Kansas in the "Grippe"

The Spanish Influenza Epidemic of 1918

by Judith R. Johnson

In the fall of 1918, Kansans anxiously scoured their newspapers for signs of an imminent victory in Europe. Despite lists of those wounded and killed in action, headlines appeared hopeful as the Allied and American forces began to drive the Germans to defeat. Obscured by the war news, however, were reports of a new danger engulfing the United States. From army camps in eastern areas came hints that an especially virulent disease was attacking servicemen in large numbers. These early rumors failed to evoke public alarm, even as the illness spread rapidly across the United States beyond training posts to the civilian population. As more and more people reported symptoms, health officials pondered the peculiar characteristics of this disease that were notable not only for the sudden onset, but especially for the age groups attacked. Before the end of the year, civilian as well as military physicians concluded that an epidemic of Spanish influenza with exceptionally high morbidity and mortality rates had swept the country. Aware that no region had a chance to escape, Kansans awaited the onslaught.

Based on contemporary medical reports and later studies, scholars now classify the epidemic of 1918 as one that struck in three distinct periods. The first wave surfaced in the spring of 1918 and claimed victims in scattered army installations. While the origin of any epidemic remains elusive, most historians agree that one of the first cases appeared at Camp Funston in Fort Riley, Kansas, on March 4, 1918. Physicians diagnosed the illness as influenza rather than the common cold because of the rapid spread and total debilitating effects of the disease. But this relatively mild episode ended before anyone took much notice. Consequently, health officials dismissed this occurrence as a typical bout of flu.

Judith R. Johnson received her Ph.D. at the University of New Mexico and currently is an assistant professor in the Department of History, Wichita State University. Her previous publications focus on twentieth-century U.S. history, particularly that of correctional institutions.

Throughout 1918, a raging epidemic swept the country. Frequently referred to as La Grippe or the Grip, this dread disease baffled health officials and claimed an estimated twenty-one million victims worldwide.
In late August, however, the second and what became the most devastating wave simultaneously hit port cities in West Africa, Europe, and the eastern United States. In retrospect, epidemiologists suggest that by this time, the influenza virus had changed into a new and very dangerous strain. By October, public health officers recognized similarities to the spring outbreak, except for the overwhelming number of people ill. Based on that statistic, doctors and the public as well suspected that an epidemic prevailed. This wave, which caused an unprecedented number of deaths, attacked victims in the United States and the world during October, November, and December of 1918. Following a decrease in reported cases during the late winter months of 1919, the third and final wave appeared in the spring. This time, though, fewer people contracted the disease, leading health officials to conclude the epidemic had ended.²

The deadly influenza virus first struck army installations before spreading to the civilian population. Here an artist has skilfully added surgical masks and the face of Death to an authentic photograph of World War I doughboys and their female companion.

Today we know that influenza is an acute, highly contagious disease caused by either the Influenza A or Influenza B virus. In 1918, however, the subdivision of bacteriology known as virology was so new that researchers possessed scant knowledge of these viruses and had neither the skills nor equipment to verify the cause of the Spanish influenza. As investigators discovered and employed more sophisticated methods, later studies determined that Type A of the influenza virus was the culprit in the 1918 epidemic.³

During a usual attack of flu, the victim experiences a fever, chills, generalized body pains, and a non-productive cough with recovery in forty-eight to seventy-two hours. While normally not a fatal disease, those who are very young or very old, and those people ill with another disease are particularly prone to complications that can lead to death. What set the epidemic of 1918 apart from more typical outbreaks of the flu, though, was the rapidity with which the disease spread, and the twenty-one to twenty-nine age group that had an extremely high death rate.⁴ In all, the 1918 worldwide epidemic


of influenza killed probably twenty-one million people or twice as many as died in combat during World War I. The best estimates for the United States suggest that one quarter of the population, or at least twenty-five million contracted the disease, and of those, 675,000 died.3

Included in that total were the twelve thousand Kansans who died either from the flu or the pneumonia that frequently accompanied the illness.4 Consistent with the situation in other states, most deaths occurred during the second wave in the fall and winter of 1918. Out of a population of almost 1,700,000, there were 174,094 reported cases of influenza in Kansas during the last three months of 1918 and the first three months of 1919, with the greatest number appearing in October.5

During the entire sweep of the epidemic, Kansas was fortunate to have Dr. Samuel J. Crumbine as secretary of the state board of health. Well known throughout Kansas and the rest of the country for his successful “Swat the Fly” campaign to eliminate insect-borne diseases and his efforts to remove the common drinking cup from railroad cars, Crumbine possessed a comprehensive understanding of public health and a commitment to serve the people of his state. As a physician, Crumbine stressed education as a weapon to fight the flu and launched a statewide program to inform the citizens of ways to prevent the spread of influenza. Therefore at the onset of the fall wave, when Camp Funston reported more than twelve hundred soldiers ill with the flu, Dr. Crumbine immediately issued pamphlets describing the disease with cautions to avoid contact. By the end of September, with cases spreading from the army base to Hays, Topeka and Marysville, Crumbine called on the federal government for aid and requested all those in the state with medical training to help.6

The scarcity of doctors and nurses in the state because of the war, however, hampered efforts to treat those already sick and to confine the spread of the disease. By the fall of 1918, more than six hundred doctors or almost half of those licensed in Kansas left their practices to serve in the military. During the height of the fall wave of influenza, numerous counties in the western part of the state reported a total absence of physicians, while eight of ten others had only one or two doctors.7 For example in the tiny community of Salina, located in Haskell County, Dr. William Goodwin treated many cases of influenza and pneumonia. There Marguerite Alice Rooney recalls the morning that Bob, the family’s hired hand, quite literally fell ill. On his way to the outhouse, Bob suddenly fainted and had to be carried back to the small, one bedroom home by Mr. Rooney. The young couple spent the next ten days caring for Bob. Although Mr. and Mrs. Rooney escaped the flu and Bob eventually recovered, many other families in the area were not as fortunate. Since Dr. Goodwin was the only physician in the entire county, he remained very busy during the entire epidemic.8

The situation for nurses appeared bleak as well. When the United States entered the war, Kansas had 1,061 registered nurses of whom 131 had volunteered with the Red Cross for service in emergencies. Nevertheless, during the early months of 1918, the Red Cross established a quota of 445 nurses for Kansas. Although only 392 nurses eventually served in the military, their absence contributed to the medical crisis in the state during the fall of 1918.9

Despite the lack of trained medical personnel in the state, Dr. Crumbine organized an extensive campaign to treat the growing number of cases as influenza swept Kansas. At the same time, more and more people throughout the United States fell victim to the epidemic. Consequently, on October 2 Surgeon General Rupert Blue of the United States Public Health Service announced that influenza had spread beyond army camps to civilians in more than twenty states and that the disease had reached epidemic proportions. While records yet failed to tally the number of victims among civil-

5. Ibid., 265-6.
7. Ibid., 101.
ians, the total cases for the military stood at 127,975, with 3,369 deaths from either the influenza directly or complications.12

Camp Funston in Kansas reported on October 4 the heaviest influx of new cases with 1,270 men falling ill in one day. Alfred Lee Wright remembered the situation clearly. In training for the front lines in Europe, Wright reported ill with a temperature of 102°. His sergeant, however, told him to remain in the barracks because the hospital only had room for those with temperatures of 103° and above.13 For the month of October, the base hospital at Fort Riley recorded 11,654 patients with a total of 958 deaths.14 One of those who died was Martin Reichberger from Andale. Drafted into the army, Martin left home on September 8 for Camp Funston where his tentmates nicknamed him “Giant” because of his 6’6” height. Sent to the hospital when he was overcome with flu symptoms, Martin and others considered strong enough to withstand the ravages of the disease, were placed on the porch to make room for the sicker soldiers. When a sudden storm with torrential rains burst forth, Martin and the others who had gotten soaked during the storm died.15

Despite the epidemic, federal authorities called up for the draft.16 In Andale, Mary Lingg recalled with sadness how her family received the draft orders for her brother Mike two days after he died from the flu.17

Drafted in early October, Irving Haury of Newton left his pregnant wife when the Selective Service sent him to Camp Funston. According to Margaret Unrau who was a student at Bethel College in Newton, Haury was in the camp only a few days when he contracted spinal meningitis and died a short time afterwards. That disease, common in military camps, continued to claim victims even as the flu raged onward.18

Responding to official reports and following directives from Washington, Dr. Crumbine in early October issued the first statewide closing order to combat the spread of the disease.19 Included in that ban were instructions to bar visitors from all state institutions, to close places of amusement, and for local authorities to discontinue public meetings.20

By early October as the number of new cases throughout the state increased, various local officials instituted additional closing orders for their communities. In Topeka, for example, Dr. H. L. Clark, health officer for the city, issued the first closing order to go into effect at noon on October 9. Consistent with the state requirement, this order prohibited all public gatherings, theater presentations, and church services. Further to the south in Goessel, members of the Alexanderwohl Mennonite Church had to hold funeral services outside the building for the flu victims. In all cases the caskets remained closed.21 In effect, the directive banned all meetings of more than twenty people. In recognition of the war effort, however, Liberty Loan meetings and those assembled by the Red Cross for making bandages or other materials continued.22

Other cities issued similar bans on public assemblies. In Wichita, under the direction of city physician Thomas J. Carter, a partial ban and a full quarantine for those with the flu went into effect on the morning of October 10. All theaters, schools, and public places except business houses had to close as more and more cases of flu appeared in the city. The ban, in addition, included the closing of the Wichita Fall Fair and Exposition, although automobile races at the West Side Track continued. According to the board of health, these events posed no threat to the audience since they were held out in the open. On the day of the closing, however, Wichita reported one hundred new cases.23

The closing order likewise affected Fairmount College in Wichita, as all classes at the school came to a halt in accordance with the ban the city health department imposed. Especially hard hit were the young men enrolled in the Student Army Training Corps (SATC). At first, those students ill

21. Interview with Margaret Unrau.
Dr. Samuel J. Crumbine stressed education as a weapon to combat the flu epidemic, and launched an extensive campaign to inform the public about preventing further spread of the disease.

with the disease were moved into a large room in Fiske Hall, soon dubbed "The Hospital," where a guard stood to keep those sick inside and the curious or well-intentioned out.24 Other colleges and universities across the state experienced similar situations. At Kansas State College of Agriculture and Applied Science, officials quarantined the entire SATC as many of the men reported flu symptoms. At first college officials appropriated the Sigma Alpha Epsilon fraternity house as a hospital, but eventually moved victims into the Beta Theta Phi house as well.25 By October 11 the college closed, although officials at that time anticipated the interruption of classes to last only eight days. Yet so many new cases appeared on campus the day of the closing that the YMCA became a hospital, especially for members of the SATC. To help relieve the shortage of medical personnel there, a corps of nurses from the Red Cross chapter in St. Louis arrived to help care for the students.26

Circumstances were equally desperate at the University of Kansas where the president closed the school on October 8.27

Because the epidemic at the time appeared confined to "the Hill" where the campus was located, the city board of health encouraged students to remain in their dormitories or at the very least, to stay in Lawrence to prevent the spread of the disease. Even though the university closed, the student publication continued operation one more day and reminded the students of their obligations in the present emergency. In an editorial on October 9, the University Daily Kan-san addressed the situation by noting: "It is your patriotic duty to stay here. By doing so, you will safeguard your health, the health of members of your family, and people in your hometown."28

In part, the colleges and universities in Kansas suffered extensively during the outbreak because of the concentration of young people in confined areas and also because the average age of the students placed them in a group very susceptible to the disease. Still, other towns and cities in Kansas reported cases early in October as the disease swept the nation. Winfield recorded the first death from the flu on October 11. That day, the Winfield Daily Courier announced that "Beginning with the crown of the cock and the rising of the sun Saturday morning October 12, [Winfield] will join the whole state of Kansas under a closing order which will prohibit public gatherings of all kinds."29 Board of health officials in Marion too responded to the crisis when they issued a closing order for all public meetings on the same day.30

Despite efforts by authorities to prevent the spread of influenza, the number of cases continued to rise in Kansas and the rest of the United States. As early as October 7, General Blue reported that few areas of the country had escaped attack as towns which before were untouched, now listed residents among the victims of the epidemic. Even though the

24. Fairmount Sunflower, Wichita, November 1, 1918.
25. Kansas State Collegian, Manhattan, October 8, 1918.
26. Ibid., October 11, 1918.
27. The University Daily Kan-san, Lawrence, October 8, 1918.
28. Ibid., October 9, 1918.
29. Winfield Daily Courier, October 11, 1918.
30. Marion Record, October 10, 1918.
Red Cross mobilized the national and local offices to meet the threat, many towns lacked sufficient medical workers to care for those ill. Clearly, the growing emergency threatened existing structures designed to safeguard the public health.

The situation in Kansas reflected the national experience. Hays recorded eighty-nine new cases on October 7, and three of the town’s six doctors had the flu. That same day, Arkansas City recorded forty cases, the first for that town.19 There, as in other parts of the state, local authorities struggled to establish hospitals. Even in major cities such as Topeka and Wichita, leaders and volunteers scrambled to find appropriate treatment centers for the increasing numbers of flu cases. In the capital city, for instance, local officials obtained the permission of the manager and converted the Hotel Reid into an emergency hospital. With Mrs. Louis Bredel, director of the local Red Cross nursing service in charge, volunteers removed the carpets, cleaned all the rooms, and brought in medical supplies.20

While this makeshift arrangement provided temporary relief for the victims, by the end of October more than fifteen hundred cases surfaced in Topeka, forcing officials to find other accommodations for the victims.21

Conditions in Wichita, where statistics for the same period indicated more than two thousand cases, also challenged existing facilities.22 There the local Red Cross chapter joined elected officials to face the crisis. Under the direction of Henry Wallenstein, a respected businessman in the city,

In the fall of 1918, the Red Cross was called into service to help combat the rising number of influenza cases. Members of the Sumner County chapter of the Red Cross, shown here, undertook a special task during the epidemic including making more than five thousand influenza masks for hospital workers and army camps.

An appointed committee leased the Wichita Manual Training building on October 4 and began its conversion into a hospital. A new kitchen and plumbing aided the transition, permitting care for one hundred patients at a time. Short of funds in the emergency, the local Red Cross asked residents of Wichita for donations of towels, sheets, blankets, and even beds. Besides these requests, the Red Cross issued a call for all nurses in the community to volunteer their services.23

A shortage of hospital facilities occurred in Pratt too, where five soldiers with the flu were taken from a train passing through the town. With no available place to care for them, the sheriff put the victims in jail overnight. The next day, however, the citizens of Pratt leased a home where the local Red Cross directed nurses in the treatment of the soldiers, while city authorities assumed all the costs involved.24

Worsening conditions in all of Kansas forced officials to employ more stringent directives to reduce further infection. Dr. Clark in Topeka extended the regulations of the state closing order and placed limits on the operation for stores in the downtown area. From October 17 on, the ordinance required retail businesses with the exception of food and cigar stores to close at 7:00 P.M.25 In

31. Wichita Eagle, October 8, 1918.
32. Betty Jean Neal, “Topeka During the Influenza Epidemic of 1918” (Research paper, Washburn University, 1989; personal copy), 12.
34. Ibid.
35. Wichita Beacon, October 5, 1918.
36. Pratt Union, October 31, 1918.
37. Topeka Daily Capital, October 16, 1918.
In reality, the lack of understanding about the cause as well as the process of the disease created a mixed reaction to the closing order in many areas of Kansas. While most commercial interests recognized the very real dangers inherent in the disease, inconsistent reports on the number of new cases as well as the duration of the epidemic produced confusion and a nagging fear as economic activity decreased and the income of businessmen plummeted. Compounding the situation was an anxiety inherent when facing an unknown enemy. Not surprisingly, some Kansans, like other Americans, gave considerable credence to the rumor that the Germans were responsible for this deadly attack. Even the federal government issued denials, a sense of blame directed towards the Germans lingered until the end of the war.

For the most part, though, Americans focused less on the cause than on ways to end the epidemic. Kansans, like residents in other states, turned to their boards of health to find ways to avoid contagion. At the same time, private enterprise joined in campaigns that promoted cures of the flu. As early as October 1, news reached Wichita of the discovery of a serum that acted as a preventive against the flu. Despite initial optimism, this particular treatment proved useless and Kansans relied on home remedies for prevention and cure. In Wellington, Ira Kaiser who was eleven years old at the time, remembers wearing an Asafetida bag around his neck to protect him. While lacking in any medicinal value, the palliative emitted a strong odor, and, at the very least, eliminated close contacts. For those who doubted the efficacy of the Asafetida bag, fresh garlic served as a substitute. Hilda Freund of Andale recalled that "two little old ladies came in [Tony Gorge’s store] almost everyday to buy fresh garlic; they believed that smelling the plant would ward off infection."

Other Kansans turned to commercial remedies. In the newspapers of the day, advertisements for cures or treatments bombarded readers, ranging from applications of Vick's vapor rub, to Grove's Tasteless Chill Tonic, to Ely's Cream Balm and finally to Dr. Pierce's Golden Medical Discovery. Health officials, concerned about unsubstantiated claims and reports that unscrupulous druggists profited at the expense of victims, cautioned the public against any of the "sure cures." Still, some entrepreneurs used the emergency as an excuse to smuggle liquor into "dry" Kansas. In one case, the sheriff of Coffeyville intercepted two automobiles carrying thirty-five cases of Joplin whiskey. When arrested, the driver of one car explained that he was bringing the whiskey for relief of the flu victims.

The incidence of flu decreased in Kansas at the end of October, prompting Dr. Crumble to lift the statewide closing order on November 2, although local health officials retained the right to continue regional orders. Topeka, for example, kept the ban in force one more week. By November 9, schools on the Kansas side of Kansas City had reopened after more than four weeks without classes. With so many days missed, officials began to consider possible alternatives to make up the work, including a shortening of the Christmas holiday or extending the standard school year beyond the normal forty weeks.

Certain communities, however, where the disease was still prevalent, continued the ban against public gatherings. In western counties, such as Greeley and Scott, an increase in the number of cases indicated a
new outbreak of the epidemic, while Wyandotte County in the eastern part of the state reported only a slight improvement. Because of similar conditions in Marshall County, officials decided to maintain the closing order.\textsuperscript{51}

Chanute too reported little headway against the disease. On October 24, nine funerals—the most ever in the history of the community—took place. The next day by noon, seven more deaths occurred. Faced with this exceptionally high number, a lack of graves delayed immediate burial. At that point, the city street department turned a force of workers over to one of the local ministers who labored with nine men all day preparing the graves.\textsuperscript{52}

During the first week of November, a tally of cases in many parts of Kansas indicated that the epidemic had subsided. Again, health officials in Wichita met and agreed unanimously to reverse their opinion and thus ordered the closing ban to continue for another week. According to Dr. Carter, the city physician, the epidemic was again on the rampage with more new cases reported in the previous two days than any other time since the influenza first gained a headway in the community.\textsuperscript{53}

Other cities, too, that had lifted the quarantine, noticed an immediate increase in flu cases. In part, the reappearance of the disease was related to rumors of the end of the war that caused hundreds of people to congregate in celebration. Another factor may have been the election scheduled on November 4. As it was, most cities canceled public speeches by the candidates, a notable occurrence particularly in Wichita where residents commented that for the first time in their memory an election was held without a single public rally.\textsuperscript{54} Whatever the reason for the increase, physicians agreed that reinstatement of the closing ban was warranted.

In Wichita, however, city officials met with resistance from business, education, and church leaders. Opposition stemmed from the apparent discriminatory nature of the closing order and the quarantine. For example, the ban required stores along the main shopping district of Douglas Avenue to limit the number of patrons at a time. Despite the directive, hundreds of shoppers continued to congregate during the normal hours of business. In contrast, churches, schools, and theaters in the city remained closed. Ministers agreed with the purpose of the ban, as did the superintendent of public schools and Dr. W. H. Rollins, president of Fairmount College, as long as the city enforced all the rules of the quarantine. A pastor summed up their concerns: "There is no reason why the teaching of the religion of God should be stopped if the people are allowed to cram and jam in the stores of the city."\textsuperscript{55} Hence, committees representing the protesters formed to serve as watchdogs to enforce the ban. As part of the plan, volunteers offered to inform the health department when the number of shoppers in a store exceeded the limit set under the quarantine or when more than ten people stood on a streetcar.\textsuperscript{56}

By the second week of November, health officials in some areas agreed to lift their bans. Almost at once, however, the number of cases statewide again began to rise. Especially hard hit were areas in the rural and western parts of Kansas. Elkhart, for example, reported the situation so serious that the mayor sent an urgent message to Gov. Arthur Capper for doctors and nurses to help care for those sick. Because of the severity of the epidemic in Finney County, particularly Garden City where just about every home had a case of the flu, the state board of health sent three doctors and nine nurses.\textsuperscript{57} At the same time, the flu continued to wage havoc in cities such as St. John, which up to the first part of November, had escaped extensive contagion. With the lifting of the state ban, however, the number of those infected began to rise, forcing local officials to reinstate the closing order.\textsuperscript{58} The same was true for Belleville where the large number of cases required the city to place a ban in effect again on November 28.\textsuperscript{59}

By the early part of December, rumblings throughout the state, particularly in the larger cities such as Wichita and Kansas City, challenged again the effectiveness or even the need for a continuation of the closing order. Businessmen

51. Wichita Eagle, October 31, 1918.
52. Chanute Weekly Tribune, October 25, 1918.
53. Wichita Eagle, November 1, 1918.
54. Ibid.
55. Ibid., November 2, 1918.
56. Ibid., November 4, 1918.
Throughout Kansas and the U.S., emergency hospitals were erected to house and treat those stricken with the disease. Pictured here is Garfield School in Topeka which offered makeshift accommodations for victims.

in Kansas City argued that a quarantine of those ill with the flu, instead of a complete ban, was more than adequate, while the present system limiting the number of hours open for stores caused even more congestion.60

At approximately the same time, commercial leaders in Wichita protested the ban in court. When the quarantine as it existed was declared illegal, normal activity in the city returned. In effect, the ruling said that a general closing order affecting all places where people gathered lay within the power of the board of health, but to place a ban on certain classes of industry or activity and allow others to continue in a usual manner was not permissible.61 Immediately upon hearing the judge’s decision, city and health officers met to prepare a non-discriminatory order that permitted businesses to remain open, but to limit the number of people in a given area at a time.62 Clearly recognizing the necessity for restrictions, the owners complied.

Kansas City and Wichita were not alone in such reasoning. Other cities sought to ease the restrictions of the ban. As late as December 19, officials in Pratt continued the quarantine, but because of the holiday season, permitted limited shopping hours in stores.63 Not until December 27 did the local board of health in Pittsburg agree to reopen the schools, churches, and theaters.64 When the board of health in Olathe determined that at least 50 percent of the families in the city had had at least one member contract influenza, the city lifted the ban, but quarantined homes where the illness existed.65 Dodge City, on the other hand, extended the local order until January 6, 1919, that prohibited school, church, or other meetings to take place because of severe infection in the area.66 The extension in Dodge City proved unique, however, because by the New Year most towns and cities gradually lifted restrictions as the disease subsided. Nevertheless, frequent local outbreaks, particularly in less populated areas kept the total of cases high in the state until the end of March 1919.67 For example, Margaret Unrau who had returned to Bethel College for classes after the Christmas holiday, was one of six girls from the school who became ill with the flu on the same day in January 1919. Transported to the overcrowded hospital in a taxi, the young students spent the next several days in rooms with twice the normal number of patients. The only visitors allowed were the parents of the girls. When Mrs. Unrau was strong enough to walk, her doctor discharged her from the hospital. All but one of the girls survived.68

By the spring of 1919, the state health department began an investigation to compile the number of cases and to record actions taken to overcome the epidemic. Included in the final evaluations were the calculations of other costs to the state. As expected, the economic loss of

60. Kansas City Star, December 2, 1918.
61. Wichita Eagle, December 1, 1918.
62. Ibid. December 2, 1918.
63. Pratt Union, December 19, 1918.
64. Pittsburg Daily Headlight, December 27, 1918.
65. Olathe Mirror, December 14, 1918.
68. Interview with Margaret Unrau.
probably over one hundred million dollars throughout Kansas was staggering. Closing orders affected at least ten thousand places of business. Agriculture, in addition, suffered as the flu hit hardest right at harvest time. Obviously, public education in the state came to a standstill as schools closed for weeks at a time. While many communities such as Marion urged students to study at home and listed assignments in the post office or printed them in the newspaper, the lack of classes during the closing orders required schools to shorten vacations and to search for means to make up the missed work. To resolve that problem, the state board of education issued a resolution on December 21 stating that if schools recovered at least half the time missed, neither the standing of the institution nor the credit for the pupils was in jeopardy. While administrators debated the issue, pupils expressed little concern. Instead, children in Kansas joined others throughout the country when they recited the popular rhyme of day:

There was a little bird,
its name was ENZA,
I opened the window
and in-flu-enza.  

Yet in the final analysis, children endured some of the most traumatic experiences during the epidemic. Fear of the disease permeated their everyday life and forced them to curtail normal play activities. Ira Kaiser, from Wellington, recalls strict orders from his teacher and father to avoid any contact with an infected home. Noting that “the flu was everywhere and people did not know how or why a person got sick—only that they died when their lungs went bad,” Kaiser and other children in his town “walked around someone’s yard or even a block farther, just to avoid a home where there was flu.” In another example of the effect on children, Wichita authorities discovered a family of

70. Marion Record, December 19, 1918.
71. Ottawa Herald, December 21, 1918.
73. Interview with Ira Kaiser.
nine—two parents and seven children—all very ill with the influenza. The whole family was huddled in two squalid rooms without food or anyone to take care of them. Neither of the parents survived, although all the children did after treatment in the city hospital. While physically sound, one can only speculate about their emotional state.\(^{74}\)

Notwithstanding the loss of human life, the disruption to daily activities and the economic costs, the closing orders did succeed in lessening the impact of the epidemic in Kansas. Utilizing the traditional technique of fighting contagious disease with isolation, the state and local health departments effectively organized communities to limit the spread of the disease. Despite the twelve thousand who died, when compared with neighboring states such as Missouri and Colorado, Kansas had a lower death rate. In part, the rural, thinly populated nature of the state contributed to the lower morbidity and mortality. Much credit belongs to the skills and commitment of the doctors and nurses in the state as well as the efforts of the health departments.

In particular, Samuel J. Crumbine of the state board deserves recognition for his leadership during the epidemic. Perceiving his role not only as the guardian of the public health, but also as an educator, Dr. Crumbine effectively organized the state and local agencies to combat the disease. Unsure of why the influenza appeared so suddenly and with such ferocity in 1918, Crumbine later worked to prepare the state for a possible repeat occurrence the following fall. Even after the legislature rejected his request to appropriate funds for medical emergencies, Crumbine urged each county board of commissioners to create a special fund to cover the costs of doctors, nurses, and hospital facilities if the flu returned.\(^ {58}\) By then, however, the epidemic had ended. Although plans to incorporate these measures never materialized, the epidemic definitely confirmed the role of the state health department as guardian of the public welfare. Less than fifteen years in operation when the influenza first hit Kansas, the department used its resources to record accurately the progress of the disease, to direct citizens in ways to avoid contagion, and finally to tally the number affected.

Clearly, the Spanish influenza epidemic had an impact on the people of Kansas and the rest of the United States, but at the time it was always obscured by news of the war. Perhaps that explains why this catastrophe remains largely forgotten. Since 1919, the epidemic has received very little notice in Kansas or the rest of the country. In most histories of this state the episode lingers as a shadow or footnote to the experience of World War I. Quite possibly, the end of the war represented a positive experience for Kansans, one in which this country emerged victorious. In contrast, Kansans like most Americans in the early part of this century expected contagious disease to remain a threat to the community with no one really safe. In the end, Americans focused more on the triumph in Europe to preserve democracy rather than the deadly consequences of the influenza. In other words, once the war ended, the killing ceased, whereas the nagging reality of death from disease remained a constant. Nevertheless, for those in Kansas and the rest of the country who suffered or lost loved ones during the epidemic, the experience understandably represented a disaster of unprecedented proportions.

\(^{74}\) Wichita Eagle, October 20, 1918.

\(^{52}\) Kansas State Board of Health, *Tenth Biennial Report*, 52.