

# NUMBER OF GRIPPE DEATHS FALL OFF

## Outlook Improved Is View of Health Officials

## Church Services Cut Short or Cut Out Entirely in Greater Boston

Health Commissioner William C. Woodward announced last night that the public health and hospital officials of Boston have organized their facilities for coping with the influenza epidemic to such a degree as to make the outlook more optimistic than it has appeared since the beginning of the epidemic.

The situation is still serious, however, and this seriousness is caused largely by the shortage of doctors, nurses, orderlies and general hospital assistants.

The deaths reported yesterday totalled 149, a decrease of three from the previous 24 hours.

At Camp Devens a marked falling off in deaths was reported yesterday, and it is believed the epidemic has been checked. So greatly were conditions improved that one emergency hospital was evacuated.

In order to lessen the ill effects of the shortage of doctors and nurses, especially the latter, Dr Woodward advises that all cases of influenza, which do not by their severity or lack of good home surroundings demand hospitalization, be kept at home for treatment. He says that in a large number of cases there is no need for the services of trained nurses. Any intelligent relative can

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care for the stricken person under the direction of a doctor.

## Hospital Space Ample

He further said that there is now ample space in the hospitals for the patients they are called upon to serve. Another optimistic phase of the situation, according to Dr Woodward, is that the virulence of the epidemic will decrease as time goes on.

The Weather Bureau promises continued cool and dry weather for Monday and Tuesday. This, in the opinion of Dr Woodward, is encouraging.

Many of the deaths resulting from the disease are caused by septicemia, according to the commissioner, and are not true pneumonia. This accounts for the discoloration that has been noticed in many cases after death.

State Epidemiologist Bernard W. Corey last night issued a report stating that there are at least 75,000 cases of influenza in the State, exclusive of those in military and naval camps. He also urged that any strong, capable women who can do so volunteer to assist graduate nurses in their care of the sick. Application may be made to Miss Billings, 365 State House.

State Health Commissioner Eugene R. Kelley issued a resume of the situation throughout the Commonwealth. It is in the form of a telegram sent to Surgeon Gen Rupert Blue and emphasizes the need for more nurses and doctors to cope with the situation. It also shows the extent of the epidemic by giving a table of the cases in September, 1917, as compared with the present month.

## Dr Kelley's Summary

Dr Kelley's telegram follows.

"Influenza situation continues serious. Reports becoming more definite indicate that Boston proper, Brockton, Gloucester, Chelsea and Quincy are worst hit of the larger cities. Greater Boston in general severely affected, but many suburban cities and towns meeting situation with local resources. Lynn, Cambridge, Revere, Malden, Somerville and Boston to be noted as cities whose demands for assistance have been to present relatively slight, but may increase sharply. Many smaller towns outside Metropolitan area becoming relatively as heavily affected as Boston district. Conspicuous examples are Plymouth, Canton, Stoughton, Norwood, Whitman, Framingham, Rockland.

"Places reporting increasing number of cases but not yet in serious need of outside assistance are Worcester, Lowell, Lawrence, Fall River, New Bedford, Haverhill.

"Western part of State as yet but slightly affected. Urgent calls for doctors and nurses coming steadily. Not yet able to supply fraction of assistance asked. Commissioner Woodward reports today Boston urgently needs 100 additional doctors, 300 nurses, especially nurses.

"Systematic tabulation of calls checked by field reports of district health officers, giving this office clearer picture as to where assistance is most acutely needed. Situation in given city often changes from 'not alarming' to 'swamped' in 48 hours. The suddenly developing high morbidity rate of doctors and nurses which often makes reports of medical and nursing needs received on two consecutive days for same community radically different.

## Doctors and Nurses Needed

"Following places have established emergency hospitals or wards ranging from ten to two hundred beds, Boston, New Bedford, Leominster, Fitchburg, Quincy, Brockton, Stoughton, Rockland, Bridgewater, Canton, Plymouth, Worcester, Framingham, Milford, Ayer, Gloucester and Pittsfield.

"Shortage of medical, nursing, orderly, laundry and kitchen staff because of high hospital staff morbidity seriously cripples efficiency of all hospitals. Number estimated new cases exclusive Boston thirty thousand, deaths reported two hundred fifty, probably incomplete. Excluding Boston, one hundred seventy-four nurses and seventy-five doctors asked for.

"Emergency committee, headed by Endicott, supporting official agencies and effectively coordinating unofficial agencies.

"State Adjutant General, through State Guard organization furnishing guard, ambulance and orderly service wherever requested for local emergency hospitals. State Surgeon General, giving expert advice in organization of emergency hospitals, has rendered invaluable aid in furnishing State military hospital equipment.

"Crying need is for nurses and doctors, especially nurses. Have organized headquarters emergency organization in State House. Will notify bureau in ample time when personnel supply begins to catch up with demand. Lumsden still here, expecting Draper hourly. Bryan lent by Navy to emergency force. Linson, Armstrong, Fuller and hospital train with five doctors and 10 nurses arrived.

## Death Rate Increasing

"Commissioner Woodward reports for Boston deaths from influenza, lobar and broncho-pneumonia together for weeks ending Sept 14, 21 and 28 were 46, 256 and 775 respectively for this year, as against 16, 15 and 25 for corresponding weeks last year. Deaths from influenza alone same weeks this year, 19, 172 and 610, as against none for corresponding weeks last year. Total deaths city of Boston for same weeks this year, 205, 491 and 982, as against 205, 248 and 230 for corresponding weeks last year. These figures index to general situation. Will report daily by wire summary of conditions until situation normal."

The following cities and towns reported 300 or more cases up to noon yesterday:

	Cases	Deaths
Arlington	900	20
Athol	400	..
Attleboro	500	..
Ayer	1500	3
Brockton	3000	..
Chelsea	2000	31
Ererett	500	8
Fall River	1100	6
Fitchburg	1200	10
Gloucester	2500	53
Groton	502	..
Haverhill	500	..
Holbrook	350	..
Lawrence	512	7
Lowell	700	29
Lynn	5000	80
Malden	3500	..
Milford	800	..
Natick	500	..
New Bedford	1480	10
Newburyport	390	13
Norwood	420	19
Plymouth	2000	3
Provincetown	415	..
Quincy	3000	..
Salem	1600	19
Saugus	400	..
Swampscott	300	..
Waltham	2000	..
Westboro	500	..
Winchester	325	..
Winthrop	300	4
Worcester	2000	..

The article is from the Boston Daily Globe on September 30th, 1918, titled *Number of grippe deaths fall off*. Two subtitles sets an optimistic tone towards the present and future situation of the flu at the beginning of the text, writing that the health officials believe the situation is improving, and churches are making efforts to fight against the flu. The body goes with a leading part followed by four detailed parts with subtitles. The materials mostly comprised interviews and data from the health department, adding authoritativeness and authenticity to the news.

When this article came out, many places, especially big cities like Boston and New York, faced a severe shortage of personnel supply for flu-related jobs. The urgent demand for medical staff was stressed in the article many times. It was also supported by several reports demonstrating needs for volunteer nurses on the same page ---- for instance, *Red Cross Nurses to Help New England* and *New York Issues Call for Volunteer Nurses*. Besides, the health officials believed the shortage of hospital staff is the primary reason why the flue continues serious. They also suspected that the outbreak in 1918 resulted from large-scale moving troops. Although the war was still the hottest topic in public space, especially on mass media platforms, fear towards the Spanish flu spread widely among citizens since Spanish influenza had already invaded many people's daily lives. An article on page four reports that two patrolmen refused to take influenza patients to the hospital. One of the patrolmen argued that he already had a case in his home, so he would prefer to limit the chance to make things worse. These concerns and actual impacts of the flu on ordinary lives could contribute to the lack of volunteers or assistance working against the Spanish flu.

The article begins with a shortage of nurses and mentions a decrease of three deaths from the previous 24 hours, reaffirming the title with raw numbers. The health commissioner advocates "at-home treatment" for less severe cases if circumstance allows, to ease the tension on health service resources, which sounds familiar to people living in COVID times. In the next part, the commissioner notes that hospital space is sufficient and assumes that influenza's virulence will decrease by time, which is inconsistent with their positive view towards flu control. Meanwhile, he "urged" strong and capable women to volunteer as nurse assistants, reflecting the gender division of labor in the 19th century. The word "urge" conveys a very pressing demand. Note that this is the second time they ask people to help out. Then the news moves to a telegram by Dr. Kelley, who pointed out desperate needs of outside assistance again. He addressed the high morbidity rate of medical staff and assumed it as a cause of a rapidly increasing demand for doctors and nurses. The next subtitle makes a direct call for personnel support: "Doctors and Nurses Needed." "Crying need" is used in the body as the fourth advocacy for volunteers. At the end of the article a table of death data is shown. The report starts by discussing how the "death number" drops compared to the last 24 hours. However, the last part of the news indicates that both death rate and total death are higher than both previous weeks and corresponding weeks last year. This inconsistency seems to be neglected since no relating critique has been found in local

newspapers in the following month. It is reasonable to assume that most ordinary readers would go straight to the conclusion rather than study different forms of data by themselves. Or people did question the accuracy of the argument for incoherent statistic evidence, but the query was not reported on the press. Quantitative evidence should receive more attention from both reporters and readers since the way they are interpreted usually influences the general understanding of the situation. Another thing notable here is that the author put "a decrease in death number" in the title instead of "an increase in death rate." This could be viewed as another attempt to stay with an optimistic expectation on controlling Spanish flu.

Reflections and discussions on Spanish flu materials can help to better understand health policies, social changes, and mass media in the time of Covid-19. It is common that people learn from the past and react with the previously applied policies. For instance, "at-home treatment" is mentioned in both periods to mediate pressure on health services. There is also something different. In the Spanish flu period, the government primarily focused on calling for help from professionals and volunteers to alleviate the medical workforce shortage and fight against the flu. In COVID times, urgent appeals for physical and mental protections and support for frontline medical staff keep catching the public's attention. The scope of news reports has expanded as well. The flu-related news report in 1918 focused on death and spreading trends. In 2020, discussions on broader topics such as social justice and mental health rise among Covid-related news. Additionally, in Spanish flu times, both the officials and mainstream press generally held an optimistic tone. Although the printing press industry flourished in the 19th century and people enjoyed numerous news resources, many mass media companies were closely connected with different political parties. Nowadays, more realistic reports on Covid-19 appear from diverse information sources. However, it also means more fake news, especially on the internet. Modern people have a stronger awareness of detecting false information, but this also makes us feel confused about diverse media content to a certain level. People can be vulnerable in a pandemic period featuring overwhelming information --- we may either be suspicious of all information or unconsciously convinced by biased narratives. Overall, media in the digital age has widened the range of social discussions and made up for communications in communities performing social distancing while bringing new challenges with an information boom compared to the printing era.

#### Reference:

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