
The Spanish Influenza Epidemic of 1918-1919: Perspectives from the Iberian Peninsula and the Americas, edited by Maria-Isabel Porras-Gallo and Ryan A. Davis offers thirteen thoughtful and well-documented case studies of the pandemic which show the richness and diversity of human society in extremis. The volume also illustrates the truly global nature of the outbreak which swept the world in three waves and killed at least 50 million people in just 18 months. The influenza of 1918 has been overshadowed by the violence and memories of World War I, but the power and reach of the flu was made possible by that war. This book tells us, for example, that the first Brazilians to get the flu were in Africa, soldiers aboard Brazilian army ships anchored at Dakar, Senegal, in early September 1918. At the same time, the virus traveled to in Brazil proper aboard the English ship Demerara, which had sailed from Liverpool, arriving in Rio de Janeiro September on 14 and quickly penetrating to the interior of the country. The commerce of war efficiently transported the virus across oceans and continents.

The editors seek to tell the influenza story in heretofore neglected regions of Iberia and South America, and have divided the volume into three sections. The first three essays examine the scientific understanding of influenza in 1918 and today at the time, the second section tells stories about how individuals, civil and military institutions, and various levels of governments responded to the epidemic and managed the crisis in communities in Portugal, Spain, and Brazil. The final section takes up cultural perspectives including gender, class, religion, national identity, and memory on the catastrophe in Spain, Argentina, and Canada.

An article by Esteban Domingo opens the collection with a scientific explanation of the influenza virus accessible to the lay reader, explaining how RNA viruses continue to mutate, recombine and reassort into virulent strains which can induce deadly disease in animals and humans. Domingo concludes that despite all that we have learned in the century since 1918, the biological complexity of influenza and other RNA viruses challenges public health effort. The influenza of 1918 remains one of the great mysteries of virology. Several authors describe how physicians and scientists in Brazil, Portugal and Spain debated the cause of the epidemic, the nature of the pathogen, possible treatments and
means of prevention. They, like physicians around the world, tried a wide range of serums, throat sprays, tonics, herbal teas, rubs and soaks, as well as vaccines to treat and control the deadly flu. Maria Fatima Nunes’ article highlights the work of Ricardo Jorge, Portugal’s senior public health official in 1918 who met the epidemic with scientific research and public education and saw the emergency as an opportunity to determine the role of the state regarding public health policies and institutions to control influenza and other diseases. Jorge later sat on the Sanitary Committee of the League of Nations, connecting the nascent Portuguese public health system to the emerging modern welfare state in the West.

Unlike Portugal and Brazil which entered the cauldron of World War I in 1916 and 1917 respectively, Spain remained neutral. Thus, with little pressure to censor its daily news from an enemy, reports of a deadly flu outbreak appeared in newspapers earlier than elsewhere in the world, resulting in the misnomer «Spanish Influenza». Four chapters in the book highlight the actual flu experience in Spain. Porras-Gallo describes how influenza came to the country via Portuguese soldiers and Spanish workers returning from Europe and points out that some of the Spanish military’s measures, such as demobilizing new recruits during the epidemic, actually spread the disease. A chapter on the experience of the city of Alicante, compares public policy during the 1918 influenza with 19th century cholera epidemics and an 1804 yellow fever epidemic. During these outbreaks, Spanish government officials imposed stringent sanitation measures which could be effective for water-borne diseases like cholera, but had little impact on respiratory infections such as influenza. Alicante officials imposed a virtual «health dictatorship» on the city, expelling or relocating families in the poor sections of town as they had done during yellow-fever and cholera epidemics, destroying more than 80 homes to «sanitize» them. The misery of influenza death further punished the poor in Alicante who were already suffering from unemployment, hunger, and poor living conditions. Pilar Leon-Sanz tells a happier story about Pamplona. There, mutual benefit societies provided medical assistance to one-third of city’s population of 30,000 and when the epidemic overwhelmed them, local and provincial governments came forward with financial assistance. Thus, such fine-grained case studies reveal diverse responses to health crises, ranging from social control measures to community collaboration.

Unlike Western Europe, Latin America was still struggling with deadly and terrifying epidemics of yellow fever, plague, smallpox, as well as high rates of tuberculosis and malaria. Officials in Argentina and Brazil therefore at first sought
to play down the arrival of a mere flu epidemic. Those who warned of its dangers were accused of sowing panic in the population. Anny Jackeline Torres Silveira tells how Brazilian officials believed that the shiny new city, Belo Horizonte, would be immune from a new contagion and thus downplayed any epidemic threat. They accused those warning of a deadly influenza of fear mongering and when the city succumbed to influenza political opponents blamed each other for the epidemic. While many of the countries at war were dominated by militarized governments, the Catholic Church in Brazil played a prominent role in the epidemic. Christiane Maria Cruz de Souza describes how as scientists and government agencies debated the causes of the disease and discouraged public meetings, people in Bahia gathered in churches for protection, a scene recalling pre-modern plagues that does not appear in many 1918 influenza stories. These local studies also reflect the universally high influenza morbidity rates, and relatively low death rates. The State of Bahia, Brazil with 320,000 inhabitants, recorded 130,000 cases of flu and 386 deaths; Rio de Janeiro reported 600,000 cases and at least 12,000 deaths, and Sao Paolo 117,000 cases of influenza with 5,000 deaths.

Many of the articles note that the poor were hardest hit by the influenza and that adequate nursing care was key to survival. Few, however, acknowledge the critical role of secondary pneumonia in increasing influenza mortality rates. Influenza alone rarely kills people, but in an age before antibiotics and respirators, secondary infections of pneumonia were deadly. Proper nursing care, rest, warmth, and nutrition could stave off pneumonia and save lives. The authors therefore miss an opportunity to directly link the higher deaths rates from the flu with the inferior living conditions of the poorer classes, indigenous peoples, or other marginal social groups.

The final article in the book is a powerful contemplation on why people have been so reluctant to talk about or memorialize the influenza of 1918-1919. Catherine Belling notes the dearth of literary works on the epidemic compared to the war, but in exploring the existing literature, she found that rather than commemorating the influenza, the works reinforce the very difficulty of reproducing the events at the individual level; the illness itself, the high fevers and delirium, made it difficult for people to actually remember the flu. We are thus left with newspaper headlines, hospital records, and gravestones. Finally, however, the pandemic was so horrible, one wonders why anyone would want to claim it. We may not yet know the origin of the killer virus, but scholars agree that it was not Spain. Why, then, is this volume dedicated to Iberia and the Americas still calling it the «Spanish Flu»? There are so many other
names, such as *Blitzkatarrh*, the *Grippe*, purulent bronchitis, *pneumon’ica*, or even the influenza of 1918-1919. Whatever it is called, however, the pandemic is no longer be «forgotten» and this volume is a welcome addition to the literature showing how much more we can learn about the devastation and trauma influenza wrought around the world.

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International health, and international health organizations in particular, have been the object of increasing historical interest. The monograph by Josep L. Barona, therefore, forms part of a growing body of scholarship analyzing the political, medical, economic and cultural backgrounds of the organizations which, collectively, formed the international health scene in the twentieth century. Its main focus is on the League of Nations Health Organization (LNHO) and the International Health Board/Division of the Rockefeller Foundation (RF), both of which have already been described in lengthy monographs. However, instead of merely adding another volume to the historiography of those organizations, it analyzes the cooperation between them, regarding them as an example of the diplomacy of public health which shaped an early international framework of international health governance.