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"Devoted to Influenza": An Analysis of English and Nigerian Archival and Literary Depictions of the 1918-1919 Influenza Pandemic

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**“DEVOTED TO INFLUENZA”: AN ANALYSIS OF ENGLISH AND NIGERIAN
ARCHIVAL AND LITERARY DEPICTIONS OF THE 1918-1919 INFLUENZA PANDEMIC**

By

Kendra Klein

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“DEVOTED TO INFLUENZA”: AN ANALYSIS OF ENGLISH AND NIGERIAN
ARCHIVAL AND LITERARY DEPICTIONS OF THE 1918-1919 INFLUENZA PANDEMIC

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ABSTRACT

“DEVOTED TO INFLUENZA”: AN ANALYSIS OF ENGLISH AND NIGERIAN ARCHIVAL AND LITERARY DEPICTIONS OF THE 1918-1919 INFLUENZA PANDEMIC

By

Kendra Klein

This project examines how the 1918-1919 influenza pandemic is discussed in memoirs, letters, and fiction. I focus on both British and Nigerian sources to compare how different areas of the world portray the cultural significance of this disease. In the first chapter, I analyze two unpublished archival texts: the letters of Dorothy Sutton (1918), a nurse during World War I and the memoir of Private H.J. Youngman (1969). Both sources, housed in the collections of the Imperial War Museum in London, describe the symptoms and scope of the influenza pandemic. The chapter also looks at Virginia Woolf’s novel, *Mrs. Dalloway* (1925), to demonstrate the long recovery from these twin catastrophes. Although *Mrs. Dalloway* marks the beginning of Woolf’s interest in writing about illness, the novel nonetheless considers the consequences of the war to be more important than those of the pandemic. Globally, the pandemic was responsible for an estimated 20 to 100 million deaths, which was greater than the death toll from the war. My second chapter explores the global significance of the influenza pandemic by focusing on Elechi Amadi’s, *The Great Ponds* (1969). This Nigerian novel, in contrast with *Mrs. Dalloway* represents the physical symptoms of influenza in detail, and does not overshadow depictions of the pandemic with depictions of war. Amadi considers the lasting effects of the pandemic, and the importance of oral storytelling as a means of cultural remembrance.

DEDICATION

This thesis is dedicated to those who have encouraged and supported me through this project. It is also dedicated to those who have been ill. Your experience and recovery are important.

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This thesis follows the format prescribed by the MLA Citation Style and the Department of English.

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INTRODUCTION

The 1918-1919 influenza pandemic was the deadliest outbreak of illness in human history. The death toll of the pandemic ranged from “20 million to 100 million,” compared to the First World War’s, “9.2 million combat deaths and around 15 million total deaths” (Kolata 7). Even with this high mortality rate, the 1918-1919 influenza pandemic did not become a global literary event like World War I. Several historical and cultural factors contributed to this imbalance of depiction. First, the symptoms of influenza varied, making diagnosis and depiction of symptoms difficult. The symptoms and scope were also often described through metaphoric depiction. Medically, understanding the symptoms of the pandemic came much later. There were also cultural biases towards illness being considered a significant event worthy of depiction. Similarly, representations of the pandemic in literature have been overshadowed by representations of World War I. This overshadowing occurs through wartime censorship, and consequences of war being societally considered more important than the consequences of illness.

Therefore, this project examines how the 1918-1919 influenza pandemic is discussed in memoirs, letters and fiction. Specifically, this project focuses on British and Nigerian sources to compare the differences in the cultural significance of depicting the pandemic. The British representations are letters written by Dorothy Sutton, a nurse during the war (1918), and the memoir of Private H.J. Youngman, titled, *Men-of-War* (1969). These two texts can be found in the collections of the Imperial War Museum in London. This project also examines retrospective literary representations for how the pandemic was discussed after its initial devastation. British

author Virginia Woolf's retrospective fiction, *Mrs. Dalloway* (1925), and Nigerian author Elechi Amadi's retrospective fiction, *The Great Ponds* (1969).

As multiple factors contributed to an imbalance in archival and literary representations of the 1918-1919 influenza pandemic, I began to look at how influenza could be portrayed as a significant theme in literature. Virginia Woolf writes about how illness is not sufficiently discussed, or represented in her essay, *On Being Ill* (1926). The title of this project stems from Woolf's argument in *On Being Ill*, that novels should be, "devoted to influenza" (Woolf, *On Being Ill*, 4). In the essay, Woolf discusses how illness should be a predominant theme in literature and in cultural remembrance. She argues, "it becomes strange indeed that illness has not taken its place with love and battle and jealousy among the prime themes of literature" (Woolf, *On Being Ill*, 3-4). Illness deserves the same level of depiction as love, war, and jealousy, yet, it does not. To devote a novel to influenza, a writer must make the plot about influenza.

In *On Being Ill*, Woolf discusses just how to devote a novel to influenza, or any illness. Woolf discusses how to devote a novel to influenza while also commenting on illnesses unpopularity, writing:

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. It invests certain faces with divinity, sets us to wait, hour after hour, with pricked ears for the creaking of the stair, and wreathes the faces of the absent (plain enough in health, Heaven knows) with a new significance, while the mind concocts a thousand legends and romances about them for which it has neither time

nor taste in health. Finally to hinder the description of illness in literature, there is the poverty of language. (Woolf, *On Being Ill*, 6)

In this project, I analyze each text for the factors that Woolf describes. I look at how the physical symptoms of influenza are depicted, and how each writer portrays those suffering from symptoms of influenza. I analyze if the plot of each text makes influenza significant. What I found was that the British texts do not devote themselves to influenza. Through research, I concluded that many factors contributed to this, namely: metaphorical depiction of the symptoms and scope of influenza, historical overshadowing, and cultural bias. However, Amadi's, *The Great Ponds*, does devote itself to influenza. Amadi makes influenza a significant theme in his novel, and the plot is driven by influenza. Amadi depicts the symptoms and scope of the pandemic in detail, and considers influenza to be a significant cultural event, worth remembering and representing.

As the influenza pandemic occurred just as the First World War was ending, it is necessary to evaluate how depictions of the war contributed to overshadowing depictions of influenza. Jane Fisher's *Envisioning Disease Gender and War: Women's Narratives of the 1918 Influenza Pandemic* (2012) provides critical medical and historical information that allows this project to evaluate how the symptoms and scope of the pandemic is discussed and depicted in conversation with World War I, and how portrayals of World War I often led to the influenza pandemic being overshadowed. Fisher also portrays the multiple symptoms of the influenza pandemic, the devastation of influenza's high mortality rate, cultural bias that did not see illness as significant. Fisher's research on postwar England, the lasting effects of influenza in Woolf's, *Mrs. Dalloway* and the contribution of how Nigerian oral traditions preserved the pandemic in

Nigerian culture, culminating in Amadi's portrayal of influenza in, *The Great Ponds* are imperative in order to examine how each text does or does not devote itself to influenza.

To understand the medical terminology found in my texts, I use Gina Kolata's, *Flu: The Story of the Great Influenza Pandemic of 1918 and the Search for the Virus that Caused It* (1999), and Howard Phillips and David Killingray's introduction to their edited work, *The Spanish Influenza Pandemic of 1918-1919: New Perspectives* (2003). Kolata is a medical historian, and her book provides medical research on the 1918 influenza virus. Kolata discusses the medical, historical, and cultural factors that contributed to influenza being largely forgotten in cultural memory. She also depicts many of the physical symptoms of influenza. Kolata writes:

You might notice a dull headache. Your eyes might start to burn. You start to shiver and you will take to your bed, curling up in a ball. But no amount of blankets can keep you warm. You fall into a restless sleep, dreaming the distorted nightmares of delirium as your fever climbs. And when you drift out of sleep, into a sort of semi-consciousness, your muscles will ache and your head will throb and you will somehow know that, step by step, as your body feebly cries out "no," you are moving steadily toward your death. It may take a few days, it may take a few hours, but there is nothing that can stop the disease's progress. Doctors and nurses have learned to spot the signs. Your face turns a dark brownish purple. You start to cough up blood. Your feet turn black. Finally, as the end nears, you frantically gasp for breath. A blood-tinged saliva bubbles out of your mouth. You die-by drowning, actually-as your lungs fill with a reddish fluid. (4)

The variety in symptoms is a factor that made describing influenza so difficult. It would take years for medical professionals to discover that the myriad of symptoms diagnosed around the

globe were all because of the same disease. According to Kolata, the story of the 1918 influenza pandemic, “is a story that begged to be told, both for the sheer drama of the tale and for its implications” (xi). Kolata’s research uses American, British, Swedish, and African depictions of the 1918 influenza pandemic, which makes it an ideal text for covering British and Nigerian cultural perspectives. Phillips and Killingray’s work provides medical context on influenza’s rate and spread of contagion.

One of the key factors in how the British texts do not devote themselves to influenza is the metaphoric depiction of influenza’s symptoms, its rapid mortality rate and rate of contagion. Susan Sontag’s *Illness as Metaphor* (1977) helps this project understand how metaphoric depiction of illness is used in literary and cultural representations. In *Illness as Metaphor*, Sontag responds to how illness is discussed through metaphoric language in order to describe the cultures and traits of the victims of diseases. She focuses on cancer and tuberculosis during the nineteenth and twentieth centuries. However, Sontag does reference epidemic diseases, specifically the 1918-1919 influenza pandemic. Sontag does not think that it is useful to discuss epidemic diseases through metaphorical language. She argues that epidemic disease cannot truly become a cultural metaphor, like cancer and tuberculosis, because epidemic diseases, “have become less useful as metaphors as evidenced by the near-total historical amnesia about the influenza pandemic of 1918-1919 in which more people died than in the four years of World War I” (Sontag 71). There is not enough information on epidemic diseases to allow metaphoric depiction to occur. When an epidemic occurs, an entire society suffers. Sontag’s reference on how the pandemic has been nearly forgotten, remarks on the imbalance of necessary cultural and literary portrayals of influenza. A disease, which killed so many, should not have been able to

fade from significant cultural and literary remembrance. Therefore, to devote a text to influenza, illness needs to avoid being discussed through metaphoric depiction.

Sontag's main argument on why illness should never be used or portrayed through metaphor is because metaphoric depiction leads to sensational, often exaggerated description. She argues:

My subject is not physical illness itself but the uses of illness as a figure or metaphor. My point is that illness is not a metaphor, and that the most truthful way of regarding illness-and healthiest way of being ill-is one most purified of, most resistant to, metaphoric thinking. Yet it is hardly possible to take up one's residence in the kingdom of the ill unprejudiced by the lurid metaphors with which it has been landscaped. It is toward an elucidation of those metaphors, and a liberation from them, that I dedicate this inquiry. (Sontag 3-4)

In order to devote a text to influenza, and to make influenza a significant theme in literature and cultural memory, influenza and the pandemic cannot continue to be described through metaphor. This can be achieved through detailed renderings of each aspect of influenza and the 1918-1919 influenza pandemic. This means that the physical symptoms of influenza; its rapidity, development into pneumonia, and connection to World War I; and the medical uncertainty surrounding influenza and the influenza pandemic, need to avoid metaphorical description. If the symptoms and scope of the influenza pandemic avoid metaphorical description, then the influenza pandemic could become significant, avoiding literary and cultural amnesia.

Overview of Chapter One

This chapter focuses on the British archival texts of Sutton's letters to her mother, Youngman's memoir, as well as Woolf's novel *Mrs. Dalloway*. Each text is examined for how it depicts the symptoms and scope of the pandemic. I then study each text through Woolf's argument, asking how each text devoted itself to influenza. What I found in my analysis was that each text does not devote itself to influenza. Each text represents the symptoms and scope of the influenza pandemic. Each text also portrays the symptoms and scope of the pandemic in conversation with the First World War. The historical and cultural factors, which contributed to these depictions, are the medical uncertainty regarding the symptoms influenza and scope of the pandemic, historical overshadowing, military censorship, metaphorical depiction of the symptoms of influenza and scope of the pandemic and cultural bias.

I begin my analysis with how the symptoms and scope of the pandemic are depicted in the Sutton's letters. Sutton's archival collection consists of three letters she sent to her mother while stationed as a nurse in Malta in 1918. The first letter is dated September 21, 1918. The second is dated October 1, 1918, right before Sutton contracted influenza. The third is dated November 14, 1918, three days after Sutton recovers from influenza. ("Private Papers of Miss D Sutton"). Sutton's letters, written during the pandemic, are important as they offer a glimpse into how the symptoms and scope of the pandemic were depicted in 1918. However, Sutton describes the symptoms and scope through metaphoric language, and military censorship. These letters also serve as examples of how the war overshadowed depictions of the 1918-1919 influenza pandemic.

Youngman's archived memoir, titled, *Men-of-War*, tells the story of Youngman's service in Europe and the Middle East during World War I. It serves as an example of how

representations of the pandemic were overshadowed by representations of the war. Youngman's memoir mentions influenza on one page in a two-hundred-and-thirty page memoir. On that page, Youngman describes influenza as, "a killer" ("Private Papers of H J Youngman" 143), referencing influenza's high death rate and rate of contagion through metaphoric language. Youngman's metaphoric description of the pandemic is important as influenza's rapid spread was one of its significant historical and medical aspects. Youngman's archived memoir also serves as an example of the depiction of the age range of influenza's victims: the middle-aged and youthful, rather than the very old or very young. These factors contribute in the text not being devoted to influenza.

While archival accounts are important in understanding moments of history, they are also problematic as they are constructed by social ideas and biases. Jacques Derrida in his lecture, *Archive Fever: A Freudian Impression* discusses the concept of the *arkhe*. The *arkhe*, as Derrida argues, is made up of two components, "the principle according to nature or history, there where things commence - physical, historical, or ontological principle - but also the principle according to the law, there where men and gods command, there where authority, social order are exercised, in this place from which order is given-nomological principle" (Derrida and Prenowitz 9). Archives are houses of history, but archives house the history that a society or government deems worthy of remembrance. I apply Derrida's theory of the archive to evaluate Sutton and Youngman's portrayals of the symptoms and scope of the pandemic. Though this theory, I found that Sutton and Youngman's depictions discuss the symptoms and scope of influenza as it was understood in their respective time. This factor is necessary for this project because it contributes to an understanding of why more texts are not devoted to influenza.

Since the construction and upkeep of archives derive from the culture that builds and overshadows certain memories and historical events, retrospective literature could serve as a medium that would allow a text to become devoted to influenza. Fisher argues that retrospective literature is necessary in depicting catastrophic historical events. She argues, “the passing of time is one factor necessary for historical traumas to reemerge in our collective cultural consciousness, for time allows an essential sense of protection to be achieved; only with this relative security can crucial details and comprehensible ways of viewing the catastrophe emerge” (20). The archival texts reflect Fisher’s argument. Sutton’s letters were written in 1918, with no passage of time from the pandemic. Youngman’s memoir, written fifty years after the end of the pandemic in 1969, describes influenza similarly to Sutton. Yet each of the archival texts in this chapter are necessary in understanding how influenza was discussed in 1918 and 1969, and how that conversation is a key factor in why the British sources do not devote themselves to influenza.

Therefore, in this chapter, I also analyze Virginia Woolf’s *Mrs. Dalloway* for depictions of influenza and the pandemic and how those depictions aid in representing the pandemic as its own significant historical event. Set in 1923 London, and written in stream-of-consciousness, *Mrs. Dalloway* depicts a day in the life of Clarissa Dalloway as she plans a party (Woolf). Clarissa was a victim of influenza, developing a chronic heart defect that still affects her five years later (Woolf, *Mrs. Dalloway*, 2). As Clarissa’s influenza still debilitates her in the present, memories of influenza and the war continue to debilitate London, and those still living and recovering in the postwar period of the 1920s.

In my analysis of *Mrs. Dalloway*, I found that Woolf instead uses recovery and the physical symptoms of influenza as metaphors for war, postwar London, and the consequences of

war in the future. Woolf does not devote *Mrs. Dalloway* to influenza. This seems ironic, since Woolf also theorized that space should be made for illness in her essay, *On Being Ill*. In the 1920's, Woolf's thinking about literature was affected by her thinking about illness. Woolf herself suffered from influenza (Woolf, *Mrs. Dalloway*, x). She starts *Mrs. Dalloway* by describing how her main character, Clarissa Dalloway, also suffered from influenza five years before the start of the novel. She must have continued thinking about influenza after writing *Mrs. Dalloway* as it was only a year later when Woolf theorized how literature could make space for illness as a predominant theme, worthy of literary depiction.

Woolf does not ignore influenza in *Mrs. Dalloway*. However, her portrayal of Clarissa's experience with influenza is overshadowed by experiences of the war, and metaphoric language. The plot of the novel does not revolve around Clarissa's experience with influenza. Rather, the plot revolves around Clarissa's upcoming party. Therefore, while the text does serve as an example of how influenza and the influenza pandemic were discussed in 1925, the text does not devote itself to influenza.

Each of these texts mirrors cultural bias towards illness in 1918. To offer more understanding of British culture and British cultural bias towards representing illness as a significant theme in literature and memory, I use Paul Fussell's *The Great War and Modern Memory* (1975). Fussell's discussion of British literature and culture is rooted in depictions of World War I and the Western Front, researching and evaluating, "some of the literary means by which it [World War One] has been remembered, conventionalized and mythologized" (ix). Fussell's work is particularly important in the discussion of "British Phlegm," (Fussell 181), a term used to describe British stoicism when discussing the war. Fussell's work led me to the

conclusion that how British culture talked about illness in the face of war was a factor in why the British texts do not devote themselves to influenza.

The British texts mirror British cultural bias and metaphoric depiction of the symptoms and scope of the pandemic. While each text in this chapter depicts different aspects of the pandemic, they also are examples of an imbalance between representations of the pandemic and representations of the First World War. However, the British representations of the symptoms and scope of the pandemic in are not the only depictions of the pandemic in the world.

Overview of Chapter Two

This chapter focuses on Elechi Amadi's, *The Great Ponds* (1969). Specifically, I analyze how Amadi discusses the symptoms and scope of the 1918-1919 influenza pandemic. Through my analysis, I found that *The Great Ponds* is the novel devoted to influenza that for which Woolf was arguing. I investigate the historical and cultural factors that contributed to the text being devoted to influenza. In my research, I learned how Nigerian culture preserved the memory of the symptoms and scope of the pandemic and the cultural conditions that led to the influenza pandemic's significance in Nigerian oral traditions. Amadi does not describe the symptoms or his characters experiences with influenza through metaphoric depiction, and he does not overshadow the significance of influenza with representations of World War I. Instead, Amadi portrays the 1918-1919 influenza pandemic as the significant historical event, depicting war as obsolete in the face of pandemic disease.

This chapter is different from the first. In July 2018, I traveled to London to research archival depictions of the 1918-1919 influenza pandemic. During my search, I did not find any archival sources that recorded the pandemic in Nigeria during 1918-1919. In this chapter, I

investigate the historical and cultural factors that contributed to this absence of archival sources depicting the symptoms and scope of the pandemic in Nigeria. I found that in Nigeria, the pandemic killed millions. Due to this catastrophe, influenza and the pandemic survive in oral traditions. The preservation of the influenza pandemic is not overshadowed by stories of war, or hindered due to metaphoric description. It is through the cultural significance of influenza that Amadi was able to devote *The Great Ponds* to influenza.

During my trip to London in July 2018, I did manage to find an article that explained one reason for the influenza pandemic surviving in Nigerian cultural memory. Nigerian historian Jimoh Mufutau Oluwasegun's article, "Managing Epidemic: The British Approach to 1918-1919 Influenza in Lagos," (2017) provides historical context for how colonialism contributed to the spread of the 1918 influenza. Oluwasegun examines how the British used colonial medicine and colonial brutality in attempts to contain influenza within Lagos. However, native Lagosians were terrified that methods of containment were actually an, "exercise to witch hunt the masses" (Oluwasegun 420). Lagosians fled Lagos via the roads, taking influenza with them (Oluwasegun 418). Utilizing Oluwasegun's article for this project led me to discover just how significant remembering the influenza pandemic was in Nigerian culture.

The trauma that Oluwasegun represents in his article led to research into how Nigerians discussed the 1918-1919 influenza pandemic in conversation with World War I. The article also led into an analysis of how those stories depicting illness and war were preserved in oral storytelling. Unlike the British social *arkhe*, mentioned in Derrida's, *Archive Fever*, Nigerian culture preserved history through oral traditions, passing stories of cultural trauma and catastrophe down the generations. Elizabeth Isichei, a historian of Nigerian culture, discusses the value of oral storytelling in her book, *A History of the Igbo People*. Isichei remarks on how

the preservation of traditional medicine practices merges with present-day science, and “The real achievements of precolonial African societies in the sphere of medicine are now generally recognized” (223). In Nigerian culture, it is also considered culturally significant to discuss and remember illnesses and medical knowledge.

I decided to research and analyze Nigerian depictions of the symptoms and scope of the pandemic due to representations of the pandemic in Africa being eclipsed by representations of the pandemic in Europe. Matthew Heaton and Toyin Falola argue that in many cases, African portrayals of influenza and the influenza are marginalized and not given the scholarship they deserve. In their article, “Global Explanations versus Local Interpretations: The Historiography of the Influenza Pandemic of 1918-1919 in Africa,” (2006) they write:

Thus, although the initial numbers make it seem as though Europe and Africa suffered equally, on further inspection it becomes clear that Africa suffered far more disproportionately from the influenza pandemic. This same sort of conclusion could have been reached by researchers much earlier based on existing numerical evidence; however this kind of examination did not fit with the prevailing attitudes towards the influenza pandemic and was largely ignored. (214)

Africa had a higher mortality rate than Europe during the pandemic. Yet, depictions that represent the physical symptoms and scope of influenza and the influenza pandemic are overshadowed by depictions from Europe. If texts are to become devoted to influenza, the influenza pandemic needs to be understood culturally and historically. In order to achieve that, depictions from all over the world need to be researched, analyzed and consulted. Combining Oluwasegun’s research with Heaton and Falola’s research also allowed this project to recognize the importance of establishing the different factors that led to the high mortality rate of influenza

in Nigeria than in England. These factors contribute to how the influenza pandemic spread, and also contribute to how the influenza pandemic was remembered in Nigerian culture, and allowed influenza and the influenza pandemic to be remembered as a significant historical event in Nigeria, unburdened from depictions of the war.

Jane Fisher's, *Envisioning Disease, Gender, and War: Women's Narratives of the 1918 Influenza Pandemic* provides historical context on Nigerian culture, the First World War, and Nigerian oral traditions throughout this chapter. Fisher describes how World War I contributed to the high mortality rate in Africa, remarking on Heaton and Falola's article, writing, "These proportionately larger losses, coupled with a vibrant oral tradition, particularly in Nigeria, resulted in the 1918 influenza pandemic surviving in African popular memory more coherently than it did in First World cultural memory" (Fisher 178). Fisher links Nigerian cultural depictions of the influenza pandemic to Isichei's research on medical depiction, and the endurance of the pandemic in oral storytelling. Fisher writes:

Thus, in Africa the 1918 influenza pandemic was never subject to the historical silence it engendered in Western societies. However traumatizing the pandemic might have been to those who experienced losses, in Nigeria it remained a part of public discourse, surpassing World War I in significance. (178)

Through oral storytelling in Nigeria, the influenza pandemic thrived due to cultural bias. Unlike the British representations of the influenza pandemic, Nigerian depictions of the influenza pandemic were passed on and were able to thrive within Nigerian culture, creating a remembrance that is not overshadowed by cultural metaphor, or by cultural stoicism.

Those stories live on in Amadi's, *The Great Ponds*. Amadi tells the story of how two villages, Chiolu and Aliakoro, are at war over the rights fish in the local fishing ponds, the ponds

of Wagaba. In order to avoid further war, one warrior from Chiolu, Olumba, makes a bargain with a god, Ogbunabali. If Olumba dies within six months, the ponds of Wagaba belong to Aliakoro. Should Olumba survive those six months, the ponds belong to Chiolu. However, Olumba becomes ill with wonjo [influenza], which soon spreads throughout Chiolu, Aliakoro, and the villages outside of the bargain with Ogbunabali (Amadi).

This project analyzes *The Great Ponds* because Amadi at first represents influenza as a metaphor for war. However, Amadi later drops the metaphor and devotes his novel to influenza, making influenza, and the resulting chaos of the pandemic the significant catastrophic event. I use the Manitu Wordwork's edition of *Modern Black Writers* (2000) to provide biographic context for Amadi and his experience with war. Amadi's experience with war is valuable in *The Great Ponds* as Amadi complicates the relationship between war and illness. This relationship is further complicated as the war was the cause of the pandemic's rapid spread and global devastation. However, Amadi carefully portrays the various symptoms of influenza, the instances of recovery, instances of pneumonia, the pandemic's rapid spread and high mortality rate, and medical uncertainty through the characters and plot of his novel. Amadi makes the influenza pandemic the significant historical event within the memory of the village, thereby "devoting" his novel to influenza.

CHAPTER ONE: ENGLISH ARCHIVAL AND LITERARY DEPICTIONS OF THE 1918-1919 INFLUENZA PANDEMIC

In this chapter, I analyze and evaluate how the symptoms and scope of the 1918-1919 influenza pandemic are depicted in British texts. Specifically, I analyze British letters, memoir, and fiction. These texts include the archived: letters from Dorothy Sutton to her mother (1918), and the memoir of Private H.J. Youngman, titled *Men-of-War* (1969). Both of these texts are in the collections of the Imperial War Museum in London. I also analyze Virginia Woolf's novel, *Mrs. Dalloway* (1925). The archived sources and *Mrs. Dalloway* discuss the physical symptoms of influenza. Each source also represents crucial aspects of the influenza pandemic, specifically medical uncertainty, influenza's rapid spread, and influenza's connection to the First World War. However, these representations are also depicted metaphorically, overshadow the experience of having symptoms of influenza with the experience of World War I, obscuring information regarding the influenza pandemic due to wartime censorship.

I apply multiple historical and critical frameworks to examine how each text discusses influenza. Derrida's theoretical framework of the construction of the archive in *Archive Fever* (1995), discusses how archival depictions of the physical symptoms of influenza and the influenza pandemic mirror how illness was discussed in 1918 and 1969 found in Sutton's letters and Youngman's memoir. Jane Fisher's *Envisioning Disease, Gender, and War: Women's Narratives of the 1918 Influenza Pandemic* (2012), provides historical context towards different factors that contributed to the British texts not being devoted to influenza. Fisher also examines how retrospective literature could serve as a medium that devotes itself to depicting influenza

and the influenza pandemic as well as how the pandemic is depicted in conversation with World War I.

Therefore, in this chapter, I also analyze Virginia Woolf's retrospective fiction novel *Mrs. Dalloway* (1925) focusing on how Woolf discusses the symptoms and scope of the pandemic. I also examine if the novel devotes itself to influenza. Ironically, Woolf does not dedicate this novel to influenza. As her seminal essay, *On Being Ill* (1926) was not published until a year after the publication of *Mrs. Dalloway*, Woolf must have been thinking of how to devote more space to influenza and illness as a predominant theme in literature. Woolf instead uses influenza to exhibit the lingering consequences of both illness and war. However, the novel considers the consequences of war to be more significant than the consequences of illness.

Diagnosing and depicting influenza was difficult. Not only was this due to the consequences of the war, but also due to influenza's wide range of symptoms. Due to this range in physical symptoms, doctors and historians had a difficult time diagnosing symptoms as exhibitions of influenza. Later, medical historian, Gina Kolata, in *Flu: The Story of the Great Influenza Pandemic of 1918 and the Search for the Virus That Caused It* (1999) contributes a narrative that portrays each of the symptoms and the progression of influenza. Influenza's symptoms could be wide-ranging: Fever, headaches, chills, delirium, hallucinations, fatigue, aches, exhaustion, catharsis, pneumonia, and death, are the main symptoms of influenza during the pandemic, but are also symptoms of other diseases. The multitude of symptoms contributed to a medical uncertainty towards diagnosing influenza, and depicting the disease.

Fisher describes the significance of the 1918-1919 influenza's peculiar symptoms. She writes, "Because of its high morbidity and mortality rates often leading to death by pneumonia or complications such as heart disease or encephalitis, the 1918 influenza virus itself had to have

unique properties not seen in earlier influenza viruses” (Fisher 10). Due to this strain never being seen before, this led to a medical uncertainty. Medical uncertainty will be depicted many times in this chapter, namely in the archival sources. Only by portraying the medical uncertainty in diagnosis can this aspect of the influenza pandemic be understood, and contribute to depicting the influenza pandemic as a significant historical event worthy of space within literary and cultural depiction.

Archived Letters of Dorothy Sutton:

The archived letters of Dorothy Sutton were written before, during, and after Sutton suffered from influenza during the pandemic. Sutton wrote the letters while she was a nurse in Malta in 1918. Her letters serve as an example of how the 1918 influenza pandemic was understood as it occurred. Sutton describes the symptoms of the hospital staff and her patients. Her letters also serve as examples of how the symptoms and scope of the pandemic are depicted through metaphor, resulting in the historical and literary overshadowing of influenza.

Sutton’s first letter, dated September 21, 1918, is to her mother, and describes a military gag order. Sutton writes:

I cannot tell you how busy we are, you can hardly believe it if I told you everything and of course I am not allowed to say too much all I know is that when the war is over and the boys from here get home again, a few people will open their eyes never to close them again. I should think I have had 300 seriously ill cases to look after, an impossibility to pretend to nurse them ones self with the help of two little tired and worn out orderlies.
(“Private Papers of Miss D Sutton”)

Sutton's mention of not being able to say anything to her mother is the result of a military gag order, overshadows Sutton's depiction of the First World War and the influenza pandemic. Fisher discusses military gag orders, arguing, "Censorship related to the war prevented free discussion of the disease when it occurred, leaving future historians with fewer sources to interpret" (13). While Sutton does not portray influenza in her first letter, her inability to mention anything regarding the war, or regarding the illness that is making her hundreds of patients sick, depicts a censorship of influenza and the influenza pandemic. She cannot depict the war for the sake of depicting the illness, as she has been instructed to quell any information that could worry those at home.

Sutton also inadvertently depicts the pandemic's close relationship to World War I. Not many depictions of the 1918-1919 influenza pandemic can be analyzed without also analyzing the influenza pandemic's connection to the war. It is because of the war that influenza was able to spread to pandemic proportions, with Fisher claiming:

All three waves of the pandemic were intimately connected to the rhythms of the war itself, especially the rapid mobilization of troops when the United States entered the war in 1917 and equally rapid global demobilization of soldiers and support staff after the war. These troop movements between the United States, France, Great Britain, and its colonies became a powerful vehicle for disseminating the disease, especially on crowded troop ships conducting transatlantic crossings making them in effect "floating coffins."
(15)

The global mobilization of war is one of the reasons why it is difficult to portray the influenza pandemic as a significant historical event. Influenza spread because of the pandemic. However, in this letter, the pandemic is not the significant historical event. Influenza was not regarded as

significant while the war was the significant historical event at the time. When Sutton references the mysterious illness and the war, she does not separate the depictions. The war overshadowed the pandemic. Sutton does not depict the influenza pandemic retrospectively. Her letter serves as an example of how influenza was discussed during the war, and during 1918.

World War I also overshadowed the influenza pandemic due to the use of metaphorical language. On October 1, 1918, Sutton sends another letter to her mother. This time, she depicts with more observational detail on the symptoms and scope of the pandemic. She writes:

You will have heard by now that war no longer is in England and Bulgaria and of all the splendid things the men out here have done. This of course has made us very busy indeed, especially so as we have had a sharp epidemic of Spanish Flue¹ to help things along and the men and staff are falling off like flies, but however it will all be over now soon. (“Private Papers of Miss D Sutton”)

Sutton references influenza by its nickname, “Spanish Flu,” in her second letter. By depicting influenza as “Spanish Flu,” Sutton writes a term that would come to ironically symbolize a lack of censorship, but also depicts the rapidity of the pandemic. Fisher explains the origins of the term “Spanish flu,” writing:

Censorship also explains the colloquial name given to this pandemic, which was often called “the Spanish influenza,” or “the Spanish Lady.” The 1918 influenza pandemic earned its nickname not because it originated in Spain, but because Spain, a noncombatant county, allowed its media to publish accounts of the illness. Other European media were unable to discuss the disease because of wartime censorship. (13).

¹ This spelling of “Spanish Flue” is the same spelling that Dorothy Sutton uses in her letter dated October 1, 1918.

Sutton's inability to depict the war and influenza stems from a military gag order due to the war. However, Spain did not have the same military gag order. Spain depicted the influenza pandemic due to a lack of censorship, and it is because of this lack of censorship that the influenza pandemic is remembered as "The Spanish Flu." Sutton's use of the pandemic's nickname ironically does depict the pandemic as its own significant historical event.

By using the term, "Spanish Flu," Sutton uses metaphor to depict the pandemic. As mentioned in the introduction, Susan Sontag in her book, *Illness as Metaphor* (1977) argues that illness should avoid metaphor in order to be clearly depicted. While "Spanish Flu," serves as a way to remember aspects of influenza while Spain was not under a wartime censor, in the end, "Spanish Flu," acts as a type of censor. The nickname vaguely summarizes varied symptoms and aspects within one metaphorical term. The 1918-1919 influenza pandemic, while being remembered as "Spanish Flu" does not depict the entire scope of influenza's symptoms or the pandemic's scope of infection and death. Therefore, the influenza pandemic is not truly depicted in the metaphor, "Spanish Flu." As the scope of influenza spread to pandemic proportions, it is imperative that multiple physical symptoms and aspects of influenza and the influenza pandemic be depicted. Only then can the true scope of the pandemic's devastation remain a significant historical event in global memory.

Sutton also remarks on the distinct characteristic of the pandemic's quick incubation period, and ability to kill quickly in her second letter. She writes how the men are "falling off like flies" ("Private Papers of Miss D Sutton"). This phrase is another example of metaphorical description, but also is a comment on one of the major aspects of the influenza pandemic. Medical historians Howard Phillips and David Killingray, state in the introduction of their edited collection, *The Spanish Influenza Pandemic of 1918-1919: New Perspectives* (2003), that the

pandemic, “In its global reach it was wider than the Black Death, which was confined to the Euro-Asian land mass and North Africa; in speed of transmission it was much more rapid than the serious pandemics of cholera and plague in the nineteenth century” (4). Influenza’s rapid spread is a significant aspect to portray and remember because influenza spread due to World War I. It is also an aspect that made influenza so deadly, and so difficult to diagnose. Through her description of influenza’s rapid spread, Sutton mirrors British cultural understanding of influenza’s rapidity, in conversation with the war.

Sutton’s third letter, dated November 14, 1918, was written after she recovers from influenza, and depicts influenza’s ability to develop into pneumonia. Sutton writes:

I have been in bed three days since I last wrote with “Flue².” It has played out among the troops out here this summer very few have escaped and the dead from Pneumonia alone here has been higher than it has ever been since this epidemic was started. I am quite alright again now though and have been on duty again for three days. (“Private Papers of Miss D Sutton”)

Earlier in this chapter, Kolata’s description of influenza developing into pneumonia references how many ill with influenza would “start to cough up blood” (4). The medical community at the time did not realize that pneumonia was a symptom of the 1918 influenza. Kolata further references the development of pneumonia, writing, “When the illness (influenza) was first observed, doctors were reluctant even to call it the flu. It seemed to be a new disease, they said. Some called it bronchopneumonia; others called it epidemic respiratory infection” (6). However, Sutton’s reference to the high mortality of influenza developing into pneumonia is an important

² Dorothy Sutton’s spelling

aspect of the pandemic to preserve. As this aspect was responsible for so many millions of deaths, its victims and the rest of the world needs to remember this terrifying symptom.

In her third letter, Sutton, for the first time, depicts an aspect of the pandemic without using metaphor. She tells her mother, that she experienced influenza, and “It has played out among the troops out here this summer very few have escaped and the dead from Pneumonia alone here has been higher than it has ever been since this epidemic was started” (“Private Papers of Miss D Sutton”). Sutton does not worry about the military gag order, and does not censor her letter to her mother. By referencing pneumonia, Sutton contributes to how British cultural memory remembers the medical uncertainty of diagnosis during the pandemic and the high mortality rate of influenza-turned-pneumonia. She did not turn to metaphor when describing her illness, or the rate of contagion. However, the main point of the letter is to comfort her mother by telling her mother that she is well. Instead of discussing her illness, Sutton discusses her recovery.

Sutton’s letters, written in the fall of 1918, represent how England discussed and depicted disease when in conversation with World War I. Fisher writes, “The lack of reliable data indicating the full range of the 1918 influenza pandemic makes it difficult for historians who study it to offer any coherent overview. Their focus has to be relatively local rather than globally extensive as would befit a pandemic” (14). While Sutton’s letters serve as important representations of different symptoms of influenza and aspects of the pandemic, they do not depict an overview of the symptoms and aspects. Sutton’s description of the symptoms and scope of the pandemic is suppressed due to war censorship, and serves an example of how metaphoric depiction plays a powerful role in archived discussions of the 1918-1919 influenza

pandemic and influenza's symptoms. However, due to the metaphorical depiction, censorship, and medical uncertainty, Sutton's letters are not devoted to influenza.

Archived Memoir of Private H.J. Youngman:

Private H. J. Youngman's two-hundred and thirty-page memoir, *Men-of-War* (1969), was written fifty years after the pandemic occurred. In his memoir, Youngman briefly mentions the pandemic, serving as a valuable example of the influenza pandemic being overshadowed by depictions of the First World War. According to the Imperial War Museum and the memoir, Youngman suffered a wound during battle, and was transported to England to recover. In England, Youngman witnessed the symptoms, rate of contagion, and death toll of the 1918-1919 Influenza pandemic ("Private Papers of H J Youngman").

Youngman first devotes his memoir to describing his experiences during the First World War. A little more than halfway through his memoir, Youngman briefly discusses his experience at a hospital in England during the pandemic, where he was recovering from a leg injury. Youngman had ambitions to join the Royal Air Force, but due to his injury, "Thus ended my chance of getting into the Royal Air Force, for I never heard anything more of the matter" ("Private Papers of H J Youngman"). It is because of his hospitalization that he was able to observe and record the physical symptoms of influenza, and describe the pandemic. Youngman writes:

I was in the hospital for several weeks, but I do not think that this is entirely due to my injury. At that time, a great scourge given the indefinite name of influenza, was sweeping not merely Europe, but practically the whole world. It struck our hospital just as I was convalescent. The strange thing was that for the most part it was the doctors and

nurses who went down while most of the patients escaped. It was a killer. In a matter of a day or two, doctors and nurses who had seemed the picture of health were dead. The patients who like myself were not seriously incapacitated took over the nursing duties, as far as we were able with our lack of skill. With such help, the hospital was able to carry on until the worst of the epidemic was over. (“Private Papers of H J Youngman”)

Youngman describes influenza as a killer. While the 1918-1919 influenza pandemic did kill more people than any other illness in human history, shrouding the pandemic within the metaphor of being simply a killer, denudes the overall scope of the influenza pandemic.

Youngman’s account offers no characteristics of physical symptoms or consequences besides a high mortality rate. By doing this, there is no liberation for a true depiction of the pandemic and influenza. By depicting the physical symptoms of influenza through metaphor, Youngman’s account mirrors Sutton’s, repeating a trend in recording the pandemic through metaphorical depictions.

One aspect of the influenza pandemic that Youngman mentions without metaphorical language is the pandemic’s aspect of killing the relatively young. Youngman comments in the above quote that the doctors and nurses fell ill and the soldiers must serve as the caretakers.

Phillips and Killingray depict this feature, writing:

A surprising feature of the 1918-19 pandemic, compared to all other recorded influenza pandemics, was the high incidence of death universally among those aged between 20-40 years, particularly men, the very group that might be thought to be stronger and thus less likely to succumb to influenza. This was the case whether a country was at war or at peace. (8)

It is odd that the 1918 influenza killed so many that would be deemed healthy in many cultures. It is also odd that the doctors and nurses, many within the age group Phillips and Killingray reference, are the ones that fall ill. The constant fatigue of trying to diagnose and treat the influenza of 1918 had taken its toll. It is important to depict the deaths of the young, as well as the deaths of the doctors and nurses because these depictions put the experiences of those who suffered into conversation with those who suffered during the war. This depiction also contributes to the significance of the pandemic. This strain of influenza was unlike anything anyone had yet seen, and it was particularly troubling when those who were tasked with defending their countries, and defending the health of society, were dying from this illness.

While Youngman's depiction of his experience with the pandemic contributes the peculiar aspect of the young and healthy dying, this depiction is just one page in a two-hundred-and-thirty page memoir that discusses the horrors and glory of combat during the war. Youngman's depiction of the influenza pandemic is miniscule compared to the rest of his two-hundred-and-thirty-nine pages depicting the war. According to Fisher, British culture could not separate depictions of influenza and the influenza pandemic from depictions of the war because British culture did not see glory in illness. She argues:

More importantly, the 1918 pandemic did not obviously fit into dominant historical or scientific narratives about the period, so while more conventional interpretations of World War I (i.e., those emphasizing the defeat of empires or the mockery of heroic military ideals such as honor and glory) dominated an exhausted public consciousness, the influenza pandemic was neglected. (Fisher 7)

Depictions of the 1918-1919 influenza pandemic were overshadowed by depictions of war became more dominant in cultural memory. Overshadowing detailed aspects of the influenza

pandemic through metaphor contributed to this cultural bias. Youngman's account summarize the experience of the pandemic into one-word metaphors such as "killer," and in an effort to depict war, does not view the influenza pandemic as a significant event.

British culture also does not deem illness, even when retrospectively consulted, as a particularly important. As mentioned in the introduction, Paul Fussell in his book, *The Great War and Modern Memory* (1975), writes about how World War I is memorialized in British literature and cultural memory. His reasoning for illness being neglected in British literature and cultural memory when compared to the glory of war, is, "British Phlegm" (Fussell 181). To Fussell, British Phlegm is "to affect to be entirely unflappable; one speaks as if the war were entirely normal and matter-of-fact" (181). In a way, British Phlegm not only was the cultural method of communication when talking about the war, but also how the cultural method of how the pandemic was discussed. In the earlier discussed archived letters of Sutton, a military gag was depicted, determining censorship on anything in relation to the war. Evoking British Phlegm, British culture itself regarded depictions of the pandemic as insignificant. Through this cultural stoicism, influenza and the pandemic were never given the space needed in order to develop into significant literary and cultural themes.

How these archival depictions are collected also contributed to the overshadowing of the pandemic to the shadows of history. While this project analyzes archives in their discussion of the pandemic both when it occurred, and was chronicled retrospectively, Fussell discusses a concern in studying archives. He argues, "Clearly, any historian would err badly who relied on letters for factual testimony about the war" (Fussell 183). As referenced in the example of Sutton depicting military censorship, and Youngman's example of cultural stoicism, archived

portrayals of influenza and the influenza pandemic do not have the necessary retrospectivity to depict the full scope and terror of the 1918-1919 influenza pandemic.

This argument resembles Jacques Derrida's explanation of the *arke*. As referenced in the introduction of this project, the *arkhe*, or archives, is constructed by cultural and social biases and does little to actively preserve the past. In fact, Derrida argues that:

The question of the archive is not, we repeat, a question of the past. This is not the question of a concept dealing with the past, which might already be at our disposal or not at our disposal, an archivable concept of the archive. It is a question of the future, the question of the future itself, the question of a response, of a promise and of a responsibility for tomorrow. (27)

Archives are constructed based on what is chosen to be preserved instead of everything that should be preserved. In preparing for the future, archives are meant to house past wisdom and experience to help prepare future societies. Derrida acknowledges the bias of archives, and how certain moments in history may not have been preserved so that future societies could learn from the mistakes of the past.

Both Sutton's letters and Youngman's memoir are examples of the British *arkhe*. They mirror cultural attitudes towards illness. Their texts are examples of the cultural attitude towards discussing influenza during the First World War. Both accounts acknowledge the military and cultural censorship of the war and the pandemic, the use of metaphor when depicting the symptoms and scope of the pandemic, the pandemic's connection to the war, and the censorship of the pandemic due the pandemic occurring towards the end of the war. Therefore, literary depictions need to be consulted to see if they devote themselves to the symptoms and scope of

the pandemic. Then, depictions of influenza and the pandemic can survive in historical and literary memory.

Mrs. Dalloway:

Retrospective fiction could provide the 1918-1919 influenza pandemic with the space it needs to become a significant historical and literary event. Virginia Woolf, retrospectively reflects on influenza and the First World War in her novel, *Mrs. Dalloway* (1925). In the novel, Woolf chronicles a day in the life of Mrs. Clarissa Dalloway in 1923. Five years earlier from the events of the novel, in 1918, Clarissa suffered from influenza and continues to suffer from its lasting effects. “For having lived in Westminster – how many years now? Over twenty, - one feels even in the midst of the traffic, or waking at night, Clarissa was positive, a particular hush, or solemnity; an indescribable pause; a suspense (but that might be her heart, affected, they said, by influenza) before Big Ben strikes” (Woolf 2). Woolf depicts Clarissa’s lingering symptoms as a metaphor for the lingering recovery of England and its citizens from World War I. She does this by giving Clarissa a heart defect, a repercussion for developing pneumonia during her bout of influenza. Clarissa’s recovery five years later also portrays the lasting consequences that influenza and the pandemic had on the world.

Woolf herself suffered from influenza (Woolf, *Mrs. Dalloway*, x). Fisher argues that Woolf’s bout of influenza is the same as Clarissa’s. She claims, “As an author, Woolf used the otherwise debilitating symptoms of influenza and a related heart problem in both the creative process and in the content of the novel that she was drafting” (Fisher 75). This connection between author and character is deeply personal. Woolf had long been a champion of illness literature and by giving her main character the same illness and debilitation that she suffered

from, Woolf connects Clarissa's suffering to her own suffering. Woolf gives a unique perspective into suffering from the influenza pandemic.

Yet, Woolf complicates her depiction of influenza by paralleling Clarissa's recovery from influenza to the recovery of England from the war. Woolf seems to mirror the examples from Sutton and Youngman. Fussell writes about the struggle soldiers endured as they tried to forget the war, arguing, "Once the war was over, many assumed they could simply leave it behind" (325). The horrors of war, like the horrors of the influenza pandemic, could never be completely forgotten. Fisher writes of *Mrs. Dalloway*, "as the novel begins, however, she (Clarissa) has become unknown even to herself and must work to understand and accept her future as well as aspects of World War I that have also been ignored, made unseen or unknown" (80). England, and Clarissa, after the turmoil of war and illness must find themselves and remember who they are. Both Clarissa and England have changed due to their experiences, and are slowly recovering from their respective traumas. Yet the chronic debilitation of life, for which Clarissa's heart defect serves as a metaphor, cannot allow for a full and healthy recovery. In this depiction, Woolf tangles influenza with the war but due to the struggle of remembering war over illness, does not depict the influenza pandemic as a significant historical event. Therefore, World War I has overshadowed the portrayal of the pandemic.

In the previous quotes, Clarissa mentions her influenza and subsequent heart defect only in passing. When Clarissa wonders if the stillness of the day is due to her heart defect (2), Woolf immediately afterwards launches the reader into stream of consciousness about the war:

For it was the middle of June. The War was over, except for some one like Mrs. Foxcroft at the Embassy last night eating her heart out because that nice boy was killed and now the old Manor House must go to a cousin; or Lady Bexborough who opened a bazaar,

they said, with the telegram in her hand, John, her favorite, killed; but it was over; thank Heaven – over. It was June. (Woolf, *Mrs. Dalloway*, 2-3)

Even though the novel is set in the summer five years after these events, the consequences of war, and the consequences of influenza, still haunt those who survived. Clarissa only mentions her influenza as an excuse for her heart pausing in the midst of a beautiful morning. Though Clarissa is thought to have recovered, as London was thought to have recovered, the war, and influenza never left their memories. Even though Woolf's use of metaphor to the influenza pandemic and depict the slow recovery of postwar London mirrors the instances of British Phlegm, found in Sutton's letters and Youngman's memoir. Fisher argues, "Woolf prefers to represent both the war and the 1918 influenza pandemic through litotes or understatement, emphasizing the public repression of emotion toward these catastrophes till common among most of Clarissa's fellow Londoners" (81). Both events linger in the minds and bodies of Woolf's characters, mirroring the lingering consequences of war, and illness. Yet Woolf chose to connect Clarissa's stream of consciousness to the recovery of war, and therefore, overshadows an elaboration into the recovery of influenza with an elaboration into the recovery from the war.

The lingering effects of the symptoms and scope of the pandemic also had lasting political consequences that contributed to the beginnings of the Second World War. Woolf writes that Clarissa's influenza had lasting political consequences. A friend of Richard Dalloway (Clarissa's husband), Lady Bruton, remarks on the consequences of Clarissa's illness. Woolf writes:

Thus, when she said in her offhand way 'How's Clarissa?' husbands had difficulty in persuading their wives and indeed, however devoted, were secretly doubtful themselves, of her interest in women who often got in their husbands' way, prevented them from

accepting posts abroad, and had to be taken to the seaside in the middle of the session to recover from influenza. (118)

Clarissa's husband lost an opportunity for a foreign post. Lady Bruton blames Clarissa for the loss the British government endured when Richard left the Cabinet to take care of his wife.

However, it is important to depict the political ramifications of the influenza pandemic, even if those ramifications are represented in metaphor. Fisher explains, "Historians are also beginning to argue the strain of illness suffered by both troops and statesman accelerated and significantly altered the negotiations ending World War I" (16). According to Fisher, President Woodrow Wilson suffered three bouts of influenza, and it was due to his illness that he "agreed to French proposals for harsh reparations for Germany to which he had previously objected" (17).

Depicting this political fallout in the metaphor of Richard Dalloway losing a Cabinet post, serves as a wider critique of choices made in the recovery after World War I. As Richard neglected his duty to lead England postwar, so too did political leaders neglect to offer lasting solutions of recovery towards the war. Yet Clarissa, with all the care that Richard showed her in the novel, still has a heart defect from pneumonia caused by influenza. England, like Clarissa, suffered a blow from which they would never fully recover.

Conclusion:

The British primary texts do depict important historical and literary aspects of the pandemic. In Sutton's letters, influenza's wide spectrum of physical symptoms are addressed, and the medical uncertainty towards diagnosing influenza depicted. The letters also reference influenza's rapid spread. In Youngman's memoir, influenza's connection to the First World War

is complicated and investigated. Youngman also discusses how the 1918 influenza seemed to affect the young and healthy, a terrible blow to the war effort and the medical community.

In *Mrs. Dalloway*, Woolf's portrayal of a character living with the lasting effects of influenza are overshadowed by the remembrance and lasting effects of World War I. Woolf uses metaphor when she depicts Clarissa's husband, Richard, turning down a political position, thereby depicting the political ramifications of influenza and World War I. Therefore, the British primary texts are examples of the cultural and literary overshadowing of the 1918-1919 influenza pandemic and influenza's various symptoms.

These texts do not devote themselves to influenza, but rather serve as examples of depictions that mirror cultural discussion of the pandemic in 1918. In Sutton's archived letters, the pandemic has been censored through a military gag order. Also, ironically, the nickname "Spanish Flu" ("Private Papers of Miss D Sutton"), is a representation of the pandemic due to censorship. In Youngman's archived memoir, the experience of influenza is overshadowed by portrayals of war. Woolf uses illness as a metaphor for war and recovery in *Mrs. Dalloway*, which mirrors the overshadowing found in Sutton's letters and Youngman's memoir. The 1918-1919 Influenza pandemic needs to have a depiction devoted to it in order to avoid cultural and historical overshadowing. To do that, literature and cultural memory from another culture needs to be analyzed and evaluated.

CHAPTER TWO: NIGERIAN ORAL TRADITIONS AND THE RESULTING LITERARY DEPICTION OF THE 1918-1919 INFLUENZA PANDEMIC

This chapter explores the global impact of the 1918-1919 influenza pandemic. I focus on a Nigerian novel, Elechi Amadi's, *The Great Ponds* (1969) and the cultural factors that contributed to the novel's depiction of the symptoms and scope of the pandemic. *The Great Ponds* represents influenza's various symptoms, the medical uncertainty in diagnosing influenza, and how this medical uncertainty contributed to influenza's rapid spread, developing into a pandemic. Nigerian cultural memories of influenza survived due to oral storytelling traditions. This novel, in contrast with *Mrs. Dalloway* portrays the symptoms of influenza in detail, and does not overshadow depicting the pandemic by depicting war as the more significant historical event. In *The Great Ponds*, Woolf has her novel, "devoted to influenza" (Woolf, *On Being Ill*, 4).

The pandemic was more devastating in Africa than it was in Europe. Matthew Heaton and Toyin Falola reference troubling statistics in their article, "Global Explanations versus Local Interpretations: The Historiography of the Influenza Pandemic of 1918-1919 in Africa" (2006). They reference, "While Europeans died at a rate of 4.8 per 1,000 people, Africans succumbed at a rate of 14.2-17.7 per 1,000" (Heaton and Falola 214). This statistic explains that the pandemic's rapid spread and high mortality rate affected Africa more than Europe. Heaton and Falola follow this statistic with, "This recognition, and stress on the fact that different continents suffered differently from the influenza pandemic, begs the question whether or not certain regions in Africa experienced the influenza pandemic of 1918-1919 differently as well" (214). As this project focuses on the global representations of the pandemic, exploring how the

pandemic affected Nigeria became significant. What I found was that the British colonial rule of Nigeria during the First World War contributed to the desolation of the pandemic.

The British colonization of Nigeria contributed to the rapid spread of the pandemic in Nigeria, and later, throughout West Africa. In his article “Managing Epidemic: The British Approach to 1918-1919 Influenza in Lagos,” (2017), historian Jimoh Mufutau Oluwasegun, discusses how illness “must be studied within the socio-political context of its society regardless of its geographical spread” (413). As Nigeria was under British colonial rule during the pandemic, the factors of colonial rule reviewed in order to understand how these factors contributed to the spread of influenza across Africa. Oluwasegun writes:

The influenza was declared as an infectious disease through public notice. The legal recognition of the epidemic provided the colonial state with the mandate to intrude forcefully and sometimes aggressively into the private houses of people; this was unprecedented in Lagos. The effect of these intrusions nevertheless created further panic among Lagosians resulting in a wave of discrete escapes to the hinterland by sick people, thereby spreading the influenza. (420)

Due to the disorder of colonial governance, Lagosians fled Lagos, the capitol of Nigeria, and carried influenza with them. In Lagos, information regarding influenza was posted publicly. However, due to the public posting, widespread “anxiety created by the news of the epidemic and its virulent features made every illness in Lagos susceptible to being described as influenza” (Oluwasegun 414). Those who were ill and the medical professionals trying to diagnose them were at a loss. Therefore, the colonial government entered Lagosian homes and took the ill to hospitals to recover in an effort to contain the spread of the disease (Oluwasegun 416).

Ironically, this led to mass panic, resulting in Lagosians hiding their symptoms and fleeing Lagos.

The above facts become more tragic when Oluwasegun writes about why so many Lagosians either hid their symptoms or fled Lagos. The house visits were seen by the Lagosians to “undermine their privacy” (Oluwasegun 420). When the colonial government began to separate the sick from their homes, in an effort to enforce quarantine, the native Lagosians “greatest fear was that the colonial officers might take advantage of the exercise to witch hunt the masses” (Oluwasegun 421). Due to this fear of colonial force and genocide, native Lagosians fled by road “while it became impossible for the colonial government to halt the exodus of the people from the colony who left by land” (Oluwasegun 418). The fear of illness as an excuse for colonial forces to seize the homes of the native Lagosians and mass exodus that resulted in that fear led to the spread of influenza across Nigeria and Africa.

It is because of this exodus, that stories portraying the pandemic were passed down through the generations and survived in Nigerian society. Jane Fisher in *Envisioning Disease, Gender, and War: Women's Narratives of the 1918 Influenza Pandemic* (2012), argues that the devastation of the pandemic in Africa is what led to the pandemic surpassing depictions of the First World War in Nigeria, as mentioned in the introduction. Therefore, the Nigerian texts are able to represent the pandemic because it was more regarded as being culturally significant enough to become a theme in literature.

Nigerian Oral Depictions

In 2018, I traveled to London to find archival evidence of the 1918-1919 influenza pandemic. While I found records written by British soldiers and nurses, I found no archival

records describing the pandemic in Nigeria. Through further research, I learned that in Nigeria, oral traditions served as a better cultural record. Fisher discusses the difference in cultural memory between the West (Britain) and Africa, noting:

Although scientists continued for generations to decipher the mysteries of the influenza's origin in their laboratories, Western societies found it much safer to let the 1918 pandemic hover on the margins of their cultural memories, apparently forgotten, repressed, and inaccessible. African cultures, however, kept memory of the pandemic alive through their oral traditions. (18)

Not only did Nigerians keep the memory of the pandemic alive, they also remembered it as a significant historical event. The Nigerian historian Elizabeth Isichei in her book, *The History of the Igbo People* (1976), writes, 'In the oral traditions of many Igbo communities, the influenza epidemic is remembered as the greatest disaster of their history, and events are dated as so many years before or after influenza' (224). Oral storytelling allowed Nigerian culture to retain the memory of the horrors of the pandemic. This is what allowed so many details of the symptoms and scope of the pandemic to survive past 1918.

Nigerian culture is also attune to regarding illness and medicine as culturally important. Isichei elaborates on the value of oral depictions of illness and medicine in Nigerian culture. She writing:

In Igboland as in other parts of the world, the history of disease and its treatment, and of epidemics, is an important and neglected variable of social history. The real achievements of pre-colonial African societies in the sphere of medicine are now generally recognized. Even today, traditional dibia include some superbly successful

bone-setters, and pharmacologists in Nigeria (and elsewhere in West and East Africa) are conducting a scientific analysis of traditional herbal remedies. (223)

Depicting medicine and illness is an integral part of Nigerian culture. Nigerian culture does not censor or overshadow cultural representations of medicine and illness with representations of war as seen in the texts of the first chapter. Nigerian culture, as depicted by Isichei, does not suffer from a cultural stoicism similar to Fussell's term, "British Phlegm" (Fussell 181). Therefore, oral traditions depicting the symptoms and scope of the pandemic would be regarded as significant and worthy of cultural and literary remembrance.

More representations of the pandemic outside of Europe are needed. As previously discussed in the introduction, Heaton and Falola, argue that the scale of the pandemic in Africa cannot be analyzed like the pandemic in England. Local history and local depictions are needed in order to understand how the influenza pandemic was remembered. They that, due to globalization and global depictions of the pandemic:

Evidence for a diversity of experiences dealing with the pandemic and its after-effects is underemphasized. Examining the history leading up to the pandemic in different regions has produced different interpretations of the significance of the pandemic to specific populations, as well as differing accounts of the pandemic's legacy in various regions. (216)

Nigeria's experience and history of the influenza pandemic is not the same or comparable in scope and scale to England's experience and history of the influenza pandemic. It is because of the scope of the deaths and terror that influenza and the influenza pandemic are able to survive in Nigerian oral depictions.

Fisher builds off the importance of investigating oral depictions outside of the First World and illustrates a possible reason that oral traditions were not as popular in remembering influenza and spreading those depictions throughout the world. She argues:

The more severe limitation of oral tradition, however, lies in the power and status of those who are remembering; working-class people, minorities, and women and children of working-and middle-class status would remember the disease that killed their families, friends, and neighbors, but had no social forms validating these memories. (Fisher 4-5)

Nigerians were did not hold power in colonial Nigeria. Therefore, Nigerian oral stories of the pandemic, while culturally significant in to Nigerians, would not seem important to Nigeria's colonizers. Those who did not hold power, or significance from 1918-present would fail to peak public interest, especially if those traditions came from Africa. If the pandemic can be represented around the globe, making influenza a predominant theme in literature, academic bias can turn to more local histories of the influenza pandemic in the Third World. Then, new perspectives and new depictions can be found that put the symptoms and scope of the pandemic back into historical significance.

The Great Ponds

Many factors contributed to the 1918-1919 influenza pandemic being regarded as culturally significant in Nigeria. However, as oral traditions are more abstract, and not regarded with the same notoriety as literary representations of an event, fiction, as Fisher argues in the introduction, could serve as a transition. Retrospective fiction give a writer time to consider the scope of the pandemic as well as integrate research outside of the colonial bias and medical

uncertainty that suppressed non-Nigerian depictions. The oral traditions of influenza and the 1918-1919 influenza pandemic in Nigeria can be retold and preserved in retrospective fiction.

Amadi in his novel, *The Great Ponds* uses the oral depictions of the pandemic, and “offers a commentary on war’s futility” (Fisher 194). Amadi does involve war in his depiction of the pandemic but he does not let the war in his novel diminish the significance of the pandemic. It instead, enhances the significance of the pandemic, showing that in the face of devastating illness, war is not as important. Amadi also does not overshadow the symptoms and scope of the pandemic through metaphor. He depicts the physical symptoms in concrete detail, speaking to the body’s ability and inability to fight off influenza through his characters. Amadi shows the full range of contrasting physical symptoms, which made the influenza of the pandemic so difficult to diagnose.

Many critics believe that Amadi based the war depicted in *The Great Ponds* on his own experiences as an army captain in the Biafran War. According to Fisher, “Amadi wrote the novel (*The Great Ponds*) during the Biafran War, and the internal combat between the two villages mimics Nigeria’s own civil conflict, offering a commentary on war’s futility” (194). The Biafran War, also known as the Nigerian Civil War, occurred from 1967- to 1970. *Modern Black Writers* (2000) provides some biographical context, describing that Amadi was “branded a saboteur and imprisoned by the Biafran forces” (Manitou Wordworks 33). Amadi’s depiction of war is in conversation with his depiction of influenza. However, Amadi develops Nigerian cultural traditions of illness, healing, and religion into a complex web of metaphor combined with depictions of war. This is how Amadi considers the lasting effects of the pandemic and devotes his novel to influenza.

The Great Ponds is set in the villages of Chiolu and Aliakoro in Nigeria in 1918 (Amadi). The warriors of Chiolu and Aliakoro are about to go to war over the rights to the local fishing ponds, known as the ponds of Wagaba (Fisher). In order to avoid war, the villages come to an arrangement. A warrior of Chiolu will make a bet with a god. If that warrior dies during the course of six months, then the god decrees that the village of Aliakoro wins the fishing rights of the ponds. If the warrior survives the six months, the fishing rights belong to the village of Chiolu (Amadi). The warrior that is selected is Olumba, a revered warrior from Chiolu. Olumba's bet is made with Ogbunabali, the god of the night and the dead. Within a few weeks, Olumba exhibits symptoms of wonjo (110), the term that the characters in *The Great Ponds* give to the mysterious illness that is later revealed to be influenza (Amadi 165, 198). After a few days, Olumba recovers from those symptoms.

Within the story of *The Great Ponds*, Olumba is the first to exhibit symptoms of wonjo. Amadi depicts Olumba's suffering in vivid bodily detail. "Near midnight, he [Olumba] woke with a start. He was sweating and trembling. His eyes were now closed and his breathing was labored. Perspiration ran down his muscular body in rivulets" (Amadi 118). In this scene, Amadi gives wonjo's symptoms the space to be recognized. In the British depictions of influenza, the body is not given the representation it deserves. The symptoms overshadowed by metaphorical depiction or considered less significant than representing war. Susan Sontag's appeal that illness can only be understood without metaphorical depiction in her book, *Illness as Metaphor* (1977) is answered in Amadi's portrayal of the symptoms and scope of the pandemic.

Amadi grounds *The Great Pond's* devotion to influenza through representing the body's experience of suffering the symptoms of influenza. Woolf in *On Being Ill* (1926) emphasizes how the body is usually ignored in illness literature. She argues that the body is treated

disdainfully writing, “They show it by ignoring the body in the philosopher’s turret; or kicking the body, like an old leather football, across leagues of snow and desert in the pursuit of conquest or discovery” (5). Olumba’s body is the battleground for ownership over The Great Ponds. As Olumba exhibits symptoms of illness, symptoms thought to be the result of his wager with Ogbunabali, Olumba’s body is trying to keep Olumba alive. Symptoms are not signs of a disease itself, but signs that a body is fighting off a specific disease. As Olumba fights against what he believes to be the decision of a god, his body keeps him alive, though in agony.

Amadi also contributes to an understanding of the body showing symptoms by depicting Olumba communicating his pain verbally. “When asked where he feels pain, Olumba answers, “Everywhere,” and “My head, my chest, my stomach. Chei! I am burning” (Amadi 119). Verbal communication of pain and symptoms have not been depicted in this project until now. It is important to include this scene, because portraying a character verbalizing their experience with influenza contributes to a more detailed understanding of influenza’s symptoms. Sontag argues that communicating the agony of illness leads to a romanticizing of illness. She says, “Agony became romantic in a stylized account of the disease’s preliminary symptoms (for example, debility is transformed into languor) and the actual agony was simply suppressed” (Sontag 29). When the actual agony of illness is shrouded in metaphor, representations of illness, and narratives depicting those representations of illness, become unclear. That overshadowing influences how illness representations and narratives can become forgotten, or regarded as insignificant.

Olumba ends up surviving influenza. Amadi describes Olumba’s quick recovery, writing, “In two days, Olumba was well again” (Amadi 120). Depicting a character surviving the symptoms of wonjo is critical in understanding and depicting the pandemic as survivors

passed down the oral depictions of the pandemic. Gina Kolata in her book, *Flu: The Story of the Great Influenza Pandemic of 1918 and the Search for the Virus That Caused It* (1999), argues that, “About 20 percent of its victims had a mild disease and recovered without incident” (12). These survivors would go on to tell stories about the pandemic in the oral traditions to which Isichei refers. As Olumba recovers, he will carry with him the experience of suffering from wonjo, and it will enable him to recognize wonjo in others.

While Olumba recovers, others in Chiolu, including Olumba’s family, begin to exhibit symptoms of wonjo. Olumba’s wife, Nyoma is the first to exhibit symptoms after Olumba recovers, but hers symptoms are different from Olumba’s. She exhibits symptoms of pneumonia. In the following section, Amadi clearly illustrates Nyoma’s symptoms. Amadi writes:

The cough grew worse. Nyoma grew weaker and stayed longer in the bed. She was not just a broomstick; she was now an emaciated broomstick. Achichi prescribed some routine sacrifices and rubbed Nyoma’s chest with some lotions. There was no improvement. The woman deteriorated steadily. A cloud descended on the already gloomy family. Was it ‘lock-chest’? Achichi was convinced it was not, for his patient was breathing with ease, if noisily. The noise was much like the usual wheezing sound made by cough and catarrh sufferers. (142)

Amadi does not resort to using metaphor to describe Nyoma’s symptoms, which, using Kolata’s medical research shows Nyoma’s influenza developing into early viral pneumonia. Wonjo has preoccupied Nyoma’s immune system, leaving her vulnerable to other diseases. Influenza turning into pneumonia was one of the deadlier aspects of the pandemic, as mentioned in the first chapter.

Nyoma's symptoms progress later in the novel, eventually killing her. Amadi writes, "A sharp pain in the chest reminded her she was still an invalid" (161). Kolata remarks on this physical development of influenza to pneumonia, writing:

Some almost immediately became deathly ill, unable to get enough oxygen because their lungs had filled with fluid. They died in days, or even hours, delirious with a high fever, gasping for breath, lapsing at last into unconsciousness. In others, the illness began as an ordinary flu, with chills, fever, and muscle aches, but no untoward symptoms. By the fourth or fifth day of the illness, however, bacteria would swarm into their injured lungs and they would develop pneumonia that would either kill them or lead to a long period of convalescence. (12)

This aspect is crucial in understanding the pandemic as a historical event because many who developed pneumonia were victims of the pandemic. By refusing to overshadow the physical symptoms of Nyoma's illness, Amadi is able to clearly represent the range of symptoms exhibited by victims of the pandemic.

Amadi's depiction of Achichi's confusion regarding Nyoma's illness represents the medical uncertainty in diagnosing the 1918 influenza. The medical community could not diagnose the disease at first. In 1918, it was unknown that viral pneumonia was a development of the influenza virus. It was also unknown what the mysterious ailment was that was killing so many. In the above quote with Nyoma, Achichi is unsure of what Nyoma is suffering from. He wonders if the symptoms are from "lock-chest" (Amadi 142). Amadi's depiction of Achichi observing Nyoma's symptoms shows Achichi's uncertainty. Amadi further depicts this medical uncertainty, writing, "Nyoma's illness had struck her suddenly. It did not respond to the usual treatment. Okwaranta, the cough that killed people, usually took several months or even years to

do so. How could anyone die of a cough in a few days?” (143-4). Portraying this uncertainty within the medical community is vital in representing the 1918-1919 Influenza pandemic. Medical professionals around the world deliberated as to what the pandemic was. They had never seen anything like it. Kolata writes:

When the illness was first observed, doctors were reluctant even to call it the flu. It seemed to be a new disease, they said. Some called it bronchopneumonia; others called it epidemic respiratory infection. Doctors suggested it might be cholera or typhus, or perhaps it was dengue fever or botulism. Still others said it was simply an unidentified pandemic disease. Those who used the term ‘influenza’ insisted on enclosing it in quotation marks. (Kolata 6)

The medical community did not know what to call influenza. By adding Achichi’s confusion towards diagnosing the mysterious disease that plagued both Olumba and Nyoma to the narrative, Amadi is emphasizing the confusion within the medical community towards the pandemic. Medicine was failing in diagnosing what was responsible for killing so many. Therefore, it is vital to represent the medical community’s confusion as it represents an important historical component of the 1918-1919 Influenza pandemic.

By representing the different symptoms of influenza, Amadi illustrates how symptoms of influenza contributed to the pandemic’s scope. Due to medical uncertainty as well as the high mortality rate, pinpointing certain symptoms of influenza was difficult and led to even more uncertainty. “The lack of reliable data indicating the full range of the 1918 influenza pandemic makes it more difficult for historians who study it to offer any cohesive overview” (Fisher 14). Depicting the full scope of symptoms in concrete detail, and representing the body as a fighter

against a virus, as Amadi does in *The Great Ponds*, avoids suppressing the physical symptoms of wonjo, therefore avoiding historical silence.

The pandemic is also thought to be a punishment from mystical forces as a punishment for war. The portrayal of physical symptoms are connected to the belief that symptoms were the result of a curse. After seeing and failing to treat Olumba of wonjo's symptoms, Eze Diali, Chiolu's chief elder, or healer, sends for another healer, Anwuanwu to assist Chiolu's main healer, or, dibia, Achichi. While waiting, Eze Diali muses about the cause of Olumba's sudden illness. "If Ogbunabali, god of the night, was at work then Olumba might die before Anwuanwu arrived" (Amadi 119). Olumba only entered into the wager with Ogbunabali in order to avoid war. Kolata references that this common cultural belief was shared around the globe, remarking, "It was more like a biblical prophecy come true, something from Revelations that predicted that first the world was to be struck by war" (4-5). By representing wonjo as a possible condemnation from Ogbunabali, Amadi then represents illness in its connection to war through cultural understanding.

Amadi emphasizes the spread of influenza and the growing scale of the pandemic due to the First World War by portraying influenza's rapid spread. Influenza's rate of contagion was one of its more terrifying aspects, allowing the pandemic to grow into what was thought of originally as an outbreak, to an epidemic, to its pandemic scale. Amadi first depicts influenza's rapidity during a village gathering. Soon after Nyoma begins to exhibit symptoms of wonjo, wonjo spreads throughout Chiolu. It infects almost every household. A villager at first begins to share the names of the sick during the gathering, but many more chime in. Amadi writes:

Critical situations demand straight talk. Eze Diali is sick, Chituru is sick, Diali's second wife is sick, and so are Olumba's two wives and first daughter. A few days ago...

'There was a flood of interruptions':

'So is my wife.'

'So is my daughter.'

'My neighbor is dying. (Amadi 158)

Many of the villagers at the gathering know someone who is sick. Oluwasegun remarks on influenza's rapid rate of contagion, stating, "The virus is transmitted from person to person by the respiratory route, with a short incubation period of 24-27 hours, so that the virus can spread rapidly" (414). From there, the influenza virus either kills, or develops into pneumonia. By depicting influenza's rate of contagion as a significant occurrence, Amadi uses it to separate influenza from its connections to war and superstition. He does not depict influenza within metaphors of being swift, or a killer. He simply states that wonjo has spread, and uses the lamentations of the villagers to emphasize and embody the fear towards the pandemic as it was felt in 1918.

Amadi also portrays the pandemic's scope in order to further complicate the relationship of illness to superstition and war. When wonjo spreads to Aliakoro, Chiolu sends a delegation to Aliakoro, "for a withdrawal of the oath" (Amadi 164). The villages firmly believe that it is due to Ogbunabali's wrath over the war of the ponds of Wabaga that wonjo has descended upon their villages. However, when the delegation from Chiolu arrives in Aliakoro, they find that wonjo has affected Aliakoro as well:

It was a surprise and a relief to the village as a whole to hear that Aliakoro was having its share of the disease, but individual sufferers were as worried as ever. It was still important to nullify the oath, and appease Ogbunabali the god of the night who was

behind all their sufferings. A large delegation was sent to Aliakoro the next day. It failed.
(Amadi 169)

Both villages are now suffering from wonjo. While the villages believe that wonjo is the result of Ogbunabali's anger towards the war over the ponds of Wagaba, neither village is willing to give up their war. The characters have already accepted that wonjo is their punishment for engaging in warfare over the ponds. In this instance, the villages decide that the war over the ponds is more important than the lives of those who are suffering from wonjo, and the threat of wonjo further spreading.

The inability for Chiolu and Aliakoro to end the war for the sake of their loved ones who are ill mirrors critical attitudes towards the First World War. Fisher argues, "World War I is often considered an unnecessary war, a war fought for no urgent goal, which the soldier's actions undercut by incommensurately small results; much of the emotion surrounding the war originates in the irony that its soldiers were heroic, while its cause was not" (15). At the time of the war for the ponds of Wagaba, Chiolu and Aliakoro believe that their war is necessary. However, the inability for the delegation to come to a decision mimics the indecision of world leaders to end World War I for the sake of the soldiers and those who are ill. It is also due to this inability to call off the war for the sake of ending war that wonjo, as did influenza, continues to spread.

Amadi finally depicts wonjo spreading outside the conflict between Chiolu and Aliakoro. A side plot of the novel is when one of Olumba's wives, Oda, and Eze Diali's daughter, Chisa, are kidnapped and sold into slavery. After the failed delegation, Oda and Chisa return. When recounting how they became free and found their way back home, Oda responds, "Our masters died. Those who were left were too sick and frightened to care about us. Chisa and I walked to the riverside and found many deserted boats" (Amadi 181). Oda and Chisa's slavers succumbed

to wonjo. Olumba assumes that Ogbunabali is the perpetrator of wonjo, but Oda responds, “Never before has a god harassed the whole clan and beyond” (Amadi 181-2). Wonjo’s spread is now affecting those outside the conflict, beyond Chiolu and Aliakoro. Oda’s response shows that never before has a god’s wrath spread so far and so viciously. Therefore, it is odd for this to occur.

Depicting the scope of wonjo on this scale not only disrupts the logic that wonjo is due to the war, but further illustrates that pandemic disease is not the result of a god’s wrath at war. Fisher remarks that, “It is not until a delegation visits Aliakoro and finds them equally decimated by influenza that characters become convinced of a distinction between ‘wonjo’ and magic” (180). This is where Amadi’s ability to emphasize the importance of the illness in contrast to the war becomes more significant. Oda’s response that never before has a god reacted in such a way depicts that it is unlikely that wonjo is the result of Ogbunabali’s wrath. By separating wonjo from the wrath of Ogbunabali, Amadi separates wonjo from the war.

Separating wonjo from Ogbunabali’s wrath also allows Amadi to connect wonjo to the 1918-1919 influenza pandemic. Amadi’s last two lines of the novel connects the experiences of Chiolu and Aliakoro to the larger historical significance of the 1918 influenza pandemic. “But it was only the beginning. Wonjo, as the villagers called the Great Influenza of 1918, was to claim a grand total of some twenty million lives all over the world” (Amadi 192). Amadi’s estimate of the death toll has since risen due to more research. Fisher remarks that the pandemic’s destruction dwarfed World War I, where estimates of “at least 100 million people” died in the pandemic. Through this passage, Amadi connects the scope of wonjo to the scope of the pandemic.

In those last two lines, Amadi also renders the superstition and significance of Chiolu and Aliakoro's war meaningless. "In *The Great Ponds*, Amadi realistically details intertribal warfare only to render it meaningless in the face of pandemic disease" (Fisher 194). This is the most powerful separation of the pandemic from war. Any metaphorical connection between Chiolu and Aliakoro's war to World War I, as well as the superstition of the villagers compared to the superstition of the twentieth century world becomes insignificant compared to the scale of the influenza pandemic. Amadi depicts and interprets the physical symptoms of influenza, the body's experience with those symptoms and the devastation that ensued as influenza spread. By connecting the events of the novel to history, Amadi does not rely on metaphor to make the connection between the wonjo in his novel to influenza. He boldly states the connection, making it the most significant connection in the story.

Therefore, in, *The Great Ponds*, Woolf finally has her "novel devoted to influenza" (Woolf 4). Through the historical and cultural contexts provided, an understanding is developed as to how the pandemic was considered culturally significant in Nigeria. By webbing influenza as a metaphor for war and superstition, Amadi's novel does not lack plot. Using the last two sentences of *The Great Ponds* disconnects influenza and the pandemic from its representation of war and superstition. Amadi gives space to the symptoms and scope of the influenza pandemic within the story, the ill become loved ones who are suffering, and becomes the enemy in the story. Illness literature deserves to belong with the themes of love and war because illness is love and war. Those who are ill are now more important than they were before simply because they are ill. The village has been disrupted by wonjo, and it is because of this disruption that Amadi is able to represent how devastating the 1918-1919 influenza pandemic was in Nigeria. .

SUMMARY AND CONCLUSION

There needs to be more literary representations that are devoted to depicting the symptoms and scope of the 1918-1919 influenza pandemic. Representations in the example of Amadi's *The Great Ponds* need to portray the physical symptoms of influenza in detail. They need to discuss the relationships between the pandemic's rapid rate of contagion, its global consequences, and connections to the First World War. These representations also need to address the historical and cultural biases that played a part in the pandemic's spread, and in later overshadowing of depictions.

Fisher argues that, "Acts of public memory help prevent a return of past errors and point instead to a future where the disease can be controlled" (22). If literature begins to make space for depictions of illness, devoting novels to influenza, it is possible that more information and understanding of the pandemic can be explored. Letters, memoir, fiction, and oral traditions are only a few examples of the possible ways culture can preserve and represent the symptoms and scope of the pandemic. Should more space be devoted to influenza, the 1918-1919 influenza pandemic could start to become more culturally, and globally, significant.

One of the more severe aspects that contributed to the pandemic as being insignificant to portray in literature is the cultural biases that overshadow representations of the symptoms and scope of the pandemic with representations of World War I. Fussell argues that, "One of the cruxes of the war, of course, is the collision between events and the language available-or thought appropriate- to describe them. To put it more accurately, the collision was one between events and the public language used for over a century to celebrate the idea of progress" (169). While Fussell is referencing trench warfare, he is advocating for language to find a way to

overcome its uncertainty and metaphoric use. The 1918-1919 influenza pandemic, an event caused by, but more devastating than World War I, needs more depictions and language to help bridge this crux of war, and crux of cultural forgetting.

This project has come to the conclusion that multiple cultural portrayals of the pandemic need to be explored in order to begin understanding the true cultural scope of the pandemic. This project only investigated some examples of British and Nigerian archival and literary depictions of the 1918-1919 influenza pandemic. More work is needed because the world cannot afford to allow depictions of illness to return to the shadows of history. As previously mentioned in the introduction, Fisher also advocates for more scholarship on the topic of the influenza pandemic. In a world that is forgetting the devastation illness can cause, Fisher warns, “As we anticipate what new pandemics might soon emerge, we can only predict they will be filled with both apocalyptic loss and unthinkable possibilities when we find the courage to look” (201). Depicting influenza and other illness can help represent cultural and social biases and conversations regarding illness. It matters how illness is discussed because without discussing illness, illness is forgotten or made insignificant. Therefore, more illness literature, and more investigation of illness literature is needed.

Scholars should begin to investigate and analyze look and write on how the pandemic is in portrayed in other cultures around the globe. As the pandemic left no corner of the world untouched, it is vital that representations from around the world be considered. Other cultures may have preserved the stories of the pandemic in different ways, such as the comparison in preserving the pandemic between the first and second chapters of this project. When more depictions from around the world are both uncovered or written, critics and scholars can work to understand how different cultures contribute to overshadowing the pandemic, devoting

themselves to representing the pandemic, and how regarding the pandemic as insignificant endangers present society.

Depictions of illness can also avoid overshadowing if it is discussed more clearly. Sontag argues that illness should not be depicted through metaphor as it hinders conversations regarding illness. She especially criticizes epidemic disease being used as metaphor because epidemic disease is on too large a scale to serve as a metaphorical device. Cultures and individuals should not attribute metaphorical meaning to illness that is not directly about the illness. As seen in the medical uncertainty that sped influenza's development into a pandemic, metaphor, bias, and censorship cannot keep reappearing in depictions of illness.

More novels need to become devoted to influenza. Illness literature and depictions of illness, especially the 1918-1919 influenza pandemic are valid. Illnesses long thought eradicated are coming back. Illness, devoid of stoicism in cultural discussion, or overshadowed by representations of war, can reach a new audience, who are interested in uncovering how influenza lay waste to the body, and lay waste to the globe. Then, as a globe, we can remember, heal, and recover.

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