

## Woodrow Wilson's Bout with Spanish Flu

Perhaps the most historically significant case of Spanish flu occurred as the pandemic was dying out in the early spring of 1919. On April 3, during the Paris Peace Conference, President Woodrow Wilson was seized with a high fever, severe coughing, and diarrhea. His person-

al physician diagnosed the attack as flu. For more than four days the president was unable to work.

Afterward, Wilson gave in to French and British demands that Germany be required to pay undefined war reparations, in addition to an immediate indemnity of \$15 bil-

lion. By deepening German resentment, this provision probably helped sow the seeds of World War II.

According to Alfred W. Crosby, a leading historian of the pandemic, some who knew Wilson thought the debilitating illness had sapped his will to resist the allies' demands.—RR

chills, and some had intense earaches.

Most patients were miserable for several days and then slowly recovered. But in a significant minority of cases things took a turn for the worse. Some patients bled from the nose and ears, coughed up bloody mucus, and began to turn blue, or cyanotic, the color of oxygen-starved blood—the result of lungs that no longer worked.

### The virus moves out

The Boston area launched the second wave of the pandemic. Military historians have traced the Spanish flu's path along rail and sea routes from Camp Devens to other Army installations across the country in September and October 1918. At camp after camp, the Devens pattern was replicated. Some troop trains became flu trains; one trainload of 3,100 apparently healthy troops left Camp Grant, near Rockford, Ill., bound for a camp at Augusta, Ga. But flu broke out on the crowded train, probably because some soldier was incubating the virus but was not yet sick when he boarded. When the train arrived in Georgia, 2,000 men had to be hospitalized.

Then there were the troop ships bound for Europe. The worst of a number of shipboard outbreaks befell the huge liner *Leviathan*, which left port on Sept. 29 with 11,000 onboard. Some 700 men fell ill the first day out, and when the ship arrived in Brest on Oct. 8, 2,000 men had to be carried to a hospital; 70 died during the voyage, and hundreds more succumbed later. On the night of Oct. 1, "a true inferno reigned supreme," as pools of blood and vomit covered many of the ship's floors, a Navy report said.

The military population was not sealed off from civilians, and the virus soon spread through the rest of the population. Typically, the first news reports of flu in a city involved Army personnel, and civilian cases inevitably followed. By the week of Oct. 5 the disease had reached nearly all regions of the country.

The flu was nearly impossible to stop, and almost no place in the nation succeeded in keeping it out.

Nationally, public officials and the press widely played down the epidemic, often giving hollow assurances that the illness was just ordinary influenza. Many cities closed schools, churches, and theaters and urged people to wear gauze masks. But closing places of assembly wasn't much help when people still rode trains and streetcars and went to work, and the masks were ineffective filters, if people wore them at all.

The medical profession, meanwhile, had reason to hope it might be able to fight back effectively. In the late 19th century, men like Louis Pasteur and Robert Koch had confirmed the germ theory of disease, identified the organisms that caused a number of major maladies, and began developing vaccines for some of them, such as anthrax and typhoid. But in the 1918 flu pandemic, despite feverish efforts to identify the pathogen, it remained a mystery.

### 'Cures' likely made matters worse

Failure to find the cause of the pandemic, however, didn't deter physicians from concocting vaccines or trying all manner of treatments. One doctor recalled that some vaccines were "just a soup made of blood and mucus of the flu patients that had been filtered to get rid of large cells and debris." Medications that were tried included just about anything, from aspirin and morphine to strychnine, epinephrine, and quinine. But at the height of the pandemic, in late October 1918, a *Journal of the American Medical Association* editorial acknowledged, "Unfortunately we as yet have no specific serum or other specific means for the cure of influenza, and no specific vaccine or vaccines for its prevention." The following week, a *JAMA* commentary remarked on the legion of "sure cures" touted in newspapers, many of which probably did more harm than good.

The only approach that worked, the *JAMA* writer