



University of Richmond
UR Scholarship Repository

English Faculty Publications

English

2014

"Wood for the Coffins Ran Out": Modernism and the Shadowed Afterlife of the Influenza Pandemic

Elizabeth Outka

University of Richmond, eoutka@richmond.edu

Follow this and additional works at: <http://scholarship.richmond.edu/english-faculty-publications>

 Part of the [Diseases Commons](#), and the [English Language and Literature Commons](#)

Recommended Citation

Outka, Elizabeth. "Wood for the Coffins Ran Out": Modernism and the Shadowed Afterlife of the Influenza Pandemic." *Modernism/modernity* 21, no. 4 (2014): 937-960. doi:10.1353/mod.2014.0099.

This Article is brought to you for free and open access by the English at UR Scholarship Repository. It has been accepted for inclusion in English Faculty Publications by an authorized administrator of UR Scholarship Repository. For more information, please contact scholarshiprepository@richmond.edu.



“Wood for the Coffins Ran Out”: Modernism and the Shadowed Afterlife of the Influenza Pandemic

Elizabeth Outka

Here's what we already know—during the First World War, soldiers and civilians often had remarkably different experiences of the war corpse. Dead bodies were omnipresent on the front line and in the trenches, an inescapable constant for the living soldier. As critic Allyson Booth notes, “Trench soldiers . . . inhabited worlds constructed, literally, of corpses.”¹ In Britain and America, however, such corpses were strangely absent; unlike in previous conflicts, bodies were not returned. This dichotomy underscores some of our central assumptions about the differences between the front line and the home front: in the trenches, dead bodies and the ever-present danger of becoming one; at home, the often haunting absence of bodies to mourn, though this mourning occurred in a place of relative safety. These assumptions miss, however, the sudden erosion of these distinctions in 1918, for in the autumn of that year, dead bodies were suddenly everywhere in Britain, in America, and across the globe; some neighborhoods had streets so full of corpses that no one was left alive to bury them. Death came swiftly and with such little warning that mass graves had to be prepared, and as one witness wrote, “Wood for the coffins ran out.”² The influenza pandemic of 1918, which stretched its deathly fingers into 1919, was the most lethal plague in human history, killing somewhere between fifty and one hundred million people worldwide in an astonishingly condensed period.³ Yet despite inflicting five to ten times more casualties than the First World War, the flu was, for a time at least, seemingly forgotten. British and American literature rarely dwells on it, almost no memorials were built to mark its

MODERNISM / *modernity*
VOLUME TWENTY ONE,
NUMBER FOUR,
PP 937–960. © 2015
THE JOHNS HOPKINS
UNIVERSITY PRESS

Elizabeth Outka is an Associate Professor of English at the University of Richmond. She is the author of *Consuming Traditions: Modernity, Modernism, and the Commodified Authentic*. Her current project, “Raising the Dead: War, Plague, Magic, Modernism,” explores how the First World War and the 1918 influenza pandemic radically shifted perceptions of the corpse.



938 destruction, and until the last ten years, few historians had told its story; it certainly makes few appearances in modernist studies today.⁴

This neglect, however, should not be taken to mean that the pandemic didn't matter, or didn't matter to modernism, or even that the flu was actually forgotten. The pandemic was the second great traumatic event of the early twentieth century, and even years later, survivors vividly remembered the experience. Modernist writers and painters themselves suffered from the ravages of the flu: Guillaume Apollinaire died; D. H. Lawrence, H.D., Katherine Anne Porter, and Edvard Munch barely survived; even T. S. Eliot felt his brain was affected by his bout with the illness. Our neglect of the pandemic arises, I argue, not because it was insignificant but because it became the shadowed twin to the war, a disaster as unprecedented in its casualties and in its suffering as the war, yet at times locked into a paradoxical relation with it. Because of the pandemic's historical position right at the armistice as well as its unusual constellation of symptoms and aftereffects, it alternatively became a suspect rival to the "real" trauma of the Great War and (paradoxically) a loss too great to assimilate. Flu deaths were in part drowned out by war deaths, but also in part subsumed into the vast work of mourning that marks the postwar period and modernism itself. The flu's shadowed position continues to hide the profound impacts of the pandemic. As scholars of modernism and modernity, however, we should explore the subtle ways the outbreak weaves itself into the fabric of modernism and begin to analyze rather than perpetuate the pervasive postwar evasion of the flu.

My investigation of the pandemic intervenes in two ongoing discussions in modernist studies. First, important recent works on modernism and mourning by critics such as Patricia Rae, Tammy Clewell, and others have explored how modernism is often marked by a refusal of traditional modes of consolation; mourning remains unresolved, in part functioning as a political protest against various aspects of the war.⁵ Quite naturally, these analyses of mourning are usually focused on war and political turmoil, certainly central sources of grief in the early twentieth century. The pandemic, however, adds a new dimension to the history of modernist mourning. While individuals certainly grieved over those lost to the flu, there were very few public displays of mourning, and there was little in the way of a conceptual framework or shared rituals or ceremonies, such as those that marked the war and that have marked other pandemics such as the AIDS crisis. Consolation was not refused so much as not even publically acknowledged or addressed. While critics have noted that the resistance to traditional modes of consolation for the war dead could do important political work—sustaining the protest against the violence, racism, sexism, etc., that the war produced—the gap in public mourning for the pandemic arises from a different politics of (anti-)consolation. The pandemic was not technically a human-caused disaster, though it was certainly aided by the war; it was not started by rival governments or political systems; its dead could neither be positioned as heroes nor as (needless) sacrifices to a higher ideal. The politics of the public silence over the pandemic stemmed, in fact, largely from the war itself, from communities already too saturated in war mourning to formulate a collective response to the flu, regardless of whether that war mourning was sustained or resolved. The

overwhelming anguish produced by the death of so many in so short a time, however, did not simply disappear. To understand modernism and mourning, we have to look for traces of the pandemic as well as silences, for the shocks and aftershocks of a disaster that was both mourned and evaded.

As I have already suggested, the pandemic also requires a shift in modernist discussions of the corpse. The eerie absence on the home front of a body to mourn gave way to a flood of corpses just as the armistice arrived. It was as if the war dead had overflowed the battlefields, deluging the rest of the world in bodies that, as I will discuss, often bore an uncanny resemblance to those dead from poison gas. And because of the speed and ferocity with which the flu killed, the home front, far from being a place of relative safety, transformed into a place of ever-lurking danger; women were suddenly dying in equal numbers to men. Modernist literary corpses, then, always potentially have (at least) a double meaning, signifying not simply the war dead, but also those dead in the flu, and reading with this double vision unsettles the constellation of significations around the dead body. The ideological structures that could be built around a war corpse—it’s heroic / it’s barbaric; it’s a meaningful sacrifice / it’s a pointless horrific death caused by corrupt governments—were not structures that could usually work for the flu corpse. A flu death was in many ways even more pointless, even less understandable, even less preventable, than a war death; the very fact that the mass casualties did not fit within familiar structures of war mourning, that they could inspire a wide-eyed grief without any redeeming value to accept or reject, suggests that the pandemic helped fuel familiar modernist themes such as the frustrated search for meaning in death, a sense of alienation and fragmentation, and the anxiety over death’s sudden and often random strikes.⁶

This article is meant to initiate (though not exhaust) the discussion of influenza and modernism. In order to trace what the pandemic and its victims look like in literature, I begin by exploring the history of the pandemic and its quite distinctive clinical presentation and by sketching out the atmosphere the pandemic produced in Britain and in America. I then analyze some of the reasons the flu appears to drop out of the history and literature of these regions and how it happened that our vision of modernism has been formed with so little reference to the pandemic. Finally, I turn to literary works, investigating how even readings of well-known texts might shift when we look through the lens of influenza. These works all depict the unsettling threshold world of the postwar/post-pandemic moment, when the border between death and life was strangely blurred and the dead seemed to walk with the living. I first consider how two authors who wrote about the flu directly—Katherine Anne Porter and Thomas Wolfe—describe the eerie sense of existing on this threshold, both as a physical experience (arising from the body’s suffering, exhaustion, or delirium, and from the haunting presence of the corpse) as well as an emotional one (as an after effect of trauma, or from the intensity of loss). Porter and Wolfe amplify this atmosphere by imagining moments when the dead appear to return to confront the living. I use the lens provided by these two readings to re-examine moments in two quintessential modernist texts, Virginia Woolf’s *Mrs. Dalloway* (1925) and T. S. Eliot’s *The Waste Land* (1922), asking how both

940 works evoke their own version of living death and their own strange meetings with the dead. The flu's seeming absence from history and literature becomes encoded in these early works, where its muted treatment speaks critically and eloquently to attempts to evade the flu's pervasive presence. All four authors offer vivid portraits of a figure who would have been all too familiar to anyone still alive in 1919: the astonished and guilt-stricken survivor.

The Background

In 1918, much of the world was focused on war, and people everywhere were used to periodic pandemics. Mass outbreaks of disease often spread fear, but the flu was hardly cause for panic, though many in Britain remembered the severe "Russian" influenza that had arrived in the 1890s. So when the 1918 influenza first emerged, it attracted little attention. The virus came in three successive waves between 1918 and 1919, with the first wave concentrated in the spring and summer of the first year.⁷ This wave was deadly but comparatively mild. It is difficult to pinpoint where the original outbreak began; at the time, many people believed it had originated in Spain (hence its nickname, "Spanish Influenza"), but this belief likely arose because Spain had less press censorship during the war and thus reported cases earlier (Crosby, 26). The latest thinking among historians is that ground zero was an army base in Kansas (Barry, 98; Honigsbaum, 41). In this early wave, tens of thousands died, including 5,500 British soldiers, but beyond a handful of doctors, few people in these brutal war years paid much attention (Crosby 28; Honigsbaum, 49). The war was so absorbing, and influenza was such a common illness, that there was a collective public shrug. As the *Times* noted, "The man in the street," hearing about Spanish influenza, "cheerfully anticipated its arrival here," and the reporter confidently reported that "epidemic diseases lose force with each successive visitation."⁸ While newspapers in June and July described factory closings and the high number of people stricken, the flu didn't seem remarkably different to most people, and public health systems worldwide were not designed to publicize a problematic wave of influenza. A few doctors, though, were noticing one ominous sign: this flu attacked healthy young adults and killed them in high numbers.

The second wave, however, which came between September and December of 1918, killed millions. As one doctor noted, it produced "the most vicious type of pneumonia that has ever been seen" (Honigsbaum, 71). The war created conditions perfectly designed to spread this strain of flu: millions of men and women in the age range most vulnerable to the virus were living in close quarters and travelling across several continents. In August 1918, outbreaks erupted in three port cities on three continents: Freetown, Sierra Leone; Brest, France; and Boston, Massachusetts (Barry, 182–83). By September, the flu was charging through transport ships, army camps, cities, and towns across the globe. Doctors had never seen anything like it. In France, the flu "swept through the lines so suddenly and with such ferocity that it startled even doctors who'd served in Gallipoli and Salonika and [had] witnessed [hospital] wards overflowing with amoebic dysentery and malaria cases" (Honigsbaum, 19–20). One

doctor noted that watching the men “dropping like flies” was worse than “any sight they ever had in France after a battle” (Honigsbaum, 72).

It wasn't just the speed and the targets that made this flu so remarkable; it was also the unusual constellation of symptoms. At first, many doctors assumed the outbreak must be some other disease. While the virus came with a high temperature, headache, and a terrible cough—symptoms not unlike those of the typical flu—it could also cause lethal complications, such as the deadly pneumonia that could quickly develop. The virus often travelled deep into the lung tissue, setting off a grotesque set of symptoms. Doctors noted with alarm that patients suffered from sudden floods of bleeding from the nose, mouth, or ears; such bleeding could continue after death, soaking the death wraps. The cough was bad enough to rip muscles and rib cartilage, and the body aches could feel like bones breaking. Patients gave off a terrible odor that would be remembered by survivors years later. In the final stages, victims often suffered from *heliotrope cyanosis*, a condition that developed when the lungs became so full of fluid that the body turned purple or blue and finally a mahogany color just before death.⁹ The devastated lungs, as many doctors noted, were eerily similar to the lungs of soldiers attacked by poison gas (Honigsbaum, 53; Barry, 2). The virus also appeared to be a neurotoxin, capable of invading the brain and the nervous system; patients who recovered frequently reported depression, mental confusion, and even schizophrenia, and the latest research suggests that the flu was behind the rash of suicides after the war that had previously been attributed to the war itself (Barry, 379–80). One soldier stationed at Blandford Camp in Dorset would recall years later that “a small wood below the camp was called ‘suicide wood’ because of the number of men, who had flu, committing suicide there; the flu seemed to leave people with distracted minds” (RC, Frederick Bebbington). Newspapers were full of reports of the violent derangement the flu could produce, with previously peaceful citizens suddenly erupting in murderous rages.¹⁰

The virus struck with astonishing speed: people were typically attacked with no warning. Newspapers in Britain and America reported every day on the high numbers of people who were simply dropping in the streets, and survivors frequently recounted that they had felt fine one moment and were violently ill the next. Death usually came quickly, in a few hours or days, but the disease could also linger and kill slowly. And except for caring for the patient's basic needs, doctors or nurses could do little but let the disease run its course; indeed, many doctors and nurses died, as well. The third and final wave came between January and May of 1919, again causing many deaths, but it was not nearly as vicious as the second wave. And then it disappeared.

Death rates from the flu are staggering. Recent studies suggest that at least fifty million people died, and quite likely more than one hundred million. As historian John M. Barry calculates, between 2.5 and five percent of the world's population died in two years, mainly in the terrible twelve weeks of the second wave, making it the deadliest pandemic in history in terms of numbers (though the bubonic plague killed a higher percentage of the existing population) (Barry, 4–5; 396–97). And it was not just the flu's lethality that made it different; it was the targets. In a typical flu season, casualties are generally among the very old and the very young, but this time, the fatalities were high

942 among healthy men and women between sixteen and forty years of age, and especially among those between twenty-one and thirty (doctors and scientists were mystified by this anomaly for years; the latest research shows that those with the strongest immune systems were the most vulnerable, as it was the immune response that brought the most lethal complications).¹¹ Those who lived through the pandemic repeatedly recalled how the healthiest individuals seemed to be targets; one survivor marveled at a “big strong healthy looking chap” who died quickly, and another remembered “the heavy weight boxer of Clifton College” being struck down by the flu (*RC*, C. J. Barrow, Horace R. Belcher). As Barry points out, “If the upper estimate of the death toll is true, as many as 8 to 10 percent of all young adults then living may have been killed by the virus” (Barry, 4). The tragedy of this death toll was deepened by the fact that the parents of most young children lay in precisely this age group (Barry, 391).¹² Even at the time, the flu was recognized to be far more devastating than the war. George Newman, the Chief Medical Officer in Britain, noted in his 1920 report on the flu that the pandemic was without a doubt “one of the great historic scourges of our time, a pestilence which affected the well-being of millions of men and women and destroyed more human lives in a few months than did the European war in five years” (Newman, iv).

The flu did not simply unfold behind the closed doors of homes and hospitals; life was visibly changed on the streets, as well. Schools, cinemas, theaters, and factories were all frequently shut down, and many public services simply stopped; too many people were ill—or taking care of the ill—to keep services running. All across the globe, coffins could not be made fast enough, and graves could not be dug quickly enough, to bury all the dead. Few people would come to funerals in any case.¹³ Survivors from England noted the eeriness of the streets, with house after house with blinds down—the symbol at the time for a death within. One survivor remembered that in Hambrough Road, Southhall, “so many whole families died that scores of houses became empty” (*RC*, Cairns).¹⁴ In Philadelphia, wagons were pulled through the streets, with priests calling for people to “bring out their dead” (Barry, 5).

The flu was a distinct tragedy, but it was also intimately tied to the tragedy of the war, and the two disasters interacted and overlapped. The war spread the flu and created the perfect conditions for its advance. On the front lines, the flu changed the war, striking millions of soldiers and postponing battles. One of Germany’s head generals, Erich von Ludendorff, blamed influenza for contributing to the failed July offensive of 1918, a push that might otherwise have ended the war with the Germans as victors (Crosby, 26–27). And in Britain, France, and America, the flu fueled paranoid fears that the Germans had unleashed the virus as part of their war strategy (Barry, 343). Ironically, many people in Britain caught the flu in the crowded and euphoric armistice celebrations (Honigsbaum, 99–101). Some historians argue that the flu even had disastrous consequences for the Treaty of Versailles. Woodrow Wilson was fighting hard for lighter terms for Germany, but on 3 April 1919, he was struck by the flu.¹⁵ After a partial recovery, his mind seemed to be affected, and he became mentally sluggish and paranoid; he suddenly abandoned his goals for Germany and capitulated to the demands of the French (Barry, 385). Lloyd George (who had narrowly survived the

flu in September) noted that Wilson had a “nervous and spiritual breakdown in the middle of the Conference” (Barry, 386). The treaty was signed, however, producing the conditions, as many historians argue, for the Second World War.

Influenza’s Disappearing Act

The last ten years have seen a revival of interest in the pandemic, with both historians and novelists investigating the flu. Barry’s work, *The Great Influenza: The Story of the Deadliest Pandemic in History*, helped bring it back into public discourse, as did Alfred W. Crosby’s earlier book, *America’s Forgotten Pandemic*, and fears of a new avian flu inspired more interest in the pandemic than at any time since the outbreak.¹⁶ The flu has made its way into twenty-first century literature; novels from Thomas Mullen’s *The Last Town on Earth* to Stephanie Meyer’s *Twilight* helped to reintroduce the pandemic to readers (in the latter, Edward Cullen is saved from the 1918 flu only by becoming a vampire).¹⁷ And fans of the BBC miniseries *Downton Abbey* watched a (somewhat sanitized) version of the flu sweep through the family and staff at the end of the second season. But for most of the twentieth century, the pandemic seems to drop out of sight. Why did the flu, which produced so much death and suffering, largely disappear from American and British history and much of its literature? And given its historic position in 1918–1919, why is it not investigated as a central trauma within modernist studies?

In part, the modernist question has a simple answer: few modernist writers—indeed, few writers at all—wrote directly about the pandemic. In America, only Katherine Anne Porter treats the pandemic at length, though a handful of other authors do depict the flu: Thomas Wolfe’s autobiographical novel *Look Homeward, Angel* (1929) recounts the death of his brother in the pandemic; Willa Cather briefly describes an outbreak of the flu on board a ship in the First World War in *One of Ours* (1922); and William Maxwell writes about the loss of his mother in the pandemic in *They Came Like Swallows* (1937).¹⁸ British authors, however, appear largely silent on the pandemic, perhaps because Britain, unlike America, lost more people in the war than to the flu (although evidence of the experience does emerge when one looks closely, as I argue in the second half of this article).

The reasons for the literary silence are intertwined with the reasons for the historical silence, and most of these reasons are tied directly to the pandemic’s timing. The flu can be seen as what I call a shadow trauma, one that despite its devastation (and even because of its devastation) disappears due to its multi-layered interactions with the war. First, however, I want to caution against seeing this silence as psychological amnesia. Most recent developments in neuroscience question the very idea of traumatic repression within the brain, suggesting that disturbing events, far from being forgotten, are in fact deeply ingrained in memory.¹⁹ Certainly this seems to be the case with the flu, for even fifty years later, flu survivors, when questioned, declared over and over that they had never forgotten the flu’s devastation. Silence on the pandemic stems instead from other sources. In part, the pandemic is *overshadowed* by the war due to its shorter length and its seeming position as the belated or less meaningful tragedy.

944 In another way, the pandemic is partly *blocked out* by the war, due both to the censorship of information about the pandemic, and on an emotional level, to the inability of many to process another tragedy (though also unable to forget it). Finally, the flu is partly *incorporated* into the war's aftermath, the outpouring of postwar mourning encompassing the mourning for the flu's victims.

Overshadowed

To die in the war was one thing, but to die of influenza was quite another. In the first place, a death in battle could be seen as heroic (though plenty of soldiers and writers would point out the anti-heroism of the war), but a death from influenza? The flu was a common, everyday illness. And the 1918 influenza, despite being remarkably different, was still called influenza. For many, there was something humiliating about dying of the flu in wartime. As Robert Graves recalled after being hit with an almost lethal case, "Having come through the war, I refused to die of influenza."²⁰ Another survivor from London recounts how her father, who believed he had saved his family by his careful nursing, declared, "We came through the Zeppelin Raids [, and] I wasn't going to lose my family now" (*RC*, Seacombe, now Adams). And getting or paying attention to the flu could even feel unpatriotic. One nurse who fell ill in 1918 and also watched friends die insisted that despite the horrors of Guy's Hospital where she worked, "Our boys . . . were in France suffering worse than us" (*RC*, Courtenay). A German doctor working with an overwhelming case load in Berlin noted that, despite all the death, "People had more to think about in general than whether or not they would catch the 'Flu.'"²¹ The fact that many strong and healthy soldiers survived the war, only to be killed by the flu—or returned from war, only to find their families dead from the pandemic, which happened all too often—was perhaps too awful, or too humiliating, or too bitterly ironic, to contemplate.

The war's length also overshadowed the flu's remarkably short tenure. By 1918, the war was in its fifth brutal year, and soldiers and civilians alike had spent those years focused on the battles. Politicians talked mainly of war, newspapers were dominated by war stories, factories produced war materials, those who qualified were in the military, and those who didn't often worked to support the troops. The war could be fought, and by 1918, people were used to fighting it. The flu, however, swept over the globe with little warning and extraordinary speed. As Barry points out, "Although the influenza pandemic stretched over two years, perhaps two-thirds of the deaths occurred in a period of twenty-four weeks, and more than half of those deaths occurred in even less time, from mid-September to early December 1918" (Barry, 5). Compared to the war, the flu started and finished before anyone had time to process what was happening.

In Britain, the war also snuck past the flu in terms of casualties; while globally the flu's fatalities far outweighed those of the war, Britain did lose more people to the war than to the flu. Death rates are difficult to determine, but in Britain, it appears that at least a third of the population caught the flu, and at least 228,000 died; these are stunning enough statistics, but the numbers are still lower than the war deaths (Hon-

igsbaum, xiii). Had the pandemic occurred at another time, however, these numbers would have made a huge impact, as one witness noted:

[The flu] was not so much of an emotion excited [*sic*]. . . . The evening papers had quite a few pages with photos of soldiers from Aberdeen killed in the wars. But had [the flu] been later on, like what the Typhoid Fever was not long ago, the country would have heard more about it. (*RC*, William D. Buyers)

The flu did mean, however, that 1918 was the first year in which Britain had more deaths than births (Honigsbaum, xiii). In America, probably a quarter of the population contracted the flu (Crosby, 205), and around 675,000 died (Barry, 397).²² As Crosby points out, this number is higher than “the combined battle deaths of personnel of the United States Armed Forces in World War I, World War II, and the Korean and Vietnamese conflicts,” which stand at 423,000 dead (Crosby, 207), yet each of these conflicts far overshadow the flu in cultural memory.

Blocked

The war also served, in both tangible and emotional ways, to block news of the flu and its devastation (though not, alas, to block its spread). First, the war meant that newspapers in countries on both sides of the conflict were censored. British and American governments were eager not to spread panic, and thus the flu tended to be downplayed, especially in the early months (Barry, 335); it was only later that the scope of the tragedy was understood. Certainly articles appear on the pandemic, but they are both drowned out by the war news, and they are often set—both visually and in content—as subordinate to the war. The war also blocked the flu on a more emotional level. Appearing as it did just at the end of the war, it came when people were beyond ready for a cessation of tragedy. As one flu survivor pointed out, “People were only just recovering from the loss of loved ones in the 1914–1918 war” (*RC*, Gladys Fussell). The mortality rate of the pandemic may have been simply too much to take in. In a 1921 editorial, *The Times* suggested this saturation and made a prescient prediction about the flu’s aftermath:

So vast was the catastrophe [of the flu] and so ubiquitous its prevalence that our minds, surfeited with the horrors of war, refused to realize it. It came and went, a hurricane across the green fields of life, sweeping away our youth in hundreds of thousands and leaving behind it a toll of sickness and infirmity which will not be reckoned in this generation.²³

Indeed, it would not be reckoned with for the remainder of the century.

In a strange reversal, the flu could also block men from war—which in turn further served to block acknowledgement of the flu. In the fall of 1918, flu quarantines prevented many troops from deployment, and some of these groups held writers eager to depart so they could serve in and then write about the war. As Ruth Winchester Ware points out, William Faulkner pretended to be British so he could train with the

946 Royal Air Force; the training was delayed, however, due to the quarantine, and before he could be sent over, the armistice was signed (Ware, 69). John Dos Passos fervently wished to join the war and was also delayed by the flu; as he watched men die from the infection at Camp Crane in Pennsylvania, he “considered it ignominious that so many . . . died before ever reaching the war in Europe” (Ware, 71). He eventually did depart for the war, but he contracted the flu in November of 1918. Rather than a subject in and of itself, the flu felt like something that blocked men’s access to the real event, and this very blockage may in turn be one of the reasons the flu rarely appears directly in postwar literature. Nevertheless, as I will explore in the final section of this article, that blockage itself weaves its way into literature and into existing scholarly blind spots regarding the flu.

Incorporated

The grief and suffering caused by the flu were also subsumed into the outpouring of mourning and remembrance after the war. While they did not overtly acknowledge the flu, the flurry of efforts to build war memorials and to remember the dead through ceremonies and symbolic gestures may have seemed a fitting atmosphere for the post-flu era, and they may have folded the grief over the pandemic into a general postwar mourning. (Indeed, in most previous wars, disease had killed more soldiers than had battles, so grieving the war dead had always encompassed grieving those dead from illness.) Certainly soldiers who died of influenza on the front or in military hospitals were part of the general war dead; as Crosby points out, many people considered the flu to be “simply a subdivision of the war” and found that the best way “to lend dignity to their battles with disease was to subsume them within the war” (Crosby, 320). As one Salisbury woman remembered, many Australian soldiers had been sent to the town and died of the flu; in ironic tension with Dos Passos’s sense of the ignominiousness of flu deaths, she insists that these were “brave lads who died for their country—just as much as those that died in the trenches and on the sea” (*RC*, Margaret Woodhouse, now Jones). Another survivor points out that the pandemic seemed like “an extension of all the sadness of the casualties of war” (*RC*, Dorothy E. Jack). Even civilian deaths from the flu were often blamed on and encompassed by the war; many felt that war conditions, and the lack of adequate nutrition from rations, had led to more flu fatalities. As one survivor noted, the flu was made worse “partly from dreadful war,” as people had none of the “food and milk [that] was needed” (*RC*, F. M. Brown). Newspapers frequently speculated on the connections among the war, the flu, and the weakened state of the general populace.²⁴

The general and literary postwar silence on the flu also arose from several non-war-related causes. First, the flu killed many of those who might have written about it, and those who survived were weakened both physically and mentally. As Crosby points out, deadly epidemics were also more common at the time (Crosby, 319), and while survivors frequently note that this pandemic was worse than any they could remember, the flu would still have made less of an impression on a populace familiar with deadly epidemics.²⁵ In addition, the flu was an embarrassing failure for a medical establishment

that had otherwise made astonishing progress in the treatment of diseases; as Britain's Chief Medical Officer pointed out—with a telling use of militaristic terminology—the “enemy [the flu] had a decisive and overwhelming victory”; after winning the war, few people in Britain and America wanted to dwell on such a failure, though important advances in public health and medicine were driven by lessons learned in the pandemic (Newman, xviii).²⁶ And finally, the literary silence might be explained by acknowledging that disease itself is seldom a central topic in literature. As Virginia Woolf laments in her essay “On Being Ill,” very little literature is ever written about illness.²⁷ While Susan Sontag famously points out the metaphoric uses of consumption and cancer, influenza in the early twentieth century must have seemed an uninviting topic.²⁸

The flu also disappears from British and American accounts for a depressingly familiar reason, one that had nothing to do with the war: while the flu killed across ages, races, classes, and nations, many of the highest death rates occurred in places of high population density, which often meant poorer urban areas with higher black and immigrant populations. Death rates were also high outside of Britain and America but were less reported in the accounts of these two countries. Here again, records and statistics are difficult to assess, but Barry estimates that South Africa probably lost four percent of its population, with black residents suffering far more than whites; one state in Mexico, Chiapas, lost ten percent of its population; a third of Japanese residents contracted the flu; Russia and Iran lost as much as seven percent of their populations; China lost “huge but unknown numbers”; in Fiji, fourteen percent of the population died in just sixteen days; India may have lost twenty million people and perhaps more (Barry, 363–65). These numbers are devastating, and they suggest how much remains to be investigated and studied on the flu's widespread reach.²⁹

Confrontations with the Dead: Modernist Literature and the Flu

Much might be gained by weaving the flu back into the cultural and emotional climate of the postwar era, particularly for understanding the sheer level of grief experienced by the populace. By 1919, almost everyone in Britain and America and across the globe had lost a friend, child, parent, or spouse on the battlefields, to the flu, or both. If we assume the higher estimates of flu pandemic casualties are accurate (and some scientists feel even the high numbers are too low), then it is likely that more people died between 1914 and 1920 than at any other time in history. And the experience of these deaths shared particular characteristics and had particular impacts on those left behind. Deaths in both tragedies were usually sudden and seemed to follow no particular logic, and very little protection was available. This precarious atmosphere of mortality and the haunting presence of real and imagined corpses make their way into modernist literature, arising, as we know, from the war, but also from the pandemic. In the remainder of this article, I sketch out a few of the differences we might see if we add the flu into the network of modernisms and if we likewise see the pandemic as a contributor to modernist conceptions of death. I first examine Porter's *Pale Horse, Pale Rider* (1939) and Wolfe's *Look Homeward, Angel*, two works that consider the flu

948 directly. I use these readings to travel backwards, allowing new analysis of two modernist texts not usually seen as dwelling on the combined tragedies of war and pandemic: Woolf's *Mrs. Dalloway* and Eliot's *The Waste Land*. Considered in this sequence, these four works move in reverse chronological order, with the fullest treatment of the flu, the one contained in Porter's novella, being the most recent. The closer we get to the pandemic years, the more the flu as a direct subject shrinks—drowned out, it would seem, by the war and a culture already saturated in grief. It is perhaps unsurprising, then, that rather than offering a direct account of the flu, Woolf and Eliot—whether deliberately or not—evoke a climate recording the way death, the corpse, and guilt pervaded the postwar/post-pandemic atmosphere. This disappearing act also reflects the flu's history, echoing its early erasure, followed by its gradual restoration to the public record and imagination.

Two intertwined themes cross all four works. First, there is a recurring sense that the threshold between life and death has become strangely permeable, when characters see ghosts or corpses—or feel like ghosts or corpses themselves—and cannot easily distinguish between what is living and what is dead. These sorts of threshold moments were heightened in the aftermath of the two disasters, arising from the web of interrelated issues surrounding the dead body. As the war dead were not sent home, the grieving family had no body to confirm the reality of the death, and the returning soldier had been so surrounded by corpses that life itself could feel unreal. This unreality was then compounded by the flu, which covered towns and cities with more bodies. And in these years, death came with such little warning that the living could never feel secure for themselves or anyone else. This sense of a permeable boundary between the living and the dead could also be experienced internally. Each work echoes the many accounts of survivors from both the war and the flu who felt stranded in a state of existence describable as a “living death,” a state in which one was not quite alive, but not fully dead, either. Such an experience could be felt both physically, as an aftereffect of the bodily hardships of both tragedies, as well as mentally, as a psychological experience of emotional numbness. Surrounded by so many who were dying, the living often felt only half alive.

The sense of a permeable threshold between the living and the dead in turn produced a flirtation with resurrection. I use the word “flirtation” here deliberately, as a way to signal the half-serious nature of these authors' speculations about the return of the dead, speculations shared by the larger culture. The carnage produced by the war and the flu not only meant that mourning and grief were everywhere, but also that ideas about what (if anything) happens after death were on the minds of many. In Europe and America, there was a resurgence of interest in séances and mediums, and from magic shows to movies, popular culture was offering images of dead and injured bodies returning to life, usually as a way of providing consolation to survivors.³⁰ All four authors I consider imagine moments of confrontation, when the dead appear to return to the living; these moments emphasize the material and sometimes problematic return of the body itself in ways that reflect not simply the era's grief, but also the strange absence/presence of corpses and their often insecure burial in the war and the

pandemic. Each author plays with the idea that these resurrections are "true" in some material way and not just true metaphorically (as, say, a reflection of grief or in the memories of the living). These authors turn their sights to moments of slippage when the dead appear to return in fact *and* appear produced by the fevered imagination of survivors. By acknowledging this intertwined experience of belief and disbelief, the authors record the personal costs of this historic moment, the guilt carried by survivors, and a degree of loss that was in many ways simply unimaginable.

Porter

In 1918, the twenty-eight-year-old Katherine Ann Porter only barely survived her bout with influenza; her family had prepared her obituary, and she was left for dead in the hospital (Ware, 72). Porter fictionalizes her experience in *Pale Horse, Pale Rider*, a novella that represents one of the few (and really the only) detailed treatment of the flu written by a survivor in British or American literature. I begin here because Porter may serve as a baseline, an author who throughout her novella describes the flu and the war as interrelated disasters that fed each other. Set in November 1918, the story depicts the pervasive atmosphere of death and fear that hangs over the city, stemming both from the war and from the terrible new plague (the city in question is Denver, though it could be many cities at the time). Porter hints that physical and emotional deprivations from the war might make her main protagonist, Miranda, more vulnerable to the flu, though it is her healthy, strong boyfriend, Adam, just ready to go to the front, who ends up dying in the pandemic. Miranda may pick up the virus from any number of likely places—the war hospital she visits, the theater, the restaurants, the dance halls—and she in turn probably passes it to Adam, who returns with it to his camp. Throughout the story, the war and the flu overlap, both distinct events and yet also inextricable, producing together the despair that permeates the work.

At the end of the story, Miranda learns Adam has died of the flu in an army camp, and she remains shattered from her own almost-fatal case. As she prepares to leave the hospital, she feels she is among the dead, not the living, and for a moment she believes she sees Adam beside her:

Miranda wondered again at the time and trouble the living took to be helpful to the dead. But not quite dead now, she reassured herself, one foot in either world now; soon I shall cross back and be at home again. The light will seem real and I shall be glad when I hear that someone I know has escaped from death. . . . At once he was there beside her, invisible but urgently present, a ghost but more alive than she was, the last intolerable cheat of her heart; for knowing it was false she still clung to the lie, the unpardonable lie of her bitter desire. She . . . stood up trembling, trying . . . to bring him to sight before her. If I could call you up from the grave I would, she said, if I could see your ghost I would say, I believe. . . . "I believe," she said aloud. "Oh, let me see you once more." The room was silent, empty, the shade was gone from it, struck away by the sudden violence of her rising and speaking aloud. She came to herself as if out of sleep. Oh, no, that is not the way, I must never do that, she warned herself. . . . No more war, no more plague, only the dazed silence that follows the ceasing of the heavy guns; noiseless houses with the shades drawn, empty streets, the dead cold light of tomorrow.³¹

950 The passage brilliantly evokes the twilight atmosphere of 1918, hanging between death and life, between dreaming and waking, between a memory of the dead and a desire to actualize that memory, and between a need to remember and the dazed and noiseless will to forget. Certainly, Porter in part describes the aftereffects of loss more generally, loss felt at times other than 1918. But the pervasive feeling of being on the threshold of life and death, and of a confrontation between life and death, captures this particular historical moment on both literal and metaphorical levels. The description in part speaks to the delirium of millions of flu victims, a delirium that blends reality, memory, dreams, and nightmares, one that is well depicted both in the passage and elsewhere in the story by Porter's modernist prose, which slips between Miranda's internal consciousness and her outer experiences. The pervasiveness of death is everywhere in the story, here in the almost actualized vision of the dead Adam and the houses with blinds drawn, and elsewhere in the many funerals, in the corpses in the hospital, in the bodies in Miranda's memory, and in her dreams, and yet the dead are also missing—gone, leaving rooms “silent, empty.” Porter depicts the strange absence and presence of the dead body, one that clearly arises from both the war and the flu. Miranda feels and indeed looks like a corpse, and astonishment and even regret permeate the passage as she realizes she will have to continue on in the world of the living. Yet Adam's body, which Porter describes earlier in the story as solid, comforting, and real, is a palpable absence by the end, as Miranda frantically seeks it somewhere in the room. For a moment, it seems like the body is actually present once more, but the sensation finally only underscores its absence. This strange borderland between present and absent bodies mingles the experience of the civilian grieving for bodies absent and lost in the war and the experience of the flu victim grieving for bodies that are present yet not (fully) alive. Porter knits together the twin tragedies, showing their symbiotic relations and their often overlapping grief.

The atmosphere of mourning here also presents an important addition to discussions of mourning in modernism. Miranda longs for an escape from grief, flirting with a quasi-spiritualist fantasy that Adam has returned and that she might call him back if she “believes,” but Porter has her character deliberately eschew this easy consolation, declaring “Oh, no, that is not the way, I must never do that.” Yet this refusal of consolation is not quite a political one. She does not appear to resist consolation as a larger statement on the government's role, or as a protest or remembrance of the war, though those factors are certainly present. In part, her grief and civilization's grief are too fresh for consolation; she is dazed and silent, as if anything she might say or Porter might write would be insufficient.

Complicating this mourning and this reading, however, is a twofold (at least) sense of survivor's guilt. First, Porter hints at the complicity Miranda feels in Adam's death; he has contracted the flu, in all likelihood, by caring for her, and thus a refusal of consolation also becomes a way of expressing her guilt.³² Second, Miranda in part seems to long for death, and yet to have accepted here, reluctantly, her need to go on living. Porter hints at the zero-sum calculation Miranda feels—the more alive she becomes, the more dead Adam seems. It is when she moves and speaks that Adam's “shade”

seems to depart. Miranda rises, "as if out of sleep," and here we can read additional meanings in her declaration that "that is not the way, I must never do that." Alongside her seeming denial that Adam has returned, she also pushes away another temptation: the wish not to rise up, the wish to stay asleep and to join the dead. At the same time, her denial could also be a push away from the living, a declaration that she will not rise up and thus dispel Adam's shade. Porter's deliberate ambiguity here, with her unclear "that," quite precisely captures the contradictory emotions of this postwar/post-flu moment. Porter crafts an emblematic figure in Miranda, one who speaks to the many layers of guilt felt by those still living in 1919 and to the astonished sense of being alive in a world permeated by death.

Wolfe

Thomas Wolfe's sprawling autobiographical novel *Look Homeward, Angel* offers a second rare contemporary look at the pandemic. Wolfe's account is more an individual picture of one flu death, a death witnessed by a brother who was not a victim himself. Like Porter, Wolfe creates a death-saturated atmosphere, but one that at first seems less specifically tied to the war and the pandemic. The novel, set in the fictional town of Altmont, traces the fortunes of the Gant family and follows the early life of Eugene Gant, largely considered Wolfe's surrogate in the novel. Drawing on Wolfe's experiences living with his family in Asheville, North Carolina, Wolfe's novel leads up to the terrible death of Eugene's brother, Ben, in the pandemic. Well before Ben's death, however, Wolfe saturates his novel with elegiac musings on mortality and loss, as if he were tracing a seemingly naturalized environment of mourning to its deathly source. Ben's death reverberates both forward and backward in time, foreshadowed by the death of Ben's twin early in the novel, by his run-ins with the town's undertaker, and by the narrator's clear knowledge of Ben's eventual fate that broods over the entire work. The narrator's repeated lament, "O lost, and by the wind grieved, ghost, come back again," blows through the novel both early and late, as does the work of Eugene's father, an engraver of tombstones and graveyard statuary. Wolfe suggests a world seemingly always on the brink of death, and his account of that world is at odds with most contemporary accounts of it, since he makes the pandemic seem more central than the war, with Ben's death appearing representative of the senseless loss of so many men his age. Like Porter, alongside this hazy border between life and death, he offers his own flirtation with resurrection, though unlike Miranda (and Porter), he leaves the reality of the return an open question.

The novel's central flu scene is the culmination of the living death quality of the rest of the novel, offering searing images of a living corpse and deathly animations. When Eugene returns to his home to see Ben, he is shocked by the sight of Ben's still-living body:

Ben's long thin body lay three-quarters covered by the bedding; its gaunt outline was bitterly twisted below the covers, in an attitude of struggle and torture. It seemed not to belong to him, it was somehow distorted and detached as if it belonged to a beheaded

criminal. And the sallow yellow of his face had turned gray; out of this granite tint of death, lit by two red flags of fever, the stiff black furze of a three-day beard was growing. The beard was somehow horrible; it recalled the corrupt vitality of hair, which can grow from a rotting corpse. And Ben's thin lips were lifted, in a constant grimace of torture and strangulation, above his white somehow dead-looking teeth, as inch by inch he gasped a thread of air into his lungs.

And the sound of this gasping—loud, hoarse, rapid, unbelievable, filling the room, and orchestrating every moment in it—gave to the scene its final note of horror. (*LHA*, 452)

On the one hand, this description has its echoes in scenes across literature, from Dostoevsky to Coetzee. On the other hand, however, Wolfe creates here something emblematic of the war/flu atmosphere. The body, brutally trapped in the world of the living, bears the marks of many deaths—starvation (“its gaunt outline”), dismemberment (the body seems detached from its head), disease (obviously), torture, suffocation, and strangulation. Such a body recalls corpses in trenches, dead from shells or poison gas or water and mud, and the bodies of millions of similarly ravaged flu victims. By emphasizing the in-between-ness of this body, however—already half corpse, yet struggling still for life—Wolfe depicts how this atmosphere was haunted not just by the dead but by *dying*, the process of dying, repeated and imagined everywhere in these brutal years. And even the living—the ones who would not yet be allowed to die—were still part of the process. Wolfe describes, for example, Eugene's mother, Eliza, as part of this walking dead: “As she walked she stumbled a little, as if her feet were numb and dead. Her white face had an ashen tinge, and her dull eyes had grown bright and staring” (*LHA*, 457). Likewise, Eugene's father shares this corpse-like existence: “[He] was dead. Gant was living, death-in-life. . . . He waited for death, lost and broken. . . . A corpse lit by infrequent flares of consciousness” (*LHA*, 504). Wolfe captures what it meant to live in the post-pandemic atmosphere and to feel—both physically and emotionally—as if one existed in a twilight space, neither fully alive nor finally dead.

Within this threshold world, it seems unsurprising that Ben would return after his burial, as he does in a later chapter. Eugene is standing in the public square, and Ben comes back with little fanfare. Ben declares that he is neither dead nor a ghost, and he laughs and agrees when Eugene thinks he must be going crazy. Eugene insists that Ben is dead, that he “saw [him] die,” and their subsequent conversation unsettles Eugene's realities and the divisions between the two:

[Eugene's] voice rose to a scream, “Don't you remember? I tell you, you are dead, Ben.”
“Fool,” said Ben fiercely. “I am not dead.”

There was a silence.

“Then,” said Eugene very slowly, “which of us is the ghost, I wonder?”

Ben did not answer. (*LHA*, 516)

As Porter and Wolfe suggest, this threshold world works both ways, not only indicating to the living that they are partially dead, but also seemingly so permeable that the dead, too, might return across the divide. Wolfe does not suggest that this return is part of

Eugene's deranged imagination; this is no flu delirium, and the scene is not presented as a fantasy or a hallucination inspired by Eugene's grief. For Eugene, Ben has returned, with no explanation, and none is forthcoming. Ben does not seem angelic or spirit-like; he is a material Ben. Wolfe engages in no agonies of rejection or dismissal of this experience, as Porter does, and likewise offers no sense that this vision is consoling or informative about death. Ben just returns, and at the end of the scene, Eugene and Ben both disappear. Within this death-saturated moment, the return of the dead does not suggest that they continue to "live" so much as it calls into question the status of the living, capturing the eerie, grief-laden climate of the postwar/post-pandemic world.

Woolf

Keeping in mind the atmosphere that Porter and Wolfe evoke, I turn now to two quintessential modernist texts, *Mrs. Dalloway* and *The Waste Land*, to consider briefly how such earlier works might read differently in light of the more explicit accounts I have just considered. I begin with Virginia Woolf, who unlike Porter and Wolfe appeared not only to escape the flu but to scoff at its outbreak. She notes in her diary in 1918 that Lytton Strachey was fleeing London to avoid the disease, and she writes dismissively and parenthetically, "(We are, by the way, in the midst of a plague unmatched since the Black Death, according to the Times, who seem to tremble lest it may seize upon Lord Northcliffe, & thus precipitate us into peace)."³³ Like many people at the start of the pandemic, Woolf feels that hysteria over the flu is absurd and misplaced. In the years after the pandemic, however, when the scope of the destruction was better understood, Woolf seemed to consider the outbreak more seriously and to wonder why illness was so rarely a topic of literature. In her 1926 essay "On Being Ill," she muses that "Novels, one would have thought, would have been devoted to influenza," and she goes on to consider how the body's health influences our perceptions.³⁴ But it is in *Mrs. Dalloway* that she turns more directly to the pandemic.

Mrs. Dalloway is rarely considered in relationship to the 1918 flu. While critics have noted that Clarissa Dalloway is recovering from influenza, the central trauma within the novel has long been considered the war and its devastating effects on the mind of Septimus Smith.³⁵ The novel is focused on the war, but we should reconceive its structure as built around the *two* central traumas of the early twentieth century. The main characters, Septimus and Clarissa, are both survivors, one from the battlefield, the other from the pandemic, and Woolf considers the continued consequences of both tragedies. We already know a great deal about shell shock and Septimus, but scholars often miss that Clarissa represents a different group of survivors. Clarissa has, it appears, come close to dying from influenza. At the start of the novel, she is seen by Scrope Purvis pausing on a London street corner; she is pale, "very white since her illness," her heart possibly compromised, "affected, they said, by influenza" (*D*, 4). Certainly, as the novel takes place in 1923, Clarissa could have been recovering from a more recent outbreak, but any reference to influenza in 1925 would have brought the pandemic to mind, and doctors were discovering the long-term health consequences of this particular flu. It did indeed often leave the body permanently weakened.³⁶

954 Like Porter's story and Wolfe's novel, *Mrs. Dalloway* is saturated in an atmosphere of mortality, with the lines between the living and the dead blurring dangerously. As critics have noted, the minds of the characters dwell frequently on death, from Clarissa's repeated musings on her own aging and weakness to Septimus's mad belief that his dead friend Evans has returned.³⁷ This atmosphere evokes not simply the aftermath of war but the atmosphere of the post-pandemic period, as well. Septimus, in his hallucinatory madness, believes he literally lives in a threshold space, one that allows him to commune with the dead and to see Evans come back to life. Traumatized by the war, he repeatedly sees his own death, his body on fire, his body "macerated until only the nerve fibres were left" (*D*, 66). Woolf makes clear, though, that the flu survivor also dwells on this threshold. Throughout the novel, Clarissa thinks back over her illness, considering the resulting restrictions on her life: her daily nap, her narrow bed, her tired body, her weakened heart. She broods repeatedly on the Shakespearean line spoken of the dead, "Fear no more the heat o' the sun," and she wonders how much longer she will survive.

Woolf provides her own scene of dramatic confrontation with the dead in the final pages of the novel, when at her party Clarissa famously hears the news of Septimus's suicide. Here the war intrudes into the domestic space, but this space was not previously a safe zone; the flu had already changed the danger/safety calculus of the home front, and Septimus's death adds to rather than introduces the sense of death already there. Even at her party, Clarissa sees her own death as close, mirrored in the old lady she watches through the window. She thinks how odd it is that her party goes on while "that old woman, quite quietly, go[es] to bed": "She pulled the blind now. The clock began striking. The young man had killed himself" (*D*, 181). The description here is full of images of death—sleep, a clock striking, the reference to the suicide, and the pulled-down blinds—a sign, at the time, that a death had taken place (one repeatedly cited by flu survivors as the grim indicator of another casualty). The living Clarissa stares at images of Septimus's death and of her own, one part of her still with the liveliness of the party, one part of her already going to bed.

Yet despite this threshold atmosphere, Clarissa survives, remaining quite clearly alive, but like Miranda and Eugene, she feels conflicted about living. Woolf depicts in Clarissa a dual climate: the paradoxical sense of astonishment, guilt, and joy at being alive at all after the twin disasters, coupled with the pervasive sense that death and the dead are ever close, intertwined with the living. Learning of Septimus's suicidal leap, Clarissa reviews it in her mind, feeling the leap and the impact in her own body. With the guilty mind of the survivor, she thinks that "somehow it was her disaster—her disgrace": "It was her punishment to see sink and disappear here a man, there a woman, in this profound darkness, and she forced herself to stand here in her evening dress" (*D*, 181). Clarissa mourns the deaths of *both* men and women (suggesting not just war deaths) and represents a vivid image of the startled and lonely survivor who is left behind. Part of Clarissa envies Septimus's decision to "throw it all away," and Woolf, like Porter and Wolfe, records the cost of remaining alive while so many had already sunk into death.

Eliot

T. S. Eliot famously conjures a threshold atmosphere in *The Waste Land*, which is in many ways a homage to the state of living death, though it mentions neither the war nor the flu directly. Critics have long considered the poem as a statement on the postwar atmosphere (though Eliot claimed it was not), but the poem also captures the post-pandemic atmosphere I have traced. While at the time Eliot had been frustrated in his attempts to help with the war effort, he knew firsthand what even a mild case of this virus could do to the body and the mind. In 1919, Eliot himself contracted influenza, and while his case was not a serious one, he records that he is "very weak," and his wife Vivien notes that afterwards he is haunted by the fact that "his mind is not acting as it used to do"; Vivien then catches a bad case, one that Eliot writes "affected her nerves so that she can hardly sleep at all."³⁸ As we've seen, such aftereffects were common for this particular strain, which often attacked both the brain and the nervous system. Naturally, a range of other personal and political issues feed into the despair of *The Waste Land*, but adding the pandemic back into our analysis of 1922 shifts our understanding of lines as famous as these:

Unreal City,
 Under the brown fog of a winter dawn,
 A crowd flowed over London Bridge, so many,
 I had not thought death had undone so many.
 Sighs, short and infrequent, were exhaled,
 And each man fixed his eyes before his feet.
 Flowed up the hill and down King William Street,

 With a dead sound on the final stroke of nine.
 There I saw one I knew, and stopped him, crying "Stetson!
 You who were with me in the ships at Mylae!
 That corpse you planted last year in your garden,
 Has it begun to sprout? Will it bloom this year?
 Or has the sudden frost disturbed its bed?
 Oh keep the Dog far hence, that's friend to men,
 Or with his nails he'll dig it up again!³⁹

Certainly Eliot is describing a postwar malaise, the general spiritual crisis of the age, his own personal crisis at the time, and many other things. But weaving through this passage, we can see the threshold world again, the sense of uncertainty created by the war but also by the massive flu deaths. Death is both remembered and hidden, both everywhere, flowing over London Bridge, and buried—but not securely. The division between the speaker and the dead is blurred, and given the ancient date of the Mylae battle, both the speaker and Stetson may well be resurrected corpses themselves. Eliot may not have had the pandemic in mind as he wrote these lines, but he nevertheless evokes the atmosphere of the time, one that encompassed the sense that the dead had been so plentiful that they had overflowed the boundaries of the living and the physical and emotional sense that the living were only the walking dead.

956 Indeed, the passage suggests not only this postwar/post-pandemic atmosphere, but also a new kind of threatening resurrection. The corpse planted last year remains buried, but capable of return, threatening to sprout and bloom, threatening to rise from its bed, disturbed. Such an image of a body insecurely buried speaks on both a literal and figurative level to this particular moment. As we have seen, corpses had been everywhere, often buried in mass graves, or buried without a marker, or without a coffin, or even left unburied; such bodies could literally return. On a more figurative level, we might see in this corpse the efforts in 1922 to bury the body psychologically, to forget the flu, and to turn away from the memory of the war. The corpse as memory and as body is hidden but remains near, just outside in the garden, capable of being dug up despite precautions. On a broader level, no one knew, in 1922, whether the flu would return, as virulent as ever, or whether another war with Germany would unfold. More corpses were always possible. Eliot here participates in a kind of modernist mourning/anti-mourning; he records the desire to push the dead away, to bury grief and move on, and at the same time he insists that the memory of these bodies will always return.

Beyond a more complete picture of grief in the postwar climate, what is gained by seeing the flu's presence in *Mrs. Dalloway* and *The Waste Land*? Woolf and Eliot create a sense of lurking, hidden menace, of death waiting at every corner, and this threat is in no way lessened by the war's end. Both of them capture how London—never part of the actual war zone—remains full of death and is far from a safe home front. To see this atmosphere as primarily fueled by the war or modern malaise is to miss the experiential truth of the pandemic. The flu could return with no warning, could strike within hours, and presented a real threat that produced rational anxiety. And this threat was not from other humans but from something invisible that could not be fought, hanging in the very air that sat over London; such a picture could almost be a description of malaise or modern despair, but those modernist staples are in part produced by a virus that was invisible but all too real. To ignore the flu in these works would be to perpetuate the subtle ways the flu was evaded and silenced. Both Woolf and Eliot participate in this muted treatment, but they also capture the shadowed quality of a trauma that is hidden in plain sight.

Modernist Studies and Influenza

I have suggested in this essay just a few of the ways the flu intersects with depictions of death, mourning, and the corpse in British and American modernism. Much remains to be explored about the pandemic in modernist studies, in particular the global impact of the outbreak and how its spread was shaped by imperialist policies, economics, and patterns of migration. Likewise, the impact of the flu on writers such as James Joyce, with his attention both to corpses and mourning, or the way film and theater productions were delayed by the flu, are in need of analysis. More should be said, too, about the interactions of the flu and the war and about the contrasts between the two. The flu, unlike the war, was both aided by humans and a natural disaster. On the one hand, the pandemic was in part fostered and made worse by human actions:

the war provided the breeding ground for the virus and enabled its spread; imperialism and racism contributed to high mortality rates among those living in crowded quarters; and inadequate public health policies meant the pandemic was well underway before decisive measures were taken. On the other hand, the flu was still primarily a natural disaster, one that at the time lay largely outside of human remedy. This tension between a preventability and inevitability means that the pandemic differs from the war in ways that could affect current readings of modernism and its treatment of loss, guilt, and death.

The relative silence about the flu in modernist works should be analyzed rather than echoed by critics. As I have suggested, that silence in fact speaks eloquently of the larger evasions about the pandemic. To depict the flu, authors had to record the gaps as well as the atmosphere that those gaps produced, an atmosphere in which they themselves lived. Whether or not the pandemic is recorded or addressed, it did happen, sweeping the globe with terrible devastation and snaking its way into modernist literature. The works I have explored are not just veiled references to the pandemic. In their various degrees of silence, they are also historical record, factual descriptions of what it was like to remain alive in 1919, reflecting in their very silences both acknowledged horrors and horrors that remain unspoken.

Notes

1. Allyson Booth, *Postcards from the Trenches: Negotiating the Space between Modernism and the First World War* (New York: Oxford University Press, 1996), 50.

2. Letter from Adeline Hill (now Abbitt) to Richard Collier, Item 63/5/5, Richard Collier, Spanish Flu Box of U.K. and France, Imperial War Museum, London. In the 1970s, researcher Richard Collier took out newspaper advertisements asking for letters from those who remembered the pandemic; letters were sent from across Europe and are now held in the above collection, hereafter cited in the text as *RC*, with letters cited by author. I also quote from narratives about the flu in the U.S. from the Pandemic Influenza Storybook, Centers for Disease Control and Prevention, <http://www.flu.gov/storybook/introduction/index.html>; hereafter cited in the text as *S* and by storyteller and location.

3. John M. Barry summarizes the evidence for these numbers in *The Great Influenza: The Story of the Deadliest Pandemic in History* (New York: Penguin, 2004), 397–98; hereafter cited in the text as "Barry."

4. Jane Fisher recently published the first book-length study on literature and the flu. (When I submitted this article, Fisher's book had not yet appeared). She takes an interesting look at gender and the pandemic and explores works by modernist authors (Woolf, Porter, Cather) as well contemporary works from America, Britain, Canada, and Nigeria. There are also a few articles on modernism and the flu, most of which I cite in later endnotes. Joshua Dolezal explores the significance of the flu in Willa Cather's novel *One of Ours*; Caroline Hovanec explores the flu's impact on Katherine Ann Porter, William Maxwell, and John O'Hara, arguing that "influenza serves as a trope for the dehumanizing, denaturalizing, and disjunctive forces of modernity"; Catherine Belling analyzes the challenges the trauma of the pandemic poses to narrative. Fisher, *Envisioning Disease, Gender, and War: Women's Narratives of the 1918 Influenza Pandemic* (New York: Palgrave Macmillan, 2012); hereafter cited in the text as "Fisher." Dolezal, "Waste in a Great Enterprise: Influenza, Modernism, and *One of Ours*," *Literature and Medicine* 28, no. 1 (Spring 2009): 82–101. Hovanec, "Of Bodies, Families, and Communities: Refiguring the 1918 Influenza Pandemic," *Literature and Medicine* 29, no. 1 (Spring 2011): 178; hereafter cited in the text as "Hovanec." Belling, "Overwhelming the Medium: Fiction and the Trauma of the Pandemic Influenza in 1918," *Literature and Medicine* 28, no. 1 (Spring 2009): 55–81; hereafter cited in the text as "Belling."

5. Patricia Rae, *Modernism and Mourning* (Bucknell: Bucknell University Press, 2007); see especially her excellent introduction. Tammy Clewell, *Mourning, Modernism, Postmodernism* (New York: Palgrave Macmillan, 2009); Clewell offers a strong work on the refusal of consolation as a progressive political gesture.

6. The flu should also be woven into our discussions of transnational modernism. The pandemic was a global phenomenon, one that transcended borders and highlighted inequalities, spreading in part by shifts in transportation and by policies set by imperialism.

7. My discussion of the flu's history is drawn from my own research in newspapers and from survivor accounts, as well as from the work of several excellent flu historians. In addition to Barry, see Alfred W. Crosby, *America's Forgotten Pandemic: The Influenza of 1918*, 2nd ed. (Cambridge: Cambridge University Press, 2003); hereafter cited in the text as "Crosby." See also Mark Honigsbaum, *Living with Enza: The Forgotten Story of Britain and the Great Flu Pandemic of 1918* (London: Macmillan, 2009); hereafter cited in the text as "Honigsbaum." For the timing of the influenza's waves, which varied, see Barry, 180–81, 407–8; Crosby, 17, 45, 202; and Honigsbaum, 35, 65, 107.

8. "The Spanish Influenza: A Sufferer's Symptoms," *Times*, 25 June 1918, 9.

9. Descriptions of symptoms are drawn from survivor letters, the medical literature, and histories of the flu. See, for example, letters from Horace Allen, Betty Barr (formally Boath), and A. Forbes, in *RC*; George Newman, the Chief Medical Officer in Britain, discusses symptoms in the "Report on the Pandemic of Influenza 1918–1919," Ministry of Health, Reports on Public Health and Medical Subjects, 4 (London: HMSO, 1920); online at the "Flu Web Historical Influenza Database," School of Population at the University of Melbourne, Australia, <http://influenza.sph.unimelb.edu.au/data/S0001/chapters/preface.pdf>; hereafter cited in the text as "Newman." Barry, Honigsbaum, and Crosby also describe symptoms (Barry, 2, 224, 232–38, 240–41; Honigsbaum, xii, 4, 15–16, 25, 50; Crosby, 5–9).

10. See, for example, "Triple Murder and Suicide. An Attack of Influenza," *Times*, 6 November 1918, 3. See also *S*, the narrative of Ethel Hubble-Harter, Virginia.

11. See Crosby and Barry on the flu's targets and their explanations of why the virus killed young, healthy adults (Crosby, 21–24, 222; Barry, 238–39, 249–50).

12. The narratives in the Pandemic Influenza Storybook frequently recount how the flu created orphans, single parents, and broken families. See the narratives of Marcella Bobzien, storyteller Marilyn Sutherland, North Dakota; Thomas Langan, storyteller Barbara Reynolds, Nebraska; Arthur and Julienne Scoltic-Valley and Loretta Carmel Crowley, storyteller Kathy Parker, New York.

13. The Collier letters frequently mention the lack of coffins and the piles of bodies, and newspaper accounts constantly note the shutting down of services. Narratives in the Pandemic Influenza Storybook tell of coffins stacked at train stations and the frequent sight of the hearse bringing bodies to the graveyards.

14. See also *RC*, Edith Dilks (now How), and Gladys Hanson (now Bowden).

15. See Crosby on the flu's effects on Woodrow Wilson and the Treaty of Versailles (Crosby, 171–96). See also Barry's discussion (Barry, 383–88).

16. Before the works by Barry, Crosby, and Honigsbaum, Richard Collier's *The Plague of the Spanish Lady: The Influenza Pandemic of 1918–1919* (London: Macmillan, 1974) was the central book on the pandemic written in English. Carol R. Byerly writes on the army and the flu in her *Fever of War: The Influenza Epidemic in the U.S. Army during World War I* (New York: New York University Press, 2005). In addition to Honigsbaum, researcher Naill Johnson writes on Britain and the flu in his *Britain and the 1918–1919 Influenza Pandemic: A Dark Epilogue* (London: Routledge, 2006). For the history of New Zealand and the flu, see Geoffrey Rice and Linda Bryder, *Black November: The 1918 Influenza Pandemic in New Zealand* (Christchurch, New Zealand: Canterbury University Press, 2005). Another general work is Howard Phillips and David Killingray, *The Spanish Influenza Pandemic of 1918–1919: New Perspectives* (London: Routledge, 2003).

17. Thomas Mullen, *The Last Town on Earth* (New York: Random House, 2006); Stephanie Meyer, *Twilight* (New York: Little, Brown and Company, 2005). Myla Goldberg explores the pandemic in her novel *Wickett's Remedy* (New York: Anchor Books, 2006).

18. Thomas Wolfe, *Look Homeward, Angel: A Story of the Buried Life* (New York: Modern Library, 1929); hereafter cited in the text as *LHA*. Willa Cather, *One of Ours* (New York: A. A. Knopf, 1922);

William Maxwell, *They Came Like Swallows* (New York: Harper, 1937). Mary McCarthy recounts her parents' death in the pandemic in her *Memories of a Catholic Girlhood* (New York: Harcourt Brace, 1957). Ruth Winchester Ware offers a useful summary of flu literature in her "Thomas Wolfe's 1918 Flu Story: The Death of Ben in the Context of Other Literary Narratives of the Pandemic," *The Thomas Wolfe Review* (2009): 67–82; hereafter cited in the text as "Ware." Mette Kia Krabbe Meyer explores a novel by the Danish writer Jacob Paludan in her "Like a High Black Wave: *Jorgen Stein* and the Spanish Flu," in *Illness in Context*, eds. Knut Stene-Johansen and Frederik Tygstrup (Amsterdam: Rodopi, 2010), 199–220.

19. The status of memory and trauma is contested in psychology, neuroscience, and literary studies. For a sharp critique of traumatic amnesia, see John Kihlstrom, "Trauma and Memory Revisited," in *Memory and Emotions: Interdisciplinary Perspectives*, eds. Bob Utll, Nobuo Ohta, and Amy Siegenthaler (New York: Blackwell, 2006), 259–91. The latest neuroscientific work suggests that traumatic events are deeply encoded in memory; see, for example, E. S. Louise Faber, Andrew J. Delaney, John M. Power, Petra L. Sedlak, James W. Crane, and Pankaj Sah, "Modulation of SK Channel Trafficking by Beta Adrenoceptors Enhances Excitatory Synaptic Transmission and Plasticity in the Amygdala," *Journal of Neuroscience* 23, no. 43 (22 October 2008): 10,803–10,813. In literary studies, see Ruth Leys's critique of Cathy Caruth and others in her *Trauma: A Genealogy* (Chicago: University of Chicago Press, 2000). The Collier letter writers repeatedly declare that they never forgot the pandemic's devastation.

20. Robert Graves, *Goodbye to All That* (New York: Doubleday, 1998), 285. Originally published in 1929.

21. Dr. Walter Schröder, doctor in Berlin; 63/5/5 Richard Collier, Spanish Flu Box of Germany, S. Africa, India and Far East, Imperial War Museum, London.

22. As flu historians observe, getting accurate numbers for flu deaths is difficult. See Crosby, 203–26, and Barry, 396–98.

23. "The Great Death," *Times*, 2 February 1921, 11.

24. The Collier letters and newspapers frequently cite wartime deprivations as a contributing factor in the pandemic's deadly force. See "The Spanish Influenza: A Sufferer's Symptoms," *Times*, 25 June 1918, 9; see also "Mystery of Influenza: The Epidemic of 1918–1919," *Times*, 2 February 1921, 7.

25. For survivors on the uniqueness of this pandemic, see *RC*, Vida Johnston (now Gray), Gladys Leslie, and Frances Smith. Others, however, noted that there were many epidemics at the time (see, for example, *RC*, Iain MacKinnon).

26. Newman is here quoting from the longer report. Barry offers a lengthy discussion of the medical establishment before and after the pandemic (Barry, 11–87, 401–27).

27. Virginia Woolf, "On Being Ill" (1926), in *The Essays of Virginia Woolf*, vol. 4, 1925–1928, ed. Andrew McNeillie (New York: Harcourt, 1994), 317–29.

28. See Susan Sontag, *Illness as Metaphor* (New York: Farrar, Straus and Giroux, 1977), where she explores the history and perils of using illnesses as metaphors. Fisher explores Woolf's essay alongside *Mrs. Dalloway*, arguing that Woolf sees illness in both works as potentially offering compensatory gains (Fisher, 73–104).

29. Historians disagree as to whether the flu lived up to its reputation of being an equal opportunity killer. Barry observes the "correlation between population density and hence class and deaths," but notes "the disease still struck down everyone" (Barry, 395). Researcher Patricia Fanning challenges the idea that the flu was a democratic killer, at least in Norwood, Massachusetts, where the immigrant population was devastated by the pandemic. See Fanning, *Influenza and Inequality: One Town's Tragic Response to the Great Epidemic of 1918* (Amherst: University of Massachusetts Press, 2010).

30. My current book project, *Raising the Dead: War, Plague, Magic, Modernism*, explores this obsession with resurrections in the postwar/post-pandemic culture.

31. Katherine Ann Porter, *Pale Horse, Pale Rider*, in *The Collected Stories of Katherine Anne Porter* (New York: Harcourt, 1979), 317. Criticism on the story unsurprisingly focuses on the pandemic. Belling investigates how Porter conveys delirium and the slippage of language; Fisher offers an innovative reading of how the illness offers Miranda a potentially empowering vision (Fisher, 105–47); Hovanec explores how the flu "defamiliarizes and fragments the human body" and investigates how Porter portrays the body as hybrid (Hovanec, 164); and David Davis considers how traumatic memory and

- 960 collective trauma contribute to the flu's forgotten status. Davis, "The Forgotten Apocalypse: Katherine Anne Porter's 'Pale Horse, Pale Rider,' Traumatic Memory, and the Influenza Pandemic of 1918," *Southern Literary Journal* 43, no. 2 (Spring 2011): 55–74.
32. Hovanec argues that Miranda's dreams suggest she is not personally responsible for Adam's death (Hovanec, 167).
33. Woolf, *The Diary of Virginia Woolf*, vol. 1, 1915–1919, ed. Anne Olivier Bell (New York: Harcourt, 1977), 209.
34. Woolf, "On Being Ill," 317.
35. In Bonnie Kime Scott's excellent introduction to the Harcourt edition of *Mrs. Dalloway*, she notes that Woolf suffered from influenza after publishing *Jacob's Room*: "*Mrs. Dalloway* is the work of a survivor, and indeed takes survival and triumph over illness as a central subject." I agree with Scott's analysis, but I tie the work to the specific 1918 pandemic. Fisher also looks at the flu and *Mrs. Dalloway* and observes that Clarissa herself acts as "a bridge between the living and the dead" (Fisher, 85). Scott, introduction to *Mrs. Dalloway* (New York: Harcourt, 2005), xli; the novel is hereafter cited in the text as *D*.
36. See Barry, 392, for more on the long-term health consequences of this strain of influenza.
37. J. Hillis Miller, for example, explores the novel's saturation in death in his "Virginia Woolf's All Souls Day: The Omniscient Narrator in *Mrs. Dalloway*," in *The Shaken Realist: Essays in Honor of F. J. Hoffman*, eds. Melvin Friedman and John Vickery (Baton Rouge: Louisiana University Press, 1970), 100–27. For a longer discussion of resurrection and Evans's return, see my article, "Dead Men, Walking: Actors, Networks, and Actualized Metaphors in *Mrs. Dalloway* and *Raymond*," *NOVEL: A Forum on Fiction* 46, no. 2 (Summer 2013): 253–74.
38. T. S. Eliot, letter to his mother, 8 December 1918, in *The Letters of T. S. Eliot*, vol. 1, 1898–1922, ed. Valerie Eliot (New York: Harcourt Brace Jovanovich, 1988), 259. Vivien Eliot to Charlotte C. Eliot, 15 December 1918, *The Letters of T. S. Eliot*, 261.
39. T. S. Eliot, *The Waste Land* (New York: Norton, 2001), 7, lines 60–75.