Pierce County, Washington: The 1918 Influenza Pandemic and Public Health

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Pierce County, Washington:

The 1918 Influenza Pandemic and Public Health

A Senior Paper

Presented in Partial Fulfillment of the Requirements for Graduation

Undergraduate History Program of the University of Washington Tacoma

By

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Abstract

As of 105 years ago this October, the deadliest pandemic of the twentieth century arrived in Tacoma and the greater Pierce County area, putting its residents and officials in an arduous position. The choices made in October of 1918 were not made lightly, as the potential for a public health crisis weighed heavily on the minds of those in the face of the “Spanish Flu.” With a public health lens, I have used local newspapers, health reports, military history books, the transcripts of the Pierce County Medical Society meetings, and adjacent scholarship to analyze the influenza policies of 1918 Pierce County. My research began with a desire to know the response of my home county during this medical crisis. Furthermore, I wanted to know the reactions of the county’s officials and professionals and what measures they deemed necessary or superfluous.

The public health measures that Pierce County implemented were impressive, given that the field of public health was a more novel aspect of the United States government. However, the pandemic’s slowing infection rates in November and December of 1918, media reactions to the pandemic, and lack of medical unity made long-standing policies tough to maintain. For these very reasons, within this essay, I argue that the effectiveness of the county’s public health measures was undermined, resulting in the premature lifting and ceasing of cohesive public health policies. A review of these various policies, their strengths, and their failures not only gives a deep look at a local history that has often remained ignored or overlooked but helps prepare for future pandemics and further retain lessons from our most recent one.
Introduction

The First World War brought four years of unprecedented destruction and death to the world stage. Its devastation and consequences redefined many aspects of European and global society, as millions perished for the war machines of various empires. However, before the conflict’s end, a new plight emerged that killed indiscriminately: the 1918 Influenza. This disease, spread by the movement of soldiers throughout the world, first struck the frontlines in France before advancing across the world.¹ This new terror, erroneously labeled “Spanish Influenza” or simply “flu” continued to kill after the signing of the Armistice of 1918. After losing about twenty million on the battlefields and at home, the world was forced to bear the largest pandemic of the twentieth century, and influenza claimed a further fifty million lives.² During this time, the world of public health became tested on a truly global scale for the first time, leading to massive lessons and improvements.³

For decades within academia, the conversation around this pandemic has been dominated by public health experiences and reactions on the global, national, and city scales. This has often excluded smaller municipalities from historical discourse. For example, Washington State’s King County, which houses the City of Seattle, has dominated the history of the influenza pandemic when scholars analyze the disease in the Pacific Northwest. South of Seattle, however, is Pierce County: the second-largest county in the state. In the 1910s, Pierce County had two major population centers: the city of Tacoma and the nearby military installation of Camp Lewis.

Within the months of October and November 1918, all layers of Pierce County’s official and professional sectors contended with the influenza threat, with the advice and oversight of the Washington State Board of Health (WSBH).

In October the WSBH gave statewide recommendations to citizens and cities regarding what was best to help contain influenza cases: mainly masking and crowd bans.\(^4\) Independently from the WSBH, the officials of Camp Lewis implemented quarantine policies for sick soldiers and restrictions on social gatherings and activities.\(^5\) Soon after, the mayor of Tacoma was advised by Camp Lewis officials to implement similar policies, which he did within the same month.\(^6\) The doctors of Tacoma, who practiced under the Pierce County Medical Society (PCMS) met with representatives of the WSBH and Camp Lewis, and from October 8\(^{th}\) onward, did their best to treat patients stricken with influenza and bacterial pneumonia that followed infection.\(^7\) Local media companies disseminated newspapers throughout Tacoma, giving citizens much-needed updates on influenza restrictions, local cases and deaths, and potential home remedies for influenza.

As mid-November approached, however, many of these precautions were lifted as the pandemic seemed to slow. The WSBH’s one state-wide policy of mandatory public masking was lifted due to unenforceability.\(^8\) The city of Tacoma lifted all restrictions on public gatherings and

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\(^6\) “Theaters are Closed to Prevent Epidemic,” *Tacoma Daily Ledger*, October 8, 1918, NewsBank.

\(^7\) Minutes of the Pierce County Medical Society Meetings, October 22, 1918, Papers of the Pierce County Medical Society, Washington State Historical Society, Tacoma, 1. (Hereafter cited as Minutes, Medical Society).

\(^8\) “City To Unmask by State Order,” *Tacoma Daily Ledger*, November 12, 1918, NewsBank.
left citizens with minimal health advice. Camp Lewis also lifted its total quarantine of soldiers, after almost one month of strict enforcement. After weeks of testing various treatments and procedures, local doctors of the PCMS could not achieve a medical consensus on preventive efforts, and arguments continued between doctors for months. During the 1918 pandemic, Pierce County’s local public health policies were ultimately undermined through defiance, premature lifting of restrictions, and a lack of medical cohesion.

**Methodology**

In my research, I did not find any surviving personal accounts of Pierce County residents’ experiences or reactions during the pandemic of 1918. In their place, I have analyzed the 1918 and 1919 issues of the *News Tribune, Tacoma Daily Ledger, Seattle Post-Intelligencer,* newspapers, Pierce County Medical Society meeting transcripts, and government documents from the period. The newspapers reveal media interpretations of the quarantines and report local deaths and developments; they were found in NewsBank’s database. At the government level, politicians’ statements in newspapers, and government documents found in online state archives demonstrate how regional and state officials reacted to the spread of influenza. I also analyzed the writings of Washington State Health Commissioner Dr. T.D. Tuttle. One such document by Tuttle is the Twelfth Biennial Report of 1918 in which quarantining, crowd-bans, and masking were being considered and questioned even at the end of September 1918. This was before influenza truly arrived in the state and Tuttle immediately recommended policies to combat the

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11 Minutes, February 11, 1919, Medical Society, 4.

disease once communal spread began.\textsuperscript{13} Tuttle’s report was found on the University of Michigan Influenza Encyclopedia website outlines the state’s response and helps understand the state’s influence on Pierce County. The personal correspondence and meeting transcripts of the Pierce County Medical Society show how Pierce County’s local doctors fought against the pandemic and tried their best to help the residents they treated. I will be looking upon all these sources through a lens of public health, building an understanding of how those in Pierce County’s government and health services handled the crisis of 1918.

\textbf{Literature Review}

Many scholarly sources assert that the realm of public health procedure truly found its place in the pandemic of 1918, learning hard lessons that still influence policies today.\textsuperscript{14} With focuses on a global, national, state, but rarely city level, scholarly works characterize the public health response to the 1918 Pandemic as effective means that mitigated the spread of influenza. However, these policies around the world were prematurely lifted and the pandemic continued to kill well into 1919. The experiences of average citizens and service members are also often analyzed, characterizing the pandemic as a conflicting period of great social unrest, fear, and celebration as the First World War ended as the height of the second wave of infections passed throughout all sectors of society.\textsuperscript{15} Throughout academia, there is also an acknowledgment of the field’s lack of primary source first-hand accounts, as many survivors failed to record their experiences making the subject harder to approach from an individual level.\textsuperscript{16} The worldwide

\textsuperscript{13} "Seattle is Ready to Fight Spread of the Influenza," \textit{Seattle Post-Intelligencer}, October 5, 1918, NewsBank.

\textsuperscript{14} Martini, “The Spanish Influenza Pandemic,” 65.

\textsuperscript{15} Honigsbaum, “Spanish Influenza Redux.”

\textsuperscript{16} Ibid.
presence of influenza allowed thousands of doctors to attempt treatments of both the flu and secondary bacterial pneumonia that would follow primary influenza infections. Even a century later, current public health figures, such as Dr. Fauci of the U.S. Center for Disease Control, confirm the merit of such policies and maintain their importance in contemporary pandemic mitigation.  

Mark Honingsbaum’s 2018 article “Spanish Influenza Redux: Revisiting the Mother of All Pandemics” describes the pandemic's global historical and medical historiography. Honingsbaum reviews how the growing medical and historical findings upon the centennial of the “Spanish” flu pandemic have caused a resurgence of the historical interpretation of the subject. He argues that only in the past few years, the 1918 pandemic has received the attention it deserves as the discourse of the disease’s potential origin in the United States, France, or even China remains contested, as various historians have analyzed various outbreaks that predate the major outbreak in World War One’s frontlines. The pandemic’s “forgotten” presence in primary sources has also been questioned as historians have found thousands of new primary sources throughout the world that confirm that the 1918 Influenza Pandemic was never truly forgotten by those who endured it. This article helps situate this research within the recent, still developing, pandemic historiography and acknowledges the subject-wide shortcomings this field has.

In “The Spanish Influenza Pandemic: A Lesson from History 100 Years After 1918” M. Martini and all argue that the pandemic was a devastating crisis that caused massive improvements

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18 Honigsbaum, “Spanish Influenza Redux.”

19 Ibid.
in public health procedures and medical knowledge in virology.\textsuperscript{20} They demonstrate this disruption by describing the worldwide use of closures, quarantining, sick lists, and other measures to slow influenza’s spread but assert that policies were lifted too early allowing the pandemic to continue after December 1918.\textsuperscript{21} This source helps build my understanding of worldwide public health procedures and identifies the risk factors that attribute to a higher mortality rate throughout a population.

The article “An Historical Antecedent of Modern Guidelines for Community Pandemic Influenza Mitigation” by David M. Morens and others, including Dr. Taubenberger who sequenced the 1918 influenza genome, and Dr. Fauci of the CDC, argues that the public health procedures developed and refined throughout 1918-19 Influenza crisis still hold merit today and are the backbone of modern pandemic mitigation.\textsuperscript{22} These policies are still essential today because, just as in 1918, with the onset of an emergent disease these policies are the only solution to curbing population spread and death.\textsuperscript{23} In the face of a modern pandemic, these measures developed a century ago would still be utilized, until vaccines and other effective counter-measures are developed. This article proves the merits of the procedures undertaken throughout Pierce County, as they are still utilized today.

Nancy Rockafellar’s “’In Gauze We Trust’: Public Health and Spanish Influenza on the Home Front, Seattle, 1918-1919,” originally published in 1986, was republished in 2020 in the wake of the Covid-19 pandemic. This article asserts that the public health measures of Seattle were implemented to the best of the city’s public health administration’s ability, but the policy’s

\textsuperscript{20} Martini, “The Spanish Influenza Pandemic,” 66.
\textsuperscript{21} Ibid., 65.
\textsuperscript{22} Morens, “An Historical Antecedent,” 25
\textsuperscript{23} Ibid.
failure to halt the crisis resulted in civilian and media resentment of scientists and public health.\textsuperscript{24} Not only were the Seattle policies lifted too early as influenza persisted into 1919, but the citizenry’s relationship with public health had been tarnished in the following decades making future public health endeavors tougher to orchestrate.\textsuperscript{25} This is the most adjacent secondary source to the events that occurred within Pierce County and Tacoma. The article focuses on the relationship between scientists, politicians, the military, and the media within the realm of public health. This makes this article the most contemporary source for my research, as I have also concentrated on these groups in Tacoma’s history and a similar relationship between these various aspects of society is evident.

The book \textit{American Pandemic: The Lost Worlds of the 1918 Influenza Epidemic} by Nancy Bristow argues that even though the pandemic caused massive disruption of daily life and society, through deaths, quarantines, and protests, the crisis had no tangible long-term impacts on American society, as a great “societal amnesia” followed the event.\textsuperscript{26} This is demonstrated through Bristow’s presentation of the collective experiences of the nation with differences concerning occupation, class, race, and local policy variations with state and local governments. Bristow’s book helps put my research into a greater nationwide context of various governmental reactions and policies and their impacts. Her work also provides specific yet brief information regarding Tacoma and Washington State. This information includes statements made by

\textsuperscript{24} Nancy Rockafellar, “‘In Gauze We Trust’: Public Health and Spanish Influenza on the Home Front, Seattle, 1918-1919,” \textit{The Pacific Northwest Quarterly} 111, no. 2/3 (Spring/ Summer 2020): 76-78, \url{https://www.jstor.org/stable/27165184}.

\textsuperscript{25} Ibid., 76-78.

\textsuperscript{26} Bristow, \textit{American Pandemic: The Lost Worlds}, 6-9.
Tacoma’s mayor, Crocket Riddel, and parts of local News Tribune articles that are not available online.\textsuperscript{27}

**October Eighth, 1918**

At eight p.m. the Pierce County Medical Society (PCMS) convened in Tacoma for its first meeting after the society’s summer break. Along with the normal society members, three special guests joined them to speak about the medical crisis before them. Major Irvy McGlasson of Camp Lewis, whom the day before met with Mayor Crocket Riddel of Tacoma about health policies, and Doctors Thomas Tuttle and J. R. Brown of the Washington State Board of Health.\textsuperscript{28} Major McGlasson described the situation of the camp to those before him. Infected soldiers were immediately quarantined “as far as is practicable” in cubicles, masks were to be worn by all, and crowds should be prevented to curtail the spread of Influenza.\textsuperscript{29} Even though McGlasson relayed to the medical society that “the present influenza epidemic is no different from those that we have had in the past,” this was simply not the case.\textsuperscript{30} The “Spanish Flu” had come to Pierce County Washington, first in Camp Lewis due to movements of soldiers from Seattle and throughout the nation as a result of the U.S.’s mobilization for the First World War. The upcoming winter would not be a normal flu season for the officials, soldiers, or citizens within Pierce County and marked the largest worldwide pandemic of the twentieth century. From this point forward, many of the men in this meeting did their best to handle the emergency before them.

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\textsuperscript{27} Bristow, *American Pandemic: The Lost Worlds*, 100-114.
\textsuperscript{28} “Theaters are Closed to Prevent Epidemic,” *Tacoma Daily Ledger*, October 8, 1918, NewsBank.
\textsuperscript{29} Minutes, October 8, 1918, Medical Society, 1.
\textsuperscript{30} Ibid.
\end{flushright}
The Washington State Board of Health

Before this meeting took place, the Washington State Board of Health (WSBH) was debating the best way to handle the incoming crisis. On September 25th, Dr. Thomas Tuttle, the state commissioner of health and board secretary, sent a telegram to the United States Public Health Service on the merit of quarantines for influenza prevention. The reply from D.C. simply read, “Service (United States Public Health Service) does not recommend quarantine against influenza.”31 From this message and the experiences of previously hit cities such as Los Angeles and San Francisco, Tuttle and the rest of the WSBH determined that the best policies were crowd prevention, closures of public buildings (such as schools and churches), and masking.32 The recommendation of these policies was disseminated throughout the state, and health officials of cities observed the board’s advice.33 In Seattle, the Post-Intelligencer reported:

> With State Commissioner of Health T. D. Tuttle declaring that the only way in which Seattle can escape a sweeping epidemic of Spanish Influenza… was by taking drastic steps… City Health Commissioner J. S. McBride late yesterday afternoon officially recognized the presence in Seattle of the dread disease… [and] took vigorous, if belated, steps to check a further spread of the malady.34

The WSBH also appealed directly to citizens, giving them basic advice on how to avoid spreading influenza on their initiative. To the Post-Intelligencer Tuttle specifically gave a list of “don’ts” instructing citizens to avoid crowds, not sneeze uncovered, and stay isolated if feeling sick.35 However, the board did not issue a state-wide mandate on these issues throughout October and, instead, only an advisory statement remained in place as the pandemic hit Washington.

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32 Ibid., 23-4.
33 “Seattle is Ready to Fight Spread of the Influenza,” Seattle Post-Intelligencer, October 5, 1918, NewsBank.
34 Ibid.
Almost a month later, on November 3rd, the board finally issued a state-wide order to wear thick gauze masks in public places.\(^{36}\) This state ordinance overruled localities that failed, or refused, to implement masking ordinances, and ordered citizens to mask in “all public conveyances,” while also imploring stores to remain open for customers.\(^{37}\) In the interest of public health, the board tried to implement policies to prevent the spread of influenza. This move faced resistance throughout the state, and the mask mandate was lifted just nine days later. On the lifting of the mask mandate, Tuttle stated to the media of Seattle, “without the support of the branches charged with law enforcement we have been helpless, and the order has been more or less of a farce.”\(^{38}\)

Even though the 1901 session laws outlined that the WSBH had the authority to “have supreme authority in matters of quarantine… [and] may have special or standing orders or regulations for the prevention of the spread of contagious or infectious diseases,” these orders were defied by local governments and law enforcement.\(^{39}\) This violated another aspect of the same session laws, which outlined:

> It shall be the duty of all local boards of health, health authorities and officials, officers of the officials of the state institutions, police officers, sheriffs, constables, and all other officers and employes[sic] of the state, or any county, city or township thereof, to enforce such quarantine and sanitary rules and regulations as may be adopted by the State Board of Health.\(^{40}\)

The perceived authority of the board was undermined by these local governments in direct violation of the laws established almost two decades prior. This clear showing of statewide defiance and resistance to the WSBH indicated to the board that such statewide mandates would


\(^{37}\) Ibid.

\(^{38}\) “City To Unmask by State Order,” *Tacoma Daily Ledger*, November 12, 1918, NewsBank.


\(^{40}\) Ibid., 237.
not be upheld throughout the state. From this point, the board did little more than pass on advice and collaborate with city governments against influenza. Effectively the WSBH had been reduced to an advisory role even during this crucial six-week period. The board had been rendered powerless to effectively stage unilateral preventative efforts, as it was clear local governments were not afraid that their actions blatantly violated state law and the WSBH’s prescribed governmental powers. Even though these measures enacted by the WSBH ended, the board’s biennial report states on the condition of the pandemic: “our fight with this disease is not finished. In fact, we are simply in the midst of it.”\(^4\) This prediction proved true as a third wave hit the area in early 1919 and the same preventions undertaken at the end of the previous year were never reinstated in the State or Pierce County.

**Camp Lewis**

\[\text{Figure 1: An etching of Camp Lewis in 1918.}\] \(^4\)


The military constructed Camp Lewis in 1917 about nine miles to the southwest of Tacoma, Washington. During the First World War, many United States soldiers passed through or were trained at the camp. Camp Lewis was the headquarters of the recently formed Thirteenth Division, which was steadily preparing to be sent overseas before the signing of the First World War’s armistice on November 11th. After this point, the division was slowly demobilized with the rest of the United States military. In July 1918 just over four thousand men were stationed in the division, but throughout August, September, and October alone almost eighteen thousand enlisted soldiers came to Camp Lewis from across the United States. This meant that the camp had its highest number of stationed soldiers amid the influenza pandemic, an issue that was not taken lightly at the camp. Major Irvy McGlasson was the division sanitary inspector when influenza began infecting soldiers, and before other parts of Pierce County enacted policies of their own, Camp Lewis did.

These measures were extensive, and McGlasson helped implement further policies to prevent the spread within the camp and the surrounding cities. By October 8th, influenza patients were rigorously quarantined and isolated, and the use of masks was adopted by all personnel in the camp. Masking procedures were not taken lightly in the camp, as a trip to the infirmary or base hospital for any reason required masking before entering, and nurses or attendants of the camp were always required to mask. Soon after, a full travel restriction was put upon all soldiers and military personnel. The camp implemented the ban in mid-October and word of its approach caused a final excursion of soldiers to vacate the installation. As written in Tacoma’s

43 Official History of the Thirteenth, 13.
44 Minutes, October 8, 1918, Medical Society, 1.
45 Ibid.
News Tribune soldiers descended upon the city for the last time in buses, only to stand freely on the streets or see friends before returning to Camp Lewis. The soldiers soon returned to camp, and the travel ban was strictly adhered to in the following weeks. This measure was implemented not to stop the spread of contagion, since most outside areas were already exposed, but rather to reduce soldiers’ physical fatigue caused by leaving Camp Lewis. In the camp, soldiers were kept further isolated within individual cubicles in the barracks, and in the hospital, their dishes were boiled by staff for five minutes after use, their quarters ventilated, and their bedding sunned whenever possible. Activities and duties were also suspended as crowds were prohibited and drilling in the rain was banned to keep the personnel’s morale and health up. These strict measures were proven effective as the flu briefly abated, and the camp managed much better than other similar military installations around the nation.

During the height of camp infection in October, the sick rate at Camp Lewis peaked at just below nine percent, with Camp Lewis’s hospital recording eighty-eight deaths in that month alone. On a national scale, this was very low in comparison to the experiences of other camps. In comparison, Louisiana’s Camp Beauregard’s peak sick rate was fifty-three percent. Due to these low numbers, the camp quarantine was lifted on November 18th. This end of the ban was highly anticipated and with the announcement of the lifting Seattle Daily Times claimed, “Camp

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46 Nancy Bristow, American Pandemic: The Lost Worlds, 114.
47 Official History of the Thirteenth, 35.
48 Ibid., 33-5.
49 Ibid., 35.
50 Ibid., 33.
52 “Camp Quarantine to Be Off Monday,” Seattle Daily Times, November 17, 1918, Newsbank.
Lewis will see such an exodus as she has never before seen.”53 The lifting of travel restrictions marked the end of the mandatory camp containment the soldiers had been put under for almost a month, and from then on only those who were sick or exhibited symptoms were put under restrictions.

Subsequently, a 1928 report by the Surgeon General listed the “epidemic period” of Lewis to only be twenty-two days of October, whereas many other camps had periods extending throughout September and November.54 This means that the Surgeon General of the U.S. even acknowledged the remarkable nature of Camp Lewis’s pandemic experiences. Much like Dr. Tuttle, Major McGlasson became a sought-after advisor in the early days of influenza’s arrival in southern Puget Sound, and he took one such advisory mission nine miles away to the leaders of Tacoma.

**Local Government-Tacoma**

The government of Tacoma was presented with a precarious situation at the beginning of October. To the north, Seattle was battling influenza, which spread to it from its neighboring military installations. Seattle’s mayor also closed the highways into the city and implemented comprehensive containment policies. Around October 4th Seattle had banned dances, and by the 7th all public assemblies had been restricted by the order of Seattle’s health commissioner.55 Tacoma had its military neighbor, Camp Lewis, and its sanitary inspector, Major McGlasson came to recommend potential procedures to Mayor Crocket Riddel and his cabinet. On October 7th, the mayor proclaimed that all theatres within Tacoma were to be closed and that schools or

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53 “Camp Quarantine to Be Off Monday,” *Seattle Daily Times*, November 17, 1918, Newsbank.


55 Rockafellar, “‘In Gauze,”’ 70.
other places of gathering may follow suit. He also advised citizens on the most basic of personal influenza precautions, explaining to Tacoma’s citizens:

Take precaution against catching cold. Do not get in a crowd. Keep away from anyone who sneezes. Keep the feet dry. Call a doctor at once if you feel the symptoms. Above all, keep the children off the streets and don’t let them get wet or catch colds. Public health officials feel sure that the epidemic will be short-lived if we all help to head it off.

With the help of Major McGlasson, Mayor Riddel had taken the first steps of spread prevention.

The measures only advanced from there, as three days later Riddel moved to tighten restrictions and increase the number of closings. In response to emerging case reports at Camp Lewis, the mayor closed all of Tacoma’s schools, including colleges, and urged parents of young children to keep them inside for their health. Tacoma’s newspapers often mirrored the optimism expressed in the Mayor’s October 8th statement, and whenever influenza cases, or deaths, seemed to slow, they would report on it. For example, on October 14th, the Tacoma Daily Ledger printed an article titled “Influenza Here Is Now Waning” after one day of “No cases of Spanish Influenza of a serious nature” were reported by city health officials. The information in this article may not be wrong, but to attach such a certain title only seven days after the first city closure was quite optimistic. This gave readers a false impression of the seriousness of the disease only one week into the crisis. The boundaries of normality soon shifted in the coming weeks as deaths continued to mount across Tacoma. A Ledger article from November 11th was titled “Influenza Ban May Rise Soon: Situation Continues to Improve-Only Four Deaths Reported Sunday.” Once again, the article claims that no new cases were reported and that the cities of Seattle and Portland were planning to open soon, anticipating the potential reopening of

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56 “Theaters are Closed to Prevent Epidemic,” Tacoma Daily Ledger, October 8, 1918, NewsBank.

57 Ibid.

58 “All Schools are Ordered to Close,” Tacoma Daily Ledger, October 10, 1918, NewsBank.

59 “Influenza Here is now Waning,” Tacoma Daily Ledger, October 14, 1918, NewsBank.
Tacoma.60 This prediction of Tacoma’s soon return to normalcy proved accurate, as shortly after the armistice of the First World War, however, all restrictions ended. In total, influenza-restriction policies were only maintained in Tacoma for five weeks.

All influenza bans were lifted on November 14th, an event that was proudly proclaimed by the *Tacoma Daily Ledger*. The article announced the openings of schools, churches, and theatres well before the mayor’s request that citizens monitor their health and self-quarantine so that mandatory restrictions would not have to be reinstated.61 For Tacoma, this was a time of celebration, with the end of World War One and the end of restrictions culminating together as the second wave of influenza slowly faded away. Riddel never closed the city again, even as a third wave came in January. Nonetheless, the mayor included special slides within movie theatres to inform those about the third wave, maintaining the same health advice given months before, even as the deaths were mounting throughout the city.62

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The Pierce County Medical Society

The Pierce County Medical Society (PCMS) of Tacoma was a collection of doctors who worked throughout Pierce County. Headquartered in Tacoma, they hosted the previously described meeting on October 8th. From there, these doctors worked hard to aid those within Tacoma through the disease process, trying their best to help those afflicted by the pandemic. This was not a black-and-white affair, as these doctors were limited both by the medicine of the time and a complicated contagion with many effects.

The doctors immediately treated influenza cases, and upon meeting on October 22nd, the doctors shared their results. At this time, there was almost no consensus on what treatments had the most merit, and all types of medicines or remedies were used on patients. The doctors were split into two main camps: those who used traditional medicines and remedies, and those attempting to utilize the newest means of treatment available. One traditionalist was Dr. T. F. Smith, who with a half-century of experience asserted that the best treatments were Dover’s powder and quinine. Dover’s powder was a conventional medicine from the eighteenth century containing powdered opium and ipecacuanha, and quinine is an anti-parasitic of similar age. Dr. Smith also disregarded the influenza serum, an emerging proto-vaccine inoculator that other

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64 Minutes, October 22, 1918, Medical Society, 1.

society doctors had been utilizing with some patients.\textsuperscript{66} Another well-practiced physician Dr. Whitnall, who was in Chicago in 1890 during its influenza crisis, also deemed the serum to be of no use.\textsuperscript{67} Like Dr. Smith, he recommended Dover’s powder along with commenting that the current pandemic was half as severe as Chicago’s 1890 crisis.\textsuperscript{68} On the other less traditional side of the PCMS were Dr. S. W. Mowers and Dr. Miles, who utilized influenza serums with their patients for treatment. With this being said, however, only Dr. Mowers was recorded foreseeing the potential long-term use of serum, as he acknowledged Seattle and Bremerton’s extensive use of the treatment.\textsuperscript{69}

Aside from the discourse between these two camps on the best methods of treatment, members of the society jointly acknowledged the dangers presented by the practice of home remedies by patients. Dr. Cameron made one such assessment, claiming that patients were harming themselves with at-home sprays of Dobell’s solution in the nose and throat.\textsuperscript{70} He recommended that all the present physicians warn patients against this practice.\textsuperscript{71} This was one of many alternative preparatory methods that medical professionals had to work against during the influenza crisis, as many citizens turned to any method possible to combat the flu on their own accord. These Pierce County doctors, even among their peers at PCMS, did not come to a medical consensus on what provided the best care for their patients.

The lack of medical consensus was again exemplified in mid-January after another

\textsuperscript{66} Minutes, October 22, 1918, Medical Society, 2.
\textsuperscript{67} Ibid.
\textsuperscript{68} Ibid., 1-2.
\textsuperscript{69} Ibid., 2.
\textsuperscript{70} Ibid.
\textsuperscript{71} Ibid., 2.
meeting with the health officials of Camp Lewis and Pierce County doctors. The opinions of the military doctors made the discussions around proper remedies more convoluted. During the subsequent meeting of January 28th many of the doctors present once again disagreed on the best treatments, and accusations of medical “pessimism” were made against doctors of the PCMS and Camp Lewis alike.\footnote{Minutes, January 28, 1919, Medical Society, 2-3.} This lack of cohesion between doctors was acknowledged in their next meeting on February 11th. A member of the society stated that “…the report of the secretary at our last meeting showed most divergent views in relation to influenza, in regard to best treatment, and he hoped it would not be published, as it would give the public a lack of confidence in our profession.”\footnote{Ibid., 4.} This disagreement seemingly continued into the coming months as the third and fourth waves of influenza hit the region. However, meeting transcripts do not record further debate over influenza treatments in the following months after February. Unfortunate as this dispute was, the PCMS still tried its hardest to adequately treat those suffering from influenza and subsequent pneumonia with the knowledge of the time.

The continuous lack of agreement among physicians regarding the best treatment for influenza subsequently left space for companies and medical outsiders to recommend treatments through the media. One such article in the \textit{Tacoma Daily Ledger} from mid-December claims that this epidemic is just the normal “grip” and can be treated effectively at home.\footnote{“Spanish Influenza—Just Grip Camouflaged Under a New Name,” \textit{Tacoma Daily Ledger}, December 16, 1918, NewsBank.} This article explains that mother nature is the only true “cure,” and that to aid in fighting influenza one should get Dover’s powder and quinine from a physician, rest in bed, and apply Vick’s VapoRub
for “relieving congestion within.” Even though many patients died in the care of doctors, many tried old and new treatments for influenza victims to see what worked best, giving people the idea that bedrest, Dover’s powder, and Vick’s alone were enough to combat influenza was dangerous.

This trend of early twentieth-century alt-medicine continued into the following year, as the article “Fighting the Influenza” claimed that the practice of “common sense medicine” could save you from influenza. Such medicines were explained as bowel purgatives, Anuric (described as an antiseptic tablet for the bladder, kidneys, and intestines to rid of toxins), and iron and herbal tonics to help fight against influenza. Once again, in the absence of cohesive medical authority, alt-health was able to use the media as a vehicle to pull the citizens of Tacoma into these alternative practices during this crisis. The number of people who followed this advice is unknown, but the fact that such claims were sent to all readers alongside statewide news and statements by the mayor was dangerous, to say the least. It is unknown how many of these remedies were purchased or used. To some degree, however, the susceptibility of people to at-home remedies is known as the PCMS doctors acknowledged the potential risk to patients using “remedies” such as Dobell’s solution.

The doctors of the PCMS also had another problem; the retention of local doctors by the military. Many doctors had enlisted as medics or field physicians in the Medical Corps when the United States entered the First World War. With the signing of the armistice and the slow demobilization of the U.S. military, groups like the PCMS figured that such enlisted doctors

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75 “Spanish Influenza—Just Grip,” Tacoma Daily Ledger.
77 Ibid.
78 Minutes, October 22, 1918, Medical Society, 2.
could finally return home. However, the outbreak of influenza throughout military establishments across the world ensured that the military retained many enlisted physicians after the war ended. On November 30th, the PCMS’s secretary, Dr. Gove, mailed a letter to the Surgeon General’s office in Washington D.C. requesting that Dr. Joseph Kane be removed from enlistment and returned home to his family and practice in Tacoma.\textsuperscript{79} The society’s request was not granted by the military. On the contrary, the Office of the Surgeon General responded:

\ldots concerning Captain Joseph P. Kane, Medical Corps, the Surgeon General directs me to inform you that officers of the Medical Department who were appointed for the period of the existing emergency are being discharged as rapidly as their services can be spared\ldots and it is regretted this office is therefore unable to give any assurance that the action desired will be had in the case of Captain Kane.\textsuperscript{80}

One can imagine that the PCMS was not satisfied with this result, not only because Dr. Kane did not return to his family or practice, but because a practiced city doctor was not in Tacoma to aid in the city’s current crisis.

\textbf{Conclusion}

Though the various public health policies of Pierce County’s 1918 influenza pandemic were unprecedented in use, scope, and length, they were ultimately undermined throughout the crisis. The lack of consistency and longevity in these pandemic procedures meant that overall, their effectiveness was weakened throughout the county. The various officials and professionals tried their best to contain the spread of influenza in Pierce County. However, the mix of defiance from citizens and local governments, the premature lifting of policies during influenza’s initial slowing, and the lack of medical unity impacted the feasibility of public officials being committed to unpopular policies. What occurred in 1918’s Pierce County speaks of the need for

\textsuperscript{79} Royal Gove, \textit{Letter to the Office of the Surgeon General, United States Army}, November 30, 1918, Papers of the Pierce County Medical Society, Washington State Historical Society, Tacoma.

\textsuperscript{80} C. W. Ayars, \textit{Letter to Royal Gove of the Pierce County Medical Society}, December 10, 1918, Papers of the Pierce County Medical Society, Washington State Historical Society, Tacoma.
public health officials to learn from what transpired over a century ago. With the world at the “end” of our pandemic, it is ever more important to look at the past and acknowledge what was forgotten and re-learned between these two global crises.
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