, 640 per 100,000; and San Francisco's, 470 per 100,000. See William R. Noyes, “Influenza Epidemic, 1918-1919: A Misplaced Chapter in United States Social and Institutional History,” Ph.D. dissertation (University of California, Los Angeles, 1968), 44. *Union-Record*, Oct. 12, 1918 (quotation); *P-I*, Nov. 13, 19, 1918.

31. *P-I*, Dec. 3, 1918.

32. *Ibid.*, Dec. 9, 1918.

Nearly every issue of the department of health's monthly *Bulletin* in the early 20th century stressed the safety of modern methods of manufacture of smallpox vaccine and the conclusive evidence of its effectiveness. When this latest resurgence of the antivaccinationist movement came to their attention, Northwest physicians deemed it "the usual agitation" and remained confident that "should the disease attain menacing proportions public opinion will undoubtedly reach the stage of pronounced rational common sense and be willing to resort to vaccination, the only known means of preventing this easily controlled disease."³⁸

March of 1919 brought 77 cases of smallpox, all among Seattle's public school children, and by April, 142 cases were reported. At this point H. M. Read, the new health commissioner and former army major, quarantined unvaccinated children, thus enforcing the lame duck vaccination law that was to expire on June 1. His action brought a hail of criticism. The *Argus*, which had noted

Home remedies, various commercial toiletries, and blatantly quack nostrums and devices like the Vit-o-Net claimed to cure or prevent the flu. (Times, Oct. 20, 1918)

WHAT IS VIT-O-NET?

The VIT-O-NET is a Magnetic Health Garment that has proven most wonderful in all cases where the body is not eliminating the toxic substances and waste from the body.

VIT-O-NET

THE VIT-O-NET has over 16,500 feet of Magnetic Wire so placed that there is a definite Magnetic Field created. When a sick, pain-racked body is placed in this Magnetic Field every cell in the body is stimulated and NEW LIFE takes place. The Poisons and Uric Acids are neutralized and they are quickly eliminated through the Natural Drainage Channels. The results we gain through this NEW and wonderful method is almost unbelievable. This treatment will reach your case in a most pleasing manner.

GOVERNMENT INDORSEMENT.

The Government Hospitals have indorsed this system of treatment and show nine cases out of ten cured of RHEUMATISM, Lumbago, Neuritis, Neuralgia, Stiff Joints, etc.

No matter whether you have rheumatism, dropsy, kidney trouble, skin disease, asthma, heart trouble, catarrh, blood disorders, stroke of paralysis, high blood pressure, low vitality, nervousness, SPANISH INFLUENZA—or what not the VIT-O-NET will cleanse your system and raise your vitality and surely and positively NATURE will make her own balance—HEALTH.

WE will send a Trained Nurse to your home to give you this wonderful treatment for the SPANISH Flu or a bad cold. Call Elliott 4857. BRING this ad with you and get one free treatment.

VIT-O-NET
233 to 236 Central Bldg., 3rd and Marion.

Read's army experience and praised his appointment three weeks before, now called him "Another Czar." "Dr. Read is not in the service now," the editorialist grumbled; "He is in the service of the city, and those who are paying his salary have some few rights which even such an exalted personage as a former army major and a present health officer will find it is best to respect."³⁹

In a sense, Dr. McBride's widespread use of flu vaccine had come back to haunt the community he tried to serve. Despite cautionary reminders from more conservative professionals that the vaccine was experimental, Seattle was one of the places where it was promoted as a proven scientific remedy, and local citizens had willingly accepted the word of health authorities. Yet, only four months later, this most flu-vaccinated populace rejected a century-old program of smallpox vaccination.⁴⁰

Throughout 1919 the scientific quest for the causative organism of influenza continued, but since a quick answer was not forthcoming, the research came under attack on the popular level. In March of 1919 an impressive four-part series on influenza appeared in the *Post-Intelligencer*. The author was Dr. Louis Dechmann, an unlicensed practitioner of "mineral therapy" who ran a utopia for health at Lake Crescent on the Olympic Peninsula. He defined influenza as a "negative disease" caused by a "loss of vitality," which could be cured "rationally" through dietetic enzymes and Dechmann egg punch. Though his remedy suggested quackery, the respected *P-I* gave Dechmann preferential coverage. He attacked "the medical profession [which] seeks a bacillus, microbe or germ in connection with each disease, and then 'regards the bacillus as its cause,'" complaining that "the treatment of the influenza epidemic has been in perfect accord with the theoretical premises of medical practice, but it has been a complete and ghastly failure." On this point, at this time, medical professionals were indeed vulnerable.⁴¹

In many ways the Great War had offered public health its best opportunity to apply progressive medical science to mankind. The army medical service drew

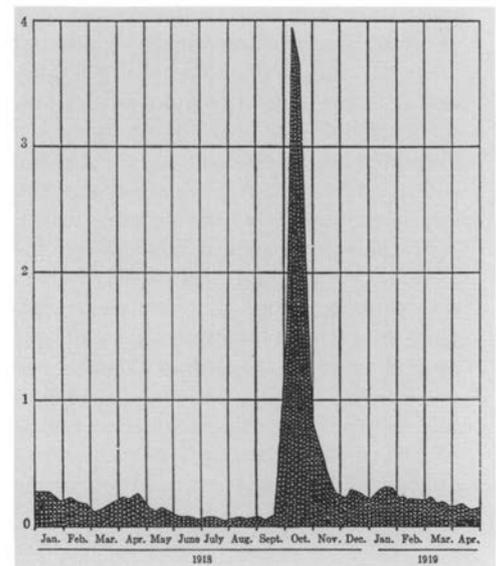


Figure 4. Monthly death rate among U.S. soldiers at home (per 1,000 men). The truth about battle vs. disease deaths is revealed in the data for nonexpeditionary forces. (Ayres, "The War with Germany")

well-deserved praise for its "efficiency and brilliancy." But the official graphs and statistics reveal what Spanish influenza did to overshadow this supposed triumph (see fig. 4). By 1919 the image of scientific public health showed signs of tarnish. At the national meeting of the American Public Health Association, the association's *Daily Bulletin* carried a car-

Northwest Collection, University of Washington Libraries.

38. *Bulletin of the Department of Health*, Vols. 10-13 (1917-20); "Has Smallpox Become Epidemic?" *Northwest Medicine*, Vol. 18 (1919), 72.

39. *Seattle Argus*, April 5, 1919.

40. "The Influenza Scourge," *Northwest Medicine*, Vol. 17 (1918), 320.

41. *P-I*, March 9 (bacillus, premises), 12 (negative, vitality), 1919; Harriet U. Fish, *Tracks, Trails, and Tales in Clallam County*, State of Washington (Port Angeles, Wash., 1983), 70-71.

42. "Unwarranted Criticism of the Regular Army Surgeon," *Northwest Medicine*, Vol. 18 (1919), 113; cartoon described in *American Journal of Public Health*, Vol. 9 (1919), 67.

43. Cassidy, 173 (motto quoted); Crosby, 265, 290.

toon representing "the Association as a be-spectacled little professor standing on a pile of scientific books, injecting 'flu serum' into an agonized Uncle Sam, by means of a syringe about the size of a ten-gallon ice-cream freezer can."⁴²

In the 20th century, once disease was linked to microbes rather than to filth and foul air, the control of many communicable diseases became possible. The motto of the "new" public health became "Public Health is purchasable." Yet, the riddle of the 1918 influenza epidemic defied this maxim and did much to dis-

credit the reputation of scientific public health. During the next decade, funds from many sources were devoted to influenza research. Over 4,000 books and papers on the subject appeared during the 1920s, but the causative agent eluded investigators until 1933.⁴³

During the postwar period a more cynical public resisted "regulative zeal" on the part of health officials, and a sobered medical science redoubled its efforts to understand influenza. The devastating epidemic had seriously dimmed prewar optimism and faith in the application of

progressive medical science. Like Wilsonian idealism, the new public health, which had carefully built its own reputation through impressive achievement as well as public indoctrination, suffered a stunning defeat in the aftermath of World War I. □

Nancy Rockefeller, a former medical technologist who earned her M.A. in biomedical history, is now working on a doctorate in history at the University of Washington. She delivered a version of this essay at the annual conference of the Pacific Northwest Historians Guild in 1985.

The *Birth of the National Park Service: The Founding Years, 1913-1933*. By HORACE M. ALBRIGHT as told to ROBERT CAHN. (Salt Lake City: Howe Brothers, Institute of the American West Books Vol. 2, 1985. xii, 340 pp. Illustrations, index. Cloth, \$19.95; paper, \$10.95)

Here is Horace Albright's own story of his role in the creation of the National Park Service and its early history. Heretofore, many narrations of Albright's experiences have been based upon oral interviews. Donald Swain's biography, *Wilderness Defender: Horace M. Albright and Conservation* (1970), depends heavily upon Swain's talks with this park service legend. However, after reading this new book, anyone familiar with the published material will be struck by how much is missing from the oral history record. Precise names and dates and other significant aspects of important incidents—or even anecdotal ones—in time are lost to the memory. Albright and Robert Cahn returned to Albright's papers and other sources to check on accuracy, to obtain those precise names, dates, and incidents, and thereby increased the book's value. Besides helping Albright achieve preciseness, which is so much a part of good history, Cahn helped him write a smooth-flowing, well-structured story. It possesses the spirit of this remarkable man. Compliments go to both Albright and Cahn.

Albright's casual contacts with important people, both in and out of government, remind the historian of just how much history is affected by conversations, chance meetings, telephone calls, and handshakes, none of which show

up in the written record. The results we know, but even with all the papers available, that human quotient is left out.

Albright is frank about Steve Mather's illnesses. Indeed, much of the time, that brilliant, wealthy man clearly walked along the narrow precipice of abnormal behavior. Examples of his actions are mentioned, but they appear along with expressions of Albright's sincere admiration for the man. To be over 90 years old grants one the right to speak plainly. In doing so, Albright has made a contribution to the literature of National Park Service history.

He has also produced an autobiography of an important participant in early park service battles. Albright was one of the most confident, intelligent, decisive, personable men of his time. He had the merit of knowing precisely what he wanted for his beloved National Park Service, and also what he did not want for it. Though people had honest differences with him, in this book we hear just one side of the issues. Albright had the big picture, the national picture. He tended to look upon local opposition as unfair and selfish, and he did make enemies. Yet, his contributions to conservation and to the national parks put him among the most important, and most successful, of all public men of the 20th century. Many fine illustrations accompany this readable book. □

RICHARD A. BARTLETT
Florida State University

Recent Books in Review