A ‘mysterious malady’ – or a ‘perfect storm’?

When a major new epidemic of disease emerged in the ember days of the First World War, newspapers flagged it as a ‘mystery disease’, a ‘mysterious malady’. It was not unexpected: recent wars had brought disease to civilian populations. Ironically, the disease that emerged was believed at first to have come from Spain – a country not involved in the war – and was thus named ‘Spanish’ influenza. The illness of the King of Spain and several thousand of his courtiers was widely reported in the newspapers, although by the time it infected the thirty-one-year-old Alfonso XIII, the French, US, British and German armies had already been depleted by influenza. Wartime censorship prevented these stories from appearing in newsprint, as neither side wanted to alert the other to its weakness.

The pandemic severely disrupted the work of the Paris Peace Conference, which was held to negotiate a lasting peace, as delegation after delegation fell prey to influenza over several months, including the three leaders, David Lloyd George, Georges Clemenceau and Woodrow Wilson. It is too taxing a challenge even to the playground of imagination to speculate what might have happened to the Anglo-Irish Treaty and the subsequent shape of Irish independence had Lloyd George succumbed to influenza in September 1918, when he fell ill while on a visit to Manchester; he came close to dying, and was still debilitated when he travelled to Paris for the negotiations. Woodrow Wilson spent a long time confined to quarters with the illness in the spring of 1919, inaccessible to all except his closest aides. Some believe that influenza made him paranoid for a time.

Statisticians and epidemiologists have, over time, variously estimated its death toll at between 20 million and 100 million people,
with estimates for the number of people it infected now varying from one fifth to one half of the world’s population. Most authorities now agree that it killed at least 40 million people. Death registration was still rudimentary in many parts of the world, notably Africa, and therefore a more precise figure will never be known. It persuaded international health authorities to set up the influenza-monitoring systems that are still in use today.

As was the case for its putative parent organism, the war, Spanish influenza engenders heroic epithets. Various described as ‘the greatest disease the world has ever known’, ‘a greater killer than the Great War’ or ‘a greater killer than World Wars I and II combined’, it is frequently added to the list of the other two most traumatic epidemic diseases the world’s human population has experienced, namely the plagues of Justinian and the Black Death. This romanticisation of the pandemic (together with the recounting of particularly traumatic deaths, the dead lovers and the children found clinging to life in the arms of parents whose bodies were rigid in death) is perhaps associated with the social construct of the First World War. People writing about the social effects of the war tend to use a romantic and hyperbolic social construct befitting ‘the war to end all wars’, which was fought for ‘the freedom of small nations’.

The Ireland of 1918 into which this disease arrived was going through an extraordinary period of rapid and often traumatic societal and political change. Many Irish were fighting in the First World War, from a multiplicity of motivations – Redmondites defending the ‘freedom of small nations’ having assumed a reward of home rule, loyalists protecting Empire, doctors and nurses dedicated to helping the suffering, adventurers seeking excitement, or people who saw it as a means of supporting their families. War was not only in the battlefields of Flanders or the Somme: it was evident on the newsstands, in the streets as soldiers come home on leave or in civilian hospital wards reserved for wounded soldiers, in the letters home from the front, or among the groups of women knitting socks and making comfort packages and bandages or raising funds for the Red Cross as acts of care for their absent loved ones. German U-boat activity in the Irish Sea and off the south and north coasts ramped up in 1917 and 1918, bringing the war more intensively to Irish waters. The island’s strategic location on a ‘shipping superhighway’ between Europe and North America made its waters a particular hunting
ground. All vessels were threatened: troop carriers, passenger and merchant ships – targeted because of their cargoes of coal, food and other commodities – and even small fishing boats. Shortly after the United States entered the war in April 1917, US Navy destroyers were sent to Queenstown (now named Cobh) to escort shipping convoys, and the United States also established naval air stations at Wexford, Whiddy and Lough Foyle to help secure the Atlantic shipping lanes.

The war also increased dangers to – and fears about dangers to – public health. Both in Great Britain and in Ireland there was an awareness that infectious diseases such as smallpox, typhus and dysentery had a history of spreading to civilian populations from war zones. Then there was the economic impact of the war, as inflation hit. The increased costs of food staples, such as bread, milk and eggs, allied with a severe scarcity of coal led to an apprehension that the resistance of the urban poor, in particular, to disease would be weakened. This issue was often discussed in the newspapers; the Dublin Castle administration and local authorities acted to control the price of essential commodities and to provide coal for the most vulnerable in order to increase the physical defences of the urban poor to disease. The parallel thread of the rising nationalism had been reinvigorated by the ‘heroic’ failure of the 1916 rebellion. The possible imposition of conscription was a contentious issue meeting with resistance from a broad spectrum of nationalist interests. Elections were about to be held in December 1918 for Ireland’s representation at the British Parliament, but many of the Sinn Féin electoral candidates remained interned in Britain under a false pretext. The implementation of the Home Rule Act of 1914 had been suspended until after the war, but the goal of home rule was to be superseded by Sinn Féin’s demand for a republic. Ireland was about to launch into the War of Independence and the Civil War, and attain self-government.

The pandemic represents a curious lacuna in Irish history, for it was omitted from the historiography until the last decade despite contemporary newspapers documenting its arrival and passage. The Irish Times and the Irish Independent in Dublin each carried perhaps twenty column inches a day on the second outbreak over a five-week period in October and November 1918, and again during the peak weeks of the third wave in March and April 1919. Vying with other important stories for space in the tiny newspapers of wartime, it often became the lead. Regional newspapers paid close attention to its
progress, casting a wider than usual net to record stories of diamond production in the Transvaal being halted because so many of the staff were ill, or what European cities it was currently infecting. When it had passed, statisticians calculated that it was directly responsible for the deaths of 20,057 Irish – a figure that the Registrar General (RG) Sir William Thompson admitted was conservative. The medical professions and public health analysts also examined it using the methods of their own disciplines. Historians at best gave it a passing mention until this decade, even though Thompson had described it in the immediate aftermath as the greatest disease event since the Great Famine with its associated fevers and cholera, and the numbers of dead are on a scale comparable to the cholera epidemics of the nineteenth century. The cholera epidemics and the Great Famine have been popular themes for historians.

Another key factor in this failure to adequately record was that this new influenza was just one more disease of many that killed, year in, year out. While it looks striking from our modern lens because it killed young children and more surprisingly young adults, people not normally felled by seasonal influenza or other infectious diseases, death from infectious disease was a norm in this society. About 70,000 people died on the island each year, roughly double the number of annual deaths in the twenty-first century. One fifth of the annual deaths in the 1900s and 1910s were of children under five. Many died from wasting diseases of poverty, and from measles, scarlet fever, whooping cough, bronchitis and tuberculosis. Cramped substandard living accommodation for the poor elevated death levels in Ireland’s cities, as in urban communities elsewhere. Dublin, with one third of its population living in tenements, had notorious health problems, although in the latter years of the 1910s the signs of change were promising as death rates beginning to fall. It was, in a way, hardly to be expected that one more disease, and at that a disease which re-emerged each year as a seasonal illness, should excite the attention of historians who were busy with their pens on other more pressing issues.

Nor was the omission by historians to record the pandemic surprising in a Europe laid waste by perhaps the most devastating war it had ever known. There were other things to record, even if the failure of trains to run, factories to operate or crops to be saved because of lack of manpower caused by this illness might have been deemed
significant enough to record had it been ascribed to a different cause. And there were failures to assess the effects of the pandemic by historians in countries with no other distractions.

For forgetting the flu was not an Irish phenomenon: it was a universal one. This curious gap in history is truly surprising when one considers the ability of influenza to permeate every layer of society, every organisation and social structure. It affected everything. The Spanish influenza pandemic silenced whole communities as it passed through, extracting a devastating death toll and even more astounding numbers of sufferers. At a micro level, families were flattened, incapable of doing anything except struggling to live; often they failed in that struggle in a most dramatic manner, presenting a pathetic tableau to would-be rescuers who broke down doors to find entire families either dead or beyond help, and sometimes dying together in the same bed. At a macro level, the disease paralysed the war and sectors of commerce and industry, and disrupted stock markets.

In the immediate aftermath of the pandemic, most of the literature about the flu was of a medical or statistical nature. There followed a long interval when little was written about it. Since the 1970s the literature slowly started to build. By the 1990s, the literature on Spanish influenza was burgeoning. It was influenced by three factors: new scientific methods which enabled the recovery of previously inaccessible evidence; increased attention from historians (in Ireland partly influenced by a new openness to discussion of Irish involvement in the First World War); and popular interest as world health authorities warned that a new pandemic of influenza was overdue. Pandemics are understood to run at intervals of roughly thirty years, and the last one had been in 1968, in a world recently threatened with the possible escalation of severe acute respiratory syndrome (SARS) and H5N1 avian influenza into significant epidemics. This popular interest surged in 2009, as a new strain of influenza caused an epidemic with alarming morbidity and mortality in Mexico, which some thought comparable with the 1918–19 pandemic. The strain was renamed Influenza A 2009 H1N1 by the World Health Organization and was officially declared a pandemic when it met certain criteria, but turned out to be something of a false alarm, perhaps, as some authorities suggest, because of the success of mass vaccination programmes.
What did experts know?

In an Irish context, both physicians and statisticians conducted the analysis in the immediate aftermath. The *Dublin Journal of Medical Science* carried papers written by Captain John Speares and Dr George Peacocke and others about the aetiology of the disease, and methods they had used to treat it. The RG Sir William Thompson focused on it in his annual returns and in the *Dublin Journal of Medical Science* and the *Journal of the Statistical and Social Inquiry Society of Ireland*.

There were two major international works written in the immediate aftermath which are frequently quoted even at a remove of ninety years, as authoritative works on aspects of the pandemic. The first was a series of essays on the pandemic by experts from different medical disciplines, which was edited by F.G. Crookshank and published in London in 1922. In an exploration of knowledge about influenza through the ages, he advocated that the ‘pitch of confusion and degree of failure’ surrounding the diagnosis of influenza in the Spanish flu epidemic might be explained by looking at the incidence of influenza-type illnesses in the preceding years:

In 1915–16 a prevalence of ‘grip’ of such magnitude as to have been called pandemic swept through the United States ... accompanied by outbreaks of pneumonia and by an epidemic in New York which was called poliomyelitis although pathologically of the nature of meningo-encephalomyelitis. The health authorities decided that this ‘grip’, because it was not associated with Pfeiffer's bacillus, was only a pseudo-influenza. The epidemiological liaison between the ‘Grip’, the pneumonia, and the poliomyelitis was completely missed, and in many cases of ... encephalitis lethargica were on the Pacific coast diagnosed as botulism, and ascribed, in the most light hearted fashion, to the consumption of canned beans and tomatoes.

In an essay on the different presentations of influenza, W.H. Hamer made a point pertinent to the calculation of statistics about the 1918–19 pandemic – that influenza is typically misdiagnosed unless there is known evidence of an epidemic. He suggested that many cases of influenza during the war were misdiagnosed as dengue, trench fever, pyrexia or fever of unknown origin (known as PUO), or disordered action of the heart, a common sequel of influenza. He also pointed out that illnesses resembling the Spanish flu were prevalent in London and other places from 1915. Hamer said that one thing was
A 'MYSERYOUS MALADY' – OR A 'PERFECT STORM'?

Certain: more ought to be known about influenza if the progress of civilisation were not to be seriously impeded. He said: 'A philosopher's stone is needed which will transmute influenza, when it threatens prevalence in pandemic phase, at any rate into a common cold, if it be not possible to render it entirely innocuous.'

During the winters of 1915 and 1916, physicians at the Aldershot Command reported an unusual influenza-type illness, which sometimes manifested in a heliotrope cyanosis (later to become a signature feature of the Spanish flu). Adolphe Abrahams reported their findings in his essay, saying that the illness was very distressing as it had a very high mortality rate and there was no effective treatment. At the time, physicians in the Aldershot Command believed that the influenza-type illness there was peculiar to the Aldershot Command area, which had a reputation for the presentation of anomalous respiratory diseases. But it soon became apparent that a similar disease was occurring in other places, when Hammond, Rolland and Shore published an article entitled 'Purulent Bronchitis', which was based on their observation of cases occurring in France; the publication of this and the Aldershot findings were swiftly followed by reports of similar groups of cases from many parts of Europe. Thus, in Crookshank's work the evidence of three essayists suggests that a form of Spanish flu was circulating in Britain and in France since 1915, but diagnosed as purulent bronchitis. This is significant, as others have claimed in more recent years that the disease had its origins in America in 1918 and was brought eastwards to the battlefields rather than beginning earlier in Europe.

Crookshank also observed that the great pandemics of influenza were not isolated phenomena, but were each part of a series of organised disturbances of health spread over an influenza period, lasting roughly for the whole world some five years or so, with central waves of influenza within that period. He stressed the importance of studying the precursors of what he called 'picaresque catastrophes'. His words may have implications for the world of the early twenty-first century with its outbreaks of Middle Eastern respiratory syndrome (MERS), severe acute respiratory syndrome (SARS), H5N1 avian influenza and, more recently, the 2009 H1N1 strain of influenza.

The second, written by the bacteriologist Edwin Oakes Jordan and published in 1927, was significant because Jordan estimated world mortality in the pandemic at over 21.6 million people. This
figure proved that the pandemic had killed more people than the First World War, which overshadowed it in terms of tragedy and public awareness.\textsuperscript{11} Jordan’s estimate has since undergone a series of revisions.\textsuperscript{12}

For the ensuing fifty years, most of the works dealing with the influenza pandemic were either memoirs or novels. Among the best known of these would be Katharine Anne Porter’s novel \textit{Pale Horse, Pale Rider} (1939). Porter’s story follows Miranda, a young woman working for a newspaper in Denver in 1918, as the world war continued to influence people’s lives. As funeral processions for flu victims pass regularly through the streets, one of the characters relates a story to Miranda that encapsulates the myths that surrounded the flu: ‘They say that it is really caused by germs brought by a German ship to Boston. Somebody reported seeing a strange, thick, greasy-looking cloud float up out of Boston Harbour.’ Robert Graves related in his autobiography his determination to return home to his family in England after catching the flu while stationed with the third battalion of the Royal Welch in Limerick. His demobilisation papers were not complete on 13 February, with demobilisation due to be halted the following day. He tricked a superior officer into signing them and bolted for home without the necessary secret demobilisation code-marks, fearing the effects that suffering the influenza in an Irish military hospital would have on his war-damaged lungs. By chance, he shared a taxi from Fishguard to Waterloo with the Cork district demobilisation officer, who gave him the code-marks. By the time he reached his home at Hove, he had septic pneumonia, and was not expected to live. However, he determined not to succumb to Spanish influenza, after having survived the war. The disease had already killed his mother-in-law.\textsuperscript{13}

\textbf{Interest rekindled}

Apart from the occasional reference in a memoir or novel there was little further work done on the pandemic until the 1970s, when Alfred Crosby and Richard Collier rekindled interest in the issue. Collier collected contemporary letters, specially written accounts and interviews with 1,708 survivors of the pandemic in Europe, North and South America, Australia and New Zealand, Africa, India and Borneo. Collier’s collection of testimonies has merit in its own right
as a collection of historical evidence but it offers no analysis of the flu’s impact or why it was forgotten.

Alfred Crosby’s *America’s Forgotten Pandemic*, first published in 1976, is regarded as a definitive account of the pandemic in the United States of America, and is constantly used as a reference by other influenza historians. It systematically covers the effects of influenza in major US cities, territories and among the US armed forces. Some credit him with the rekindling of academic interest in the topic. His chronicling of influenza illness among the American delegation at the Paris Peace Conference gives a good insight into the way in which influenza upset the talks. Colonel House, Woodrow Wilson’s chief advisor on foreign affairs, was disabled by it for the last few weeks of 1918 and the early weeks of 1919. Other members of the delegation were also ill with the flu at this time, and Willard Straight died on 1 December 1918. House himself believed his mental agility was weakened in the aftermath of the attack. By early spring, in one of the peak weeks for influenza in Paris, doctors paid 125 house calls in one day to the members of the American delegation ill with the flu. On 3 April, President Wilson caught flu. Crosby asked how Wilson – determined prophet of ‘peace without victory’ – could compromise his principles to agree to the Treaty of Versailles in the days after the influenza attack; he notes that a number of people in close contact with the president in the negotiations felt that his grasp of issues was severely affected by the disease. The President seemed to become paranoid for a time, perhaps as a consequence of the influenza attack. Crosby also drew attention to the forgetting of the flu:

The most important and almost incomprehensible fact about the Spanish flu is that it killed millions upon millions of people in a year or less. Nothing else – no infection, no war, no famine – has ever killed so many in such a short period. And yet it has never inspired awe, not in 1918 and not since, not among the citizens of any particular land and not among the citizens of the United States.\(^{14}\)

Given Ireland’s strategic significance for the US Navy convoy escorts and airbases, Crosby’s discussion of flu in the navy is particularly relevant here. Forty per cent of the US Navy caught influenza in 1918. Close quarters and overcrowding on board ships offered ideal conditions for spreading influenza; despite repeated requests by
US naval medical staff, no effort was made to make the conditions onboard less conducive to the spread of the disease until October 1918, as the evidence proved that shipping soldiers in such unhealthy conditions was counterproductive. Crosby said that 4,136 officers and men died from influenza, twice as many as to enemy action, despite ‘the best efforts of Germany’s undersea fleet’. He noted that although the situation was bad among navy personnel with a case fatality rate of 1.5 per cent, soldiers on the troop ships they shepherded across the Atlantic had a much higher rate of death, at 6.43 per cent. The then assistant secretary of the US Navy Franklin Delano Roosevelt returned home from the Paris Peace Conference on the grim _Leviathan_, a troop carrier on which many died, with influenza which had turned into double pneumonia, but survived to become president of his country.

**Eighty years on, the literature burgeons**

By the 1990s, literature about the disease had burgeoned, through the increased interest from historians, scientists such as John Oxford and Jeffery Taubenberger, who were using new scientific methods to collect new evidence, and by national and world health authorities increasingly concerned about the threat of the development of a new influenza virus with pandemic capabilities.

As public awareness about the pandemic increases, so too do the potential book sales, and there are a number of works that have tried to capitalise on this growing public awareness. In this genre of popular accounts of disease stories, perhaps Gina Kolata’s _Flu_ is the most impressive. Kolata’s best-selling book serves a useful role in tracking the scientific exploration into the Spanish flu pandemic in the late twentieth century, and provides colourful insights into the human dynamic behind such exploration. One division of the American Army, the eighty-eighth, arrived in France on 17 September 1918, and fought on the front lines from 26 October until the end of the war on 11 November, lost 444 men to influenza and only had ninety killed, wounded, missing or captured in war. Yet even biographers of what Kolata calls ‘the great men of American medicine’ involved in ensuring the health of the US Army during the war barely mention the disease.
Phillips and Killingray

In 1998, a conference held at the University of Cape Town drew together influenza historians from all over the world. The disciplinary perspectives were broad, and included virology, pathology, epidemiology, demography, history, anthropology, geography and gender studies. Sixteen of the thirty-six contributors to the conference wrote articles in the Society for the Social History of Medicine (SSHM) series’ *The Spanish Influenza Pandemic of 1918–1919: New Perspectives* (2003), edited by Howard Phillips and David Killingray, which is perhaps the most comprehensive text on the pandemic since the publication of Crookshank’s essays on influenza in 1922. As few scholarly attempts have been made to examine the calamity in its many-sided complexity, this work began the process on a global multidisciplinary scale, seeking to apply the insights of a wide range of social and medical sciences to an investigation of the pandemic. Topics covered include the historiography of the pandemic, its virology, the enormous demographic impact, the medical and governmental responses it elicited, and its long-term effect, particularly the recent attempts to identify the precise causative virus from specimens taken from the flu victims in 1918, or victims buried in the arctic permafrost. The contributors include many names familiar to anyone who has read about the flu pandemic: John Oxford, Edwin D. Kilbourne, Jürgen Müller, Geoffrey Rice, D. Ann Herring, Niall Johnson, Jeffrey Taubenberger and Beatriz Echeverri. The editors also have solid credentials as flu historians. Howard Phillips published his doctoral thesis on the impact of Spanish influenza pandemic on South Africa in 1990, and David Killingray has done work on the impact of influenza on the British Empire.

In the foreword, the virologist John Oxford wrote that he viewed 1918 as a pivotal year in human history: ‘Contiguous with the end of the Great War came the huge surge of global influenza. As soldiers filled liners and cargo ships to return home, as they thought to safety, in Australia, South Africa, New Zealand and the United States, they were looking forward to family reunion parties, village gatherings and victory marches …’. Probably, he said, never before or since have so many young people travelled together in such overcrowded circumstances. ‘From the point of view of a miniscule virus spread
from person to person in droplets from coughs, this was an unprecedented and gloriously unique opportunity – influenza took it … so the northern autumn of 1918 witnessed a singular and cataclysmic event.'

Oxford observed that there must have been many more acts of heroism in homes of the world in the great pandemic than in the First World War as husbands and wives and families strained to cope with the diseased, and as many families died together. Nevertheless, most sufferers survived: 95 per cent of the world’s population survived the pandemic, including Oxford’s own father. Oxford noted that in the preceding ten years scientists using modern technology have been able to pursue the genetic structure of the virus, spurring virological interest in the pandemic.

As a virologist I would want to know where the virus came from. Even as the conference was proceeding in Cape Town my students had uncovered a description of an earlier outbreak at Étaples in northern France in the winter of 1916 … I can think of no more likely spot for a virus to mutate and spread. We may have to rename the virus the French influenza rather that the Spanish influenza, and to ascribe the date to 1916 rather than to 1918, but there is no disputing two things. First, 1918 saw a wave of infection and respiratory death that no one on the planet would want to live through again, and second, as virologists, we do expect another influenza pandemic to visit and in our most pessimistic moments wonder whether, in spite of new antineuraminidase inhibitors, amantadine and influenza vaccines, we will eventually experience a 1918 scenario of our own.

The SSHM series published Niall Johnson’s *Britain and the 1918–19 Influenza Pandemic: a Dark Epilogue* in 2006. It is a brave and energetic attempt to write a ‘total’ history, examining the environmental, geographical, political, cultural, biological and medical aspects of the pandemic in Britain, and using multiple sources, approaches and gazes to do so. He discussed the history and aetiology of influenza, and the pandemic geography of the 1918–19 attack, using maps to illustrate the wave pattern. Mark Honigsbaum’s *Living with Enza* is based on previously unpublished and mostly British testimonies from Collier’s interview collection, now housed in the Imperial War Museum. His work is essentially a popular discourse using the Collier collection and other memoirs as primary sources, reworking some
concepts about Spanish influenza that have already been developed in other work.\textsuperscript{22}

The availability of high-quality statistical data on health in Norway and Sweden during the period 1918–20 (some areas of Scandinavia suffered a fourth wave in 1920) has provided an exciting basis for social studies of the disease in these countries, at a level which is not possible in most other countries, including Ireland and Great Britain. I draw attention to a couple here as examples. Elisabeth Engberg’s studies of Spanish influenza have looked at social and official responses to the pandemic in rural communities in northern Sweden, a departure from the normal convention of looking at influenza in urban communities. In the five studied rural communities, the official response was sparse and reactive, and the presence of pandemic influenza is almost invisible in the municipal records. Potentially preventive measures, such as school closures and bans on public gatherings, were not used. Engberg comments on the local authorities’ apparent inertia during the Spanish influenza, and on other issues – the struggle with wartime hardship, food crisis and a strained economy, an insufficient public health administration, a national preventive policy primarily aimed at the prevention of cholera, and the continued use of traditional methods to deal with crises in society.\textsuperscript{23} Svenn-Erik Mamelund’s work on Spanish influenza in Norway has challenged the commonly held perspective that this influenza was a socially neutral disease as far as mortality was concerned. He suggested that this perspective gained credence because media outlets and academic and popular accounts have tended to emphasise the high-profile victims, among them Alfonso XIII of Spain, the world leaders at the Parish Peace Conference, the Norwegian painter Edvard Munch, who all survived, and members of the royal families of Sweden and Britain, who did not. Mamelund’s study combined multivariate event history analysis with individual and household-level data to test this perspective. He found that the size of accommodation, which was a perfect proxy for rent and therefore probably also for income, was negatively and significantly associated with mortality. The wealthy and highly educated probably had lower mortality from influenza and pneumonia than the poor and less educated because the former benefited from earlier (self) diagnosis, bed rest and nursing (paid for by saved capital and health insurance, which enabled them to be away from work), fewer pre-existing lung (tuberculosis) or heart diseases, and few or no nutritional problems.\textsuperscript{24}
While the Irish literature on the pandemic as a rule follows the pattern of the international literature, it deviated from that pattern in the last thirty years. The international literature has gathered pace since Crosby’s and Collier’s works, but nothing emerged from Irish historians. Within the past ten years, work has been amassing on the Irish experience of the pandemic from three PhD dissertations, of which Caitríona Foley’s *The Last Irish Plague* was the first published monograph, and this is the second. Patricia Marsh who researched the Ulster experience and this author have both published chapters on the influenza pandemic in edited collections, and have co-written an article on it in *History Ireland* with Guy Beiner. Two television documentaries have been made about the Irish experience of the pandemic: *Aicid*, an Irish-language production for TG4 by the independent production company Arkhive, and an episode of the RTE documentary series on disease, *Outbreak*; the author of this work was involved in both documentaries.

This book describes how the 1918–19 influenza pandemic unfolded in an Irish context, during an extraordinary period when Irish society was experiencing the trauma of the war and the rapid move towards independence. The influenza pandemic made a substantive impact on both these areas. Robert A. Aronowitz has argued that studying the impact of a disease on society is a useful exercise for the historian as disease can often evoke and reflect collective responses, permitting an understanding of the values and attitudes of the society in which they occur. What follows shows the aptness of his concept is in the context of the 1918–19 pandemic in the maelstrom society of a revolutionary Ireland.

The outbreak of influenza seemed to fester every sore, exacerbating already difficult relationships or situations. Chapter 2 relates the story of the disease as it is interpreted by journalists, showing how they narrated its arrival and progress, and how certain themes emerged through that narration. Influenza emerges from the war conditions, whether in Europe or in America (see Chapter 5), but as a news story it competes with war for primacy. If Irish society was a simmering pot in 1918, the outbreak of influenza was the heat that helped it to bubble over. It became part of every facet of Irish society, from the private lives of families to trade, the war and the conscription crisis, the defence of Irish waters by the US and British navies, the growing disaffection with Dublin Castle administration and corresponding strengthening confidence of the national movement, and the need to reform a
faltering health system. Statistics hold the key to understanding which age groups, classes, employments and regions suffered the most death; this topic is explored in Chapter 3. The pandemic killed at a conservative estimate 23,000 Irish people when excess pneumonia cases are included. It probably infected about 800,000 more, or about one fifth of the island’s 1911 population. This book looks at how the influenza pandemic overburdened the Poor Law dispensary service (Chapter 4) and the hospitals (Chapter 6) and in doing so highlights not only the impact the world war was having on Irish medical provision, but the gross inadequacy of the system itself. The system had long been recognised to be in need of reform: the influenza pandemic helped to inform the decisions of the Public Health Council, which made radical recommendations on healthcare reforms in 1919, just months after the pandemic had abated in Ireland. The pandemic exacerbated political tensions both between the increasingly nationalist BOGs who administered the Poor Law at a local level and the Local Government Board for Ireland, and between nationalists and the Dublin Castle administration. In a curious coincidence of history, the pandemic in Ireland ran parallel with the so-called ‘German’ plot (Chapter 8). This was a scheme devised by the administration to intern leading anti-conscription campaigners, as the administration, which was led by newly appointed Lord Lieutenant Sir John French, sought to impose conscription in Ireland in 1918. It became part of the Sinn Féin propaganda machine, as it killed two of the internees, one in the run-up to the pivotal general election of December 1918. It appeared to confirm nationalist warnings that internment would pose health risks to the detained, although the real story is more complex. The book also looks at contemporary medical understanding of the disease, and how it punctured the new-found confidence of the medical profession in bacteriology, as they failed to find an effective treatment (Chapter 5). Chapter 9 explores the long-term impacts of influenza pandemic.

Most poignantly, Chapter 7 unveils the patient experience of disease through a series of oral history interviews the author carried out with survivors or with the families of people who died in the pandemic. These interviews reveal how families sometimes lost several members, and economic circumstances were often changed by the loss of one or both parents. They also tell the story of small children who survived against the odds, and lived well into their nineties or hundreds to tell the tale.
Notes


3. For a useful discussion of this topic, see Hans Zinsser. *Rats, Lice and History* (Boston, MA: Little, Brown, 1935).


8. Ibid., p. 33.


A ‘MYSTERIOUS MALADY’ – OR A ‘PERFECT STORM’?

15 Ibid., pp. 122–3.
17 Kolata, Flu, p. 50.
19 Ibid., p. xvii.
21 Ibid., p. 136.
22 Mark Honigsbaum, Living with Enza (Basingstoke: Palgrave, 2009).