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## THROUGH THE EYES OF A CHILD: 'SPANISH' INFLUENZA REMEMBERED BY SURVIVORS

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*I*n Ireland, the 1918–19 influenza pandemic is officially accredited with killing 20,057 people, and probably made more than 800,000 people ill.<sup>1</sup> The various estimates of global death from the disease suggest that it killed between 40 million and 100 million people, and infected between one fifth and half of the world's population, as it swept around the world in three or four waves over the two-year period, making it the largest of all known influenza pandemics.

This chapter draws on a collection of interviews with Irish child survivors of the pandemic. These interviews show that the epidemic made a lasting impact on the memories of children, even though the event was a puzzle as they did not have enough information to make sense of what was happening. Some became curious listeners, trying to glean scraps of information about it from newspapers and from hushed adult conversations. For those who actually suffered from the disease, the event was frequently recalled as snapshots or scenes between the initial illness and the recovery as they drifted in and out of consciousness, in a febrile state. Most recovered, but for some, life or their health changed.

In Ireland this strain of influenza particularly affected two different age groups, the very young and young adults, the latter a group not normally badly affected by seasonal influenza. Adults aged 25 to 35 accounted for 4,205 or 21 per cent of the Irish deaths certified to influenza from 1918 to 1919. Children under the age of 5 seemed to be particularly vulnerable to the disease, being far more likely to die from it than older children. Children aged 5 to 14 suffered the lowest death rate of any age group in comparison to the numbers living in their age sector. Of the 4,194 deaths of children under 15 certified to influenza in 1918 and 1919, 2,523 were younger than 5, or 12.5 per cent of the total certified influenza deaths.<sup>2</sup> In the 5 to 9 age group 905 children died, and in the 10 to 14 years age group 766 were certified as dying from influenza.<sup>3</sup> These numbers ought to be viewed as conservative estimates of those who died from the disease for a variety of reasons. Some deaths were attributed to other causes, particularly in the early period of the epidemic, and there are reasonable grounds to suggest that many deaths were not recorded at all.<sup>4</sup>

What these statistics serve to illustrate is that this strain of influenza, by apparently singling out young adults and infants as its targets, affected young families. The statistics collected by the Irish registrar general do not permit an extrapolation of the numbers of children orphaned or of the numbers of families which suffered multiple deaths. To acquire some concept of the enormous distress the disease caused those worst affected, we have to resort to checking through newspapers and to searching for personal accounts of families where the disease caused more than one death or where the death of one or both parents caused emotional trauma, severe economic hardship and even the dissolution of the family unit.

There appears to be a consensus among historians of the pandemic in other regions who have used oral testimony or memoir as a source that this type of evidence enables insights into the effects of the disease that cannot be acquired from other sources. These sources permit historians to acquire evidence about the social impact of the disease, how it affected individuals, families and communities in the short and long term, and how it was

perceived or construed by ordinary people rather than how it was articulated in newspapers, official documents and institutional records. Apart from enabling an understanding of the direct impact on families, using oral history to study how a society responded, or was perceived to have responded, to major epidemics of disease can suggest interesting lines of inquiry. Robert A. Aronowitz has argued that the study of the effects of a disease on society is a useful exercise for the historian as disease can often evoke and reflect collective responses. Studying disease can provide an understanding of the values and attitudes of the society in which it occurs.<sup>5</sup> The Spanish influenza pandemic is a disease replete with social meaning. In an international context, that social meaning is loaded by its association with the First World War, while in an Irish context it is further complicated by association with key incidents in the revolutionary period, and with political tensions over governance and public attitude towards the key organs of state, in particular the Local Government Board (LGB), which bore responsibility for public health and sanitation.<sup>6</sup> The flu was, at once, one more trauma inflicted on society by the world war, and an aggravant that cast a magnifying glass over the British government's arguably key interaction with the Irish population – the provision of healthcare and welfare by the Local Government Board. Interviewing people about the impact of the pandemic on individuals and small groups facilitates an exploration of attitudes towards elements of the LGB's work – in particular the operation of the Poor Law medical system – as well as permitting an exploration of personal attitudes to, and conceptualisations of, Spanish influenza.

## THE SAMPLE AND METHODS

When the idea of collecting interviews was first mooted as part of this author's doctoral research on the social history of the 1918–19 influenza pandemic in Leinster in autumn 2006, the epidemic was at a remove of eighty-eight years. While a scientific sampling did not seem possible, there were still many people alive who had lived through that time, as children. The difficulty was to find them and, having found people who were willing to be interviewed,

to find reliable witnesses. The first interviewees were acquired through personal contacts; others were contacted by telephoning nursing homes, through interviews on regional and national radio and articles in regional and national newspapers and in publications aimed specifically at the elderly. Eventually, as the project became better known and as news stories about the threats posed by avian and the 2009 H1N1 Influenza A or 'Mexican' flu stimulated interest in, and memory of, this last great influenza pandemic, people volunteered to participate. Some participated in formal digitally recorded interviews; others, sometimes because of reticence, distance, or because they had not much to impart, were interviewed by telephone or through written communication. Over fifty influenza interviews were collected.<sup>7</sup>

The methods of oral historians are complex; one has to learn interviewing techniques, to read people, to listen with care and to interpret silences. Joanna Bornat has written of the need for the interviewer to understand the effect the interview has on the interviewee.<sup>8</sup> When interviewing about a traumatic episode such as Spanish influenza, the remembering can produce emotions that are difficult for both the interviewee and the interviewer to handle. Difficult, heavily considered passages of speech, long silences, and outbursts of long-forgotten emotion are commonplace. Some of the interviews came to an abrupt end as the interviewees became overwhelmed by the emotion triggered by retrieving family or community tragedies from long-term memory. Some interviewees later suggested that the interviews were in some way cathartic, enabling them to make sense of an event which they had previously seen as an isolated episode of their childhood, allowing them to place it within the context of the pandemic and a wider catastrophe. Charles Rosenberg has argued that most people seek rational understanding of threatening epidemics to minimise their sense of vulnerability; some of these interviewees have lived another ninety years before being able to conceptualise their personal experience of Spanish flu in the wider framework of the disease.<sup>9</sup>

Everybody using oral history as a method faces a set of concerns peculiar to their own work as well as the issues common to all. In the case of oral

histories of the Spanish flu, there are particular issues about age and memory. The subjects who had direct experience of the pandemic were born before 1918; the youngest was born in 1916, the oldest in 1903. Even without taking into account their current physiological condition or age-related brain degeneration, they were being asked to retrieve a memory that occurred ninety years before; a memory of something that happened when they were small children with underdeveloped language, deductive or analytical skills. Dealing with people in their 90s and 100s requires careful handling and some intuitive work. One may have to revert to the social mores of a different era to get the best out of them. They may need to be reassured that the interview is not a memory test, that they may not remember something like the 1918–19 influenza because it was outside their realm of experience; it might not have happened in their area, or might not have been spoken about in front of children.

#### THE INTERVIEWS

R.B. McDowell, former Junior Dean at Trinity College Dublin, came from a comfortably off Belfast family. He was 5 when he caught the flu in October 1918; the doctor was called and told his family that their little boy was unlikely to last the night. The doctor managed to get a private nurse to take care of the McDowell family, even though there was an extreme shortage of nurses because so many were serving at war. He survived, but could not recall what happened during the three weeks of his illness.<sup>10</sup> He was considered a delicate child for a long time after, which he described as having ‘a mixed effect’ on his character.

It probably had the effect of weakening my resolution for hard work, you could always plead bad health. I was able up to the age of 12 or 14 to claim that I was an invalid, if school was too boring I could stay away. I think I expected a fair amount of indulgence, and could always get my own way, which inspires confidence ... It certainly probably had at the back of my mind

that the army was out, because of bad health, and, should I go to the bar, could I put up with the strain of being a barrister?

McDowell had heard that good nursing was the only real remedy, and offered the opinion that as most middle-class households had a maid, and would have had easy access to doctors and possibly been able to acquire a private nurse, home nursing was possible and access to hospital was not a priority. He pointed out that even for those in less fortunate circumstances hospitals did not have the same priority as they would now, and that anyhow working-class families might have considered going to the workhouse hospital 'as the end, as a risk'.<sup>11</sup> The pandemic completely overburdened the Poor Law dispensary system, which provided medical care for an estimated 70 per cent of the population. The system was already experiencing staff shortages because of an embargo on appointing doctors of an age to serve in the war. During the pandemic, boards of guardians were constantly reporting difficulties in appointing locum tenens to replace doctors who succumbed to the influenza; many doctors worked around the clock to cope with the vast numbers of ill seeking treatment, and some paid for their diligence with their lives.<sup>12</sup>

The view that flu sufferers in Belfast might regard entering the workhouse hospital as risky was echoed in another interview, with veteran Belfast journalist James Kelly, born in 1911, who said that people he knew who were suffering from the flu were extremely reluctant to go to the workhouse infirmary [now Belfast City Hospital] for treatment. 'Poor people did not want it to be noted that they died in the Union.' He had heard that all the hospitals in Belfast were packed out. His family lived on the Falls Road, which was on the route to two cemeteries, and he spoke of 'black Belgian horses pulling hearses for days going to the hospitals with more cabs following them'. Kelly's grandmother and aunt died from the disease. Although admired by his journalistic colleagues for his skills as a raconteur, the influenza epidemic had not evolved into one of his renowned anecdotes. He was clearly distressed that he could retrieve little else from this childhood memory other than that the schools were closed.

Some child witnesses had exceptionally clear memories of the epidemic. Elizabeth Molloy was 97 when interviewed in February 2007, and had lived in the Dublin satellite town of Lucan all her life. She remembered feeling scared and isolated when all her five siblings and parents fell ill with the flu; the house was cold, there was no food; she heard ‘the ching of spurs coming to the door’, and knew that help was at hand. It was her uncle – she called him a ‘horse soldier’ – returning from the war. He put her to bed on the settle, and when she woke he had lit the fire, made a stew, and was busy doling out quinine and whiskey to her sick family. They all recovered. Most of them lived into their 90s, so flu clearly had no effect on their life expectancy. Soon afterwards, a neighbour’s 12-year-old daughter died, a young girl who had been a ministering angel to Elizabeth’s family and other neighbours bringing them food and supplies, until she too became ill. Elizabeth’s words painted a vivid picture of the girl’s distraught mother carrying the girl’s body along the banks of the Grand Canal beseeching God to give her back.<sup>13</sup>

Mrs Molloy’s story was clearly very well polished. She had been a shopkeeper for many years, and several people acquainted with her told me I should interview her, as they had heard her story. R.B. McDowell too has given an almost identical account to others, and even written it in his own memoirs; he was interviewed for a television documentary on personal experience of Spanish influenza and the material he used there was again almost identical to the interviews he gave to me.<sup>14</sup> Other interviewees spoke hesitatingly, reflecting in silences, as though it were the first time they had unearthed these memories of Spanish influenza since they had stored them in their long-term memory.

Catherine Doyle, 104 when interviewed, was clearly distressed by the memory of the flu, although she insisted that it had not been so bad in St Mullins, the County Carlow area where she lived at the time.<sup>15</sup> Born in 1903, she was 15 when the flu came. ‘Oh, that black flu, that was a terrible thing, you’d never forget that,’ she repeated several times. ‘You’ll have no trouble finding people to talk to you about that black flu.’ It had made such an impression

on her, when she heard there was at the time no Irish written history of the epidemic, she said: 'I am speechless.' She recalled her older brother Paddy getting it, and his 'lovely head of curls left on the pillow'. Hair loss was such a common feature of this influenza that newspaper advertisements offered products to remedy baldness caused by it. Paddy remained sickly for a long time afterwards. He was fed whatever he was able to take, usually gruel. She professed to being fascinated with Spanish flu because of her brother's experience with it.

Oh, the people went black. I didn't see any of them but some of them did. Oh, but it was a desperate flu ... the poor curate, he was found at some crossroad one night, he had gone out, he was delirious. He got it and went out. You see, it was never too bad outside Dublin, Dublin was bad, the towns were bad but the country was fairly good. Two died from it in the parish. Just two. One was a train driver ... he went to fight it on his feet. There was no such thing as fighting that flu on your feet.<sup>16</sup>

Katie McMenamin caught the flu as a 14 year old, living in Rathmullan in County Donegal. She was 106 when contacted for this interview. She, her mother and three brothers and two sisters all caught it, but her father did not. Her mother brought it into their house, having gone to help nurse a neighbouring family who were all ill.

My mother cared for us all while we were ill. I can remember that everyone with it complained of a terrible thirst and drank from jugs full of water. My youngest brother slept continuously for two full days without waking. Anyone prone to bronchitis or with a weak chest was likely to develop pneumonia from it and that usually proved fatal. My mother treated another of my brothers who had a weak chest by wrapping hot towels around his chest.<sup>17</sup>



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She thought that Rathmullan's use as a naval base during the war might have been a factor in County Donegal having had an unusually high incidence of influenza in both 1918 and 1919. Many people in the village caught it and she was aware of several deaths, including four in one family. Like several other interviewees, she suggested people did not talk about it afterwards because they dreaded the thought that it might come back again.

Olive Vaughan, née Burgess, was born in 1910 and lived in the south Dublin suburb of Donnybrook as a child. She was 8 at the time of the flu and was one of a family of eight children. She had overheard adults talking about people they knew having the flu, and hoping that they would be alright, and the next thing was that person would be dead.

It seemed to sweep through the world, really. Everyone was frightened of it. It happened after the war. It was not forgotten in those days, I remember the horror.

Like R.B. McDowell, Mrs Vaughan said the emphasis of healthcare in those days was doctor-based. If people got sick, they called or visited a doctor, rather than going to a hospital or a clinic. She could not recall her school being closed because of the epidemic. She expressed some surprise at not knowing more details about the flu, and considered that it might be because the adults in her family network used a type of code when they wanted to discuss things that were not considered appropriate for children to hear. This seems plausible as she could remember other contemporaneous events in detail.<sup>18</sup>

Enid [she asked to be referred to only by her first name] spoke of observing, as a 7 year old living in south Dublin, adults gathering in huddles to discuss this terrible illness that was going to kill more than were killed in the First World War. But when it did come, it did not affect her or anybody she knew. Like Mrs Vaughan, she suspected the reason she knew so little about the flu, despite having clear memories of other events at the time, was because her parents tried to prevent her hearing the more tragic stories. 'If

there was tragedy the child might have been told to see if the kettle was boiling or something.<sup>19</sup>

Some interviewees thought that either their access or lack of access to good-quality food had a bearing on the extent to which their family or community suffered from the flu. Tommy Christian considered good food to be a factor in his family's recuperation. 'We had our own vegetables and grand spring water; that was in our favour.' Tommy was born in 1913, and has lived all his life on the Boston Road in Ardcloagh, a rural community in north Kildare. As he spoke, he would leave long pauses, as he searched silently through the filing system of his memory. His mother, father, and he and his sister all got the flu.

I was 5 years of age. We all got it, all the households, there was no one moving, even the doctor who was attending us got it. He was in Kill dispensary. The doctor had an old jalopy. He worked 24 hours round the clock on his own; he could come at three o'clock in the morning. Then he got it himself, and we were plastered altogether. We were stricken down for three weeks maybe, and recovering afterwards was the most trying time of it. [A long pause.] The health services weren't too good at the time. It was a terrible disaster.<sup>20</sup>

Tommy mentioned that there was a district nurse, but she was very old and only had a bicycle to travel on from Celbridge, four miles away. He said that all the businesses and shops in his area were closed, masses suspended for a fortnight, and the landed estates were forced to hire women from the towns to do farm work.<sup>21</sup> Lyons Estate, seat of Lord Cloncurry, was across the road from Tommy's home; Lord Cloncurry's diary confirms that women from Celbridge were brought in to help with the farm work, because the flu had made the farm labourers ill. The Poor Law relieving officer, Mrs Byrne, came from Celbridge and gave them 'a few bob – about five shillings' to help them out, as his father, a self-employed cobbler, could not work during the

flu. They sent word to her of their predicament and she came out to inspect them, and they got the money every week until his father was able to work again.<sup>22</sup>

The descendants of those people living now, they don't know how lucky they are that their parents weren't swept away with it ... [When asked about treatments for the flu he said] We were to make punch. We were to make sure that whatever you drank it was hot, the steam would help you, sure we could not swallow anything, our throats were so sore. And gruel, did you ever hear of gruel, it had an awful lot of responsibilities, this gruel. The O'Connors [a neighbouring farming family] brought us soup and stew, when they got back on their feet themselves ... There wasn't a terrible lot of talk about it afterwards. They were afraid to talk about it in case they could get it again. But a terrible lot of bad chests resulted from it. I don't think we were the same again for a long time ... it is a thing that will live with you for ever, that flu ... Any survivors that got it would ever remember it. It was savage.<sup>23</sup>

Tommy Christian's mother died within a year of the epidemic. His father remarried, and moved to another house in the locality. Tommy and his sister were not part of the new household, remaining in their original home where an aunt cared for them. It was not until a subsequent interview that Tommy associated his mother's death as being caused by a *sequela* of influenza; she had never fully recovered her health after contracting the disease. This revelation was a surprise to the next generation of his family. Tommy's memory about other details relating to influenza in his locality has proven to have remarkable accuracy when cross-checked, so there seems little reason to doubt this association. There is no death certificate for Mrs Christian to confirm her cause of death. The absence of death certification has proven to be a common research finding in this study.

As this flu targeted young adults, Tommy's story of losing a parent and having family circumstances drastically changed by the flu is a common one. Nellie Tubridy, née Marrinan, was born prematurely in the spring of 1919 when her mother caught and died from influenza in Sligo, where her father was stationed with the Royal Irish Constabulary. Nellie weighed just over two pounds at birth and was given little chance of survival. She was assigned to the care of her father's sister, Ellen Corry, who lived with her husband and family at Churchtown, near Cooraclare in County Clare. The tiny infant was brought by train to Ennis, in a shoe box lined with cotton wool; from there, Ellen's husband John brought her to her new home by cart, resting at strategic intervals along the way in houses where he had arranged for fires to be lit, evidently aware that premature underweight babies face a particular risk of body heat loss. Ellen and John took it in turns to sleep on a settle by the fire with the baby until she was well enough to sleep alone. Nellie lived into her 80s, a bright and engaging woman who often told the story of her survival against the odds.<sup>24</sup>

Sometimes unearthing these memories from ninety years ago proved traumatic and almost as raw as if they had happened recently. Lena Higgins, born in Sallins, County Kildare in 1916, had been telling me of the trauma caused by the deaths of her father's two brothers who worked in shops in Arklow, when I mentioned the deaths of three children whose family owned a shop on Gorey's main street. These children turned out to be Lena's cousins, her father's two nephews and a niece. It is unclear whether she had associated their deaths with the flu before this interview, but the memory was too distressing to explore any further with her.<sup>25</sup>

Perhaps surprisingly, only one of the people interviewed for this research held the view that the disease was linked to perceptions of privations suffered by the Irish population as a result of oppression by the British imperialist system. Sister Theresa Connaghton, a Dominican nun, was born in 1912 on an island in Lough Reagh near Lanesboro, the eighth of ten children. She did not recall the flu happening at the time but was told about it later.<sup>26</sup>

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My godmother, a neighbour, a young girl of 18, she died from the flu, I don't remember it. On the island, Inchéanaí, during the troubles, an old house was used as a hospital. I had a first cousin, they lived in County Roscommon, she died of the flu, 18 years of age. The country was very poor at that time, England had crushed them so much. The people were very poor and undernourished. It was no wonder that they all died.

Sister Wilfrid Callanan, born in 1916, believed this flu affected poor people worse than the better off. She lived in Patrickswell, County Limerick, with her family in a small house.

We were just after the big war, and there must have been an awful lot of shortages. Families were large. Six would be a small family. My mother spoke about the flu. I was only 2 years old in 1918 when the flu was raging. It took my uncle Paddy, my father's brother, and many others too. I have asked three or four people here [colleagues in the nursing home where she lives], and they have memories of losing people; they said 'my poor father was taken and there was no man to look after the farm, and us girls had to go and work' or something like that. My mother said that nearly every family lost somebody to the flu ... I think it was that the people were worn out from the war. You could not get a drop of tea. In the last war we lived on porridge. Around where I was there was a lot of working-class people. That might be why it hit us so hard. The world was a different place then. Our aunt [whose husband died from the flu] had to go out and work, she worked on an ambulance. They used to send round an ambulance and it had to have a man and a woman on it. She had small children at the time, two girls and a boy.

Sister Wilfrid's account of her aunt having to get a job to provide for her family after the death of her husband during the pandemic raised a

theme that was frequently mentioned by the interviewees, the changing economic circumstances that the flu forced on families, sometimes not only losing one or both parents but also the family home, perhaps with the children being cared for by other family members. She also introduced another theme that many of the interviewees mentioned, that there was an understanding that the disease had actually developed in the arenas of war. She said: 'I connect the flu with that war [the First World War]. The soldiers who were coming back, they would have brought it. They brought back all sorts of things.'<sup>27</sup>

## CONCLUSIONS

The small sample cited here forms part of a collection of interviews which reveals personal insights into the effects of the disease that cannot be acquired from sources other than oral history. They provide evidence about the health, social and economic impact of the disease, how it affected individuals, families and communities in the short and long term, and how it was perceived by ordinary people rather than in the impersonal terms of newspaper records or official documents and institutional records.

These interviews represent an enduring line, a direct connection to the experience of the Spanish influenza pandemic in Ireland, and one which shows that while the flu became a history that was hidden from public view and not recorded in history books until recent years, it maintained its presence in the memories of those who lived through it and whose families suffered loss because of it. They show the human tragedies caused by the flu in a way that no other source can, telling us of the orphaned children, the widowed spouses, and the parents who lost one or more of their children in almost inexplicable circumstances, as well as the changing economic circumstances of families as a result of the death or loss of health of a breadwinner. They also document the against-the-odds survival stories, and the experiences of the children whose health was so threatened by the influenza that they were in some cases not expected to live through the night, but yet lived into their 90s like Tommy Christian, Elizabeth Molloy and R.B. McDowell. Some, like

Katie McMenamain, even lived into their 100s, out-surviving other members of the family, including those who did not catch influenza.

These, and other interviews conducted by the author, also show that using the oral history interview to tap into the experiences of influenza can be a two-way process. Not only does it provide the historian with a rich source of material not easy to access, but it provides the subject – the interviewee who in these circumstances could be viewed as a victim – with a way to make sense of a traumatic event in their childhood that they had not been able to understand with the knowledge to hand. Through the interview process they were given information which enabled them to set their personal experience of the influenza into the context of the national and international history of the pandemic, and so, in extreme old age, they were at last able to solve this traumatic experiential puzzle of their childhood. The trauma of lost lives and altered family circumstances burdened the people interviewed for this research all their lives; for many, recalling tragic deaths proved emotionally difficult even though the event had occurred ninety years before.

For years after, the individual health of some sufferers was affected. As R.B. McDowell's interview documented, some people had to consider their career options taking into account the damage caused to their bodies by the disease. R.B. himself was left with a lifelong fascination with his own health that may well have been triggered by his early close call with death; and yet although he had been considered an invalid for most of his youth and early adulthood, he lived to extreme old age.<sup>28</sup> Some interviewees recalled that in later years precautions would be taken that reminded them of the time when the threat of the pandemic was present. For example, local authorities would disinfect buses when a seasonal influenza seemed to be getting particularly troublesome. Others pondered whether their parents' almost paranoid fears that they would 'catch' cold were a manifestation of post-pandemic trauma. Children were continually urged to wrap up well in layers of warm woolly clothing, and advised not to go out with their hair wet in case they 'caught a chill'.

GROWING PAINS: CHILDHOOD ILLNESS IN IRELAND, 1750-1950

Unsubstantiated tales of mass burials during the influenza epidemic, particularly of children, abound.<sup>29</sup> The true extent of family loss in Ireland during the pandemic will never be known, but appears to be greater than the official statistics indicate.