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## Book Reviews

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# Old questions raised about Spanish flu

by Christina N. Huth

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### **America's Forgotten Pandemic: The Influenza of 1918**

by Alfred W. Crosby

Cambridge University Press, New York, 1989  
337 pages, hardbound, \$39.50

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During the spring and summer of 1918, a new strain of influenza, more deadly than any seen before or since, swept across the United States. By autumn of 1918, an epidemic of this new malady, dubbed Spanish influenza by the press and medical profession, had reached the status of a national calamity, striking down up to 40% of the population in cities, towns, and rural areas alike, and killing more than half a million people. Philadelphia, with 1.7 million inhabitants, was one of the hardest-hit metropolitan areas. Some 2,600 died of influenza or pneumonia in the second week of October, nearly 4,600 in the third week, and more than 55,000 in all. The city was overwhelmed; in some cases the dead were left in their homes for days. Meanwhile, Spanish influenza had become a global pandemic, ravishing Africa, Asia, Russia, and Western Europe, where millions of troops were arrayed on the battlefields of World War I. By the time that its third and final, less virulent wave, had passed over North America in the spring of 1919, the Spanish influenza had killed "nearly as many American servicemen as died in battle, ten times and over that number of American civilians, and twice as many people in the world as died in combat on all fronts in the entire four years of the war."

*The Forgotten Pandemic* is an excellent and highly readable account of the Spanish influenza pandemic of 1918-19, by University of Texas American Studies professor Alfred Crosby. With one notable shortfall—a lack of systematic attention to the link between poverty, poor nutrition, and lack of health infrastructure, and the spread of epidemic disease—Crosby's account of the flu disaster would make a valuable addition to the syllabus of an American history course dealing with the period of World War I. It is also recommended reading for anyone whose family history includes the ravages of Spanish influenza, a likely half or more of adults living

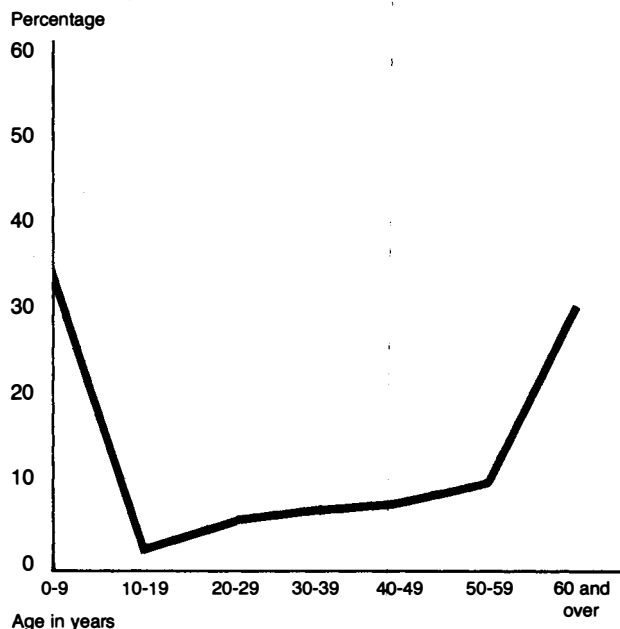
today. My siblings and I, for example, were well-acquainted with the story of our great-grandmother Angelina Romano's death from complications of the flu, along with two of our great-aunts, who left their infant children in the care of our grandfather, at the time an unemployed teenager. A high school friend recounts the story of his grandfather, a young Swedish immigrant making his way as a carpenter in Massachusetts, who emptied his savings account in a failed effort to provide life-saving medical care for his flu-stricken wife.

Crosby's narrative makes clear that medical science today knows little more of essence about the virus which causes influenza than it did in 1918. Influenza remains incurable; the virus's ability to rapidly mutate is still a mystery; its relationship to other diseases, such as the bacillus-borne pneumonia, is murky.

Several characteristics of Spanish influenza, however, set it apart from all other known strains of the virus, and render the course of this epidemic a prime candidate for the investigations of epidemiologists and others—even though it occurred more than half a century ago. One of these is that no other flu before or since Spanish influenza has had such a propensity for pneumonic complications. Another is that *nearly half* of all the recorded casualties in the United States were in the age group of 20 to 45 years. And an unusual cluster of deaths occurred in the range of 20-29 years of age, meaning that individuals in the prime of their lives were

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### **Influenza and pneumonia deaths: percentage in each ten-year age group, Louisville, Kentucky, April 1918**



(Derived from the Death Certificate files of the Board of Health of Louisville, Ky.)  
Source: *America's Forgotten Pandemic: The Influenza of 1918*.

dying in higher numbers than either the very young or very old—the usual targets of epidemic disease. As Crosby reports, “when a curve is plotted for the incidence of flu and pneumonia deaths according to age . . . the resulting curve is not a U, but a crude W, with its highest point in the middle, where both science and common sense declare it should not be” (see Figure). This is true for every major metropolitan area studied. Why did this flu prefer young, robust victims?

Finally, where did it come from? Crosby reports on several indicated origins of the pandemic, thoroughly documenting the movement of hundreds of thousands of men in World War I, who carried the virus with them across the Atlantic and back. The flu wreaked havoc in the U.S. military divisions preparing to dispatch men to the European front: As of September 1918, almost 30% of the 13th Army Battalion was sick; 17.3% of the 42nd Infantry, and 24.6% of the Trains and Military Police. And the conditions to spread the disease were present: The nation’s military barracks were filled to overflowing. At Camp Devens, 30 miles east of Boston, 45,000 men were jammed into a camp constructed for 35,000, and 8,000 of them were sick, being treated by a hospital facility and staff planned for 2,000.

The war itself could have been the major factor in turning Spanish influenza into the killer it became. Crosby writes: “Other medical men associated Spanish influenza directly with the war. Wherever his armies met in Europe, man was creating chemical and biological cesspools in which any kind of disease might spawn. Never before had such quantities of explosives been expended, never before had so many men lived in such filth for so long, never before had so many corpses been left to rot above ground.” Crosby also accurately reports the disease-producing effects of the British naval blockade of all goods—including food and medicine—to embattled Germany, which lowered the resistance to disease of the entire German civilian population to disastrous levels.

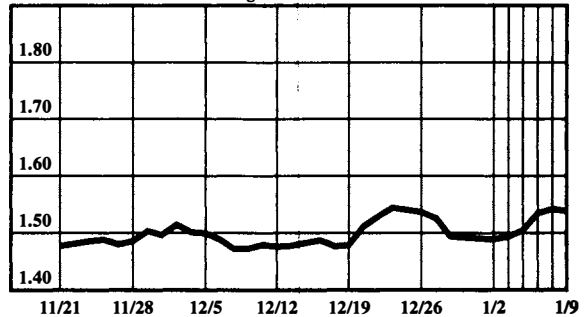
Noted only in passing, however, is the probability that poverty and poor living conditions in the United States itself could also have opened the door to the flu epidemic. Clues are scattered throughout the text: documentation that the pandemic struck particularly hard in the immigrant slums of Philadelphia; 1,500 more of Philadelphia’s flu victims were children of immigrant mothers than of mothers born in the United States. In Chicago, which was in the throes of a tuberculosis epidemic among it poorer residents, deaths from flu were three times those in Grand Rapids, Michigan, only 200 miles away. The rich suburban Connecticut towns of Milford and Darien were spared any deaths at all, while New York City, with a well-funded public health system, suffered fewer deaths per capita than either Chicago or San Francisco.

This line of inquiry is particularly important at present, as evidence grows showing the link between the spread of the incurable and 100% deadly epidemic virus which causes AIDS, and spreading conditions of poverty in economic recession.

## Currency Rates

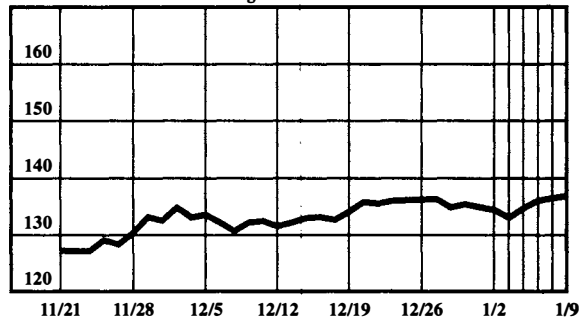
### The dollar in deutschemarks

New York late afternoon fixing



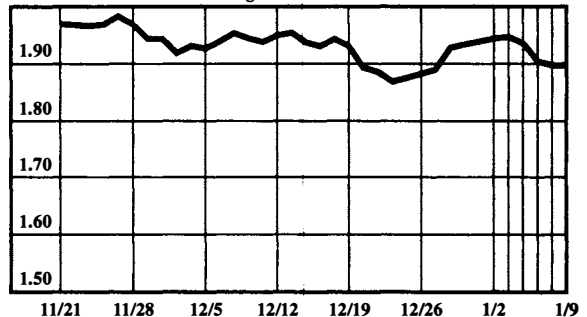
### The dollar in yen

New York late afternoon fixing



### The British pound in dollars

New York late afternoon fixing



### The dollar in Swiss francs

New York late afternoon fixing

