POLITICS AND PANDEMIC IN 1918 KANSAS CITY

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POLITICS AND PANDEMIC IN 1918 KANSAS CITY

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ABSTRACT

The 1918-1919 Spanish influenza was the deadliest pandemic in history and citizens of Kansas City died in larger numbers due to politics. Kansas City government was under the control of two powerful political bosses, Democrats Tom Pendergast and Joe Shannon, who had an uneasy agreement to split the cities’ patronage jobs equally between them. This arrangement created a dysfunctional and unwieldy public health response to the pandemic which occurred at the end of 1918. Since the public health response was so inadequate, quasi-governmental institutions tried to step into the vacuum. The Chamber of Commerce, the Metropolitan Life Insurance Company, and the American Red Cross were much more influential and active in Kansas City than in most cities during the pandemic, and their leadership ensured that Kansas City would not be remembered in history as having the worst response in the country.

This abstract of 141 words is approved as to form and content.

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The undersigned, appointed by the Dean of the College of Arts and Sciences, have examined a thesis titled “Politics and Pandemic in 1918 Kansas City,” presented by Susan Debra Sykes Berry, candidate for the Master of Arts degree, and hereby certify that in their opinion it is worthy of acceptance.

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It all began quietly, muffled by the sounds of wartime activity, military censorship of the press, and the sleepiness of small town Kansas. John Barry, author of *The Great Influenza*, found mention of a “severe influenza” outbreak in Haskell, Kansas, the last week of February 1918.¹ No major newspapers took note of this event, but the *Santa Fe Monitor*, a local Haskell newspaper, mentioned on 14 February that Dean Nilson had spent his five day furlough at home in Kansas, and then returned to Camp Funston.² Additionally, on 28 February, “John Robert Bottom left yesterday for Camp Funston to serve his country,”³ and Ernest Elliot returned from Camp Funston after a visit with his brother. On 4 March, the hospital at Camp Funston, a mere three hundred miles from Haskell, had the first cases of influenza. Just three weeks later, Camp Funston’s hospital was caring for eleven hundred soldiers who had become ill with the virus.⁴ Since this flu was at an Army camp, and massive numbers of troops were moving around the country to fight in World War I, the disease spread quickly throughout the country. Within two weeks, two Army camps in Georgia experienced the illness, and as spring marched on, at least twenty-four large Army camps had influenza outbreaks. In addition to the military victims, civilians who lived around the large military

² "Jean News," *Santa Fe Monitor*, 14 February 1918.
³ "Local News," *Santa Fe Monitor*, 28 February 1918.
⁴ Barry, 169.
camps also became infected by the influenza virus that spring. Of the fifty largest cities in the U.S., the thirty located near military camps noted a mortality rate higher than expected.⁵

Although this flu was extremely contagious, it did not seem particularly deadly in March of 1918. At Camp Funston, the flu outbreak was followed by a pneumonia cluster; there were 48 deaths from 233 cases; an average survival rate from pneumonia in 1918.⁶ During the next few months, flu outbreaks were noted in France, Germany, England, and Spain. The majority of cases during this time were mild; of 10,313 sailors in the British fleet infected by the virus only four died.⁷ The epidemic was well on its way to becoming a pandemic; India and China reported cases by May, Russia by June, and the Philippines by July.⁸

But even in this first wave in the spring, there were isolated clusters where the flu virus became deadly. In late May 1918, in an outbreak in France at a small military station where 1,018 French soldiers were stationed; 688 required hospitalization, and 49 died.⁹ Louisville, Kentucky was another cluster where the death rate was high, and even more unusual; 40 percent of the deaths occurred in the twenty to thirty-five age bracket.¹⁰

⁵ Ibid.


⁷ Barry, 173.

⁸ Crosby, 28.

⁹ Barry, 173.

¹⁰ Ibid.
In agreement with Barry, historian Alfred Crosby argued that the second wave of influenza, the most deadly wave, began in earnest on three continents around the end of August 1918. Both authors pinpoint outbreaks in Boston, Massachusetts; Brest, France; and Freetown, Sierra Leone as the starting points.\textsuperscript{11} Within a few months, and one more wave, Spanish influenza\textsuperscript{12} killed more people than any other pandemic the world has experienced.\textsuperscript{13}

Kansas City did not escape the influenza pandemic. Public health officials began their response by denying there was a problem, and finished their response by simply waiting for the disease to run its course. Between those extremes there was political infighting, flouting of quarantines and bans by businesses and the public, lack of coordination with Kansas officials, and many needless citizen deaths.

Kevin McShane published the only lengthy article on the 1918 influenza in Kansas City in 1968. McShane examined the outbreak in Kansas City and attempted to explain the high death rate. His sources consisted of the \textit{Kansas City Times, Star, Post, and Journal}, the \textit{Jackson County Medical Journal}, some city reports, and personal interviews with several survivors. He concluded that it was caused by the refusal of many businesses, and most theaters, to comply with public health orders; by a political feud between two of the principals, Dr. A.J. Gannon and Mr. W. P. Motley; and by the Fifty-Fifty political arrangement between Tom Pendergast and Joe Shannon. I

\textsuperscript{11} Ibid., 182; Crosby, 37.

\textsuperscript{12} Probably given this name since Spain was neutral in World War I and thus experienced no press censorship.

don’t disagree with those conclusions; I simply think those conclusions merely scratch the surface. The underlying reason for the high death rate was the boss political system in Kansas City.

The focus of this thesis is not global but local; I discuss the impact of the three waves of influenza on Kansas City. I examine the public health measures, political considerations, and analyze the responses over time. I seek to answer the following questions: Did politicians and/or public health officers make changes as each wave hit the city? Was there a concerted effort to battle the flu or did the notoriously politicized nature of Kansas City government make this impossible? Were public health officials forced to assess the political effect of their actions before they acted? And did this create the endless delays, the political posturing, the lack of cooperation between the city departments, and ultimately, one of the highest excess death rates in the country? ¹⁴ In this project I will argue that in Kansas City politics and public health were interwoven, which created and advanced a system that was barely tenable under normal circumstances, and truly dysfunctional in a time of crisis.

My examination will bring to life the greater Kansas City area as it was prior to the outbreak of Spanish influenza, thoroughly examine the actions of the relevant players during the pandemic, and speculate on the motivations of the major players. Personal stories of hardship and bravery during the pandemic will help to illustrate what happens to a city and a society when a crisis occurs. Ultimately, we shall see that pandemics, politics, and public health concerns should never be combined.

Global literature written on the flu outbreaks of 1918 is surprisingly scant given the magnitude of the event. Alfred Crosby’s book, *America’s Forgotten Pandemic: The Influenza of 1918* was published in 1989, and a second updated edition was published in 2003. Crosby focused on world events, and organized his book around the three waves of the flu. His extensive sources included military records, personal papers, newspapers, scientific articles, insurance company reports, government documents, and more. Furthermore, Crosby examined events in cities such as Philadelphia and San Francisco in depth, and dedicates a large section of his study to the outbreak in relation to World War I. Additionally, perhaps demonstrating the importance of the topic, he devoted an entire chapter, and part of the title, to the peculiarities of human memory, and why this event in history has been forgotten.\(^{15}\) He suggested that the horror of the first global war simply overshadowed the pandemic. After all, global war was novel, and influenza, even as a pandemic was not.

Gina Kolata’s book *Flu: The Story of the Great Influenza Pandemic of 1918 and the Search for the Virus that Caused It* was published in 1999. She traced the first attempts to find out what caused influenza to the decoding of its DNA. Kolata’s book is not a study of the epidemic, but a study of the twists and turns taken in the process of discovering what caused the pandemic. The scope of Kolata’s research included many secondary sources; personal interviews some of the major participants in the drama, including Alfred Crosby, Johan Hultin, and Jeffrey Taubenberger, among others. To illustrate a common theme, in her prologue Kolata speculates as to why, as a

\(^{15}\) Crosby, 311.
microbiology major in college, and then a medical writer for *Science* and *The New York Times*, she was not aware of the 1918 pandemic prior to her research on the book.\textsuperscript{16}

Barry’s book *The Great Influenza: the Epic Story of the Deadliest Plague in History* was published in 2004, and accounts for the events, places, and people who played a role in the pandemic. Reviewers of his book have questioned some of the stories included in the volume; noting that the details differ significantly from what other accounts have presented, even while he painstakingly divides his sources into primary, secondary, and articles on the topic. At the heart of Barry’s argument is that World War I and this influenza were intimately connected; the quick spread of the virus across the world was due to mobile troops, the lack of nurses to care for the sick due to mobilization, and the public health decisions that were heavily influenced by military necessity. Barry, too, offered an explanation for the dearth of records which remain on the flu; he suggests participants were more occupied with saving lives than keeping records.\textsuperscript{17}

There are several other published works on the Spanish flu, but for the most part Alfred Crosby correctly named it *America’s Forgotten Pandemic*.\textsuperscript{18} Truthfully, however, it was only forgotten by the public. Scientists continued to study the event, and Jeffrey Taubenberger and Ann Reid have recently managed to recreate the RNA of the virus with the goal of discovering why it

\textsuperscript{16} Kolata, ix.

\textsuperscript{17} Barry, 463.


was so deadly. Researchers across the world are closely monitoring outbreaks of avian and swine influenza in the hopes of preventing the next pandemic. Other public health researchers are studying the nonpharmaceutical interventions (NPI’s) employed by doctors at the time and assessing the effectiveness of those measures.

What is clear is that the number of sources for information on this period in Kansas City is somewhat limited. The two local daily newspapers, the *Kansas City Journal* and the morning and evening editions of the *Kansas City Star*, provided a wealth of information on the daily events. The Western Historical Manuscripts Collection on the campus of the University of Missouri-Kansas City retains the records of the Kansas City Chamber of Commerce, and this organization was quite influential in the pandemic. The Missouri Valley Archives of the Kansas City Public Library has the 1918-1919 Annual Report of the Hospital and Health Board, the only comprehensive city record remaining of the influenza pandemic. The Clendening History of Medicine Library at the University of Kansas has the records of the Visiting Nurses Association for the time period. Books written about Kansas City, Tom Pendergast, and the Kansas City Star frequently explained an item in the newspaper that was not clear, and were valuable for background information. Several newspapers from the time period in question, September 1918 to March 1919, such as the *Kansas City Sun*, the *Kansas City Weekly Journal*, the *Kansas City Globe*, the *Press*, the *Kansas City Advocate*, the *Argentine Republic*, the *Missouri Valley Farmer*, and the *Santa Fe Monitor*, were reviewed at the Kansas State Historical Society, and proved invaluable. Additionally, I reviewed September 1918 to

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20 Bootsma and Ferguson: 7588-93.
March 1919 for the following newspapers at the Kansas City Public Library; the *Kansas City Kansan*, the *Daily Record*, and *El Cosmopolita*.

I contacted the following local Kansas City archives for information; the Mid-America Black Archives, American Jazz Museum, Negro Leagues Baseball Museum, Bruce R. Watkins Cultural Center, Swope Parkway HealthCare, the National World War I Museum, and the Urban League. The Kansas City Athenaeum searched their archives for me, as well as the Catholic Diocese of Kansas City. Sister Jane Behlmann, CSJ, of the Sisters of St. Joseph of Carondolet searched their archives and found no mention of any local influenza work of the Sisters during this period. St. Joseph’s Medical Center provided one anecdote about the nurses from the period, and St. Luke’s Medical Center has no archives. The archives of St. Mary’s Hospital in Kansas City were researched by Sister MaryLu Stueber, FSM, of the Franciscan Sisters of Mary, and relevant material was sent by fax. I was unable to gain access to the archive of Truman Medical Center (formerly General Hospital), but I was assured that no records remain from the time period. I spoke to Dr. Gerald Hoff of the Kansas City Department of Public Health and he supplied me with the only remaining public health records from the period; a small collection of newspaper articles. The Kansas City Parks Department maintains an archive, but they have no records relating to anything but the Parks system.
CHAPTER 2

PROGRESSIVE KANSAS CITY

The 1910 census of Kansas City showed a population of 248,381, which increased to 324,410 by 1920. It was growing rapidly, changing from a frontier town with no paved roads, to a city with paved boulevards and a growing sense of civic responsibility and pride. By 1914, parts of Kansas City were enjoying the results of the City Beautiful movement, which began in the 1890s and attempted to use urban planning and beautification as a method of achieving social improvement. In Kansas City, the movement resulted in miles of graceful trafficways and expansive parks throughout parts of the city. But as the years passed, it became clear to social reformers that the social ills of poverty, crime, and squalor still remained. The solution in Kansas City was a public Welfare Board. In April 1910 progressive Kansas City politicians created “...the first full public department of welfare in the United States.”¹ The goal was to remove politics from the department of welfare and the progressives felt the best way to do that was to appoint a citizen board that would serve without compensation. William Volker, a wealthy Kansas City businessman; Jacob Billikopf, a superintendent of United Jewish Charities; LeRoy Halbert, a social worker; and Frank P. Walsh, a lawyer and local Democratic player; met to create visionary goals for Kansas City and for public welfare. The board “combined a traditional emphasis on self-help with a forward-looking commitment to activist government....the welfare board provided a minimum of direct financial aid

and concentrated on offering access to loans, jobs, housing and free legal and financial advice.”\(^2\) By June 1912, the Welfare Board issued a housing report, and just one year later published the “Social Prospectus of Kansas City, MO.” These two documents offer a glimpse at life in Kansas City during the second decade of the twentieth century.

The 1910 census showed over 80 percent of the citizens were native-born whites. Blacks accounted for about 10 percent, and the other 10 percent were foreign-born, including Germans, Russians, Italians, Swedes, English, Greeks, Irish, and Mexicans, among others. In fact, there were enough Germans and Mexicans to support two foreign language newspapers; the *Kansas City Presse* in German, and in Kansas City, Kansas, *El Cosmopolita* in Spanish.

The city was divided into distinct areas, mostly around geography. Quality Hill was a housing area on the top of a hill with homes for Kansas City’s most prosperous. However, by 1914 it was one of the first neighborhoods to experience the suburban exodus, as people of wealth moved farther away from the business part of the city, seeking fresh air and uncrowded vistas. As the wealthy moved out, the larger houses were divided into rooming houses. The Welfare Board called the West Side district, which included Quality Hill, “the Rooming House Evil,”\(^3\) and described “411 rooming houses, many, in fact nearly all, of which are boarding houses as well as rooming houses.

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\(^3\) Kansas City (Mo.). Board of Public Welfare., *Report on Housing Conditions in Kansas City, Missouri, Showing Defects in Present Laws and Suggesting Form of Code Needed* ([Kansas City,: Fratcher ptg. co., 1912), 28.
The rooms total 2,880, housing 3,557 lodgers."\(^4\) They describe inadequate parlors for women to receive male visitors, both sexes sharing toilet facilities, and general overcrowding.

The North Side area of the city was also home to many lodging houses; there were forty-eight lodging houses with a capacity for 3,282 men.\(^5\) Transient workers were the most typical

\(^4\) Ibid., 30.
lodgers, with the majority working for the railroad. Due to a severe lack of bathing facilities in the lodging houses, a private charity, the Helping Hand Institute, offered twenty-four showers. There were no public baths in the North Side district. The North Side was also home to many Italian immigrants, giving it the name “Little Italy.”

The Northwest area included all the West Bottoms and Union Depot. Many of the Greek immigrants lived in the Northwest area. It was heavily industrial; having only one church and one public school. The area had a variety of small shops, pawn shops, and saloons, and “most of the dwellings and lodging houses of the district are located over these shops and stores, which occupy the first floor.”

The West Side district was quite hilly, and perhaps due to this fact of geography, had few paved streets and little access to water. But the area boasted eighteen churches, a large population of Swedish immigrants, and the Mattie Rhodes Memorial Society Nursery. This nursery provided working mothers a safe place for children ages two to twelve to stay during the day. It had a sewing school, a library, and each summer St. Luke’s Hospital opened a camp and clinic.

The Swope Settlement District was an area of contrasts. The infamous McClure Flats were located in this area, as well as the downtown shopping districts. It was not an area of homeowners; most residents lived in tenements. The housing survey showed “10 percent residences, 16 percent

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5 Ibid., 43.

6 Kansas City (Mo.). Board of Public Welfare., Social Prospectus of Kansas City, Missouri (Kansas City, Mo.: 1913), 33.

7 Ibid., 62.
combinations, 35 percent tenements, and at least 70 percent lodging houses.” Racially, the area housed about 10 percent of the black population of the city.

During the early part of the twentieth century, most of the United States was segregated, and Kansas City was not an exception. Blacks were restricted to living in three main areas of town; Hicks Hollow, Belvedere, and the Bowery, and the City Beautiful movement excluded those parts of town. Hicks Hollow and Belvedere were located near Independence Avenue, and “nearly 8,000 of the city’s 23,566 African-Americans lived in the Bowery, between Troost and Woodland Avenues from Seventeenth to Twenty-fifth Streets.” The streets were unpaved; there was little sanitation, and little chance that residents could do much about it without help. A local branch of the National Association for the Advancement of Colored People (NAACP) was organized, and by 1915 was active in Kansas City. There was a great need for their activism, as “the per capita wealth of black residents was $80.61, compared with the $667.96 for whites.” With little public access to water and sewer the city was forced to build public bathhouses to supply basic bathing needs. White citizens refused to allow blacks in the bathhouses, so the NAACP assisted black citizens in building their own bathhouses. They also had their own amusement park; “Lincoln Electric Park at

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8 Ibid., 74.

9 Ibid., 69.


11 Ibid., 166.
Woodland and Twentieth Street, with its Ferris wheel and 'jumping horse Merry-Go-Round.'

Black areas in Kansas City were not the only ones that the City Beautiful movement had ignored. Kansas City also claimed an infamous slum just two blocks south of the business district.

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12 Ibid., 177.
called McClure Flats. This area consisted of one story tenements with dirt outdoor privies, no running water, and housing in a state of decay. Inspectors for the city found “94 families, composed of 263 individuals, occupying 138 rooms.”

William Rockhill Nelson built the new headquarters of the Kansas City Star just on the edge of the area, and from 1890 forward he assigned editor William Allen White to the task of getting it demolished. Between political corruption, politically powerful owners, and a lack of political will, it would remain standing for almost thirty years, and was finally razed in March 1919, after Dr. E.H. Bullock, health director, declared it “unfit for human habitation,” after the influenza pandemic.

By 1914, workers were organizing, mostly in the labor unions. The Industrial Workers of the World, often known as the “Wobblies,” demonstrated for the abolition of the “wage-slave system” in Kansas City. Many were arrested and sent out to the Municipal Farm to work out their sentences breaking rocks. Kansas City had a great variety of jobs, partly due to its favorable location in the middle of the country, with easy access to rail and rivers. Livestock was concentrated in the West Bottoms, wholesaling, railroads and shipping around the beautiful new Union Station, and manufacturing plants, including automobiles, throughout the city. The three largest divisions of the manufacturing industry were printing and publishing, with 179 establishments; bread and bakeries,

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15 "Must Vacate McClure Flats," Kansas City Star, 27 November 1918.

16 Montgomery and Kasper, 169.
with 107 establishments; and copper, tin and sheet iron production with 59 establishments.\textsuperscript{17}

Women, especially black women and girls, could be found working in steam laundries for $4.50 a week. In the summer, the temperatures in the ironing rooms could reach over 120 degrees.\textsuperscript{18}

If health care was needed, Kansas City had a variety of facilities and personnel available. General Hospital, sometimes called City Hospital, was the only public hospital, with a bed capacity of 350. However the hospital only accepted whites. Blacks had General Hospital #2, also known as the Colored Hospital, which was established in 1908 when the white patients moved to a new building across the street. By 1914, management of the hospital was in the hands of black physicians; Drs. T.C. Unthank, J.E. Perry, W.J. Thompkins, and J.E. Dibble,\textsuperscript{19} but it would be many years before the hospital would be properly supplied with operating funds and equipment from the city. In Kansas City, Kansas, black patients who could afford to pay had access to Douglass Hospital and in Kansas City, Missouri there was Wheatley-Provident Hospital.

The birth of Wheatley-Provident Hospital was unique for the times. Black physician John Edward Perry established the sixteen room Perry Sanitarium in 1910 in his own house at 1214 Vine Street. In addition to the hospital he ran a nursing school for blacks. Changes in the state law in 1914 forced hospitals with nursing schools to have a board of directors as the administrators. There were two black charities that wanted the Sanitarium to meet the state requirements, the Provident Association and the Phyllis Wheatley Association. Unfortunately, the two charities couldn’t agree

\begin{footnotesize}
\begin{itemize}
\item[18] Montgomery and Kasper, 169.
\item[19] Jackson County Medical Society (Mo.), \textit{Kansas City General and Allied Hospitals}, 3 vols. (Kansas City, Mo.: Jackson County Medical Society, 1932), vol. XXVI, no. 41, 7.
\end{itemize}
\end{footnotesize}
on who should take over the Sanitarium. The Provident Association would take over the Sanitarium and rename it Provident Hospital, but at the urging of Colored Charities and the Welfare Department of Kansas City, the two charities merged and the hospital was renamed Wheatley-Provident Hospital.20

The Leeds Tuberculosis Hospital had an unknown number of beds, probably from forty to sixty,21 and there was a small isolation hospital at Twenty-third and Cherry. The Leeds Hospital was used for smallpox patients, women with venereal diseases, and tuberculosis patients at different times in 1918. In August of 1918 it returned to full time use as a tuberculosis sanitarium.22 Some of the private hospitals in town were Mercy Hospital, German Hospital (became Research Hospital that year), St Joseph’s Hospital, St. Mary’s Hospital, St. Luke’s Hospital, and Trinity Lutheran Hospital.23

By 4 March 1918 the active membership of the Jackson County Medical Society was 360 doctors.24 The Visiting Nurses Association had fourteen registered nurses employed in 1918.25 The

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20 Barbara M. Gorman, Richard D. McKinzie, and Theodore A. Wilson, From Shamans to Specialists: A History of Medicine and Health Care in Jackson County, Missouri (Kansas City, Mo.: Jackson County Medical Society, 1981), 111.

21 Kansas City Missouri Hospital and Health Board, Annual Report of the Hospital and Health Board 1918-1919, 22.


23 For a complete list of the hospitals in town that would treat whites, see appendix h.

24 Jackson County Medical Society (Mo.), "Membership List," Weekly Bulletin of the Jackson County Medical Society 17, no. 12 (1918): 91.

25 J. E. Logan, "Visiting Nurses for Pay Patients," Weekly Bulletin of the Jackson County Medical Society 12, no. 16 (1918): 123.
Superintendent of Nursing at General Hospital, Mary C. Tucker, listed seven supervising nurses, and reported that “the nurses in training number between 85 and 100 and among them the work of nursing in the Hospital is divided according to their seniority in training.”

Historians disagree on the date that Kansas City first installed a Health Board. One resource offers a date of 1908, but another offers this explanation, “the May 8, 1878 common council passed an ordinance creating the Board of Health, to be composed of six persons—one from each ward-appointed by the mayor with council approval, to serve one year without pay.” In succeeding years the council added as members the Chief of Police, Chief of Fire Department, and the Mayor. The Annual Report of the Hospital and Health Board of 1919 listed W.P. Motley as the President of the Board, and B.L. Hart as the Vice-President. Dr. E.H. Bullock is listed as the Health Director and the Head of General Hospital, the only public city hospital. The Mayor was not listed as a member, and neither were the Police and Fire Chiefs, so at some point the composition of the Board had changed. The one thing that did not change was the patronage. Every member of the Board owed allegiance to one of the Democratic bosses. In fact, the Jackson County Medical Society passed a resolution on 29 January 1918 concerning the health situation:

The Jackson County Medical Society regrets the recent forced resignation of the health and hospital board and the health director and the hospital manager. These gentlemen

26 Board, 56.


28 Jackson County Medical Society (Mo.), 12.

29 Ibid., 14.
possessed all the personal qualifications and technical training necessary to render Kansas City the best service in its most important department. The society desires to express to them its highest appreciation of their ideals and labors and condemns the provincialism, selfishness and malice of the political rulers which made their resignations necessary.

The newly appointed health board started the year dealing with a smallpox outbreak, and finished it dealing with an influenza pandemic.

Citizens had access to a great variety of entertainment and social activities in Kansas City. Movies were especially popular; there were eighty-one movie theaters, which hosted almost twice the city’s population each week. Kansas City had bowling alleys, skating rinks, dance halls, amusement parks, and the city park system for respectable entertainment, and bawdyhouses, saloons, pool halls, and prostitution for other clientele. Churches boasted 84,393 members; however, that was only 34 percent of the population. Kansas City maintained seventy-six public grade schools and four high schools; thirty-four Catholic schools, including three orphan asylum schools with a population of 350; and twenty-eight other types of schools. It offered a public library system composed of the Central Library, “five branch libraries, twenty-six sub-stations, and five school-room stations.”

Clubs were another important means of socializing, and Kansas City women had fifty different clubs from which to choose, while the men of the city had to settle for thirty-two.

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30 The Jackson County Medical Society, "Transactions of the Society," *Weekly Bulletin of the Jackson County Medical Society* 12, no. 5 (1918): 34.
31 Montgomery and Kasper, 176.
32 Kansas City (Mo.). Board of Public Welfare., *Social Prospectus of Kansas City, Missouri*, 17.
33 Ibid., 19.
biggest men’s club was the Industrial Council, with a membership of 15,000. The Board of Public Welfare offered thirty-one social centers across the city for use by clubs, the Board of Education, neighborhood improvement associations, and other individuals. Kansas Citians in 1914 could justifiably call their city progressive, but the political landscape was all about boss politics.

**Boss Politics**

A political machine is “in U.S. politics, a party organization, headed by a single boss or small autocratic group, that commands enough votes to maintain political and administrative control of a city, county, or state.” The United States has a history of political machines in large cities; William Tweed in New York City, James Curley in Boston, and Richard Daley in Chicago, just to name a few. Most historians attribute the rise of the political machines to the rapid growth that was experienced by cities in the late nineteenth and early twentieth centuries. City governments were unable to cope with the rapid growth, and so services lagged behind. The political machine stepped in to fill in the void. The machine was a structured organization with a Boss, his ward leaders, and his loyal followers.

Since the 1880s, the Pendergast name had been powerful in local politics. Jim Pendergast was a saloon owner who believed in the power of friendship and loyalty. He used his friendships and charity to encourage voters to support his candidates. When he was asked about his Boss designation he replied:

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34 Ibid., 20.

I’ve been called a boss. All there is to it is having friends, doing things for people, and then later on they’ll do things for you....You can’t coerce people into doing things for you—you can’t make them vote for you. I never coerced anybody in my life. Wherever you see a man bulldozing anybody he don’t last long.36

Jim Pendergast started out by gaining control of the First Ward, an area of Kansas City that was mostly comprised of the West Bottoms. This was an industrial area where packing plants, rail yards, machine shops and factories were located. Most residents were Irish, German, or black working men, and they lived in some of the worst housing and sanitation conditions in the city.37 These laborers were the friends that Pendergast would use to expand his control of Kansas City politics. By 1892 he gained control of the First Ward, and began to expand his strength into the North End.

The North End, or “Little Italy,” was a very similar neighborhood to the West Bottoms. Many laborers lived there in tenement housing; it was the center of the large Italian community; and it had Kansas City’s “red light” district.38 The working men in these two areas saw Pendergast as their supporter. He brought a park to the West Bottoms, stopped a pay cut for city fireman, and blocked a plan to move the only fire station out of the area. He could be found posting bond for gamblers, and keeping his saloon well supplied with cash in order to cash checks for the working men.


37 Ibid., 4.

38 Ibid., 5.
By 1900, Pendergast assisted his friend, James A. Reed, to become mayor. That meant that a large number of city patronage jobs were under Pendergast’s control. He named the deputy license inspector for Kansas City, he controlled the street and fire department jobs, and he named “123 out of the 173 patrolmen” on the police force.\(^\text{39}\) All of this control was good for Pendergast’s business interests too, since gambling in his saloons was very popular. Since few police were willing to interfere in Jim’s business, gambling could go on uninterrupted.

But Pendergast would make a decision in the fall of 1900 that would lessen some of the control he had over city politics. Joseph B. Shannon, another Democratic boss, had control of a number of areas in the county, and he had a large number of jobs in the county courthouse under his control.\(^\text{40}\) At the fall Democratic Convention Joe Shannon packed the committee and refused to allow Pendergast’s men to be seated. Pendergast walked out and, after some legal skirmishes, and attempts by the state Democratic Party to reunite the two men failed, Pendergast had his men sit out the election. Without all the Democratic votes from the city under Jim Pendergast’s control, Shannon’s candidates were easily defeated by the Republicans. Both men were canny enough politicians to realize that a compromise was needed, and the Fifty-Fifty compromise was born. Pendergast and Shannon agreed to split the patronage jobs in half, and support each other’s candidates. This arrangement would last on into Tom Pendergast’s reign and only be abandoned around 1925, after Tom Pendergast gained sole control of the organization. Jim Pendergast would retire from politics in 1910, but his brother Tom had been groomed to take over the machine.

\(^{39}\) Ibid., 32.

\(^{40}\) Ibid., 32.
Tom Pendergast moved beyond friendships to large scale favor granting as a way to win elections. Like his brother, his main rival was not the Republicans, but fellow Democrat, Joe Shannon. The Fifty-Fifty compromise broke down in the 1916 mayoral election. The rivals would both place candidates on the primary ballot, but when Shannon’s candidate won, Tom Pendergast refused to support the winner. This split of the Democratic vote allowed the Republican candidate, George Edwards to win. Edwards only served only one term, and once again Pendergast and Shannon worked together to elect Democratic Party man James Cowgill as Mayor. Shannon and his supporters, known as the Rabbits, and Pendergast and his supporters, known as the Goats, continued to bicker over patronage jobs for the next few years, but eventually Pendergast prevailed. The progressive Public Welfare Board that had been carefully set up to get welfare out of politics was not in the interest of the Democratic machine. Pendergast wanted to be the one who handed out the charity and the jobs; by 1918 the Welfare Board was under the control of Tom Pendergast.

Tom Pendergast continued to expand the Pendergast business interests and political power. The family business interests started with a saloon, and then branched off into gambling, hotels, and liquor distribution. But the Pendergast brothers foresaw the rise of Prohibition, and moved out of the liquor business into the Eureka Petroleum Company and the business of selling

41 Ibid., 33.
43 Dorsett, 67.
44 Haskell, Boss-Busters and Sin Hounds : Kansas City and Its Star, 173.
concrete.\textsuperscript{45} Selling concrete would become his most profitable enterprise, and he would continue that business until his conviction in 1939 for income tax evasion.

To sum up the situation in 1918, Kansas City had a Democrat for Mayor, who owed his election to the Democratic bosses, and these bosses, Shannon and Pendergast, divided up the city departments with their supporters. The owner of the Metropolitan Street Railway Company, Bernard A. Corrigan, was a local Democrat who gained the franchise from these bosses. The Police Department, Fire Department, City Council, and every office of city government are controlled by Shannon and Pendergast. Not surprisingly, when the flu reached Kansas City, this heavily politicized, unstable government would create enormous roadblocks to an effective response.

\textbf{Medicine, 1918}

When it came to medical care, Kansas City was in the same predicament as the rest of the world. In 1918 doctors had very little in the way of treatment for Spanish influenza. The most effective treatment was to provide good nursing care. Scientists were not certain about what actually caused influenza, and as a result, treatments varied from the desperate to the practical. Medical training itself was at a crossroads; moving from an apprenticeship model of learning, to a scientific, academic learning model. These factors and others influenced the response to what would turn out to be the worst pandemic in history. Through understanding how doctors were trained to treat diseases and the state of scientific knowledge of influenza, responses to the pandemic in Kansas City that may appear absurd become more understandable.

First, let’s examine the state of medical training. In the 1870s most American medical schools accepted anyone who could pay and the faculty was the owners of the school. The faculty got paid directly from student fees. Medical schools did not allow students to treat patients, and the usual term of study was two four-month lecture series.\textsuperscript{46} No college degree was required to enter medical school. Universities were not associated with these medical schools, and there was no exam given before a person could call himself, or rarely, herself, Doctor.

In 1873 a visionary man, Johns Hopkins, died and left an enormous trust with the purpose of founding a university and a hospital. The trustees, who were Quakers, intended to model German universities, which at that time were among the most respected institutions of scientific learning. The first president of the university was Daniel Coit Gilman, and he sought to make Johns Hopkins the most respected and rigorous institution of learning in the United States. The University opened in 1876, and the medical school in 1893. The graduates of Johns Hopkins would go on to become faculty at many other medical schools around the country, and thus medical education as we now know began at Johns Hopkins.

There were several theories of illness at the turn of the century. The oldest perhaps was miasmas. This theory proposed that disease was caused by either bad air, fumes in the air, or the climate. Then there was the filth theory which attributed most diseases to dirty living conditions. The newest theory was the germ theory, which stated that disease was caused by small living organisms, and that different organisms caused different diseases. It was in competition with the chemical theory of disease, which held that chemicals called “zymes” started a reaction in the body.

\textsuperscript{46} Barry, 32.
that made people sick.\textsuperscript{47} It would be fair to say that in 1918, there were practicing doctors in almost every town who were firm adherents of each theory. And while the germ theory would eventually win out, it was not that clear cut to practitioners in 1918.

When the Spanish influenza struck, doctors were astonished by the condition of their patients. William Henry Welch, the man who founded the Johns Hopkins School of Hygiene and Public Heath, offered that “this must be some new kind of infection or plague,”\textsuperscript{48} after he saw the first patients. They had never seen a disease like this before. In fact, this disease was so unlike the influenza they were accustomed to seeing, that many patients were be diagnosed with something else. Typhoid, cholera, bubonic plague, dengue or yellow fever were some of the diagnoses, but slowly most physicians came to realize that it was simply the most virulent influenza they had ever seen. Patients experienced high fevers, a wet cough that brought up blood, and turned blue. Dr. Roy Grist, an Army physician wrote:

> These men start with what appears to be an ordinary attack of LaGrippe or Influenza, and when brought to Hosp. they very rapidly develop the most vicious type of Pneumonia that has ever been seen. Two hours after admission they have the Mahogany spots over the cheek bones, and a few hours later you can begin to see the Cyanosis extending from their ears and spreading all over the face, until it is hard to distinguish the coloured men from the white.\textsuperscript{49}

Death occurred within twenty-four to forty-eight hours in healthy young men in the prime of life. And that was the other unusual thing about this illness; deaths were less among the very young and

\textsuperscript{47} Ibid., 50.

\textsuperscript{48} Ibid., 190.

\textsuperscript{49} Ibid., 187.
the very old, the usual victims of influenza. This influenza killed the people who seemingly were the best equipped to fight it.

Treatments proposed by the medical practitioners of the day varied widely and mostly depended on the doctor. Due to the war, many towns were left with only elderly doctors as it was very patriotic to enlist in the service. And as is true today, it is mostly the young who are innovative and eager for change. So the young, innovative doctors, the ones who were most likely to have had an academic, scientific education, were mostly serving in the Army. Therefore, the Army was as prepared as any group could have been to fight the epidemic. The Army Medical Corps was well aware of the havoc that an outbreak of pneumonia could cause among the troops. As early as June 1918, well before the second wave of influenza began, Joe Capps, the Chief of Service at the hospital at Camp Grant in Illinois, began testing a pneumonia serum prepared from chickens.50 He also tested having patients with respiratory diseases wear a gauze mask designed by him, and his paper reporting the positive results of that study was published in the 10 August 1918 issue of the *Journal of the American Medical Association*.51 When Camp Grant began to experience the second deadly wave of influenza, Capp tried to put into practice what he knew had worked. He tried to have the patients wear masks, but six days into the epidemic, with 4,102 patients in his hospital, he had to give up on the masks; there was not enough “material or personnel to make them.”52 His

50 Ibid., 211.


52 Barry, 215.
“very carefully controlled”\textsuperscript{53} experiments with the chicken pneumonia serum and its planned administration changed to simply giving the serum until it ran out. It did seem to work; “two hundred and thirty-four men suffering from pneumonia received the serum, only 16.7 percent died, while more than half of those who did not receive it died.”\textsuperscript{54} Other preventative attempts in the Army were iodine in glycerine mouthwashes and Vaseline with menthol in the nose. Those two attempts addressed both the miasmatic and germ theories of disease. But it was in the Army that the most effective prevention could be ordered, and that was quarantine. Quarantine was one of the best public health measures, and most Army doctors were aware that a twenty-one day period was the ideal.

Civilian doctors also experimented with quarantines, vaccines, and masks with little success. Public health officials in many places did not have the authority to impose quarantines, and even when quarantines were imposed there were many holes in them. For example, most cities exempted any war-related activities, so Red Cross meetings continued, Liberty Loan noon lunches and parades went on, and war-related businesses remained open. With all these exceptions, quarantines were not very effective. The Surgeon General of the United States Public Health Department, Dr. Rupert Blue, issued pamphlets around the country instructing patients on how to tell the flu from an ordinary cold, advising on what to do when a person got sick, and explaining how the disease was spread (he was an adherent of the germ theory). Blue also discouraged patients from taking any patent medicine cures writing, “It is foolish to ask the druggist

\textsuperscript{53} Ibid., 217.

\textsuperscript{54} Ibid., 218.
to prescribe and may be dangerous to take the so called ‘safe, sure and harmless’ remedies advertised by patent medicine manufacturers.”  

However, a desperate populace, and some of the desperate doctors who really had nothing to offer, often ignored this sound advice.

The *Kansas City Star* published recommendations for prevention from the city’s infectious disease expert, Dr. A.J. Gannon. His advice was to stay out of crowds, avoid dust, keep the bowels active with laxatives and the kidneys active with plenty of water, and to spray the nose and throat with diluted Listerine or salt water. Although the Health Department in Chicago allowed a Liberty Loan Parade to march, it “instructed all the marchers to go home right afterwards, remove all clothing, rub the body dry, take a laxative, and you will minimize your chances of catching the disease.” Alcohol was a popular preventative, as were onions and garlic, both eaten and worn—a remedy that dated back to ancient Egypt. Non smokers took up smoking and eating yeast and soda were proposed to prevent the flu. The latter was part of the chemical or zyme theory of disease. The item that got the most publicity, and the most backing, from the medical establishment was gauze masks. The Red Cross made them by the thousands, and frequently businesses supplied the material in order for the Red Cross to make enough masks for all their employees. Although we know now that the influenza virus is so tiny it could move through gauze with ease, masks probably...

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55 “It’s a Contagious Cold,” *Kansas City Times*, October 8 1918.

56 "Dally with an Epidemic," *Kansas City Star*, 6 October 1918.

57 Crosby, 53.

did prevent some cases simply by decreasing the amount of particles that were spread when an infected patient coughed or sneezed.

Once an individual became sick only good nursing care could help. Keeping warm, drinking sufficient fluids, and lowering temperatures were the sum of the care available. The records of the Visiting Nurses Association offered a glimpse into the effectiveness of good nursing care. They “made 4,392 visits to 1,254 influenza patients alone, with a record of only 35 deaths among that number.” Doctors and their patients could buy over-the-counter aspirin for fevers, atropine and digitalis for the heart, but that was about all the medication that was available. Alfred Stengel, an infectious diseases expert in Philadelphia, lectured students at the University of Pennsylvania before they went out to the hospitals. He had reviewed medical journals for any ideas to treat influenza and tested dozens of them. “But Stengel’s message was simple: This doesn’t work, that doesn’t work. Nothing worked.”

This was the situation in the fall of 1918. Doctors were not sure what to call this illness, there was widespread disagreement on the correct treatment, and they were just making educated guesses on how to control it. Locally, the political boss system was in control of all city politics, and there was a turf war occurring between two bosses. Another political complication stemmed from geography; there were two Kansas City’s. There was the Missouri side and the Kansas side. The town was divided by a state line politically, but on the ground there was no clear division. No natural physical landmark like a river or a mountain separated the two towns, but public health


60 Barry, 226.
responses were vastly different in the two cities. Additionally, on the Missouri side, public health officials were new on the job, and had the stigma of being political appointees.

Influenza Begins

There were only seven articles related to the 1918 spring outbreak of the flu published in the Kansas City Star; five of those were advertisements. Of the news articles, one detailed the outbreak of the flu at Army camps from inductees entering the camp already ill, and mentioned that rates of illness were going up.\(^6\)

The other article, published 3 April 1918, clearly describes the unknown nature of the disease. The title was “Rain Ends Queer Epidemic” and it opined that “Local physicians feel certain that it is a peculiar form of influenza.”\(^6\)

Over 300 schoolchildren were affected, and two forms of attack, sudden and slow, are mentioned. The illness in either form seemed to last about 48 hours, and tiredness was the main complaint.\(^6\)

It had broken out in Mexico, Missouri, but there was no mention of a similar “queer epidemic” closer to Kansas City. Apparently all the children recovered; there was no further mention of the illness. It seemed that Missourians made as little of the spring wave of the Spanish flu as did the rest of the world.

Things changed with the second wave, however. On 26 September 1918, the Kansas City Star published a general article giving the signs and symptoms, possible treatments, and preventive measures for Spanish Influenza. The first two cases were reported in Kansas City on 27 September.

\(^{6} \) "Has City a Health Officer?" Kansas City Star, December 13 1918.

\(^{6} \) "Won't Use Serum Here," Kansas City Star, December 13 1918.

\(^{6} \) Ibid.
1918. Mrs. Mary Riley, an inspector at the Hotel Muehlebach, was admitted to General Hospital in isolation on Sunday, 29 September. By 30 September five cases had been reported. Three cases occurred among the staff, a cook and two waitresses, at Fred Harvey’s restaurant in Union Station, on 2 October.

Having so many of the first cases occur among workers whose jobs exposed them to great numbers of people was not a good sign for Kansas City. Additionally, there were three other public places with outbreaks noted; the Burlington roundhouse had four cases, the Girls Hotel on Jefferson Street had two cases, and there were two cases at the Y.M.C. A. at Tenth and Oak. The chief of the contagious disease division, Dr. A. J. Gannon, was aware that patients were spreading the disease, and needed to be educated. He cited the case of a bartender with influenza who continued his bartending job in a café, and a woman from the South Side who requested an inspector not post a quarantine sign at her residence until after six in the evening when her card party would be over.

On 6 October, in an article titled “Dally with an Epidemic”, the reporter noted “With 24 deaths reported at the vital statistics bureau, and 56 new cases of influenza reported to the contagious division at 5 o’clock yesterday, Dr. E. H. Bullock, superintendent of the Hospital and

64 Board, 21.
65 “Influenza Case to Hospital,” Kansas City Star, 30 September 1918.
66 “Influenza Increases Here,” Kansas City Star, 2 October 1918.
68 Ibid.
Health Board, insisted late last night the epidemic was ‘not yet dangerous.’ But the same article stated that General Hospital was full and patients were being turned away. Dr. A. J. Gannon was consulting with the city counselor to determine his authority in a crisis, and thus far he had “order[ed] all street cars scrubbed and disinfected before leaving the car barns and have his inspectors there to see it was done and order the cars back in the barn if it was not done.” Dr. Gannon learned that only the mayor could declare an emergency, so he called the mayor’s office to request this action. Moments after he did this Dr. Bullock came to Dr. Gannon’s office and “ordered” him to change his order to the street cars to a “request.” Dr. Bullock also rescinded the inspections of the cars. A second article quotes Dr. Maclay Lyon, supervisor of medical inspection for schools, as believing “the schools should be closed until the danger of the epidemic was past.”

He noted that “Army authorities believe 60 percent of the cases of pneumonia resulting from influenza at the training detachment will prove fatal shows what might happen if the disease broke out in the city schools. For my part I don’t believe we should run the risk of exposing a whole school.” He went on to say that he did not have the authority to close the schools; only the Board of Health and the School Board could do that.

An interesting side note concerns Dr. Maclay Lyon in his role as supervisor of medical inspections for schools. On 25 September 1918, there was an article about the status of the school medical inspection program. The Hospital and Health Board had no funds to pay for it, and the school department did not believe it was their duty to pay for it. The year before the entire sum,

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69 "Dally with an Epidemic."

70 Ibid.
about $16,000, for the inspections was donated by a philanthropic citizen; but this year, despite “...twelve doctors and five nurses having volunteered their services...,” that was not enough to start the inspections, as at least eighty doctors were needed. Additionally, the budget for the Hospital and Health Board was already forecasting a deficit of about $6000, and that was without planning on funding the inspections. So if Dr. Lyon was unable to perform the supervision of inspections since no inspections were to be done, did he do something else for the schools? Or was this another political position that is a reward from the machine? There is no clear answer.

The situation in Kansas City nine days into the epidemic suggests that no effective measures had been taken. Dr. Bullock, presumably with the mayor’s blessing, was downplaying the seriousness of the situation and cancelling any measures that might have been put into effect. The schools remained open, the streetcars were crowded and dirty, crowds were not limited, and thus far city government had done nothing. Things soon changed, however, as the Chamber of Commerce became more involved.

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Chapter Three

“FOR GOD’S SAKE MEN, DO SOMETHING.”¹

On 7 October, Bernard A. Parsons, the president of the Kansas City Chamber of Commerce, and a manager at Parke Davis & Co.,² put into motion his plan that eventually forced the city to take action. It is unclear from newspaper accounts exactly why he was impressed about the seriousness of the situation and Dr. Bullock was not, but Mr. Parsons proved to be a man of action. Using his connections, Parsons summoned business men, the Red Cross, the mayor, and the Hospital and Health Board to a meeting, listened to all the arguments and then “gave a great array of indisputable facts that brought about drastic action by the mayor and health authorities and secured the acquiescence of business men affected by the summary closing order.”³ The article goes on to quote from an unnamed man:

This was one of the prettiest pieces of strategy that I have seen in a long time. He knew what he wanted when he started out, and he got it by taking the shortest and most effective route. Results count in a case like this, and he certainly knows how to get them.⁴ Clearly, Mr. Parsons understood political life in Kansas City: it was better to be urged to do something than to propose an action yourself. With the first response there was political cover that was not there with the second.

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¹ "May Order Ban Again," Kansas City Times, October 17 1918.
³ "Mr. Parsons Got Quick Action," Kansas City Times, October 7 1918.
⁴ "Big Hall a Hospital," Kansas City Times, October 7 1918.
The committee formed by Mr. Parsons decided that all actions were to be coordinated through the Hospital and Health Board, as they had the legal powers. A public order was issued consisting of forbidding gatherings of greater than twenty people; however, the Liberty Loan noon lunches were deemed a military necessity and thus exempt. The Kansas City Red Cross, headed by Major Dell Dutton, volunteered all of its personnel and facilities to the effort, as did the Metropolitan Life Insurance Company. That offer meant that the Visiting Nurses Association was mobilized to help in the epidemic, as the Metropolitan Life Insurance employed some of the staff. Parsons’ committee planned to convert Convention Hall into a hospital, and install an additional one hundred cots in General Hospital. The Red Cross agreed to supply the furnishings. “A call for nurses was issued last night by Mrs. Harry Mather, Mrs. John Hayden and Miss Anne Tachudy. Graduate nurses, practical nurses and lay women are asked to report at once to room 404 Y.W.C.A. Building.” The nurses were assigned to General Hospital, other hospitals in town, and private homes. Even the Boy Scouts were recruited to pass out educational literature to every home in Kansas City and also post information about the influenza in public places.6

Through the committees’ efforts, preventative actions were put into motion, but once again political complications emerged. P.J. Kealy, President of the Metropolitan Streetcar Company, and a powerful local Democrat, knew revenue would drop if he reduced crowding on the streetcars. Dr. Gannon tried once again on 7 October to force the streetcars to limit to “no more

5 Ibid.
6 Ibid.
than 20 persons,”\(^7\) and also wanted the cars cleansed before being returned to service, and tried to
post inspectors to make sure this was done. However, his plan for limiting the virus was blocked
once again. He telephoned Chief Godley, the chief of police, for policemen to help enforce the
order, and the chief was quoted as saying “I’ll give you all you want.”\(^8\) In response, Dr. Bullock and
Harry Benjamin, a Republican member of the Health Board, confronted Dr. Gannon and informed
him that W.P. Motley, Health Board president, must agree to any request using the police. Dr.
Bullock and Mr. Benjamin asked Dr. Gannon to put the request in writing and they would take it to
W.P. Motley. On their return Dr. Bullock stated, “I don’t believe the request is necessary at this
time.”\(^9\) Dr. Bullock told Dr. Gannon that streetcar officials had called him and complained they were
being “persecuted,”\(^10\) and that they were keeping the cars clean on their own. Dr. Gannon pointed
out that the day before health inspectors checked many newly fumigated streetcars, and found
them dirty.\(^11\) The inspectors were forced to return the streetcars to the barn for cleaning. Dr.
Gannon noted that the company only had “…two women at the Tenth Street barn, the Kansas side,
to keep seventy-five cars clean.”\(^12\) Dr. Gannon remained firm in his plan to station inspectors
despite lack of support. Mr. Motley was interviewed later and offered that “He would not stand
behind Doctor Gannon if he sought to limit the number of standing passengers on streetcars to

\(^7\) “Block Car Crowd Order,” *Kansas City Star*, October 8 1918.

\(^8\) Ibid.

\(^9\) Ibid.

\(^10\) Ibid.


\(^12\) “Block Car Crowd Order.”
Mr. Motley believed that the streetcar company was complying with city requests and did not think the Board should interfere in business. Clearly, Mr. Motley had his priorities:

We don’t need the police department, and we don’t want the police department. If the streetcar company shows a disposition to comply with our requests it is not necessary to call the police. The police are needed only when there are riots and disorder. Until such conditions exist we will go ahead ourselves enforcing the city ordinances without the police department’s help. We are not going to cause the street car company any trouble in this matter. We are not going to start a row.¹⁴

Nevertheless, Dr. Gannon did not relent; on 9 October in an article titled “Epidemic is Not Checked,” Mr. Kealy “promises” to keep the cars clean and “attempt” to limit overcrowding, beyond a “reasonable” limit. Dr. Gannon argued, “If the company fails to keep its promises another attempt to secure the assistance of the police department will be made….This assistance has been promised by Scott A. Godley, the chief.”¹⁵ Why were Dr. Bullock, the mayor, and the rest of the Health Board protecting the Metropolitan Railway? Both the owner, Bernard A. Corrigan, and the president of the railway, P.J. Kealy, were local Democratic bosses aligned with Pendergast and Shannon. It could be a risky political move to alienate him, since all the members of the Board were machine appointees.

While Dr. Gannon was arguing over streetcars, other actions set in motion were playing out. The plan to use Convention Hall as a temporary hospital was shelved due to a lack of kitchen and sanitation facilities.¹⁶ Major Dutton of the Red Cross accepted an offer from the Knights of

¹³ Ibid.

¹⁴ Ibid.

¹⁵ “Epidemic Is Not Checked,” Kansas City Times, October 9 1918.

¹⁶ Ibid.
Columbus to use their clubhouse at 3200 Main Street for an emergency hospital. The Red Cross planned to equip it with one hundred cots. Officials also cancelled a plan to erect tents near General Hospital due to the expense of building sewers. The Red Cross supplied General Hospital with numerous medical supplies, and the hospital added to the number of beds available by converting other spaces. Additionally, the Red Cross chapter formed a unit of “5 graduate nurses and 20 nongraduates” and offered their services to General Hospital.17

Staffing in the hospitals was a critical problem. General Hospital had already suffered the loss of “fifty-four percent of the attending and interne staff....having left to do service in Army or Navy in 1917-1918.”18 Now, the few remaining staff were becoming ill and the numbers of available replacements were very limited. St. Joseph Hospital requested ten nurses from the Red Cross, and Research Hospital requested eight.19 St. Luke’s Hospital reported nine nurses down with influenza; General Hospital reported four nurses and one interne.20 As the epidemic gained momentum, it became clear that there simply were not enough hospital beds or nurses to care for all the influenza cases.

On 9 October 1918, now that Dr. Gannon was satisfied with the response of the railway company, he turned his attention to other sources of contagion. He ordered all used clothing stores

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17 “Influenza Fatal to Nine,” Kansas City Star, October 8 1918.

18 Jackson County Medical Society (Mo.).

19 "Influenza Fatal to Nine."

20 Ibid.
to close until they could be fumigated as he believed this could be a source of infection.\textsuperscript{21} He issued instructions to avoid the “promiscuous use of public telephones,”\textsuperscript{22} reminded everyone that influenza funerals needed to be private with no open caskets,\textsuperscript{23} and recommended to Mayor Cowgill that the streets be cleaned and the sewers flushed at night.\textsuperscript{24} The mayor agreed to this recommendation and ordered the street cleaning department, with the assistance of the Fire Department, to do this each night until the epidemic was over.\textsuperscript{25}

Kansas City, Kansas was experiencing the flu outbreak as well. City governments might respect the state line division, but germs do not. Thus, unless the two Kansas City’s cooperated on an influenza response, it would not be terribly effective. The \textit{Kansas City Star} covered events on both sides of the state line, and on 9 October reported that the Kansas side of the city has now closed all schools and banned “all public gatherings until the danger of influenza is past.”\textsuperscript{26} Unlike the Missouri side, there is no mention of disagreement with the closing orders. In fact, the article noted cooperation with the order from M.E. Pearson, the superintendent of the public schools, H.E. Dean, a representative of the moving pictures association, Rev. A.J. Hollingsworth of the Kansas Side Ministerial Alliance, and R.J. Higgins, the street railway representative.\textsuperscript{27}

\begin{itemize}
\item \textsuperscript{21} “No Car Crowding Today,” \textit{Kansas City Star}, October 9 1918.
\item \textsuperscript{22} Ibid.
\item \textsuperscript{23} “Disease in Big Decline,” \textit{Kansas City Star}, December 14 1918.
\item \textsuperscript{24} “Press Fight on Influenza,” \textit{Kansas City Star} October 9 1918.
\item \textsuperscript{25} Ibid.
\item \textsuperscript{26} “Acts to Halt Contagion,” \textit{Kansas City Times}, October 9 1918.
\item \textsuperscript{27} Ibid.
\end{itemize}
of Commerce, which was in charge of war fund raising, even cancelled the Fourth Liberty Loan parade and events. Additionally, Dr. A.P. Davis stated that five hundred Mexicans in Armourdale, an immigrant neighborhood in Kansas City, Kansas were sick, and he was in need of an interpreter to explain the situation to them.

Dr. Gannon continued his efforts to curtail the disease, and on 10 October he urged the public to remain at home until the epidemic was past. Additionally, city health inspectors closed “three dental colleges and eight barber colleges,” with Dr. Gannon stating that conditions were especially bad at the barber colleges since one towel might be used on as many as fifty customers. The paper noted large crowds waiting on street corners for streetcars, but commended the Metropolitan Railway and its president, P.J. Kealy for “sincere efforts” to cooperate. Dr. Gannon offered to place inspectors on the cars after complaints of spitting; it was a misdemeanor subject to arrest and an appearance in police court. On the tenth, he also ordered no noon concerts at ten-cent stores, the daily fumigation of public elevators, the closing of reading rooms at the public library, and the attendance of only relatives at home funerals.

28 "Epidemic Sweeps Kansas City, Kas," Kansas City Journal, 10 October 1918.

29 "Acts to Halt Contagion."

30 "Missouri Has a Vaccine," Kansas City Star, December 14 1918.

31 Ibid.

32 Ibid.

33 Ibid.
On Friday 11 October, the headline in the *Kansas City Star* read “Epidemic is Checked,” and health officials planned to meet with the Mayor at ten in the morning to discuss when to lift the ban on public meetings. Dr. Bullock predicted that it would be lifted by tomorrow. Cases had decreased enough at General Hospital that the Red Cross signaled that they will not open the temporary hospital they had planned at the Knights of Columbus clubhouse, and Dr. Maclay Lyon, school inspection department, urged the rapid fumigation of the eighty public schools so that they would be ready to open on the following Monday. The situation on the Kansas side was less optimistic. The city health commissioner, Dr. C.W. McLaughlin, expanded his efforts and requested city undertakers not to hold public funerals in influenza deaths. The Red Cross offered its services on the Kansas side as well, and the offer was accepted. Even with Red Cross help and all city departments cooperating, 142 new cases were reported on Thursday 9 October, and there were seven deaths.

The meeting of the Health Board at the mayor’s office on Friday was productive. Dr. Bullock proposed lifting the ban since the cases were so decreased and the ban was “hampering the city’s business by keeping public places closed after the danger has passed.” W.P. Motley, head of the Health Board, motioned for the ban to be lifted effective at midnight that night; the “motion was adopted unanimously with the provision Dr. Bullock should confer with three other physicians and

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35 Ibid.

36 Ibid.

37 “Continue Ban on Crowds,” *Kansas City Star*, October 11 1918.
have the power to nullify the order.”38 When Dr. Bullock consulted with Dr. Gannon, Dr. Jabez
Jackson and Major Dell Dutton of the local Red Cross, and Captain A.A. Hobbs of the Army Motor
School that afternoon at General Hospital, all advised not to lift the ban, at least before Monday.39
With the exception of Dr. Gannon, Dr. Jackson and Captain Hobbs were both isolated from local
political pressure, but Dr. Bullock was persuaded by their arguments and agreed with them. This
decision was not one that Mr. Motley wanted to hear and the Kansas City Star quoted him:

I believe Dr. Bullock’s action is drastic. I cannot see why public places should remain closed
when he told us this morning the danger was past. The action of Dr. Bullock is final for the
present. So far as I know now there will be no further meetings of the board to overrule
him.40

Throughout the weekend of 11 and 12 October, the news from the health department was
very comforting. But Dr. Gannon did take notice of some Kansas City undertakers. The American
Express Company reported to the Health Board that some undertakers were using chauffeurs or
inexperienced students to keep up with the embalming workload, and Dr. Gannon pledged to make
sure only licensed embalmers would be used.41 However, cases were on the decline, discharges
were increasing at General Hospital, Dr. Gannon was maintaining his attempts to control contagion,
and “was pleased” with the ban being continued.42

38 Ibid.
39 Ibid.
40 Ibid.
41 “Influenza under Control,” Kansas City Star, October 12 1918.
42 “Fewer Epidemic Cases,” Kansas City Times, October 12 1918.
An interesting dichotomy was noted between the assessment of the situation by Missouri officials and the Kansas officials. Dr. C.W. McLaughlin, a Kansas health officer, was quoted in the *Kansas City Star*, “The State Line saloons are breeding places of influenza. If these places were in Kansas they would be closed. They are crowded all day with foreigners and they are poorly ventilated.” He continued that local business men reported “last night these saloons were filled with whites, Mexicans and negroes. Many occupied card tables and other crowds watched the players.” Clearly, there are racial and class differences between the saloon goers and the business owners that are causing tensions. Additionally, Dr. McLaughlin seems frustrated with his inability to control the situation so close to home, and the incident demonstrated that relations between the two cities might not be as cooperative as might be hoped. Also, it was probable that Kansas City officials did not police the saloons since Tom Pendergast was a saloon operator, liquor distributor, and gambling owner. Therefore, these businesses were under his protection and operated outside the law.

On 14 October, despite all the comforting remarks from the members of the Health Department, the headline “Object to Lifting Ban” appeared. The article highlighted the difference of opinion between the Army, who was advising that the ban stay in place, and the Kansas City Health Department, who felt it was safe to remove. Mr. Motley was going to arrange a meeting with Mayor Cowgill that morning, and felt the ban could safely be removed at noon that day, thus

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44 Ibid.

45 "Decrease on Kansas Side," *Kansas City Star*, December 15 1918.
allowing the theaters and moving pictures to open that afternoon. Later he did allow that “if overruled by the doctors” he would submit, but added that business and other avenues of thought should be considered as well as the medical end.” Dr. Bullock and Dr. Gannon were quoted as supporting the ban removal, but Captain Hobbs, the medical officer for the Army schools noted that the Schools had been quarantined for three weeks, while the city had only enforced “semi-quarantine” for a week.

When the Health Board met with the mayor, the result was as expected. On the side of lifting the ban were Mayor Cowgill, Mr. Motley, Dr. Bullock, and Dr. Gannon. On the side favoring keeping the ban in place were Captain Hobbs, H.L. Benjamin, Major Dutton and Dr. Jackson. The meeting was spirited, with Captain Hobbs stating that “…the responsibility for 400,000 lives rested on the board’s shoulders,” and “Army requirements are for three weeks’ quarantine.” Major Dutton commented that “I consider it very unwise to lift the ban. The history of other epidemics shows this to be the critical time. To lift the ban now is to invite a return of the epidemic.” Mr. Motley argued the opposite view and urged members to support removal of the ban stating, “...if

46 Ibid.
47 Ibid.
48 Ibid.
49 “Lift Ban under Protest,” Kansas City Star, October 14 1918.
50 Ibid.
51 Ibid.
52 Ibid.
we have made a mistake we can rectify it later on.” Captain Hobbs replied that death cannot be rectified. “A dead man cannot accept apologies.” Despite his forceful arguments, the city lifted the ban at noon, 14 October 1918.

The actions of the Missouri officials were hard to justify when taken in context with the situation in the city, and the actions of the Kansas officials. The city health inspectors had just that day quarantined an entire neighborhood around 917 Union Avenue. Two sisters, Ascension Lemarno, four, and Sophia Lemarno, six, had been found alone and freezing in a shack with fevers of 104. Their mother had died of influenza on 11 October and been buried, and there was no sign of the girls’ father. Although the children were taken to the hospital, doctors did not believe they would survive. And Kansas officials kept their ban in place, after a conference with the Health Board, School Board, and the Mayor. The *Kansas City Star* reported on several tragic circumstances of children losing their parents, but the state of the family of William C. Little and his four children, on the Kansas side, was particularly tragic. William, the father, died on 12 October, Hazel, eleven years old, died on 13 October, and the three remaining orphans, Wilfred, seven, George, five, and Martha, three, remained critically ill with pneumonia following influenza at St. Mary’s Hospital.

Later on 14 October the Board of Education in Kansas City called a special meeting. Board members heard many of the same arguments heard by the Health Board, but they responded

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53 Ibid.
54 Ibid.
55 "Shun a Whole Neighborhood,” *Kansas City Star*, 14 October 1918.
56 "Lift Ban under Protest."
differently. The schools remained closed for at least another week. I.I. Cammack, superintendent of schools, stated that originally the schools had agreed to be open once the ban was lifted, but the meeting was called and the decision changed once it became clear that lifting the ban “was contrary to the advice of physicians.” These responses suggest that the School Board felt less political pressure than the Health Board. Closing the schools did not affect the local bosses in the same way as closing businesses.

Kansas side city officials were urging caution, but no alarm, from the public on the morning of 15 October. Indeed, Kansas officials maintained a consistent message; be careful, but do not be frightened, we have the situation under control. Officials were worried about how to care for whole families who have come down with the disease, as in the Little case. They named a committee of seven, with Mayor Mendenhall as the chairman, to take charge of the work. Volunteers were sought to offer nursing care to these families, and motor cars were provided for the volunteers to make their rounds. Although the city’s health department was without funds, J.L. Beggs, the commissioner of streets, offered money and his entire department for the use of the committee. The newspaper reported on conditions at the local hospitals; four nurses at Bethany Hospital were ill and one floor was devoted to influenza patients, two floors of St. Margaret’s Hospital were solely for influenza cases, and black patients could obtain care at Douglass Hospital. Conditions worsened by the evening of 15 October, with the Kansas City Star noting an additional 113 cases.

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57 "Daily with an Epidemic."
58 "Stricter on Kansas Side," Kansas City Times, 15 October 1918.
reported to the health commissioner, Dr. McLaughlin.\textsuperscript{60} Stores on the Kansas side promised not to hold sales until the epidemic eased, and the police were “instructed to prohibit crowds gathering at any place for any purpose.”\textsuperscript{61}

On the Missouri side disagreements continued to flare between Mr. Motley, the Health Board President, and Dr. Gannon, the Chief of Contagious Diseases. Mr. Motley was quoted, “I didn’t know it was so bad,”\textsuperscript{62} and “I would not have voted to lift the ban,”\textsuperscript{63} upon hearing the secretary of the Health Board report “753 new cases of influenza developed in Kansas City from 6 October to 13 October, with deaths from 27 September to the present time totaling 142.”\textsuperscript{64} Dr. Gannon was called to the meeting and Mr. Motley confronted the doctor with the differences in cases Dr. Gannon gave him the night before at their meeting, and the numbers reported that day. Dr. Gannon responded that confusion over whether to count a case as old or new was the source of differing numbers; “There were only twenty-eight bona fide new cases of influenza yesterday, Mr. Motley.”\textsuperscript{65} The newspaper article noted that emotions were high during this discussion, but “the atmosphere cleared,”\textsuperscript{66} by the time the meeting ended. Mr. Motley seemed to be looking for

\textsuperscript{60}“Epidemic under Control?,” \textit{Kansas City Star}, December 18 1918.

\textsuperscript{61}Ibid.

\textsuperscript{62}“Will Lift Independence Ban,” \textit{Kansas City Star}, December 19 1918.

\textsuperscript{63}Ibid.

\textsuperscript{64}Ibid.

\textsuperscript{65}Ibid.

\textsuperscript{66}Ibid.
someone to blame for his strong support to lift the restrictions once he understood the seriousness of the situation.

The *Times* continued to report on the disagreement between the two men, the differing number of cases, and a new dispute between the Health Board and the Board of Education, in the following days’ paper. Mr. Motley was quoted, “The reports [made by Dr. Gannon] regarding the influenza epidemic had been confused and garbled.”67 The reporter questioned a clerk in the Contagious Diseases office about new cases for the day and was told that the information on case numbers can only come from Dr. Gannon. When the clerk was queried about the change in policy no definitive answer was given, just that he will have to wait for Dr. Gannon. The reporter also noted that when Dr. Gannon gave out his numbers, they were lower than the numbers the clerk was overheard giving out to a friend.68 That information obtained by the reporter seemed to be the source of the secondary headline of the article, “Investigation Shows That Reports are Being Suppressed.”69 The final point of disagreement occurred between Mr. Motley and the Board of Education. Mr. Motley explained the situation from his point of view.

The school board met early Monday afternoon and announced school would reopen. As head of the Health Board I instructed Dr. E. H. Bullock, city health director, to notify the school board it could not reopen school until it complied with our sanitary orders. The school board met and revoked its opening order, then slipped the blame to disagreement in our board. We are informed it has not fumigated the buildings and has swept and scrubbed in a half-way manner.70


68 Ibid.

69 Ibid.

70 “Fuss over School Opening,” *Kansas City Times*, October 16 1918.
I. I. Cammack, the superintendent of schools, disagreed with Mr. Motley’s version of events. He is quoted as insisting that the board revoked the opening order once they learned removing the ban was against the advice of physicians. Another member of the Board of Education, Dr. W. A. Armour, was quoted responding to Mr. Motley about the cleanliness of the schools, “Such an assertion is very broad for a man who has no more information upon the subject than Mr. Motley.”71

The Chamber of Commerce appeared in the news again on 16 October. The Board of Directors requested that Mayor Cowgill issue an emergency proclamation of quarantine through the Hospital and Health Board.72 The Chamber of Commerce based its concern on reports that all the Kansas City suburbs, including the towns on the Kansas side, had bans in place. The Chamber was worried that people from outlying areas were coming to Kansas City, Missouri for entertainment, since it was the only town in the greater area that did not have a ban. The Mayor announced that “no action will be taken tonight,”73 however he arranged a meeting of the Hospital and Health Board for later that evening, where he was quoted saying “The previous ban was not effective.”74 Dr. Gannon defended the decision to drop the ban, and stated that he did not believe a new ban was needed. It was his belief that the major places where people congregated were the theaters, and he believed they were better ventilated than most houses. He stated “While there are still many cases of the disease and it is certain there will still be many deaths, I do not believe it

71 Ibid.
72 "C of C into Disease Again," Kansas City Times, October 16 1918.
73 "Ask Mayor to Order Ban," Kansas City Star, October 16 1918.
74 Ibid.
is longer necessary to hamper business by a continuance of the ban. The responsibility of preventing its spread should be assumed by the individual....”

One of Dr. Gannon’s earlier orders on 9 October, in consultation with the Mayor, was that the streets and sewers were to be flushed daily. Mayor Cowgill had agreed and issued the order. On 16 October, the *Times* reported that this measure was not being done because of a lack of water. The Water Department was in the process of cleaning the water basin at the Quindaro pumping station. Due to the cleaning there was a fifteen million gallon shortage of water in the system. The article noted “because of the dry fall sewers are foul all over the city. This is true particularly in the residence districts. Numerous complaints have been made. There can be no relief, unless the basin cleaning is stopped, until next Monday.” The most obvious question was why did the water department start cleaning the basin if they knew about the order since 9 October? Did the Mayor or Dr. Gannon not communicate the order? Or was it a case of a local political appointee doing what they pleased without regard to orders from other departments? Unfortunately, records do not exist that would give a definitive answer.

On the Kansas side, city officials were calling for volunteers, especially nurses. The Visiting Nurse Association on that side had only seven nurses, and the paper reported that “three are ill from exhaustion.” Only four women had responded to the previous appeal, so the Kansas officials decided to take a novel approach to their lack of health care workers. After forty ministers on the

75 "C of C into Disease Again."

76 "Can't Flush City Sewers," *Kansas City Times*, October 16 1918.

77 "Lift the Influenza Ban," *Kansas City Star*, December 23 1918.
Kansas side volunteered, they were deputized as health officials. The public was notified to call a minister if help was needed caring for someone with influenza. Officials report more than 1300 cases.

Back in Missouri, on 17 October, the *Times* was reporting yet again on the activist president of the Chamber of Commerce, Bernard A. Parsons. The article detailed his investigation of the accuracy of the case reporting, “...not more than one in ten cases were being reported...”, the losses that would be incurred if a ban was enacted again, “the Chamber of Commerce alone, it was pointed out, will lose $10,000 outright as the result of its guarantee to the Soil Products Exposition...;” and the duty he felt, “...the lives of Kansas Citians should be placed above personal gain.” The theatrical interests of the city, voiced by Dr. Harry Cartinsky, offered the only positive view of the current situation, “...the disease is on the wane, and that only one hospital outside of the General has influenza patients under treatment.” Mrs. Harry Mather, head of the Red Cross nurses division, disputed this view of the situation, “I must apologize to the doctor first for correcting him, as a nurse must in correcting a physician. But the truth of the matter is that right now practically every hospital in Kansas City has influenza patients under treatment.” She went

78 "Ministers in Grip Fight," *Kansas City Times*, 16 October 1918.
79 "May Order Ban Again."
80 Ibid.
81 Ibid.
82 Ibid.
83 Ibid.
on to name the private hospitals and their numbers of patients. Mrs. Mather must have been very agitated, as evidenced by her contradicting a doctor, but she had more to say on the subject:

You men consider how you can protect your business while the lot of caring for the sick falls to us. Women are dying while they care for the sick in this epidemic and you sit and decide how many people you will let die.84

Other physicians and leading citizens were quoted as supporting Mrs. Mather’s assessment; Dr. Jubes Jackson of the Red Cross, wealthy local businessman R. A. Long, local Dr. P. T. Bohan, the President of the Kansas Chamber of Commerce H. H. Daniels, and Captain A. A. Hobbs of the Army Motor School. Perhaps the most fervent plea for action came from Dr. Richard Sutton, who spoke at the meeting just before he left to care for his sister and her husband dying of pneumonia, “Fifteen percent of these cases develop into pneumonia and from 50 to 90 percent of the complicated cases die in spite of all that physicians can do. There is nothing in the world that will save them. For God’s sake men, do something.”85

Mayor Cowgill, John Eames, his secretary, and the Commissioner of Police John R. Ransom, all attend a meeting later on 17 October at General Hospital. The Mayor seemed to be trying to get a sense of how the physicians at General Hospital felt about the handling of the epidemic. General Hospital was staffed by about sixty physicians, and over half of them attended the meeting with the Mayor. They agreed that this was the most infectious epidemic in Kansas City’s history, and were together in supporting drastic action by the city.86 The Mayor appointed a committee of Drs. R. T.

84 "Influenza Epidemic Spreading; May Renew Ban on Gatherings," *Kansas City Journal*, 17 October 1918.

85 "May Order Ban Again."

Sloan, W. J. Frick, and F. M. McCallum to decide on the measures. The measures this committee proposed were as follows:

1. Closing of schools, theaters, picture shows, churches and prohibition of all public gatherings not essential to government work.
2. Street cars to carry no standing passenger and to keep windows open.
3. Strict quarantine of influenza patients, and release only after examination.
4. Immediate report of cases by physicians.
5. Appointment of quarantine officers, including school teachers, to visit houses and instruct well members of family how to prevent spread of disease.
6. Appointment of scientific committee to advise health board.
7. Publication of preventive measures.87

Although Health Board members Mr. Motley, Harry Benjamin, B.L. Hart, and Dr. Bullock were all present at the meeting, none of them are noted as favoring a return of quarantine. But other doctors were highlighted speaking in favor of this ban. Drs. George Mosher, C. Lester Hall, R. T. Sloan, John Punton, Herman Pearse, William Frick, Scott P. Child, John Thompson, B. G. Hamilton, J. D. Griffith, and Frank C. Neff all spoke in favor of the measure proposed. Only Mr. Motley defended the streetcars owners and theater operators, and warned the doctors, “If the ban was renewed it would be far more effective than the first one....”88 Despite Mr. Motley’s stance, the quarantine measures were adopted by the medical staff. Dr. J. D. Griffith challenged Mr. Motley, asked if he had anything to say in reply, and Mr. Motley answered “Well, we can add something on to it if we want to, can’t we?”89 Dr. Mosher replied, “Surely you can, if you want to, but you’ll have to stand

87 Ibid.
88 Ibid.
89 Ibid.
Mr. Benjamin, Mr. Hart, and Dr. Bullock all concurred with the need to follow the recommendation of the staff. That night the evening edition published the Mayor’s proclamation (see appendix b), and the regulations issued by the Health Board (see appendix c).

The first test of the new regulations was already underway. A large meeting of national and international farmers, with an accompanying exhibit, was planned. The International Farm Congress meeting started the morning of 17 October, and the International Soil Products Exhibit was due to open that night in Convention Hall. An article in the Times speculated on the possibility that the two events might be exempted.  

Mr. W. J. Drummond, the exhibit manager, believed that the large hall and excellent ventilation in the Convention Hall could reduce the chance of spreading influenza, but felt it was his duty to put the health of the citizens of Kansas City before profit, and follow the decision of the authorities. Mayor Cowgill and the Health Board favored an exemption, arguing that the staff at General Hospital “favors allowing the exhibit to proceed.” However, members of the Farm Congress meeting immediately adjourned once they heard of the ban on public gatherings, leaving the decision to Mr. Drummond, who did not request an exemption for the Exhibit. The Exhibit was officially closed. However, since Convention Hall remained open and admission was free, groups smaller than twenty could still visit as that did not

90 Ibid.
91 "Show May Open Tonight," Kansas City Times, 17 October 1918.
92 Ibid.
93 "Farm Congress Is Closed," Kansas City Times, 17 October 1918.
94 "Show May Open Tonight."
95 "Soil Show for Groups of 20," Kansas City Star, 18 October 1918.
It would seem fair to question the actions of Mayor Cowgill and the General Hospital staff. Why did the General Hospital staff propose, and the Mayor approve a ban, and then just hours later both were arguing in favor of ignoring the sound advice that had been given and the action that was taken? The Mayor was an owner of a large ranch in Kansas, and it might be possible, but unlikely, that he had some underlying interests in the Exhibit, however it seems far more probable that the Exhibition was forecast to make a considerable amount of money in Kansas City, and the mayor was taking that fact into consideration. But what was behind the actions of the hospital staff? One explanation is that although the staff agreed that urgent action was needed, they were split over the form that action might take. For example, if one believed that miasmas were the cause of the epidemic, then crowds do not matter as much as clean air. There are no records that would give a clearer picture of their motivations.

Several new events were featured in the papers on the 18 October. The Health Department took note of a “private dance given last night,”97 the “refusal of many persons living in Little Italy to clean up,”98 (apparently this included both tenants and owners), and the need for physicians to cooperate with the Health Department. Dr. Bullock reported 219 deaths during the ten days ending on 16 October, and it was noted that the day with the second highest death toll, 14 October, with twenty-one deaths, was the day the first ban had been lifted.99

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96 Ibid.
98 Ibid.
99 "Renew Fight on Disease," Kansas City Times, 18 October 1918.
was now requesting daily reports from health officials in Kansas City.\textsuperscript{100} Morgues were not able to keep up with the demand for their services, and bodies were tagged for identification while awaiting disposition.\textsuperscript{101} The Retail Merchants Association adopted a resolution endorsing the Health Board and Mayor, and issued the following statement: “The health of the people comes first and our stores second with us. We believe the Hospital and Health Board has acted wisely and well and we will back the board to the best of our ability....”\textsuperscript{102}

The theater interests took a different view of the situation. A mass meeting was called at the Wonderland Theater, and Mr. Motley, President of the Health Board, attended and allowed that he signed the closing ban “under protest and simply because he was compelled to by virtue of his office.”\textsuperscript{103} Maintaining his political stance, Motley argued that he was not in favor of the ban as enacted, and that he believed the theater owners were being targeted unfairly. After lively discussion the theater owners approved their own resolution; they would volunteer to inspect all the places that were permitted to be open. Additionally, they attempted to pass a second resolution recommending forced closure of all businesses; only war industries, butcher shops, grocery and drug stores could remain open. This resolution failed as no second could be found.\textsuperscript{104}

\textsuperscript{100} Ibid.
\textsuperscript{101} Ibid.
\textsuperscript{102} Ibid.
\textsuperscript{103} “Theater Men in Line,” \textit{Kansas City Times}, 18 October 1918.
\textsuperscript{104} Ibid.
The paper slyly noted that 150 people attended the meeting, thus violating the ban on crowds over twenty.

Dr. Gannon was featured in the Star on 18 October offering advice on avoiding the flu; his recommendations included onions, garlic, cleanliness, and avoidance of kissing. “...There is a great deal of kissing going on in this city every twenty-four hours and if a ban should be placed on it there would be considerable less influenza in a few days.”¹⁰⁵ Dr. John Thompson advocated following the regulations and advice of physicians, Dr. J.D. Griffith urged a teaspoon of soda in a pint of boiled water three or four times a day, and Dr E. H. Bullock proffered the following:

- Stay out of crowds.
- Avoid all dust.
- Keep the bowels active by laxatives.
- Keep the kidneys active by drinking water freely.
- Stay away from sick people.
- Consult a physician if you feel ill—then follow his advice.
- Eat plenty of wholesome food.
- Dress sensibly in keeping with the weather.
- Sleep on sleeping porch if possible; if not, keep room well ventilated but avoid drafts.
- Wash the throat frequently with salt solution.¹⁰⁶

Officials on the Kansas side of the city did not seem to have as much difficulty due to lack of cooperation with the closing orders, their problem was a lack of facilities and of caregivers. There are only two hospitals and both were full, and the staff was short handed. The school board offered the use of the schools as temporary hospitals, and the city planned to pay for the expense of converting them for use.¹⁰⁷ L. H. Chapman and G.B. Little, respectively the commissioners of the

¹⁰⁵ “How to Avoid Influenza,” Kansas City Star, 18 October 1918.

¹⁰⁶ Ibid.

¹⁰⁷ “Kansas Side Cases Increase,” Kansas City Times, 18 October 1918.
light and water department and the finance department, together raised $10,000 for the emergency hospital, city departments raised another $5700, the Wyandotte County commissioners raised $3000, and the Board of Education offered to furnish the rest of the money required to get the Junior High School ready to be used as a hospital. 108 Kansas motion pictures operators, perhaps trying to distance themselves from the furor on the Missouri side, notified the health authorities of their “stand that the quarantine should [not] be lifted and were willing to remain closed another week if necessary.” 109 The governor of Kansas and the State Board of Health of Kansas extended their closing order another week. 110 Emphasizing the shortage of personnel was the note that although the city ambulance received sixty-two calls for assistance, there was no doctor to send out with the ambulance, and of the fifty nurses at Bethany Hospital, twenty-one were ill. 111

An interesting editorial appeared in the 18 October edition of the Star. It questioned the abilities of W. P. Motley, the president of the Hospital and Health Board. The writer called him dangerous, a representative of business interests and not the public, and stated “It is unthinkable that this sort of man, who was ready to set up his private opinion against the best medical opinion in town, should continue at the head of a board charged with guarding the city’s health.” 112

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108 “Use School as Hospital,” Kansas City Times, 18 October 1918.

109 Ibid.

110 “Extend Kansas Ban a Week,” Kansas City Times, 18 October 1918.

111 “Unchecked on Kansas Side,” Kansas City Star, 19 October 1918.

112 “A Dangerous Health Board Head,” Kansas City Star, 18 October 1918.
seemed apparent from this editorial that at least some of the citizens of Kansas City recognized that politics was heavily involved in public health matters.

By 19 October General Hospital was reporting 150 patients, the most since the epidemic began.\textsuperscript{113} Old City Hospital, also known as General Hospital #2, reported fifty-six cases, and specifically mentioned that most of these cases “... were Mexicans, not Negroes.”\textsuperscript{114} Dr. Bullock was blaming the change of weather for an increase in deaths recently, offering that the “dampness and chill”\textsuperscript{115} of the last day had made the epidemic worse. The bad news continued on 20 October with 172 patients at General Hospital, the isolation hospital full, and only room for about twenty more patients on the fourth floor emergency ward.\textsuperscript{116} The medical staff at General Hospital compiled a list of rules for the public, and the Red Cross agreed to distribute the pamphlets (see appendix d) through educational clinics that were established in Red Cross workrooms across the city.\textsuperscript{117}

Dr. Gannon made the rounds of the city visiting patients on Monday 21 October. He was very critical of the filthy living conditions that many landlords forced tenants to endure, and condemned the landlords for removing the “Unfit for Human Habitation” signs health inspectors had posted. Dr. Gannon concentrated his concern in an area of Kansas City called McClure Flats, located between Nineteenth and Twentieth Streets and McGee and Grand Streets. He believed that

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\textsuperscript{113} “Mist a Disease Menace,” \textit{Kansas City Star}, 19 October 1918.

\textsuperscript{114} “Reports Show Improvement,” \textit{Kansas City Times}, 19 October 1918.

\textsuperscript{115} “Mist a Disease Menace.”


\textsuperscript{117} Ibid.
the area always had many cases of whatever epidemic was occurring, and vowed to try to have the entire area torn down and replaced.\footnote{Find Filth and Disease, "\textit{Kansas City Times}, 21 October 1918.} Additionally, the Star reported a “desperate” need for nurses and nurses’ aides.\footnote{No Gain on the Epidemic, "\textit{Kansas City Star}, 21 October 1918.} Mrs. Harry Mather of the Red Cross was so eager to find volunteers that she stated they need have no experience, simply good health and an ability to work long hours.\footnote{Ibid.} Dr. Bullock went on record as suggesting that any worker “serving the public” should do so wearing a gauze mask.\footnote{Ibid.} He also encouraged everyone to begin wearing masks when out in public.

The news on 21 and 22 October on the Kansas side was a little better. The state of Kansas had located six government physicians and would send them to Kansas City, Kansas to assist in the fight against the disease.\footnote{State Aids Kansas Side, "\textit{Kansas City Star}, 21 October 1918.} Dr. C.W. McLaughlin hoped to use them to care for the poor in dispensaries around the city.\footnote{Dispensary for Kansas Side, "\textit{Kansas City Star}, 22 October 1918.} Additionally, health officials urged the public to go to the hospitals for care, since a nurse at the hospital could care for thirty or forty patients, but far less when caring
for patients in the home. Officials had not had to open the emergency hospital in the school as of yet, and twenty women had volunteered to assist the Visiting Nurses Association.  

In Kansas City, Missouri on 23 October, the report was of 176 new cases of influenza, and that deaths from all causes that month were the largest on record since the establishment of the department. Dr. Bullock continued to voice his request that citizens wear gauze masks and the paper made note of several large employers who were requiring employees to wear them; these included the Kansas City Railway Company, Montgomery Ward and Company, Procter and Gamble, the U. S. Post Office, and the Cudahy Packing Company. The nursing shortage continued, and Miss Geraldine Borland, the nursing supervisor at General Hospital, was forced to decline a request for nurses from Washington, as she had none to spare. Apartment house owners were chastised by both Dr. Bullock and Walter L. Lampkin, the local fuel administrator, for telling tenants that “...it is against the fuel administration’s orders to burn fires in furnaces until the weather becomes colder,” after many complaints about cold buildings were received at the Health Board. Mr. Lampkin accused the owners of being “unpatriotic,” since heating apartment and offices was not breaking any orders. The Hospital and Health Board met a delegation from the Merchants’

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124 “No Kansas Side Decrease,” *Kansas City Times*, 22 October 1918.

125 “Urges Public to Help,” *Kansas City Times*, 23 October 1918.

126 “Progress in Mask Drive,” *Kansas City Star*, 23 October 1918.

127 Ibid.

128 “Urges Public to Help.”


130 Ibid.
Association so they could present a case for a later closing hour than 4 pm. Mr. Motley had already favored their request, but Mr. Benjamin discounted most of their arguments, and referred the request for consultation with the Mayor when he returned.131

An interesting human relations angle towards the flu was highlighted on 17 October. Dr. Gannon fired D. W. De Orgler, a health inspector, after De Orgler told a restaurant owner that he would clean up his place to meet the health codes for $60. Dr Gannon questioned the restaurant owner as to why he was not cleaning his place up, and the story came out. De Orgler told Dr. Gannon that he had paid $40 of the money to another man to do the job, and only had kept $20. Dr. Gannon forced both men to return the money, and to sign an I.O.U. for the $16 that they had already spent, in addition to firing De Orgler.132 De Orgler seemed to be a local con artist; he was described making patriotic speeches as Baron De Orgler, and claimed to be Austrian. Earlier, the Federal authorities had arrested him on suspicion of being a spy (the U.S. was at war with Austria) but De Orgler had been released after it was determined he was “harmless.”133

The Star published an article on 24 October decrying the influence of the “boss” system on public health in Kansas City.134 Almost all members of the city government were accused of owing their jobs to the influence of the bosses. Furthermore, while the police were charged with enforcing health ordinances, in reality they did not bother since violators simply went to the “boss”

131 “Merchants Ask Change,” Kansas City Times, 23 October 1918.
133 Ibid.
134 “Politics Health Menace,” Kansas City Times, 24 October 1918.
and the charges disappeared. John W. Parker, who had been the superintendent of the sanitary division of the Hospital and Health Board for fourteen years reported, “We have the ordinances, but they are rarely enforced. Human life is the cheapest commodity in Kansas City, and even in a time like this, when deaths from one disease are mounting into the hundreds, there is still the same indifference.” Several years earlier, Mr. Parker had attempted to work with the police department to clean up the city. He produced for each police precinct a booklet with citations the officers could fill out, and then delivered them to the precincts. He later wanted to find a sample and looked in his closest precinct to see if they had any left. He was frustrated to find that they had never even been opened. Mr. Parker recounted that he could not recall a single arrest or prosecution, in his fourteen year tenure as Superintendent, for a health or sanitary ordinance violation.

Dr. Bullock assessed the public health effort the morning of 24 October. It was his belief that progress was being made since cases were not increasing, but holding steady. He seemed hopeful that cases would begin decreasing in the next three or four days, and prominent physicians agreed with that view. However, General Hospital was now at capacity, and had requested the Red Cross to mobilize fifty beds. But the temporary hospital arrangement that the Red Cross had made with the Knights of Columbus would no longer work. Once the first health ban had been

\[135 \text{ Ibid.}
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\[136 \text{ “Disease at a Standstill,” } \textit{Kansas City Star}, 24 October 1918.\]
\[137 \text{ “Beds Full at General,” } \textit{Kansas City Star}, 24 October 1918.\]
lifted, the hall was closed and the heating apparatus removed for the winter.\textsuperscript{138} Lieutenant Charles D. Shelton was the public health officer in charge on the Kansas side, and he was also encouraged since the numbers of patients admitted and discharged were about the same. Miss H. A. Dunham, of the Red Cross visiting nurses’, reported there were now enough volunteers to staff the hospitals, and nurses might again start visiting home cases.\textsuperscript{139} The first mention of any political wrangling on the Kansas side appeared on 24 October. It was noted that pool halls were ordered closed ten days before, but they remained open. Health officials ordered them closed a second time, but somehow they were not included after the city commissioners saw the list. The Army closed them on 24 October without argument.\textsuperscript{140}

On Friday 25 October, just one day short of a month since the epidemic began, Mr. Parsons, President of the Chamber of Commerce was quoted:

> The situation is far more serious than the public has been permitted to know. We face a startling situation and the sooner we get down to “brass tacks” and meet it the sooner we will be able to clean it up. Every man and woman in Kansas City will have to help fight this epidemic and fight it with all their might. It is no time to slack.\textsuperscript{141}

The Red Cross and the Chamber of Commerce met that morning to locate a building for a new emergency hospital. The need was urgent since they received reports of influenza patients having to “sit in chairs and hallways” at General Hospital while waiting for a bed.\textsuperscript{142} The group had

\textsuperscript{138} Ibid.

\textsuperscript{139} Ibid.

\textsuperscript{140} Ibid.

\textsuperscript{141} “A Church for Hospital,” \textit{Kansas City Times}, 25 October 1918.

\textsuperscript{142} Ibid.
received an offer to use the Independence Boulevard Christian Church, and they intended to meet Mr. R.A. Long at the Church to assess its suitability. Since the need for beds was urgent, the group decided to move thirty patients from General Hospital to old Mercy Hospital. Old Mercy had been used for influenza students at the Army Motor School since the epidemic began there, but since the motor school students were improving so much, the decision was made to transform Mercy into a Red Cross hospital. It was under the command of Major Frank McGregor; Dr. Jabez N. Jackson of the Red Cross was the medical head, Mrs. Harry Mather supervised the nurses, and soldiers’ enforced quarantine. Although Dr. Bullock had general supervision over the hospital in his position as Health Director, it was decided that the Hospital and Health Board would have no role in this hospital, as it was felt they could not handle any additional duties. 143

Although General Hospital was the only city hospital, in at least one case a private hospital, St. Mary’s Hospital, was asked to open its doors to all influenza patients. The Sisters at St. Mary’s initially were asked by Army officials from the Sweeney Motor School to take soldiers, but had to decline that request since they were full with surgical cases at that time. But by 3 October they had cleared out the fourth floor of the hospital and began to admit patients. The floor filled up quickly and the Sisters made available the second floor of the hospital also. Reports from the Sisters tell of the staff working twenty-four hours at a time. The working conditions were so difficult that every nursing sister eventually became ill. One story concerned Sister Mary Cypriana Mertens, who began caring for influenza patients on 3 October up on the fourth floor. By the last week of October she moved down to the second floor to assist there, and took over the care of influenza victim

143 Ibid.
Reverend Father Edmund Joseph Unruh. The Sister nursed the Father almost continuously for four straight days, and then became ill with influenza herself. As the doctor and her other Sisters cared for her, she informed them of a vision. She stated, “Do not worry, Doctor, you have done all in your power. God does not wish me to recover.” She died on 7 November, just two days after Father Unruh. A second nun, Sister Mary Antonia Schlochtermeyer, passed on five days later. 

The need for anyone, whether trained or not, to care for the overwhelming numbers of patients, was also illustrated by the religious organizations in Kansas City. When the nursing sisters at St. Mary’s were unable to continue, they were replaced by teaching sisters. Both St. Agnes Academy’s Sisters of Mercy, and the Franciscan Sisters at the School of Our Lady of Sorrows, volunteered to assist at St. Mary’s. The need for nursing sisters was great, while the teaching sisters were not teaching since the schools were closed.

Many citizens stepped forward in the crisis to assist in any way they could. While most stories did not make the paper, on occasion there was a personal story. One such incident happened on 25 October, when the gas company appeared at the residence of Walter F. Hall, 1313 Grand Avenue. His wife answered the door, and the gas man told her she either had to pay the bill or the gas would be turned off. She pleaded with him to leave it on as her husband was sick with influenza and pneumonia, and the gas man stated there was nothing he could do. The wife contacted Dr. Gannon, and he attempted to convince the gas company to turn the heat back on, but he was told that nothing could be done until the next day. Neighbors came to the aid of the

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144 Sisters of St. Mary, in Chronicles (St. Louis, MO: Franciscan Sisters of Mary, 1917-1930).
145 Ibid.
family, and all night long they heated bricks in their own apartments, and then carried them up to place in Mr. Hall’s bed, trying to keep him warm throughout the night. On 26 October it was reported that the gas company agreed to turn the gas back on for a few days, after a health inspector informed the gas company that a woman who had heard of the situation had agreed to pay the bill. Fortunately, Mr. Hall survived the cold and his illness.

In contrast, Harry J. Sophian, the landlord at the fashionable Georgian Court apartments on the corner of Gillham and Armour informed the wife of a sick tenant that the Federal Fuel Administration prohibited him from turning on the heat in the building. Walter Lampkin, the local administrator for fuel, notified Mr. Sophian this was not the case, but Mr. Sophian declined to cooperate. Mr. Lampkin cited him to appear at the fuel committee headquarters on the next day. Fortunately, I found no record of what happened the next day.

On the Kansas side, Lieutenant C. D. Shelton began to recognize that dealing with an epidemic in a city was far different from dealing with an epidemic on a military base. The streetcar company on the Kansas side vowed to clean the cars and not allow crowding, so the Lieutenant was surprised when he started hearing complaints of crowding and dirty conditions on the cars. Kansas officials explained to him that “promises” to obey orders did not necessarily mean that promises would be fulfilled. Lt. Shelton stated, “I’m not used to promises. An order not to crowd means just


147 “Sick Man Got Gas Supply," *Kansas City Times*, 26 October 1918.

what it says. The streetcar company must obey.” Saloons in Missouri, but near the Kansas line, took on a health role on 25 October. Some of them advertised “quinine and whisky” as an influenza preventative, and took no notice of the bans on crowds or public gatherings. Despite the protestations of Lieutenant Shelton that whisky and quinine were not effective, he was not able to shut them down since they were not in his jurisdiction.  

On 26 October, the Red Cross and Chamber of Commerce committee made a final decision on the facility to use as an emergency hospital. The Linwood Boulevard Christian Church was the final selection, as it could be converted in just a few hours to hold 200 patients, sleeping quarters for nurses, and kitchen facilities. Controversy continued over the numbers of case reports and deaths. Dr. Bullock denied there was a “cover-up,” but could not explain why the numbers given to him did not match the numbers reported in the newspapers. He offered that numbers might have been “muddled” since the clerk of the division had been sick. Dr. Gannon had another possible explanation for the confusion; that physicians were reporting cases once they were cured, and the paper was just reporting “new” cases.  

One of the most intriguing aspects of this epidemic was the relationship between Dr. Bullock and Dr. Gannon. Dr. Bullock seemed to be allied with Mr. Motley, and it was clear from the reports of squabbles in the newspaper that Mr. Motley did not trust Dr. Gannon. Earlier in the

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151 “Extra Hospital Is Ready,” *Kansas City Times*, 26 October 1918.

152 Ibid.
epidemic he had called Dr. Gannon’s reports “confused and garbled,” and now Dr. Bullock seemed to be blaming Dr. Gannon for more misleading data. Was he just taking a lead from Mr. Motley’s accusations earlier, or did he really believe that Dr. Gannon was incompetent? As a practical matter, as with the 2009 H₁N₁ pandemic, numbers of cases and deaths were adjusted upwards several times over the course of the event. Even with all the reporting technology that exists today the information does not always become clear until after the fact. In 1918, communication was the telephone, telegraph, messenger, and the mail. A doctor would have been forced to make the decision of whether or not to take time out of seeing sick patients to make sure his reports were correctly communicated in some way. It is safe to assume that many doctors were not doing this, despite all the pleadings from the Health Department. Trying to decide whether a case was “new” or previously reported was seemingly a very difficult task in a situation like this. Unless a name was associated with every case reported it would have been impossible. No records remain from the Health Department that could explain exactly what was in the report, so there is no way to verify what kind of data that Dr. Gannon was receiving.

On Sunday 27 October, both Dr. Gannon and Dr. Bullock were encouraged by the weather and the freeze that was coming. Both indicated that freezing weather and rain would eliminate the influenza epidemic by clearing the air, reminiscent of belief in the miasma theory. They were also encouraged by the twenty-four beds open at General Hospital, and felt there will be no need to open another emergency hospital in addition to the fifty beds provided at old Mercy Hospital.

153 “Epidemic Not Checked.”
yesterday.¹⁵⁴ The encouraging news continued on 28 October, as both doctors agreed that the ban might be lifted by the end of the week, as long as the public continued to cooperate. Dr. Gannon was also proposing new regulations on places that served food and drink; all establishments would close for thirty minutes, morning and afternoon, in order to boil all dishes, cup and utensils in soda and water.¹⁵⁵ Alderman William Flynn reportedly attempted to see the Mayor about removing the ban. Mr. Flynn owned the Wonderland Theater, and he had been influential when the original ban had been lifted. But this time he seemed to be thwarted, as Mayor Cowgill refused to make any move until the entire staff at General Hospital approved.¹⁵⁶ Dr. Bullock explained that in most places the epidemic had lasted about seven weeks, and the middle of that period usually had the highest death toll. It was his feeling that Kansas City had just gotten through the worst week, and that cases should continue to decrease from then on.¹⁵⁷

On 29 October, when the death toll was reported as forty-one, the highest number of deaths in one day in Kansas City history, Dr. Gannon explained that deaths were increasing among patients who were already sick due to the cold, and it did not mean the epidemic was worsening. Death statistics were reported as 561 since the epidemic began, with the majority of those caused by influenza and pneumonia.¹⁵⁸ But only one day later, on 30 October, the death toll was estimated

¹⁵⁴ “Freeze to Check Disease," *Kansas City Star*, 27 October 1918.


¹⁵⁶ Ibid.


at “more than a thousand,” just for the month of October. The paper quotes Miss Ada Irmas, the clerk in charge at vital statistics, for both sets of numbers, but there was no explanation for why they were so different.

Meanwhile, the merchants and the theater owners were chafing at the restrictions placed on them, and they convinced Mayor Cowgill to set up a meeting with Dr. Bullock, to present their case for easing the quarantine. The Mayor appears to have been a very canny politician, taking no personal position and commenting that he would be guided only by the recommendations of the staff at General Hospital, while at the same time facilitating the meeting between the business interests and the Health Board. Dr. Bullock, who had generally sided with Mr. Motley’s position opposing a strict ban, seems to have had a change of opinion. “An attempt may be made to secure a removal of the ban, but it will not come from those people whose home the influenza epidemic has touched,” Dr. Bullock stated. His daughter, Mrs. Leo J. Sherby, was reported as critically ill at St. Joseph Hospital, with little chance of survival. Dr. Gannon, who earlier in the week expressed his opinion that the ban might be lifted soon, was now advocating no change in restrictions. He expressed the opinion that cases were not decreasing as fast as he had hoped, so the ban should remain. Officials on the Kansas side of the city were optimistic that the epidemic was slowing,

159 “Seek to Tilt Grip Lid,” Kansas City Times, 30 October 1918.

160 Ibid.

161 “Won’t Consider Lifting Ban,” Kansas City Star, 30 October 1918.

162 Ibid.
but Lieutenant Shelton warned “against relaxing precautions.” The Ministerial Alliance on the Kansas side was to meet with the Lieutenant and Mr. McLaughlin regarding cleaning the churches and if they may open next Sunday. Lieutenant Shelton made no promises.

Thus far, in the first six weeks of the pandemic, it was clear that none of the political appointees on the Missouri side were willing to lead the fight to impose a strict quarantine. The lead instead was taken by B. A. Parsons, the head of the Chamber of Commerce, who was supported in his efforts by some of the businesses in town, the local Army officials, the Red Cross, and the staff at General Hospital. On the Kansas side of town, things were much less political. There seemed to be a sense of cooperation and a willingness to sacrifice personal gain for the public good. Politicians on the Kansas side were beholden to the voters, not to the bosses of a political machine.

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164 Ibid.
Mr. Motley was back in the headlines on 1 November. He had taken charge at General Hospital after Dr. Bullock was admitted to St. Joseph’s Hospital on 31 October with influenza. Mr. Motley requested that two “competent physicians” relieve him of this duty, and he reiterated the position of the Health Board to only lift the ban when the physicians at General Hospital approved of it. On the Kansas side there had been such improvement that the five government physicians were planning to leave within days. However, Lieutenant Shelton was not advocating a removal of restrictions. In his judgment both cities needed to remove the restrictions together. By 3 November the state of Kansas lifted its closing ban, but allowed local health boards to keep restrictions in place if they felt it was necessary. Kansas City, Kansas maintained the restrictions. Lieutenant Shelton was recalled to Topeka, but recommended changes in public health to his successor, Dr. Clyde Leigh Appleby. His suggestions included having a full time public health officer, a dispensary, transportation, and a corps of nurses. Additionally, Dr. Elvenor Ernest, a Kansas government physician, commended the volunteer women on the Kansas side for their “splendid work” during the crisis in taking care of families who were unable to care for themselves. About twenty-five volunteer women, supervised by Miss Laura Neiswanger of the Red Cross, and six other

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1 "Epidemic on the Wane?,” *Kansas City Star*, 16 December 1918.

2 "No Move to Lift the Ban,” *Kansas City Star*, 1 November 1918.

3 "Lift State Ban in Kansas,” *Kansas City Star*, 3 November 1918.

nurses and twelve medical students, worked tirelessly for twelve to fourteen hours a day in the tenements and immigrant districts of Kansas City, Kansas.\(^5\)

A meeting of the Board of Health was scheduled for eight in the evening on 4 November at General Hospital. The agenda was to include the recommendations from the staff of the hospital on the advisability of lifting the ban. For the first time the paper mentioned that the Kansas City, Kansas health officials were invited to attend.\(^6\) Both Dr. Bullock and Kansas officials agree the bans should be coordinated. On 5 November, however, the Kansas officials proposed lifting their ban on Thursday 7 November, at noon. Their accompanying statement was very revealing about the level of cooperation between Missouri and Kansas, “Since the situation is so improved, and since the situation on the Missouri side has no influence here, we recommend the ban be lifted on Thursday noon.”\(^7\) Mr. Motley was quoted later in the same article as being in favor of modifying the Missouri ban, but reiterated again that the board would let the physicians at General Hospital make the final decision. Only nineteen new cases of influenza were reported that day.

On Wednesday 6 November, after several days of reassuring messages from doctors and public health officials about the situation, suddenly the number of cases reported on both sides of the state line jumped. Missouri reported 107 cases, and Kansas reported twenty-five. Dr. J.S. Crumbine, secretary of the Kansas State Board of Health, stepped in and cancelled the plan to lift

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\(^5\) "Says Women Turned The Tide," *Kansas City Star*, 1 November 1918.

\(^6\) "Fix Ban Lifting Date Tonight," *Kansas City Star*, 4 November 1918.

\(^7\) "To Lift Kansas Side Ban," *Kansas City Star*, 5 November 1918.
the Kansas side ban on Thursday. There was an unusual meeting in Kansas City, Missouri that Wednesday. W.P. Motley was present with about forty local business owners (remember there was a ban on meetings), to take up a proposal to lift the ban and instead simply quarantine homes, require clerks to wear masks, let only twenty people stand in streetcars, and seat patrons in movie theaters, with no standing allowed. Seven local ministers were also present, but J.S. Davis, a Baptist minister, questioned by whose authority the meeting had been called. He noted that the Chamber of Commerce was missing, as was a majority of the Health Board and merchants other than saloon keepers and theater owners. He then left the meeting, followed by five of the six remaining clergymen. It was reported that no final agreement could be reached.

Even the judicial system was affected by the influenza. Many local and county courts closed, and more than one judge had a case regarding influenza appear in his courtroom. On 7 November, fruit stand owner Ruben Myerson, of 311 East Ninth Street, gave John Benjamin, an old clothing vendor at 315 East Ninth Street, two black eyes. When the two men appeared in court before Judge J. M. Kennedy, Mr. Myerson defended himself saying that Mr. Benjamin was hanging around the fruit stand even though Mr. Benjamin had the flu. The judge asked Mr. Benjamin if that was true, and when Mr. Benjamin admitted it was, and that he still did not feel well, Judge Kennedy dismissed the entire case and had Mr. Benjamin removed.

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8 "Grip Cases Yesterday, 107," *Kansas City Star*, 6 November 1918.
9 "Will Ask Easier Ban," *Kansas City Times*, 7 November 1918.
10 "Beat up Influenza Carrier," *Kansas City Star*, 7 November 1918.
Mayor Cowgill decided on 8 November to lift the closing ban, expressing unhappiness with the Health Board. It was his opinion, he said, that it was unfair to business owners to make them close at 4 P.M. This sudden revelation, expressed twenty-two days after he issued the closing orders, speaks loudly of political pressure. He ordered the Health Board to meet with him and stated:

The only purpose of closing stores at any certain hour was to prevent congestion of street cars, thereby shifting the financial loss from the Metropolitan [Streetcar Company] to the merchants. It was an admission of incompetence when health authorities closed stores because they could not regulate traffic. If they will adopt my suggestion this afternoon I will assure them we can enforce their limit on standing passengers if it takes every patrolman on the force.11

This was a rather disingenuous statement since it implied that it was only on the streetcars that crowding was a problem. But Mayor Cowgill was not alone in expressing this opinion. Dr. Gannon agreed the ban should be lifted. It is hard to understand why Dr. Gannon had such a change of heart. At the beginning of the epidemic he was the one urging the city to take action, and now he was advocating the opposite. From a medical point of view nothing had changed, so what has motivated his actions? It appeared that he was reacting to the political situation and not the medical one. It was an easy scapegoat to blame the streetcar company; after all, it was a prominent local feature, and it was easy to monitor and control, unlike many hundreds of stores. Additionally, earlier he had placed a great deal of blame on the owners for not cooperating with his orders, and had wanted to use the police force to ensure cooperation. But Dr. Bullock had refused to take his request to the Mayor, so perhaps there was an element of satisfaction in his changed opinion.

11 “Mayor Will Lift Ban,” Kansas City Star, 8 November 1918.
Once again, the School Board disagreed with city officials. When they met on 9 November, the Board decided to keep the schools closed. A statement was issued that explained their position; physicians had unanimously agreed children should not be exposed to school conditions until there was more information on the influenza situation. However, since the city ban was lifted, private schools were free to open as they choose.12

Dr. Gannon announced that the case numbers would not be released to the public until the end of the day. He felt this action would “…prevent confusing reports of the progress of the epidemic.”13 On 10 November Dr. Gannon pronounced that it might take several more weeks for all the influenza cases to end, but “the epidemic is broken.”14 He remained unhappy with the cooperation he had received from some local physicians and the Metropolitan Railway, and it was his opinion that the actions of those two groups were responsible for prolonging the outbreak in Kansas City. The physicians did not report cases and impose quarantines as they were ordered to and the streetcar company offered only “half-hearted” cooperation. There was no response from the local physicians, but James A. Gibson, the streetcar manager, responded that all conductors were told to obey the orders of the Health Board, and even though the company had provided twenty inspectors to help prevent crowding, it had not been enough. He stated that they had requested patrolmen to assist in the effort, but to no avail. Scott A. Godley, the police chief, responded to that argument saying it was not the business of the police to monitor streetcars, and

12 "Schools to Stay Closed," Kansas City Star, 30 November 1918.


there were not enough patrolmen to do it. What had happened in the month since the flu started that has so changed the position of all these officials? After all, it was Scott Godley who promised Dr. Gannon “I’ll give you all you want”\textsuperscript{15} on 8 October. But Mr. Motley, Dr. Bullock, and Mr. Benjamin all opposed using the police at that time, and so nothing happened. But now, in this second ban, Mayor Cowgill told the public he would use the police to enforce the new regulations, and yet the police chief said it was not his business. The police chief was an appointee of the bosses’, and the Mayor did not seem to have much control over Chief Godley’s actions.

Raising funds for the war returned to the forefront on 10 November. Kansas City was planning a massive fundraising campaign for thirty-one local charities, and organizers were hoping that twenty thousand children would show up to assist in the activities. Parades, breakfasts, lunches, and other activities were all part of the plan, and there was little mention of how these activities would impact the flu situation.\textsuperscript{16} Additional news concerned the churches. Since 10 November was a Sunday, churches were able to hold indoor services for the first time since 17 October, although restricted to half-capacity by an order from the Health Board. No problems were reported, and parishioners simply sat in every other row.\textsuperscript{17}

Kansas City reacted to the signing of the Armistice on 11 November with the same enthusiasm as the rest of the country. The Star reported the streets were filled “…curb to curb with

\textsuperscript{15} "Block Car Crowd Order."

\textsuperscript{16} Ibid.

\textsuperscript{17} "The Churches Open Again," \textit{Kansas City Star}, 11 November 1918.
excited men and women." Many businesses simply closed; church bells were rung continuously; and massive crowds gathered to celebrate the end of the war. By 13 November, Mr. Motley recommended that the ban be removed on everything except streetcars and individual houses with the disease, on 14 November at noon. Mayor Cowgill approved this idea, and Dr. Bullock concurred. The School Board met and decided to reopen the public schools on Monday, 18 November; they had been closed since 8 October. There was no mention of consultation with the Health Board, or physicians at General Hospital. And on 14 November, just as reported, the Mayor lifted the ban, only requesting that the streetcars prevent “extreme crowding.”

Miss Ida Irmas, the registrar at vital statistics, reported a “normal” death rate for the week on 15 November. Dr. Gannon was quoted on 18 November, reassuring the public and offering his opinion that since cases were holding steady, at the first sign of favorable weather the epidemic should end. But on 19 November, Lieutenant Colonel G. M. Magruder, of the U.S. Public Health Services, proposed to the Mayor and the Health Board a plan by which two public health officials would be assigned to coordinate and cooperate with the health authorities of Greater Kansas City, on both the Missouri and Kansas side, on “health measures and problems.” The Colonel had been

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18 “In a Wild Demonstration,” Kansas City Star, 11 November 1918.
20 “Ends the Influenza Ban,” Kansas City Star, 14 November 1918.
22 “Influenza in Last Stage,” Kansas City Star, 18 November 1918.
23 “U.S. As Health Supervisor,” Kansas City Star, 19 November 1918.
in both cities for several days and had already spoken to Kansas officials about the idea. No decision was made on the proposal, and there was no mention of what prompted this proposal.

As the epidemic continued on, fraternal insurance and beneficial organizations were impacted heavily by losses. One fraternal organization, the Modern Woodsman of America, had reported 920 death claims in April 1918 worth a total of $1,550,660. That was the largest number of claims ever experienced, until November of 1918, when there were 1,329 deaths from influenza and pneumonia worth $2,982,750.24 The National Life Insurance Company noted that between paying claims for war and influenza, claims were up 21 percent. The Annual Report, issued in January 1919, stated “In 1918 life insurance was subjected to the severest test ever imposed on the business in a single year.”25

Influenza cases continued to be reported, ranging between forty and sixty, for the next few days. On 26 November, there was a sudden increase in cases to 157. Dr. Bullock attributed the rise to cases among schoolchildren, and maintained that it could be controlled simply by closing individual schools where the cases occurred.26

Previously, on 21 October, Dr. Gannon had visited the McClure Flats area and vowed to have them torn down. Dr. Bullock returned to inspect McClure Flats on 26 November with a fire and building inspector from the city, and an order was issued that they were “unfit for human


26 "Increase in Influenza," Kansas City Star, 26 November 1918.
Tenants were supposed to have thirty days to leave, but the realty company that owned the Flats was promising to repair them, so the city building inspector put a hold on the order.28

On 27 November, the Health Board met in a secret session at Mayor Cowgills’ office, and afterward announced that Dr. A. J. Gannon was fired. Dr. Gannon did not attend the meeting, and all other members of the board refused to speak about the decision. All questions were referred to Mr. Motley, and his only response was “...it was for the good of the service....”29 The paper made note of the fact that secret sessions of city boards, especially the Health Board, had been used frequently in the past. The reader might remember that this current Health Board had come into being in the same manner, and that the Jackson County Medical Society had protested the appointment and dismissal of the previous Board. The Society may have felt the same way about this decision, but unfortunately, the Jackson County Medical Society Bulletin had stopped publication in the spring of 1918, and did not resume publication until 11 January 1919, so there was no record of any protest. In February of 1919, they published another editorial criticizing the political makeup of the Health Department,30 but they did not specifically mention Dr. Gannon. His firing may be attributed to the many disagreements between Mr. Motley and the doctor. They argued over using the police, establishment of quarantine, instituting a ban on meetings, and

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27 "Must Vacate Mcclure Flats."

28 Ibid.


30 Jackson County Medical Society (Mo.), "Editorial," Weekly Bulletin of the Jackson County Medical Society 13, no. 5 (1919): 34.
releasing the numbers of cases during the day. The newspaper speculated along the same lines. There was political fallout after this decision however, as H. L. Benjamin, a Republican Health Board member, resigned on Saturday 30 November. Mr. Benjamin cited political interference as the reason for the resignation.

Once again, at the end of November, cases increased again, and Mr. Motley placed the blame on physicians, arguing that they are too relaxed about reporting cases. “Laxity of physicians in reporting cases to us is the sole and only reason for this new outbreak of the epidemic.” While no one was quoted as questioning this line of reasoning, in fairness to the local physicians it must be pointed out that reporting a case had no effect on the spread of the epidemic. If Mr. Motley blamed the physicians for finding a case and then not quarantining that case, he would have had a valid argument, but he was making the argument that the increasing number of cases was due to physicians “catching up” on the reporting paperwork. Cases had been ranging from forty to sixty a day for several weeks, and then on 26 November there were 157 cases, 191 cases on 27 November, and 67 cases on 28 November, as of noon. It was true that those days were over the Thanksgiving holiday, and perhaps doctors were using the holiday to catch up, but it was unlikely that the cases would triple solely due to record keeping.

Health officials took care to note that while cases were increasing, the severity of the cases seemed to be decreasing. Deaths were not as high as previously, and officials were hopeful that this


trend indicated a milder form of the disease. On 30 November Dr. Bullock ordered the public schools “...remain closed until further orders.” The wording of “remain closed” was puzzling, since they had re-opened on 18 November, and Dr. Bullock had mentioned on 26 November that schools were open and some had many cases. So why was he saying “remain closed” when they were open? One hypothesis was that he was referring to the Thanksgiving holiday that had just passed; the schools would have been closed for the holiday. Additionally, Dr. Bullock seemed to have become more cautious after the firing of Dr. Gannon, and perhaps his personal brush with the flu. On 26 November he had argued that there was only a need to close the schools that had cases, and now he was closing all of them. Closing the schools did not really impact businesses in the same manner as reducing business hours; this was a safe political and public health decision.

As the city continued to deal with what they were calling the “second epidemic,” statistics support the contention of health officials that it was milder. While 333 cases were reported in a twenty-four hour period on 2 December, only eight deaths occurred in the same time. But once again General Hospital was full with ninety influenza patients, and officials discussed (once again) opening other floors. On the Kansas side cases increased again, and this time, disputes emerged. Dr. M.L. Moulder was in charge of Bethany Hospital on the Kansas side, and he wanted the city to take steps to curb the disease as his hospital was full. Dr. McLaughlin, the city health officer,


34 “Schools to Stay Closed,” *Kansas City Star*, 30 November 1918.


recommended closing the schools, but this time the public school heads objected. It was their opinion that everything should be closed, not just the schools. 37 On 3 December the city commissioners on the Kansas side closed the schools, restricted crowding of theaters and prohibited children under sixteen from access. Dr. McLaughlin wanted a tougher ban, but he was overruled. 38

The advisory body of General Hospital physicians, which had been named by Mayor Cowgill on 17 October, reacted to the Mayor’s decision to ignore their advice on 3 December. They met publically at General Hospital and “severely criticized” the Mayor and Health Board for removing the ban against their advice and for the handling of the epidemic. 39 Dr. McCallum stated, “You asked for our aid and then ignored us when you decided to lift the ban.” 40 It was a very heated meeting; Mr. Motley was present but left after the advisory board adopted a resolution releasing the board from any further service. In the beginning, he defended the actions of the city, but after Dr. Jackson said “not a single physician of this staff told you that [conditions had improved], and in fact, we advised you not to try to lift the ban but to adopt stronger measures,” 41 suddenly Mr. Motley felt it was time to blame the Mayor, saying he was the one who lifted the ban. Also present

37 "No Kansas Side Decision," Kansas City Star, 2 December 1918.

38 "Close Kansas Side Schools," Kansas City Star, 3 December 1918.


40 Ibid.

41 Ibid.
was Dr. Maclay Lyon, the former medical inspector for the schools, who had replaced Dr. Gannon as chief of contagious diseases, and he offered his opinion that the epidemic was waning.\textsuperscript{42}

Health authorities were aware that statistics on the number of cases each day were not really very meaningful, as they could be widely inaccurate. The death reports, however, had to be officially recorded, and so those numbers should give a fairly accurate portrayal of what was occurring, although there could still be a time lag between the death and the burial. Dr. Bullock attempted to explain this situation to the reporters on 4 December, defending his contention that the epidemic was at a standstill with 397 cases and twenty deaths in the last twenty-four hours.\textsuperscript{43}

The Kansas side was also defending its actions in the face of rising numbers of cases and deaths; J.B. Brown, the commissioner for health and parks, offered that the partial quarantine of children should be enough, and stated they would evaluate the situation again on Friday 6 December.\textsuperscript{44}

Once again the actions of B. A. Parsons, the president of the Chamber of Commerce, resulted in action from the city. On 5 December, there was a meeting of Mayor Cowgill, Dr. Bullock, and Mr. Parsons. As a result of the meeting, Dr. Bullock telegraphed the Surgeon General of the United States, Dr. Rupert Blue, for help in the epidemic.\textsuperscript{45} (See appendix f for a copy of the telegram.) Since earlier, on 19 November, Colonel McGruder had offered the assistance of the U.S. Public Health Service, Dr. Bullock also requested the Colonel press the Surgeon General to approve

\textsuperscript{42} Ibid.

\textsuperscript{43} "Epidemic at the Peak," \textit{Kansas City Star}, 4 December 1918.

\textsuperscript{44} "Will Test Part Quarantine," \textit{Kansas City Star}, 4 December 1918.

\textsuperscript{45} "Call U.S. On Influenza," \textit{Kansas City Star}, 5 December 1918.
the request. In a surprise move, Dr. Bullock offered his written retirement to the Hospital and Health Board that same day for his position as superintendent of General Hospital, while stating he would remain as the Health Director. Mayor Cowgill received a copy of the letter. Dr. Bullock offered that his own recent attack of influenza and the current epidemic had “…been responsible for his desire to be relieved of the superintendency….,”46 and additionally he needed more time for his other duties as Health Director. He offered to stay in both positions until a replacement was named.

On 6 December, the *Kansas City Star* congratulated Mayor Cowgill for calling in public health experts. The *Kansas City Journal* seemed to feel that this action was the only plan that could deal with the situation:

> The utter futility of the present hospital and health board coping with the influenza epidemic so long as it is a politically controlled body and forced to accept the dictates of political bosses was tacitly admitted yesterday by E.H. Bullock, who had just presented his resignation as superintendent of General Hospital, urged that the United States public health service be asked to send representatives to Kansas City and stamp out the epidemic.47

New York City was cited as an example of the excellent work that Surgeon General Blue had achieved. Strict personal quarantine rather than a general ban was mentioned as the key to the success there. The article did suggest “the sensible course now is to….call in experts,…and then follow their advice.”48 Meanwhile, the Mayor refused a request from “a certain class of professional

46 Ibid.


48 “To Check the Epidemic,” *Kansas City Star*, 6 December 1918.
men” to convene a meeting of local civic and business leaders to discuss the health situation. The Mayor offered that there was no point since the only option was a ban on business and he would not authorize that. He intended to wait for federal help. There was no explanation of who the class of professional men might have been; although perhaps it was the same activists that were led by B. A. Parsons.

Dr. Bullock continued to offer a positive outlook on the health situation on 6 December. It was his opinion that “unquestionable improvement” had occurred, although “the situation is indeed serious.” He recommended soda and water as a preventative, along with cleanliness and avoidance of crowds. Cases of influenza ranged from over 200 to as high as 401 in the first five days of December, and deaths from pneumonia and influenza over that period were 118. The Kansas side health commissioner, Dr. McLaughlin, recommended stronger measures, as cases continued to increase in Kansas. General Hospital requested nurses from the Red Cross, but none were available. Black nurses trained by Dr. William J. Thompkins, superintendent of Colored Hospital #2, volunteered to care for white patients at General Hospital, and their offer was accepted – showing the desperation of health officials. The board of education announced that

49 “Wait on Federal Advice,” Kansas City Star, 6 December 1918.

50 “Decline in Influenza,” Kansas City Star, 6 December 1918.

51 Ibid.

52 “Soda the Best Preventative,” Kansas City Star, 6 December 1918.

53 “Decline in Influenza.”

54 “Discuss a Kansas Side Order,” Kansas City Star, 6 December 1918.

schools would remain closed until 30 December, on the recommendation of Dr. Bullock.\textsuperscript{56} The University of Missouri at Columbia announced that they were closing at the direction of the local health board until January. With the exception of the Students’ Army Training corps, all 2500 students were sent home.\textsuperscript{57}

On 7 December, Dr. Bullock joined the effort to improve sanitation in the city. John W. Parker, the superintendent of the sanitary division, and Dr. Bullock personally inspected the stockyards. He ordered the Kansas City Stock Yards Company to begin an immediate cleanup. In the letter Dr. Bullock sent to the owners of the company, he noted surprise that “such a large corporation would permit such conditions to exist...”, \textsuperscript{58} and stated that the people of Kansas City trusted him to protect their health and he intended to do just that. Additionally, he pointed out that many complaints had been received about the filthy conditions by both live stock shippers and commissioners. The city got a response from Surgeon General Blue on 7 December, directing them to request aid from Surgeon Bahrenburg of the St. Louis Marine Hospital. Dr. Bullock complied with that request and contacted Dr. Bahrenburg by telegram. In his assessment to the doctor he described the situation as “stationary.”\textsuperscript{59} Mayor Cowgill named Dr. A. W. Thompson, current president of the Welfare Board, to replace Dr. Bullock as head of General Hospital. The

\textsuperscript{56} "Schools to Open December 30," \textit{Kansas City Star}, 6 December 1918.

\textsuperscript{57} "Grip Closes Missouri U.," \textit{Kansas City Star}, 6 December 1918.

\textsuperscript{58} "Must Clean Stock Yards," \textit{Kansas City Star}, 7 December 1918.

\textsuperscript{59} "Epidemic at a Standstill," \textit{Kansas City Star}, 7 December 1918.
appointment was to be effective on Monday 9 December, after the meeting of the Health Board.

Dr. Thompson was described as “...a Democrat and is known as a personal friend of Mayor Cowgill.”

In related news on 7 December, Dr. Bullock received a bill of $3339.20 from Major D.D. Dutton, the local director of the Red Cross. The bill was for reimbursement of the Red Cross for “…equipment and nurses’ salaries...” Major Dutton reminded Dr. Bullock that he had stated early in the epidemic that the Health Board would repay the Red Cross, although Dr. Bullock stated he had no memory of that and he did not have the authority to authorize payment. On 12 December, however, Major Dutton formally withdrew the request for payment from the city, citing a misunderstanding. The formal statement reads as follows:

The bill rendered the city by the Kansas City Chapter of the American Red Cross for $3339.20 has been withdrawn. The greater portion of the bill was for medical supplies and hospital equipment which the hospital department of the city retained and is now using. But, inasmuch as there has been a misunderstanding, the directors of the local Red Cross have ordered the bill withdrawn. The Red Cross has deemed it a privilege to have been permitted to assist the health board in this emergency.

It seemed that neither party in the misunderstanding really wanted to fight, and so in the interest of maintaining good relations with the city, the Red Cross simply decided to ignore the incident.

For the next few days, the reported cases continued to be high, and on 9 December, Kansas City recorded the highest number of deaths from influenza and pneumonia, thirty-eight, thus far in

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61 "Red Cross Bill to City," *Kansas City Star*, 7 December 1918.

the epidemic. On the Kansas side, health commissioner J. B. Brown stated that he would request Major Bahrenburg to take control of the epidemic on the Kansas side as well. He seemed to understand that banning an activity on one side and not on the other just meant that the activity was going to move to where it was allowed, thus increasing the chances for spread of the disease.

Major L.P. H. Bahrenburg arrived in Kansas City on Saturday 8 December as a guest of Dr. George C. Mosher, the head of the State Council of Defense, Medical Section. He would only be in town one night, but he had a busy schedule. He planned to review the records of the epidemic since it began, and attend a conference at the Hotel Baltimore with the Mayor, Dr. Bullock, B. A. Parsons, Dr. Mosher, and other interested parties to discuss the measures that he felt would be necessary to stop the epidemic in Kansas City. The major planned to institute a strict quarantine of houses, rather than a general ban. (See appendix f for the complete list of recommendations.)

Major Bahrenburg was a firm believer in the germ theory, and he offered the public an explanation of how germs were spread. His explanation was that influenza was carried by droplets, and that when a person sneezed, there was “…a sneeze zone…” of about three feet that should be avoided.

On the very same day that the paper printed Major Bahrenburg’s explanation of the germ theory, they also printed an article from Dr. Katharine Richardson of Mercy Hospital. Dr. Richardson

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63 “Deaths to a New Record,” *Kansas City Star*, 9 December 1918.

64 “Asks Joint Disease Fight,” *Kansas City Star*, 9 December 1918.


66 “Keep out of Sneeze Zone,” *Kansas City Star*, 9 December 1918.
was one of the few woman doctors in town and it was her belief that the epidemic was not influenza, but a new disease caused by some unknown poison. Her theory would fit in with the chemical theory of disease. She offered as her evidence that the disease seemed to attack the nerve centers, deaths did not have symptoms of pneumonia, and that in treating forty patients, they only had one death. However, the treatments she was recommending did not seem to be much different than what other doctors of the day were advocating; frequent bathing and keep the bowels moving.

Major Bahrenburg sent Kansas City a telegram on 10 December. He assigned Dr. B. A. Wilkes to come to town and take charge. Dr. Wilkes was described as “…an excellent organizer and executive,” who had had a good record dealing with influenza in Washington. Dr. Bullock was on his way to Chicago, in order to attend a conference of the National Health Society. The Society was attempting consensus for uniform treatment guidelines for influenza and its complications. Both Mayor Cowgill and Major Bahrenburg had encouraged Dr. Bullock to attend the conference.

Kansas City reached another unwanted record on 10 December, recording fifty-nine influenza and pneumonia deaths, an additional twenty-one from other causes, for eighty deaths, the highest ever recorded in Kansas City up to that date. Mayor Cowgill was eagerly anticipating the assistance of Dr. Wilkes, as the membership of the Health Board was much decreased. H. L.


68 Ibid.

69 “Low Influenza Record,” *Kansas City Star*, 10 December 1918.

Benjamin, the Republican member, had resigned, citing political pressure. The Democratic member, B. L. Hart, had suffered a fall and was unable to leave his house. Dr. Bullock was away, and Dr. Maclay Lyon, temporarily appointed head of contagious diseases, could only work part time since he still retained his position as the head of school medical inspections. Dr. A. W. Thompson, new head of General Hospital was in the same situation as Dr. Lyon, with a second job as head of the Welfare Board. The staff physicians at General Hospital had refused to advise the city any further, and so W. P. Motley, the chairman, was all that was left. However, Mr. Motley wanted to resign, and was only remaining under pressure from the Mayor.\textsuperscript{71}

The Kansas side was not exempt from controversy as the epidemic continued. J. B. Brown, commissioner of city parks and health, brought charges against Dr. C. W. McLaughlin, city health officer, to the civil service commission. He accused Dr. McLaughlin of ignoring his city duties to focus on his private practice, of not enforcing city ordinances, of not obeying Mr. Brown’s order to work at least five hours daily at city hall, and a myriad of other charges pertaining to the handling of the epidemic.\textsuperscript{72} Mr. Brown intended to suspend Dr. McLaughlin as soon as a trial date was set by the civil service commission. Additionally, Mr. Brown announced that even if Dr. Wilkes was not officially put in charge of the epidemic in Kansas, he intended to follow whatever recommendations were adopted on the Missouri side.\textsuperscript{73}

\textsuperscript{71} "Hope When U.S. Steps In," \textit{Kansas City Star}, 10 December 1918.

\textsuperscript{72} "Would Oust Health Head," \textit{Kansas City Star}, 10 December 1918.

\textsuperscript{73} "Will Obey the Federal Rules," \textit{Kansas City Star}, 10 December 1918.
Both Dr. Bullock and Dr. J. S. Crumbine, Kansas State Board of Health, reported back from the conference on 11 December. Dr. Crumbine was most impressed with a vaccine that was developed by Dr. Edward C. Rosenow, of the Mayo Clinic. Although not all the tests of the vaccine had been positive, Dr. Crumbine felt a vaccine was really the only thing to offer. He intended to send someone from the University of Kansas to work with Dr. Rosenow and learn how the vaccine was made and then return to Kansas and replicate the attempt. Dr. Bullock was hopeful that Kansas City might be able to purchase the vaccine from Kansas, if funds could be found.74

On Wednesday 11 December, Kansas Citians faced another problem; the streetcar union had gone on strike at four that morning. The union workers struck after they were notified that streetcar President P. J. Kealy did not plan to follow the ruling of the War Labor Board and increase their wages.75 Riders of the railway, however, had dealt with this problem many times in the past, and most businesses simply sent out delivery trucks to pick up workers. Others used foot power, horse power, or resorted to hailing cars that passed by. Dr. Wilkes, who had just arrived in the city from St. Louis, actually cited the strike as a “great benefit,” and believed it would help with the influenza situation.76 Dr. Wilkes planned to wait for the return of Dr. Bullock from the conference before he announced any detailed plans, but he stated, “A general ban is not necessary by any means, nor is it necessary to hamper the business life of the city while conducting a health


76 “Says a Ban Won't Help,” Kansas City Star, 11 December 1918.
campaign."

Additionally, he stated that the city could not succeed without the co-operation of every citizen, a strict enforcement of individual quarantines, and that the schools must remain closed. Dr. Bullock was not scheduled to return until 13 December. General Hospital was experiencing a severe shortage of physicians; it was announced that Dr. B. E. Colby, the assistant superintendent, was down with the flu.

When the Chicago conference of the American Public Health Association wrapped up, the only recommendation that could be agreed upon by the more than one thousand health experts was for preventative inoculation. Local health officials in Chicago were using the Rosenow method and Dr. J. D. Robertson, the health commissioner, offered Dr. Bullock the loan of Dr. F. C. Tonney, the pathologist in charge of making the vaccine for Chicago, to start the process in Kansas City. Dr. Bullock was non-committal, but back in Kansas City Dr. Wilkes was advocating inoculation as the “…the best means we have of fighting the disease,” and stating that he hoped Dr. Bullock would return with some serum.

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77 Ibid.

78 "Dally with an Epidemic."


80 "Dr. B.E. Colby Has Influenza," Kansas City Star, 11 December 1918.

81 "Offer Serum Expert Here," Kansas City Star, 12 December 1918.

82 "Will Urge Serum Stations," Kansas City Star, 12 December 1918.
CHAPTER 5

“MEDICAL KNOWLEDGE OF INFLUENZA IS VERY VAGUE...”¹

In 1918, there were many factors working against health officials. The lack of knowledge, the shortages of material and personnel due to the war, and the primitive state of public health in the United States all contributed to a less than stellar response. Even access to health reports was not a speedy proposition. On 13 December, the state of Missouri published the death statistics for October. Missouri had suffered 3,145 deaths from influenza, 1,336 from pneumonia, for a total of 4,481 deaths. Kansas City had experienced 656 deaths, and St. Louis had 724 during the same period.² The numbers were for October; all officials were expecting the numbers to be much higher in November. And after three months of experience with this flu, medical experts were still unsure about many things. Some experts believed that the influenza itself did not kill patients; it simply weakened them and they died of pneumonia. Colonel Victor C. Vaughn was quoted, “We can’t study influenza because our patients die of pneumonia and other diseases.”³ Experts were still arguing over how influenza was spread; two popular theories were by droplet spread, and by contact with bodily wastes.

The first rule that Dr. Wilkes and Dr. Bullock instituted on 13 December was to prohibit attendance at church, school, or theaters by children under sixteen. Also, if a patron should

¹ "Epidemic on the Wane?."

² "Influenza Deaths in Missouri, 4,481," Kansas City Star, 13 December 1918.

³ "Sleep a Foe to Influenza," Kansas City Star, 13 December 1918.
suddenly start sneezing or coughing, they would be asked to leave.\textsuperscript{4} But the two men appear to have had their first disagreement that same day. Dr. Wilkes had been hopeful that Dr. Bullock would return to Kansas City with serum in order that mass inoculations could be carried out. Dr. Bullock stated his opinion that inoculations may or may not be of value, but that the best treatment for influenza had to be individualized for each patient. He felt that mass inoculations would be of limited value. He was quoted:

That the serum could be made in Kansas City is true. Dr. J. D. Roberson, health commissioner of Chicago, offered to lend one of his assistants to Kansas City, sending us the man who made the vaccines for Chicago. But we do not have the equipment and I do not feel justified in planning such a movement when I am not convinced of its value.\textsuperscript{5}

Dr. Wilkes was not quoted as responding to these statements, but he must have wondered whether he was really in charge in Kansas City.

On the Kansas side, children had been banned from theaters since 3 December. But while Kansas might have been more proactive with public health measures, they were also having internal difficulties. J. B. Brown, commissioner of health, insisted that Dr. McLaughlin, the city health officer, be suspended. Dr. McLaughlin, however, was showing up to work each day and stating that he “...was still on the job.”\textsuperscript{6}

On 14 December, health officials were optimistic that the drop in cases would continue. As evidence, they cited the weekly totals of cases for the past two weeks. There were 1,902 cases the

\begin{footnotes}
\item[5] "Won't Use Serum Here."
\item[6] "Has City a Health Officer?."
\end{footnotes}
first week of December, and only 1,205 the second week. Dr. Wilkes planned a meeting for all interested physicians at eight in the evening at General Hospital to discuss influenza. Perhaps the most hopeful news was that physicians at the University of Missouri had developed a vaccine and they planned to make it available free of charge to registered physicians through the state board of health. The Dean of the School of Medicine, Dr. Guy L. Noyes, offered his facilities and personnel to Kansas City. The school had produced only limited quantities of the vaccine thus far, but Dean Noyes welcomed any physician from Kansas City who cared to come and learn how to produce the vaccine.

At the general meeting of physicians on 14 December with Dr. Wilkes, there was agreement that the epidemic was almost over. They based their assessment on the history of the epidemic in other cities. In all cities there were two waves, and the second wave was the last. Dr. Wilkes noted, “The disease has taken a much milder form here in Kansas City. However, there have been a slightly greater number of deaths from pneumonia complications, the reason for which I cannot point out.” Local physicians at the meeting blamed the local hospitals; they felt the hospitals had not cooperated by accepting as many patients as possible, and that was the reason for the higher deaths here. J. B. Brown, park and health commissioner in Kansas, offered that

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7 "Disease in Big Decline."
8 "Missouri Has a Vaccine."
9 "The Epidemic Is Passing."
10 Ibid.
11 Ibid.
Kansas was adopting every rule that Dr. Wilkes adopted in Kansas City, but as yet there has been only a small decline in cases.\footnote{12}

In fact, the physicians at the meeting based their assessment on a faulty knowledge of history of prior epidemics of influenza. At the national conference in Chicago that Dr. Bullock had attended, it was made very clear that influenza occurred in waves and that more illness should be expected. Dr. R. A. O’Neill was the chairman of the Illinois Influenza Commission, and he proposed:

> The fight must continue day by day and the medical profession must prepare in times between waves for the next succeeding wave. Every city should establish reserve forces of nurses and physicians and should make provision for increased hospital space. The epidemic is not going to stop with the present recurrence nor with the next one.\footnote{13}

Did Dr. Bullock not hear these remarks? Or did he not attend the local meeting with Dr. Wilkes? Or did he simply dismiss that information as he had dismissed the consensus opinion of the value of inoculations? There was a clue to Dr. Bullock’s attitude on 16 December. When discussing the tendency of influenza to occur in waves he stated “...medical knowledge of influenza is very vague.”\footnote{14} Whatever the answer, it seems as if the physicians in Kansas City were working under a false assumption that this wave of flu would be the last. It was equally clear that Kansas was not working on that same assessment, however. Dr. Crumbine of the Kansas State Board of Health was finalizing plans for the manufacture of serum in Kansas, creating a reserve force of nurses and physicians, and assessing the hospital spaces in Kansas.\footnote{15}

\footnote{12} “Decrease on Kansas Side.”

\footnote{13} “The Influenza in Waves,” \textit{Kansas City Star}, 15 December 1918.

\footnote{14} “Epidemic on the Wane?.”

\footnote{15} “The Influenza in Waves.”
Dr. Bullock and Dr. Wilkes imposed further restrictions on the sixteenth. This time the focus was saloons; “loitering and congregating” were forbidden. The police were notified of the order and inspectors were to go out to the saloons to determine if the order was being obeyed. Additionally, children under sixteen were forbidden from crowds and stores. Dr. Bullock was forecasting the removal of all restrictions in the next few days, but only if everyone would cooperate with the rules. Dr. Wilkes announced that he would return to St. Louis on 18 December, since “...the epidemic is under control.” Cases continued to decrease in the next two days, but Dr. Bullock reminded the public to remain vigilant. On 19 December, the nearby city of Independence announced the removal of the restrictions on public gatherings; there had been a ban in place for three weeks there. Independence school officials decided to keep the schools closed until 30 December. On the twentieth, the Kansas City health inspectors reported that many stores were ignoring the ban on children; Dr. Bullock chastised the parents for endangering their children, and warned the public that there would be consequences:

If that is the attitude the people of Kansas City take, if they do not want protection and are not anxious to do away with influenza, the health department will be forced to abandon its campaign to prevent influenza and fight the disease only after persons have contracted it.

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16 "Restrict Crowds in Saloons," Kansas City Star, 16 December 1918.
17 "Epidemic under Control."
18 "Epidemic under Control?."
19 "Will Lift Independence Ban."
This was not the first time that Dr. Bullock had blamed citizen, merchant, or physician behavior for prolonging the epidemic. In this case, how were stores to determine if someone was under sixteen? It would not be practical to station an employee at every entrance to every store. And in 1918 there was no mass method of proving your age. Driver’s licenses were issued in Missouri as early as 1903, but no age limits were in place. There was no practical way to enforce the ban, and it was even more impractical to expect sixteen year olds to self-police.

As of 23 December, it was a moot point; Dr. Bullock announced that all restrictions on public life were ended that day. He cautioned the public to continue to stay out of crowds and stay home if they were ill. Additionally, he mentioned that cases would probably increase after the holiday gatherings, but that would be a normal occurrence and not signal the return of the epidemic. On the Kansas side restrictions were still in place. Other news on that day concerned the Board of Health meeting; it was cancelled since the only two remaining members, W. P Motley and B. L. Hart were unable to attend. Mr. Hart remained at home recovering from a fall, and Mr. Motley had a “severe cold.” By 26 December, influenza had receded to the background, and the big news of the day was that shoppers had spent “lavishly” for Christmas this year, despite the streetcar strike, a major snowstorm, and influenza.

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22 "Lift the Influenza Ban."

23 "No Health Board Meeting Today," *Kansas City Star*, 23 December 1918.

24 "Set New Sales Record."
Before the year’s end the status of Dr. McLaughlin, the Kansas side city health officer, was settled. It was not good news for Dr. McLaughlin, as the civil service board dismissed him as “…incompetent to cope with the influenza epidemic…”25 Dr. Farquhard Campbell was selected as his replacement. The month of December closed with the health situation stable enough that all the schools on both sides of the state line planned to reopen on 30 December.

In this microhistory, I have examined the decisions that the politicians and political appointees made as it applied to the influenza situation. I would like to now consolidate my evidence as it applied to each person, in order to better understand why they acted as they did. Each member of the Board of Health was an individual, and able to make decisions based on the facts. However, I believe the evidence has shown that in Kansas City politicians had to please the political bosses, rather than the citizens. The Democratic machine, controlled most powerfully by Tom Pendergast and Joe Shannon, was the real power behind any decision the city made. Everyone from the bosses to the public understood the system, and it was that system that was really responsible for Kansas City’s high death rate.

Mayor Cowgill was in a tough situation when the epidemic came to Kansas City. He was the compromise candidate that both Shannon and Pendergast could agree to support. They only agreed on him after they had lost the office of Mayor in 1916 when George Edwards, a Republican, won. Rather than face splitting the Democratic vote once again and taking a chance that Edwards would again win, they both agreed to support Cowgill. Kansas City has elected Democrats for

Mayor from 1918 to the present, with only two exceptions. So if the two most powerful Democrats picked a candidate, there was very little doubt that candidate would win.

The first instance in which the Mayor was consulted occurred on 6 October, when Dr. Gannon called on the Mayor to declare an emergency. It was not surprising that the Mayor did not act; Dr. Bullock, the head of the Health and Hospital Board insisted there was no danger yet. But by the next day, with the backing of the Chamber of Commerce, the Red Cross, the Hospital and Health Board, the Mayor issued the first public order consisting of restrictions on crowds over twenty persons, although any war related activities were exempt. Mayor Cowgill approved lifting the ban on 14 October, although it was clear that the action was not universally approved. By 17 October, the Chamber of Commerce was again urging action, and this time the Mayor consulted with the physicians at General Hospital. On 18 October, the Mayor issued sweeping orders closing all public gatherings that were not essential to war work, along with other regulations that had been proposed by the staff of General Hospital. But it is on that same day that the Mayor also approved letting the Soil Products Exhibit open. For the Mayor to even consider exempting this event demonstrates just how much influence the business community held. The proclamation


27 "Daily with an Epidemic."

28 "Mr. Parsons Got Quick Action."

29 "Lift Ban under Protest."

30 "Set New Sales Record."

31 "Show May Open Tonight."
(appendix b) and regulations (appendix c) make it quite clear that this was a serious situation and the precautions were necessary. The only loss in closing the Exhibits was financial, and even though the Chamber of Commerce supported closing the Exhibit, this seemed to be a political decision.

The Mayor’s next action was to decline to make any decision on lifting the ban without the approval of the physicians at General Hospital. However, he facilitated theater owners and other unhappy businessmen in presenting their arguments to the Health and Hospital Board.32 The Mayor enjoyed political cover when he stated that he was following the physicians’ orders, but his next decision on 8 November to lift the ban without consultation with anyone speaks loudly of how much political pressure he was under to let businesses re-open.33 He accused the Hospital and Health Board of “…incompetence…,”34 and stated he was correcting their mistakes by letting businesses re-open, and forcing the Metropolitan Railway to reduce crowding. It is much easier to deal with the angry owner of one business, than many angry owners of many businesses, even when that one owner was a powerful Democrat. The Mayor would have no further direct action in the influenza outbreak, although he issued a call for assistance to the Surgeon General. Surgeon General Blue was well known for his feeling that quarantines were not effective; in his list of recommendations published on 14 September he wrote, “quarantine: None; impracticable.”35 There was little chance that someone sent by the Surgeon General would go against his advice.

32 “Seek to Tilt Grip Lid.”

33 "Mayor Will Lift Ban."

34 Ibid.

35 "Fear Epidemic of Spanish Influenza," Kansas City Star, 14 September 1918.
Dr. Bullock, head of General Hospital and Health Director, was featured in almost every
decision that was made. It would be tedious to recount all his decisions, but his actions can be
examined by selecting a few of them. Dr. Bullock’s first decision was to downplay the seriousness of
situation.36 He was urged to do something by Dr. Gannon, and he thwarted many of Dr. Gannon’s
requests for stronger action. It was difficult to determine if he was reacting to a less than cordial
relationship with Dr. Gannon, or if he simply believed quarantine measures were ineffective.
Another possibility was that Dr. Bullock and Dr. Gannon were appointed by different political
bosses. The practice in 1918 was to divide the city departments in half; half the appointees were
made by Pendergast, and the other half were made by Shannon.37 Records do not exist that could
answer that question. Whatever their personal relationship, it was clear their professional
relationship was marred with many disagreements. They argued about the cooperation of the
Metropolitan Streetcar Company,38 when it was appropriate to remove the bans,39 and how
accurate Dr. Gannon was at keeping the records.40 Disagreements between the two top health
officials, played out in the press, did not present a reassuring face to the public that was
confronting an epidemic. Eventually, Dr. Bullock gained the upper hand and Dr. Gannon was fired,

36 “Dally with an Epidemic.”
37 Larsen, Hulston, and University of Missouri Press., 57.
38 “Block Car Crowd Order.”
39 “Mayor Will Lift Ban.”
40 “Extra Hospital Is Ready.”
but it would be hard to argue that he really did anything wrong. Given the state of medical knowledge about the flu, arguments could be made on both sides of almost any action.

Dr. Bullock’s role in the on again, off again restrictions would seem to warrant an examination. He seemed to be torn between making a decision favoring public health and a decision favoring the political climate. He accepted a restriction on crowds (but only after the Chamber of Commerce suggested it), then a few days later, without any real change in the situation, he advocated a removal of those same restrictions. It was not until influenza occurred in his own family, on 30 October, that he became a strong supporter of the restrictions.

Another incident to examine was when the Mayor abruptly removed all restrictions on 8 November. Dr. Bullock was admitted to the hospital with influenza on 31 October, and his daughter was critically ill from complications of influenza. Dr. Bullock never responded to the Mayor’s accusation of “incompetence” on 8 November; it was possible that Dr. Bullock was still recuperating. When Dr. Bullock returned to the news on 14 November, he offered support for Mr. Motley’s and Mayor Cowgill’s decision to lift the only remaining restriction on the streetcars.

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41 “Mr. Parsons Got Quick Action.”
42 “Epidemic Is Checked.”
43 “Seek to Tilt Grip Lid.”
44 “Mayor Will Lift Ban.”
45 “No Move to Lift the Ban.”
46 “Won’t Consider Lifting Ban.”
47 “Mayor Will Lift Ban.”
48 “Will Open Schools Monday.”
the rest of the epidemic, Dr. Bullock focused on children under sixteen and the schools.\(^4^9\) Why had he encouraged a ban on 17 October,\(^5^0\) argued passionately for a retaining a closing order citing personal reasons,\(^5^1\) and then just two weeks later agree with arguments for the removal of any restrictions? His change of opinion seemed to be the exception in my argument for political motivations. Given the political situation, agreement with the Mayor was the smart thing to do, but it was also true medical arguments could be made for the removal. A third possibility was that Dr. Bullock was simply worn out. He has been dealing with this epidemic for almost two months; he personally had the flu, as had members of his family, and as Health Director a great deal of responsibility would have been placed on him.

There was one decision that Dr. Bullock made that clearly had political overtones, however. After he returned from the public health conference in Chicago he was given an opportunity to begin to develop serum for influenza in Kansas City. He declined, citing costs. While it is true that later he stated that he was not sure of the effectiveness of the serum, given that he has nothing better to offer, would it not have been the wise public health course to try? Money was mentioned over and over as reason that the Health Board could not do something; they did not have cars to visit patients and inspect quarantines, doctors at General Hospital threatened to quit because the equipment or supplies were not available, and staff were not allowed to attend conferences due to lack of money.

\(^{4^9}\) "Schools to Stay Closed."

\(^{5^0}\) "Renew Fight on Disease."

\(^{5^1}\) "Epidemic Is Checked."
In the final wave of the flu during the spring of 1919, Dr. Bullock seemed to feel that warnings to the public and announcements of improvement were as active as he needed to be. But in fact, there was really nothing left that he could do. Restrictions on businesses were not going to be supported by the Mayor, and even Dr. Wilkes from the Surgeon General offered no actions. There was disagreement among doctors on the effectiveness of quarantine. As we have already noted the Surgeon General believed it to be impracticable. But in 2007, a group of researchers from the National Institutes of Health and the Harvard School of Public Health analyzed the effectiveness of quarantine and other social distancing measures in 1918 on the excess death rate.52 The excess death rate is the number of deaths per 100,000 people above what would be normal for a period. The example that is easiest to understand is the contrast between Philadelphia and St. Louis. Philadelphia had the first cases on 17 September and imposed no restrictions until 3 October. They had an excess death rate of 719/100,000. St. Louis experienced the first cases on 5 October, and imposed restrictions on 7 October. Their excess death rate was 347/100,000.53 The Surgeon General was correct in his assessment of the impracticality of quarantine; Kansas City was a perfect example of how difficult it was to implement effectively. But St. Louis was proof that it was possible to significantly reduce the number of deaths if you could implement quarantine.

The next public figure in the influenza outbreak that bears examination was W. P. Motley. As President of the Health Board he should have had an active role in attempting to protect citizens


53 Ibid.
from the disease. Instead, Mr. Motley took very seriously his duty to protect business, especially theater owners, from any financial losses. Time and again, when the choice was public health or business, Mr. Motley sided with business. He protected the streetcars from Dr. Gannon, he protested Dr. Bullock’s decision, after consultation with other doctors, to continue a ban on 11 October, he argued with the actions of the Board of Education, and he participated prominently in banned meetings with the theater owners held to overturn the measures medical experts were recommending. Mr. Motley had no medical background, so why did he feel qualified to judge the measures they proposed? He had the support of the Mayor, and given the prominence of his appointed position, he was probably well acquainted with the Democratic machine in Kansas City. Perhaps he felt that his loyalty was to them, not to the citizens. Whatever his reasons, Mr. Motley had a negative role in the fight to prevent deaths in Kansas City.

It was very hard to analyze Dr. Gannon’s actions. He was clearly not afraid to speak truth to power; as evidenced by his actions on 8 October at the beginning of the epidemic in his dealings with Dr. Bullock and Mr. Motley, and when he supported retaining a ban on 11 October. However when the Mayor removed all restrictions on 14 November, Dr. Gannon supported that action. It was possible that he simply felt the restrictions had accomplished what they were

54 “Block Car Crowd Order.”
55 “Continue Ban on Crowds.”
56 “Fuss over School Opening.”
57 “Theater Men in Line.”
58 “Block Car Crowd Order.”
59 “Continue Ban on Crowds.”
intended to do, and there was really no need to continue them any further. He might also have felt vindicated in his efforts with the Metropolitan Streetcar Company earlier in the epidemic, since the Mayor cited the inability of the Health Department to control the streetcars as the reason other stores had been closed. Dr. Gannon issued no statement regarding his firing on 27 November, and returned to his private practice. He was heard from again in March of 1919, offering support to Dr. Carl A. Nylund, who was fired from his position as attending physician at the Leeds Tuberculosis Hospital after he had made charges of terrible conditions there.

The most telling evidence concerning political pressure on the political appointees was evidenced by the lack of members remaining on the Board at the end of the epidemic. Mr. Motley wanted to resign, but remained, only because the Mayor requested it. Dr. Bullock resigned as head of General Hospital, citing his health and the current epidemic, but remained as Health Director. Dr. Gannon was fired and replaced by Dr. Maclay Lyon, but he was only half time in that position as he remained head of school medical inspections. The lone Republican member of the Board, H. L. Benjamin, resigned on 30 November, citing political pressure. Mayor Cowgill named a personal friend, Dr. A.W. Thompson, to replace Dr. Bullock at General Hospital, but he was also a half time position. It could not have been easy managing a public health epidemic while at the same

60 "Hold Secret Health Meeting."


62 "Hope When U.S. Steps In."

63 "Call U.S. On Influenza."

64 "Hold Secret Health Meeting."

65 "U.S. Aid in Epidemic Soon."
time making sure that you did not alienate your political bosses. That might explain why there were only three original members left, and one of those did not want the position.

As final evidence of political pressure I would like to examine events as they occurred on both sides of the state line. While it was clear that Kansas City, Kansas was not immune to pressure from business, it is also clear that there was a great deal of cooperation and some very innovative ways of handling the shortage of personnel. It was a unique solution to have ministers volunteering and being deputized as health officials.66 And in contrast to Missouri where the Health Department was expected to deal with this crisis without any additional funds, in Kansas, city departments raised money to assist in the effort to contain the crisis. Official actions on both sides of the state line are detailed in appendix g. What was most striking was the number of times that Missouri started or stopped an intervention, in contrast to Kansas where the restrictions lasted a fairly long time.

It would have been the ultimate proof of the effectiveness of measures on both sides of the state line to locate statistics for both cities. There are statistics, but they do not measure the same thing. Kansas City had a mortality rate of 719/100,00067 for what was called the influenza pandemic but in Kansas City, Kansas the statistics were separated for influenza and pneumonia. Influenza statistics were 281.9/100,000, and for pneumonia it was 540.2/100,000.68 Unfortunately, that makes it difficult to compare the two towns. Presumably, in Missouri, that statistic included all

66 "Ministers in Grip Fight."
deaths that were related to influenza, including those deaths from pneumonia following the flu, although that is not really clear. However, 719/100,000 is the standard figure that is cited for Kansas City, Missouri in most studies.\(^69\) If the two figures for influenza and pneumonia in Kansas are added together, it would be 822.1/100,000, but that number does not account for the duplication of cases in which the patient had both influenza and pneumonia. Additionally, there is no explanation of how it was determined if a patient died of influenza or pneumonia. So that leaves us only able to compare actual deaths. Kansas City Kansas had 776 deaths from both pneumonia and influenza in 1918, and another 271 deaths for those causes in 1919,\(^70\) for a total of 1047 deaths.

The population of Kansas City Kansas was 96,463 in 1919. In Missouri, the number of influenza deaths through 15 April, 1919 was 1271 and for pneumonia was 1066, for a total of 2337,\(^71\) but the population was more than three times bigger. On the surface it seems as if Missouri did not do that badly, but once again the statistics measure different periods. For Kansas the numbers are for all of 1918 and 1919, but in Missouri the numbers are only 1918 and through April of 1919. Other factors to be considered are the true population statistics. Kansas City, Kansas, was an area of immigrants, with many people from Mexico, and populations like this are historically undercounted.

In conclusion, the influenza pandemic in 1918 Kansas City will be remembered as a classic example of what happens when public health officials are beholden to political leaders. If Dr. Bullock had not been so concerned about the security of his position, he might have been able to

\(^69\) Bootsma and Ferguson; Garrett.

\(^70\) Kansas, 293.

\(^71\) Board, 22.
look at the situation solely as a physician. Instead, he was forced to consider the political fallout of every public health decision that he made, and this created the dysfunctional response in Kansas City, Missouri. In Kansas City, Kansas, the public health leaders and the politicians cooperated on the response, but even then the city health director, Dr. C. W. McLaughlin, ended up losing his job. Was he truly incompetent? We may never know, but unlike Dr. Gannon, he at least got a public hearing of the charges against him.
APPENDIX A
PERSONS OF INTEREST

Missouri side
Hobbs, A. A., Captain- Army Motor School
Thompson, A. W., DR-successor to Dr. Bullock as head of General Hospital
Gannon, A.J., DR-Head of Contagious Diseases
Parsons, Bernard A.- President of the Missouri Chamber of Commerce
Hart, B.L. -Vice-President of the Health Board
Sandy, C., DR-City Physician
Bullock, E. H., DR-Health Director and Head of General Hospital
Benjamin, Harry -Republican member of the Health Board
Cartinsky, Harry, DR-Theater interests' representative
Cammack, I. I., - Superintendent of Schools
Jackson, Jabez, DR-Red Cross
Cowgill, James - Mayor, Democrat
Shannon, Joe -Democratic boss of the Rabbits
Lyon, Maclay, DR-supervisor of medical inspection for schools and replacement for Dr. Gannon

Gannon
Dutton, Dell, Major-head of the Red Cross
Mather, Mrs. Harry- head of the Red Cross nurses
Kealy, P.J., -owner of the Metropolitan Railway Company, Democrat
Blue, Rupert, DR-Surgeon General of the US
Godley, Scott, chief of Police
Pendergast, Tom -Democratic boss of the Goats
Motley, W. P. -President of the Health Board

Kansas Side
McLaughlin, C.W., DR- Health Officer
Mendenhall, H.A., Mayor
Dean, H.E. -moving pictures representative
Shelton, Charles D., Lieutenant, DR-State Public Health Officer
Pearson, M.E. -Superintendent of the Public Schools
Higgins, R.J. -Street Railway representative
Chapman, L.H. -Commissioner of Light and Water Department
Little, G.B. -Commissioner of Finance
Appleby, Clyde Leigh, DR-successor to Lt. Shelton
Crumbine, J. S. -Secretary of the Kansas State Board of Health
Moulder, M. L. -head of Bethany Hospital
Brown, J.B. - Commissioner of City Parks and Health
APPENDIX B
MAYOR’S PROCLAMATION\textsuperscript{1}

It has come to my knowledge and I hereby proclaim that a malignant, infectious and contagious disease, commonly known as Spanish influenza, is prevalent in Kansas City, and the health board is hereby empowered and instructed to take all steps and use all measures necessary, to avoid, suppress and mitigate such disease, and to employ such officers, agents, servants and assistants, establish such hospitals, provide necessary furniture, medical attendance, nurses, food, clothing, shelter and relief as in the opinion of the said board, may be necessary and advisable. But the amount expended shall not exceed any appropriation made for the health department. All persons, firms and corporations in Kansas City, Mo., are hereby requested and ordered to comply with all reasonable orders of the health board for the avoidance, suppression and mitigation of such disease.

Dated at Kansas City, Mo., this October 17, 1918

\textsuperscript{1} "New Kansas Side Health Head."
APPENDIX C

HEALTH BOARD REGULATIONS

WHEREAS, The mayor of Kansas City has this day issued proclamation, proclaiming that a malignant and contagious disease commonly known as Spanish influenza, is prevalent in Kansas City, and the health board is recommended by him to take all steps and use all measures to avoid, suppress and mitigate such disease, and to employ such officers, agents, servants and assistants and establish such hospitals, etc., as in the opinion of the said board may be necessary and advisable:

Now, therefore be it resolved by the health board as follows:

All schools, public, private, parochial, sectarian, and nonsectarian, all churches, church services, Sunday schools and prayer meetings, all theaters, moving pictures shows and all other places of public gathering, consisting of twenty (20) or more persons, must be closed, except such meetings as may be considered of military necessity.

The doors of all public telephone booths must be kept open at all times and the booth and mouthpiece used for transmission must be sterilized at least twice daily. The windows of all street cars, motor muses and vehicles wherein people are conveyed must be kept open, except to exclude rain, and all such conveyances must be kept clean and thoroughly sterilized daily. All elevators used by the general public in stores, office buildings, depots and public buildings must be sterilized daily. Crowding of elevators is prohibited.

Stores having twenty-five (25) employees, or more, shall open at 9 a. m. and close at 4 p. m. Crowding must not be permitted in any store, regardless of size.

All music and all other amusements in hotels, restaurants and cabarets must be dispensed with.

The regulations hereinafter mentioned and formulated by the committee of the staff of the General Hospital are made a part of this order, except that a number not exceeding fifteen (15) or twenty (20) people are not to be allowed standing in the streetcars.

REGULATIONS

We recommend the closing of all schools, churches, theaters and picture shows, and all public gatherings not essential to the carrying on of governmental work, be immediately prohibited.

We recommend that the street cars only allow sufficient people to ride to fill the seats, none standing, windows open, cars kept clean and spitting ordinance rigidly

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1 "Mayor Replaces Ban in Effort to Check Influenza," Kansas City Journal, 18 October 1918.
enforced. We recommend that any house where there is influenza or pneumonia of any type, including the common cold, that a strict quarantine of the patient be maintained; that a placard be put up there and the patient not allowed out until that patient has been pronounced cured by an efficient quarantine officer.

Under present conditions it is recommended that the healthy members of the family be permitted to go out.

We recommend that every one of the above mentioned cases must be reported immediately, under penalty, by the attending physician, to the health board.

We recommend that the health board appoint a sufficient number of quarantine officers, and we recommend that with the consent of the board of education that the teachers be employed as quarantine officers, whose duty it shall be to ascertain if the patient is free from all catarrhal symptoms, coughing, sneezing, etc., before that patient is release from quarantine; the nurse to make at least one visit to the family during the period of illness and instruct the family—not only the sick member, but the healthy members, what preventive measures to use.

We recommend that a scientific committee be appointed, to meet regularly, at definite stated intervals, to co-operate with the health board.

It is recommended that through the newspapers and printed circulars, the public be regularly instructed as to the nature of the disease and active preventive measures that are officially represented by the health department.

This order is to be effective immediately, and publication of this order in the daily newspapers of Kansas City shall be deemed sufficient notice of the same.
APPENDIX D

GENERAL HOSPITAL INFLUENZA PAMPHLET

General rules for the prevention of influenza and its spread, as outlined by the staff physicians of the General Hospital:

Influenza resembles a very contagious “cold,” accompanied by fever, pains in the head, eyes, ears, back or other parts of the body and a feeling of severe sickness.

There may be an absence of nose and throat symptoms, with no sneezing or coughing. Fever alone may be the only symptom other than a general tired feeling.

There is no way in which a single case of influenza can be recognized. Therefore, any case resembling a cold should be looked upon with suspicion. Recognition is easy where there are a group of cases.

The disease is spread by direct contact. People affected with the disease, however slight, will transmit it to others by sneezing, coughing or expectorating in close proximity to other people. Persons having a slight attack and going about will infect other people who will have the severest and most dangerous form.

The disease is more dangerous than smallpox, diphtheria or scarlet fever.

How To Prevent Influenza

Avoid all crowds.
Avoid dust. It carries germs in dry form.
Keep bowels active by laxatives.
Keep kidneys active by drinking plenty of water.
Bathe frequently. Strict cleanliness in every respect about person and home should be observed.
Keep the body strong by eating moderately of wholesome, well cooked food. Eat plenty of vegetables, fruits, cereals, milk and eggs. Meats in moderate quantity. Eat regularly. Work regularly. Sleep regularly.
Keep the body well clothed according to weather conditions.
Keep houses, shops and all places where people stay well ventilated. Do not allow houses to become cold or damp. Keep fires sufficient to insure comfortable temperature.
Always sneeze in a handkerchief. Cough in a handkerchief. If you must spit, use a handkerchief, not the sidewalk or street.
Some people are carriers who do not feel sick.
A teaspoon of salt in a point of boiled water used hot is an excellent gargle to be used night and morning. The same solution makes a good nose douche. In using this solution in the nose be careful not to blow the nose forcibly afterward. A safe way to wash out the nose is by means of a fountain syringe held slightly above the head, allowing the water to flow into one nostril and out the other. Keep the mouth open and head bent slightly forward, breathing through the mouth. Use

1 "Epidemic Fight Goes On."
a quart of the solution night and morning.  
There is no specific treatment for influenza. When sick, call a doctor. Follow his directions. To expose yourself while sick may cost you your life, or you may infect others and cost them their lives.

Follow your physician’s instructions until you are release by his orders.  
Common baking soda taken in water, under a physician’s direction, has been reported to have been beneficial in some cases. It is said to have been a preventive in some instances.  
Every person should help control the disease by controlling their own actions and assisting in every way to prevent the spreading of the disease.

A. J. Lorie, M. D.  
P. T. Bohan, M. D.  
Scott P. Child, M. D.

Committee of General Hospital Staff, Kansas City, Mo.

E. H. Bullock, M. D.,  
General Superintendent and Health Director

Eye, ear, nose and throat specialists suggested the use of gauze masks as a preventive measure, stating it was the only dependable preventive known.
APPENDIX E
TELEGRAM TO THE U.S. PUBLIC HEALTH DEPARTMENT

Assistance is needed at once from your department to help control the influenza epidemic in Kansas City. May we hope for immediate response?

<table>
<thead>
<tr>
<th>Date</th>
<th>Cases</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>November 23</td>
<td>55</td>
<td>6</td>
</tr>
<tr>
<td>November 24</td>
<td>45</td>
<td>8</td>
</tr>
<tr>
<td>November 25</td>
<td>157</td>
<td>7</td>
</tr>
<tr>
<td>November 26</td>
<td>204</td>
<td>14</td>
</tr>
<tr>
<td>November 27</td>
<td>314</td>
<td>7</td>
</tr>
<tr>
<td>November 28</td>
<td>170</td>
<td>8</td>
</tr>
<tr>
<td>November 29</td>
<td>414</td>
<td>12</td>
</tr>
<tr>
<td>November 30</td>
<td>345</td>
<td>6</td>
</tr>
<tr>
<td>December 1</td>
<td>185</td>
<td>12</td>
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<tr>
<td>December 2</td>
<td>401</td>
<td>16</td>
</tr>
<tr>
<td>December 3</td>
<td>395</td>
<td>20</td>
</tr>
<tr>
<td>December 4</td>
<td>345</td>
<td>16</td>
</tr>
</tbody>
</table>

1 "Call U.S. On Influenza."
APPENDIX F
MAJOR BAHRENBURG’S RECOMMENDATIONS

Moving picture shows and theaters to be closed unless strictly observing regulations of health authorities under permit.

Strict quarantine of homes and prosecution for those who attempt to evade quarantine.

Ventilation of street cars with inspectors stationed at barns to see that all cars are placed in operation.

Ejection from picture shows and theaters of all persons coughing or sneezing.

Boys and girls under 16 years of age to be barred from theaters and public meetings of all kinds.

Campaign of education in regard to prevention and treatment of disease.

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1 "Federal Agent Is Here."
<table>
<thead>
<tr>
<th>Date</th>
<th>Kansas City, Missouri</th>
<th>Kansas City, Kansas</th>
</tr>
</thead>
<tbody>
<tr>
<td>27 September, 1918</td>
<td>First case of influenza</td>
<td>First case sometime the first week of October</td>
</tr>
<tr>
<td>7 October, 1918</td>
<td>Public ban on gatherings of more than 20 people</td>
<td></td>
</tr>
<tr>
<td>8 October, 1918</td>
<td>Public schools closed</td>
<td></td>
</tr>
<tr>
<td>9 October, 1918</td>
<td></td>
<td>Schools closed and all public gatherings banned</td>
</tr>
<tr>
<td>14 October, 1918</td>
<td>Ban on gathering of more than 20 persons removed</td>
<td></td>
</tr>
<tr>
<td>15 October, 1918</td>
<td>Mayor admits ban was not effective</td>
<td></td>
</tr>
<tr>
<td>17 October, 1918</td>
<td>A stricter ban is issued, no public gatherings, war work remains exempt</td>
<td></td>
</tr>
<tr>
<td>8 November, 1918</td>
<td>Mayor lifts ban, except on streetcars</td>
<td></td>
</tr>
<tr>
<td>11 November, 1918</td>
<td></td>
<td>Schools reopen</td>
</tr>
<tr>
<td>14 November, 1918</td>
<td>Mayor removes all restrictions, requests no extreme crowding</td>
<td></td>
</tr>
<tr>
<td>18 November, 1918</td>
<td>Public schools reopen</td>
<td></td>
</tr>
<tr>
<td>27 November, 1918</td>
<td>Dr. Gannon fired</td>
<td></td>
</tr>
<tr>
<td>30 November, 1918</td>
<td>Public schools closed again</td>
<td></td>
</tr>
<tr>
<td>3 December, 1918</td>
<td></td>
<td>Schools closed and ban on children younger than 16 in stores or theaters</td>
</tr>
<tr>
<td>5 December, 1918</td>
<td>Mayor asks for federal help</td>
<td></td>
</tr>
<tr>
<td>11 December, 1918</td>
<td>Federal doctor arrives</td>
<td></td>
</tr>
<tr>
<td>13 December, 1918</td>
<td>Ban on children younger than 16 in stores or theaters</td>
<td></td>
</tr>
<tr>
<td>16 December, 1918</td>
<td>Ban on loitering and congregating</td>
<td></td>
</tr>
<tr>
<td>18 December, 1918</td>
<td>Federal doctor leaves</td>
<td></td>
</tr>
<tr>
<td>23 December, 1918</td>
<td>All restrictions are ended</td>
<td>All restriction are ended</td>
</tr>
</tbody>
</table>
APPENDIX H
GREATER KANSAS CITY HOSPITALS IN 1918

Baptist Hospital, 7th and Bennington
Bell Memorial Hospital, Rosedale, KS
Bethany Hospital, 12th and Reynolds, KS
Christian Church Hospital, Paseo and 27th
City (General) Hospital, 27th and Cherry
East Side Hospital, 920 Newton
Grace Hospital, 9th NW cor Harrison
Kansas City Provident Assn, 1115 Charlotte
Mercy Hospital, Independence Blvd
Missouri Pacific Hospital, 706 w 10th
Research Hospital, Holmes and 23rd
St. Joseph’s Hospital, Prospect, 31st and Linwood
St. Luke’s Hospital, 2011 E 11th
St. Margaret’s Hospital, 8th Vermont and Harrison, KS
St. Mary’s Hospital, 2800 Main
South Side Hospital, 3007 Main
Swedish Hospital, 3003 Wyandotte
Swope Settlement, 1608 Campbell

1 "Kansas City Social Register : A Blue Book."

124
University Hospital, Campbell SE cor 10th

Wesley Hospital, 11th NW cor Harrison
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"Ask Mayor to Order Ban." *Kansas City Star*, October 16 1918.


"Beat up Influenza Carrier." *Kansas City Star*, 7 November 1918.

"Beds Full at General." *Kansas City Star*, 24 October 1918.


"Big Hall a Hospital." *Kansas City Times*, October 7 1918.

"Block Car Crowd Order." *Kansas City Star*, October 8 1918.


"C of C into Disease Again." *Kansas City Times*, October 16 1918.


"Can't Flush City Sewers." *Kansas City Times*, October 16 1918.


"Continue Ban on Crowds." *Kansas City Star*, October 11 1918.


"Dally with an Epidemic." *Kansas City Star*, 6 October 1918.

"A Dangerous Health Board Head." *Kansas City Star*, 18 October 1918.

"Deaths to a New Record." *Kansas City Star*, 9 December 1918.

"Decline in Influenza." *Kansas City Star*, 6 December 1918.

"Decrease on Kansas Side." *Kansas City Star*, December 15 1918.

"Discuss a Kansas Side Order." *Kansas City Star*, 6 December 1918.

"Disease at a Standstill." *Kansas City Star*, 24 October 1918.

"Disease in Big Decline." *Kansas City Star*, December 14 1918.


"Disregard a Health Rule." *Kansas City Star*, 20 December 1918.


"Dr. B.E. Colby Has Influenza." *Kansas City Star*, 11 December 1918.

"Ends the Influenza Ban." *Kansas City Star*, 14 November 1918.

"Epidemic at a Standstill." *Kansas City Star*, 7 December 1918.

"Epidemic at the Peak." *Kansas City Star*, 4 December 1918.

"Epidemic Crest Passed." *Kansas City Times*, 29 October 1918.


"Epidemic Is Checked." *Kansas City Times*, October 11 1918.

"Epidemic Is Not Checked." *Kansas City Times*, October 9 1918.

"Epidemic Not Checked." *Kansas City Times*, October 16 1918.

"Epidemic on the Wane?" *Kansas City Star*, 16 December 1918.


"Epidemic Sweeps Kansas City, Kas." *Kansas City Journal*, 10 October 1918.


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"Epidemic under Control?" *Kansas City Star*, December 18 1918.

"Extend Kansas Ban a Week." *Kansas City Times*, 18 October 1918.

"Extra Hospital Is Ready." *Kansas City Times*, 26 October 1918.

"Farm Congress Is Closed." *Kansas City Times*, 17 October 1918.


"Federal Agent Is Here." *Kansas City Star*, 9 December 1918.

"Few Influenza Deaths." *Kansas City Star*, 1 December 1918.

"Fewer Epidemic Cases." *Kansas City Times*, October 12 1918.

"Find Filth and Disease." *Kansas City Times*, 21 October 1918.

"Fix Ban Lifting Date Tonight." *Kansas City Star*, 4 November 1918.

"Freeze to Check Disease." *Kansas City Star*, 27 October 1918.

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VITA

Susan Sykes Berry was born on 26 May, 1953, in Des Moines, Iowa. She was educated in the local public schools, and received a Diploma in Nursing from Mercy Hospital School of Nursing in 1974. She held a variety of nursing jobs all over the country for the next twelve years, and in 1986 she returned to school at the University of Florida and graduated in 1989 with a Bachelor of Science in Nursing with high honors. Additionally, she was selected for membership to Sigma Theta Tau.

In 1996 she returned to school again, this time to the University of Iowa. She was awarded a Master of Arts in Library and Information Science in 1998, and accepted a faculty librarian position in the Health Sciences Library of the University of Missouri-Kansas City. She began work on her second Master of Arts in History in 2007. Upon completion of her degree requirements, Ms. Sykes Berry intends to continue her position as a librarian.

Ms. Sykes Berry is a member of the American Library Association, Midcontinental Chapter of the Medical Library Association, and current President of the Health Sciences Library Network of Kansas City.