



Revisiting The Past: Interrogating The Unexplored History Of The 1918 Pandemic

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Abstract

The 1918 Pandemic that came as the lethal twin of the Great War in its concluding year, has often been called “the forgotten pandemic”, suppressed underneath the grand narrative of the War, the Armistice; lost in the archives amidst the records of the other big historical event. Although in scope and magnitude of its mortality it was almost five times more than the casualties recorded from the war. Yet the 1918 Pandemic, much like the Bubonic plague or the Black Death of the 14th century, remains formally underrepresented in literature and culture. This cultural reserve surrounding the pandemic of 1918 is attributable to quite a few reasons. The most major one being the pandemic’s origin, extent, epidemiology and cure, that remained unknown for a very long time. Reflecting the limits of medical science it was like a ‘great shadow cast upon the medical profession’ that stood as a paralysing example of the Western intellectual tradition that was based on the Enlightenment models of knowledge and progress.

The next most important reason behind this cultural silencing of the pandemic is the war that had a far more powerful hold on the cultural memory with its destructive and global visibility, as unlike the influenza pandemic, which did not leave deformities in the form of maimed and crippled survivors who would serve as haunting reminders of the disease. Paul Fussell observes in *The Great War and Modern Memory*: ‘The war that was called great invades the mind...all-encompassing, all-pervading, both internal and external at once, the essential condition of consciousness is the 20th century.’ (Fussell, 312)

The ‘Great Influenza’ compared to it seemed to make for a less compelling narrative. The medical historian Alfred Crosby, often credited with the first systematic study of the Pandemic, points out the conspicuous absence of this cataclysmic event not only from written histories and memories but also from the literary oeuvres of the major writers of that time. The cultural-historical engagement of the decades that followed has been with processing the vast and contradictory legacy bequeathed by the great war in its visible corporal destruction and astonishing hermeneutics of creative oeuvre. So, the 1918 pandemic probably had to wait its turn to come into popular and critical focus only after the first world war’s problematic cultural legacy was fully confronted and catalogued.

The next reason why the Western society preferred to push back the pandemic to the margins of their collective (un)consciousness is the inevitable and painful element of trauma associated with it. This cultural denial finds an explanation in the works of contemporary psychiatrists like Cathy Caruth and Judith Herman, both of whom draws on Freud’s work on repression and trauma, producing convincing paradigms to analyse and understand the cultural amnesia surrounding the 1918 pandemic.

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Given our postmodern appetite for re-creating and re-interpreting the anti-canon, the marginalized and the forgotten, it is timely than ever before to retrace the repressed remnants of the 1918 pandemic and re-construct the still-unknown facts about this deadly pandemic. Now that we have reached the centennial of this apocalypse, and find ourselves plunged into a similar phenomenon; we, the ubiquitous pandemic generation of 2020, ought to critically re-engage ourselves with the diverse aspects of the Pandemic in an attempt to analyse the synchronic and diachronic scientific and cultural variables that it has generated in the last century.

This article will study the 1918 pandemic as a Contagion Narrative, engaging with the intriguing legacy of this near-forgotten historical disaster, beginning with its origin, extent and epidemiology reflecting on its complex causal network. This paper will analyse the multiple reasons underlying its cultural denial and the politics behind its partial representation in literature, language and culture. The final critical concern of this study will be to note the changing socio-economic conditions or that which had to be realigned to bring back the Pandemic into popular and critical consciousness, and also discuss the historical-scientific value engendered by this destabilising experience. This paper will draw on the observations of a host of scientific, cultural and literary historians in an attempt to find a critical paradigm to study the above mentioned factors and also understand the contemporary Global context that is experiencing a fatal return of a new virus- SARS-COV2 as a 'naturecultural' (Haraway) phenomena, forcing us to re-think accepted notions of empiricism and aesthetics.

Keywords: Pandemic, Repressed, Cultural memory, Epidemiology, Trauma, Representation, Narrative, Globalisation.

Introduction

The World War I has left a contradictory legacy of an appalling physical destruction and an astonishing body of creative production that simultaneously busted the inherited myths of honour, duty, patriotism and generated new categories of empirical and aesthetic thinking. The classic memoirists like Siegfried Sassoon, Robert Graves and Edmund Blunden and poets like David Jones, Isaac Rosenberg and Wilfred Owen, to name a few, have provided contexts, both literary and actual, that effectively memorializes the great war as a historical experience with conspicuous imaginative and artistic potential, along with its more ubiquitous documentation of trauma. The narrative legacy of this great war has been so grand that its lethal twin, the 1918 influenza Pandemic, has received very little critical attention in the Western world for almost a century, taking on an aura of cultural and scientific mystery. It is true that the process of life becoming part of history and literature is complex and prolonged as the range of meanings that the incidents assume initially, through oral or written documentations, defy stability and it takes sufficient temporal intervention to acquire cultural presence and solidity. Traumatic events, such as the War or the Pandemic, generally leave memories that are paradoxically both vivid and elusive. And memories, be it whole or fragmentary, when collected in the more raw and personal forms like diaries, letters, journals, interviews provide a very valuable source of information concerning the trauma itself. Paul Fussell's landmark study of World War I *The Great War and Modern Memory*¹ found its literary material in poems by Owen, Brooke and Sassoon, but more than them in the diaries of the ordinary soldiers. His foundational work suggests that historical events carry a "curious literariness" that make them correspond with other broader paradigms or narratives which may remain absent, invisible and under-interpreted for several decades. The 1918 influenza Pandemic is one such event. The 1918 influenza Pandemic wiped out almost one-third of the world's population and the mortality scale was probably five times than that of the military deaths in World War I, yet it took more than five decades for historians, scientists and literary critics to approach it objectively in understanding its intersections with the history and culture of the early 20th century. What factors or combination of factors were responsible for making the 1918 influenza Pandemic a repressed part of cultural memory? Given its scale and deadliness how could the Pandemic stay as passing references in the historical and literary output that followed it in the next few decades? Now that we are living as a ubiquitous Pandemic generation of 2020, it is timely that we look into and question a similar phenomenon that took place exactly a century ago.

This paper will analyse some of the causes that led to the cultural amnesia regarding the 1918 Pandemic in its initial decades using the trauma theory as a persuasive model to understand and explain the complex process of cultural repression of such memories. This article will seek to locate the 1918 Pandemic in its entrenched socio-historical epistemology, investigating the other allied causes of its relative absence in the then common and critical discourse in spite of it being a conspicuous historical presence. What social, political and cultural realignment was necessary to bring back the Pandemic as a vital part of public discourse will be the final critical concern of this study. Now that this apocalyptic event has approached its centennial, validating its power to repeat itself, an enquiry into recollecting some of its suppressed traces carries a special urgency.

A. Recalling the 1918 Pandemic: Origin, Extent, and Epidemiology

The 1918 influenza Pandemic was either a “new infection” or a “plague”² that challenged human understanding in terms of its origin, extent and epidemiology. Its primary symptoms were strong headache, profuse nosebleeds, high fever falling into delirium, lungs filled with fluids causing pneumonia, and finally, in some cases, an experience of cyanosis where the patient turned blue due to lack of oxygen shortly before death.³ Scientific and historical research is still debating over the precise date and place of origin of the virus that appeared world-wide in the spring and summer of 1918. David

Morris explains in his work *Illness and Culture in the Postmodern Age*: “the flu imported into England

in 1743 - derives from the Italian influenza, which conveys the view that epidemic illnesses can be traced to the influence of fetid air from swamps, bogs and urban miasmatic locales.”⁴ The recently discovered avian origin of the 1918 influenza virus finds a prophetic parallel in a children's rhyme that was part of the oral culture during 1918;

I had a little bird

Its name was Enza

I opened the window

And in-flu-enza.⁵

The central question regarding the virus' origin was that which specie developed it first: humans, pigs or birds, for, the virus' mortality rates and morbidity was very high leading to complications of the heart and encephalitis and manifesting other unique properties not seen in any earlier influenza viruses. Dr Jeffery Tautenberger, one of the leading American scientists working on this virus admitted:

We don't know how the 1918 Pandemic evolved and how the virus emerged into a form that was a finished product... the answer to the big question of origin is we don't know. There is no historical precedent for what is going on today.⁶

However, recent scientific research has confirmed the avian origin of the 1918 influenza virus. An article from a British scientists' team established how the molecular structure of "the 1918 flu virus changed to make it capable of attaching to human cells, yet retained features primarily found in avian viruses not humans or pig strains."⁷ Identifying the avian component of the virus led to another scientific hypothesis regarding its place of origin, somewhere in rural Asia, where pigs, poultry and people cohabitate closely.⁸ In fact this explains the extensive monitoring of swine and avian disease in the last decades, particularly in China and Southeast Asia. But interestingly the 1918 influenza Pandemic earned its nickname the "Spanish Influenza" or the "Spanish lady" sometimes even the more colloquial and less genteel "Spanish tart" or "Spanish coquette"⁹ because it was then thought to have originated in Spain. And also, because Spain, a non-combatant country at that time, allowed its media to write about the disease which the other European countries prohibited owing to war-time censorship. Another school of academic historians, depending particularly on the accuracy of documentation provided by the western sources root for a Western origin of the 1918 virus. The medical historian Alfred Crosby, whose landmark work *Epidemic and Peace* (1976) re-issued as *America's Forgotten Pandemic: The*

Influenza of 1918 (1989) and is considered to be the first systematic study on this event explains this choice of the Pandemic's origin:

Other medical men associated Spanish Influenza directly with the war. Whenever his armies met in Europe, man was creating chemical and biological cesspools in which any kind of disease might spawn. Never before had such quantities of explosive been expended, never before had so many men lived in such filth for so long, never before had so many human corpses been left to rot above ground, and never before had anything so fiendish as mustard gas been released into the atmosphere in large amounts.¹⁰

Cataloguing the extent or full range of this Pandemic's mortality rate has been difficult for historians owing to unavailability of reliable data. But most researchers have consented that this Pandemic occurred in quite a few distinct phases or waves. The first wave of this disease began in March 1918, continued throughout the summer and was relatively mild.¹¹ The second wave was more severe with most deaths occurring in October and November 1918. The third wave began in the winter and spring of 1919 and continued sporadically throughout 1920. Any attempt at estimating the full mortality of this Pandemic appear exaggerated and take on a hyperbolic tone: "The Influenza killed more people in a year than the Black Death of the middle ages killed in a century; it killed more people in 24 weeks than AIDS has killed in 24 years."¹² However, a medical history conference held in Cape Town, South Africa in 1998 offers a comprehensive overview of the 1918 influenza Pandemic. The collected papers showed Africa, suffering a higher death rate than Europe and Asia, to be the worst affected in the globe.¹³ Yet the final morbidity and mortality rates remain inconclusive at best and unknown at worst.

B. Recalling the 1918 Pandemic: Forgetting the Trauma

Maurice Blanchot writes in his philosophic work, *The Writing of the Disaster*: "The disaster is related to forgetfulness - forgetfulness without memory, the motionless retreat of what has not been treated - the immemorial, perhaps. To remember forgetfully..."¹⁴ The cultural disengagement with the 1918 Pandemic finds a persuasive explanation in this paradoxical act of "remembering forgetfully" or to put it polemically, a deliberate repression of traumatic memories. Freud long ago noted the futility of repression, how often the exact action, symbol, or memory a patient's unconscious was trying to

suppress, would return in some unexpected form as a symptom.¹⁵ In his later works Freud noted, how his theory of repression could be expanded to the historical and social realms, with “the events of human history paralleling the psychological struggles within an individual... the same events repeated on a wider stage.”¹⁶ Any attempt to deny a painful memory only ensures its latent existence that resurfaces in unpredictable and uncontrollable ways. The 1918 influenza Pandemic was the historical trauma, whose horrific details were too exhausting and chaotic for the cultural historians who sought to engage with this painful topic. The doctors and the army commanders who observed and experienced it first-hand did not wish to write about it in detail in their personal memoirs. Military historians and biographers who formally took up the task of documenting this enormous event started experiencing loss, destruction and death on a psychological level. Contemporary psychiatrist Judith Herman in her classic work *Trauma and Recovery*, terms this phenomenon as “traumatic countertransference” or “vicarious traumatization”: “Trauma is contagious. In the role of witness to disaster or atrocity, the therapist at times is emotionally overwhelmed. She experiences to a less degree the same terror, rage and despair as the patient.”¹⁷ Readers as secondary observers may go through a similar experience, instinctively resisting the contagion of trauma. Trauma narratives may remind those readers, who are less immune to vicarious traumatization, of their own fears and vulnerabilities. This was largely responsible for the deliberate cultural non-representation of the 1918 Pandemic for, both writers and readers, individuals and society, got trapped in a vicious cycle of repression, forgetting and unconscious re-enactment of trauma. This destructive cycle, in order to be broken, what was necessary was narratives that documented and analysed the trauma, recalled and mourned it sufficiently, so as to reintegrate it into conscious memory. And passing of time is the most essential therapeutic remedy that enables a sense of protection to be achieved and a relative sense of security that finally allows the historical trauma to re-emerge in the collective cultural consciousness. And almost five decades had to be let gone, for historians and readers, to comprehensively re-engage with this catastrophe.

C. Recalling the 1918 Pandemic: The Bigger Context of the World War I and Its Pan-global Visibility

The so-called great war in its horrors - trench warfare, mustard gas attacks, shells, gas clouds etc - was terrible and wreaked visible havoc on human lives and the environment. But as unlike the Pandemic the war was comprehensible on human terms and its causes lay in human presumptions. It was an event where death was both caused by and suffered by humans and which took place within man-made parameters. The Pandemic which was a scientific mystery, stood as a paralyzing example of human understanding. Renowned British virologist, as late as 2005, described the influenza Pandemic as “like a dark angel hovering over us.”¹⁸ Hence the World War I with its illustrative potential and visible comprehensibility kindled a widespread academic and creative interest, generating a high quantity of literary works even while the war was still under way. Apart from newspaper reporting, letters, autobiographical diaries of soldiers, civilian speech, poetry, some remarkable works of fiction that came out in the decade that immediately followed the war are Virginia Woolf two novels *Jacob's room* (1922) and *Mrs Dalloway* (1925), Erich Maria Remarque's classic work *All Quiet on the Western Front* (1928), Robert Graves' *Goodbye to All That* (1929) and *Testament to Youth* (1923). The World War I was an intriguing cultural legacy that continue to provide subject matter to authors even long after the war. It was as if only after this grand narrative was fully confronted, catalogued and acknowledged that its other lethal associate could become the focus of critical attention.

It would not be wrong to say that the lack of illustrative detail and accounts of visible disfigurement and deformation made the 1918 Pandemic a lesser compelling narrative, not making its place in the dominant literary discourse. The medical historian Charles Rosenberg, in his work *Explaining Epidemics*, explains that the “influenza is not ordinarily studied by the social or economic historian; it is too easily transmitted, too universal and insufficiently lethal or disfiguring.”¹⁹ Susan Sontag in her book *AIDS and its Metaphor* contends: “The most terrifying illnesses are those

perceived not just as lethal but as dehumanizing... And however lethal, illnesses like heart attack and influenza that do not damage or deform the face never arouse the deepest dread.”²⁰ The reasons behind the relative cultural invisibility of the 1918 Pandemic was also its very ubiquity, without any obvious dramatic after-effect in the form of maimed and crippled survivors who would serve as haunting reminders of the disease. It went on for a very prolonged period and people almost grew accustomed to it. To quote very pertinently from Remarque’s *All Quiet on the Western Front*: “We have almost grown accustomed to it; war is a cause of death like cancer and tuberculosis, like influenza and dysentery... shells, gas clouds and flotillas of tanks – shattering, corroding death. Dysentery, influenza, typhus – scalding, choking death...”²¹ The war and the influenza cohabited, but as agents of destruction their respective affective quotient was vastly different. An incisive reading of this small paragraph of Remarque comes out with a linguistic evidence of the differential impact factor of the words chosen to capture the material aspect of the war – “shells, gas clouds and flotillas of tanks – shattering, corroding death”; and the less conspicuous influenza - with its “choking death.”

D. Recalling the 1918 Pandemic: The Politics of Partial Representation

Virginia Woolf begins her essay *On Being Ill* with a rhetorical question: “why has illness not taken its place with love and battle and jealousy among the prime themes of literature?”²² She continues that “novels, one would have thought would have been devoted to influenza”, then answers her question: “The public would say that a novel devoted to influenza lacked plot; they would complain that there was no love in it - wrongly however, for illness often takes on the disguise of love, and plays the same odd tricks.”²³ The absence of the influenza from the literary canon troubled Virginia Woolf, as she had an uncanny faith in the visionary powers of illness, particularly in the potency of the influenza that kept its patient locked within the four walls for hours together. (*The Hours* was the working title of *Mrs Dalloway* which I will refer to in this context). In the opening pages of her novel *Mrs Dalloway*, Clarissa is described twice, in terms of her physical appearance and her inner sensibility, both of which are supposed attributes of the influenza: “a charming woman... grown very white since illness”²⁴ and “but that might be her heart, affected, they said by influenza.”²⁵ Clarissa was suffering from cardiovascular conditions which were often “exacerbated or facilitated by influenza.”²⁶ Other nervous conditions that developed as co-morbidity in her were melancholy and neurasthenia, syndromes that were considered as chronic after-effects (psychological and physiological) of this disease. Clarissa’s illness clearly alluded to the 1918 Pandemic, especially for the novel’s original 1925 audience, for whom the 1918 influenza Pandemic continued to resonate on a private level in letters, Diaries, and rituals of mourning.²⁷ But Virginia Woolf preferred to represent the Pandemic through litotes or understatement – “feeling as she did... that something awful was about to happen.”²⁸ Repression of public emotion towards this catastrophe whose collective memory was still not recovered from the grim reminders of the Pandemic, was common among the contemporary Londoners of Clarissa’s time. And this probably explains Woolf’s choice of circumvented representation of the disease. Another example of Woolf’s averted narrative engagement with the influenza can be read in her essay *On Being Ill* where she uses military metaphors to evoke the struggle of the individual’s experience of the illness. Here the patient is represented as a heroic soldier “fighting those great war which the body wages... in the solitude of the bedroom against the assault of fever or the income of melancholia.”²⁹

Virginia Woolf was acutely aware of the inability of the logo-centric system to adequately represent the experience of death, and the 1918 Pandemic had a mortality of mammoth scale with the destructive power that was so awe-inspiring that no literary representation could do justice to it. Andreas Huyssen, in his *Present Past: Urban Palimpsests and the Politics of Memory* recognises the complexity of analysing mass death: “There are dimensions to mimesis that lie outside linguistic communication and that are locked in silences, repressions, gestures, and habits...”³⁰ Silence regarding millions of deaths may be an act of paying tribute to the dead, but with the passage of time silence is liable to be replaced with forgetting in public memory; which in due course of time will be misread by future generations as complete absence.

The 1918 influenza Pandemic was of course never completely forgotten, but it was more catalogued than analysed, mentioned as passing references than described in a sustained manner. A few examples where critics and historians of World War I mention the 1918 Pandemic mainly in relation to the death of well-known figures; the French symbolist poet Guillaume Apollinaire died of influenza in 1918 just before the Armistice;³¹ the decadent artist Egon Schiele also died of flu a week before Apollinaire; the poet May Wedderburn Connors' fiancé Bevil Quiller Couch returned from the war to die from influenza in 1919.³² Paul Fussell sarcastically mentions how a "safely demobilized Robert Graves instantly catches Spanish Influenza and almost dies of it."³³ But as all know Graves lived till 90 and died of heart attack. Freud's favourite daughter Sophie, died of pneumonia during the cruel winter of 1919, she was pregnant with her third child. As Europe was in the grip of the Spanish flu Freud couldn't find transportation to be with her in her last days.³⁴

The other kind of writing about this flu was mainly autobiographical, that mourned dead family members, making these accounts personal and sentimental, where the narratives emphasize the death rather than the cause of death. Some such examples are; the 1937 novel *They Came like Swallows* by William Maxwell, where the child Maxwell narrates the impact of the death of his mother on him.

Look Homeward Angel is an autobiographical novel by Thomas Wolfe in which some chapters are dedicated to his brother who died of the pneumonia flu. *Memoires of a Catholic Girlhood* is a moving account of the impact of her parent's death in the Pandemic on Mary McCarthy.

Any discussion on the historical remnants of the 1918 Pandemic cannot ignore the oral tradition which despite its limitations is always a very rich reserve of history and its transmissions. At present there are only a few oral history projects that contain personal narratives of survivors and of those people who lost their loved ones in the Pandemic. John Barry notes about this oral tradition: "The disease has survived in memory more than in any literature. Nearly all those who were adults during the Pandemic have died now. Now the memory lives in the minds of those who only heard stories, who heard how their mother lost their father, how an uncle became an orphan, or heard an aunty say 'it was the only time I ever saw my father cry' memories die with people."³⁵ 1918 was the time when whole Europe was struggling to recover from the devastating effects of the war, a civilization demoralized and shattered to the core was struck by an invisible potent force - the Spanish flu - which piled trauma on top of trauma for the already exhausted generation. Politically also, a post-war optimism had to be maintained among the public. Newspapers of many European countries were barred from open discussion of the disease and practiced a kind of censorship by under-reporting the magnitude of the outbreak and downscaling the severity associated with the disease. *Albuquerque Morning Journal*, a journal of America was well known for its rhetorical approach: "Don't let flu frighten you to death."³⁶ The surviving generation themselves were reluctant to engage with public discussions of this unpleasant topic.

E. Re-emergence of the 1918 Influenza Pandemic as part of Public Consciousness – Medical Science and Globalisation

In the late 1970s and 1980s another new disease AIDS (Acquired Immune Deficiency Syndrome) like the 1918 influenza shook the confidence of medical science as Lawrence k. Altman, an epidemiologist at the Centre for Disease Control and Prevention, recounts: "During my training, most professors said that all diseases were known. That hubris left doctors unprepared when AIDS came along in 1981 to cause one of history's worst pandemics. HIV has infected an estimated 60 million people and killed 25 million of them"³⁷. To a lesser extent the Sudden Acute Respiratory Syndrome (SARS-COV-1) another lethal new virus broke out in 2002-2004. The Western African Ebola virus epidemic causing major loss of life and socio-economic disruption broke out in 2013-2016. But global medical authorities responded successfully to these challenges, as unlike the 1918 Pandemic, preventing and

containing them, both locally and internationally. The advancement of medical science and the invention of antiviral and antibiotic drugs have been the biggest reason for optimism and has indicated towards detecting and defeating any new strain of influenza. Gina Kolata notes:

Medicine has armed doctors with tools that were not available in 1918 to fight a killer influenza strain. Now there are antibiotics that can thwart pneumonia-causing bacteria ... No longer will hordes of young people die of bacterial infections that would come in the wake of an influenza virus. And there are now drugs that can temper some influenza infections ... [With the completion of the genetic sequencing of the 1918 flu virus] companies can even make a vaccine that could protect people from that virus if it comes again.³⁸

A positive historical outcome of the 1918 influenza Pandemic is thus, the robust scientific labour that it induced and which has had a determined effect on the administrative-political sphere compelling statesman and policymakers to restructure and institutionalize health concerns. As Barry notes: "Around the world authorities made plans for international cooperation on health, and the experience led to restructuring public health efforts throughout the United States."³⁹ City and state public health departments were created and recognised while emergency hospitals were given permanent status; support began for the establishment of National Institutes of Health.⁴⁰ Since 1918, the US Centres for Disease Control and the World Health Organisation have been established with the WHO formally monitoring influenza viruses since 1948.⁴¹ Former President Bill Clinton and Microsoft CEO Bill Gates have taken crucial steps to globalise public health initiatives and that has resulted in a corresponding increase in an entrepreneurial funding, diverse routing in communication modes, cooperation and greater visibility of third world countries in the global health spectrum.

Conclusion

The postmodern hunger has always desired new narratives, untold stories, historical mysteries, all that has been marginalized, lost or pushed to the peripheries of culture and memory. Interrogating the Eurocentric definitions of literary and historical canon and bringing into visibility the so-long repressed and invisible part of history-culture-memory is the neo-normal exigences of the postmodern scholarship. The seduction of the archives and the trove of stories has never been greater than now and with the emphasis following on the reader's role, reconstructing the forgotten traces of history is both a challenge and a (re)creative opportunity. And the 1918 Pandemic provides a set of narratives that exerts a profound motivation to contemporary readers who are eager to take up the challenge. This contemporary interest in the 1918 influenza Pandemic in science, humanities, and popular culture indicates the fact that the present civilization is only too aware of the omnipresence of this biological threat and the real dangers of its return. And that has been vindicated with the inevitable return of the SARS COV2 or the Novel Corona virus. Now that history has repeated itself and we stand disempowered and helpless before it; it is contingent upon scientists and anthropologists to seek answers to the enormous questions - where humanity went wrong and what lessons were left unlearned from the 1918 influenza Pandemic.

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