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IN THE GRIP OF GRIPPE: THE 1918 INFLUENZA PANDEMIC VIEWED
THROUGH A CROSS-SECTION OF AMERICAN SOCIETY

A Thesis
Presented to
the Graduate School of
Clemson University

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts
History

by
Carole Connie Thomas
May 2022

Accepted by:
Dr. Pamela Mack, Committee Chair
Dr. Rod Andrew
Dr. H. Roger Grant

ABSTRACT

In 1918, a virulent strain of influenza swept the world, infecting as many as 500 million people and killing at least 50 million, 675,000 of whom were in the United States.

Despite the many advances that had been made in science and medicine, even the best medical professionals were helpless against the disease. Lawmakers, too, were limited in what they could do to respond to the emergency, especially as the demands of the First World War remained a priority. Through an examination of the response to the flu in a cross-section of American society— national, state, and local – this thesis contends that a similar pattern emerged at all levels, characterized by the responsible persons attempting to use what knowledge and materials were available to them in order to combat a disease that was at once familiar and foreign.

DEDICATION

To all the keepers of the local and otherwise forgotten histories –
but especially Mr. Frank Porter.

ACKNOWLEDGMENTS

Many thanks are in order to the people who made the completion of this thesis possible. First and foremost, a great deal of credit is due to my committee chair, Dr. Pam Mack, who provided me with the structure, guidance, and encouragement that allowed this perennially last-minute student to complete an satisfactory thesis on time. Thanks also to Dr. Andrew and Dr. Grant for giving up their time to serve on my committee.

I am grateful also to the people and institutions who so willingly shared the sources necessary to reconstruct the experience of the flu at the state and local levels. Special thanks to the SC Department of History and Archives for providing me with extensive records of the state's involvement in the fight against the flu. Thanks also to Frank and Brian Porter for sharing the story of the Kelley family and your extensive knowledge of Pickens County history. There are many other folks who shared with me bits and pieces of information that helped paint a more complete picture of the flu at the local level, and I am immensely grateful for all these contributions.

Finally, I want to acknowledge the friends and family who have supported me during these two formidable years. Thank you to my parents, Mike and Lisa, for lovingly pestering me about how my thesis was going. Thank you to my partner in crime, Billy, for talking me off the ledge every time I threatened to drop out of school. And finally, thank you to my fellow graduate students for being the best part of this experience. The excellent conversations we had – both intellectual and nonsensical – were a balm to my tired and very stressed out soul.

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INTRODUCTION

Keep where the air is fresh. Keep cheerful! Avoid crowded assemblages. Go home at once and go to bed. Try to keep cool when you walk and warm when you ride or sleep. Don't become hysterical. These are just a few of the many recommendations from doctors, civil servants, purveyors of proprietary medicines, and the average person given to help prevent the spread of influenza in 1918.

Influenza is a disease that has been infecting humans for hundreds – maybe thousands – of years. Over the course of its long relationship with humankind, it has established itself as a familiar, seasonal disease. Readers of this thesis will likely have no trouble remembering the last time they had the flu – a few days of feeling downright miserable, then up and about again fairly quickly. A person ill with the flu today might take a painkiller for the body aches, an antihistamine for the coughing and sneezing, or perhaps an antiviral to deal with the virus itself.

The people who experienced the Spanish¹ flu pandemic of 1918 were faced with something that was at once familiar and foreign. The disease which swept the globe was generally recognized as influenza, but this particular strain of the disease was significantly more virulent and deadly. Like its less aggressive seasonal counterparts, the Spanish flu was a respiratory virus which infected the nose, throat, and lungs of its victims. It spread from person-to-person via respiratory droplets – through talking,

¹ Though the term “Spanish flu” is problematic/misleading, it will occasionally be referred to by this name since it appears this way in the primary sources.

coughing, or sneezing. The virus would then leave its former host through those droplets and enter a new one through that person's mucous membranes, typically the eyes, nose, or mouth. At times the disease could spread indirectly, through someone touching an infected surface and then their face.²

The Course of Disease in the Body

Once infected, a person will typically manifest symptoms within one to four days. These symptoms are key to recognizing a person is ill, but an infected individual is actually contagious a day or so before experiencing symptoms and will continue to be contagious for around a week after the onset of symptoms.³ In other words, a person can be contagious before knowing they are sick and after they believe they have recovered. Symptoms often come on suddenly. These can include fever, cough, sore throat, runny or stuffy nose, muscle or body aches, headaches, fatigue, and vomiting and diarrhea.⁴ Most people will recover after about a week. In the case of the Spanish flu, however, an infection with influenza frequently led to complications such as pneumonia. Pneumonia causes the air sacs in the lungs to fill with pus or fluid, and the symptoms include cough with phlegm or pus, fever, chills, and difficulty breathing, which can lead to death, especially if untreated.⁵

² "How Flu Spreads," Influenza (Flu), Centers for Disease Control and Prevention, last modified August 27, 2018, <https://www.cdc.gov/flu/about/disease/spread.htm> .

³ CDC, "How Flu Spreads."

⁴ "What You Need to Know," Influenza (Flu), Centers for Disease Control and Prevention, last modified August 26, 2021, <https://www.cdc.gov/flu/about/keyfacts.htm> .

⁵ "Pneumonia," Diseases & Conditions, Mayo Clinic, last modified June 13, 2020, <https://www.mayoclinic.org/diseases-conditions/pneumonia/symptoms-causes/syc-20354204> .

Influenza typically is most dangerous for the furthest ends of the age distribution; young children under two and older adults above 65, as well as people who are immunocompromised, are at highest risk for severe illness or death during the regular flu season. Spanish flu affected these groups as well, but one of the defining characteristics of this strain was that it disproportionately affected the healthiest members of society – young men especially, and young women to a slightly lesser extent. When plotted on a graph, the typical mortality of flu has a U-shape. Spanish flu, on the other hand, more closely resembles a W.

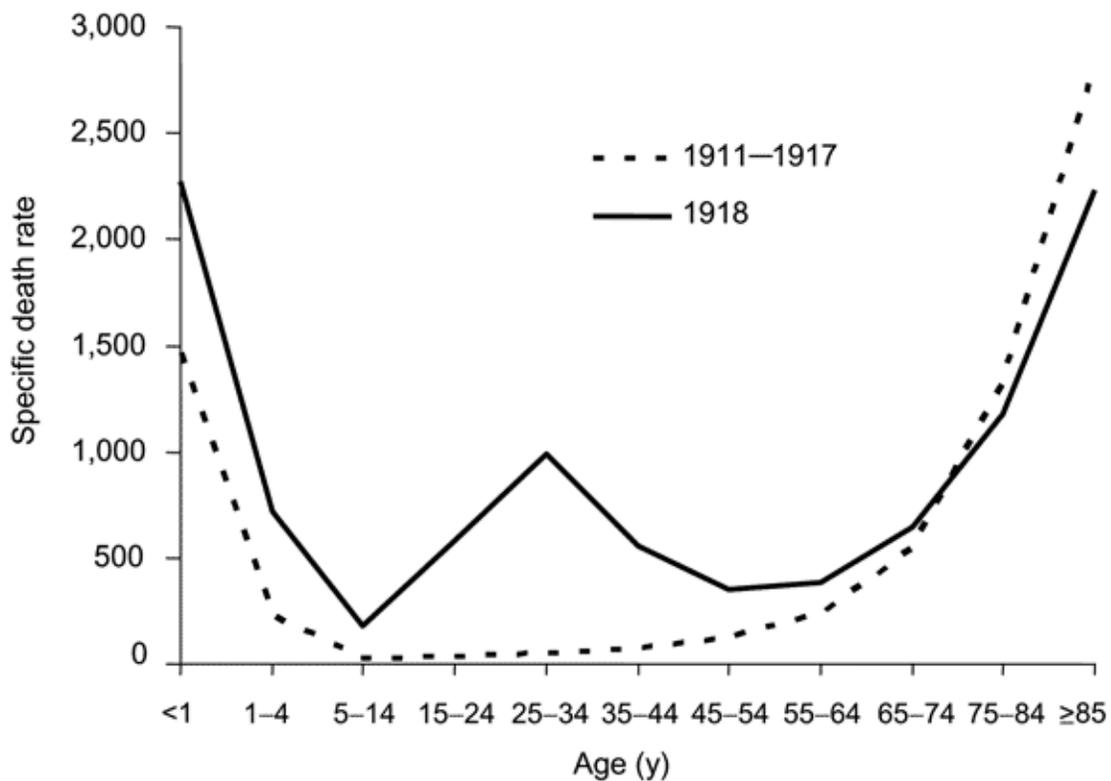


Figure I-1: Mortality curve for typical versus Spanish influenza.

The Three Waves

The Spanish flu likely originated in the United States, with the first cases appearing in that country in the spring of 1918.⁶ Prior to the epidemic, influenza was not considered a serious disease and thus was not reportable to public health authorities. The few places that did record those early cases – institutions like the military that were responsible for the whole lives of its members – reported cases of influenza as early as March 4, but these cases received no special attention.⁷ These early cases in March and April made up the first wave of the pandemic. For the most part, the virus at this stage was commensurate with the seasonal flu in terms of its severity. This changed in August of 1918. The virus had likely undergone some sort of mutation and was significantly more deadly than it had been earlier that year. This newer iteration of the virus was responsible for the second wave of the pandemic, which occurred in the late summer and fall of 1918 and was by far the most deadly wave in the United States. The virus rapidly blew through the population, leaving a great deal of devastation in its wake. The third wave occurred in the winter and early spring of 1919 and while not nearly as severe as the fall outbreak, it was particularly deadly for those who had managed to escape the second wave. Globally, the Spanish flu infected an estimated 500 million people. Of these 500 million, at least 50 million died. 675,000 of these deaths were in the United States.

⁶ “1918 Pandemic,” Influenza (Flu), Centers for Disease Control and Prevention, last modified March 20, 2019, <https://www.cdc.gov/flu/pandemic-resources/1918-pandemic-h1n1.html> .

⁷ Alfred Crosby, *America’s Forgotten Pandemic: The Influenza of 1918* (Cambridge: Cambridge University Press, 1989). First published in 1976 under the title *Epidemic and Peace: 1918.*, 19.

Historiography

Despite its detrimental effect on the world population in 1918-1919, the Spanish flu pandemic has received only minimal attention from historians. It has occasionally been dealt with in nonacademic contexts, first in Katherine Porter's 1936 *Pale Horse, Pale Rider*.⁸ This collection of short novels tells the story of victims of the flu, depicting in great artistic detail the suffering the disease brought. Popular histories of the Spanish flu pandemic, such as A.A. Hoehling's 1961 *The Great Epidemic* provide straightforward histories of what happened.⁹

The first major academic history of the Spanish flu came in Alfred Crosby's 1989 *America's Forgotten Pandemic*.¹⁰ Like some of the trade publications that preceded it, Crosby's book provides a general account of the pandemic in the United States. What it adds to the historian's understanding of the flu, however, is its insight into the question of why it is the "forgotten pandemic." Crosby proposes many possible explanations: that it happened concurrently with the war,¹¹ that it came and went quickly and left few signs that it had been there at all,¹² or that it had little effect on the older crowd that composed America's leadership.¹³ None of these seem satisfactory, however, and the monograph concludes with an assumption that the Spanish flu would forever be a mystery. Carol Byerly takes a similar approach to Crosby in her 2005 *Fever of War* but focuses on the

⁸ Katherine Anne Porter, *Pale Horse, Pale Rider* (New York : Harcourt, Brace & World, 1964).

⁹ A. A. Hoehling, *The Great Epidemic* (Boston: Little, Brown, and Co., 1961).

¹⁰ Alfred W. Crosby, *America's Forgotten Pandemic: The Influenza of 1918* (Cambridge: Cambridge University Press, 1989). First published in 1976 under the title *Epidemic and Peace: 1918*.

¹¹ Crosby, 320.

¹² Crosby, 321.

¹³ Crosby, 322.

pandemic in a military context.¹⁴ In doing so, she highlights the overconfidence many in the medical and military professions held regarding infectious disease. Indeed, she characterizes the Spanish flu pandemic as “not only a national trauma...but a professional disaster.”¹⁵ Also like Crosby, Byerly grapples with the question of why the Spanish flu was so readily forgotten. She acknowledges the likelihood that contemporary events overshadowed the pandemic, but also suggests that it was a conscious decision on the part of the American medical leadership to downplay the flu, as it reflected poorly on them.¹⁶

Key to understanding the Spanish flu is a holistic conception of the state of health and medicine at the time. Steven M. Stowe’s *Doctoring the South: Southern Physicians and Everyday Medicine in the Mid-Nineteenth Century* provides a look at doctors in the American South in the period just before the professionalization of medicine. While it is not likely that many of these doctors were practicing by the time of the Spanish flu, their worldview persisted among many physicians for some time after their heyday. Edward H. Beardsley’s *A History of Neglect: Health Care for Blacks and Mill Workers in the Twentieth-Century South* makes a strong case that the shrinking majority (black southerners) and a growing minority (mill workers) had similarly poor health in the early twentieth century. This work provides a valuable glimpse into the effect of race and class on a person’s health.

¹⁴ Carol R. Byerly, *Fever of War: The Influenza Epidemic in the U.S. Army During World War I* (New York: New York University Press, 2005).

¹⁵ Byerly, 7.

¹⁶ Byerly, 184.

In addition to these important works that address the Spanish flu or the health of a population more generally, many microhistories of a specific town or city exist, as well as histories of the flu in various locales across the globe.¹⁷ These histories of specific locations provide valuable insight into both the lived experience of the flu in that location as well as its place in the larger story of the flu pandemic.

Intervention

It is somewhere between the sweeping national histories and the microhistories of a single city that this thesis fits. The original intent of this thesis was to illustrate the unique experience of the flu pandemic in the upstate of South Carolina. This was to be done by detailing the response to the flu at the national and state levels, then comparing these to what occurred at the local level. I expected the experience to be unique for a couple of reasons. First, as the histories of Southern medicine mentioned above demonstrate, the South had particular health concerns that the rest of the nation did not experience. Infectious diseases such as malaria were distinctly Southern on account of the

¹⁷ Philadelphia - James Higgins, "Homefront Casualties: Philadelphia's Influenza Disaster" *Pennsylvania Legacies* 19, no. 1 (2019): 18–23. <https://www.jstor.org/stable/10.5215/pennlega.19.1.0018>.
San Diego - Richard H. Peterson, "The Spanish Influenza Epidemic in San Diego, 1918-1919" *Southern California Quarterly* 71, no. 1 (1989): 89–105. <https://doi.org/10.2307/41171348>.
San Antonio – Ana Luisa Martinez-Catsam, "Desolate Streets: The Spanish Influenza in San Antonio," *The Southwestern Historical Quarterly* 116, no. 3 (2013): 286–303. <http://www.jstor.org/stable/24388347>.
Savannah – Betty T. Dixon, Nyssa Owen, and Sara S. Plaspohl, "The Effect of the 1918 Spanish Influenza Pandemic on Mortality Rates in Savannah, Georgia," *The Georgia Historical Quarterly* 100, no. 3 (2016): 332–39. <http://www.jstor.org/stable/44651721>.
Aborigines in Australia – Tom Gara, "The 1918–19 Influenza Pandemic and Its Impact on Aboriginal People in South Australia," *Aboriginal History* 43 (2019): 3–32. <https://www.jstor.org/stable/27000037>.
Gold Coast of Africa – K. David Patterson, "The Influenza Epidemic of 1918-19 in the Gold Coast," *The Journal of African History* 24, no. 4 (1983): 485–502. <http://www.jstor.org/stable/181255>.
Belgium – Isabelle Devos, Mélanie Bourguignon, Emmanuel Debruyne, Yoann Doignon, Thierry Eggerickx, Hilde Greefs, Jord Hanus, Wouter Ronsijn, Jean-Paul Sanderson, and Tim Soens, "The Spanish Flu in Belgium, 1918–1919. A State of the Art," *Historical Social Research / Historische Sozialforschung. Supplement*, no. 33 (2021): 251–83. <https://www.jstor.org/stable/27087283>.

ecological limits of the mosquito. Hookworm, too, and other diseases related to improper sanitation were the target of rural sanitation campaigns that were found all over the south. Noncommunicable diseases such as pellagra (a disease caused by dietary deficiencies) were associated with the uniquely Southern poverty that had existed at least since the Civil War. The prevalence of textile mills in that part of the state carried with it health concerns particular to that industry (lung problems, especially), and the large population of African Americans signaled a health environment quite different than that in other parts of the country.¹⁸

Despite these singular circumstances, the evidence tells a story not of a population that was affected by the flu differently, but one of a population that aligned itself quite seamlessly with the lackluster efforts against the flu at the national and state level. A pattern revealed itself – whether a person was in one of the highest offices in the land or was a farmer in Pickens, South Carolina whom history forgot, they were faced with a disease they thought they understood, but one that was proving to be a problem far beyond what they were capable of solving. As such, this thesis contends that responsible persons at all levels of society attempted to use what knowledge and materials were available to them in order to combat a disease that was at once familiar and foreign. That influenza was a commonly known disease proved to be a handicap in the people’s efforts to survive it; it was difficult for many people to shift their thinking about the disease.

¹⁸ Whether or not it was materially different is debatable, but the *perception* of difference was certainly there.

Methodology

I reached this conclusion primarily by investigating government documents and newspapers. There is no shortage of documents at the federal level regarding the Spanish flu, and within these documents are both data and commentary that reveals what federal officials were thinking about the flu at the time. While the federal government was most intimately involved in the fight against the flu among its troops, this thesis focuses primarily on the government's civilian flu response in order to keep the scope manageable. State records also exist, though for South Carolina they are not entirely complete. Nevertheless, the available evidence provides a mostly complete picture of the response to the flu at the state level. Had this thesis been written several decades earlier, oral histories would have provided invaluable evidence to reconstruct the experience of the flu. Unfortunately, existing oral histories contain very few references to the flu, so newspapers provide the bulk of the evidence on local government's involvement as well as the experience of individuals and families.

Newspapers from all over the upstate are used in order to include as complete a picture of this region as possible. 'The upstate' has been defined differently at different times and places, but for the purposes of this thesis it includes most of the counties to the northwest of Columbia. The decision to include the entire upstate was intentional; this region had cities of 60,000 people, communities based in the textile industry, and communities that relied primarily on agriculture. This region also included both majority black and majority white communities. Including a variety of economies and demographics provides greater support for any patterns that emerge – if one town's flu

response resembles the state's or nation's that may be a coincidence, but if an array of locales do, that speaks to a larger story.

This story will be traced from the highest levels of political organization to the lowest. Chapter One will discuss the federal government's response to the flu. As it became clear to the nation's leaders that the flu was epidemic on American soil, they utilized existing structures – most especially the United States Public Health Service – to provide and receive information, allocate funds, and coordinate the movement of medical personnel. Chapter Two analyzes the state of South Carolina's place in fighting the flu within its borders. Like the federal government, the state served a mostly logistical role, but one key difference is that the authority to impose a quarantine rested in the State Board of Health. Chapter Three is the first part of the look at the flu epidemic at the local level. In it, the role of local governments is discussed, highlighting patterns that are consistent with the state and federal government. Chapter Four highlights the role of the doctor, the family, and the community in the flu epidemic. While the authority of these groups was less than that of any government, they were faced with the similar challenge of combatting a disease that they lacked resources to effectively manage. Through examining this cross section of American society, patterns of response emerge that demonstrate all people, regardless of race, class, or status were decidedly unprepared for the disaster that faced them, but nonetheless embraced the means they had to manage the disease.

CHAPTER ONE
FEDERAL INTERVENTIONS

The understanding of most scholars of the Spanish flu pandemic is that the United States government ignored the disease for as long as it could, as it would not and could not devote its attention to anything that was not the war. This willful ignorance at best or censorship at worst on the part of the United States and other combatants is allegedly the origin of the name “Spanish flu” – as Spain was not involved in the war, it had no reason to censor reports of a new and potentially dangerous strain of flu.

When the United States did finally acknowledge that there was an influenza outbreak, the disease was characterized as something that should not cause concern to Americans. *The Independent* published a column on August 31st, 1918 titled “Influenza Not Feared” in which it noted that at least two ships in a New York port had cases of influenza on board, but that the local and federal health authorities “declined to quarantine these or other vessels that may bring such patients, and assure[d] us that there is no danger of an epidemic.” The disease was described as being epidemic in the European continent, but particularly among the Germans. Further, the column read that the “reason why it has been virulent in Spain and Germany, and has produced a good many fatal cases in England, is said to be that the persons it attacked were not well fed and were in general in a bad state to resist a disease that was often followed by pneumonia.”¹⁹ In essence, the medical professionals felt at the end of August that the

¹⁹ “Influenza Not Feared,” *The Independent* 95, no. 3639, 1918, 279.

American people – both military and civilian – were in such good health that a familiar disease such as the flu could not cause them any real harm. This confidence was not entirely unfounded, and was shared by the public in addition to the nation’s leaders.²⁰ Great strides had been made in improving the health of the military during the First World War and, to a lesser extent, the Spanish-American War. In particular, General William Gorgas, Surgeon General of the Army at the outset of the flu outbreak, had been integral in identifying the vector that carried yellow fever (the *Aedes aegypti* mosquito). This discovery, made alongside Major Walter Reed, gave the government sanitarians the information they needed to eliminate the mosquito and reduce yellow fever cases in Havana to zero.²¹

As cases began to multiply in camps (such as Camp Devens) and cities (such as Boston) in the Northeastern part of the country, however, the government had no choice but to respond. The preponderance of cases was beginning to impact the war effort as more and more soldiers fell ill. Soldiers at crowded camps spread the disease easily to one another and to the civilians whose business or family matters brought them to the camps. Similarly, civilians in the nearby cities who relied on public transportation or worked in less than sanitary conditions for many hours out of the day were in contact with many people to whom they could spread disease. The disease spread quietly through these methods of transmission before the government was willing and able to address the issue. Finally, on September 11, nearly two weeks after the flu outbreak began in Boston,

²⁰ Byerly, 7.

²¹ Byerly, 18.

the federal government acknowledged the epidemic.²² In this admission, it is clear that the federal government realized two things: one, the Spanish flu was epidemic in the United States in both military and civilian populations, and two, it had an active role to play in the mitigation of the disease.

Despite the war machine of the United States functioning better than it ever had, the ability of the government to effectively respond to an epidemic caused by a respiratory illness was limited. Since its declaration of war in April 1917, the United States military grew from 127,151 troops to over four million.²³ The bureaucracy needed to support a military of this size expanded at a comparable scale, and the number of training camps increased greatly as well (though not nearly as quickly as they should have). Improvements in communications technology and transportation meant the administration of this many men was possible. Similarly, the Medical Department grew from 10,000 to 300,000 members.²⁴ These medical professionals had made massive inroads against many of the other illnesses that traditionally plagued the military – typhus, yellow fever, cholera, and venereal disease,²⁵ but very little progress had been made against respiratory disease. An outbreak of measles in 1917 foreshadowed this vulnerability,²⁶ but the demands of war limited the ability of the medical field to prepare

²² Crosby, 46.

²³ Jim Garamone, “World War I: Building the American Military,” U.S. Department of Defense, March 29, 2017, <https://www.defense.gov/News/News-Stories/Article/Article/1134509/world-war-i-building-the-american-military/>

Mitchell Yockelson, “They Answered the Call,” *Prologue*, Fall 1998,

<https://www.archives.gov/publications/prologue/1998/fall/military-service-in-world-war-one.html>

²⁴ Byerly, 45.

²⁵ Byerly, 51.

²⁶ Byerly, 54.

for hypotheticals. Rather, the attention of the government's doctors was on the known issues on which progress was being made.

When the government became aware of the dangerous outbreak of influenza among its troops and civilians, the time for cutting-edge research on the prevention and treatment of influenza had already passed. Instead, the government was obliged to do what it was capable of at the time – disseminating information to the masses,²⁷ collecting data, and, to a lesser extent, allocating funds and/or medical personnel. Just two days after it first acknowledged the issue of pandemic influenza, the government issued a bulletin to the press in which Surgeon General Rupert Blue of the Public Health Service detailed the spread of the disease thus far as well as suggestions on prevention and treatment. This bulletin acknowledged that the disease had been present in the United States since August, and recommended that all persons who experienced symptoms of the disease (which are described in the bulletin as the sudden onset of a high fever, aches, and “general prostration”) go to bed at once and remain there until after their symptoms abated. The bulletin also included information about what was known about influenza in a question and answer format that seems to be geared towards people without a great deal of medical or scientific knowledge. Characteristics of the disease such as the incubation period and mode of transmission were also described, so that physicians would have the best possible information when confronted with the disease. Importantly, this bulletin, like the *Independent* column published earlier, recommended against quarantine,

²⁷ “Measures for the Prevention of the Introduction of Epidemic Influenza.” *Public Health Reports (1896-1970)* 33, no. 37 (1918): 1540–44. <http://www.jstor.org/stable/4574883>.

specifically stating “none, impracticable.”²⁸ Instead, the responsibility for mitigating the disease was placed on the “intelligent action on the part of the public,” which presumably means simply following the guidelines laid out in the bulletin.²⁹ In these early stages of the outbreak, the control of the disease was placed almost entirely upon the actions of individuals and communities.³⁰

A few weeks into the outbreak of influenza in the United States, health authorities in the Public Health System began to emphasize the importance of avoiding crowds as a means to reduce the spread of influenza. Whereas the September 13 bulletin placed the responsibility of avoiding crowds on the individual – “persons should avoid crowded assemblages, street cars, and the like”³¹ – the October 4 column stated that “the best way to combat the disease is to *prohibit* [emphasis added] public gatherings.”³² Authorities were urged to implement this public health measure, with the column noting that many affected cities – most importantly Washington, D.C. – had taken similar action. It is apparent that by this stage of the outbreak, the federal health authorities no longer trusted the “intelligent action” of the public as sufficient for preventing the spread of influenza. Fear, patriotic duty, or any other intrinsic motivations for the public to adhere to the

²⁸ In stating that it is impracticable, it is likely the PHS meant a citywide or statewide quarantine that would close all places of public gatherings & places of business. Quarantining of homes with infected individuals seems to be in line with the other recommendations of the PHS.

²⁹ “Spanish “Grippe” In United States,” *Greenville News*, September 15, 1918, 7, <https://www.newspapers.com/image/187844291> .

³⁰ This is consistent with the long-held belief among physicians and laymen alike that there was a “clear link between recklessness and sickness,” or that a person’s health was in his or her own hands. Steven Stowe, *Doctoring the South: Southern Physicians and Everyday Medicine in the Mid-Nineteenth Century* (Chapel Hill: University of North Carolina Press, 2004), 6.

³¹ “Spanish “Grippe” In United States,” *Greenville News*.

³² “Flu Continues to Spread Rapidly,” *Greenville News*, October 5th, 1918, 1, <https://www.newspapers.com/image/188075400/> .

Public Health Service’s recommendations would soon be bolstered by local and state mandates. Nevertheless, the federal government continued its education campaign via Surgeon General Blue’s statements to the media.

In an October 12 statement, Surgeon General Blue shared information with the public about “home care” for patients suffering from the flu.³³ In it, Blue acknowledged the shortage of doctors and nurses across the nation, and remarks that the American public “has come to rely too much on their services and has not interested sufficiently in studying the [sic] home care.”³⁴ He implored the public to avoid calling for a doctor unless the patient is severely ill – with ‘severely ill’ understood to be a fever,³⁵ rapid breathing, or the coughing up of bloodstained sputum. The actual details on what “home care” entails were limited – only that persons ill with the flu should be sent to bed in a well-ventilated room and given a light diet, and that those attending to them should wear gauze masks and “take all precautions to prevent contagion.”³⁶ Following this statement on home care, the US Public Health Service shared with the media a report entitled “Spanish Influenza: Its History, Cause and Treatment Method.” This report traced the history of epidemic influenza from antiquity to the present, and described in detail the symptoms and research done so far on the causative agent of the disease. It is unclear

³³ “Home Nursing Should Be Encouraged.” *Public Health Reports (1896-1970)* 33, no. 42 (1918): 1768–69. <http://www.jstor.org/stable/4574913>.

³⁴ “Blu Gives Hints on Handling Flu,” *Greenville News*, October 13th, 1918, 2, <https://www.newspapers.com/image/188076292> .

³⁵ The temperature that constitutes a fever is not defined here, and since there is no other specifying language such as ‘high fever,’ one can assume it meant any temperature above the average. Other bulletins state that flu victims often reach temperatures of 103 or 104, so a fever this high would definitely justify calling for a doctor.

³⁶ “Blu Gives Hints on Handling Flu,” *Greenville News*.

who this report was meant for (doctors or laymen) as it did include some fairly jargon-heavy sections, but there was also practical advice such as encouraging people to cough and sneeze into a handkerchief.³⁷

The integration of the fight against the flu into the war effort became especially palpable on October 15, when the United States Public Health Service began its nationwide public health campaign that characterized the flu as a direct threat to the United States' ability to win the war. This campaign came as a result of a million dollar appropriation by Congress for the purpose of educating the public on the prevention and treatment of influenza. In it, Surgeon General Blue provided "definite advice" about the flu. Prevention was again placed on the shoulders of the individual – Blue cautioned people to avoid crowds, cover coughs and sneezes, avoid spitting on the floor and sidewalk, avoid common drinking cups, and to call the doctor if a person believes they have the flu. The public was further urged to follow the advice of physicians and the regulations of local and state health authorities.

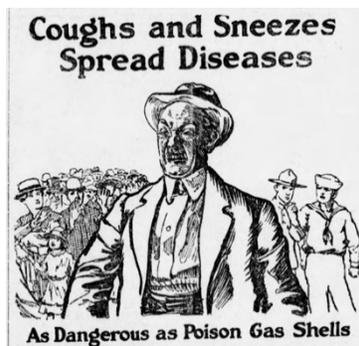


Figure 1-1: Part of the United States Public Health Service's campaign against the flu.

³⁷ "Spanish Influenza: Its History, Cause, and Treatment Method," *Greenville News*, October 14th, 1918, 7, <https://www.newspapers.com/image/188076618> .

This campaign reappeared several times throughout the course of the epidemic, but perhaps more importantly, the language of the campaign (staying healthy as a patriotic duty) became an integral part of how everyday people understood their place in the epidemic.

Even after the worst of the outbreak had passed, the federal government continued to emphasize the importance of taking precautions against the flu. In December of 1918 the educational campaign continued, though at this stage the concern was less with the flu itself and more with the complications that could follow. A December 12 bulletin warned about the expected scourge of pneumonia and other respiratory diseases, noting that the experience of influenza demonstrated that “a condition beginning apparently as a slight cold may go on to pneumonia and death.”³⁸ Surgeon General Blue also noted in this warning that as cases of influenza decreased, those cases that did pop up in communities might not be given the proper care as they might not be recognized as flu. It seems that despite his admonitions, Blue fears that physicians and laypeople will be quick to return to viewing the flu as the mild, seasonal illness it was previously understood to be.

The government also, through its chain of command, was involved in detailed data collection. Cases among civilians were of limited import to the government (though tracing the spread of the disease across the nation could provide useful information), but cases among servicemen were recorded in great detail. The military, by its nature, was responsible for keeping accurate records of its personnel; therefore the health (or lack

³⁸ “U.S. Health Service Issues Warning,” *Greenville News*, December 12th, 1918, 7, <https://www.newspapers.com/image/188085099> .

thereof) of soldiers must be meticulously recorded not just as accurate recordkeeping for its own sake, but as a matter of national security. As mentioned before, the government was well aware of the impact infectious disease could have on the war effort. Massive infrastructure projects had been undertaken to drain streams, swamps, and any standing water conducive to mosquito breeding in order to prevent malaria infections among the troops.³⁹ A nationwide campaign against venereal diseases had been undertaken at the outset of the war and would continue even after it ended.⁴⁰ These projects were only possible, however, if the particular diseases afflicting the troops were well understood. As such, infectious diseases were carefully recorded by the responsible persons at base hospitals. Well before influenza was made a reportable disease for civilian physicians, physicians at base hospitals were recording both mild cases of influenza as well as severe cases and the complications that followed.⁴¹

Over the course of the year 1918, cases of influenza among soldiers and sailors rose in March and April, then declined during the summer. Cases jumped to 105,561 in September, and maxed out at 225,072 in October. They remained high for November and December, but were nowhere near the October peak and indeed remained lower than the numbers for March and April.⁴² It is clear from looking at these numbers a hundred years later (or even a few months later, when the report was compiled) that much more needed

³⁹ “Thirty-Ninth Annual Report of the State Board of Health of South Carolina for the Fiscal Year 1918 to the Legislature of South Carolina” (Columbia: Gonzales & Bryan State Printers, 1919), 30.

⁴⁰ “Provides Fund to Continue Clinic: Council Appropriates \$3,000 to Keep Up Treatment of Venereal Diseases,” *Greenville News*, February 12th, 1919, 2, <https://www.newspapers.com/image/188079805/> .

⁴¹ “Report of the Surgeon General U.S. Army to the Secretary of War” (Washington: Government Printing Office, 1919), 618. <https://hdl.handle.net/2027/coo.31924106388683> . Influenza (or catarrh) and its complications have been recorded by military hospitals in America since at least the Civil War.

⁴² “Report,” 637.

to be done to prevent such a sharp peak in cases in October, but this data obviously was not available at the time. Rather, the data that the government had to work with was daily reports from the heads of hospital at the camps across the nation. These reports (which were also made public and distributed to the public through the newspapers)⁴³ had in them the number of cases of both influenza and pneumonia at the various military camps as well as the number of deaths from the diseases.

While of limited utility to the military men actively suffering from the disease, presumably they did help medical authorities in the more western and rural parts of the country prepare, as they were able to watch the movement of the disease more or less in real time. These case reports were also used to help leaders make decisions about where the fight against the flu should fall in relation to the fight against the enemy in Europe. As a result of the overwhelming number of cases of influenza and related deaths, the War Department actually cancelled its draft call for October 26.⁴⁴ Until this point, fresh troops had continued to enter camps where influenza was actively spreading, exposing swaths of young men to the disease. And even after the draft call was cancelled, troops continued to be transported from one camp to another, and from camp to a ship sailing for Europe. Nevertheless, the cancelation of the draft call likely did save lives, as it prevented a new group of young men from flooding the already overcrowded camps (and by extension the overcrowded camp hospitals).

⁴³ "Prevalence of Disease: United States." *Public Health Reports (1896-1970)* 33, no. 38 (1918): 1595–1616. <http://www.jstor.org/stable/4574890>.

⁴⁴ "Oct. 7-11 Call Cancelled," *Keowee Courier*, October 2, 1918, 7, <https://www.newspapers.com/image/73801800> .

Besides this objective, this data was also useful as a learning tool for the federal government. Through monitoring the data on a daily basis and analyzing it after the fact, the course of the influenza epidemic revealed to medical and military leaders in the highest offices several things. One, disease traveled quicker in the modern world than it ever had before. Two, while the medical arm of the military was much better equipped in both education and matériel than it had been before, it was still incredibly underprepared for epidemics of respiratory diseases. These and other lessons gained from the experience of the influenza epidemic in the United States would be valuable insights used to maintain the health of the military in future wars.

The third and most direct way the federal government was involved in fighting the flu was through the allocation of funds and medical professionals. The demands of war meant that the national government was already directly involved in communities it otherwise would have no reason to be in. Camps popped up all over the nation, and with them came bureaucrats and officers, both of whom were in constant communication with Washington. The efficiency of transportation and communication networks was prioritized so that troops and information could move seamlessly across the nation. When cases of flu began appearing in both camps and towns alike, existing channels of communication were used to request assistance from the Public Health Service.

In some cases, this assistance looked like the promise of funds to pay local medical professionals. Doctors who were not currently practicing, nurses who had not quite completed their training, and others were recruited to support the few available

practicing doctors and nurses in the fight against the flu.⁴⁵ This recruitment would not be possible without outside funds, however, because the great need of a community for medical help did not necessarily imply that it had the resources to fund this help. In South Carolina alone, for example, the Public Health Service spent \$15,000 in just over one month.⁴⁶ In other cases, the Public Health Service was the means through which doctors were sent to struggling communities. Surgeon General Blue was in regular communication with health authorities all over the nation, and he and his staff responded directly to the many calls for help they were receiving. Through the coordination of the Public Health Service with the State Board of Health, South Carolina received a total of thirty out of state physicians over the course of the influenza epidemic in 1918.⁴⁷ These physicians were a great source of reprieve for communities whose local doctors were either unable to attend to the many sick people or worse, were sick or dead themselves from influenza and the complications that followed.

Altogether, it is difficult to assess the impact of the federal government's interventions. Certainly the doctors and nurses caring for patients provided some sense of relief to the communities they visited, and the public health campaign may have been a boon to a population that was hungry for any answers it could get. Nevertheless, Washington was quite distant and removed from most Americans. This space was filled –

⁴⁵ Unfortunately for the American public during the flu outbreak, the nation's best and brightest physicians were overseas or practicing in training camps, and thus were not available to aid the public. John M. Barry, *The Great Influenza: the Epic Story of the Deadliest Plague in History* (New York: Penguin Group, 2004), 141.

⁴⁶ "Thirty-Ninth Annual Report of the State Board of Health," 38.

⁴⁷ "Thirty-Ninth Annual Report of the State Board of Health," 37. South Carolina also received aid from 40 nurses, but the coordination of these women was handled by the Red Cross rather than the USPHS.

to some extent – by the state governments that had a much more direct authority over the public health of their citizens.

CHAPTER TWO

STATE INTERVENTIONS

Like the federal government, the state government was limited in the type of direct actions it could take to help combat the flu, but nevertheless did have some infrastructure it could utilize to respond to the disease. South Carolina had had a Board of Health since 1878,⁴⁸ and by the time of the flu outbreak it was involved in several undertakings meant to improve the health of South Carolinians. In 1918, the Board of Health was composed of the Executive Committee, which had eleven members representing eight cities throughout the state and was headed by an Executive Officer. Excluding the Attorney General and Comptroller General, all members of the Executive Committee were doctors (either M.D.s or Ph.D.s). Dr. James Hayne was the Executive Officer of the Board for 1918, and along with a clerk and a janitor made up the staff of the South Carolina Department of Health's Executive Department. The Board of Health also had a Department of Rural Health Work, Sanitary Inspectors and County Health Nurses, a Laboratory Department, a Bureau of Vital Statistics, a Tuberculosis Sanatorium, and a Department of Venereal Disease Control.⁴⁹

In the early twentieth century, the Board was battling a great number of contagious diseases, most especially tuberculosis, but also whooping cough, typhoid fever, polio (sometimes referred to as infantile paralysis), malaria, and others. Rural

⁴⁸ Thomas H. Pope, *The History of Newberry County, South Carolina Volume Two: 1860-1990* (Columbia: University of South Carolina Press, 1992), 309.

⁴⁹ "Thirty-Ninth Annual Report of the State Board of Health," 5.

sanitation was also a great concern of the Board in the late nineteen teens. Since the connection between ineffective removal of waste products and diseases such as typhoid had been made, the Board was deeply invested in both providing funds to update infrastructure and providing education to (sometimes amenable, sometimes not) rural populations. Even with these various forms of involvement in communities, however, the Board could not sufficiently address the health needs of the state with the resources it had at the time. In the 1918 Report of the Board of Health, the members bemoaned the fact that only two counties in the whole state had health officers.⁵⁰ As such, when the influenza epidemic took hold in South Carolina, the State Board was more or less limited in what it could do from its base in Columbia. Its primary contribution to the fight against influenza was that it alone had the power to impose a quarantine, albeit a limited one. In its other actions, it was sometimes deferential to the federal authorities, and other times dependent on the actions of local physicians and leaders.

One of the first actions of the Board was to send the State Health Officer to a conference in Atlanta to meet with Health Officers from other states in order to formulate a plan for limiting the spread of influenza.⁵¹ This meeting took place on October 4. The gathering of many health officers speaks to the understanding among medical professionals and politicians alike that no state would be spared, and that the states must cooperate in order to manage the epidemic. The day after this meeting, the Health Officer

⁵⁰ “Thirty-Ninth Annual Report of the State Board of Health,” 14. – Presumably they mean health officers appointed by the state board, as other cities and counties do refer to health officers in their reporting on the flu.

⁵¹ “Thirty-Ninth Annual Report of the State Board of Health,” 34.

enlisted the aid of the federal government by requesting that Surgeon General Blue send five doctors and ten nurses to aid in managing the epidemic.⁵²

On October 7, the State Health Officer ordered a quarantine over the state of South Carolina, in line with recommendations from Surgeon General Blue.⁵³ This quarantine gave county health officers and sheriffs the authority to close schools, churches, theatres, and to prevent public gatherings.⁵⁴ At no point did the state quarantine restrict travel or require the closure of mills or places of commerce. The neighboring state of North Carolina did try to impose a more complete quarantine which involved the closing of places of business and industry. This quarantine was difficult to enforce, however, as both irascible businessmen and members of the government protested the shutdown of industry for both personal and national security reasons.⁵⁵ The South Carolina quarantine remained over the state until November 4, at which time counties were then given the option to continue the quarantine if conditions warranted.⁵⁶ Following the lifting of the first quarantine, the Board periodically reimposed quarantine on a city or town when, in collaboration with local officials, it was deemed necessary.

Throughout the course of this quarantine, the state attempted to maintain accurate records of the spread and intensity of the disease. The Board of Health was directed by the federal government to request daily reports from local doctors, which were then

⁵² “Thirty-Ninth Annual Report of the State Board of Health,” 34.

⁵³ “Thirty-Ninth Annual Report of the State Board of Health,” 34.

⁵⁴ This “quarantine” is perhaps more accurately described as a “shutdown,” but as it was consistently referred to as “quarantine” in the primary sources, that language will be used throughout this thesis.

⁵⁵ David L. Cockrell, “‘A Blessing in Disguise’: The Influenza Pandemic of 1918 and North Carolina’s Medical and Public Health Communities.” *The North Carolina Historical Review* 73, no. 3 (1996): 309–27. <http://www.jstor.org/stable/23521395>, 313.

⁵⁶ “Thirty-Ninth Annual Report of the State Board of Health,” 37.

passed along to the federal government. Despite this request being made early on in the outbreak, influenza was not officially made a reportable disease until sometime shortly before October 21, leading one to be wary of the accuracy of the first couple of weeks of reports.⁵⁷ Nevertheless, data was collected with the help of local physicians and nurses, and a few conclusions can be drawn from the available data.

Looking at the data for the upstate counties, it is clear that more urban and more rural locations both suffered a great deal during the month of October.⁵⁸ While urban locales might have the issue of crowding caused by greater population density, rural places suffered from lack of access to doctors and pharmacists on account of their remoteness. It does not appear that one of these issues proved greater than the other during the worst month of the epidemic, as mortality rates ranged from 1% to 25%, with no clear association of a higher mortality rate in one type of county.

⁵⁷ The Board itself recognized that the numbers it had at the end of 1918 were likely only half of the actual cases and deaths.

⁵⁸ It should be noted here that there is not a particularly sharp distinction between urban and rural at this point in history, as “urban” was defined as a place with a population of only 2500 people or more.

County	Percent Urban	Influenza Cases (Total) October 1918	Deaths (Total) October 1918	Mortality Rate October 1918
Abbeville	13%	980	99	10%
Anderson	14%	3,759	323	8%
Edgefield	0%	911	15	1%
Greenville	23%	4,642	345	7%
Greenwood	19%	3,679	107	3%
Laurens	20%	2,093	85	4%
Newberry	14%	3,000	44	1%
Oconee	0%	1,637	174	11%
Pickens	12%	748	187	25%
Spartanburg	21%	3,552	332	9%
Union	19%	1,465	142	10%
York	15%	2,531	27	1%

Table 2-1: Influenza cases and deaths by county with percent of urban population and mortality rate.

Pickens, for example, would be considered more rural and had a mortality rate of 25% for the month of October. Edgefield, which was entirely rural, had a mortality rate of only 1%. Even if Pickens is excluded as an outlier, Oconee – also entirely rural – had a mortality rate of 11%, the second highest for the upstate. The three most urban counties, Greenville, Laurens, and Spartanburg, had mortality rates that fall somewhere in the median but still have a range of several percentage points.

If a correlation between population density and flu deaths is not present, a pattern which is very present is the disproportionately severe effect of the flu epidemic on the

black population of South Carolina. Just over half the counties of the upstate had a majority black population according to the 1910 census.

County	Population (Total) 1910	Population White 1910	Population %	Population Black 1910	Population %
Abbeville	34,804	12,282	35%	22,522	65%
Anderson	69,568	43,232	62%	22,850	33%
Edgefield	28,281	8,165	29%	20,114	71%
Greenville	68,377	47,515	69%	20,861	31%
Greenwood	34,225	12,923	38%	21,302	62%
Laurens	41,550	18,796	45%	22,753	55%
Newberry	34,586	12,545	36%	22,040	64%
Oconee	27,337	20,489	75%	6,848	25%
Pickens	25,422	19,992	79%	5,430	21%
Spartanburg	83,465	57,048	68%	26,410	32%
Union	29,911	14,439	48%	15,471	52%
York	47,718	22,331	47%	23,275	49%

Table 2-2: Population of upstate counties with percentage black and white.

However, the black population suffered the majority of deaths in all but one county in the upstate.

County	Deaths From Influenza (Total) October - December 1918	Deaths White October - December 1918	Percentage of Deaths	Deaths Black October - December 1918	Percentage of Deaths
Abbeville	156	36	23%	120	77%
Anderson	522	258	49%	264	51%
Edgefield	70	20	29%	50	71%
Greenville	487	350	72%	137	28%
Greenwood	169	57	34%	112	66%
Laurens	165	61	37%	104	63%
Newberry	64	41	64%	23	36%
Oconee	236	110	47%	126	53%
Pickens	232	102	44%	130	56%
Spartanburg	332	115	35%	217	65%
Union	203	41	20%	162	80%
York	99	25	25%	74	75%

Table 2-3: Percentage of flu deaths by black and white.

The reason for this disparity is not clear. Overall poor health may be a factor, but if Stowe's contention that mill workers and black Southerners had similarly poor health is correct, the mill-heavy upstate should not have quite so glaring of a disparity. Lack of access to medical care may be another cause. The state's report on the assistance it provided to the population made no mention of special provisions for black South Carolinians. Since in the reports on other diseases, the role of the black population as either sufferers or healthcare providers is mentioned specifically, the absence in the

report on the flu likely means that no special attention was given the black population during the flu epidemic.⁵⁹

In addition to data collection and the ordering of the quarantine, the state Board of Health also took an active role in sending doctors and nurses where they were most needed. Medical professionals were lacking in all parts of South Carolina, so the state created an “Emergency Influenza Staff” that could be sent to aid struggling communities. It is not clear from either the Board of Health’s reports or local newspapers who exactly composed this staff or where exactly they went, so presumably it was composed of volunteer nurses and physicians who were seen by the public not as members of some particular organization, but rather just another set of skilled hands to tend to the sick. The Board additionally helped coordinate the movement of physicians from one city to another if their services would be more useful there. Dr. Griffin of Greenville, for example, was sent to Abbeville on October 18 to work alongside both local doctors and Doctors Garrison and Hill who came from out of state.⁶⁰

These staff were rightfully credited with saving lives, but the Board itself noted in its 1918 report that “perhaps less merit was found in the treatment and care of the individual than in the great benefit derived from the return of community confidence occasioned by the knowledge that an organized effort was being made to help.”⁶¹ Such an admission underscores the reality that the medical leadership of the state was

⁵⁹ The employment of a black health worker is mentioned as part of the statewide campaign against tuberculosis. “Thirty-Ninth Annual Report of the State Board of Health,” 122.

⁶⁰ “Influenza Epidemic in Abbeville,” *Abbeville Press and Banner*, October 18, 1918, 1, <https://www.newspapers.com/image/171613056/>.

⁶¹ “Thirty-Ninth Annual Report of the State Board of Health,” 35.

massively underprepared for an epidemic – of influenza or any disease for which no effective treatment or cure existed.

The political leadership of the state was equally unprepared, but made an effort to aid in the fight against the flu nonetheless. The proper role of the governor in an epidemic was and is not clear, as different diseases at different times required different responses. Since the Board of Health had sufficient authority to impose a quarantine, the authority of the governor was not needed to address public health statewide. As such, it does not appear that the Governor at the time – Richard Manning – had a very immediate role to play. Nevertheless, he used his office to effect a change he evidently believed would be beneficial to South Carolina’s fight against the flu: he temporarily made whiskey legal for the treatment of pneumonia.

While it was in 1920 that nationwide prohibition began, many states – including South Carolina – had already banned the sale and manufacture of liquor within their borders. Prior to the outright banning of alcohol, South Carolina tried its hand at running state-owned dispensaries that manufactured and distributed alcohol. This “progressive” idea was advocated for by Ben Tillman during his time as governor.⁶² By the time the dry bill was passed in 1915, there were dispensaries in Aiken, Beaufort, Bamberg, Barnwell, Charleston, Calhoun, Dorchester, Georgetown, Jasper, Florence, Orangeburg, Lexington, Richland, Union, and Williamsburg counties.⁶³ Unsurprisingly, the state dispensary

⁶² Thomas Novelly, “On New Year’s Day 104 years ago, prohibition hit SC before the 18th Amendment was ratified,” *Post and Courier*, December 31, 2019, https://www.postandcourier.com/news/on-new-years-day-104-years-ago-prohibition-hit-sc-before-the-18th-amendment-was/article_0340665c-280e-11ea-9ce9-1b9327f3ca3e.html

⁶³ Of all these dispensaries, only one was located in the upstate! “South Carolina a Dry State,” *Sumter Daily Item*, January 1, 1916, 1, <https://www.newspapers.com/clip/59288281/prohibition-comes-to-south-carolina/>

system quickly became corrupt and ineffective, as oversight of the liquor distributors was lacking. Temperance advocates were finally triumphant when on December 31st, 1915, all dispensaries closed their doors. By 1918, changes to federal law also helped ensure that liquor could not be obtained out of state and brought into South Carolina.

A small exception to the law was made in its original iteration – individuals could receive a maximum of one gallon of whiskey a month from out of state – presumably for medicinal purposes. Only a few days after the passage of the bill, temperance advocates were agitating for the “gallon a month” provision to be reduced to a quart a month or removed altogether.⁶⁴ A compromise was reached in the legislature in February 1916, changing the monthly allowance to either two quarts of liquor or sixty pints of beer per month,⁶⁵ but Governor Manning refused to sign it as it was not the language of the referendum voters were presented with the previous year.⁶⁶ After a year’s worth of deliberation in the South Carolina legislature, the “gallon a month” was reduced to a quart a month in April 1917, and could only be obtained for medicinal purposes as approved by a judge.⁶⁷

Therefore, when Governor Manning began exploring options for making whiskey more available for the treatment of pneumonia patients, South Carolina had been almost totally dry for just over a year. Nevertheless, in correspondence beginning sometime

⁶⁴ ““Gallon-a-Month” May Become “Quart,”” *Greenville News*, 2,

<https://www.newspapers.com/image/187851228/> .

⁶⁵ “Gallon a Month Law is Further Modified,” *Abbeville Press and Banner*, February 16, 1916, 8,

<https://www.newspapers.com/image/171849735/> .

⁶⁶ “Governor Manning has so far refused to sign the two-quarts-a-month act,” *Union Times*, April 14, 1916, 4, <https://www.newspapers.com/image/669827943> .

⁶⁷ “Only Medicinal Liquors Lawful,” *Greenville News*, April 24, 1917, 5,

<https://www.newspapers.com/image/187976741/> .

before October 15, Governor Manning began the process of distributing contraband whiskey to pneumonia patients.⁶⁸ The first step in this process was confirming its legality. In correspondence with both the Attorney General and a District Judge, it was decided that the present emergency was sufficient justification for flouting the liquor laws. Similar to the quart-a-month provision, though, all whiskey had to go through a doctor to get to a patient. In other words, the only real differences from the existing law were the lack of a maximum quantity (physicians were free to prescribe the amount they felt was necessary) and eliminating the approval of a judge as a necessary step in the acquisition of liquor.⁶⁹

The District Judge had recommended the whiskey be distributed via the local boards of health, but it instead was decided that it would go through the local Red Cross chapters, as Manning had initially suggested.⁷⁰ Nearly every city and town had a Red Cross chapter while not all had a board of health, so it is logical that this would be the means of distribution. Once the process was set in motion, Manning received dozens of requests from local doctors, Red Cross chapter leaders, and mayors for anywhere from one gallon to ten cases of whiskey.⁷¹ These requests received responses usually from Manning himself, but sometimes from his secretary, confirming receipt of the message

⁶⁸ Of the existing documents, the earliest date regarding whiskey distribution is October 15, on a letter from Governor Manning to a Mr. McMaster, Chairman of the Columbia Red Cross Chapter. Governor Richard Manning, letter to Chairman of Columbia Red Cross Chapter, October 15, 1918. "Contraband" refers to whiskey seized from people who exceed their quart a month through any means.

⁶⁹ Since all request's went through the governor's office, there was still some oversight of the doctors.

⁷⁰ The judge's response was received after Manning instructed the state officer of the Red Cross to prepare to distribute the whiskey.

⁷¹ The request for ten cases came from a Dr. Hanna of Enoree, SC. This request was met with a curt reply from the Governor's secretary, stating that "even if it were actually needed, no such quantity of whiskey as you mention is available."

and either the quantity of whiskey that would be sent to that town or instructions on where to acquire it locally.

While the usefulness of whiskey in helping pneumonia patients recover was dubious, it was likely a wise decision on the part of Governor Manning if only for the same reason the state created its “Emergency Influenza Staff.” While it is unlikely that many people expected to receive direct relief from the federal government as it was generally a distant entity, the state government was already an established part of many communities. With that past involvement came an expectation that communities would receive the same, if not more, support during the flu epidemic. The measures that the state was able to take – quarantine, sending physicians, collecting data, and distributing whiskey – were not terribly far outside the regular functions of the government and as such may not have greatly impacted the course of the epidemic. However, these were the tools that were available and since they were used to the best of their ability, the people experiencing the flu seemed to feel that their government had responded properly to the epidemic.

CHAPTER THREE

LOCAL INTERVENTIONS –LOCAL GOVERNMENT

It is impossible to know when exactly the flu entered upstate South Carolina. The Board of Health records the first case for the entire state in Abbeville on September 21.⁷² This may come as a surprise to those who are familiar with Abbeville today, as it is not near any centers of population in the state and currently home to no large industries. However, in 1918, Abbeville was very much an integral part of the economy not just of South Carolina or the South, but of the nation. Abbeville, like much of the region around it, was both a cotton growing and textile manufacturing hub, and as such it was connected by railroad to the Northeast, an important market for this cotton. The northeastern states such as Massachusetts had been experiencing an outbreak of influenza for about a week by the time influenza arrived in Abbeville. Although the disease was primarily characterized as an issue affecting military encampments in these early stages, the line between soldier and civilian was quite blurred since the camps were not yet quarantined. In other words, the flu would have been freely spreading from soldiers to civilians and vice versa despite it not yet being recognized in the civilian population. While Abbeville was very closely linked to commerce, it was 56 miles away from the closest military encampment. Presumably, then, it was the civilians engaged in commerce between the northern part of the country and the textile hub of Abbeville who carried influenza to that place.

⁷² “Thirty-Ninth Annual Report of the State Board of Health,” 33.

It is entirely likely that those people on the train to Abbeville were not aware that they were ill. As it usually took a couple of days for symptoms to manifest after a person became infected with the flu, they could have made the trip to Abbeville before experiencing symptoms, or were perhaps only beginning to feel ill.⁷³ The men loading and unloading cargo, interacting with passengers as they disembarked, and managing the ever-important logistics would have ample chance to become infected with the flu. As the first reported case was on the 21 of September, it is likely that the disease arrived on the 19 or 20. In those one or two days, those people who had been exposed to the flu were interacting with their families and neighbors, unknowingly and unwittingly spreading the disease to them. By the time that first case was sick enough to call for a doctor who then reported the disease, many more residents of the city had been infected, and it was only a matter of time before they too fell ill.

Only two days after this first case was reported in Abbeville, Camp Sevier in Greenville reported two cases.⁷⁴ While it is possible that these cases were connected to Abbeville, it is more likely that they developed independently of that first case. Military encampments had a constant flow of goods and people, and thus were highly susceptible to the spread of influenza. Another two days passed, and on September 25, Newberry reported one hundred cases of influenza. That this number is so high is suggestive of Newberry being the site of the first infection in South Carolina. The Board of Health itself recognized the difficulty in getting physicians to report contagious diseases, so it is

⁷³ At a minimum, this trip would have taken approximately 40 hours.

⁷⁴ "Spanish "Flu" in 25 Camps with 2 Cases at Sevier," *Greenville News*, September 24, 1918, 1, <https://www.newspapers.com/image/187844843/>.

entirely possible that the disease was present in Newberry well before the 25, but that the attending physician(s) did not think it sufficiently concerning to report it until cases were in the triple digits.⁷⁵

Also on September 25, the *Laurens Advertiser* reported that there were “8 or 9 cases” that were “definitely recognized.”⁷⁶ There were a few quiet days following these September 25 reports, but by the second week in October nearly every county in the upstate was reporting on specific cases of flu in their localities.⁷⁷ Greenville County did not report on cases among civilians until October 5, though this report came in the form of a Red Cross call for aid for suffering families, so it is likely the disease had been spreading for some time. York County reported a death on October the sixth, and Oconee had news of a mother and children being ill on October 9. Pickens was the last to report on flu on October 10, and this report was of the death of a young man in Easley.⁷⁸

Once the flu was established in a community, it did not take long for a few cases to become an epidemic. In Laurens County, for example, the first cases were “definitely recognized” on September 25,⁷⁹ and by October 7, the small town of Enoree (in Laurens County) alone reportedly had several hundred cases.⁸⁰ Even after the State Board of

⁷⁵ “Thirty-Ninth Annual Report of the State Board of Health,” 4.

⁷⁶ “Spanish Influenza in Town,” *Laurens Advertiser*, September 25, 1918, 1, <https://www.newspapers.com/image/89004637/>.

⁷⁷ The exception here is Edgefield, which recognized cases of flu nearby but did not report on cases within the town until October 23rd. Presumably, the disease was present prior to this date, but for reasons unbeknownst to this author, it was not a news item for quite some time.

⁷⁸ “J.C. Carpenter of Easley Dead. A Victim of Spanish Influenza,” *Pickens Sentinel*, October 10, 1918, 1, <https://www.newspapers.com/image/64493363/>.

⁷⁹ “Spanish Influenza in Town,” *Laurens Advertiser*, September 25, 1918, 1, <https://www.newspapers.com/image/89004637/>.

⁸⁰ “Influenza at Enoree,” *Laurens Advertiser*, October 9, 1918, 6, <https://www.newspapers.com/image/46452684>.

Health ordered a quarantine on the entire state on October 7 which closed schools, churches, and theatres, the disease continued to spread, and new cases of influenza and pneumonia developed daily.

In most counties in the upstate, the epidemic was petering out at the end of October and into the beginning of November. Abbeville reported on October 29 that though cases of pneumonia remained high, new cases of influenza had been decreasing for several days.⁸¹ Most other regions were also experiencing a significant enough decrease in new cases that the Board of Health lifted the statewide quarantine on November the third. The majority of counties in the upstate followed suit in lifting any local quarantines, though local health officials reserved the right to quarantine particular parts of the county or specific schools. Newberry was the only county in upstate South Carolina to continue the October 7 quarantine after the general relaxation⁸²

Following this reduction in cases in early November, the influenza numbers never reached their October peaks in the upstate as a whole. However, the disease did persist in these communities well into the early months of 1919. Those people who escaped the initial onslaught of flu in October were incredibly susceptible to the disease when it reappeared in their communities, so the cases and deaths continued (if not at epidemic proportions, still much higher than an “average” flu year). Reports of individuals stricken with influenza remained fairly constant in January and February, and accounts of people

⁸¹ “The Epidemic,” *Abbeville Press and Banner*, October 29, 1918, 2, <https://www.newspapers.com/image/171614004> .

⁸² It is not clear when Newberry finally relaxed their quarantine, but the records do show the city was placed under another one at the end of January.

suffering from complications of an earlier attack of influenza can be found as late as May of 1919.⁸³

When the public in upstate South Carolina first became aware of the existence of a new strain of flu, they mostly understood it as it affected the military. Early reports of the flu – prior to when members of a town noticed cases within their community – were in regards to the spread of the disease among servicemen. These reports were from Washington, D.C., and typically described the disease as being present but not especially threatening. The “Influenza Not Feared” column (though published outside of the upstate) is representative of what public sentiment seemed to be at the time.⁸⁴

Even as cases did begin to pop up in a community, panic did not immediately ensue. To many people, this new strain of flu was simply the familiar disease they knew by the name ‘grip,’ ‘grippe,’ ‘la grippe,’ or just ‘influenza.’ This is reflected in how the papers reported on the illness in their communities – in Abbeville, the first town in South Carolina to report cases of the flu, the first mention of such disease read, “Sanford Howie has been out of commission for the past several days being a victim of grip, which is going now by the high sounding name of Spanish influenza.”⁸⁵ A column from the *New York World* published in the *Yorkville Enquirer* described the Spanish flu as “the same old disease under a new name.”⁸⁶ The scientific studies (blood count and bacteriological studies, apparently) conducted so far, said the *World*, demonstrate that the pathogen does

⁸³ Local and Personal, *Keowee Courier*, May 7, 1919, 1, <https://www.newspapers.com/image/73798345/> .

⁸⁴ “Influenza Not Feared,” *The Independent*.

⁸⁵ Local News: Personals, *Abbeville Press and Banner*, October 1, 1918, 5, <https://www.newspapers.com/image/171611621> .

⁸⁶ “Spanish Influenza: The Same Old Disease Under a New Name,” *Yorkville Enquirer*, October 4, 1918, 1, <https://www.newspapers.com/image/339449415/> .

not differ physically from “classical” influenza. That the germ itself appeared to be identical to the less deadly seasonal flu was apparently a cause of contention among doctors, as some concluded that the patients they were faced with could not be suffering from influenza. This captures nicely the dissonance that existed throughout the epidemic – many people continued to refer to the disease as “grip” and many assurances were made that existing medicines were sufficient to treat it, but otherwise healthy young men and women continued to become severely ill, often succumbing to the disease, in every community in the upstate.

Even as laypeople, doctors, and purveyors of flu remedies alike continued to paint the flu as nothing to be concerned about, cases continued to multiply in communities. Bad attacks of flu developed into pneumonia, and many of these resulted in death. Members of these stricken communities had strong incentive to adjust their perception of the flu as a foreign problem, a military problem, or not a problem at all, and instead view it as an active threat to the health of their communities.

Some counties and towns were quicker to rally against the flu than others. In the town of Laurens, the local board of health moved to close the movie theatre and cancel all chapel exercises in schools as soon as those first few cases were “definitely recognized” on September 25.⁸⁷ This initial order did not close the schools and churches completely as the later quarantine would do, but such an action was already being considered depending on the development of the disease in that place. Unsurprisingly, the situation did deteriorate and the board of health closed the churches and schools on

⁸⁷ “Spanish Influenza in Town,” *Laurens Advertiser*.

October second.⁸⁸ This quarantine remained on until early November, when the general quarantine across the state was lifted. Newberry was also ahead of the state in ordering the closure of certain public places. On October first, the city's board of health ordered schools, churches, theatres and pool rooms closed. It also quarantined the local college (Newberry College) in the traditional sense of the word – the institution was closed to all persons outside the campus.⁸⁹ Newberry's closures, though ahead of the state, still seem to be far behind the curve. Whereas Laurens imposed its quarantine after identifying only eight or nine cases, a report from Newberry published the same day as the closure orders stated that the local health officer had already quarantined seven hundred homes in Newberry. It also stated that no telegrams had been received Monday, as the operator was ill with the flu. Further, it noted that a closure order was “scarcely necessary” as “nearly all business is temporarily [sic] suspended on account of the prevailing disease.”⁹⁰ Presumably this is a reflection of the number of people who were ill with the disease, though it may also be a reflection of the population's uncertainty and fear on account of the new and incredibly virulent disease. Newberry exercised far more caution at the end of the peak of the epidemic than at the beginning – after the statewide quarantine was lifted, the city board of health opted to keep the quarantine on for another week.⁹¹

⁸⁸ “Influenza Epidemic Grips City and County,” *Laurens Advertiser*, October 2, 1918, 5, <https://www.newspapers.com/image/89004705> .

⁸⁹ “Notice!” *Newberry Weekly Herald*, October 1, 1918, 1, <https://www.newspapers.com/image/173566927/> .

⁹⁰ “The Community in the Grip of the Spanish Influenza,” *Newberry Weekly Herald*, October 1, 1918, 1, <https://www.newspapers.com/image/173566927/> .

⁹¹ “Quarantine Placed on for Another Week,” *Newberry Weekly Herald*, November 1, 1918, 1, <https://www.newspapers.com/image/173578954/> .

On the other hand, there were also places that did not address the influenza situation locally until after the statewide quarantine had been imposed. Pickens and Oconee, the westernmost counties in the state, did not refer to the disease as epidemic or especially problematic until well after the statewide quarantine was announced. Indeed, neither location even had a mention of influenza being in the community until the second week of October.

The city of Greenville was also slow to take measures against influenza. Unlike Pickens and Oconee, though, Greenville had been aware of the disease in that locale for some time before the state quarantine. The cases in Sevier were recognized on September 23,⁹² Furman University had quarantined by October second,⁹³ and the epidemic was recognized among the civilian population by October fourth.⁹⁴ On the evening of the fourth, Greenville's city council met to discuss the influenza situation. The council voted unanimously to request that the city's board of health order all schools, churches, and public places be closed.⁹⁵ This vote was framed as being in line with recommendations from Surgeon General Blue, and as such was believed by the editors of the *Greenville News* to be on the side of public opinion. It came as a great surprise then when the news broke that the Greenville Board of Health decided not to impose a quarantine on the

⁹² "Spanish "Flu" in 25 Camps with 2 Cases at Sevier," *Greenville News*.

⁹³ "Paul Althouse is Here Tonight...Furman Quarantined," *Greenville News*, October 3, 1918, 4.

<https://www.newspapers.com/image/188075268/>

⁹⁴ "Patriotic League Supper Called Off," *Greenville News*, October 4, 1918, 7.

<https://www.newspapers.com/image/188075358>

⁹⁵ "Public Gatherings Likely Be Barred," *Greenville News*, October 5, 1918, 5.

<https://www.newspapers.com/image/188075427>

city.⁹⁶ According to Dr. Furman, a strict quarantine must necessarily involve the closing or regulating of crowds in stores, on street cars, and railroads, and since this would apparently be impossible, no quarantine should be adopted. The impracticality of this measure was twofold: Greenville's mill workers must come to the city for business, and the shortage of doctors would make enforcing the quarantine impossible. Presumably, the needs of the war were also a prohibiting factor. This decision was not well received by the *News*, and presumably by many residents of the city. In its response to the board's decision, the *News* stated that the desire to quarantine was based in both the recommendations of Surgeon General Blue and the examples set by nearby cities such as Laurens and Spartanburg. This response further confesses that there is no such thing as a perfect quarantine, but that even a partial one may be useful. Indeed they state that "if any error is to be made, it will be upon the side of safety."⁹⁷

The people of Greenville did not need to be upset for long, however, since the state board of health imposed a uniform quarantine over the entire state on October seventh. Following this decision by the Board, all cities, towns, and rural hamlets were more or less on the same page in their control of the disease. Whether or not it was deemed necessary by the local health authorities or residents of a community, schools, churches, and theatres were all closed, and public gatherings prohibited.⁹⁸ And in most places, this was the extent of the public health measures taken.

⁹⁶ "Board of Health Failed to Impose Local Quarantine," *Greenville News*, October 6, 1918, 1.

<https://www.newspapers.com/image/188075453/>

⁹⁷ "Put on a Rigid Quarantine," *Greenville News*, October 6, 1918, 4.

<https://www.newspapers.com/image/188075478>

⁹⁸ There is an exception to the last part of this rule – open-air gatherings for the purpose of raising the Fourth Liberty Loan funds were permitted.

In Edgefield, for example, no more official action was taken following the statewide closure, but individuals and businesses nevertheless did their part to reduce the spread of disease. An October 16 column from Johnston (in Edgefield County) noted that signs were posted all over which read “get what you want and pass on,”⁹⁹ encouraging people to spend as little time in public as possible. Greenville, unsurprisingly given the controversy of the initial request for quarantine, also did not employ public health measures beyond what was required by the state and the local army camp. Its chamber of commerce, however, met to ask businesses to cease all returns for the duration of the epidemic.¹⁰⁰ This was done out of fear that goods may be returned from an infected household and then brought into a healthy one. The businessmen involved in the chamber were evidently more than happy to do their small part in hindering the spread of the disease, although one might wonder if they would have been willing to close their businesses had that been the request. Pickens, too, declined to take any public health measures besides the required closures. In this case, however, it does not appear to be such a grievous mistake as it may have been elsewhere, as on October 31 the city reported that out of around 800 cases, only twelve or fourteen deaths had occurred.¹⁰¹

While a complete shutdown of the economy was unthinkable for the relevant authorities, some measures were taken to prevent places of business being hotbeds of disease. Newberry County received permission from the state board of health for the

⁹⁹ “Johnston Letter,” *Edgefield Advertiser*, October 16, 1918, 1.

<https://www.newspapers.com/image/72210710/>

¹⁰⁰ “Merchants Act to Prevent Flu,” *Greenville News*, October 9, 1918, 12.

<https://www.newspapers.com/image/188075934>

¹⁰¹ “Local and Personal,” *Pickens Sentinel*, October 31, 1918, 8.

<https://www.newspapers.com/image/64493429>

sheriff and other authorities to prevent crowding in cotton gins.¹⁰² It is also possible that cotton mills in Newberry were quarantined, but if so it was only for a short time. The only evidence of this quarantine is a mention on October 18 that it had been lifted.¹⁰³ Laurens similarly sought to prevent the spread of flu in businesses in the least invasive way possible. Business that would today be considered “nonessential” – soda fountains, ice cream parlors, saloons, and cafes – were not prevented from operating, but were required to serve their fare in single-use containers.¹⁰⁴ Laurens too mentions the reopening of the cotton mill, but again it is unclear when it was closed and under what authority. It is possible and even likely that mill closures were decided on by mill owners not strictly out of concern for public health but because too many operatives were ill for the mill to run, as was the case at one mill in York County.¹⁰⁵

In some places, local health officials went beyond what was required by the state quarantine and ordered closures and quarantines as they saw necessary. Dillon, in York County, ordered the closure of restaurants and barber shops on top of the schools, churches, and theaters. Additionally, the board of health ordered that all stores be open only from 9am to 5pm, presumably so that the local police had a finite period of time during which they had to monitor crowding.¹⁰⁶ Placarding of homes with influenza was

¹⁰² “The Influenza Situation Seems to Be Improving,” *Newberry Weekly Herald*, October 15, 1918, 4.

<https://www.newspapers.com/image/173573366>

¹⁰³ “Personals,” *Newberry Weekly Herald*, October 18, 1918, 8.

<https://www.newspapers.com/image/173576334>

¹⁰⁴ “Board of Health Meets,” *Laurens Advertiser*, October 16, 1918, 5.

<https://www.newspapers.com/image/89004741>

¹⁰⁵ “Local and Personal,” *Yorkville Enquirer*, October 25, 1918, 2.

<https://www.newspapers.com/image/339450031>

¹⁰⁶ “Dillon, October 18,” *Yorkville Enquirer*, October 22, 1918, 2.

<https://www.newspapers.com/image/339449936>

also adopted by some locales.¹⁰⁷ This was apparently necessary as while the state quarantine prevented certain gatherings outside the home, no place in the upstate prevented individuals from gathering in homes. Walhalla took an especially unique path for the upstate and actually passed a mask ordinance. This ordinance required that persons wear gauze masks that had been saturated in a disinfectant when out in public and, interestingly, was under the authority of the city council rather than a board of health.¹⁰⁸

In all places, regardless of the strictness of the public health measures taken, data collection was a key part of the management of the flu. The numbers of cases and deaths received by the state board of health and then the United States Public Health Service had to first be collected by the local doctors who were attending to those patients. The most up-to-date data on cases and deaths was likely that which was found in the local newspapers, collected by various residents of the community, but as a medical professional was required to sign off on all death certificates, that data made it to the official records eventually.

¹⁰⁷ “Board of Health Meets,” *Laurens Advertiser*.

¹⁰⁸ “An Ordinance,” Walhalla City Council Minutes, October 18, 1918. Abbeville also included a mask ordinance in its public health measures.

CHAPTER FOUR

LOCAL INTERVENTIONS – DOCTORS, FAMILIES, AND THE COMMUNITY

As the extent to which health authorities were willing and able to utilize public health measures was limited, the next line of defense against the influenza epidemic was the physician. By this point in history, the professionalization of the field of medicine was very nearly complete. But it was only recently that American physicians had become the scientific and professional figures who served the public during the flu epidemic.

In the decades leading up to the twentieth century, the medical profession was much less a profession and more a hodgepodge of physicians of varying skill and training who were more or less practicing medicine just as the doctors of their father's and grandfather's generation would have. John Barry notes that medicine in 1800 would have been easily recognized by Hippocrates or Galen,¹⁰⁹ and while this was no longer true at the end of the century, there was still some holdover of the old ways even in 1918.

Before the acceptance of germ theory and the paradigm shift that accompanied it, disease was viewed not as one organism attacking another, but as a systemic issue. The worldview of physicians was logical – the body should be in a state of balance, and if it is not, treatment should work to restore that balance. The villain of historic medicine, bleeding, made perfect sense within this understanding. If an illness was believed to be a disorder of the blood (as it often was), reducing the amount of problematic blood in the body would restore its balance. In the same vein as the belief that there was a balance in

¹⁰⁹ John Barry, *Great Influenza*, 25.

the human body was the belief that the course of disease should not be interrupted. There was, then, no ‘treatment’ for a disease, but instead ‘therapeutics’ which would “augment and accelerate the natural course of disease.”¹¹⁰ What this meant, in practice, was that a person who was ill necessarily had to suffer. The period of suffering might be reduced by therapeutics, but it could not be avoided altogether.

During the in-between period in which science was proving that the old therapeutics did not work without yet having something with which to replace them, there was among physicians what can be described as “therapeutic nihilism.” This feeling of helplessness was somewhat allayed as new discoveries provided novel medicines. These medicines were often used indiscriminately, though, and were prescribed not as a specific solution to a specific problem, but because they produced an effect on the body and had at least proven useful in combatting certain diseases.¹¹¹ The legacy of the old ways is very apparent in this approach.

As germ theory became more widely accepted among scientists in the mid to late nineteenth century, the paradigm shifted from disease as a systemic problem to disease as a particular organism invading a particular part of the human body.¹¹² The important work of scientists like Robert Koch and Louis Pasteur provided concrete evidence of this new reality, and provided a foundation on which scientists could build new understandings of diseases and cures for these diseases.

¹¹⁰ John Barry, *Great Influenza*, 23.

¹¹¹ John Barry, *Great Influenza*, 31.

¹¹² John Barry, *Great Influenza*, 26.

Though this progress was being made all throughout the nineteenth century, it did not have any meaningful effect on American physicians until the 1890s following the establishment of Johns Hopkins Medical School. At the time Johns Hopkins opened, most medical schools in America were not associated with a university or hospital, meaning students frequently graduated without having had any hands-on experience treating patients.¹¹³ So even if American physicians had been interested in the discoveries and improvements being made by their European counterparts, they had little support (material, political, or even emotional) from the medical establishment at home. However, after Johns Hopkins opened, existing medical schools began to follow its example, for it had become clear that an approach to medicine based in research and quantitative evidence was the way of the future.

That American medicine went from utterly backwards to being at the cutting edge in a matter of decades means a few things for the flu epidemic. On one hand, the medical authorities in the highest offices in the nation were necessarily going to be men who had received the best possible training or at least demonstrated a willingness to adapt to the new ways of doing medicine. In other words, the advice that came from Washington – limited quarantines, covering coughs and sneezes, and going to bed when feeling unwell – was the best available medical knowledge at the time. On the other hand, it means that the local doctors who were attending to the vast majority of flu victims could have either gone to medical school before the transformation of this education, or perhaps gone to medical school in the middle of that transformation and as such received conflicting

¹¹³ John Barry, *Great Influenza*, 65.

information. Since the war had siphoned off many of the best and brightest physicians, there would have been a disproportionate number of old or ineffective physicians attending to flu victims at home.

It is perhaps fortunate, then, that the role of the physician in South Carolina's fight against the flu was primarily as a source of information. The medical knowledge and technology of the time meant that there was essentially nothing a doctor could do that a nurse or even layperson could not – assuming they had the right tools and information. Nevertheless, physicians were still actively involved in treating influenza in their communities. The first step a physician took in treating flu patients was diagnosis. Doctors with access to laboratory equipment would analyze samples in search of Pfeiffer's bacillus, which was at the time considered the most likely cause of influenza, or pneumococci, which were understood to be the cause of pneumonia. The average town doctor did not have access to such equipment though, and instead relied on clinical symptoms to make a diagnosis. While influenza was a familiar disease, it could be difficult to distinguish from other respiratory complaints. The Public Health Service addressed symptoms in its bulletins in order that physicians might have a reference when diagnosing patients. Among these symptoms were sudden onset, dizziness, weakness, and pains, a temperature of 103 to 104, and a sore throat.¹¹⁴ Further, cases of Spanish influenza might be recognized because "the patient looks sick."¹¹⁵ The sudden onset may be the most telling sign of infection, as the other symptoms are consistent with any

¹¹⁴ "Spanish Influenza," *Yorkville Enquirer*, October 4, 1918, 1.

<https://www.newspapers.com/image/339449415/>

¹¹⁵ "Uncle Sam's Advice on Flu," *Keowee Courier*, October 16, 1918, 2.

<https://www.newspapers.com/image/73801859>

number of other acute illnesses. The vagueness of these criterion (save for the temperature) was well understood, as the PHS itself noted that “it is difficult to make diagnosis in individual cases apart from an intense prevalence of the disease.”¹¹⁶ In other words, physicians may have struggled to diagnose the first few cases in their communities, but would have no trouble declaring an illness Spanish flu after the disease had clearly taken root among the population.

Even as the disease clearly became epidemic, there continued to be disagreement among doctors about the nature of the disease. A Dr. King cited in the *Keowee Courier* posited that the disease was more likely pneumonic plague than influenza.¹¹⁷ It is not terribly surprising that doctors failed to reach a consensus on the causative agent of the epidemic since the only method of diagnosis was through clinical symptoms. However, since the available treatment was not overly specific to influenza, the occasional doctor declaring the disease something else entirely would not be too problematic.

Following diagnosis, the only other things a physician could do were provide advice to the patient’s caretakers on how to best help them and monitor the patient for improvement or worsening symptoms. This advice varied from doctor to doctor, but there were a few generally agreed upon points. First and foremost was the importance of fresh air. Ventilation was consistently listed as key in preventing and treating influenza in the advice from medical authorities and practicing doctors alike. Surgeon General Blue recommended influenza patients be kept in well-ventilated rooms on account of the

¹¹⁶ “Spanish Influenza: Its History, Cause, and Treatment Method,” *Greenville News*, October 14, 1918, 7. <https://www.newspapers.com/image/188076618>

¹¹⁷ “The “Flu” Situation Serious,” *Keowee Courier*, October 23, 1918, 4. <https://www.newspapers.com/image/73802016>

tendency for the disease to develop into pneumonia.¹¹⁸ When a family of twelve was ill in Pickens, their attending doctor – Dr. Porter – insisted on opening the windows despite it being the coldest part of winter.¹¹⁹ This insistence upon fresh air was consistent with what was standard treatment for another deadly respiratory virus, tuberculosis. An integral part of a tuberculosis sanatorium was access to fresh air – which may have made sense for a mill operative or urban resident who is not accustomed to it or was exposed to heavy pollution, but less so for a farming family who breathed fresh air on a regular basis.

Doctors' advice for treatment often involved giving various medicines to those stricken with the flu. It is not immediately clear which medicines actually required a prescription, but based on available evidence it does not appear that the drugs recommended for treating influenza required a doctor's order. Only one remedy – whiskey – had to go through a doctor to get to the patient. Nevertheless, there are some medicines which were recommended above others. Aspirin was recommended as a treatment for headaches and pain, two common symptoms of the flu.¹²⁰ It is not clear if aspirin's fever reducing properties were known by the doctors recommending it. Dover's powders were also recommended for pain relief in flu patients.¹²¹ Dover's had two active ingredients: ipecac to induce vomiting, and opium to relieve pain. Interestingly, Surgeon General Blue (who recommended Dover's) also recommends against "safe, sure, and

¹¹⁸ "Spanish 'Grippe' in United States, *Greenville News*, September 15, 1918, 7.

<https://www.newspapers.com/image/187844291>

¹¹⁹ Anne McKenzie, "Kelley Family Ravaged by Flu."

¹²⁰ "Spanish Influenza: Its History, Cause, and Treatment Method," *Greenville News*.

¹²¹ "Spanish Influenza," *Yorkville Enquirer*, October 4, 1918, 4.

<https://www.newspapers.com/image/339449490/>

harmless” patent medicines.¹²² The difference between Dover’s and other opium-containing medicines is elusive.

In addition to the recommendations in line with those put forth by the Public Health Service, several flu remedies were put forth by so-called doctors in various newspapers in the upstate. Some of these were not terribly far off from what a local doctor may have told his patient; a Dr. William Woodward suggested eating meals regularly and slowly as a means of preventing infection.¹²³ This seems to fall in the same category as the advice to eat a “light diet,” and is suggestive of lingering belief in a connection between the intestinal tract and overall health. A more peculiar remedy given by an unnamed doctor from Georgia was to put a bit of Sulphur in one’s shoes to prevent infection.¹²⁴ Interestingly, this was less reminiscent of the old practices of physicians and more in line with the somewhat superstitious folk healing many people likely still practiced.

Despite the constraints on what a physician could actually do, they were believed to be integral in the fight against the flu. As the disease established itself in a community, a request for more doctors was often made. At times these doctors came from nearby towns, such as Dr. Griffin of Greenville being sent to Abbeville.¹²⁵ Physicians were also sent from other parts of the country through the coordination of the Public Health

¹²² “Spanish Influenza – Three Day Fever – The Flu,” *Newberry Weekly Herald*, October 15, 1918, 2. <https://www.newspapers.com/image/173573190>

¹²³ “How to Avoid the Influenza,” *Newberry Weekly Herald*, October 8, 1918, 1. <https://www.newspapers.com/image/173571247/>

¹²⁴ “Sulphur in Shoes Will Check Flu, Says Physician,” *Abbeville Press and Banner*, October 22, 1918, 2. <https://www.newspapers.com/image/171613347>

¹²⁵ “Influenza Epidemic in Abbeville,” *Abbeville Press and Banner*, October 18, 1918, 1. <https://www.newspapers.com/image/171613056>

Service.¹²⁶ In addition to, or sometimes in place of, doctors, nurses were also deeply involved in caring for flu patients. Like doctors, it seems that their main role was to provide the best possible information in caring for a flu patient. While “nursing” is typically thought of as something that involves around-the-clock care, the demands of the epidemic would have prevented this in most places.

In the absence of a doctor or nurse, then, care of flu victims was left to the family and community. Unfortunately, records of what flu care in the home entailed are scarce, but some reconstruction is possible through family stories and newspapers. Airing out the house was common with or without the advice of the doctor,¹²⁷ and at times people who had succumbed to the flu were placed outside until burial to avoid contaminating other family members.¹²⁸ Placing a flu victim outside was also done to break their fever. Folk remedies were also utilized, and a so-called “root doctor” in the mountains of Pickens County was credited with saving her family from pneumonia.¹²⁹ What exactly this and other folk remedies were comprised of is not entirely clear, but they would have certainly contained plants native to the region. Importantly, it seems the understanding of the people at the time was that there was no ‘cure’ for influenza.¹³⁰ Whatever remedies were utilized and whatever treatment was performed by the doctor, the average person experiencing the flu pandemic was well aware that they were at the mercy of their own health, the treatments available to them, and God.

¹²⁶ “Influenza Epidemic,” *Abbeville Press and Banner*.

¹²⁷ Interview with Diane Parsons Aiken.

¹²⁸ Interview with Stephanie McCann.

¹²⁹ Interview with Jane Duncan.

¹³⁰ Interview with Frank Porter.

It begs the question, then, to what extent the cures and preventatives for influenza advertised in the newspapers were actually utilized by people in the epidemic. Some people, such as the family with the “root doctor,” lived too far from the closest pharmacy to obtain a new medicine to treat this new disease when it appeared in their family. Others may have been suspicious of them for their dubious benefits and reputation of being comprised mostly of intoxicants. But the sheer number of advertisements that consistently appear in the newspapers of the upstate suggest that there was enough of a market to justify the advertisement, and therefore were a number of people utilizing these medicines. Further, these medicines were readily available at any local pharmacy, and many would have already been on the shelves of homes all over.

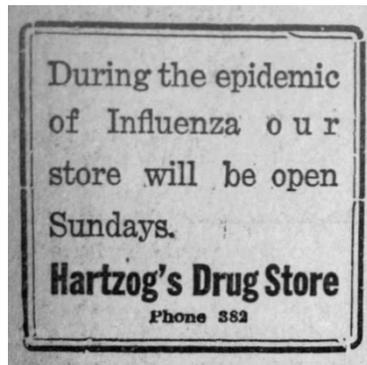


Figure 3-1: The pharmacist stepped in where the doctors could not, providing access to medicines with or without the recommendation of a physician.

Even if the effectiveness of the medicines was debatable, they were an accessible treatment that, for many, would have seemed better than no treatment at all.

These medicines range from harmless to poisonous, and all were presented as *the* way to prevent or survive the flu. On the harmless end of the spectrum was Vick's VapoRub, which can still be purchased today. Vick's was advertised as a treatment for

influenza. The mechanism of the treatment was as follows: apply the rub over the chest and throat; inhaling the vapors will then loosen phlegm, open air passages, and “stimulate the mucuous [sic] membrane to throw off the germs.”¹³¹ While the ability to “throw off germs” might be exaggerated, Vick’s otherwise seems to be recognized as just one part of a holistic treatment. In its advertising, the company outlined an entire treatment plan, from going to bed to taking other medicines such as aspirin and Dover’s powders. Importantly, it specifically states that “there is no cure...for influenza – the disease must run its course.” In addition to this humble recognition, Vick’s also portrays itself as “the standard home remedy” for colds. This was wise advertising on their part – if the Spanish flu was simply the old grip, the remedy used for the grip will be sufficient for the flu.

On the poisonous end of the spectrum was Calomel or Calotabs. The active ingredient in this medicine was mercury chloride, and though this was usually taken as a purgative, it was advertised as a cure for influenza throughout the course of the pandemic. Calomel evidently had been losing popularity among consumers, for a large part of the advertising serves to distinguish the new Calotabs from the old type of Calomel which had “some very unpleasant and dangerous qualities.”¹³² What changes were made to the formula is unclear, but the advertisements claimed that the improved formula purges the body of a cold (or grippe) without nausea or “the slightest interference with your diet, pleasures, or work.”

¹³¹ “How to Use Vick’s VapoRub in Treating Spanish Influenza,” *Greenville News*, October 16, 1918, 8. <https://www.newspapers.com/image/188076815/>

¹³² “How Doctors Treat Colds and Grippe,” *Keowee Courier*, October 23, 1918, 6. <https://www.newspapers.com/image/73802044>

These, among many other patent medicines, were one of the few tools at the disposal of the people living through the 1918 flu epidemic. Even if experience demonstrated that neither Vick's nor Calotabs nor any other remedy could bring a flu victim back from the brink of death, they remained an important piece of the average person's experience of the flu.

In addition to what relief could be provided by doctors, nurses, and family members was the support of the local community. While public gatherings were prohibited under the quarantine, no provision was made against home visitation. During the most severe points in the epidemic, members of the community with no medical training were volunteering their services to the sick.

Several communities organized influenza relief committees without any support of the local government, but instead through the local Red Cross chapter. The involvement of the Red Cross underscores the idea that people saw the fight against the flu as part of their patriotic duty. While the Red Cross chapters were typically involved in supporting the war effort through clothing drives and support for the local military bases, during the height of the flu outbreak they added care for flu victims to their duties. In Yorkville, for example, the Red Cross appointed an "intelligence committee" for each street that would keep abreast of any developments regarding the influenza situation on that street.¹³³ In addition to these committees were volunteers who would go to the homes of flu sufferers and provide what aid they could. These volunteers were not necessarily

¹³³ "Local Affairs," *Yorkville Enquirer*, October 15, 1918, 2.
<https://www.newspapers.com/image/339449723>

expected to perform nursing duties, as there was a separate committee for that, but instead likely cleaned and cooked for the family while its members were ill. In the nearby town of Fort Mill, the Red Cross was involved in organizing a soup kitchen for families afflicted by the flu.¹³⁴ The Red Cross of Pickens also mobilized in the fight against the flu, but with slightly fewer committees than Yorkville. Two women, Miss Knight and Mrs. Bruce, are credited with personally distributing soup and “other articles of nourishment” to the sick of the mill district and town, respectively.¹³⁵ Several women from both Clemson College itself and the surrounding areas volunteered as nurses during the height of the outbreak there.¹³⁶ It appears likely that few, if any, were trained nurses, as one is mentioned as being a teacher and another, Mrs. B.F. Robertson,¹³⁷ was a wife of a professor.

These community efforts, while perhaps limited in a medical capacity, were of untold value to those stricken with the flu. Especially considering the minimal help a physician or nurse could actually provide, the care of a neighbor equipped flu victims and their families with the nourishment and comfort that supported the recovery or grieving process.

¹³⁴ “Influenza in Fort Mill,” *Yorkville Enquirer*, October 18, 1918, 2.

<https://www.newspapers.com/image/339449813>

¹³⁵ “Red Cross Notes,” *Pickens Sentinel*, October 31, 1918, 1.

<https://www.newspapers.com/image/64493411/>

¹³⁶ “The Ministering Angels,” *Keowee Courier*, October 23, 1918, 1.

<https://www.newspapers.com/image/73801969/>

¹³⁷ Mrs. Robertson contracted influenza while nursing the Clemson Cadets and died of the disease.

CONCLUSION

In the 1918 Report of the Board of Health, the author notes that “The October-November influenza control campaign was in no sense a triumph of scientific investigation.”¹³⁸ This was true of South Carolina and its cities as well as the United States. From the moment the flu was recognized – whether in a New England port in August or a small South Carolina town in October – the people there were already several steps behind the disease. Actions were taken, usually several days after they should have in order to be useful, and they were taken without any assurance that they would make a positive difference. This constant catching-up meant that the response to the flu at all levels of society was largely reactive rather than proactive. Without adequate time to prepare or adequate knowledge and technology to affect any real change, the flu response was characterized by people doing the best they could with available resources.

For the federal government, this meant utilizing existing communication and transportation networks, and the existing public health bureaucracy, to prepare states and cities for influenza as it quickly moved out of the original location of the outbreak. Once the time for preparation was over, the federal government shifted its role to a supplier of funds and medical professionals.¹³⁹ While the funds were in no short supply, the medical professionals were limited, and thus states had a significant role to play in maintaining the health of their populations. In South Carolina, the public health infrastructure was severely lacking, so the state took what action it hoped would do the most good and

¹³⁸ “Thirty-Ninth Annual Report of the State Board of Health,” 38.

¹³⁹ For many places there was no time of preparation.

imposed a quarantine that closed churches, schools, and theaters. Like the federal government, the state also had a hand in distributing resources to the communities that needed them, though in addition to doctors and nurses, these resources included whiskey. Local governments had no choice in the matter of quarantine as directed by the state, but had it in their authority to impose additional public health measures. Whether or not a city did go beyond the state quarantine was at times reflective of the severity of disease there, and other times reflective simply of public sentiment. When public health measures failed to prevent the spread of disease (as they did one hundred percent of the time), doctors, nurses, families, and community members stepped in to care for the sick. Like their governments, these groups were limited in what they could do to prevent and treat influenza, but commonly used treatments such as fresh air, good food, and patent medicines were all employed to aid the sick.

Overall, this thesis provides a glimpse into the experience of the flu at all levels of society. It demonstrated that a general state of unpreparedness led to the adoption of public and private health measures that while not ideal, were what existed at the time. Because of the limited scope of a thesis, however, there are many questions that remain to be answered on this topic. The experiences above are that of white Americans, primarily. Black Americans made up a majority of the population of upstate South Carolina, but are almost entirely left out of the narrative of the flu response. Could a different methodology draw out the Black Southern experience of the flu? Women were most certainly an integral part of the fight against the flu, but besides their work with the Red Cross are also absent from the narrative. Is it possible to reconstruct the role of

women during the flu pandemic? Finally, the recent experience of the Covid-19 pandemic lends itself to comparison with the 1918 flu. Questions such as what circumstances create a population that is either compliant or noncompliant with public health measures would be an excellent avenue into comparison of the two.

Investigations into these and other questions will help paint a more complete picture of a pandemic that for a long time was almost totally forgotten. While it was indeed no “triumph of scientific investigation,” it was the real experience of millions of Americans whose lives had already been upended by the country’s involvement in the First World War. The 1918 flu epidemic tells the tragic or heroic story of people at all levels of society utilizing the tools they had to fight a disease against which they were woefully unmatched.

BIBLIOGRAPHY

Government Documents

South Carolina Department of Archives and History

“Thirty-Ninth Annual Report of the State Board of Health of South Carolina for the Fiscal Year 1918 to the Legislature of South Carolina” (Columbia: Gonzales & Bryan State Printers, 1919).

Public Health Reports (1896-1970) 33, no. 37 (1918).

<http://www.jstor.org/stable/4574883>

Thirteenth Census of the United States Taken in the Year 1910. District of Columbia: Government Printing Office, 1913.

Report of the Surgeon General U.S. Army to the Secretary of War. (Washington: Government Printing Office, 1919).

<https://hdl.handle.net/2027/coo.31924106388683>

Manuscript Collections

South Carolina Department of Archives and History

Richard Irvine Manning Papers

Newspapers

The Abbeville Press and Banner.

The Edgefield Advertiser

The Fort Mill Times

The Greenville News

The Keowee Courier

The Laurens Advertiser

The Newberry Weekly Herald

The Pickens Sentinel

The Yorkville Enquirer

Secondary Literature

Crosby, Alfred. *America's Forgotten Pandemic: The Influenza of 1918*. Cambridge: Cambridge University Press, 1989. First published in 1976 under the title *Epidemic and Peace: 1918*.

Barry, John M. *The Great Influenza: the Epic Story of the Deadliest Plague in History*. New York: Penguin Group, 2004.

Beardsley, Edward H. *A History of Neglect: Health Care for Blacks and Mill Workers in the Twentieth-Century South*. Knoxville: University of Tennessee Press, 1987.

Byerly, Carol R. *Fever of War: The Influenza Epidemic in the U.S. Army During World War I*. New York: New York University Press, 2005.

- Ettling, John. *The Germ of Laziness: Rockefeller Philanthropy and Public Health in the New South*. Cambridge: Harvard University Press, 1981.
- Hodgson, Barbara. *In the Arms of Morpheus: the Tragic History of Laudanum, Morphine, and Patent Medicines*. Buffalo: Firefly Books, 2001.
- Hoehling, A. A. *The Great Epidemic*. Boston: Little, Brown, and Co., 1961.
- Pope, Thomas H. *The History of Newberry County, South Carolina Volume Two: 1860-1990*. Columbia: University of South Carolina Press, 1992.
- Porter, Katherine Anne. *Pale Horse, Pale Rider*. New York : Harcourt, Brace & World, 1964.
- Smith, Elmer L. *Patent Medicine: the Golden Days of Quackery*. Lebanon: Applied Arts Publishers, 1973.
- Stowe, Steven. *Doctoring the South: Southern Physicians and Everyday Medicine in the Mid-Nineteenth Century*. Chapel Hill: University of North Carolina Press, 2004.