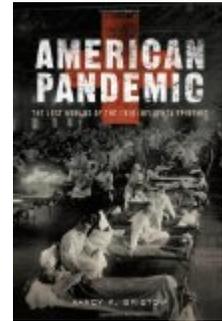


Nancy K. Bristow. *American Pandemic: The Lost Worlds of the 1918 Influenza Epidemic*. Oxford: Oxford University Press, 2012. 304 pp. \$34.95 (cloth), ISBN 978-0-19-981134-2.

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Admitting a Tale of Sorrow and Loss

In the wake of the 1918-19 influenza epidemic that struck more than a quarter of all Americans and killed some 675,000 of them, the United States quickly adopted an attitude of national amnesia regarding the failure of medicine and public health to protect the nation's citizenry. A number of scholars have addressed this act of collective forgetting since the 2003 republication of Alfred Crosby's classic 1976 study, *America's Forgotten Pandemic: The Influenza of 1918*.^[1] Nancy K. Bristow's new book, *American Pandemic: The Lost Worlds of the 1918 Influenza Epidemic*, convinces us that private memories of the event were much more disparate and troubled. Those grieving over lost loved ones were forced to do so in private, in a community unprepared to "admit to a tale of sorrow and loss" (p. 198). But how individual Americans lived with or died from the epidemic was not simply a function of the disease itself. It depended on dynamics of gender, class, race and ethnicity, geography, religion, and other cultural markers. Unsurprisingly, the burden was not distributed evenly.

Bristow employs an impressive array of primary sources to uncover the stories of persons who suffered and died; those who lost their health; families that were broken or impoverished; those who nursed and treated patients, enacted and policed health policies; and those who buried the dead. Newspapers, the journals of medical, nursing, and public health organizations, Army records, federal, state, and local government reports, oral histories, and a numerous collections of personal papers offer insights into how individuals grappled with the cri-

sis. Many of the stories are from observers, like the reports of social workers and visiting nurses who found poor families, abandoned by fearful neighbors, too sick to feed or tend to each other, perhaps even to remove a dead body from a shared bed. Many of the stories are incomplete or are created by piecing together fragments. For instance, this reviewer particularly appreciated the analysis of institutional records of the Chemawa Indian School in Salem, Oregon, and the correspondence created by school officials regarding the sickness, death, and burial of a fifteen-year-old girl, and the repeated attempts by the girl's grieving mother to retrieve the body. Bristow interprets these often heartbreaking stories and the shocking statistics that accompany them with sensitivity but without sensationalism. The writing is fluid and compelling.

One of the important contributions of this book is in illuminating the ways in which the reactions of health care officials to the disease was gendered. The mostly male doctors who helplessly confronted the disease often found their sense of self deeply shaken, for their task was to provide a cure when none existed. Their service was often heroic in the sense that it was exhausting and dangerous. Many were infected and some died in service that was explicitly equated with the concurrent service of soldiers in the war—indeed, many of them labored in military camps. Yet their mission failed. Patients seemed to either recover or perish in equal proportions regardless of whether or not they were under a doctor's care. The mostly female nurses too provided heroic service. Like

doctors, their numbers were pitifully insufficient for the acute demand, and they labored grueling hours, placing themselves at great risk of infection. Their patients also died. Yet Bristow finds that many nurses emerged from the experience with a deep satisfaction and sense of accomplishment. Their professional task was not to cure but to care for, to minister, to comfort, and to ease. Home nurses often tended the children of patients as well as those who were ill. Paralleling socially defined female roles, nurses provided the only type of viable treatment available and their response to the crisis earned gratitude and respect.

The legacies of the influenza epidemic of 1918-19 are complex. Health professionals may have been chastened

for a time, but they quickly reasserted their claim to expertise. They attempted to learn from their experiences, to recast them in a more positive light, and to use the epidemic as an argument for the necessity of increasing their research funding and power over public policy. The public, however, seemed weary of the restrictions of wartime and disease control regulations, and of Progressive government spending and oversight. Quite apparently the public chose to forget their vulnerability, leaving wounded individuals to mourn in private.

Note

[1]. Originally published as *Epidemic and Peace: 1918* (Westport, CT: Greenwood Press, 1976).

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