

# WORCESTER IN THE INFLUENZA PANDEMIC OF 1918

## Experiencing it Through the Local Press

Ver. 2, March, 2020

Donald W. Chamberlayne

When the deadly influenza virus of 1918 came to Worcester, the city's daily newspapers were virtually the only source of information available to the public, aside from rumors and anecdotes, and an occasional informational handout. Radio was still a few years off, and the data from the annual report of the Department of Public Health that we can now find at the library would not be available until the following year. Thus, the accounts published in the city's newspapers came to represent the historical record of the deadly episode. Worcester at that time had three daily papers in English, plus weekly publications in French and Swedish. The three in English were the morning *Telegram* (publisher Austin P. Cristy), the *Evening Gazette* (George F. Booth), and the *Evening Post* (John Fahey).

Imagine a public-spirited citizen, whom we'll call *Reader*, who follows the news from day to day. *Reader* is just a prop, of course, a device employed to serve as the entity reading and interpreting the daily papers (those in English), as if he or she were you, the reader of a century later. The intention is to lend the account a present-tense, in-the-moment style, to come as close as possible to experiencing the epidemic in the manner of someone back then, excluding any direct personal or family contact with the disease.

The term *epidemic* is used here instead of *pandemic* in the context of Worcester's experience, because that is what it was from the perspective of this single geographic place, as was true of all local places, and because that is the way it was known and understood in Worcester. It consisted of a rapid onslaught of cases, well above the annual norm, and there was a period of time during which no one knew when it would stop expanding, level off, and finally begin to recede. The same phenomenon occurred in communities throughout the world; thus, a large number of epidemics added up to the great pandemic of 1918-19. It is an open question whether anyone in Worcester had even heard the term *pandemic*. In all the newspaper articles that were surveyed, *Reader* never encountered the term.

A disclaimer regarding *Reader's* effort to cover the story from an armchair: Inevitably some items in the papers were missed, whether by occasional oversight, likely based on tired eyes, or by failing to read all three papers every day of the period of about four months. *Reader*, however, eventually ended the newspaper journey confident of having found and read enough of what was there to have acquired a reliable sense of the whole story.

Before beginning, a little background on the city and the times is in order.

Worcester in 1918 was a growing, thriving city of about 170,000 people, on its way to nearly 180,000 at the 1920 census. That's just a few thousand below what it is today, a century later, but

the population density then was far greater in the inner parts of the city than it is now. The suburbanization of the outer sections, especially the west side, had been underway for a quarter century or more but still had a long way to go.

The physical development of the city, measured by building permits issued, slowed considerably after 1916, reaching a low in 1918, in part because of the “Great War” in which the U.S. had become a combatant the previous year. It was also a time of rapid inflation. The consumer price index (estimated many years later) doubled between 1915 and 1920.

By far the biggest and most important thing happening at the time, dominating the news, was the war. In September, the long-stalemated western front was beginning to break up as the Allies, with the Americans now playing a major role, were launching a series of assaults generating more movement of the front lines than had been the case the past four years. Large, bold headlines over stories taken mainly from the Associated Press dominated the front pages on a daily basis. Two other very major issues eclipsed by the war were the long running controversies over women getting the right to vote and whether or not to enact a prohibition on the consumption of alcoholic beverages. It was also the time of the World Series, the Red Sox and the Cubs, being played a few weeks early because the season had been shortened due to the war.

## I The World at War and the World Series

Thursday, September 5: *Reader* sits down with both evening papers, the *Post* and the *Gazette*.

A double row of war headlines runs from side to side across the *Evening Post*, related stories taking the right half of the space below, above the fold. The World Series also gets good play, as Game One in Chicago has begun, earning a side-to-side in a banner above the main headlines, and the story gets the left two columns with pictures of the day’s starting pitchers. Only the World Series could take this much of the front pages away from the war. Friday’s *Gazette* gives the second game a two-column space and focuses its attention on the pursuit of the “fleeing Huns.”

Day after day the papers have a similar look. The optimistic tone of the story of the Germans being pushed out of France is well received but understates the grimness of the bloody battles taking place, and may overstate the certainty that the campaign will be successful. *Reader* gets the impression that the editors of the three papers are trying to maintain morale at home – or at least not to undermine it with too much bloody realism.

Beyond the headline stories are reports of soldiers from Worcester being killed or badly wounded, sometimes by means of mustard gas. There are also letters from the front written by area soldiers, providing some close-up realism of life and death at the front. Again, *Reader* suspects some morale-boosting criteria in the selection of letters to print.

*Evening Post*, Sep. 5



*Evening Gazette*, Sep. 6



Another major element of press coverage is the campaign for “Liberty Loans,” the principal method through which the government borrows funds from ordinary citizens to finance the war. Appearing in these papers are columns about the intended parade and the “election” for bond purchasing planned for Saturday, the 28th. The parade is expected to bring thousands of people into the downtown streets, to be followed by the purchasing of bonds at voting precincts, the element giving rise to the use of the term “election.”

A notable exception to the dominance of the papers by the war comes on Wednesday, September 11, when the Red Sox win the World Series. *Reader* can’t know that it will be eighty-six years before another World Series trophy comes to Boston.

After that bit of relief for local fans it’s back to an unyielding focus on the war. On the 12<sup>th</sup> headline stories tell of the “Yankee Drive,” Pershing’s attack on St. Mihiel, a major stronghold of the Germans on the Meuse River. Looking back on it, this was the beginning of the long, bloody, but ultimately successful struggle of the Meuse-Argonne, a key step on the path to Germany’s surrender in November.

At the bottom of page one of that afternoon’s *Gazette*, *Reader* sees a small item about pneumonia killing five naval men in Boston. It says the fatal illnesses started as the “old fashioned grippe,” not the “Spanish influenza,” and led to pneumonia, and it notes that 1,488 cases have been reported since late August. “That seems like a lot of cases,” *Reader* thinks, not knowing anything about influenza statistics. This is the first reference to influenza under any name *Reader* has found in the Worcester papers during the month.

On page 12 of the same paper is another item of about four column inches entitled “Spanish Influenza Attacks Sailors,” in which it is reported that the “grip” is breaking out in the close quarters of the naval ships and barracks. The article includes the statement that “the outbreak of the Spanish influenza is regarded as evidence that the United States is due for an epidemic of the disease....” How seriously that remark would be taken by the few people likely to have read it can only be guessed. But these two items stand as a “first flag” for *Reader* and other careful Worcester followers of the news.

*Reader* sees nothing notable on the subject the next day, but Saturday’s *Gazette* has small items on the lower part of the front page noting that 1,000 cases of influenza have been reported at Camp (later Fort) Devens, and that “influenza rages near Brockton.” The first item gets *Reader*’s attention, since Devens is that much closer to Worcester, but only as something to keep an eye on, since Devens is a training facility where thousands of troops are in tight quarters, getting

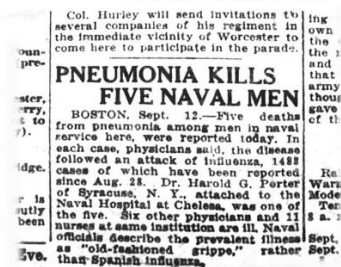
*Gazette*, Sep. 11



*Gazette*, Sep. 12



*Telegram* Sep 12 (bot. p. 1)



*Gazette* Sep 12 (p. 12)





## II On Watch: keeping an eye on a potential threat

Two days later, two Worcester men in their twenties are reported to have died from the disease. Only one of the deaths, however, occurred inside the city limits. A couple of days earlier at Camp Devens, a Pvt. William Hebenstreit of Hacker Street in Worcester was stricken and died the same day. A *post-mortem* found that he had died from an “overwhelming infection of Spanish influenza,” so he was the first person *from* Worcester to lose his life to the disease.

The first person to die *in* Worcester, *Reader* finds, is a sailor stationed at the Newport Training facility who came home on leave for the weekend to visit his parents. Seaman Walter Roche, son of police patrolman James and Margaret Roche of West Street, came down with the disease while visiting, was admitted to City Hospital, and died the morning of the 18<sup>th</sup>. Having acquired it from him, his mother died the next day, and the two were buried in a dual ceremony on the 23<sup>rd</sup>.

Almost surely Walter brought the virus home with him from Newport, where, like so many other military installations, the disease had been rampant, but it is highly unlikely that he was the only person to bring it here. The great influenza pandemic of 1918 was not going to bypass Worcester if only a single seaman had *not* come home to visit his parents.

On the 20<sup>th</sup>, *Reader* sees that the superintendent of City Hospital, Dr. Charles A. Drew, has issued what looks like a “don’t panic” road sign. He says there are at present “a large number of cases of influenza in the hospital and in the city,” but he does not see “any reason for the people to become unduly excited.”

Monday afternoon, the 23<sup>rd</sup>, *Reader* sees in the *Post* that in addition to the double funeral of Seaman Roche and his mother, there have been two other instances of two deaths occurring in the same family. One is a husband and wife in their twenties, the other twin sisters, also in their twenties, both married and living several blocks apart, who died on the same day. Presumably one had visited the other, giving the virus a chance to jump from one host to another. The suggestion, as *Reader* sees it, that families are at great risk because of one person catching the disease and spreading it to others, likely before the symptoms have appeared.

On the same page an item says there are now seventy-five influenza patients at City Hospital. Clearly the flu has arrived in Worcester, but how serious is it, *Reader* wonders. Is the situation approaching the status of an emergency?



Part of the problem at this stage was that few people knew much about epidemics of any kind of disease, or about numbers of cases there might typically be in a year, or how many cases might end in death. It was very hard for anyone, including those with medical training, to gauge the seriousness of what was being reported. There was no doubt that the flu had arrived in Worcester by this time, but the disease made an appearance every year to some extent, so how different, *Reader* wondered, how much more threatening, was this year's variety? That question was far more difficult then than it is now in retrospect.

Another series of flu-related items in the next day's papers add to the level of concern of careful followers of the subject. One is the sad news that the disease has claimed patrolman James Roche, the day after the funeral of his wife and son. Three members of one family!

Other items say Brockton is coping with 5,000 cases, Boston has closed its schools, and City Hospital is asking for former nurses to volunteer for short-term (and dangerous) duty. Oddly, the *Post* reports that there are now 10,700 influenza cases at Devens, and on the same afternoon the *Gazette* claims the "grip epidemic is on the wane at Camp Devens." *Reader* is a bit confused by this, but is increasingly aligning with the view that the situation is one of a clear and present danger.

Thursday, the 26<sup>th</sup>, the *Gazette* reports what looks like a morale-boosting claim that the flu is "not causing a scare in Worcester." This probably gives *Reader* a sardonic laugh, as the flu almost surely is doing exactly that – scaring people. Beneath the calming headline, the article goes on to offer reasons why residents should at least be highly concerned, if not literally "scared." For one, business concerns are having trouble with workers being out sick. Among them are the Consolidated Street Railway Company (trolley drivers) and the New England Telephone Company (about a quarter of all operators out sick). Also, public, parochial, and private schools are closed, and City Hospital has ninety cases of the flu, of which twenty-five are nurses.

Prior to Thursday's meeting of the health board the question at hand is whether it will exercise its authority and issue orders of closure to public gathering places in order to deter the spread of the influenza. It seems to *Reader* to be a matter of when, not whether, but at press time for the afternoon *Gazette* and *Post*, no decision has been made. The *Post* says the city will not close schools or theaters, because it has not yet become necessary.

Chairman Edward H. Trowbridge has explained that the board is following the advice of the state

### Was it actually *Spanish* flu?

In a word, no. The reason the outbreak acquired that name was connected to the far raging in Europe. The warring nations elected to keep a hush on the problem of influenza among their troops for reasons of morale, both at the front and back home. Spain, however, was neutral in the war, and no such restrictions or inhibitions about reporting on the disease were relevant there, thus freeing reporters to write about it without the restraints present in other nations. Thus, as the flu that was rampant in Spain, it earned the title of "Spanish flu."

All this occurred in the Spring of 1918 when the first wave of the virus struck in Europe, eventually making its way to the U. S. for a brief run which seems to have received little notice.

*Gazette* Sep 26

## INFLUENZA NOT CAUSING SCARE IN WORCESTER

MANY CONCERNS SUFFER DUE TO LOSS OF HELP

WAR MEASURES TO BE USED TO STAMP OUT GRIP

Hard Goids and Fear of Grip Keep Many Home—Telephone Co. and Consolidated Hard Hit—Schools Closed and Every Precaution Is Being Taken

WASHINGTON, Sept 26.—Stamping out of Spanish influenza, which has extended to more than a score of army camps and many sections of the country, has been recognized by the government as a war measure. Medical and nursing units today were mobilized in communities where the epidemic has gained considerable headway under the general direction of a central committee representing the public health service, the army, the navy and the American Red Cross. Immediate relief for the local localities where influenza has gone beyond control of the local authori-

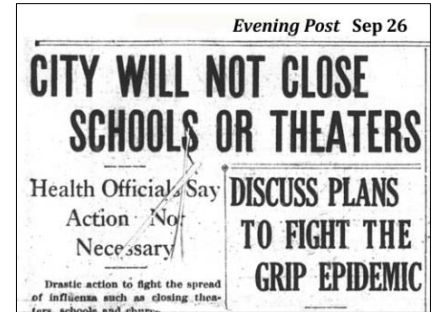
Board of Health and the emergency committee that the state set up in response to the outbreak in the Boston area.

That afternoon word arrived from Boston that the state board was now recommending that the Worcester board (and those in other municipalities) take such action and close selected public places. Accordingly, that night the Worcester board took such action, issuing a closure order on schools, theaters, and other venues for public gathering, while leaving certain ones unaffected. The action rendered the day's storylines of the *Post* and the *Gazette* null and void, an endemic problem of afternoon papers.

The next morning's *Telegram* features a banner line which reads "All Worcester Schools, Theaters, and Public Places Ordered Closed For 10 Days."

The Board's action regarding closings can be taken as having marked the point at which the city crossed the line into *emergency mode* regarding the imminent attack of the flu upon the community.

No such term as *emergency* was ever reportedly used, but the situation clearly was an emergency, even if they didn't yet fully grasp that fact. Neither public officials nor the public as a whole could have had any idea at the time just how big the problem would become, but they sensed that enough was at hand to begin taking action to deal with it.



In what looked like a space filler at the bottom of the page in the *Gazette* of September 30, it was stated (with bizarre punctuation) that "Mayor's Clerk, Charles H. Benchley Mayor's Secretary, Clinton P. Rowe and Mayor's Stenographer, Rose C. Carrigan are all sick with influenza today."

A few days later the Mayor himself was also sick with the flu. The *Telegram* reported on October 4 that he was slightly improved after having had a temperature of 103.

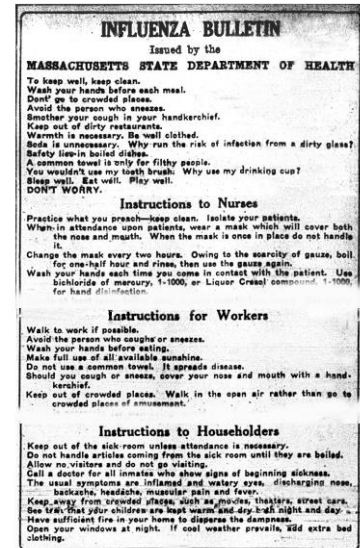
### III EMERGENCY MODE: strategy and execution

The implicit declaration of an emergency came hand-in-hand with a strategic plan to deal with the problem. It would have taken *Reader* a while to comprehend all this, but the city's response consisted of four principal components: (1) actions of the Board of Health regarding the closing of public places, (2) the creation of a temporary hospital to supplement the work being done by all hospitals in the city, (3) the deployment of medical professionals (doctors and nurses, plus volunteer aides), and (4) the special problem of caring for infants and young children orphaned by the epidemic.

Aside from, and preceding, the city's response were the issuances through the press of various advisories – lists of do's and don'ts to minimize the risk of catching or spreading the disease. Several such advisories, from private as well as public sources, were printed in the local papers. The partial bulletin shown here from the *Evening Post* of September 30 provides a sense of what they contained. Other sources included the Surgeon-General of the U. S. and the Colgate Company, and in some cases such advice was presented in news item format, with headlines and sub-headlines, often with commercial product endorsements.

The importance of this kind of elementary advice was that it was correct and very important for people to follow in order to minimize the chances of catching or spreading the disease. This advice, sadly, amounted to most of what doctors and nurses could do for victims, since there were no vaccines or anti-virals available. In fact, they didn't even know yet that influenza was a virus, and the medical field had only recently learned what viruses were and still had little knowledge of what could be done to contain them.

Evening Post Sep 30



Partial, with cutaways

## 1 Closing of Public Places

By the time *Reader* had sorted through the confusing issues of timing and the not-quite-right statements in the press, which, with a little effort, could have been accomplished at least by Saturday morning, the actions taken by the Board of Health pertaining to closings stood as follows:

*Schools* -- closed as of Friday morning, apparently by agreement of the School Board, including parochial schools

*Colleges* -- no action, leaving it to the institutions, with a vague reference to "authorities in Washington"

*Related to schools* -- all high school football games postponed for one week (later extended), and teachers' meetings and training programs cancelled

*Churches and synagogues* -- no action, leaving the decision to them whether to hold services

*Theaters* -- closed until October 7 (later extended). Included were motion picture houses (of which there were at least eight in the city), and venues for speakers or performing arts, such as Mechanics Hall and the city's high school auditoriums. Although not scheduled until the week of October 21-25, the annual Worcester Music Festival was also cancelled, since its organizers needed to know this far in advance whether they should cancel the performing groups.

*Liberty Loan Parade* -- scheduled for Saturday, the 28<sup>th</sup> -- cancelled

*Public water fountains* -- turned off Friday morning by DPW workers

*Bars, saloons* (by whatever name) -- no action

"Amusements," including soda fountains, pool rooms, bowling alleys, etc. -- no action

*Private clubs, lodges* (Elks, Freemasons, Knights of Columbus, etc.) -- no action

*Funerals and wakes* -- no official action, which would have been virtually impossible to enforce. They did, however, urge undertakers and families and friends of the deceased to minimize the sizes of funerals and lingering at wakes or in-home gatherings in order to avoid crowds.



Some categories of activity which might result in dangerous crowding were impractical, if not impossible, to halt. These included industrial firms; most commercial entities, from stores to hotels and restaurants; and various utilities, public or private, such as the trolley system, railroads, and the telephone and electric companies, and, of course, police and fire. As for the trolleys, the advisories generally urged people not to use them unless necessary, and not to board crowded cars. Early in the crisis, the Consolidated Street Railway Company began a policy of giving every car a thorough cleaning every night, and running the cars with all windows open, regardless of the weather.

The closing of public places was a relatively complex and nuanced action strategy, not a simple all-or-nothing choice. When the Board of Health first acted on closings it banned certain kinds of venues for public gathering, including schools and theaters, while leaving other organizations to decide for themselves. In retrospect, the most controversial of the Board's decisions appear to have been those *not* to force the closing of churches, clubs, lodges, saloons, or the various types of places included under the term "amusements." In all likelihood, religious entities and the various clubs and lodges of the city would not meet anyway, but that was not true of the saloons, and probably not of some of the other amusements. An item in the *Post* Monday, September 30, noted that only a few churches had been open for services on Sunday.

Ever vigilant, *Reader* would keep a close eye on whatever followed regarding the closings of public places. Whether the Board might have been a day or two late issuing the closings order seemed arguable to *Reader*, but their not having any idea how big the influenza threat really was complicates the matter.

## **2 Creation of a Temporary Hospital**

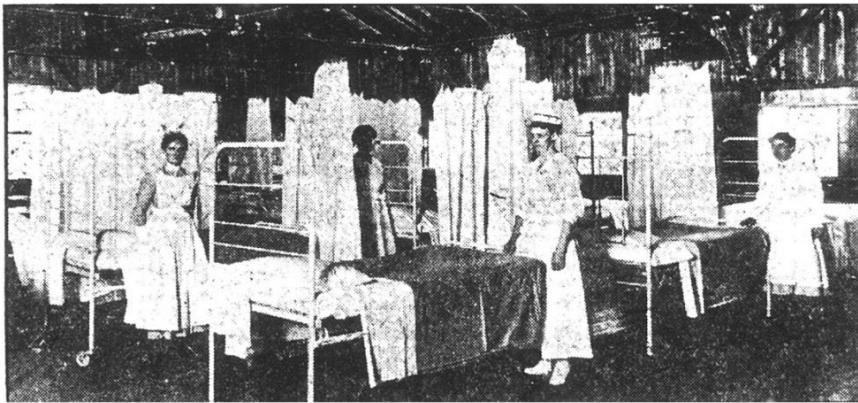
The second major category of the city's strategy for dealing with the epidemic concerned a plan conceived at the end of the week for a temporary hospital to accommodate the overflow of patients. Toward that end, a committee was established over the weekend, and announced Monday, consisting of representatives of the trustees and staffs of all hospitals in the city, plus the Board of Health and the Mayor. James C. Coffey, the Executive Officer of the Board of Health, went to Boston Saturday to learn what he could about the creation of such a facility where one had already been constructed. Monday morning it was announced that a temporary, makeshift hospital was to be established using buildings made available by the Agricultural Society at the Fairgrounds at Greendale. (*Telegram*, Sep. 30)

Work began immediately that morning by the E. J. Cross Construction Company and volunteers from the Norton Company, as well as sub-contractors and city workers where needed. Throughout the week, workers erected partitions for male and female wards, sleeping quarters for nurses, and offices for doctors and staff; constructed a sheltered patient receiving area; installed plumbing and made needed water and sewer connections; installed a boiler and piping system for steam heat; installed electric and telephone service; and expanded the existing kitchen facilities to feed up to 300. All beds were surrounded by white curtains for privacy and the protection of patients, as can be seen in some of the photographs below.

By Thursday a few patients had already been admitted, and Friday evening, after only five days of round-the-clock work, the first building of the Greendale Hospital, as it became known, was opened.

The building, formerly used for dining and dancing, had eighty beds in male and female wards, plus twenty in nurses' quarters. The second building was the larger, two-story structure normally used for exhibitions and poultry functions. Still under construction, or awaiting the signal to start, it was expected to provide space for up to 200 additional beds once the conversion was completed.

*Evening Gazette Oct 5*



*Gazette Oct 5*

## NEW HOSPITAL FOR INFLUENZA IS READY AT FAIR GROUNDS

Everything Put In Shape  
and Force of Physicians  
and Nurses Is Organized  
In Record Time

Worthy of the Arabian Night Tales is the story of the erection and equipment of the new Emergency Hospital in the Fair Grounds at Greendale. Started last Monday, in two days the entire interior work of wards A and B, with new partitions, installation of plumbing, electricity and steam-heat was completed Wednesday, transforming the old dance hall into up-to-date hospital wards. On Wednesday and Thursday the beds were installed, and yesterday the nurses were busy hanging curtains and making beds, while a few patients were already there. The old exhibition hall now contains a row

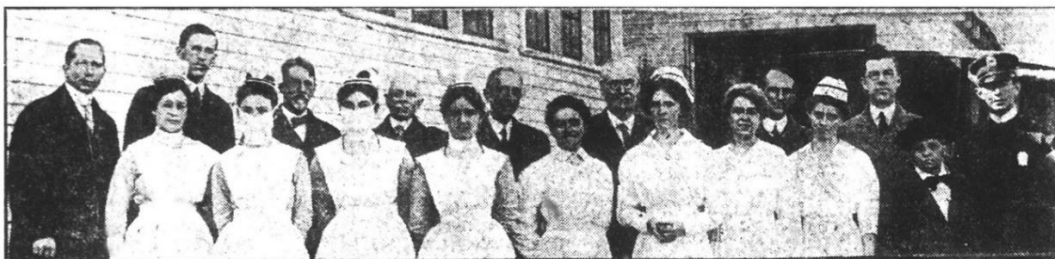
The *Gazette* reporter was quite impressed and enthusiastic about the hospital. He wrote:

"Worthy of the Arabian Night Tales is the story of the erection and equipment of the new Emergency Hospital in the Fair Grounds at Greendale....

"If anyone still labors under the delusion that that the patients are being housed in a partially-equipped renovated poultry house, a look at the picture will give an idea of the excellent quarters and the efficient staff which is provided for the care of patients. The wards are dry and well heated with steam and all beds are separated from each other by completely encircling white curtains. The wards are fully equipped with plumbing."

Another photo shown in the *Gazette* most of the key people involved in the opening and the operation of the hospital:

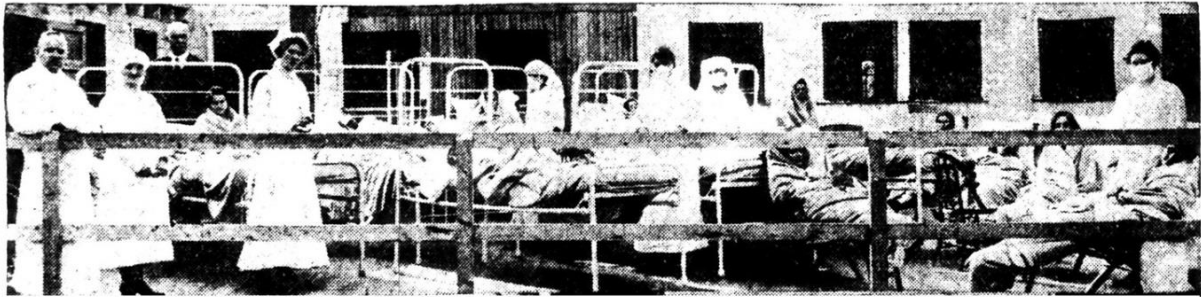
*Evening Gazette Oct 5*



Left to right: Front row: Misses Louise King, Katherine Grady, Nora Shea, Cecilla Benbeneck, M. Barry Guertin, Estelle Murley, superintendent of nurses, Grace Kennedy, Mrs. G. H. Perry, Miss Rosabelle Jacobus, superintendent of the Worcester District Nursing society, Patrolman John F. McDonough.  
Back row: Clifford S. Anderson, supervisor of construction, Dr. R. W. Cutler, Dr. Albert C. Getchell, chief of medical staff, Dr. Edward H. Trowbridge, chairman of the Board of Health, Dr. George A. Slocumb, Dr. Charles A. Drew, superintendent of the City Hospital, Dr. W. Irving Clark, executive director, and Dr. John F. Curran.

Another pair of photos, taken later, shows the hospital in operation, with patients, nurses, and doctors arrayed for the photographer.

**GREENDALE EMERGENCY HOSPITAL FIGHTS INFLUENZA WITH AIR AND SUNSHINE**



The temporary hospital, built and staffed in less than a week, expanded bed capacity by eighty, an increase of probably 40-50 percent over the capacity of the city's five hospitals (roughly estimated at 150-200 beds, based on sporadic reports of caseloads, and assuming the continuing care of non-influenza patients and extra loading of rooms with beds).

### **3 Deployment of medical professionals and volunteers**

All hospitals in the city were engaged in the effort to some extent, and usually a large extent, but their caseloads can not be determined due to limited and uneven data. Most of the press attention went to City Hospital, the Belmont (isolation) Hospital, and the temporary hospital at the fairgrounds, possibly because of the public nature of each. Many, and probably most, physicians in the city, regardless of specialties, were involved in the effort to cope with the epidemic, working around the needs of their other patients, and putting in long hours, in and out of the hospitals. Their efforts were mentioned in various articles in the press but never in any quantitative sense, such as numbers of doctors, patients, hours on the job, or the like. Such data could not realistically be expected.

Nurses in the crisis worked in either of two basic formats: *hospital nursing* and *district, or outreach, nursing*. Both categories were critically important and both involved serious risk of illness and all that might follow. One of the first signs of the extensiveness of the influenza problem was the need for former nurses to volunteer for (paid) service for a limited period of time. The need arose not only from the surge in flu cases but also from the fact that on-duty nurses were coming down with the disease themselves. On the 20<sup>th</sup>, City Hospital said ten nurses had become ill, and three days later the number was up to fifteen, with four on the endangered list. Clearly, the job was very

dangerous for nurses, even with all precautions taken. Nevertheless, volunteers did come forward, although there were few indications of how many. An article in the *Gazette* of October 2 noted that there were twenty volunteer nurses on duty at City Hospital at that time. Moreover, the temporary hospital at the fairgrounds opened with an adequate number of nurses on hand. Although nothing to this effect was found in press reports, Red Cross nurses likely were heavily involved there, since that was so consistent with what the Red Cross traditionally did, and still does, in emergency situations.

The second category of nursing involved nurses going out to visit patients in their own homes. *Outreach* nursing, which often involved various kinds of home and personal management assistance, was conducted under the auspices of two cooperating agencies, the Red Cross and the Worcester Society for District Nursing. In addition to numerous other functions, such as wrapping bandages and making gauze masks, these organizations sent nurses out to people's homes, usually to assist families unable to pay for medical services in hospitals,\* and in many cases suffering from the illness and the family disarray that sometimes followed when one or both parents had contracted the illness. For the Red Cross, this effort probably grew out of its "Town and Country Nursing Service" program.

\* No mention of the sensitive issue of services rendered at hospitals in relation to ability to pay appeared in any of the articles found in the three newspapers. To examine that subject would require research considered beyond the scope of this effort.

The difficulties of these outreach efforts were highlighted in an article in the *Telegram* Monday, September 30, concerning efforts of the Red Cross to recruit volunteers for such outreach duties. Ms. Rubie Cameron, the local leader of the organization at the time, interviewed applicant volunteers for the position and was forced to turn some of them down. Her reasoning, as explained by the reporter:

"Miss Cameron stated last night that she was forced to refuse the proffered aid of a number of young women, for the reason that they were too young and inexperienced in this very trying duty.... The work for which these volunteer nurses are being registered is of a trying nature, calling for women of mature age, and experience fitting them to take absolute charge of a household. In many instances entire families are suffering from the effects of influenza; in some cases members of the family have died, this condition making it undispensible [sic] that the nurse be of strong physical and mental capacity."

The other source of outreach nursing was the Worcester Society for District Nursing, an organization dating back to 1892 and a pioneer in the field, known a century later as VNACare, Inc., formally, and as the Visiting Nurses Association, informally. It had a corps of nurses trained in the tasks of tending to the healthcare and related needs of families in difficult circumstances in their own homes. The organization's superintendent was Ms. Rosabelle Jacobus, RN, who had come to Worcester in 1906 from New York where she had worked for twelve years in a settlement house. She remained in that position until her retirement in 1943, a span of thirty-seven years.

An important aspect of the mission of the outreach nurses and their volunteer associates was described in an article in the *Telegram* of October 13:



Rosabelle Jacobus  
(1870-1951)

“The disease in many cases has deprived families of caretakers and thrown this necessity upon public societies. With parents or older members of families victims of the disease there has been no one left to look after the children, and in a great many cases sickness other than influenza has arisen as a result of lack of care and nourishment. This is a matter that has not required trained nurses so much as help to look after things.”

#### 4 Childcare for children “orphaned” by the epidemic

At the meeting of the Board of Health on October 7 there was a discussion of the problem of how to care for children who had been left without mothers or other family members capable of taking care of them, whether due to death or incapacitating illness. It was decided to leave the matter in the hands of Dr. May Salona Holmes, superintendent and resident physician of the Belmont Hospital, and a significant player throughout the crisis. By the end of the meeting she had secured a physical location, and two days later Dr. Holmes asked the press to appeal to:

“public-spirited citizens who would be willing to take care of one or more infants now at Isolation (Belmont) Hospital. The babies are free from disease and need nothing but normal care. This is being given at the hospital and in so doing valuable time which could be devoted to children ill with the malady is lost.” (*Post*, Oct. 9)

An emergency home for “epidemic orphans” opened the afternoon of the 9<sup>th</sup>, at 45 Harvard Street with twenty children and an ample supply of volunteers to care for them. (*Post*, Oct. 9). Other agencies dealing with issues accruing to young children were the Saint Agnes Guild and the Worcester Children’s Friend Society, and probably other organizations not cited in the press (or recalled by *Reader*). Again, numbers of instances were inconsistent, but the *Post* on October 16 reported that there were twenty-three young children there who had been orphaned by the epidemic.



## IV Tracking the Epidemic: measuring and projecting

In accordance with a ruling of the state Board of Health, as of Thursday, October 4, influenza was now a “reportable” disease, meaning doctors or other health professionals henceforth must report all cases to the local health department. The immediate hope was that data on numbers of cases coming in each day would help healthcare providers to anticipate and plan for the accommodation of victims. To this point in the episode there had not even been any presentation or identifiable use of data on cases or deaths from the disease.

The importance of data, whether on cases or deaths, provided they were sufficiently accurate and timely, was that tracking them offered the only feasible way to comprehend the size, growth, and eventual peaking of the epidemic in a statistical manner. Such information would facilitate planning the near-term future needs for beds and medical attention, and help to identify the point at which the numbers began to level off and then to decline. As they were found in

newspaper accounts, at least, data on cases of the disease were sporadic and unreliable, once they began to be available at all, so they were unsuitable for analytical use.

After two weeks of incidental accounts of deaths from the flu, reporters at the *Post* came up with a novel and uncomplicated means of following the numbers: simply asking the city's undertakers.

In the same article in which the *Post* headlined the new reporting requirement, it also presented its first list of death counts by date, beginning with September 22 and running through the 29<sup>th</sup>. Three days later the list was updated to October 2, as is shown here.

The first eleven days of the running tally of daily deaths attributed to the epidemic revealed a clear pattern of increase, provided *Reader* studied the numbers with enough care. The pattern would be much easier to discern if the data were put on a sheet of graph paper. *Reader*, who happens to have been an early advocate of the use of such data - and the possessor of a few sheets of graph paper, as it turns out - did just that and the result is shown below with data through October 4.

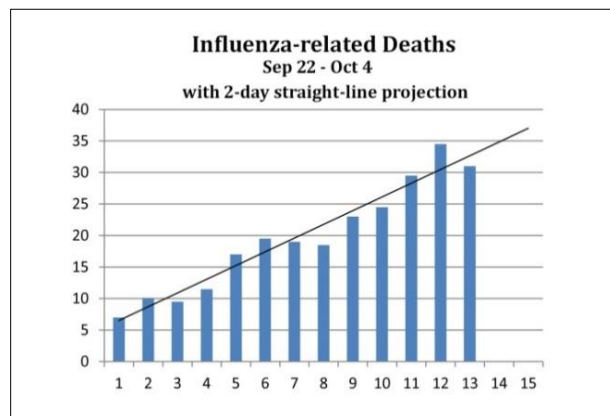
The fundamental reason for such tracking was to look for the point at which the upward pattern "broke," that is, flattened out or turned downward to indicate that the situation was no longer getting worse but beginning to ease. Whether anyone in a position of authority, such as the Health Department, was doing such a thing is unknown, but it seems unlikely. For a home follower, such as *Reader*, the endeavor was further complicated by the fact that after the original two columnar reports in the *Post*, numbers of deaths were provided only sporadically, usually in paragraph form in the middle of an article, and typically two to four days after the most recent date. This clearly would have made it difficult for even the most dedicated follower (such as *Reader*) to interpret the data in a timely manner.

**Post Oct 5**

| MARKED ADVANCE<br>IN GRIP EPIDEMIC |                  |
|------------------------------------|------------------|
| GRIP-PNEUMONIA<br>DEATHS IN CITY   |                  |
| Date                               | No. of<br>Deaths |
| September 22                       | 6                |
| September 23                       | 8                |
| September 24                       | 12               |
| September 25                       | 7                |
| September 26                       | 16               |
| September 27                       | 18               |
| September 28                       | 21               |
| September 29                       | 17               |
| September 30                       | 20               |
| October 1                          | 26               |
| October 2                          | 23               |
| Total                              | 173              |

Charting deaths from the flu

On or about the 7<sup>th</sup>, *Reader* drew a simple, and expandable, graphic representation of the daily numbers of deaths. The resulting chart for Day 13, October 4, the trendline (with the help of *Excel* a century later) showed a distinct upward trend projecting to counts in the high thirties within a few days. Had that rate continued for another week, the number of deaths per day would have climbed to the neighborhood of fifty.



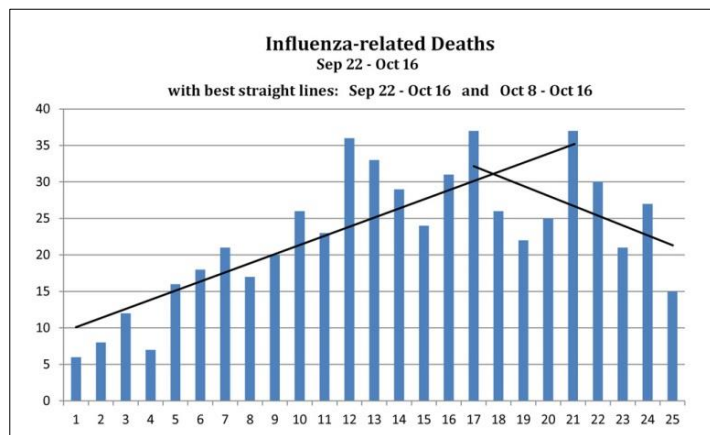
If that had been communicated to the public in an effective manner it might have caused considerable concern, and possibly some sense of panic. At such a rate it would not have been very long before the word *catastrophic* came into play.

A significant problem for Reader’s attempt to interpret the results of such a graphical view of the epidemic was that of “paperwork lag”: the fact that in some cases, as was mentioned more than once, paperwork on a death might not have been filed on the actual day it occurred, especially when the end came at night, and that such paperwork might sometimes have waited more than a day before being filed. The *Telegram* of October 5 reported that undertakers were saying a problem for them was finding the doctors to get their signatures on the death certificates. Such problems severely restricted the use of graphics during the epidemic, but a century later it is helpful to determine the approximate date of the peaking and the beginning of the decline of the epidemic. *Reader* was not so lucky.

During the next week and a half, there were a couple of times when *Reader* might have been tempted to find good news in the progressing graphic, only to see the pattern reversed the next day or two. By about October 16 (day 25), for which the data were not reported until the 18<sup>th</sup>, in the *Post*, it seemed safe to conclude that the epidemic had peaked on or about the 8<sup>th</sup>, and then begun to ease as the numbers of daily deaths dropped to about twenty, well below the peak of thirty-seven registered on the 8<sup>th</sup>.

The wave pattern of the epidemic had peaked and passed; the city’s miseries were finally on the decline after having risen for three weeks prior to the peak -- from the death of Seaman Roche on September 17 through October 8 when 36 people died as a result of the flu.

The lack of regular and timely reporting of deaths made it all but impossible to track the epidemic in an effective and useful manner.



*Reader’s* graphic for the 16<sup>th</sup> showed the rising pattern through the 8<sup>th</sup> (day 17), with a “best straight line” through that date, then a declining trend from the 8<sup>th</sup> through the 16<sup>th</sup> (day 17 to day 25). A steeper downward line would be seen if drawn from day 21 to day 25 (October 12-16). Even after the 16<sup>th</sup> the downward trend could have begun increasing again, but fortunately that did not happen.

Despite the lack of sophistication in such graphics, which is intentional and aimed at more nearly representing what someone such as *Reader* might have been able to do at the time, it is apparent that despite the surge on day 21 (Oct. 12), the trend was downward after about the 8<sup>th</sup>. If the surge of the 12<sup>th</sup> reflected catching up on the paperwork, a resorting of some of the deaths of that day to the two or three days prior still points to a downward trend.

## V Riding the Wave: before and after the crest

On October 4, *Reader* sees that the Board of Health has extended the closing order by a week, through Saturday night, the 12<sup>th</sup>, and added churches (and synagogues) to the list of closures. Most of them had not met the previous week anyway, according to a story in Monday's *Telegram*.

Proprietors of the city's eight theaters (per daily theater listings of the newspapers), announce their support for the closings, but suggest that the various "amusements," including saloons, should also be closed. "If us, why not them?" (*Telegram*, Sep. 28)

At its meeting of Monday, the 7<sup>th</sup>, the Board does just that, adding saloons and other drinking establishments to the list of closures, along with pool rooms, bowling alleys, and other "amusements," and even soda fountains. The decision follows the state Board's recommendation, which resulted in similar closings in Boston three days earlier.

The *Telegram* Monday morning the 7<sup>th</sup> runs a story under a large, two-row headline (on page 12) reading "No Abatement Anywhere," which essentially marks the point of the the highest level of anxiety reached during the epidemic among the people in positions of responsibility. It draws on the reporter's conversations over the weekend with key people, focusing on Dr. Drew, the head of City Hospital. Drew spoke of the need for a strong leader to improve the efficiency and the effectiveness of the Worcester effort to defend against the disease. What he had in mind was someone along the lines of a military field marshal, rather than a political figure or official, and what he was looking for was basic task management and medical *triaging* (although that word was never seen by *Reader*).

Dr. Drew expressed his grave concern that if the epidemic continued to grow as it had, it would soon overwhelm the city's resources, measured in hospital beds and medical staff, which were said to be operating at full capacity. The same could be said for the outreach services of the Red Cross and District Nursing. In retrospect, this appears to have been the moment of *peak anxiety*, at least on the part of Dr. Drew, but probably also other people in positions of leadership with access to whatever information was available about the epidemic. It seemed clear that the city's treatment resources, measured in terms of beds and medical staff, were at or near their limits, and no





one yet knew whether the epidemic was still growing, and if so, how fast. An additional sixty beds had just become available at the temporary hospital, soon to be eighty, and they were filling quickly, but how much the anxious officials knew about numbers of beds, staff, and medical supplies on the resource side or trends in patient admissions and discharges on the other is unknown.

From *Reader's* simple graphical analysis we know that the epidemic in Worcester, measured by deaths caused by flu or lobar pneumonia invoked by flu, was peaking at or about that date, the 8<sup>th</sup>, plus-or-minus a day or two. Dr. Drew just needed to hold on for a few days and then should be able to relax. It appears that the city's stock of beds and staff to handle the influenza load was in nearly full utilization the week of October 7-12, but by the end of the week the need had leveled off and a gradual easing begun. A week after the peak of daily related deaths on October 8, the number declined to a little over half as many by the following week.

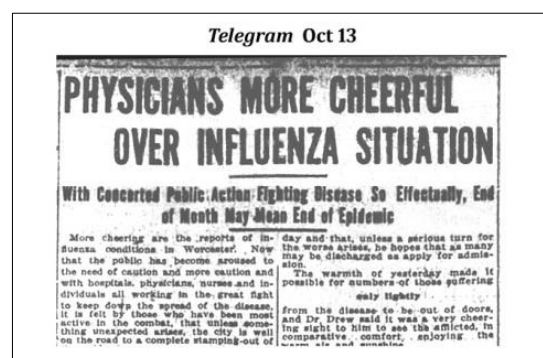
By Wednesday, the 9<sup>th</sup>, the *Gazette* reports the Board of Health citing "indications that the epidemic is lessening in Worcester..." and that "it believes the epidemic has peaked." It was much too early to be saying that, of course, unless the purpose was to calm the public. The Board's optimistic outlook was attributed to the public's taking the necessary precautions and "beating grip."

On the 10<sup>th</sup> the *Gazette* reports that fewer cases are being reported, and that the new cases are less severe than earlier ones had been. The Board of Health stresses that people "must continue to be vigilant." (*Gazette*, Oct. 10) The next day *Reader* sees that the Board has extended the ban on public places, and said it is pleased with the results of the closings. On the 12<sup>th</sup> of October, James C. Coffey, the Executive Officer and chief spokesman for the Board, re-asserts the same claim:

"Every reliable source of information shows there is a marked decrease in the number of influenza cases. The reports from the hospitals are as encouraging as those from the doctors. The deaths are fewer, the dangerous lists are diminishing, and the convalescents are increasing and many are being discharged to return to their homes." (*Gazette*, Oct. 12)

The *Sunday Telegram* of the 13<sup>th</sup> proclaims that physicians are "more cheerful over [the] influenza situation," and that "with concerted public action fighting the disease so effectively, end of month may mean end of epidemic." The sub-headline adds that the ban may be lifted at the end of the week.

By this date it seemed clear that the epidemic was waning, measured by declining numbers of cases and deaths, but there still were a great many sick people



and new cases were still appearing each day. Articles in the press citing improving conditions were based on indicators such as hospital discharge and admission rates, levels of severity of cases reported by doctors and nurses, and reports of clergy concerning victims seeking their help. Reporters - or their editors - appeared to be eager to report any indication of improvement in the overall outlook of the health crisis, perhaps for the morale of the public.

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Hopeful signs of improvement were taking center stage, and it seemed likely that the Board of Health at its Thursday meeting would lift the ban and allow the reopening of public places in the city. At that meeting, however, an unexpected volley of objections arose concerning the proposed lifting of the ban. The argument was that it was too early to lift the ban, that it should be delayed to allow the disease time to play itself out. Such points were made by clergymen, doctors, and parents, according to the *Telegram*, and one persuasive speaker was the superintendent of the Society for District Nursing, Rosabelle Jacobus. She had already gained considerable respect for her knowledge of and role in the city's response to the crisis.

Nurse Jacobus warned of a return of the epidemic if schools, churches, theaters, etc. were re-opened too soon. She went so far as to say it was "absolutely ridiculous to think of yet lifting the ban." Her plea, supported by the great respect she appeared to have gained throughout the influenza episode, plus the opposition voiced by the others, was enough to convince the board to extend the closings, at least into the following week when they would meet again on Tuesday to revisit the situation.

*Telegram*, Oct 18



Notice that the disease was still being called "grip" this far into the episode.

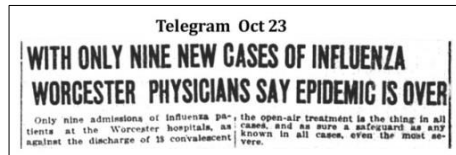
The next morning's *Telegram* must have surprised a lot of people who had hoped the ban would be lifted, so that with the weekend coming they could get back to spending time at their favorite haunts. Here a second headlined story was placed beneath the main story regarding the board's decision. The *Telegram* gave great play to Ms. Jacobus' role in the decision.

The extension of the ban was destined to last only a few days. At the meeting of the board on Tuesday, the 22<sup>nd</sup>, the ban was lifted, seemingly over little objection. That many more days of improving conditions apparently convinced the board that the wave had passed and the illness had diminished enough to consider the threat of re-spreading not to be enough to warrant the continued closing of public places.

Worcester schools were back in session the next morning, having been closed since Friday, September 27. By that evening all entities which had been closed were now free to re-open and resume business.

Another article in that morning's *Telegram* proclaimed that Worcester physicians were saying the epidemic was over. Actually this was the reporter's own conclusion, based on his survey of admission and discharge rates, caseloads by hospital, and the perceptions of doctors and nurses with whom he spoke. Regardless of the slightly misleading headline, the writer's point was well taken. The influenza epidemic appeared to be over.

These items in the *Telegram* of Wednesday, October 23, marked the end of the epidemic. A considerable number of patients remained ill, and deaths would continue to take the lives of flu patients for weeks to come, but it was no longer an epidemic.



## VI Resurgence: a return of the same strain

By November, the epidemic had faded, and the press was beginning to let it slide into the past as a bad memory, even though a considerable number of people were still suffering from it or from its consequences. As the subject sank to a lower level of priority in the newspapers, attention turned, as it should, toward the impending conclusion of the war. Headlines from two editions of the *Telegram* the day of the signing of the armistice earlier in the day in France are shown here because of the close relationship in time and circumstances between the pandemic and the war.



With the war over and the influenza epidemic apparently having run its course, the city could now take pleasure in getting back to normal, whatever that might be after so much drama and misfortune. But there was still another round of potential trouble waiting in the wings.

About a week or so into December, items began to appear in the papers regarding flu outbreaks in some of the outlying towns. There was nothing particularly alarming, but they made it apparent that the disease still had not been completely depleted in the area. On the 11<sup>th</sup> *Reader* saw in the *Telegram* that a dozen members of Clark University's Students' Army Training Corps had been admitted to City Hospital with the flu, and that as a result all classes at the school had been cancelled until after the holidays.

*Telegram* Dec 11

**INFLUENZA HALTS CLASSES AT CLARK**

On account of the return of the influenza epidemic in the students' army training corps of Clark college, all classes in the institution have been suspended until Dec. 20, at 8 a. m.

About a dozen of the S. A. T. C. unit are influenza patients in the city hospital. Of these, one has developed pneumonia.

The debate planned for tomorrow afternoon at the college has been postponed without date. Clark debating club has asked the colleges of Tuft and Bates to arrange debates such as proved so profitable and pleasant last year.

**DEMOBILIZATION AT CLARK COLLEGE IS COMPLETED**

On the 12th, the U. S. Surgeon General reported that the disease was undergoing a resurgence in many places around the country, and he urged the closing of schools at "the first sign of the reappearance of the epidemic." That same day, the Massachusetts Department of Health said it had received nearly 2,000 reports of cases in the state. "It looks like time to go back into *watch mode*," *Reader* surmised, and then resumed the daily habit of following the flu epidemic in the newspapers with some care.

For the next few days there was very little in the papers concerning the flu for *Reader* to digest. But it was not only at Clark that cases were resurfacing. In her annual report for 1918, which *Reader* could not have seen until later, Dr. May S. Holmes noted that the Belmont Hospital had reached its capacity for influenza cases by the 11th (the same day as the report of the Clark cases), and that volunteer nurses and nurses' assistants were needed again to deal with mounting calls for help.

Finally, on the 18<sup>th</sup>, the *Post* reported that the disease was "paying city a second visit," and cited statistics on hospitalized cases. The next day, the *Telegram* wrote that sixty-nine cases had been reported to the Health Department, and that there were twenty-five cases at City Hospital and twenty-eight at the Belmont. The article focused on the Red Cross issuing a call for trained nurses and nurse's aides to volunteer – again.

*Evening Post* Dec 18

**FEAR INFLUENZA IS PAYING CITY A SECOND VISIT**

Doctors and Nurses Are Again Overworked—Hospitals Full

The City Hospital is crowded about to the limit with different kinds of sickness including 25 cases of influenza, and the doctors and nurses are overworked so badly that last week they began refusing more cases of this nature and they are turned over to the Belmont Hospital. Inquiry at the Belmont Hospital revealed the fact that there 28 cases of influenza at that institution which about fill the ward devoted to their care. Most of the cases are doing

There were references in the press to the strain of influenza being the same as had been seen in September and October, and the outbreak in December was taken as a return of the disease – a "second wave" of the same epidemic. (In retrospect, it is known that it was actually the *third* wave, the first having occurred with barely any notice in the city back in the Spring.)

Little of note regarding the flu was reported during the holiday week, that is, until the last night of the year. On New Year's Eve, *Reader* sat back comfortably to check the papers, and then to consider some final thoughts on the dramatic and deadly epidemic that still had not quite vanished from the area.

In a story about the flu raging on the west side, the *Post* departed from its usual style and decorum by blasting the Board of Health for its mishandling of the episode, focusing on the recent resurgence of the disease. Beneath a two-column headline saying the west side of the city was "full

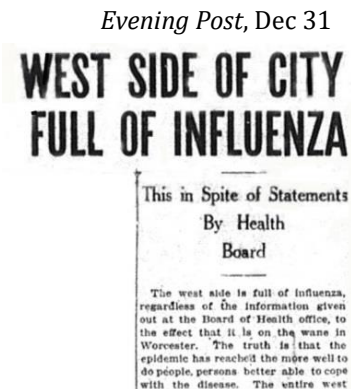
of influenza,” publisher John Fahey excoriated the Board for its alleged failure to provide adequate or accurate information about the return of the flu to the city.

“No true information as to the epidemic has been received from the Board of Health office. The reports of new cases given out there differ greatly from the number of demands received at the District Nursing Society and at Red Cross headquarters, where numberless calls for nurses were received, this morning, calls that could not be answered.... It is evident that the exact number of cases now in Worcester cannot be obtained from the health department.”

After noting that “Miss Jacobus, this morning, was of the opinion that the public schools should be closed,” Fahey summarized with a memorable line: “The Board of Health doesn’t tell the public all the public’s business.”

Expecting controversy to ensue, *Reader* eagerly poured over the papers the first days of the new year, but, surprisingly, found virtually nothing on the subject. What the other editors might have been thinking remained a mystery, as weeks passed with very little attention to the return visit of the flu. Apparently, *Reader* surmised, there’s no longer much happening in the city’s battle with the flu, and the effort to follow the influenza epidemic came to an end.

(What *Reader* couldn’t know yet was that the *Post* had been correct about the heavy concentration on the west side. Statistics of the Board of Health published the following year showed an astounding 78 percent of influenza cases in 1919 registered in Ward One alone. So it was not so much the west side as the generally affluent Ward One section of the west side. Ward One ran from Lincoln Square northward through the Salisbury, Grove, and Burncoat Street areas.)



## VII *Reader's* Concluding Thoughts

*Reader's* first and foremost conclusion was one of a very positive nature concerning the impressive work of the city’s medical professionals and their various aides. There was, of course, the vital work of the city’s physicians, but the greater part of the victim contact work, often involving high risk of exposure, was done by nurses and nurses’ aides, many of whom were volunteers, all or nearly all of whom were females.

The leadership of the effort to cope with the epidemic came first from the people with formal authority -- the chairman and the executive officer of the Board of Health, the mayor (in a limited, advisory way consisting mainly of cooperation), and the heads of the five hospitals. But as the epidemic roared through the city, and the medical professionals were stretched to their limits, certain people who were playing key roles seemd to accumulate a great deal of public trust and confidence. In particular, they included, *Reader* surmised, Rosabelle Jacobus of the Society for District Nursing, Rubie Cameron of the Red Cross, and Dr. May Salona Holmes of the Belmont Hospital.

When *Reader* pondered the “army” of workers who spent long hours, day after day, dealing with victims of the influenza attack, a very dangerous task which claimed an unknown but significant number of victims among the people providing the services, it was clear that women of the nursing profession, working at the hospitals and doing the outreach work of the Society for District Nursing or the Red Cross, and including volunteer nurses and nurse’s aides, had accomplished the greater part of the task at hand.

Not to be overlooked was another major element of the community’s response to the attack of the flu, the almost overnight conversion of an existing dance hall building into a temporary hospital, a task worthy of a tribute to the many (mostly) men who carried out the job. There were also people who volunteered their homes for the care of babies or housing away from home for nurses, volunteer drivers shuttling doctors and nurses, families taking in orphaned babies, ambulance drivers and others from the police department, and agencies actively involved in taking care of children and families in need of assistance. *Reader* noted approvingly that it was a community response more than a city government response.

As for the Board of Health, with which the *Post* had grown so frustrated by the end of the year, *Reader* lodged a dose of suspicion that the leadership in the crisis coming from the board might have been a bit underwhelming – not terrible, not even bad, just less than it might have been. But, *Reader* felt, no one involved in the situation had had any experience with such a massive, fast-moving assault on the community, or with the trials of leadership under such pressure. When the event of a lifetime came their way they just weren’t prepared for it.

No blame need be assessed, *Reader* concluded, but preparations should begin soon to plan for the possibility of another major assault eventually descending upon the city – not necessarily influenza, but any kind of major threat. With any luck, stronger and better prepared leadership will help if and when such a thing revisits the city.

End