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A Provincial Pandemic: European Ignorance of the 1918 ‘Spanish’ Influenza as a Shared Event

John P.R. Eicher 

Department of History, Pennsylvania State University–Altoona, State College, Altoona, PA, USA
Email: jpe14@psu.edu

This article argues that the 1918 flu appeared so suddenly, spread so rapidly, killed so quickly and disappeared so swiftly that Europeans’ focus on their immediate circumstances led them to experience and interpret it as a local health crisis rather than as a global or continental pandemic. It also demonstrates that Europeans were so inured to privation and death; so isolated by anaemic and dysfunctional media and medical regimes; and so distracted by economic, political and social chaos that they were either unaware of or unconcerned with the flu’s origin. It takes as its source base nearly 1,000 memories of the 1918 flu collected from individuals across ten European countries and archival materials from federal, municipal, religious and diary archives in France (an Allied power in the First World War), Germany (a Central power in the First World War) and Switzerland (a neutral power in the First World War).

Early on the morning of 7 September 1918, Ingebjørg Veum embarked from her family’s two-room cottage, high on a ledge above Norway’s remote Sognefjord. Her destination was the Aurland village church, a ten-hour descent followed by a two-hour boat ride. Her burden was the body one of her thirteen children, Kari, whom she wrapped in a sheepskin and carried on her back. Reaching the Vassbygdi Valley, Ingebjørg slept at an acquaintance’s house while her daughter’s body rested in the woodshed. The next morning, Ingebjørg continued to Aurland where a funeral service was held the same day. Upon returning home, she was greeted by her eldest child, but he died within the hour. A third child had passed in her absence. Fortunately, two men from the valley followed Ingebjørg up the mountain to assess the hamlet’s emerging health crisis and volunteered to take the dead to Aurland.¹

In Obidos, Portugal (population, 4,292), 2,200 miles away, thirty-six-year-old Republican Guard commander Antonio Dos Santos Barata was at his wit’s end coping with a new and ‘terrible epidemic’ that paralysed the countryside. Those who were not sick, dead or caring for those who were had gathered in taverns to drink brandy in the hope of defeating the disease with alcohol. Lacking medicine or guidance from authorities, Barata was grateful that a local farmer donated mustard and linseed to make poultices. Yet home remedies were not enough to halt the malady. With the help of civilian volunteers, Barata’s soldiers stacked bodies in a church until they could be buried. Through military channels, Barata knew the disease was not simply a local problem, but something that had infected the entire region: ‘Bambusal, Penne Che, even [*sic*] until Leiria.’² Little did Barata

¹ Karoline Veum, ND, Imperial War Museum (IWM), 63-5-3 SF (A00034030), 1–4.

² Antonio Dos Santos Barata, Letter, ND, IWM, 63-5-2 SF (A00034029), 1–3. Whenever possible, I have included flu survivors’ ages and population numbers for their locations in 1918 to indicate their potential level of awareness and demographic contexts. Population data was gathered from the following national censuses: Denmark (1916), France (1921), Germany (1911), Italy (1911 and 1921 for locations annexed by Italy after the war), Netherlands (1909), Norway (1910), Portugal (1911),

or the Veums know that the disease in their midst was the fastest-spreading and deadliest pandemic in history.

From Eva Gudgeon of Wensleydale, England (population, 202), whose neighbour fell dead in his slippers while tending his animals,³ to Luigini Sias's doctor in Ghilarza, Italy (population, 8,495), who abandoned his formal training for a peasant's 'miracle' onion cure,⁴ European governments, health-care providers, journalists and average citizens were viscerally overwhelmed, mentally dumbfounded and emotionally 'depressed, despondent, [and] fatalistic'⁵ when confronted by this 'malefic'⁶ 'cholera'⁷ that 'moved like lightening'⁸ and seemed to infect 'the whole air'.⁹ 'Shocked by the suddenness of the disease', twenty-three-year-old military doctor Antonio Guareschi, who was serving near Lake Garda, Italy, recalled, 'It all started one foggy evening: they started to flock to the hospital some by foot . . . some in stretchers some on muleback'.¹⁰ Yet despite their astonishment, fear and heartbreak, average Europeans, such as fifteen-year-old Elide Anette (née Forfod) of Trondheim, Norway (population, 45,335), hardly regarded the disease as remarkable. They simply 'took it for [sic] a matter of course'.¹¹

The disease was the 1918 'Spanish' influenza, which infected more than one billion people out of a global population of 1.9 billion.¹² Accompanied by bacterial pneumonia, early estimates placed the global death toll at twenty million (around twice as many deaths as the First World War), but this figure has since been revised to 50–100 million. In Europe (including the British Isles and excluding the Russian Soviet Union), the 1918 flu is conservatively estimated to have killed two to three million people out of a population of about 237 million.¹³ It spread in three waves over the course of a year. A mild first wave struck Europe in the spring and summer of 1918. From about September to December, a severe second wave surged across the continent, targeting individuals with robust immune systems between the ages of twenty and forty. A less extensive third wave followed in early 1919. I focus on the second wave because it claimed the most lives, had the greatest impact on Europe's healthcare infrastructure, received the greatest attention from the press and survivors and resulted in the most personal trauma and social action.

This article poses three fundamental questions about this quintessentially 'forgotten' pandemic: were Europeans aware of the 1918 flu's global, or even continental, presence? Why was it so easily

Spain (1910), Sweden (1917) and United Kingdom (1921). The numbers provided represent the total number of registered residents in a location. When a precise population number is unclear, I provide an estimate using my memory database and current population data. These incidences are designated by a 'less-than' symbol.

³Eva Gudgeon, ND, IWM, 63-5-1 SF (A00034028), 2.

⁴Luigini Sias, ND, IWM, 63-5-4 SF (A00034031), 2.

⁵Gunnar Hegardt (Uddevalla, Sweden; population, 13,638), 14 Apr. 1972, IWM, 63-5-2 SF (A00034029), 2.

⁶Jole Simeoni Zanollo (Legnago, Italy; population, 3,456), ND, IWM, 63-5-4 SF (A00034031), 1.

⁷Seraphin Zaffaroni [Western Front], 16 May 1972, IWM, 63-5-1 SF (A00034028), 1. Numerous survivors' memories and contemporary accounts conflate flu with cholera. For an example of the latter, see the diary of Paul Marcel Roques, 'Un ... de 14 – 18 Souvenirs ...', Association pour l'autobiographie et le patrimoine autobiographique, Ambérieu-en-Bugey, France (APA), no. 3796, 112–3.

⁸Hildur Hansson (née Dahlgren) (Högen, Sweden; population, < 5,000), ND, IWM, 63-5-2 SF (A00034029), 1.

⁹Nils Lorents Persson (Baskemölla, Sweden; population, 2,134), ND, IWM, 63-5-2 SF (A00034029), 2.

¹⁰Antonio Guareschi, ND, IWM, 63-5-4 SF (A00034031), 1.

¹¹Elide Anette Dugstad (née Forfod), ND, IWM 63-5-3 SF (A00034030), 1.

¹²Niall Johnson, *Britain and the 1918–19 Influenza Pandemic: A Dark Epilogue* (New York: Routledge, 2006), 117.

¹³First World War death figures rely on Antonie Prost, 'War Losses', in 1914–1918-online. *International Encyclopedia of the First World War*, ed. Ute Daniel et al., <https://encyclopedia.1914-1918-online.net/article/war-losses/> (last visited 12 Nov. 2024). Quantitative death counts (and even precise population numbers) for the 1918 influenza are elusive given the socio-political upheavals of war, the problem of distinguishing between civilian and military deaths, the fact that flu was not a reportable disease, its vague symptomology, its conflation with malnutrition and other illnesses and the use of deadly home treatments (e.g., strychnine and sulphur). For statistical estimates, see Niall P.A.S. Johnson and Juergen Mueller, 'Updating the Accounts: Global Mortality of the 1918–1920 "Spanish" Influenza Pandemic', *Bulletin of the History of Medicine* 76, no. 1 (2002): 105–15. Freddy Vinet offers several reasons why civilian medical statistics are questionable, at least for belligerent countries. See *The Great Influenza, 1918: The Worst Epidemic of the Century (La Grande Grippe, 1918: La Pire Epidemie du Siecle)* (Paris: Vendémiaire, 2018), 21.

disregarded by them in ‘real time’? Did they even understand the event was worth remembering? If we are to appreciate why the 1918 flu was ‘forgotten’ by European society and its historians until its ‘rediscovery’ at the end of the twentieth century, we must systematically engage the socio-cultural environment that made it ‘forgettable’ to begin with.

I argue that the 1918 flu appeared so suddenly, spread so rapidly, killed so quickly and disappeared so swiftly that Europeans’ single-minded focus on their immediate circumstances led them to experience and interpret it as a local health crisis rather than as a global, continental or even national pandemic. I also demonstrate that in late 1918, Europeans were so inured to privation and death; so jaded and isolated by dysfunctional media, medical and political regimes and so distracted by economic and social chaos that they were either unaware of or unconcerned with the flu’s origin and spread.

Historiography

Over the past two decades, there has been an uptick in 1918 flu research, but it remains comparatively, conceptually and methodologically neglected by historians of modern Europe. Especially in contrast to the First World War, research on the 1918 flu is strikingly disproportionate. The 1918 flu was not a subject of serious inquiry until the 1970s, and it never made the 1980s transnational ‘turn’. While historians working on the social history of medicine began recontextualising diseases within colonial, diasporic and scientific networks and scholarship on the First World War received a transnational filip at the conflict’s centenary, 1918 flu historiography lingers as a topic framed mostly at the national level.¹⁴ Some publications focus on local case studies, but they lack a national, global or comparative context.¹⁵ Few compare local responses within a particular nation-state and even fewer compare local responses across national borders.¹⁶ An exhaustive 2003 bibliography of this global event contains only twenty-eight transnational titles.¹⁷ Since then, only one more scholarly monograph may be added to the list.¹⁸ Furthermore, most scholarship on the 1918 flu relies on government, medical and journalistic sources, which focus on male physician–scientists, government officials and the

¹⁴For instance, Ryan A. Davis, *The Spanish Flu: Narrative and Cultural Identity in Spain, 1918* (New York: Palgrave Macmillan, 2013); Caitriona Foley, *The Last Irish Plague: The Great Flu Epidemic in Ireland 1918–19* (Dublin: Irish Academic Press, 2011); Mark Honigsbaum, *Living With Enza: The Forgotten Story of Britain and the Great Flu Pandemic of 1918* (New York: Macmillan, 2009); Johnson, *Britain and the 1918–19 Influenza Pandemic*; Ida Milne, *Stacking the Coffins: Influenza, War and Revolution in Ireland, 1918–19* (Manchester: Manchester University Press, 2018); Wilfried Witte, *Explanation Emergency: The Influenza Epidemic 1918–1920 in Germany with Special Consideration of Baden (Erklärungsnotstand: Die Grippeepidemie 1918–1920 in Deutschland unter besonderer Berücksichtigung Badens)* (Herbolzheim, Germany: Centarus, 2006).

¹⁵For the Austro-Hungarian Empire see Thomas Hörzer and Ursula Kunze, “‘Hardly a House Without Sick People’: The Spanish Flu in Styria” (“‘Kaum ein Haus in dem nicht Kranke lagen’: Die Spanische Grippe in der Steiermark”), *Wiener Medizinische Wochenschrift* 162 (2012): 148–57. Manfred Vasold wrote two local studies in the Germany context, including ‘The Influenza Pandemic of 1918/19 in the City of Munich’ (‘Die Grippepandemie von 1918/19 in der Stadt München’), *Oberbayerisches Archiv* 127 (2003): 395–414. In the Swiss context, refer to Andreas Tscherrig, *Sick Visits Prohibited!: The Spanish Flu of 1918/19 and the Cantonal Health Authorities in Basel-Landschaft and Basel-Stadt (Krankenbesuche verboten!: Die Spanische Grippe 1918/19 und die kantonalen Sanitätsbehörden in Basel-Landschaft und Basel-Stadt)* (Basel: Kantons Basel-Landschaft, 2016).

¹⁶An exceptional exception that makes local comparisons is Benjamin Brulard, ‘Spanish Flu in Occupied Belgium (1918–1919): Epidemiological Analysis and Study of the Imagination and Perception of the Epidemic Through War Diaries’ (‘La grippe espagnole en Belgique occupée (1918–1919): analyse épidémiologique et étude de l’imaginaire et de la perception de l’épidémie à travers les carnets de guerre’) (master’s diss., Université catholique de Louvain, 2018).

¹⁷‘Bibliography’, Jürgen Müller, comp., in *The Spanish Influenza Pandemic of 1918–19: New Perspectives*, ed. Howard Phillips and David Killingray (New York: Routledge, 2003), 301–51.

¹⁸Marc Hieronimus, *Illness and Death in 1918: Dealing with the Spanish Flu in France, England and the German Reich (Krankheit und Tod 1918: Zum Umgang mit der Spanischen Grippe in Frankreich, England und in dem Deutschen Reich)* (Münster: Lit, 2006).

urban populations that received the bulk of these authorities' attention.¹⁹ Few focus on women's and children's experiences, or the experiences of rural individuals, though the latter were demographic majorities in several European states.²⁰ Lastly, almost every historiographic survey of the pandemic mentions historical fields in which the flu remains unintegrated, including cultural history, social history, transnational history, memory studies and the First World War.²¹ It is the aim of this article, and the larger project upon which it is based, to integrate these fields into 1918 flu scholarship.

Given the above paucities, it is easy to see why the notion that the 1918 flu was 'forgotten' has received almost as much scholarly attention as the pandemic itself. In 1976, Alfred Crosby was one of the first to speculate about this historical amnesia in his seminal *Epidemic and Peace, 1918* (its 1989 reissue was renamed *America's Forgotten Pandemic*).²² Many of his tentative theories have since been repeated to the point of acceptance. They include: (1) in 1918 'lethal epidemics were not as unexpected' as today; (2) the disease's brevity meant its effects on society and the economy were ambiguous and ephemeral; (3) few famous (i.e., memorable) individuals died; (4) war deaths distracted from flu deaths, even as flu deaths were subsumed under war deaths; and (5) the pandemic was 'only' flu, which made it banal and forgettable.²³ In 2003, Howard Phillips and David Killingray's *The Spanish Influenza Pandemic of 1918–19: New Perspectives* added more theories to the list.²⁴ They include: (6) a speculation that the flu's impact on the global north was 'relatively light' and therefore not memorable, (7) an observation that the pandemic was an 'enormous rout' for modern medicine and therefore neglected by Whiggish historians of science and (8) a somewhat mechanistic claim that more flu 'waves' would have equalled more memory of them.²⁵ Other popular theories that occur regularly

¹⁹For example, John M. Barry's 'great man' account, *The Great Influenza: The Epic Story of the Deadliest Plague in History* (New York: Viking Penguin, 2004), and Mark Osborne Humphries's bureaucratically oriented *The Last Plague: Spanish Influenza and the Politics of Public Health in Canada* (Toronto: University of Toronto, 2013).

²⁰An important exception regarding the flu's rural dimensions is Malte Thießen, 'Pandemics as a Problem of the Province: Urban and Rural Perceptions of the "Spanish Influenza", 1918–1919', in *Epidemics and Pandemics in Historical Perspective* (*Epidemien und Pandemien in historischer Perspektive*), ed. Jörg Vögele, Stefanie Knöll and Thorsten Noack (Wiesbaden: Springer, 2016).

²¹See Guy Beiner, 'Out in the Cold and Back: New-Found Interest in the Great Flu', *Cultural and Social History* 3 (2006): 496–505; Guy Beiner, 'Introduction: The Great Flu between Remembering and Forgetting', in Guy Beiner, ed., *Pandemic Re-Awakenings: The Forgotten and Unforgotten 'Spanish' Flu of 1918–1919* (Oxford: Oxford University Press, 2022), 1–50; Howard Phillips and David Killingray, 'Introduction', in *The Spanish Influenza Pandemic of 1918–19*, ed. Howard Phillips and David Killingray (New York: Routledge, 2003), 1–25; Howard Phillips, 'The Re-appearing Shadow of 1918: Trends in the Historiography of the 1918–19 Influenza Pandemic', *Canadian Bulletin of Medical History* 21, no. 1 (2004): 121–34; Howard Phillips, 'Second Opinion: The Recent Wave of "Spanish" Flu Historiography', *Social History of Medicine* 27, no. 4 (2014): 789–808; Frédéric Vagneron, 'The Spanish Flu: A Century-Old Historiography Revisited' ('La grippe espagnole: une historiographie centenaire revisitée'), *Ler História* 73 (2018): 21–43.

²²Alfred W. Crosby, *America's Forgotten Pandemic: The Influenza of 1918*, 2nd ed. (Cambridge: Cambridge University Press, 2003), 319–22.

²³Amongst others, theory one was repeated by Milne, theory two was echoed by Andi Zogg, theory three was repeated by Brulard, theory four was revisited by Jean Guénel and Vinet, while theory five was repeated by Lucy Taska, Myron Echenberg, Barry and Davis. See Milne, *Stacking the Coffins*, 4; Andi Zogg, 'The "System" Has the Flu: Dealing with an Epidemic in the Year of the Swiss National Strike of 1918' ('Das "System" hat die Grippe: Vom Umgang mit einer Epidemie im Jahr des schweizerischen Landestreiks von 1918') (PhD diss., Universität Zürich, 2000), 56; Brulard, 'Spanish Flu', 14; Jean Guénel, 'Spanish Influenza in France in 1918–1919' ('La grippe "espagnole" en France en 1918–1919'), *Histoire des Sciences Médicales* 38, no. 2 (2004): 165; Vinet, *Great Influenza*, 1918, 203; Lucy Taska, 'The Masked Disease: Oral History, Memory and the Influenza Pandemic, 1918–19', in *Memory and History in Twentieth-Century Australia*, ed. K. Darian-Smith and P. Hamilton (Melbourne: Oxford University Press, 1994); Myron Echenberg, '"The Dog that Did Not Bark": Memory and the 1918 Influenza Epidemic in Senegal', in *The Spanish Influenza Pandemic of 1918–19*, ed. Howard Phillips and David Killingray (New York: Routledge, 2003), 235–38; Barry, *Great Influenza*, 321–32, 236, 241; Davis, *Spanish Flu*, 2–3.

²⁴Phillips and Killingray, 'Introduction', 13–14, 24–5.

²⁵Amongst others, theory seven was echoed by Carol R. Byerly, *Fever of War: The Influenza Epidemic in the U.S. Army during World War I* (New York: New York University Press, 2005), 155–6. Theory eight was mentioned by Niall P.A.S. Johnson, 'The Overshadowed Killer Influenza in Britain in 1918–19', in *The Spanish Influenza Pandemic of 1918–19*, ed. Howard Phillips and David Killingray (New York: Routledge, 2003), 149.

in the literature were summarised by Mark Honigsbaum in 2018. They include (9) humans' inability to imagine 'deaths of the order of tens of millions', (10) the Armistice's *deus ex machina* distraction as the pandemic peaked and (11) government censorship, which suppressed morale-hindering reportage.²⁶ Recently, Guy Beiner posited the pandemic suffered from (12) 'cultural and social forgetting'. 'Cultural forgetting' is the exclusion of a phenomenon from 'artistic and literary canons', while 'social forgetting' is 'an oblique form of social remembrance sustained through tensions between public avoidance and the persistence of private, or local, recollections'.²⁷ This idea chimes with Frédéric Vagneron's observation that 'at the finer scale of communities and individuals . . . long-term consequences had a lasting impact', though 'the study of collective memory at the national level has often neglected these consequences'.²⁸ Expanding the horizon of flu 'forgetting' beyond 1918, Honigsbaum argues that influenza is a general conundrum for historians due to its variable intensity and diverse symptomatology, which means that it 'is forever changing its medical identity', and thus its ability to be enshrined in historical memory.²⁹

The preceding theories about why the 1918 flu was 'forgotten' are intuitive and reasonable, and it is not my primary objective to criticise or champion any of them. They are included to make the point that most have either been repeated to the point of acceptance (but with very little broad or systematic proof), or they tell us more about historians, historiography and human nature than about the specific societies that experienced the pandemic. Thus, the historiographic intervention made by this article concerns the fact that most theories about why the 1918 flu was 'forgotten' lack the transnational, socio-cultural evidence that could make them demonstrable and reliable. In short, we do not know how the 1918 flu was 'constructed and understood by contemporaries' in the first place.³⁰ Beiner states, 'the cultural history of this catastrophe remains to be written', while Terrence Ranger hypothesises the path forward is 'an accumulation of such private histories' that 'will eventually redeem the neglect of the pandemic' via social and cultural history.³¹ The 1918 flu must therefore be comprehensively appraised as a socio-cultural event that was experienced and interpreted by individuals of all geographies, genders, ages and religions. In Europe specifically, it must be contextualised as an event that occurred in tandem with a cascade of other reckonings between March 1918 and March 1919.

Of course, the greatest of these reckonings was the First World War, an event that presupposed how Europeans experienced the pandemic. Beiner notes, 'The historical connections between the Great Flu and the Great War have yet to be disentangled and properly understood'.³² The task of completely disaggregating (or aggregating) these events is beyond the scope of this article. Yet I wish to be clear that I approach the flu and the war as *independent* phenomena when it comes to the amount of knowledge Europeans held about each event, but as *interdependent* phenomena when it comes to the existential distress that Europeans felt in 1918. In other words, the suffering caused by war and flu were inextricably entwined in contemporaries' experiences and memories even as they possessed more knowledge about the former as a global war than the latter as a global pandemic. Europeans shared a 'real time' conceptual framework of the First World War, but not the 1918 flu.

Naturally, early twentieth-century Europeans understood their continent's global impact via migration, exploration, exploitation and war, but scholars who focus on Europe's transnational dimensions risk obscuring European provincialism in other areas of knowledge. Historians regard the

²⁶ Mark Honigsbaum, 'Spanish Influenza Redux: Revisiting the Mother of All Pandemics', *Lancet* 391, no. 10,139 (2018): 2493.

²⁷ Beiner, 'Introduction', 40, 33.

²⁸ Vagneron, 'Spanish Flu', 31. This observation is mirrored by Milne, *Stacking the Coffins*, 193.

²⁹ Mark Honigsbaum, *A History of the Great Influenza Pandemics: Death, Panic and Hysteria 1830–1920* (London: I.B. Tauris, 2013), 2–3.

³⁰ Phillips and Killingley, 'Introduction', 24.

³¹ Terrence Ranger, 'A Historian's Forward', in *The Spanish Influenza Pandemic of 1918–19*, ed. Howard Phillips and David Killingley (New York: Routledge, 2003), xxi; Beiner, 'Out in the Cold and Back', 11.

³² Beiner, 'Introduction', 24.

fifty years before 1918 as a high point of globalisation. Flu scholars intuitively accept this paradigm when they write of the flu as a *global* pandemic, spread by *imperial* networks, during a *world* war. Even in national studies, historians typically survey the flu's social effects from a bird's eye view to underscore its virulence, even as the practice uncritically suggests that entire nations interpreted the pandemic together.³³ Europeans may have known that the flu was so contagious that 'all around everything seemed dead' and a person 'could only go to the moon' to avoid it, but their knowledge of its geography was strikingly opaque.³⁴ This observation is especially important after the COVID-19 pandemic, with its global 'real time' updates. During that pandemic, historians and journalists ventured numerous socio-cultural comparisons between 1918 and 2020, yet research on the 1918 flu remains too undeveloped for all but the most general assertions.³⁵

Above all, we must remember the term 'pandemic' is a retrospective designation.³⁶ While the word immediately illuminates the 1918 flu as global event, it obscures contemporaries' ignorance of its universal nature. Flurian Condrau and Michael Worboys warn historians that the intellectual a posteriori mastery of a disease may blind them to how it was ambiguously understood by contemporaries.³⁷ We must never assume that contemporaries knew what they were dealing with in 1918, for how long they would deal with it or how much destruction it would entail. Thus, the numerous, nuanced and increasingly firm categories imposed on the pandemic after 1918 are less important for apprehending the disease as it unfolded than contemporaries' writings and memories.

Methodology

Owing to Europe's chaotic press scene and a remarkable dearth of government and church archival sources, first-hand accounts are perhaps the most revealing evidence of the pandemic's socio-cultural impact. As a result, my research rests on a collection of nearly 1,000 flu survivors' letters and interviews gathered from across ten European countries (Denmark, France, Germany, Italy, Netherlands, Norway, Portugal, Spain, Sweden and the United Kingdom) during the early 1970s. The collection was assembled under the direction of the popular historian Richard Collier for his 1974 book *The Plague of the Spanish Lady: The Influenza Pandemic of 1918–19*. To create the collection, Collier solicited requests for flu memories in newspapers across western Europe. Responses ranged from a few sentences to several pages. He followed up promising leads with a mailed questionnaire that asked for specific details (e.g., how they learned of the disease, official reactions, socio-economic conditions, symptoms, medical care, etc.) or he hired research assistants to conduct in-person interviews and translate the responses.³⁸ Focusing exclusively on retelling the collection's most sensational tales,

³³ Davis's panorama of Spain is but one example: 'a town councilman in San Sebastian, requested that holy water in churches be withdrawn, while in Zaragoza, the municipal subcommittee on public health made plans to ask the archbishop to disinfect the basins that held holy water. In Villar de Cañas (Cuenca), residents died without receiving final rites. . . . The mayor of Ugijar (Granada) was reprimanded because he locked up the parish priest. . . .' See *Spanish Flu*, 74.

³⁴ Mme Henry l'Épée, 15 May 1972, IWM, 63-5-1 SF (A00034028), 1, and Georges Passelegue, ND, IWM, 63-5-1 SF (A00034028), 1.

³⁵ Tellingly, for as much as the 1918 flu was publicly referenced during COVID-19, only two of forty-one articles on the American Historical Association's 'Historicizing Pandemics' webpage substantially engage it. See <https://www.historians.org/news-and-advocacy/everything-has-a-history/a-bibliography-of-historians-responses-to-covid-19/global-and-historical-perspectives/global-and-historical-perspectives-past-pandemics-and-epidemics> (last visited 19 Apr. 2024).

³⁶ For a nuanced description of how a disease becomes accepted as a mass event, see Charles E. Rosenberg, 'What Is an Epidemic? AIDS in Historical Perspective', *Daedalus* 118, no. 2 (1989): 1–17.

³⁷ Frédéric Vagneron, 'At the Frontiers of the Disease: The History of Pandemic Influenza in France (1889–1919)' ('Aux frontières de la maladie: L'histoire de la grippe pandémique en France (1889–1919)' (PhD diss., École des hautes études en sciences sociales, 2015), 53.

³⁸ For an account of Collier and the book, see Hannah Mawdsley, 'Remembering the "Forgotten" Pandemic: Richard Collier's Collection of Personal Testimonies', in *Pandemic Re-Awakenings: The Forgotten and Unforgotten 'Spanish' Flu of 1918–1919*, ed. Guy Beiner (Oxford: Oxford University Press, 2022), 51–62. Collier's assistants include Michael de la Cour and Grace Rembourn Fry (Denmark); André Heintz (France); Brigid Allen and Eva Yeloff (Germany); Marisa Beck, Donatella Ortona

Collier's book neither capitalises upon, nor conveys, the depth and singularity of its source base. Milne bluntly states the book 'offers no analysis of the flu's impact'.³⁹ Scholars have subsequently used individual letters, or letter sets from individual countries, but the collection's full potential remains unrealised.

My approach to organising and utilising the memories uses quantitative methods for qualitative analysis. To this end, I trained a team of seven undergraduate students to read the memories and 'tag' them using a set of twenty-three specific data tags (e.g., 'location', 'gender', 'age', 'symptom', 'emotion', 'healthcare', 'government response', etc.). I then reread the letters for accuracy and entered the tag blocks into a searchable database.⁴⁰ I also mapped the subjects' locations in 1918 to understand their distribution and movements.⁴¹ These digital tools make possible a range of complex comparisons since I can quickly access and aggregate specific features about survivors and their named relatives. As an aggregate, the memories encompass a mix of genders (464 women, 369 men and twenty unknown), ages in 1918 (mean = fourteen years old; median = twenty years old; mode = eighteen years old), locations (602) and professions (168, including homemakers and volunteers, but not including students).⁴² Individuals were free to share whatever information they wished, but Collier's questionnaire largely focuses on their private circumstances and public observations. Although the memories were fifty-five years old when they were recorded, they are the only unified, transnational assembly of 1918 flu impressions in existence.

Given the vagaries of memory, these first-hand accounts are buttressed by secondary sources from the collection's ten countries and are further supported by a diverse set of primary sources including newspaper articles, government records and personal diaries from twenty-three national, regional, municipal, memory and religious archives. These primary sources were gathered from a narrower (though nevertheless representative) set of countries in the heart of Europe: France (an Allied power), Germany (a Central power) and Switzerland (a neutral power).

The article has a few caveats. In the interest of not spreading its analysis too thin or diminishing the significance of its source base, it does not consider other world regions or compare responses to the 1918 pandemic with other pandemics. Rather, the article confines itself to analysing and illuminating the translocal, socio-cultural context in which the 1918 flu unfolded so we have a better analytical basis from which to understand those relationships in Europe. Another caveat concerns dates. Survivors may have misremembered specific dates even if they clearly remembered specific events and contextual details. Readers must therefore satisfy themselves with knowing that the events in this article largely occurred between August and December 1918, unless otherwise specified. Lastly, while the term 'translocal' is typically associated with human migrations or exchanges, I use it to highlight how disparate communities may share similar understandings of a widespread event (i.e., 'trans'), even as they remained ignorant of its geographic extent and experienced it under unique, parochial conditions (i.e., 'local').⁴³ In this case, I demonstrate that hundreds of individuals in dozens

Ferrario and Maria Teresa Williams (Italy); Elly Beintema (Netherlands); Margareta Runqvist (Norway); Anna Wysochi (Portugal); Mariá Consolación and Fernández López (Spain) and Inga Forgan and Lisbeth Lindberg (Sweden). Collier's assistants translated the memories, but all other primary and secondary source translations are my own.

³⁹ Milne, *Stacking the Coffins*, 9.

⁴⁰ Database demonstration: <https://youtu.be/j6vKZ5iEJ5o> (last visited 10 Feb. 2025).

⁴¹ Map demonstration: <https://youtu.be/WW7xoitnxDA> (last visited 10 Feb. 2025). Thirty-one individuals were mobile during their flu experiences.

⁴² The total number of memories, including several dozen with little to no information, is 969. Of the individuals with no given age, 121 are identified as adults, twenty-six as young adults or teenagers, thirty-three as children and seven as babies or infants. Seventy letters had no age information. Additionally, there are fifty-nine individuals from across all ages whose stories were provided by a relative.

⁴³ There is no standard or specific definition for 'translocal', though Clemens Greiner and Patrick Sakdapolrak describe its uses. See 'Translocality: Concepts, Applications and Emerging Research Perspectives', *Geography Compass* 7 (2013): 373–84.

of European communities interpreted and experienced the 1918 flu in a similar fashion even as they were unaware the disease constituted a unified pandemic.⁴⁴

Survivors' knowledge

The clearest evidence that flu survivors experienced and interpreted the 1918 flu as a local catastrophe comes from their memories. Nearly a century later, historian Ida Milne interviewed over thirty Irish survivors and noted, 'These interviews with people in their nineties or hundreds became a two-way exchange, where the interviewees at last understood that they had been part of one of the world's greatest infectious disease crises, as they learned also of the wider Irish or global history.'⁴⁵ The Collier collection memories exhibit the same phenomenon. Juan Farre Gual of L'Espluga de Francolí, Spain (population, 3,424), reckoned the flu may have 'spread over two thirds of Europe', while thirty-two-year-old farmer Karl Andersson from Mörrum, Sweden (population, < 5,000), only knew that 'southern Sweden was very badly hit' since 'there were not so many newspapers about and [it was] difficult to get news.'⁴⁶ In Göttingen, Germany (population, 37,598), twenty-eight-year-old Mathilde Borchert (née Sauerland) stated, 'It wasn't known at that time that there was an epidemic', while twenty-six-year-old Italian Doctor Enrico Bedeschi, who was assisting prisoner of war patients at Josefov Fortress in Jaroměř, Austria-Hungary, simply noted, 'I was completely unaware that it was an epidemic.'⁴⁷ Even in the highly connected United Kingdom, fourteen-year-old Ellen Kendall (née Garrett) remarked, 'Being rather isolated in those days I am afraid I cannot say how it affected the towns around.'⁴⁸

Most survivors, regardless of location, occupation or class, emphasise that they were completely overwhelmed by the disease, the hardships they endured caring for others and the difficulties in securing scarce essentials. In both urban and rural areas of northern Germany, Malte Thießen estimates the flu infected upwards of 50 per cent of the population.⁴⁹ If this number is consistent across the continent, it means that for about two to six weeks in the fall of 1918, half of any given family in Europe was sick or dying – particularly those in the prime of life – while the other half was caring for them. Twenty-two-year-old Dutch survivor Jan Jacobs Lubbi of Harskamp, Netherlands (population, 11,389), recalled, 'All life had changed. The village seemed empty but hard work was going on behind the scene [*sic*].'⁵⁰

Many recollections highlighted the suddenness of the disease, spiralling communities into 'triage mode' and provoking a range of responses – from providing selfless aid to strangers to 'each one [having] to care for himself and his own family'.⁵¹ Twenty-six letters from eight countries mentioned neighbours helping neighbours during the pandemic, while six recalled the opposite. Help entailed finding and preparing food, cleaning house, tending animals, fetching doctors, buying medicine and alcohol (legally or on the black market), making home remedies, performing last rites, building coffins

⁴⁴ Parsing the geography of 'local' is difficult – whether it means a two-mile valley in the Pyrenees mountains or a twelve-mile radius on the North European Plains – but the point remains that Europeans did not collectively interpret the pandemic at national, continental or global levels.

⁴⁵ Ida Milne, 'Changing Narratives of "That" Pandemic: Re-Engaging with Oral Histories for the Centenary of the Great Flu in Ireland', in *Pandemic Re-Awakenings*, ed. Guy Beiner (Oxford: Oxford University Press, 2022), 113.

⁴⁶ Juan Farre Gual, 13 May 1972, IWM 63-5-2 SF (A00034029), 1, and Karl Andersson, 13 Mar. 1972, IWM, 63-5-2 SF (A00034029), 1.

⁴⁷ Mathilde Borchert (née Sauerland), ND, IWM, 63-5-5 SF (A00034032), 1, and Enrico Bedeschi, ND, IWM, 63-5-4 SF (A00034031), 2.

⁴⁸ Ellen Kendall (née Garrett), 18 May 1973, IWM, 63-5-1 SF (A00034028), 1–2. Kendall lived in Cublington, United Kingdom (population, 1,170).

⁴⁹ Thießen, 'Pandemics', 164.

⁵⁰ Jan Jacobs Lubbi, ND, IWM, 63-5-3 SF (A00034030), 1.

⁵¹ Sias, 1.

and burying bodies. Naturally, the burdens were greater for the poor than the wealthy.⁵² Rural resident Else Dahl (née Ullerup) of Ejstrup, Denmark (population, 1,991), performed several of these duties during her eighteen-hour volunteer shifts. 'Forbidden' by her husband from helping others because they had an infant, she was nevertheless 'happy' that 'God made the decision' for her when a neighbour knocked on their window at two o'clock in the morning, begging her to contact a doctor for aspirin. From then on, she 'trekked round day and night' by 'bicycle with my thermometer [a rarity at the time]'; helping 'whole families' with 'fever glazed eyes, faces and hands smeared with blood from nosebleeds'. The needs she encountered were ghastly. One man approached her to report that at a neighbour's farm the 'cows were making a terrible noise' for lack of milking. He refused to help but Dahl (née Ullerup) fearlessly entered the house where she discovered 'two tiny little rooms with eight big men, unshaven and blood and excrements everywhere'. She cleaned them, tidied the house, phoned the doctor and found someone for the milking.⁵³ The dead presented additional challenges. In her self-published memoir, German Amalie Belusa noted, 'I was the oldest and had to take care of everything [on the farm]. There were no more finished coffins . . . Everything had to be obtained in a roundabout way'.⁵⁴ In Citerna, Italy (population, 1,103), teenager Igino Caraffini estimated the flu killed 'between 10% and 15% of her village's population'. With the number of dead growing daily, she recalled 'it was difficult to find anyone [to bury the bodies] . . . Most able-bodied men were at the front, some refused out of fear, and others were too sick, so her mother and aunt carried 'bodies on their backs . . . about one and a half kilometres' to the cemetery'.⁵⁵

Fifty-nine survivors from eight countries explicitly mention food shortages or rationing and at least half a dozen mention fuel and medicine shortages. Their testimonies exhibit a hierarchy of need that indicates that material essentials were more important than news. According to twelve-year-old Linnea Johansson (née Ferling) of Frändefors, Sweden (population, < 1,000), 'People in the town-s [sic] were short of everything. No food, medicine, fuel. Always a shortage of clothes. Many clothes . . . were made out of paper'.⁵⁶ Some individuals were struck down in the process of obtaining necessities. Fifteen-year-old Trondheim, Norway resident Elide Anette Dugstad (née Forfod) was overcome with flu on a two-hour bike ride to dig peat with her father; twelve-year-old Geerling Klos of Enschede, Netherlands (population, 34,098), collapsed in line waiting for his family's milk ration; and twenty-nine-year-old Gods Maria Gustavsson (née Persdotter) of Mora, Sweden (population, < 10,000), was immobilised while foraging lingonberries. She was forced to travel thirty kilometres through pouring rain on a forest road to find a farmhouse in which to recover.⁵⁷ These testimonies are from survivors in neutral countries. Material scarcity was often more acute in occupied and belligerent countries. For example, Fernand Demeulenaere, a French expellee passing through Belgium, recorded that 'our illness kept us eight to ten days in this locality where, not having the right to stay, we could not claim help or distributions'.⁵⁸ Central powers were especially vulnerable to food insecurity owing to the Allies' blockade. Despite a relatively good harvest in 1918, German rations for fat and protein stood at thirty and forty grams per day respectively, and even those were sporadically unmet.⁵⁹ In Freiburg

⁵²Svenn-Erik Mamlund, Clare Shelley-Egan and Ole Rogeberg, 'The Association between Socioeconomic Status and Pandemic Influenza: Systematic Review and Meta-Analysis', *PLoS ONE* 16, no. 9 (2021): 19.

⁵³Else Dahl (née Ullerup), ND, IWM, 63-5-2 SF (A00034029), 1-5.

⁵⁴Amalie Belusa, *At Home in East Prussia: Memories of Heinrichstal, 1895-1945* (*Zu Hause in Ostpreußen: Erinnerungen an Heinrichstal, 1895-1945*) (Books on Demand, 2014), 53. This self-published book is located at the Deutsches Tagebucharchiv, Emmendingen, Germany (DTA).

⁵⁵Igino Caraffini, 16 June 1972, IWM, 63-5-4 SF (A00034031), 1.

⁵⁶Linnea Johansson (née Ferling), ND, IWM, 63-5-2 SF (A00034029), 1.

⁵⁷Dugstad (née Forfod), 1; Geerling Klos, ND, IWM, 63-5-3 SF (A00034030), 1; Francisco Antonio Correia, 29 Apr. 1972, IWM, 63-5-2 SF (A00034029), 1; Gods Maria Gustavsson (née Persdotter), ND, IWM, 63-5-2 SF (A00034029), 1.

⁵⁸Quoted in Brulard, 'Spanish Flu', 110.

⁵⁹Vasold, 'Influenza Pandemic', 399, 402. German food scientists even tried extracting protein from dragonfly wings. See Belinda J. Davis, *Home Fires Burning: Food, Politics and Everyday Life in World War I Berlin* (Chapel Hill: University of North

im Breisgau, 'the potato ration for the week ending on August 3, 1918 was twenty pounds, for the week beginning on August 4 it was zero; for the first week of September the meat ration stood at 200 grams, the next week it, too, was zero'. Black markets appeared in most countries to compensate for the dietary shortfall, but participating in them required extra time and effort. Instead of securing information in late 1918, most households were simply securing their lives.

A handful of survivors mentioned self-quarantines, which would have precluded learning about the disease's cause and spread, but this was rare. Caraffini reported a 'well-to-do' neighbour who 'bought sufficient provisions, sealed all her doors and windows with cotton wool and paper and shut herself up'.⁶⁰ She died anyway. Governments did not uniformly lock down their populations, preferring instead to (erratically) ban or discourage public assemblies, but belligerent nations sealed off some locations near military assets or in occupied territories.⁶¹ Residents of Cuxhaven, Germany (population, 14,888), for example, were forbidden to leave home. As relayed by her interviewer, Marie Benöhr (née Busch) stated that 'since the war started . . . Her life put her out of touch [with the wider world]'.⁶² Apparently, some rural locations were so provincial they avoided flu altogether. Anton Erkoreka claims there were 'safe villages' in Spain and Portugal that were unaffected by the pandemic. 'These villages . . . were very small . . . they were located in mountainous regions, with very poor transport infrastructure.'⁶³ In sum, helping others was an exhausting and all-encompassing affair, while not helping others demanded complete isolation. Either way, individuals were left with little supralocal knowledge of the flu.

Media Knowledge

My memory database uses 'media' as a data tag to capture public flu-related announcements. The term is tagged on 176 of 969 memories (18 per cent). Church bells – one of the oldest forms of public broadcasting in Europe – account for sixty-five mentions (37 per cent of media mentions) in the memory collection. Five individuals noted bells in conjunction with the Armistice, but the rest concerned local flu deaths.⁶⁴ Gossip was another source of news and it accounted for sixteen references (9 per cent of media mentions). E. Bernet, a woodcutter from Prémery, France (population, 2,161), recalled learning of the disease from his postman.⁶⁵ There are a handful of outlandish flu rumours in the collection, such as airborne cancer and the German military dropping flu-laden canisters from airplanes, but they are scarce.⁶⁶ 'News' in 1918 straddled the line between pre-modern, auditory forms and modern, print forms, with the latter hardly more illuminating than the former.

Thirty-seven survivors mentioned newspapers (21 per cent of media mentions), but fifteen-year-old Anna Johansson (née Gustafsson) of Vara, Sweden (population, < 5,000), likely spoke for many when she stated, 'I remember clearly when you opened a newspaper . . . what you noticed most were the death notices in their black frames'.⁶⁷ Her paper's local focus is a hallmark of flu journalism and her focus on local deaths is a hallmark of citizens' interests. Indeed, only six individuals (3 per cent of

Carolina Press, 2000), 205. For an overview of nutrition in Paris, London, and Berlin see Thierry Bonzon and Belinda Davis, "Feeding the Cities," in *Capital Cities at War: Paris, London, Berlin 1914–1918, vol. 2: A Cultural History*, ed. Jay Winter and Jean-Louis Robert (Cambridge: Cambridge University Press, 2007).

⁶⁰ Igino Caraffini, 16 June 1972, IWM, 63-5-4 SF (A00034031), 2.

⁶¹ By 1918 about seventeen million civilians were living in occupied territories. Jörn Leonhard, *Pandora's Box: A History of the First World War*, trans. Patrick Camiller (Cambridge, MA: Harvard University Press, 2018), 252.

⁶² Marie Benöhr (née Busch), ND, IWM, 63-5-5 SF (A00034032), 1.

⁶³ Anton Erkoreka, 'Safe Villages during the 1918–1919 Influenza Pandemic in Spain and Portugal', *History of Medicine and Ethics* 61, no. 2 (2020): 1.

⁶⁴ Some municipalities banned the incessant ringing since it alarmed and depressed citizens.

⁶⁵ E. Bernet, 22 Feb. 1973, IWM, 63-5-1 SF (A00034028), 2.

⁶⁶ Albert Boverhof [Groningen, Netherlands; population, 74,609], ND, IWM, 63-5-3 SF (A00034030), 1, and A.B. Marshall (née, Wilford) [Doncaster, England; population, 54,064], 14 May 1973, IWM, 63-5-1 SF (A00034028), 2.

⁶⁷ Anna Johansson (née Gustafsson), ND, IWM, 63-5-2 SF (A00034029), 2.

media mentions) recalled national or international news.⁶⁸ This is unsurprising since Europe's newspapers were slow to acknowledge the disease and when they did, it was so overwhelming that people had little ability to report or read about it.

Nevertheless, newspapers contain the pandemic's most extensive public documentation, though their coverage was spotty, circumscribed and misleading. In all countries, the war created material shortages (e.g., paper and chemicals), as well as shortages of transportation (e.g., automobiles, bicycles, horses and trains) and related resources (e.g., coal, petroleum and rubber) that are necessary for journalistic activity.⁶⁹ In Belgium, 'Paper became so scarce that the *Libre Belgique* had to limit its print-run from 20,000 to 10,000 copies. . . . *De Vrije Stem* cut its number of pages from 16 to 8'.⁷⁰ According to Manfred Vasold's analysis of Munich newspapers, wartime publications were 'very thin' and mostly reserved for military and political events.⁷¹ Matthias Kordes reports the same in north-west Germany.⁷² South of the Alps, thirty-four-year-old Bernardo Lucia of Messina, Italy (population, 67,798), remembered that 'due to all the confusion . . . no papers were printed'.⁷³ In fact, during the flu's worst weeks – roughly mid-September to mid-November – there were even shortages of journalists, forcing some newspapers to temporarily close.⁷⁴

There were other systemic challenges. Few papers were available in rural regions and smaller outlets could not afford regional or national correspondents. In France, 'The conditions of war rendered almost impossible the task of accurately reporting events in distant countries. . . . The upshot was that the local population continued to be badly and inaccurately informed throughout 1917 and 1918'.⁷⁵ Autumn was also harvesting season. With millions of men at the front, farm women in belligerent countries worked from dawn to dusk, while their urban counterparts logged similar hours in war industries, making reading a luxury.⁷⁶ Dahl (née Ullerup) only mentioned newspapers insofar as she did not have time to read them.⁷⁷ Though it was common to share newspapers or read them aloud to others, illiteracy also inhibited news uptake. Across Europe, illiteracy ranged from less than 10 per cent in northern, urban regions to as high as 70 to 90 per cent in rural Italian and Iberian provinces.⁷⁸ In rural areas, even news of a global war was not especially interesting. Observing the Spanish peasantry, Gerald H. Meaker states, 'Little that was outside of Spain had real existence for them or could win their comprehension, let alone stir their enthusiasm'.⁷⁹

⁶⁸Notably, two of these individuals were abroad serving in the military.

⁶⁹Avner Bar-Hen and Patrick Zylberman, 'The Parisian Press and the "Spanish" Flu (1918–1920)' ('La Presse Parisienne et la Grippe "Espagnole" (1918–1920)'), *Les Tribunes de la santé* 47, no. 2 (2015): 36; Roger Chickering, *The Great War and Urban Life in Germany: Freiburg, 1914–18* (Cambridge: Cambridge University Press, 2007), 285–9, 348, 414; P.J. Flood, *France 1914–18: Public Opinion and the War Effort* (Houndmills, UK: Macmillan, 1990), 148; Michael Nolan, "'The Eagle Soars over the Nightingale': Press and Propaganda in France in the Opening Months of the Great War', in *Propaganda, Public Opinion, and Newspapers in the Great War*, ed. Troy R. E. Paddock (Westport, CT: Praeger, 2004), 75.

⁷⁰Sophie De Schaepdrijver and Emmanuel Debruyne, 'Sursum Corda: The Underground Press in Occupied Belgium', *First World War Studies* 4, no. 1 (2013): 30.

⁷¹Vasold, 'Influenza Pandemic' ('Grippepandemie'), 397, 410.

⁷²Matthias Kordes, 'The So-Called Spanish Flu of 1918 and the End of the First World War' ('Die sogenannte Spanische Grippe von 1918 und das Ende des Ersten Weltkrieges'), *Vestische Zeitschrift: Zeitschrift der Vereine für Orts- und Heimatkunde im Vest Recklinghausen* 101 (2006/07): 145.

⁷³Bernardo Lucia, ND, IWM, 63-5-4 SF (A00034031), 8.

⁷⁴Jaouen, 'Spanish Flu', 20; Łukasz Mieszkowski, 'The Overshadowing of the Memory of "Spanish" Flu in Poland', in *Pandemic Re-Awakenings*, ed. Guy Beiner (Oxford: Oxford University Press, 2022), 131.

⁷⁵Flood, *France 1914–18*, 142.

⁷⁶Benjamin Ziemann, *War Experiences in Rural Germany, 1914–1923*, trans. Alex Skinner (Oxford: Berg, 2007), 158.

⁷⁷Dahl (née Ullerup), 3.

⁷⁸Roberto Basile, Carlo Ciccarelli and Peter Groote, 'The Legacy of Literacy: Evidence from Italian Regions', *Regional Studies* 56, no. 5 (2022): 794; Gerald H. Meaker, 'A Civil War of Words: The Ideological Impact of the First World War on Spain, 1914–18', in *Neutral Europe between War and Revolution, 1917–23*, ed. Hans A. Schmitt (Charlottesville: University of Virginia Press, 1988), 6; Max Roser and Esteban Ortiz-Ospina, 'Literacy', in *Our World in Data*, <https://ourworldindata.org/literacy> (last visited 16 Jan. 2024).

⁷⁹Meaker, 'A Civil War of Words', 2, 49–50.

Timing was also a factor when it came to news penetration and uptake. European presses dismissed or downplayed the flu in the spring until it overwhelmed them in the autumn. During the 'mild' spring wave, European dailies erratically presented a few details about a new disease on their back pages. For example, on 1 June, readers learned from the 'Miscellaneous' section in Escholzmat, Switzerland's *Entlebucher Anzeiger* that a 'plague' in Madrid had sickened the Spanish king. A month later, an announcement stated there was an 'influenza epidemic' in France.⁸⁰ Like most publications, the paper did not connect these stories across time or space, and as far as the overarching pandemic 'story' was concerned, 'the [asynchronous] chronology of local epidemics masked the magnitude of the threat at the territorial [or national] level'.⁸¹

During the second wave, but prior to 11 November, warring countries' presses were almost entirely focused on the conflict and maintaining 'civilian resolve'. Meanwhile, neutral countries such as the Netherlands, Switzerland and Spain were distracted by socio-political crises, including labour strikes, military mutinies and revolutionary agitation.⁸² Even if individuals wished to know the flu's dimensions at its late-October peak, a censorious press in belligerent countries, a partisan press in neutral countries and a paternalistic press in all countries inhibited their curiosity. Homefront censorship and a lack of communication between belligerents especially restricted information sharing in warring countries. In Germany, by mid-1918, 174 newspapers were either temporarily or completely banned, while news on international and military events was 'orchestrated at several bureaucratic levels before it appeared in print'. The delays and distortions created even more confusion because some censors, whether by choice or accident, permitted a story to run in one venue but not another.⁸³ In Freiburg im Breisgau, 'On several occasions, notably in connection with the German offensives in 1918, the army blocked all postal communication. . . . Meanwhile, because of the censor's demands, the constriction of rail service, and the war's manifold shortages, the pace of communication . . . slackened'.⁸⁴ Germany's Prussian Privy State Archives holds a collection of ninety-eight flu-related newspaper articles compiled from outlets across central Europe between 29 May and 14 December 1918. About a quarter are less than twenty-five lines long, none are lead articles and nearly all are from urban papers.⁸⁵ Most articles also focus on local mitigation measures or practical concerns about the disease's symptoms and treatments. This suggests that either journalists had little knowledge of foreign conditions, flu reportage were censored or simply that local news trumped international news.⁸⁶

In France, Yves Jaouen provides a case study of the flu's journalistic trajectory in the medium-sized news market of Nantes. Until September, the press sporadically mentioned the disease in Spain, Sweden and Switzerland, but it somehow missed France.⁸⁷ By mid-September, this illusion was

⁸⁰Josef Portmann, 'The Flu Epidemic in Escholzmat 1918–1919' ('Die Grippe-Epidemie in Escholzmat 1918–1919'), *Blätter für Heimatkunde aus dem Entlebuch* 53 (1979): 9–10.

⁸¹Vagneron, 'At the Frontiers', 481. Major dailies in the United Kingdom were possibly better informed owing to their imperial networks.

⁸²For the Swiss General Strike, see Hienz K. Meier, 'The Swiss National General Strike of November 1918', in *Neutral Europe between War and Revolution, 1917–23*, ed. Hans A. Schmitt (Charlottesville: University Press of Virginia, 1988), 66–71, 76–7. On the Dutch military mutiny, see Maartje M. Habbenhuis, *The Art of Staying Neutral: The Netherlands in the First World War, 1914–1918* (Amsterdam: Amsterdam University Press, 2006), 228. On Spanish revolutionary activity see Meaker, 'A Civil War of Words'.

⁸³Leonhard, *Pandora's Box*, 521; Chickering, *Great War*, 415.

⁸⁴Chickering, *Great War*, 291.

⁸⁵'Influenza (Grippe)', Geheimes Staatsarchiv Preußischer Kulturbesitz (GStAPK), Nr 3835, I. VIII B, HA, Rep. 27.

⁸⁶A few brief articles mention the flu's presence in France and the United Kingdom.

⁸⁷Yves Jaouen, 'The Epidemic of Spanish Flu in Nantes (1918–1919)' ('L'épidémie de grippe espagnole à Nantes (1918–1919)') (Nantes: History Workshop of the Permanent University of Nantes, 2015), <https://up.univ-nantes.fr/cours/les-travaux-de-latelier-de-recherche-historique> (last visited 18 Apr. 2024), 4; Pierre Darmon, 'A Tragedy within a Tragedy: Spanish Flu in France (Apr. 1918–Apr. 1919)' ('Une tragédie dans la tragédie: la grippe espagnole en France (avril 1918–avril 1919)'), *Annales de démographie historique* 2 (2000): 153. The assertion that the flu spared one's own country was common across Europe. See Jürgen Müller, 'The Spanish Influenza 1918/19: The Influence of the First World War on the Spread, Course and Perception of a Pandemic' ('Die Spanische Influenza 1918/19, Der Einfluß des Ersten Weltkrieges auf Ausbreitung,

untenable, so journalists – working within the parameters of censorship – admitted flu was present in the country, but it was benign.⁸⁸ When it was clear a few weeks later that the flu was not benign, Paris's *Le Populaire* finally challenged the censors:

Do you know what the Spanish flu is? I do not. . . . It's all very well not to want to frighten people by hiding all the dangers from them. But it is a little humiliating for us to suppose that we are so cowardly that we tremble like leaves at the announcement of the least epidemic.⁸⁹

Throughout autumn, newspapers across France increased their coverage, but most articles focused on individual prophylaxis and local case numbers.⁹⁰ According to a fact-finding commission sent by the Spanish government to France, 'here and in other countries, the Press limits itself to reflecting briefly the opinion of men of science and official advice and orders' out of a desire to 'soothe' the public.⁹¹ It did not work. Confounded by the media's apathy, Belfort diarist Louis Herbelin recorded on 10 September, 'The sanitary situation is . . . more and more worrying and the local newspapers do not dare to say anything about it!'⁹²

The relatively uncensored Swiss press, combined with its 'manifold contacts in Baden and Alsace', was no more informed or revealing of the flu's dimensions.⁹³ Swiss newspapers initially reported a 'minor' epidemic originating from an external location in the spring and summer before telescoping their coverage to focus on local municipalities in the fall. For example, in the German-speaking canton of Zug, the *Zuger Nachrichten* referred to a 'mysterious epidemic' on 1 June, but it did not specify 'influenza' as the cause.⁹⁴ In mid-July, a federal press release mentioned 'influenza' for the first time and named it the 'Spanish disease'. As in France, authorities concurred that it was mild.⁹⁵ From September on, the canton's newspapers fixated on local measures, health recommendations, the disease's financial costs and federal guidelines.⁹⁶ Yet they still had little to say about the flu's range or epidemiology. As the pandemic proliferated throughout September, the daily French-language *Le Jura Bernois* included twenty-two flu mentions but none made the front page, and the average column length was only fifteen lines of print.

After 11 November, the continent's journalists rapidly shifted their attention to Europe's burgeoning socio-political chaos; the possibility of renewed warfare; the terms of the peace treaty; refugee, troop and prisoner of war repatriations and the emerging threat of Bolshevism. In other words, the Armistice 'cured' the flu from appearing in Europe's newspapers. For example, in Freiburg im

Krankheitsverlauf und Perzeption einer Pandemie'), in *Die Medizin und der Erste Weltkrieg*, ed. Wolfgang U. Eckart and Christoph Gradmann (Herbolzheim, Germany: Centaurus, 2003), 337.

⁸⁸Jaouen, 'The Epidemic', 4, 15. The Italian press did not mention flu until September according to Raffaele Gaeta, Antonio Fornaciari and Valentina Giuffr . See 'The 1918/19 Spanish Flu in Pisa (Tuscany, Italy): Clinical, Epidemiological and Autoptic Considerations', *Acta medico-historica Adriatica* 18, no. 1 (2020): 50.

⁸⁹Quoted in Jaouen, 'The Epidemic', 15.

⁹⁰Fran oise Bouron, 'Spanish Flu (1918–1919) in French Newspapers' ('La grippe espagnole (1918–1919) dans les journaux fran ais'), *Guerres mondiales et conflits contemporains* 233, no. 1 (2009), 87–88. A similar trajectory is found in Toulouse. See Pierre Alquier, 'Spanish Flu in Toulouse 1918–1919' ('La grippe espagnole   Toulouse 1918–1919') (PhD diss., Universit  Toulouse, 2017).

⁹¹Gregorio Mara  n, Gustavo Pittaluga and Antonio Ruiz Falc , 'Sobre el actual estado sanitario de Francia y su identidad con la epidemia gripal en Espa a', *El Sol*, 4 Nov. 1918. Quoted in Davis, *Spanish Flu*, 89.

⁹²Louis Herbelin, '10 Sept. 1918', *Louis Herbelin Journal*, Archives D partementales du Territoire de Belfort (ADTB), Soci t  Belfortaine d'Emulation collection 5 J Ms 22/1–22.

⁹³Robert Labhardt, 'The Basel Border Region during the First World War' ('Der Grenzraum Basel im Ersten Weltkrieg'), *Basler Zeitschrift f r Geschichte und Altertumskunde* 114 (2014): 39–76. Quoted in Tscherrig, *Sick Visits Prohibited*, 32.

⁹⁴Quoted in Walter Bersorger, 'When the Fever Came to Zug: The "Spanish Flu" of 1918/19' ('Als das Fieber nach Zug kam: Die "Spanische Grippe" von 1918/19', *Tugium* 34 (2018): 195. Freiburg, a French-speaking canton, broke the news in a three-line article on 3 July. See Alain Bosson, 'The Return of the Black Death? The Spanish Flu Epidemic in the Canton of Fribourg (1918–1919)' ('Le grand retour de la peste noire? L pid mie de grippe espagnole dans le canton de Fribourg (1918–1919)'), *Annales Fribourgeoises* 80 (2018): 90.

⁹⁵Besorger, 'When the Fever', 196; Laura Marino, 'Spanish Flu in the Valais (1918–1919)' ('La Grippe espagnole en Valais (1918–1919)') (master's diss., Universit  de Lausanne, 2014), 243–4.

⁹⁶Cantons introduced similar measures at different times, but they followed a standard course.

Breisgau, at the height of the pandemic, the *Freiburger Zeitung*'s 11 November morning and evening editions were dominated by Armistice news, the formation of a workers' and soldiers' council and political uprisings around Germany. The paper mentioned flu five times, but they were mostly short blurbs on local deaths. Thenceforward, the paper only mentioned flu ten more times for the rest of November. Even in neutral Spain, 'news of the anticipated peace negotiations overshadowed news of the epidemic'.⁹⁷ In Switzerland, too, news of the Armistice combined with news of the country's General Strike on 12–14 November to focus the public's attention on labour issues and the creation of a post-war political order.⁹⁸ In Poland and other newly emancipated territories, 'The rapid succession of political events filled the headlines and pushed aside reports of "Spanish" Flu'.⁹⁹ The memories of Marguerite Giron and Paul Max, both of Brussels, Belgium, underscore the disparity between the two events. In contrast to a few 'brief references to the epidemic, both filled pages upon pages describing their wonder and joy that the despised Germans were finally leaving. Everything else paled in importance'.¹⁰⁰ The Armistice and its cascading repercussions made flu unimportant for individuals caught up in the action and diminished its newsworthiness for those who were not.

While Europe's (healthy) journalists breathlessly reported on the war and the Armistice happening 'out there', Europeans were often required to remain entirely focused on the flu happening 'right here'.¹⁰¹ Twenty-year-old Margit Møller, a student nurse in Naerbø, Norway (population, 1,986), dramatically illuminates how some individuals used their newspapers. Prompted by her religious convictions, Møller united with two women in the village to work 'from 7 am to midnight 7 days a week' since 'almost [sic] everyhousehold [sic] there were people in bed'. In one 'old small cottage', she found a 'mother about 70 odd [years old] and [an] even older father'. They had remained in bed for days, so she 'got the old parents out of their beds . . . lots of used newspapers. They must have used it to absorb urine . . . and on his back the print from [a] local newspaper was readable. Obituary from last month'.¹⁰²

Healthcare provider knowledge

Most European countries lacked robust scientific research foundations and public health ministries. In the Spanish context, Ryan A. Davis writes, 'Whatever public health infrastructure was supposed to look like in 1918, in fact it was a patchwork of local realities. . . . Health boards were essentially advisory, the practical implementation of their recommendations fell to provincial and municipal health inspectors, who, along with the general public, felt 'that the resources that were available were entirely insufficient'.¹⁰³ The same was true in Switzerland, although documentation in this country suggests that urban cantons, such as Bern, had a more robust and communicative public health presence than other nations.¹⁰⁴ Countries that did possess institutional resources – particularly the warring nations of France, Germany and the United Kingdom – immediately made flu a top research priority. Yet scientific and medical enquiries muddled the waters of discovery with false premises, disorganised methods, failed experiments and ambiguous findings.

⁹⁷ Davis, *Spanish Flu*, 15.

⁹⁸ Christian Sonderegger, 'Die Grippeepidemie 1918/19 in der Schweiz' (master's diss., Universität Bern, 1991), 91–7.

⁹⁹ Mieszkowski, 'The Overshadowing', 132.

¹⁰⁰ Utz Thimm, '"When Two Crises Meet Each Other": Remembering "Spanish" Flu in the Low Countries', in *Pandemic Re-Awakenings*, ed. Guy Beiner (Oxford: Oxford University Press, 2022), 145.

¹⁰¹ As Mieszkowski succinctly observes, 'The healthy were preoccupied with politics, while the sick were concerned with recovery and survival'. See 'The Overshadowing', 124.

¹⁰² Margit Møller, ND, IWM, 63-5-3 SF (A00034030), 3–6.

¹⁰³ Davis, *Spanish Flu*, 61–2.

¹⁰⁴ Simon Brack, 'An Invisible Enemy: The Local Political Handling of the 1918 Influenza Epidemic in Three Municipalities of Bern, Thun and Langnau' ('Ein unsichtbarer Feind: Der kommunalpolitische Umgang mit der Grippeepidemie 1918 in den drei Gemeinden Bern, Thun und Langnau i.E.') (master's diss., Universität Bern, 2015), 43–52.

Influenza's prevailing etiological theory dated to 1892 when German scientist Richard Pfeiffer claimed that he had isolated the influenza bacteria in pure culture. Henceforth known as 'Pfeiffer's bacillus', the microbe was discovered in enough cultures from enough victims for the theory to be conditionally accepted throughout Europe. Yet over the next twenty-five years, Pfeiffer's claim was challenged, though never discredited, in Austria-Hungary, France, Germany, the United Kingdom and the United States.¹⁰⁵ It was not until 1933 that a bacterial cause was finally overturned with the discovery of the type A influenza virus. Headed in the wrong direction with the wrong etiological guide, scientists in 1918 valiantly, if fruitlessly, spun their wheels. A tour of Europe's scientific powerhouses underscores the point.

In the United Kingdom, 'The laboratory system on which the War Office, MRC [Medical Research Committee], and RAMC [Royal Army Medical Corps] depended produced an avalanche of conflicting evidence and claims about the primary cause of the pandemic', which, according to Michael Bresalier, 'magnified rather than resolved fundamental problems in existing knowledge and approaches'.¹⁰⁶ In France, 'Doctors, bacteriologists, clinicians, hygienists, military health services: each mobilised its own methods, institutional references and modes of action, and produced its own account of the epidemic and its own framework for understanding influenza, whether therapeutic, scientific, medical, prophylactic, sanitary or experimental'.¹⁰⁷ Yet whatever their background, 'all those involved professed their ignorance of the nature of the germ in question'.¹⁰⁸ Meanwhile, in Germany, scientific opinion remained wedded to 'Pfeiffer's bacillus', but the correlation became increasingly dubious during the pandemic since not all victims' sputum contained the bacteria.

Thus, elite medical expertise was par for the course in 1918. If military experts could not clarify their country's increasingly nebulous war aims, if economic experts could not explain their country's arbitrary shortages and rationing and if political experts could not resolve why the war had lasted four years, how could their scientific peers illuminate a four-month-old disease or elucidate when it would subside? The flu's epidemiology was as much of a mystery to 'experts' as it was to laypeople, despite the former's best efforts to assert their relevancy.¹⁰⁹

In any case, victims' principal points of contact with the outside world were the precious few healthcare workers – physicians, nurses and volunteers – who cared for them. Yet given healthcare workers' demands, they had little time for anything other than first aid.¹¹⁰ Even before the war, Germany's rural areas suffered from a doctor shortage, but during the pandemic, with most doctors in the prime of life serving at the front, 'whole communities remained without medical support'.¹¹¹ In the United Kingdom, for example, 'by 1918 over fifty per cent of the profession – nearly 14,000 physicians – had been recruited or conscripted into the RAMC' of which the vast majority were below the age of fifty.¹¹² This meant that treating victims fell on older, often retired house doctors with less

¹⁰⁵ Anne Rasmussen, 'In Urgency and Secrecy: Conflicts and Consensus around the Spanish Flu, 1918–1919' ('Dans l'urgence et le secret: Conflits et consensus autour de la grippe espagnole, 1918–1919'), *Mil neuf cent. Revue d'histoire intellectuelle* 25, no. 1 (2007): 182; Honigsbaum, *A History of the Great Influenza Pandemics*, 69–72.

¹⁰⁶ Michael Bresalier, 'Fighting Flu: Military Pathology, Vaccines, and the Conflicted Identity of the 1918–19 Pandemic in Britain', *Journal of the History of Medicine and Allied Sciences* 68, no. 1 (2011): 127; Anne Rasmussen, 'Prevent or Heal, Laissez-Faire or Coerce? The Public Health Politics of Influenza in France, 1918–1919', in *Influenza and Public Health: Learning from Past Pandemics*, ed. Tamara Giles-Vernick and Susan Craddock (London: Earthscan, 2010), 73.

¹⁰⁷ Rasmussen, 'In Urgency and Secrecy', 179.

¹⁰⁸ *Ibid.*, 182.

¹⁰⁹ For an elaboration on the 'many uncertainties surrounding available knowledge of the disease ... and its obvious political dimensions', which pitted 'health professionals against the public on the one hand and experts against each other on the other' see Rasmussen, 'In Urgency and Secrecy', 189.

¹¹⁰ Richard van Emden and Steve Humphries, *All Quiet on the Home Front: An Oral History of Life in Britain during the First World War* (London: Headline, 2003), 284.

¹¹¹ Thießen, 'Pandemics', 167.

¹¹² Michael Bresalier, *Modern Flu: British Medical Science and the Viralisation of Influenza, 1890–1950* (London: Palgrave Macmillan, 2023), 117.

physical energy, less administrative competency, fewer scientific contacts and more outdated theories about diseases and their transmission (e.g., ‘miasmas’).¹¹³

Given that Collier collected survivors’ testimonies in the early 1970s, the house doctors represented in the collection necessarily skew young, but their testimonies clearly exhibit exhaustion and confusion. On the Danish island of Tåsinge (‘Tåsø’) (population, 3,927), thirty-four-year-old Doctor Poul Madsen worked from dawn to dusk serving hundreds of patients across dozens of square miles on bike, horse and rowboat because flu had already downed seven doctors on the surrounding islands.¹¹⁴ To keep pace with the demand, some doctors resorted to stimulants. For instance, Doctor Cabanne of Cavaillon, France (population, 8,991), injected himself with cocaine to stay alert.¹¹⁵ House doctors like Cabanne and Madsen often worked alone, so they had little time to record their observations or communicate news to the public. According to Thießen, German ‘doctors simply lacked the time for extensive reports because of constant work overload and lengthy travels to their patients.’¹¹⁶ The same was true of Germany’s southern neighbour. An announcement in *Le Jura Bernois* underscores the inefficiencies of Switzerland’s disease reporting system: ‘It is the doctors who must report to the competent authorities, who must then report to the competent authorities, who must then inform the Swiss Health Office.’¹¹⁷ In France, communication in the other direction was just as confused since government health alerts were ‘diluted in the workings of the health administration, [and] compartmentalized between different ministries’. Thus, ‘the different chronologies of the epidemic at the local level made these alerts very confused’.¹¹⁸

Healthcare workers at cutting-edge hospitals were in no better position to assess the magnitude of the disease. At Bispebjerg Hospital in Copenhagen (population, 504,229), nurse Litta Aggerbeck (née Larsen) worked twelve-hour shifts, but the institution’s urban location and modern equipment did not give her more time to learn about the disease.¹¹⁹ A similarly stressed situation was found in Swedish hospitals. In Skåne, ‘there were bodies in the cellar’, a baby sucked at the breast of a dead mother and the sick coughed up long, black ‘rags’ of lung tissue.¹²⁰ In the chaos and death, it was impossible to see beyond one’s own horizon. This sentiment was mirrored in Berlin, Germany (population, 2,070,695). According to twenty-five-year-old Doctor Ernst Ottsen at Virchow Hospital, ‘It was uninterrupted work! . . . I do not know what effect this influenza epidemic had in France or in the other European countries. The international reports on this subject were very uninformative.’¹²¹ One French doctor was even sanguine about his obliviousness, ‘Perhaps my ignorance of the pandemic’s existence made me optimistic and I unconsciously imparted this to my patients? Who knows!’¹²²

Like their overworked colleagues in the medical profession, Europe’s religious caregivers had little time to gather or relay flu news. Twenty-six-year-old priest Ern Jan Rath from Den Dungen, Netherlands (population, 1,514), ‘had to bury 5 people a day. In one month[,] 42 people had died,

¹¹³ Catherine Ammon, ‘Chronicles of an Epidemic – Spanish flu in Geneva (1918–1919)’ (‘Chroniques d’une épidémie – Grippe espagnole à Genève (1918–1919)’ (Diplôme d’Etudes Supérieures, Université de Genève, 2000), 52–3; Tscherrig, *Sick Visits Prohibited*, 44–5. Even scientists and doctors believed in miasmatism owing to the hundreds of thousands of unburied battlefield corpses strewn across Europe. See Foley, *Last Irish Plague*, 125–6; Milne, *Stacking the Coffins*, 119; Rasmussen, ‘In Urgency and Secrecy’, 188.

¹¹⁴ Poul Madsen, Letter, ND, IWM, 63-5-2 SF (A00034029), 3–5.

¹¹⁵ Marie Julienne Cavalier (née Chareyer), ND, IWM, 63-5-1 SF (A00034028), 2.

¹¹⁶ Thießen, ‘Pandemics’, 167.

¹¹⁷ ‘Measures Against Influenza’ (‘Les Mesures Contre la Grippe’), *Le Jura Bernois*, 10 Sept. 1918, 2.

¹¹⁸ Vagneron, ‘At the Frontiers’, 489.

¹¹⁹ Litta Aggerbeck (née Larsen), ND, IWM, 63-5-2 SF (A00034029), 1.

¹²⁰ Gunvor Gustafsson (née Persson), ND, IWM, Sweden, 63-5-2 SF (A00034029), 1.

¹²¹ Ernst Ottsen, ND, IWM, 63-5-5 SF (A00034032), 2.

¹²² Georges Passelegue, 20 Apr. 1972, IWM, 63-5-1 SF (A00034028), 1.

which was about 2.5% of the population.¹²³ Military priests were similarly stressed. Thirty-four-year-old Italian military chaplain Bernardo Lucia was so flustered on his daily rounds that he accidentally counted one of the living among the dead. The next day when he discovered his mistake, he rushed to find the real victim's name. 'I then hurried off to the Mortuary . . . and changed the sheet of paper . . . I found ten dead people there, thrown together in a heap on the floor . . . under some of the corpses there were already signs of rot.'¹²⁴ The situation was the same for religious caregivers from the top of Sweden to the tip of Sicily.

Ultimately, the 1918 flu hit Europe so swiftly that its ineffective scientific and public health organisations could not diagnose its aetiology or record its epidemiology. Meanwhile, the continent's overworked healthcare providers and religious leaders could not inform their patients, parishioners or the public about its magnitude or even report its progress to authorities.

Government knowledge

The Collier collection and government archives demonstrate that the flu came and went so suddenly that local, regional and national authorities had little time to react, much less apprise their citizens of its course. In southern Europe, seventeen-year-old Giulio Cenci of Cisternino, Italy (population, 8,348) reported, 'Everyone seemed to be at a loss to understand what was happening', while in northern Europe, eighteen-year-old Swede Hildur Hansson (née Dahlgren) flatly stated, 'The authorities were so bewildered.'¹²⁵ Survivors received little information about the flu from municipal authorities – aside from local school, theatre and church closings – and they recalled hearing no information about the flu's origin or spread from national authorities.

Survivors' memories are verified by municipal archives' almost complete lack of documentation. Municipal government bodies – whose positions were often unpaid – could hardly react, especially under the strains of war. For instance, the village archive of Weil am Rhein in southwest Germany contains no information on the flu, while the municipal archive in neighbouring Schopfheim contains only two mentions of school closures. Further north, the relatively cosmopolitan city of Freiburg im Breisgau holds similarly scant documentation. Its Health Department's 'Activity of the City Doctor' dossier from 1905 to 1919 contains zero references to the pandemic, no directives from city or regional governments and no clippings from national or international news sources.¹²⁶ Freiburg's city council minutes include seven flu mentions in the last half of 1918, recorded between 23 September and 4 December, but they mostly concern theatre and school closings.¹²⁷ The same holds true even in Germany's third largest city: 'Archival records on the 1918/19 influenza pandemic in Munich are also scanty. . . . Most notable is the absence of administrative reports. . . . Even the Statistical Yearbook for the City of Munich did not appear during the war.'¹²⁸ Meagre documentation is likewise the rule rather than the exception in British, French, Swedish and Swiss municipal archives.¹²⁹

This study focuses on flu information available to average Europeans so it will not dwell at length on political and military confusion and ineffectiveness at the national level. It suffices to say that the limited and often belated knowledge possessed by military and civil authorities was either fragmentary or wrong, and it was usually obscured from the public anyway. To wit: Otto von Schjerning,

¹²³Ern Jan Rath, ND, IWM, 63-5-3 SF (A00034030), 1.

¹²⁴Lucia, 4.

¹²⁵Giulio Cenci, 1 July 1972, IWM, 63-5-4 SF (A00034031), 2; Hansson (née Dahlgren), 3.

¹²⁶'Tätigkeit des Stadtarztes', Stadtrat der hauptstadt, Freiburg im Breisgau, Stadtarchiv Freiburg (StadAF) C 3 204/3.

¹²⁷'Freiburg Stadtratsprotokolle 1918', Freiburg Stadtrat, StadAF, B5 (P) XIIIa, No 576.

¹²⁸Vasold, 'Influenza Pandemic', 399.

¹²⁹These assertions are based on my research in British and Swiss archives and conversations with historians David Killingray (United Kingdom), Eric Mansuy (France) and Andreas Tscherrig (Switzerland). In the Swedish context, see Elasabeth Engberg, 'The Invisible Influenza: The Community Response to the 1918–1920 Pandemic in Rural Northern Sweden' ('A influenxa invisível: a resposta comunitária à pandemia de 1918–1920 no norte rural da Suécia'), *Varia Historia* 25, no. 42 (2009): 429–56.

Germany's Chief of Field Medical Services, posted a secret letter to 'all gentlemen army and stage physicians of the West', which states, 'According to information received here, there is an outbreak of pneumonic plague in Spain, which originated in French ports. . . . No details are known'.¹³⁰ Yet no organised response was possible for the Central powers even if they were better informed (to say nothing of their occupied territories in Belgium, Poland and the Balkans). By autumn, their militaries and governments were collapsing anyway. After Ludendorff's failed spring offensive, about one million German troops haphazardly 'self-demobilised' between June and November, followed by a relatively orderly official demobilisation after the Armistice.¹³¹ Yet as it unfolded, 'The difficulties involved in feeding and housing so vast a number of men suddenly descending upon German cities and towns were compounded by extreme shortages of food and fuel' even for the wartime population.¹³² Given the immediacy of moving millions of men back home as the empire descended into revolution, German authorities simply had no time and even less resources to address the disease.

French political authorities were as uninformed as the Germans. Addressing his Council of Ministers as the second wave was developing in late September, French Prime Minister Georges Clemenceau stated, 'Second point: the Spanish flu. We have a serious epidemic in France and we are not informed'.¹³³ Perhaps he should have asked Emile Roux, the General Director of the Pasteur Institute, who could not 'repress a smile' when asked about the disease in August, stating, 'no one less than me is qualified to speak about it. . . I believe it to be very closely related to our common flu. . . Remind your readers that there are always. . . rabid dogs; here is a real peril'.¹³⁴ Attempting to diminish the disease's psychological impact, Clemenceau's government resorted to semantics, maintaining the disease was not influenza proper, but merely 'flu like', and therefore trifling.¹³⁵ In the French Army, the fear of alarming soldiers was such that 'official correspondence never referred to "influenza", but to the military nomenclature of "disease eleven", thus obscuring its very nature'.¹³⁶ Across Europe, the information available to political and military leaders was either incomplete, contradictory or distressing, which fostered vagueness and confusion.

Informing the public about the disease was also not a government priority because it could disrupt local socio-economic conditions. In Le Garde, France, a note from a departmental delegate to the prefect states,

what can we do against a disease which the Academy of Medicine has been unable to indicate the nature of and means of fighting it and which, moreover, is not classified as a notifiable disease? At most, people could be invited to stay at home, but ... [this would not] be to the liking of the winegrowers at the very moment of harvest.¹³⁷

In neutral Switzerland, the federal government 'tended to keep a low profile', by confining itself to recommending or authorising cantons to adopt anti-flu measures, while on cantonal- and municipal-levels, officials weakened whatever measures were in place, owing to 'the socio-politically tense situation' in the weeks surrounding the General Strike.¹³⁸

¹³⁰ Bayerisches Hauptstaatsarchiv, Abt. IV – Kriegsarchiv: A.O.K. 6, Bd. 250. Quoted in Frieder Nikolaus Christian Bauer, 'The Spanish Flu in the German Army in 1918: Progression and Reactions' ('Die Spanische Grippe in der deutschen Armee 1918: Verlauf und Reaktionen') (PhD diss., Heinrich-Heine-Universität Düsseldorf, 2014), 83.

¹³¹ Wilhelm Deist, 'The German Army, the Nation-State and Total War', in *State, Society and Mobilization in Europe during the First World War*, ed. John Horne (Cambridge: Cambridge University Press, 1997), 170–1.

¹³² *Ibid.*, 86.

¹³³ Raymond Poincaré, *Serving France: Nine Years of Memories, Victory and Armistice 1918* (*Au service de la France. Neuf années de souvenirs, Victoire et armistice 1918*) (Paris: Plon, 1933), 356. Quoted in Rasmussen, 'In Urgency and Secrecy', 180.

¹³⁴ R. Radiguet, 'La grippe espagnole', *L'Éveil*, 4 Aug. 1918. Quoted in Vagneron, 'At the Frontiers', 466.

¹³⁵ Rasmussen, 'In Urgency and Secrecy', 178–9.

¹³⁶ *Ibid.*, 175.

¹³⁷ Cited in Vagneron, 'At the Frontiers', 483.

¹³⁸ Brack, 'An Invisible Enemy', 30, 38.

Nevertheless, government and military rumours about the flu's origin and spread sporadically made their way to the press, which contemporaries often assumed was relaying everything *but* the truth. Swiss officials blamed Germany, German officials blamed France and French officials blamed both Switzerland and Germany.¹³⁹ Never substantiated, always brief, often ridiculous and sometimes ridiculed, accusations against foreigners in both belligerent and neutral countries appear to represent a poorly-executed, late-war propaganda effort to displace blame for yet another calamity.¹⁴⁰ Yet by 1918, Europe was awash in hearsay. Four years of social strife brought a double helix of official deceit and public mistrust to a climax thanks to authorities' misleading propaganda, paternalistic censorship and erratic and punitive socio-economic policies. Added to this, governments deepened nearly all domestic social divisions during the war by arraying 'city versus countryside; men versus women; consumers versus merchants; munitions makers versus the rest; the nouveau riche versus the ordinary man; as well as the time honoured opposition of capital and labour'.¹⁴¹ Trust no one was the era's unspoken rule. Contemporary historian Marc Bloch writes, 'False news reports! For four and a half years, everywhere, in every country, at the front as in the rear, we saw them being born and proliferating'.¹⁴² To wit, in Bloch's home country of France, the secretary of the main rural propaganda association bluntly told the Union des Grandes Associations contre la Propagande Ennemie on 28 May 1918:

The old phrases 'to the bitter end', 'final victory', etc. no longer have any hold on well-informed or distrustful workers and peasants. It would be much better if we could tell them when the Americans will come, how many will come, if we'll have enough to eat next winter . . . in short if we could tell them truths.¹⁴³

When government, military and press elites could not be trusted to convey a coherent narrative of reality in one arena (such as the war, its privations and repercussions), it was unlikely they could be trusted in another. Fortunately, national governments did not claim a monopoly on projections and solutions for the flu's course, just as the press did not claim it could adequately accumulate and interpret public health data. When it came to flu information, governments and their journalistic mouthpieces largely embodied the proverb, 'better to remain silent and be thought a fool than to speak and remove all doubt'.¹⁴⁴

The ignorance and disinformation of national officials, municipal authorities' strict focus on local conditions, the patchwork nature of public health at all levels of government and average

¹³⁹Bar-Hen and Zylberman, 'The Parisian Press', 40; Brulard, 'Spanish Flu', 40; Darmon, 'A Tragedy within a Tragedy', 161 and Vagneron, 'At the Frontiers', 489.

¹⁴⁰See, for example, French and Spanish journalists' game of telephone-style rumour-mongering in Tscherrig, *Sick Visits Prohibited*, 27; Only one survivor in the collection recalls an instance of foreign blame in the press. See Sylvia Helene Saettem (née Johansen), ND, IWM, 63-5-3 SF (A00034030), 1.

¹⁴¹Jean-Louis Robert, 'The image of the profiteer', in *Capital Cities at War: Paris, London, Berlin 1914-1919*, ed. Jay Winter and Jean-Louis Robert (Cambridge: Cambridge University Press, 1997), 132-8. See also Emmanuelle Cronier, 'The Street', in *Capital Cities at War: Paris, London, Berlin 1914-1918, vol. 2: A Cultural History*, ed. Jay Winter and Jean-Louis Robert (Cambridge: Cambridge University Press, 2007); van Emden and Humphries, *All Quiet on the Home Front*, 53-80; Leonhard, *Pandora's Box*, 524-5, 645-54, 775 and John Ondrovicik, 'Max Hoelz Haunts the Vogtland: The Visible and the Invisible in Germany, 1914-21', in *Revisiting the 'Nazi Occult': Histories, Realities, Legacies*, ed. Monica Black and Eric Kurlander (Rochester, NY: Camden House, 2015), 68.

¹⁴²Marc Bloch, 'Reflections of a Historian on the False News of the War', trans. James P. Holoka, *Michigan War Studies Review* 2013, no. 51 (2013), <https://www.miwsr.com/2013-051.aspx>. miwsr.com+2 (last visited 18 Apr. 2024). British author C. E. Montague likewise quipped, 'The pre-war hobby of being straight and not telling people lies went clean out of fashion'. See, C. E. Montague, *Disillusionment* (New York: Brentano's, 1922), 155-6.

¹⁴³'Union des Grandes Associations contre la Propagande Ennemie minutes', 28 May 1918, 10. Quoted in John Horne, 'Remobilizing for "Total War": France and Britain, 1917-1918', in *State, Society and Mobilization in Europe during the First World War*, ed. John Horne (Cambridge: Cambridge University Press, 1997), 205.

¹⁴⁴Interestingly, Basel, Switzerland officials blamed the public for their own contradictions and shortcomings. See Tscherrig, *Sick Visits Prohibited*, 108-11.

citizens' well-earned suspicion of authority all contributed to the continent's unawareness of the pandemic.

Conclusion

There are no surveys or other quantitative evidence from 1918 that clarify precisely how many Europeans knew the flu was a global pandemic. However, there is extensive qualitative evidence from across nearly a dozen countries that demonstrates why hundreds of Europeans and their communities were ignorant of the disease's broader dimensions. Europeans may have speculated the disease was continental or global – if indeed they were interested in such things – but they had little certain knowledge that it existed beyond their local contexts. Using a range of national, regional and local sources, this article demonstrates that the transnational medical, political and communications networks that create a pandemic paradigm for average citizens were not present across Europe in 1918. In both belligerent and neutral countries, and in both rural and urban areas, average individuals largely experienced the 1918 flu as a municipal misfortune.

This essay raises numerous questions about how well we understand the 1918 flu, especially in comparison to subsequent pandemics such as COVID-19. For instance, much has been speculated about xenophobia during the 1918 flu, but how does this square with Europeans' geographically circumscribed knowledge and distrust of the press? If Europeans were unaware of the disease's epidemiology, how did they think it spread? If Europeans were unaware of its aetiology, did they even know it was influenza? If not, what did they think it was? More broadly, did Europeans endow the disease with moral or metaphorical meanings – from the local to the cosmic? Concerning treatments, how did Europeans manage the disease's diverse symptoms – via prescribed medicines or, more commonly, via home remedies? How did those treatments vary according to the continent's diverse cultures and the availability of scarce resources? It is the aim of the larger project upon which this essay is based to address these questions, but it suffices to say that we have only begun to uncover the 1918 flu's socio-cultural dimensions.

Returning to the flu's historiography, the evidence in this article lends weight to some of the theories about why the 1918 flu was subsequently 'forgotten', even as it questions others. It validates theories that the war, its privations and the Armistice distracted from the flu; the flu's brevity meant its effects on society were ambiguous; and the press's myriad obstacles and wartime deceit inhibited detailed documentation and popular trust. Yet the article begs substantiation for other theories. The first is the idea that lethal epidemics were more easily accepted in 1918 than in later decades, which presupposes contemporaries were aware of the flu's pandemic nature. The second is that contemporaries could not conceive of the flu's massive death count, which both presupposes contemporary knowledge of its pandemic nature and must be reconciled with contemporaries' comprehension of war deaths. The third is the popular notion that contemporaries interpreted the disease as 'only' flu, which requires proof that they knew the disease was indeed flu and not pneumonic plague, cholera or a 'mysterious' disease.¹⁴⁵

Above all, this article shows that the 1918 flu was not newsworthy, worthy of remembrance or widely politicised as it unfolded. The most tangible reasons for this include Europe's broken communication networks, the scarcity of material essentials, society's rapid descent into 'triage mode', the abruptness of the Armistice and its chaotic aftermath. Yet there are also less tangible, but more historically compelling, reasons. First, the pandemic evaded politicisation because contemporaries did not

¹⁴⁵ At least forty-six survivors across seven countries (including at least ten doctors from four countries) believed the disease was actually 'lung plague' (i.e., 'Lungpest' or 'pneumonic plague' caused by the bacteria *Yersinia pestis*). Many indicate this opinion was shared by their families and broader communities.

connect its local traumas to government incompetence or inaction in ‘real time’.¹⁴⁶ French historian Suzanne Berger argues that ‘politicisation’ happens only when ‘individuals or communities perceive the links between local events and the problems of private life, on the one hand, and national political events and structures on the other’.¹⁴⁷ The war, its demands on labour and resources, and the growing list of government indiscretions and heavy-handed interventions politicised even the most rural Europeans by 1918. Yet the flu did not because no one imagined how a government could manage such a threat. Thus, at the height of European politicisation of a global war, Europeans were politically indifferent to a global pandemic.

Second, in his analysis of author Virginia Woolf’s flu reflections, Mark Honigsbaum argues that the 1918 pandemic was experienced and remembered individually rather than collectively. Woolf herself observed the flu defied collective narration because it defied collective experience.¹⁴⁸ There was no national or international ‘live’ story, or subsequent collective ‘myth’ of the event – there were only the fragmented memories of individual survivors and traces of public discourse scattered across the press. By contrast, the First World War maintained a ‘live’ story for its duration, impressed itself on individual and collective memories, and birthed durable collective myths – from the ‘Christmas truce’ between ‘civilised’ Europeans, to France and the United Kingdom’s ‘Lost Generation’, to Germany’s ‘stab in the back’ myth, to the post-war Polish nationalist ‘reawakening’, to Lenin’s ‘highest stage of capitalism’. Unlike the war, influenza was devastating but not caused by human error, and the whole of flu deaths was never greater than its constitutive parts.

Perhaps the most newsworthy ‘real time’ feature of the pandemic was its unusually severe impact on young people – a phenomenon observable from the communal level to the international level. Yet young people also received the brunt of the war’s devastation, which was a much more prolonged, politicised and therefore meaningful event. Summarising Benoît Majerus’s thoughts on the importance of flu deaths compared to war deaths, Thimm states that ‘dying from “Spanish” Flu ... simply didn’t make any sense to the citizens of Brussels. These were seen as deaths from natural, or merely accidental, causes in contrast to the fallen soldiers or the executed spies, who died as heroes for Belgium’.¹⁴⁹ When compared to millions of war deaths (which were attributed to human agency, interpreted collectively and defined by virtues such as ‘honour’ and ‘bravery’), millions of flu deaths (which were interpreted locally, attributed to natural causes and defined merely by chance) did not register as political and were therefore not worthy of contemplation. Recalling her village’s exhausted indifference after this apparently meaningless tragedy Dugstad stated, ‘In the end people showed no reactions any longer. . . . All the families had the same fate’.¹⁵⁰

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¹⁴⁶In some cases, the pandemic was politicised after the second flu wave had passed. For example, Maximiliano Fuentes Codera and Pau Font Masdeu demonstrate that Spanish intellectuals used the pandemic to critique Spain’s monarchy and call for a ‘health dictatorship’. See, ‘The Influenza Pandemic of 1918–19 in Spain: From the Epidemic to the Crisis of Liberalism’, *Contemporary European History* 33, no. 3 (2022): 927–41.

¹⁴⁷Suzanne Berger, *Peasants against Politics: Rural Organization in Brittany, 1911–1967* (Cambridge, MA: Harvard University Press, 1972), 34.

¹⁴⁸Honigsbaum, *A History of the Great Influenza Pandemics*, 218, 226.

¹⁴⁹Thimm, ‘When Two Crises Meet’, 147.

¹⁵⁰Dugstad (née Forfod), 1.

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