The Spanish Influenza Epidemic of 1918 and Berkshire County

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During the summer of 1918, the thoughts of most Americans were "Over There." After more than a year of involvement in the World War, the allied forces were successfully driving back the Germans, and an apparent end was in sight. As families waited for news that the war would soon be over and that their loved ones would soon return home, no one expected that another war was about to begin. The country was about to be invaded by an enemy far more deadly than any that had been known on the battlefields of Europe. The Spanish Influenza, as it would become known, would become an epidemic of staggering proportion. It would claim over 500,000 lives in the United States, and over twenty million world-wide. Every corner of the country would be effected, from its most populated cities to the most isolated areas. Rural Berkshire County would prove to be no exception.

To christen the epidemic the "Spanish" influenza was to place blame where none belonged. Spain was indeed one of the first countries to be severely effected by the virus, with eight million reported cases and an estimated 170,000 fatalities in the summer of 1918.¹ The exact point of introduction of the virus into the United States remains unclear. Some historical sources refer to its entry through eastern port cities, while others point to original outbreaks at military facilities such as Fort Riley, Kansas. Whatever the point of introduction, focus on military bases is

correct in the sense that these facilities undoubtedly served as conducive environments for the massive spread of the disease. Contact with European personnel, crowding, and unsanitary conditions all resulted in widespread outbreaks of the flu at these installations, and the American public's realization that the disease had reached epidemic proportions.

Fort Riley served as one of the major encampments for the military in the western part of the country. What was once an old cavalry outpost had grown into an expansive camp, covering over twenty thousand acres and quartering over 26,000 military personnel. As could be expected in such a situation, sanitary conditions were inadequate. In addition to the human situation, the thousands of horses and mules needed to serve an outfit of that size produced approximately nine thousand tons of manure a month. There was only one possible way to deal with such a mountainous volume of refuse — burn it. The usual burning was taking place on the afternoon of March 9, when a fierce dust storm hit the area. The entire camp was blanketed with a combination of plains dust and the ashes of burning manure. A noxious, smoky haze covered the camp for the next several days.2

On the following Monday morning, March 11, two soldiers reported to the camp hospital complaining of "bad colds," with symptoms including fever, sore throat, and headache. By the end of that week, the number of these colds had increased to 522 reported cases. All had similar symptoms, which progressed into bronchial irritation. The outbreak at Fort Riley continued for five weeks, during which there were forty-six fatalities due to pneumonia, which had developed from the initial bronchial infections.3

Influenza was at that time considered an everyday ailment, an affliction that everyone suffered from at one time or another, and by no means was it considered to be any sort of threat. The deaths at Fort Riley were unfortunate but not unusual, and there were far more important things to worry about. While the illness was passing through the camp, so were thousands of doughboys on their way to France, and the war was the matter at hand. Unfortunately, the overcrowded freighters used for overseas

3. Ibid., p. 16.
transport were ideal breeding-grounds for the germ picked up in Kansas. The 15th Cavalry suffered thirty-six cases and six deaths on the voyage, and it is safe to assume that when they disembarked at Brest and St. Nazaire, in France, influenza disembarked with them.  

Once exposed to the military forces in Europe, the influenza virus spread quickly. Poor sanitary conditions and low resistance existed already, and the limited medical services available were committed to battle injuries, not to treating a case of the flu or a bad cough. This attitude changed quickly, when the number of cases both on the battlefield and among the civilian population came to the attention of health officials in Great Britain. Deaths from pneumonia tripled to 107 a week from the second to third week in May. The "Flanders Grippe," as it had become known because of its growing prevalence on the battlefield, was indeed cause for alarm. The disease had little trouble spreading across Europe from that point. By late June, it had covered the Continent and had appeared as well in Africa, India, China, and even New Zealand. By July, it had found its way to the Philippines and Hawaii. Mortality rates included 229,000 in England, 225,000 in Germany, 166,000 in France, 37,000 in the Scandinavian countries, 139,000 in South Africa, 450,000 in Russia, and 12,000,000 in India. It must be noted that these figures are only estimates, as official records were not well kept. The actual figures are probably higher. The movement of the war had spread the germ very rapidly.

While spreading its devastation around the world, the Spanish influenza abated in the United States. Little attention was paid to it from that time, and the United States Government did not consider influenza to be a reportable disease. Bed rest and soup was touted as the remedy, and after three or four days it was expected that the patient would be as good as new. There was

some degree of awareness of the disease in Europe, but disease was part of war, and the war was several thousand miles away.

On August 12, the Norwegian liner "Bergensfjord" docked at Brooklyn's Army Base. One hundred passengers had been stricken with influenza, and four had died and been buried at sea. Eleven were taken from the ship semi-conscious, and one died within a few hours after being admitted to a local hospital. Still, health officials did little more than raise their eyebrows. The New York City Health Commissioner, Dr. Royal Copeland, refused to believe that a simple flu could reach epidemic proportions, and for fear of starting a panic, he would not issue any public warnings. Privately, he believed that the affliction was limited to "dirty Europeans," and he thought the average white American to be in no danger.

At the same time, Boston Harbor was serving as the major point of embarkation and debarkation for the war's naval forces. Thousands of soldiers packed into South Boston, around the vicinity of Commonwealth Pier. They moved about relatively freely, with a daily exchange of nearly seven thousand troops. Conditions were perfect for the spread of the influenza virus, and the entire harbor area was wide open to receiving infected soldiers. On August 30, Dr. William H. Bryan, sanitation officer for the Public Health Office of the First Naval District, filed a report with his superiors in Washington, D.C. that included the following:

Influenza is markedly increasing, as is shown by the fact that for the week ending August 15 there was one case, the week ending August 22 there were eight cases, and for the week ending August 29 there were 52 cases, of which 38 occurred in the last 24 hours.  


The nearby Chelsea Naval Hospital was admitting cases in increasing numbers. By the end of the first week of September, two thousand cases had been reported among Navy men in South Boston. By the second week, an average of 152 cases were daily being recorded. The hospital was overflowing. Thirty-two had died by September 12, and new cases were assigned to tents in the hospital yard.11 Other than attempting to make the patients comfortable, there was nothing that could be done. Cool cloths and compassion were all that the doctors and nurses could provide. The patient either recovered on his own or he died.

It was during this period that the worst concentration of the epidemic on the eastern seaboard occurred, at Camp Devens, also in Massachusetts. The encampment, thirty miles west of Boston, was the training center for the United States Army's Yankee Division, and it was host to 45,000 men (although its designed capacity was for 35,000). Mild cases of influenza and colds had been reported at the camp as early as August 20, but little attention had been paid to them. Word of the problems in South Boston had reached Camp Devens, but little notice was given until a case was recognized at the camp on September 7. During the next week, infirmary admissions skyrocketed. By the tenth, 142 cases had been admitted; by the eighteenth, 1,176, and by the end of the next week there had been a total of 6,674 reported cases.12 Complicating the circumstances of the illness was the high instance of pneumonia. This propensity for pneumonia accounted for the high fatality rate; in the twenty-four hour period ending on the morning of September 23, there were sixty-five deaths, all among young recruits who had been in perfect health three days before.13 Dr. W. H. Welch, a consultant for the Office of the Army Surgeon-General, was sent to Camp Devens in response to reports of the situation. He arrived on September 23, to find men lying wherever there was room. There were 8,000 ill, and a makeshift morgue was stacked with bodies. Welch oversaw the autopsy process, and in his first observation of a cadaver, he

11. Ibid., p. 27.


noted lungs that looked like "melted red currant jelly," in a young man who had been in perfect health only forty-eight hours earlier. That was the most unusual aspect of this epidemic: the onset and occurrence of death were devastatingly quick. According to one young Camp Devens medical officer,

these men start with an ordinary attack of influenza . . . and rapidly develop the most vicious type of pneumonia ever seen. Two hours after admission they have mahogany spots on their cheeks, and after a few hours the cyanosis extends from the ears and spreads over the face, until it is hard to distinguish the colored from the white. It is only a matter of hours before death comes, and it is simply a struggle for air until they suffocate. It is horrible . . . we are averaging a hundred deaths a day . . . .

Dr. Welch and the Camp Devens staff were faced with two seemingly insurmountable dilemmas: how to treat the sick, and how to contain the virus. The camp was quarantined, and movements within were restricted, in an effort to contain the virus. Little could be done for the sick and the dying.

By mid-September, the influenza problem had begun to spread outside the military, to the general population. One civilian case had been recorded in Boston on September 8, but it had been overshadowed by the desperate situation at the Naval Yard. Because the flu was not a legally reportable disease, little attention was given to this case, and it is probable that it was not the first incidence among the civilian population. It was, rather simply, the first that was noticed.

Once introduced to the civilian population in Boston, it took only two weeks for influenza to reach the western boundary of the


15. Osborn, Influenza in America, p. 15.

state. Berkshire County, the state's westernmost and most rural region, saw its first case in Pittsfield on September 19; Great Barrington, seventeen miles to the south, reported its first on the twenty-first. Influenza had travelled across Berkshire County in only two days.

The county's introduction to the epidemic had been through news reports, the first of which appeared in the Berkshire Evening Eagle on September 12, under the headline "Five Deaths in Naval Service from Pneumonia." The story, explaining the escalating situation at the Chelsea Naval Hospital, was hidden on page ten. A similar report on September 18 briefly mentioned the outbreak at Camp Devens, but assured local residents that the outbreak was confined to the eastern part of the state.

The idea that the epidemic was confined to the eastern part of Massachusetts did not protect Berkshire residents who ventured outside of their home community. On September 21, twenty-one year-old Private Albertus Baker of New Ashford, for instance, died of influenza-related pneumonia, at Camp Devens, followed the next day by Private Leo Decelles of Savoy, who also was twenty-one. On September 22, twenty-five year-old James Maxwell, and twenty-eight year-old Mrs. Frank Tatro, both of Pittsfield, died from "pneumonia following influenza." The first two influenza victims had been claimed in Berkshire County, and the Spanish influenza had established itself in the Berkshires.

Influenza spread rapidly throughout the Commonwealth, with Haverhill reporting its first case on September 12, Brockton on the 13th, Lowell on the 14th, New Bedford on the 19th, and Springfield on the 23rd. Eugene R. Kelley, the State's Commissioner of Health, issued a bulletin on September 20, asking local authorities to report any cases of influenza that they might

17. Ibid., p. 199.
discover. The warning included descriptions of early symptoms, such as "inflamed eyes, discharging nose, and other signs of a beginning cold . . ."23 Despite the rapidity of the spread of the disease at Camp Devens and at the Chelsea Naval Hospital, the bulletin downplayed the situation:

at this time influenza has not been declared a reportable disease by this department, therefore quarantine need not be undertaken. We advise that local boards counsel calmness and moderation in treatment of this outbreak, which in all probability is transitory in nature . . . .24

By September 24, twenty-four cases of the flu had been reported in Pittsfield alone, and seven deaths had occurred in two days. Among them was Wm. D. Chadwell, 21, colored, who was to have reported to Camp Devens this morning . . . .25 It was becoming questionable whether or not this outbreak would indeed be "transitory in nature."

Local officials in the Berkshires recognized that the incidence of flu in the area was climbing, and that some sort of action would have to be taken to prevent further infection. These officials took steps on September 26, to reduce activity within towns and thereby minimize human contact and the probability of contagion. As of that Thursday, when twenty-seven cases of flu were reported in Pittsfield, local officials received permission from the State Health Department to close all "public and parochial schools, theatres, and other houses of amusement," which among other things forced the cancellation of a traveling musical revue at Pittsfield’s Colonial Theatre.26 Local farmers were upset because of the possible adverse effects of the shutdown on the Great Barrington Fair, which had just opened. For one local farming family, however, the success or failure of the fair was of


no concern. Private Nelson S. Wade, 23, of Interlaken, was one of sixty-five recruits who had died in the last twenty-four hours at Camp Devens.\textsuperscript{27} In the month since August 20, the camp had 10,700 influenza cases.\textsuperscript{28}

As the week of September 22 drew to a close, a total of seventy-two cases had been reported to the Pittsfield Board of Health; ten fatalities had also been registered. In addition, reports of illness were being made in Great Barrington, Stockbridge, Lanesborough, and North Adams, covering a twenty-mile radius of Pittsfield, the county seat and geographical center.\textsuperscript{29} Records that exist from the towns surrounding Pittsfield are not as detailed as those of the city itself. Berkshire County was, during this period, extremely rural; indeed, some parts of the county to the far north and south had been relatively untouched by progress, and the lives of local residents had changed little in the past one hundred years. Therefore, any study of events in the county through the early part of this century must focus on Pittsfield. With its population of 39,000, it was the most developed town in the area, more than ten times the size of many of its neighbors and separated from them by a belt of farmland several miles wide.\textsuperscript{30}

September ended with the County Board of Health reaffirming its decision to limit public activity. The decision whether to hold Sunday services was left to individual churches. Protestant churches opted to close, while Catholic masses would be held on schedule that Sunday, September 29. The Board asked local priests to make their masses as brief as possible, and asked that no catechism classes be held. It was also suggested by the Board that many of the seventy-two cases in Pittsfield had already been in existence for a few weeks, and were running their course. In their estimation, the epidemic had reached its height in the city, and the unusually warm weather was also seen as a positive

\textsuperscript{27} "Briefs," \textit{Eagle}, September 27, 1918; Wade Family records.

\textsuperscript{28} "Influenza Conditions at Devens," \textit{Eagle}, September 27, 1918.

\textsuperscript{29} The Annual Reports of Officers of the Town of Stockbridge, Massachusetts, for the year ending December 31, 1918; and "Three More Deaths due to the Spanish Influenza," \textit{Eagle}, September 28, 1918.

\textsuperscript{30} Annual Report of the City of Pittsfield, January 1, 1919.
sign. Temperatures in the seventies were convincing many physicians that the virus would not survive, and that the influenza threat would end in a few days. However, Dr. H. A. Streeter, district health officer for Berkshire County, who had just returned from a three-day conference in Boston, warned local residents that to ignore precautions would be a "grave mistake."31 In consideration of Dr. Streeter's warning, on October first, the Pittsfield Board of Health published an "Influenza Bulletin" on page one of the Berkshire Evening Eagle. The bulletin consisted of a list of instructions for avoiding influenza or for treating anyone who might be suffering from it. It included such suggestions as "Keep warm by adding extra clothes, yet have sufficient fire to dispel dampness," "Keep your houses and bodies clean," "Get out in air and sun as much as possible," and "Don't worry, but eat and sleep well."32 In the same edition, the editorial staff of the Eagle advised its readers to "keep clean, wash hands often, avoid sneezers and coughers, and remember that safety lies in boiled dishes."33 On the same day in North County, the town of Adams, seeing its first two cases of the flu, ordered all public meetings, including church services, to be cancelled, due to "the prevalence of grip . . . "34

October brought a sharp rise in influenza cases, both in the Berkshires and in the Commonwealth. By October 2, the number of cases in Pittsfield was estimated at six hundred, with the belief among officials that there were many more unreported cases. State reports from that same day indicated that there had been 171 fatalities in the previous twenty-four hour period, as well as five thousand new cases. An appeal for nurses and doctors to volunteer their services was included in that report, as was an order for churches of all denominations to close their doors until further notice.35 Twelve miles north of Pittsfield, in North


34. Ibid.

Adams, twenty-one cases had appeared in the last twenty-four hours. The town did not choose to close its schools or churches, despite the lead of surrounding communities. Town officials believed that people were better off in structured activities, rather than having schools and workplaces closed, leaving them to congregate freely and to spread germs. Pittsfield took the situation far more seriously; on October 3, Mayor William Moulton appointed an Emergency Committee of Physicians, which included Drs. M. S. Eisner, H. Roney, F. Roberts, W. A. Millet, E. H. Howard, J. J. Flynn, and T. Hennelly, to take charge of any "special details that might arise" during the epidemic. They ordered that all ordinances pertaining to sanitation be strictly enforced. The next day, T. L. Toohet of Becket was fined five dollars for "expectorating on the floor of the Union Station."

Arrangements were initiated by the committee to secure volunteer nurses and nurses' aides, for people to prepare food for the volunteers and for the ill and their families, and for persons with automobiles to provide transportation. It was openly admitted by the committee that volunteers were putting themselves at risk. Public exposure was dangerous, and already nine Pittsfield police officers were ill with the disease, as were eleven of the fourteen employees of the Melville Ice Company. In an effort to reduce the risk, the Berkshire Street Railway Company was leaving all doors and windows on its cars open at all times, and each car was fumigated nightly.

The incidence of cases in Pittsfield increased dramatically on October 4 and 5. One hundred and sixteen new cases and thirteen deaths were reported in those two days, bringing the total number of cases in the city to 341, with 53 fatalities since September 24. The attempt at fumigation by the Berkshire Street Railway was not as effective as hoped. By October 5, forty of the company's

37. "Influenza on Rise," Eagle, October 4, 1918.
38. Ibid.
employees were ill, and Roadmaster Nicholas Zimicola had died early that morning. It was stressed, however, that the trains were still running close to schedule. On October 5, the House of Mercy hospital in Pittsfield sent out an appeal for volunteer nurses. The hospital was full, and its nursing staff had been taxed to its limits. It was suggested that teachers, idled by the school closings, be recruited to service, and make home visits to those who were not ill enough to be hospitalized. The hospital also announced that an experimental serum had been developed at the Mayo Clinic in Rochester, Minnesota, and that a shipment might be sent to Pittsfield.41

Berkshire County was facing a problem regarding the outbreak that other communities were apparently suffering from as well — the failure of physicians to report influenza. While some doctors were taking the advice of local authorities and reporting cases, many were not. Some declared that they were too busy with influenza and their regular case loads to keep track of every household with "grip."42 In light of this attitude the State Department of Health issued an order on October 4, requiring all influenza cases to be reported to local boards of health. Measures of prevention outlined in the order, in addition to compulsory reporting of cases, included isolation of patients, wearing of masks by sick-room attendants, closing orders for schools and public meetings, and education and publicity regarding the disease.43

With the order came the assignment of a representative from the United States Health Department, Lieutenant Charles Armstrong, to oversee epidemic conditions in the county. He arrived in Pittsfield on October 5, and was immediately given an office at Pittsfield City Hall. He issued a statement that all closing orders were to be obeyed, and that all general orders issued by the state would have to be strictly followed if the epidemic were to be contained.44 His first official action was a

42. "Influenza on Rise," The Berkshire Evening Eagle, October 4, 1918.
43. Report of the State Department of Health, Division of Communicable Diseases, January 1, 1919, p. 260; the Eagle, October 5, 1918.
44. "U. S. Public Health Department Sends Representative Here," Eagle, October 5, 1918.
tour of local saloons that had chosen not to close. After inspection, he declared them safe, noting that alcohol content in the liquor served would hinder the survival of influenza bacteria.\textsuperscript{46} It is interesting to note that while schools and churches were ordered closed, bars and restaurants were given the option.

The education and publicity aspect of the State order was certainly taken to heart by local residents, and a flood of suggestions and advice from the public appeared. One "well known and reputable local professional man" advised his neighbors to "keep an active liver." He proudly announced that he and his family had looked after their livers for years and had not experienced "a particle of trouble."\textsuperscript{46} He did not explain how to take care of their livers. Local pharmacies advertised patent medicines with "proven effects" against influenza. Mrs. Alden, of 175 Woodlawn Avenue, Pittsfield, announced that "Goldine" was responsible for her recovery, and that she was "gaining every day."\textsuperscript{47} Additionally, another local pharmacy touted "Fruit-A-Tives, the blood purifier," as the tonic "guaranteed to make one safe from disease."\textsuperscript{48}

While pharmacies were advertising these preventatives, local organizations were offering real assistance to those who needed it. Dr. Harriet Baker's Home for the Invalid and Aged, on South Street in Pittsfield, made room for as many non-contagious patients as it could. Unable to take influenza cases because of the danger they presented to her residents, her offer to take non-influenza cases served to keep beds in the local hospital available for epidemic victims. With the city facing the possibility of an overflowing hospital, and a lack of back-up space, the Y.M.C.A., the Masonic Temple, and the Father Matthew Society all offered the use of their buildings. Additionally, the Y.M.C.A. became an emergency telephone center, for any local residents who wanted to contact relatives at Camp Devens.\textsuperscript{49} Volunteers from the "Y" were

\textsuperscript{45} "Influenza Bulletin," \textit{Eagle}, October 6, 1918.

\textsuperscript{46} Ibid., October 3, 1918.

\textsuperscript{47} Ibid., October 7, 1918.

\textsuperscript{48} Ibid., October 26, 1918.

\textsuperscript{49} "Three More Deaths Due to the Spanish Influenza," \textit{Eagle}, October 3, 1918.
also made available as chauffeurs for any volunteer nurses in need of an afternoon ride to "relieve their stresses." \(^{50}\)

By October 10, the epidemic in Pittsfield had reached such proportions that city officials were referring to it as "the Plague." The number of cases reported in the city had jumped from 70 on October 5, to 170 on October 7, to 214 on October 8, with a total since September 24 of 1,353 cases and 129 deaths. \(^{51}\) By this time, ten emergency nurses from Boston had arrived, and they were being assisted by thirty "lady volunteers" from the Pittsfield area. They were primarily concerned with home visits, often to entire families "down with the malady." \(^{52}\) The House of Mercy, filled to its capacity of approximately 250, was unable to handle further requests for beds. On October 10, a temporary hospital was set up in the gymnasium at the Y.M.C.A on North Street. Seven patients were admitted on the first day. \(^{53}\) Also on that day, the Emergency Committee announced a plan to divide the city into four zones, to localize treatment of the sick. Each zone, North, South, East, and West, would have an assigned headquarters (the Red Cross Home, the Visiting Nurses' Home, and the East and West firehouses, respectively) and each would have its own nursing staff and a soup kitchen staffed by volunteers. With the slogan "Kill the Influenza in Seven Days," the members of the committee hoped that this more organized effort would halt the spread of infection. Nurses were assigned according to the sector's population; thirty-five in the East, nineteen in the West, fourteen in the South, and five in the North. \(^{54}\)

While Pittsfield was divided into zones to fight the epidemic, other Berkshire towns were taking their own precautions. The town of Lenox ordered the cancellation of any public meetings that had not already been postponed, and closed the town's

\(^{50}\) "Influenza on Rise," Eagle, October 4, 1918.

\(^{51}\) Annual Report of the City of Pittsfield, January 1, 1919; "Influenza Continues to Claim Many Victims Here," Eagle, October 11, 1918.

\(^{52}\) "Temporary Hospital Set," Eagle, October 9, 1918.

\(^{53}\) "Influenza Bulletin," Eagle, October 10, 1918.

\(^{54}\) "Divide City into Zones to Fight Plague," Eagle, October 11, 1918; Annual Report of the City of Pittsfield.
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saloons. Great Barrington, with 234 reported cases, cancelled all public meetings and used the parish house of Saint James' Church as a temporary hospital. South County farmers were urged to supply any needed eggs, milk, or cream, and they did so willingly. Sheffield and New Marlboro, although both free of the disease at this point, were enforcing a precautionary quarantine, as was the North County village of Williamstown. State guards were posted at each of Williamstown’s borders, and no shoppers or pleasure visitors were allowed in. In neighboring North Adams, where 256 cases had been reported by October 10, quarantine was not enforced. Town fathers were allowing residents to enjoy fresh air and to amuse themselves, in the hope that strong constitutions would ward off infection. Anti-influenza efforts were being carried out. In an effort to control the fly population, which was thought to contribute to the spread of the disease, the Photoplay Theatre was offering free admission to anyone who produced a jar of one hundred dead flies (the regular admission charge was ten cents). The flies were then buried in a pit in the back of the theatre building.

Sunday, October 6, was the first Sunday in Pittsfield without Catholic masses being held since the establishment of Catholicism in the county in the 1840s. Despite the threat of contagion, Saint Peter’s Church in Great Barrington held its regular 7:30 a.m. mass, and while no mass was held at the Church of Corpus Christi in Housatonic, it was open for private worship. Relating to church services, restrictions were placed on weddings and funerals. Except for families and immediate relatives, visitors were barred from such events, and it was urged by the city of Pittsfield to postpone, if possible, any weddings until after the epidemic had


56. Ibid.

57. "In North County," Eagle, October 15, 1918.


subsided. Two weddings scheduled in Pittsfield for October 4 were postponed because of the illness of the clergymen and members of the wedding parties. As for funerals, there was a delay in most towns, because of the scarcity of caskets. Local undertakers were having difficulty meeting the demand, and bodies were uncared for up to two days while burial arrangements waited to be made.

By the end of the second week in October, over 1,500 cases of influenza had been reported in the city of Pittsfield. In order to consolidate cases and treatment, and to supplement the emergency beds at the Y.M.C.A., a temporary tent hospital was erected on the Coolidge property on lower West Street. It was in place by October 20, measured 48 by 156 feet, and was equipped with fifteen cots, each of which had an electric heating pad. All linens would be washed with electrical machinery, and the five volunteer nurses would be attired in gauze at all times. It would be quarantined to visitors, and would be surrounded by a wire fence. Within two days of its opening, the temporary hospital was occupied by fourteen patients.

In the week that began on October 20, the rate of influenza cases in Berkshire County began to fall as quickly and as mysteriously as it had begun. Only three days earlier, there had been an average of nineteen deaths every twenty-four hours, with the Berkshire Evening Eagle indicating in obituaries when the deceased was not an influenza victim. All stores in Pittsfield, with the exception of food and drug stores, had been ordered


closed until further notice, and in the forty-eight hour period between midnight on October 16 and 18, ninety-nine cases had been reported in North Adams.\textsuperscript{67} Then, by the end of that week, the incidence of influenza began to drop. Fatalities fell in Pittsfield, from nineteen on October 17 to eleven on October 18.\textsuperscript{68} By October 23, only twelve new cases were reported in Pittsfield, and in the two days following there were nine fatalities, two of which occurred at the open-air hospital on the Coolidge property, three at the House of Mercy, and four at the homes of the deceased.\textsuperscript{69}

With the sudden decrease in fatalities and the drop in reported cases, Berkshire County towns began to consider removing some of the bans placed during the height of the epidemic. The prohibition of public meetings in Adams and North Adams was lifted on October 28. Lieutenant Armstrong, the area’s Public Health Officer, was ordered back to Washington, D.C. as of the twenty-seventh.\textsuperscript{70} On October 31, the city of Pittsfield lifted its ban on school sessions and church services, in time for Catholic churches to celebrate All Saints’ masses.\textsuperscript{71} Along with the lifting of these restrictions came the necessity of dealing with practical matters caused by the epidemic. The local office of the Metropolitan Life Insurance Company was faced with payment of eighty-eight death benefit claims incurred in Pittsfield since October first.\textsuperscript{72} A Red Cross committee formed to seek placement of children orphaned during the epidemic found interested households, but had no orphans to place.\textsuperscript{73} Nineteen patients were still resting under the tents (another had been erected) on the Coolidge property, but on November 1, all were

\textsuperscript{67} "Health Officers Feel the Epidemic May be on Wane," \textit{Eagle}, October 24, 1918.

\textsuperscript{68} \textit{Annual Report of the City of Pittsfield}.

\textsuperscript{69} "Obituaries," \textit{Eagle}, October 23, 1918.

\textsuperscript{70} "Falling Off In Number of Deaths Reported," \textit{Eagle}, October 27, 1918.


\textsuperscript{72} "Briefs," \textit{Eagle}, October 30, 1918.

\textsuperscript{73} "Briefs," \textit{Eagle}, October 31, 1918.
reported to be comfortable and out of danger.\textsuperscript{74} By Monday, November 4, schools and stores were reopened, public meetings were again being held, and activity in Pittsfield and the Berkshires apparently returned to normal.\textsuperscript{75} Mayor Moulton issued a public statement on November 5, commenting on "the tragic record of sorrow, suffering, and death endured by the community . . ." and commending local residents for their willingness to help in time of need.\textsuperscript{76} On November 11, the \textit{Eagle} headline announced in bold letters: "GERMANY SURRENDERS."\textsuperscript{77} On that day, for the first time since September 12, there was no mention of influenza in the newspaper.

According to the \textit{Annual Report of the Vital Statistics of Massachusetts for the Year 1918}, there were approximately 500,000 reported cases of Spanish influenza, and 18,426 influenza-related deaths in the last four months of the year. Included among those statistics were 176 "accidents of pregnancy," one "suicide by piercing instrument, with influenza," and one "suicide by jumping from high place, with influenza."\textsuperscript{78} The State Department of Health assigned 1,003 nurses to posts within the Commonwealth. Seventy-nine of those nurses contracted the virus while serving on duty, and seven died.\textsuperscript{79} In the course of the epidemic, the Commonwealth of Massachusetts spent approximately $100,000, the bulk of which was used to pay salaries of doctors and nurses.\textsuperscript{80}

Berkshire County appeared to have been the area of the state least severely hit by the influenza epidemic. In Pittsfield, there were approximately 1,900 reported cases, out of a population of

\textsuperscript{74} "Influenza Down," \textit{Eagle}, November 1, 1918.

\textsuperscript{75} "Epidemic Report," \textit{Eagle}, November 4, 1918.

\textsuperscript{76} \textit{Eagle}, November 5, 1918.

\textsuperscript{77} "Germany Surrenders," \textit{Eagle}, November 11, 1918.


\textsuperscript{79} \textit{Annual Reports of Public Officers and Institutions for the Year 1918} vol. IV., Mass. State Department of Health, January 1, 1921, p. 6.

\textsuperscript{80} Ibid., p. 7.
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just over 39,000; there were 351 fatalities. The rate of spreading and fatality seems to have depended on the distribution of population in the towns effected. Lee, eight miles south of Pittsfield and with a population of approximately 2,000, had its concentration of residents in the downtown area near the Hurlbut Mill. There were forty-one fatalities in Lee in the month of October alone. Neighboring Stockbridge, with a comparable population, was farm-based and its residents were far more geographically dispersed. During that same month, it had only four influenza deaths. And, the most isolated villages in the county were even less effected: Becket's fatalities numbered only two, Monterey, one, and Windsor, none.

The victims of influenza were overwhelmingly young. According to historian Alfred Crosby, influenza attacked young people with such severity because it is at that stage that immunity is lowest. Among the 18,426 fatalities in the state in the fall of 1918, 10,962 were between the ages of 20 and 40. In the town of Lee alone, 26 of the 41 October flu fatalities were under the age of thirty-five. In Pittsfield, in 1917 there had been thirty deaths among people between the ages of 25 and 29; in 1918 there were 116.

The Spanish Influenza of 1918 left Berkshire County as quickly as it had descended upon it. With the end of the World War, the attention of most Americans turned toward the attempt to establish regularity in their lives. In that attempt and in light of the circumstances in the world at the time, the epidemic has been greatly ignored by historians. Despite the fact that it killed

83. Annual Reports of the Officers of the Town of Stockbridge, Massachusetts, for the year ending December 31, 1918, p. 18.
84. Crosby, Epidemic and Peace, p. 22.
more Americans than any war in our history, in fact more than World War One, the Korean War, and the Vietnamese War combined. It is rare to find the epidemic mentioned in any general history textbook. Perhaps this is because its tenure was so brief, or because it was overshadowed by the war, or because people just wanted to forget. In any case, in the words of the medical director of the House of Mercy in Pittsfield: "Influenza . . . has rushed in upon us . . . it has been a most trying ordeal."\(^{89}\)

It had indeed been a most trying ordeal. It had been a battle, fought by a legion of "soldiers" who were willing to give of their time, and in some cases, their lives, to defeat the enemy known as Spanish Influenza.

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