A Silent Killer of Epidemic Proportions: The Influenza Epidemic of 1918 in Pittsburgh’s Jewish Community

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The Influenza Epidemic of 1918

Introduction

The numbers are mind-boggling: approximately 550,000 Americans, most between the ages of twenty-one and twenty-nine, died a miserable death from influenza in 1918 and 1919.1 This is significantly greater than the number of American casualties of World War I, World War II, and the Korean and Vietnam wars combined. The Influenza Epidemic, however, is often called a “silent killer.” Barely discussed by newspapers of the day and far from the forefront of our nation’s memory, it remains buried in history. With this paper, I hope to contribute to the limited but important body of contemporary historical research on the epidemic. There is an especially small amount of research on the social history of the epidemic within ethnic communities; thus, I concentrate on its trajectory through Pittsburgh’s socially divided Jewish community. This community, like most others, ignored the epidemic until it had already taken a severe toll. What are the broader implications of this case study? Could early attention and action in response to this medical crisis have saved lives?

Influenza in the United States and Around the World

The first documented case of the “Spanish Flu,” as this especially deadly strain was called, appeared in U.S. army camps in early- to mid-March. By April, the epidemic had traveled to England, and by May it had reached France, while it continued to ravage the United States. In July, the epidemic subsided in the United States, but continued to rage throughout Europe, the Caribbean, Asia, and Africa by early August.2

In the United States, few records of the spring wave remain in any form. Since influenza was not made a reportable disease until the fall of 1918, the only reliable statistics generated were for institutions such as prisons and the army. Subsiding in the United States in July and early August, the epidemic re-appeared in Boston in late August. This touched off the best-documented, and by all accounts the worst, wave of the influenza epidemic, lasting from
August to December 1918. It spread like wildfire from that point until December, with its epidemiology differing from city to city, and traveled abroad easily due to heightened wartime travel.³

Medical journals paid little attention to the unfolding crisis. The most compelling case of this type of indifference was shown by the Journal of the American Medical Association (JAMA), as shown in Figure 1 below.⁴ Figure 1 shows the number of listings of influenza in JAMA's index from August 31 to December 26, 1918. It should be noted that between the first outbreak of influenza in mid-March until August 31 (not shown in Figure 1), the number of references to influenza never exceeded three. This trend continued through the first two weeks depicted in the figure, until September 14. After this time, the coverage of influenza increased markedly.

**Figure 1: Journal of the American Medical Association Index References to Influenza in Autumn 1918 By Week**

Although it exhibits many peaks and troughs, ranging from five to seventeen references, the data presented show an overall increase over time of influenza's discussion in JAMA after September 14. This discussion is extremely belated, since neither the spring nor the early fall (August and early September) epidemics were covered as they occurred. This illustrates why the Influenza Epidemic of 1918 merits the title "silent killer."

**Pittsburgh's Crisis**

Pittsburgh's spring and fall waves of the epidemic are difficult to analyze statistically. For the fall epidemic, however, statistics are available,
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although they are incomplete. Health department statistics for this period no longer survive in sufficient detail to chart the incidence of the epidemic continuously, by week or month. This data was, however, available to researchers in Great Britain at the time of the epidemic. The Great Britain Ministry of Health compiled the crude number of deaths from influenza per week during the fall epidemic for many U.S. cities, including Pittsburgh. This data was used to construct Figure 2, below. Figure 2 shows deaths from influenza as a percentage of Pittsburgh’s total population, from late September to December of 1918. Pittsburgh reported cases of influenza during the early fall. As shown in the figure, percent mortality from influenza in Pittsburgh then increased slowly, from .002 to .02 percent between September 21 and October 12, after which it rose sharply to a high of .13% on November 19. From this peak, percent mortality from influenza gradually tapered off, resuming a value slightly above its original baseline level in December.

Figure 2: Weekly Deaths from Influenza as Portion of Total Population in Pittsburgh, September 21–December 28, 1918

As mortality from the flu in Pittsburgh rose to undeniably high levels, government agencies reacted. On October 5, the Acting State Health Commissioner issued an order to close all places of amusement in the state. The first civilian death from the flu occurred on October 5, causing Pittsburgh’s mayor, E.V. Babcock, to call a meeting officially supporting the Health
Commissioner’s order. On October 7, all hospitals were required, by mandate of the health department, to discharge as many patients as was safely possible to make room for flu victims. Emergency hospitals were also established.6 Despite these measures, and the efforts of many organizations, mortality rates continued to rise until mid-November. At this time, mortality peaked. On November 8, the health department announced that schools would re-open on November 18, and on November 15, many emergency hospitals closed. This, coupled with the fact that hospitals were required to discharge non-essential patients to make room for victims of influenza, made physicians a rare commodity.

Following the national trend, Pittsburgh newspapers such as the Pittsburgh Post and Pittsburgh Dispatch began to discuss the epidemic in August 1918, after the spring wave had already occurred. They did not cover it in much depth until October, when the epidemic had already ravaged much of the United States, and the first cases of the flu were beginning to appear in Pittsburgh. After this point, the readership of these papers was at least nominally aware of the crisis unfolding around them.7

**Influenza among Pittsburgh’s Jewish Population**

**The Epidemic’s Toll**

By 1918, Pittsburgh’s Jewish community had polarized into two factions: the wealthier and more assimilated German Jews, whose families had been in Pittsburgh since before 1860, and the newer, poverty-stricken Eastern European immigrant community, who continued to arrive in the United States until the beginning of World War I. The German Jews lived in the fashionable neighborhoods of Oakland and Squirrel Hill, while the Eastern Europeans lived in the Hill District, dense with tenement housing. The marked socioeconomic and cultural differences between these groups caused the formation of a rift between them.8

The Eastern European Jews of the Hill District, inhabiting city wards three and five, suffered terribly during the influenza epidemic. This is confirmed by statistics published in the Pittsburgh Gazette Times in 1919, obtained from a health department publication, showing that out of the twenty-seven wards of the city, the third and fifth wards were among the worst hit. They had the seventh and the fifth highest crude number of cases of the flu, respectively. Furthermore, the 1918 Annual Report of the Federation of Jewish Philanthropies, a conglomeration of several charitable “beneficiary organizations” particularly serving the Eastern European Jews, mentions that the epidemic was worse in the Hill District than in Squirrel Hill and Oakland.9

The Federation of Jewish Philanthropies’ Annual Reports also reveal the
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epidemic's severe toll throughout the Jewish community. I have mined this source in search of information about the flu's morbidity in the Jewish community, and have found Montefiore Hospital mortality statistics and the roster for the Gusky Orphanage, both beneficiary organizations of the Federation of Jewish Philanthropies. Neither has been used to measure influenza morbidity by any other researcher.

If the incidence of the flu in the Jewish community was severe enough to send many residents to the hospital, and to orphan many children, this would be reflected in the Annual Reports. Montefiore Hospital published the total number of patients treated, and the number who died, in a year's time. Therefore, death rates can be monitored over a period of time, to determine whether they rose during the epidemic and fell after it. Similarly, Gusky Orphanage published its occupancy rates. Since the epidemic targeted people between the ages of twenty-one and twenty-nine, which are prime childbearing years, the impact of the epidemic can be measured by the number of orphans it created.

At the time of the epidemic, hospitals in Pittsburgh were largely religious; they relied on members of their denomination for clientele. Thus, Montefiore's mortality rate in 1918 is strongly indicative of Jewish mortality from influenza, since hospital beds were by city mandate reserved for those with the flu.

During 1918 and 1919, as shown in Figure 3, mortality rates at Montefiore Hospital increased by more than fifty percent, from 4.17% to 8.7%. This reflects the significant toll the influenza epidemic had on the Jewish population in Pittsburgh.

**Figure 3: Percent Mortality at Montefiore Hospital Between 1913 and 1922**

Note: No data was available for 1914, so the percent mortality for this year was interpolated.
A parallel source of morbidity data, the Gusky Orphanage, shown in Figure 4 (below), underscores the story that the Montefiore Hospital statistics tell: that the Jewish population suffered terribly during the epidemic. Gusky housed children of all ages and both sexes for whom one or both parents were deceased. As the portion of the population most affected by the epidemic were of prime childbearing age, the number of children orphaned during the year of the epidemic rose and fell with adult mortality. Thus, the number of orphans at the Gusky Orphanage is a direct gauge of the impact of the epidemic on the families served by the orphanage—the poor Jews of the Hill District.

Gusky's records indicate that there was a dramatic increase in the number of orphans during the epidemic (see Figure 4). The number of orphans increased in excess of twenty-two percent between 1917 and 1918, and again increased twenty-seven percent between 1918 and 1919. It is important to note that the number of orphans also remains high after 1919, indicating that whatever caused the sharp rise in orphans was not transient. This type of pattern is suggestive of a killer much like epidemic influenza—the effects are permanent and long-lasting.

**Figure 4: Number of Residents of the Gusky Orphanage Between 1913 and 1922**

Responses to the Epidemic

The responses of the groups within the Jewish community—German and Eastern European—will be analyzed. The German Jews, fully assimi-
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lated into the American mainstream, wealthy, and speaking English, left behind many records. Of these, two will be examined here. They are the *Jewish Criterion*, a weekly newspaper, and again, the *Annual Reports* of the Federation of Jewish Philanthropies. The *Criterion* and the reports of the Federation are available in near-entirety. The *Criterion* was published and read nearly exclusively by German Jews, who, unlike the Eastern Europeans, were comfortable with English as a spoken and written language. Additionally, although some of the philanthropies were started by the few wealthy and well-established Eastern European Jews, it can be assumed that they were supported primarily by the German-Jewish community.

The most significant records of the Eastern European Jews are Yiddish newspapers such as the *Jewish Volksfreund*. They can be supplemented only with difficulty by interviewing members of this generation. Anyone above age ten at the time, who would be old enough to remember the events, would be ninety-two. Over the course of eight decades, memories fade. Furthermore, it is difficult if not impossible to determine whether "memories" of the epidemic are actually first-hand memories, or information acquired later in life; this is the classic problem of oral history involving the elderly.12 13

The *Jewish Criterion* and the *Jewish Volksfreund*

The *Criterion* is noteworthy for the conspicuous absence of the epidemic in its articles, advertisements, and letters. If one did not know that the epidemic occurred in the fall of 1918, one would certainly not know by looking at the *Criterion*. We can speculate on the reasons why the *Criterion* did not chronicle the epidemic. The readership of this paper suggests some explanation, as the flu was conceptualized as a disease of poverty. As a result, perhaps they did not consider the epidemic to be their most pressing problem. The German Jews, moreover, fluent in English, would have been able to read about the flu in the *Pittsburgh Gazette* or *Pittsburgh Dispatch*. The *Criterion* was more concerned with news that was not in secular papers, on topics like Zionism and Jewish-related World War I issues. Thus, the *Criterion* contained very little health-related information generally, unless it was of direct importance to a Jewish organization such as Montefiore Hospital, since pressing health issues were often covered in non-Jewish papers.

Much like the *Criterion*, the *Jewish Volksfreund* neglected to report on the raging flu epidemic in Pittsburgh.14 Although the *Volksfreund* was also concerned with issues such as Zionism and the war, their reasons for not discussing influenza may have been different. These Jews spoke little or no English. They would therefore not be able to read widely distributed English language papers, and thus may not have been aware of the severity of the epidemic.
The records of the Federation, however, tell a very different story. In the annual report for 1918, the epidemic's presence is strong. The annual reports are usually divided into several sections. The first is an excerpt from the President's annual address, followed by a section for each of the beneficiary organizations. The reports of many of these organizations, including Montefiore Hospital, the Irene Kauffmann Settlement House, Gusky Orphanage, the United Hebrew Relief Association, and the House of Shelter mention the impact the epidemic had on their organization. These reports confirmed the salience of the epidemic within the Jewish community.

Montefiore Hospital calls influenza "the plague," and describes how it was "compelled to clear out all other patients and placed our hospital at the disposal of the city and state" to care for the overflow of flu patients. The report for the Irene Kauffmann Settlement boldly declares that "the month of October 1918 will long be remembered in Pittsburgh because of the Influenza epidemic."

Among these affluent German Jews, however, the flu was conceptualized as a disease of poverty. This is evident from the Annual Reports of the Federation of Jewish Philanthropies. In the President of the Federation's 1918 address, the problem of poor living conditions in the Hill District was discussed at length. Although he does not mention the epidemic per se, he alludes to it by saying that a crisis has unfolded among Pittsburgh's poor Jewish population, due to the fact that "less than a mile from the heart of the city, we have narrow unsewered, unpaved streets... facing these are miserable hovels, unsafe for human habitation, with outhouses practically built up against the windows of the adjoining shanties." That crisis, of course, was influenza, which he was attributing to the conditions of poverty. Since these poverty-stricken shanty-dwellers did not subscribe to the Criterion, one can understand why the German Jews would have seen no need to mention the epidemic. They simply did not perceive it as their problem—only the problem of those they cared for through the Federation.

That the annual reports of the Federation of Jewish Philanthropies discussed the epidemic at length can be explained in two ways. First, the Federation and its beneficiary organizations were created in order to serve the poor Jewish populations, most of whom were Eastern European and lived in the Hill District. Any publication of this organization had to be preoccupied with the problems of the newer immigration, whether in family support, education, or health.

The Federation could have focused on the other (innumerable) problems of the Hill District's Jews. Why influenza? The answer is that the Federation had recognized that poor public health was one of the most important problems of the poverty-ridden Jews of the Hill District: "sickness
is still the greatest cause of poverty and the most frequent reason for the need of our charity." Therefore, the Federation was primarily concerned with public health issues, among which influenza was the greatest that had ever faced the Jewish community.

Conclusion

Would more coverage by newspapers such as the Volksfreund and the Criterion have caused heightened awareness? Would this have saved lives? The etiology of influenza during this epidemic was largely unknown. Since then, great strides have been made in characterizing and addressing influenza: it has been identified as a virus, enabling scientists to develop effective inoculations, and to reduce the severity and duration of illness. Scientific misunderstanding of the flu in 1918 led to ineffective public health measures. No amount of attention or monetary donations could have changed the situation; the epidemic was due to run its course.

The Influenza Epidemic of 1918 was, and remains, America's silent killer. Ignored in widely distributed newspapers until it was already underway, ignored entirely in the newspapers of Pittsburgh's Jewish community, and discussed infrequently today, it raises questions about the public health responses of communities in crisis. This research contributes to a small but growing body of literature on the Influenza Epidemic of 1918, which is an extremely important topic in the history and future of public health in the United States. New strains of influenza still endanger worldwide public health. Their appearance is inevitable, and understanding of past catastrophes is essential to preventing those in the future.

Bibliography

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Jewish Volksfreund, October 4–December 6.
Journal of the American Medical Association, August 31 1918–December 28 1918.
Notes

1. Crosby, Alfred W. *America's Forgotten Pandemic: The Influenza Epidemic of 1918*. (Cambridge: Cambridge University Press, 1989), continues to be the most important study of the epidemic.

2. Ibid, 3–41.


4. *Journal of the American Medical Association*, August 31 1918–December 28 1918. The data presented in Figure 1 were compiled by the author, by counting the number of listings for "influenza" in JAMA's index for each of the weeks presented. The data are given by week because JAMA was issued weekly.


7. Ibid 221–242. White reviewed newspapers such as the *Pittsburgh Post*, and determined that they did not mention the epidemic until October. I scanned the *Pittsburgh Post* and *Pittsburgh Dispatch*, and I confirm his findings.


9. "Figures Show Epidemic Toll," *Gazette Times*, 22 April 1919. Large numbers of cases of the flu in certain regions may be reflective of the large population of the region. However, for the purposes of this paper, this is of no consequence: it is important to look at the crude number of cases to determine whether a community like the Hill District was severely affected by the epidemic. The data clearly shows it was.

10. Annual Report, 1918, 51. Resources have been exhausted in attempting to find information specifically regarding the incidence of influenza among the Jewish population of the Hill District. Such data were not collected in an organized fashion by a central body such as the City Health Department, and thus I turn to the annual reports of the Federation of Jewish Philanthropies.

11. Federation of Jewish Philanthropies, *Annual Report* (Pittsburgh, 1913–1922). Additionally, it should be noted that the increase in the number of orphans at Gusky underestimates the problem, because in the annual report for 1918, it was noted that for many children orphaned by the flu, "the House of Shelter society was kind enough to give us its home...[as] a house of refuge" (*Annual Report, 1918, 51*). These children were not included in Gusky's annual reports.

12. Three oral histories were attempted on elderly residents of Weinberg Terrace, an assisted living facility for primarily Jewish clientele. The results of these histories are not presented here because, as previously described, they are unreliable and problematic.
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13. *Jewish Criterion*, July 2 1916–October 27 1916, March 15 1918–November 15 1918. *Jewish Volksfreund*, October 4–December 6. The *Jewish Criterion* was obtained from Rodef Sholem Synagogue with the help of Barbara Bailey. Copies of *The Jewish Volksfreund* are located at the University of Pittsburgh’s Hillman Library, Pittsburgh, PA. The annual reports of the Federation of Jewish Philanthropies are located at the Senator John Heinz History Center.

14. *Criterion*, October 18, November 8 1918. The *Volksfreund*’s headlines were translated by Laurie Cohen of the University of Pittsburgh Library System.

15. *Annual Reports* between 1913 and 1922 were thoroughly read in order to understand the mission and goals of the organization. In particular, the annual report for 1918 was scrutinized for any references to the epidemic.


17. Ibid, 8.


19. During the epidemic of 1918, flu vaccines were available. They were only effective in that being inoculated helped “calm nerves” (Crosby, 84).

20. A comparison of the epidemic between Pittsburgh and Philadelphia illustrates this point. Philadelphia’s news media focused on the flu as early as August, months before it rose to the level of an epidemic within Philadelphia, while Pittsburgh waited until October to discuss it. This did not have a significant impact on mortality rates from the flu in Philadelphia—they were still high, and were not significantly different from those in Pittsburgh.

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