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DAYS OF FEVER: THE 1918–1919 INFLUENZA PANDEMIC IN IRELAND AND INDIA

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Abstract

India and Ireland have many synergies or bases on which to compare and contrast their population's experience of the influenza pandemic. Both were part of the British Empire, with strong educational, military and medical links, and both, in 1918, were surrounded or almost surrounded by sea with strong merchant, military and passenger shipping links, and with highly developed internal rail networks, both of which are understood to have facilitated the spread of the disease, even though both countries had also essentially rural populations in 1918. Each country also had problem cities with areas where diseases spread like wildfire among the poor; several Irish authorities have compared Dublin's particular tenement housing problem in the 1910s to problem areas of Indian cities, particularly Calcutta. The medical service in both Ireland and India was badly depleted of doctors, as so many were away serving in the war; when the influenza put pressure on the system, this severe shortage of medical doctors showed up the gross inadequacies of the systems to cope with the crisis. Both countries also had parallel experiences of British intervention in public health.

Key words: influenza, infectious disease, self-medicator, flu, sanitation.

I.

When a major new epidemic of disease emerged in the ember days of the First World War, newspapers flagged it as a 'mystery disease', a 'mysterious malady'. It was not unexpected: foreign wars typically brought various diseases home with returning soldiers to civilian

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populations, and diseases anyhow ran rife in the cramped unhygienic conditions soldiers typically occupied during wars. But by the 1910s, advances in modern medicine, including the growing importance of the practical application of bacteriological methods of disease control, were thought to have significantly reduced the impact of infectious disease in war and in civilian populations. Ironically, the disease that did emerge in this period was initially believed to have come from Spain (a country not involved in the war), and therefore was named the ‘Spanish’ flu. The illness of the king of Spain and several thousand of his courtiers was widely reported in newspapers, although by the time it infected the 31-year-old Alfonso XIII, the French, US, British and German armies had already been depleted by influenza. Wartime censorship prevented these stories from making it to newsprint—neither the Allies nor the Central Powers wanted to alert the other side to areas where the disease had weakened its forces.

It was, in many ways, an extraordinary disease; aside from debates about the aetiology and the treatment, the vast numbers who were infected or who died, and the enormous impact of long-term damage and death on families—revealed in more recent research—there was also a considerable political impact. The influenza pandemic seemed to embed itself into every running story, at local, regional and international levels, or even at the level of the Empire. At local and regional levels, one of the more obvious ways in which political tensions were exacerbated by the flu was in relation to the management of public health. In both Ireland and India, for example, there was a history of tensions over public health management in general, between local interests which constantly appealed for improvements to what were identified as underfunded health systems, and their colonial masters in Westminster, who saw the health service problems as resting anywhere except with the central government or Empire. When the sheer scale of numbers ill during the influenza pandemic overwhelmed these already struggling health systems, local populations paid a heavy price, but in both countries, post-event government agency reports deflected criticism of the damage, as Mridula Ramanna (2003) and Ida Milne (2018) point out.

At the international level, the pandemic disrupted and altered the efforts of the Paris Peace Conference called to work out a lasting peace, as delegation after delegation fell prey over several months, including the three leaders, British Prime Minister David Lloyd George, French President Georges Clemenceau, and Woodrow Wilson, the President of the US whose

stewarding was seen as crucial to the successful outcome of the negotiations. Lloyd George was felled by it on a visit to Manchester in September 1918 and spent a week too ill to be even moved from the city hall; he came close to dying, and was still debilitated when he travelled to Paris for the negotiations (Milne 2018: 1). Clemenceau too caught it, and lost a family member to it. Woodrow Wilson spent a long time confined to his quarters with the disease, inaccessible to all except his closest aides; some think the flu made him paranoid for a time, and weakened his dedication to negotiating his lauded Fourteen Points, a carefully constructed guide for negotiations to establish a lasting piece (Crosby 2003). His inability to carry through on his intentions had far-reaching consequences.

Statisticians and epidemiologists have, over time, variously estimated its global death toll at between 20 and 100 million people, with estimates for the number of people it infected now varying from one-fifth to one-half of the world's population. Most authorities now agree that it killed at least 40 million people (Jordan 1927: 229).¹ The Indian death toll was estimated at six million in the immediate aftermath of the pandemic by Major Norman White of the Indian Medical Service, reporting on it in his role as the Sanitary Commissioner for the Government of India; he suggested that between 50 and 60 per cent of the total population suffered from the malady.² White described it as 'a national calamity'. The Irish Registrar General Sir William Thompson calculated the Irish death toll at 20,057, and described it as 'Ireland's greatest disease event since the Great Famine of 1947, with its associated fevers and cholera' (Milne 2018: 4). The cholera epidemics and the Great Irish Famine of 1847 have long been popular themes for historians. Current estimates for the number of Indians who died in the pandemic hover around 18 million (Ramanna 2003: 86–99), while the Irish dead has been conservatively estimated at 23,000, including related pneumonia deaths (Milne 2018).³ It persuaded international health authorities to set up the satellite influenza monitoring systems we still have today.

Like its putative parent organism, the war, it engenders heroic epithets. Various described as 'the greatest disease the world has ever known', 'a greater killer than the Great War', or 'a greater killer than World Wars I and II combined', it is frequently added to the list of the other two most traumatic epidemic diseases the world's human population has experienced: the plagues of Justinian and the Black Death. This romanticisation of the pandemic, and the recounting of particularly traumatic deaths, the dead lovers, the children found clinging to life

in the arms of parents whose bodies were rigid in death, is perhaps associated with the social construct of the First World War. People writing about the social effects of the war tend to use a romantic and hyperbolic social construct befitting ‘the war to end all wars’, the war to fight for ‘the freedom of small nations’.

This disease represents a curious lacuna in the history of several countries, including India and Ireland, as it was neglected in many national historiographies until the late 20th or early 21st centuries. In 1998, Howard Phillips and David Killingray gathered together scholars working on the pandemic in different regions in Cape Town, South Africa, for the first international academic conference on the pandemic, 90 years after it happened. Two scholars, Mridula Ramanna and Kohei Wakimura, each presented papers on the Indian experience of the pandemic; Ramanna later contributed a chapter on the Bombay experience to a collection Phillips and Killingray co-edited from the conference proceedings (Ramanna 2003: 86–99). This seminal edited collection also contains a global bibliography of scholarship on the disease by Jürgen Müller (2003: 301–51). The India section of the bibliography lists 16 entries, with 12 from the 1910s or 1920s, and the others from Ramanna and Wakimura, and an article by I. D. Mills published in 1986. By contrast, the American entries run to six pages, showing that American scholarship on the pandemic was already highly developed by 2003, unlike Indian or indeed Irish scholarship on the topic; a key influence in the development of American scholarship on the pandemic was the important work of environmental historian Alfred Crosby, *America’s Forgotten Pandemic* (2003). First published in 1976, it is regarded as a definitive account of the pandemic in the United States of America, and is constantly used as a reference by other flu historians. It systematically covers the effects of the flu in major US cities, territories, and among the US armed forces. Some credit Crosby with the rekindling of academic interest in the topic, while others quote his anecdotes and his statistics for influenza deaths.

There are just seven Irish entries in the bibliography, all contemporary reports or reflections by medical doctors working at the time. Historians have only published about the peculiar Irish conditions since 2006, when Cairtriona Foley, Patricia Marsh and the present author began to publish from their doctoral research; Irish historiography on the pandemic since then includes two monographs and several chapters by these three historians, two hour-long television documentaries and some shorter documentary segments, and several journal and

newspaper articles.⁴ The Indian historiography of the pandemic is similarly gathering pace, with some focus on the historical demography of the pandemic in India, for example in an article on the spatiotemporal patterns of influenza diffusion (Reyes et al. 2018).

The real surprise for new researchers of the pandemic is that its effects were well known and documented by newspapers right around the globe as it happened, and so it should never have been considered a hidden or forgotten history. This article focuses on the Indian and Irish newspaper evidence on the pandemic.

In an Irish context, the omission was not altogether surprising at a superficial level. There were many distractions. The Ireland of 1918 saw a sizeable proportion of its population fighting, for several different reasons, in the First World War, while on the home front the possible imposition of conscription was a contentious issue; elections were about to be held for Ireland's representation at the British parliament, but many of the Sinn Féin (nationalist party) electoral candidates remained interned in Britain under a false pretext; the implementation of the Home Rule Act of 1914 had been suspended until after the war, but the goal of home rule was about to be superseded by the Sinn Féin's demand for a republic. The country had just come through the 1916 rebellion which had reinvigorated the separatist movement, and was about to head into the War of Independence and the Civil War.

As the small island's political identity metamorphosed during the revolutionary period, 1916–1923, the very concept of what it meant to be Irish was a confusing issue. And then, this was just one more disease of many that killed, year in, year out. One-fifth of annual deaths in the 1900s and 1910s were of children under five, many felled by wasting diseases of poverty, and by the 'normal' diseases of childhood, measles, scarlet fever, whooping cough, as well as tuberculosis. Cramped substandard living accommodation for the poor elevated death levels in Ireland's cities, as in urban communities elsewhere. Dublin, with one-third of its population living in tenements, had notorious health problems, although in the latter years of the 1910s the signs of change were promising as death rates began to fall. It was, in a way, hardly to be expected that one more disease, and that too, a disease which re-emerged each year as a seasonal illness, should excite the attention of historians busy with their pens on other more pressing issues.

Nor was the omission by historians to record the pandemic surprising in a Europe laid waste by perhaps the most devastating war it had ever known. There were other things to record, even if the failure of trains to run, factories to operate or crops to be saved because of lack of manpower caused by this illness might have been deemed significant enough to record had it been ascribed to a different cause. But there were failures to assess the effects of the pandemic by historians in countries where there was no other significant distracting trauma, and in countries both far from the arena of war—such as India—and outside its sphere of influence—such as China. Forgetting the flu was not an Irish phenomenon; it was a universal one. This curious gap in history is truly surprising when one considers that influenza, with its ability to permeate every layer of society, every organisation and social structure, affected everything. The Spanish influenza pandemic, with its devastating death toll and even more astounding numbers of sufferers, silenced whole communities as it passed through. At a micro level, families were flattened, incapable of doing anything except struggling to live. Often they failed in that struggle in a most dramatic manner, presenting a pathetic tableau to would-be rescuers who broke down doors to find entire families either dead or beyond help, sometimes all dying in the one bed. At a macro level, the disease paralysed sectors of commerce and industry, and disrupted stock markets.

But maybe part of the answer to this forgetting is that we assess it with a modern lens, from a 21st century perspective, where public health draws on vaccination to protect people from disease, and where medical developments—including antibiotics—over the last century have reduced the huge threat infectious disease posed to most parts of the world in the 1910s. Then, many world regions experienced a constant cacophony of disease, as one infectious disease after another ripped through squalid, overcrowded housing with poor sanitation. Child death was common. Take, for example, the Moore family living at 34 Marlborough Street, in the centre of Dublin (Milne 2018: 186). Of the ten children born into the family, only one, Anna, survived beyond the age of five years. The others died from diarrhoea, measles, and in 1918, influenza. Little Mary Moore, aged four and three quarters, was understood to have the gift of sight. On a November 1918 day at the height of the second wave of influenza in the city, she asked her mother to help her into her best dress, as she felt something important was about to happen. Once dressed, she climbed into the one family bed in the one room tenement, and died from influenza. For families with a history like the Moores, living in dilapidated unhygienic tenements, anywhere in the world, even a massive influenza pandemic was just one more disease noise in that cacophony of disease.

II. Ireland and India

India and Ireland have many synergies or bases on which to compare and contrast their population's experience of pandemic. Both were part of the British Empire, with strong educational, military and medical links, and both, in 1918, were surrounded or almost surrounded by sea with strong merchant, military and passenger shipping links, and with highly developed internal rail networks, both of which are understood to have facilitated the spread of the disease, even though both countries had also essentially rural populations in 1918. Each country also had problem cities with areas where diseases spread like wildfire among the poor; several Irish authorities have compared Dublin's particular tenement housing problem in the 1910s to problem areas of Indian cities, particularly Calcutta. The medical service in both Ireland and India was badly depleted of doctors, as so many were away serving in the war; when the influenza put pressure on the system, this severe shortage of medical doctors showed up the gross inadequacies of the systems to cope with the crisis. Both countries also had parallel experiences of British intervention in public health. Ramanna mentions that the British policy of managing the many epidemics which manifested in 19th century India was one of 'cautious intervention'; the British Government of India, according to Ramanna, 'could barely cope with the situation and admitted the inadequacies of its medical service', and relied heavily on provincial administrations and community efforts to provide relief, particularly in rural areas (2003: 86). British management of the Irish Poor Law Medical Dispensary System, and of managing public health through local government sanitation measures, was similarly conservative rather than innovative. The Irish Poor Law Medical Dispensary System and the haphazard hospital system was widely viewed as being in urgent need of reform; the pandemic solidified this perspective, as it overloaded these institutions, showing the cracks in the system in stark relief (Milne 2018: 15, 231). The Local Government Board for Ireland took a conservative approach to management, monitoring the work and expenditure of the local dispensaries, and thus forcing local government bodies and community groups to establish badly needed relief works, providing soup kitchens and nursing in the worst affected areas.

During the influenza pandemic, this conservative management, the failure to introduce a central plan to cope with the pandemic, and to inject badly needed funds into a health system where hospitals were crippled by wartime inflation, drew criticism from many quarters, including journalists who worked for newspapers generally considered to be supportive of the

Establishment, the Dublin agents of the British Government (ibid.: 233). A journalist for one such newspaper, the *Kildare Observer*, decried, at the height of the severe second wave of the pandemic in October 1918, the Government's 'attitude of almost supineness towards a malady which has been the cause of a tremendous death toll. This government inertia...should not be allowed to go on without at least a serious effort being made in the battle with the disease.' Journalists in *The Times of India* (the only digitized Indian newspaper accessible for this work) seemed less critical of their Government than their Irish counterparts; perhaps it was more obvious with the scale of the influenza problem in India, that no one government could be expected to cope with a crisis on such a grand scale. One issue that kept re-emerging as a criticism of the Local Government Board for Ireland, which managed the Poor Law Medical Dispensary System, was their failure to make an influenza vaccine available in a timely fashion—one was only introduced in the early summer of 1919, after all waves of the influenza pandemic had passed in Ireland; it was observed in Irish newspapers and reports that the Indian authorities had provided a vaccine in December 1918, well ahead of this development (Milne 2018).

III. Newspapers During the Pandemic

Newspapers document what was in the public domain about the influenza pandemic as it occurred. We can assess its day to day newsworthiness in a region by the standard measure of news value, the newspaper column inch, observing its low-key arrival, and then the waves and troughs in coverage as it occurred and settled down again. We can see its pathway as it moves around from the ports to cities and villages, through the pages of the national and regional newspapers. Using these popular sources enables us to see what level of awareness contemporary society had about the flu, what issues emerged from it, and also to place it in the context of the news environment of the countries in which it occurred. Irish and Indian newspapers were particularly good at documenting it as it happened. In the typically 20-page daily editions of *The Times of India* in 1918 and 1919, Great War events were sometimes pushed down the news ranking as the influenza pandemic made a fresh surge in Bombay or other regions of India; reports tended to be on the domestic experience of the pandemic, and how local agencies were dealing with it. The Irish national newspapers, the *Irish Times* and the *Irish Independent* in Dublin, each carried perhaps 20 column inches a day on the second outbreak over a five-week period in October and November 1918, and again during the peak weeks of the third wave in March and April 1919. Vying with other important stories for

space in the tiny newspapers of wartime—newsprint was in limited supply in Europe—*influenza* often became the lead, with its shock factor as it felled entire communities and killed multiple members of families. Irish national and regional newspapers paid close attention to its progress across the world, casting a wider than usual net to record stories of diamond production in the Transvaal being halted because so many staff were ill, or what European, Northern American and Asian cities it was currently infecting.

In 1918, the diverse strands of Irish life were fighting a daily battle for column inches in the newspapers. It was a tight fight, as war newspapers were very small. The *Irish Independent* had just six pages, usually with three covered in advertisements. News of the war generally won that battle, with as much detail of war activities as was permitted by the war censors. Newspaper layout—both in India and in Ireland—was rather different to today’s: the front pages were typically covered in the more expensive advertisements, often advertising products related to the world war. As well as a daily digest of manoeuvres across continental Europe, each paper also carried a role of honour of the Irish officers and rank- and-file men dead, missing, wounded, or ‘in German hands’. Indian papers carried similar stories from the war, with columns of the dead, and of battles and manoeuvres.

Apart from war news, other themes which predominated and interlinked in the complex web of Irish current affairs in 1918 were the threat of conscription and the ‘German plot’. Prime Minister David Lloyd George’s Military Service Act became law on 18 April, leading to the withdrawal of the Irish Parliamentary Party from the House of Commons in protest at the proposed extension of conscription to Ireland, the first of a series of protests by Irish political groups (Doherty and Hickey 1989: 188). In mid-May, about 100 Sinn Féin and volunteer leaders and others active in the anti-conscription movement were rounded up and interned in Ireland and Great Britain in an establishment effort to discredit them. The pretext for their arrest was that a German agent had been arrested off the coast of County Clare, having come to Ireland to plot intrigue with Sinn Féin. The authorities had deluded themselves into believing that a smear on the Sinn Féin leadership would lead to the loss of public support from the middle ground.

The detention without trial of these men and women, many of them prominent in Irish society, such as Countess Constance Markievicz and Maud Gonne McBride, as well as leading Sinn Féin politicians Arthur Griffith and Eamon De Valera, and some medical

doctors, led to deep unrest among the populace. Even the archly conservative *Church of Ireland Gazette* (the former Establishment Anglican Church newspaper) called for an open trial of the internees, saying ‘it is to be regretted that, with that lack of instinct for the right thing which seems again to be gathering about its dealings with Ireland, the Government has not taken this course.’⁵ The plight of the internees was to become entangled with the soon to emerge influenza epidemic, as two of the internees, Richard Coleman and Pierce McCan, were killed by the disease. Sinn Féin at once adapted the disease as a tool in its adept propaganda kit, spinning the deaths as murder by the British Government (Milne 2018: 214–18).

Much of the news coverage in both countries focussed on regional diffusion, on treatments, and on prominent people ‘down’ with the disease, and on measures taken by various local authorities to care for local people who had influenza. Take, for example, a story from *The Times of India* on 25 October 1918: the regional notes observe that influenza is ‘raging in the town of Godhra’, that the surrounding towns and villages are also affected, that the Maharajah of Baria and his brother K.S. Nahar Sinhji have been spending large sums on the sick in the state, providing doctors who made house calls to provide free advice to the sick. The same paper notes that 569 from a total of 789 deaths in Rangoon the previous week were from influenza, a rate that was five times the three-year average of 92.

In Madras, the Publicity Board offered to help the medical services by making posters of influenza advice ‘in the vernacular’ and to display them in the city and in the train station. ⁶ Another story, in *The Times of India* of 28 October 1918, , tells us that 40 to 50 people were dying each day in the town of Palunpur, which had a population of 20,000. The ‘heir-apparent’, Captain Taley Mohamad Khan, was doing daily rounds of the affected areas, regardless of the personal risk, and that both Hindu and Muslim volunteers were paying house calls, comforting the sick and preparing prescribed medicines. The State had sanctioned ₹5,000 to provide diet and clothing for the poor sick. An Influenza Relief Committee set up by the Social Service League was looking at extending relief out into the districts in the mofussil.

In Erandol in East Khandesh, with a population of 13,000, the daily death toll from influenza was nearly 40, again according to the 28 October edition of *The Times of India*. At Hubli, 6,000 to 8,000 people were down with the disease, and the municipality and private medical

practitioners found it impose to attend to each case. The Municipal Sanitary Committee arranged for a free supply of medicine to the poor, and opened an influenza hospital in the Lamington High School. While these stories come from the Indian newspapers, they are almost mirrored in the Irish national and regional newspapers, with local authorities, landlords and the ‘charitable ladies of the town’ setting up food kitchens to feed those too ill to feed themselves.

IV. Medicines and Cure-alls

Newspapers carried a heavy advertising schedule of potions, fortifiers and pills to attract the business of the self-medicator. The scale and themes of these advertisements are useful gauges of public interest in influenza. They waft and wane as the influenza emerges and then recedes as a problem, as the waves come and go in different regions.

On 26 October 1918, The *Times of India* carried advertisements from Madon, Sons and Company, Crawford Market, Bombay: ‘The rush for Squibb’s has again demonstrated the healing powers of Squibb’s Ague Specific in the present epidemic of influenza,’ and from Kemp and Company, an advertisement for a cure developed by Professor T.K. Gajjar, ‘found to be very successful in the recent epidemic of influenza. The patient begins to feel better after the first dose, and all the symptoms soon disappear.’ Cash Chemists, of Formby Road, in Bombay, claimed that Dr. Carl’s Ague Specific ‘has cured thousands’ in the current epidemic.⁷

Many of the Irish advertisements carried a suggestion or subtext that the reason why the epidemic had been able to take such a hold on the population was that the Great War had debilitated people. An advertisement for Phosferine is typical of that tone; it advised that the tonic be used to combat the lingering effect of flu, with commendations from Red Cross workers in Belgium and soldiers from different regiments to prove the point:

These soldiers are convinced that it is a public duty to testify to the unfailing efficacy of Phosferine as a preventive of, and remedy for, the disastrous scourge of INFLUENZA now raging throughout the world. Phosferine stimulates the nerve centres to produce the extra vital force needed to prevent the perilous nervous collapse and exhaustion so peculiar to influenza epidemics.⁸

Other advertisements traded on the public paranoia of catching infection, and the desire to disinfect houses and places of work from the threat of germs lurking within. In the beginning

of March 1919, at the height of the third wave of influenza, an advertisement preying on this paranoia appeared on the front page of the *Irish Independent*:

Influenza in Ireland!!! The dread disease is back again all over the land. Don't be taken unawares, protect yourself, your household, your children, your office, your factory, against the death dealing GERMS. Get at once a DEODAR. See the illustration. Spray its contents regularly. A child can use it. All the doctors in the world cannot give as much safety from the 'Flu'. Factory managers in the interests of their whole organisation, should order a DEODAR outfit at once. SPECIAL OFFER TO IRELAND'S householders, just to prove the exceptional efficiency of this excellent invention. COMPLETE OUTFIT, including sprayer and Deodar, 10/6, post free. This offer remains open while we have Sprayers. The demand all over the whole of the UK is simply enormous. A special supply has been put by for readers of the *Irish Independent* by urgent request. Deodar Company Ltd, 6 Exchange Arcade, Manchester (ibid.).

On 4 March 1919, the *Irish Independent* reported that over 300 people employed in Goodbody's factory and flour mills, Clara, King's County, had caught the malady, and two employees, a mother and son, had already died. Goodbody's employed three nurses to look after their staff, and also distributed free Boyril, a hot beef tea drink, to their staff. Both the *Irish* and the *Indian* newspapers show the purveyors of cure-alls changing their advertisements to include influenza as one of the many diseases they can fix.

Throughout the epidemic, an energetic debate was conducted across the pages of newspapers and medical journals about whether or not vaccines were a useful adjunct to the efforts to contain and treat influenza; these articles often mention laboratories in Dublin city which were making vaccines, for instance, E.P. Culverwell's in Trinity College Dublin, as well as Dr. Crofton's laboratory in University College, Dublin. E.P. Culverwell's claims that his vaccine had been used successfully during the outbreak of the epidemic in Howth did not seem to impress the Irish medical profession, who, for the most part, remained unconvinced about the efficacy of influenza vaccines.

V. Parallel Experiences?

Even though Ireland and India are in some ways very different—scale of population and geography, for example—the newspaper coverage and other resources show a remarkable similarity in the challenges they faced during the influenza crisis: the shortage of medical personnel because so many were away at war; the widespread diffusion which overwhelmed the medical service, and the way they coped with it; various methods of community and local government care. It would seem that the difficulties faced during the crisis were probably

universal, regardless of where the pandemic was. Exploring the issues that arose during the crisis—how to get enough medical personnel to care for the vast numbers of ill, how to feed people too ill or too poor to feed themselves during the crisis—have a contemporary relevance too, as in a possible future pandemic on a similar scale, modern medicine would struggle to cope, and communities would have to step in to mind and care for the ill.

Notes

¹ Edwin Oakes Jordan first estimated the mortality from Spanish influenza as 21.6 million people in 1926. The World Health Organisation currently estimates that the pandemic killed between 40 and 50 million. There were two subsequent influenza pandemics in the 20th century: the Asian pandemic in 1957 killed two million people, and the Hong Kong pandemic in 1968-69, which killed one million people (Source: World Health Organisation, <http://www.who.int/csr/disease/influenza/pandemic10things/en/> Accessed 5 October 2010).

² *The Times of India*, 6 March 1919.

³ For a detailed statistical analysis of the influenza dead in Ireland, see Milne (2018).

⁴ A selection of other recent publications emerging from these three PhD studies include Beiner et al. (2009); Foley (2011); Marsh (2016); and Milne (2015).

⁵ *Irish Independent*, 1 June 1918.

⁶ *The Times of India*, 25 October 1918.

⁷ *The Times of India*, 26 October 1918.

⁸ *Irish Independent*, 8 March 1919.

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