

Isabella Loh merges historical fiction and in-depth scientific research to generate a sense of emotionality through third-person narrative. Written in Professor Martha Hodes's Freshman Seminar, "History and Storytelling," this essay spotlights an unsung heroine—a nurse who served during the Spanish influenza pandemic of 1918—to capture the quotidian from the past.

THE BLUE DEATH

Isabella Loh

"I had a little bird,
Its name was Enza.
I opened the window.
And in-flu-enza."

—A children's skipping rope rhyme from 1918 ("The Influenza Pandemic of 1918")

As a second-year nursing student, Eugenie had witnessed the chaotic spectacle of childbirth a few times. Copious amounts of bodily fluids, hours of labor, some intervention from the doctor, and a baby would appear: a red, wrinkly, screaming creature. It was like a magic trick. The magician pulled the rabbit out of the hat and Eugenie was the magician's assistant-in-training. There was, however, a delivery that hadn't been quite as successful. The baby had been born blue and silent, with an umbilical cord looped around its neck like a hangman's noose. The blue hue then was startlingly similar to that of Eugenie's patient now, who lay supine on the hospital bed. The girl's extremities and face were flushed a deep blue against the stark white sheets. The only sign that she was still alive was the slight rattle of the ribcage as her overworked lungs expanded and contracted. But there was no noose around this patient's neck. No, this patient was in the last

throes of the Spanish influenza. In the end, Eugenie and the doctor had managed to save the baby; there was no saving this girl.

The medical term was cyanosis: a blue discoloration of the skin, caused by poor oxygenation of the blood ("Skin Discoloration—Bluish"). It was also one of the final symptoms patients exhibited before they succumbed to the influenza ("The Influenza Pandemic of 1918"). It had been two weeks since the full force of the influenza had struck New York, two weeks since the nursing students had abruptly assumed the duties of full-fledged nurses (Deming 1308). Gone were the dour graduate nurses who had once scrutinized their every move. There was no more time to practice nursing. Now, any errors that they made could prove fatal for their patients. In those two weeks, Eugenie had never seen a patient recover from cyanosis this severe. There was nothing she could do except make her dying patient as comfortable as possible.

Eugenie drew the screen around the bed. In the past, procedure had dictated screening patients whenever treatment was administered. With the arrival of the epidemic, such a luxury had long been discarded. Nowadays, in the crowded wards, the screens were only used to allow patients to die in some semblance of privacy (Deming 1309). Gently, she draped a damp flannel on the feverish forehead, and moistened the girl's cracked lips with some water. It was more a comfort to herself than to the half-dead girl. There were no sobbing relatives by the bedside, nor was there a telephone number on the patient's chart. Eugenie settled herself by the bed, clasping a fragile blue hand. She watched, as the shallow breaths grew shallower still. She knew, from experience, that it would only take a few minutes.

Eventually, the breaths ceased altogether. Eugenie briskly checked for a pulse before noting down the time of death on the chart. There was no time to loiter; there were other patients to attend to. Without a word, the other student nurse assigned to the ward hurried over, and the two nurses began the routine of turning over the bed. The corpse went on a gurney, destined for the morgue. The bed was stripped. Fresh linens went on. The gurney was discreetly wheeled away, its passenger hidden under the soiled sheets. The screen was removed, revealing a clean, empty bed, ready for another patient. It was a magic trick they had become practiced at. In the beginning, it

had seemed unthinkable callous. Now, Eugenie was all too aware that there was no time for sentimentality.

The work was never-ending. The women's ward originally had twenty-four beds, and more had been added hastily wherever there was space (Deming 1308). All around the room, patients lay in their beds. Some slept fitfully, trussed up in pneumonia jackets, their rest interrupted by a relentless cough (Keeling). Others were half-conscious and delirious with fever. The influenza was cruel to the human body and its victims were often as feeble as infants, requiring constant care. There were medicines, fluids, poultices, and sedatives to be administered (Deming 1309). Linens had to be changed and baths given. All through the night, the two nurses systematically worked their way through the rows of beds.

Eugenie had just finished spoon-feeding a patient when the doors to the ward crashed open. Two orderlies rushed in, a limp body bouncing on the stretcher between them. She hurriedly directed them to the one empty bed in the ward. Bright, red blood saturated the front of the patient's mask, like a grotesque approximation of lipstick. Eugenie's fingers trembled as she untied the young woman's mask, hyperaware of the fine gauze that stretched across her own nose and mouth. The woman coughed violently, expelling a froth of bloody mucus into the basin that Eugenie held. The other nurse intercepted a wild-eyed man clutching two small children. His wife's name was Marie, she'd collapsed and started coughing blood and the man and his children were shepherded out of the ward, mid-sentence. Eugenie noticed uneasily that they were all wearing masks.

The masks were supposed to protect them from contracting the virus. It was the last thing the graduate nurses had drilled into them. The woman wheezed as she struggled to breathe. Eugenie wiped the bloody sputum off the woman's chin, whispering gentle reassurances to her patient. This was no time to be distracted. The patient exhibited all the symptoms of pneumonia, one of the life-threatening complications of the influenza, and the mercury meniscus of the thermometer hovered around 104 degrees (Deming 1309). The theories and techniques Eugenie had spent months immersed in converged in

her mind as she worked furiously on her patient. A hypodermic injection of “camphor in oil” to stimulate circulation (Killingray 56). Antipyretics, fluids, and an icepack to reduce the dangerous fever (Killingray 56). An “expectorant” to reduce congestion (Killingray 56). More fluids and a sedative to calm the patient.

Hours later, a bone-weary Eugenie stood by the bedside of her sleeping patient. The fever had abated, if only by one or two degrees. Still, the progress was promising, and a fatigued sense of satisfaction overshadowed the aching in her abused muscles. The patient was pale, but thankfully there was no sign of cyanosis. Eugenie knew from experience that as long as the patient survived the week, she would likely recover from the virus (Deming 1309). The sun had risen an hour ago, and dusty beams of yellow sunlight poked their way through the gaps in the blinds. The ward was quiet except for the faint, labored breathing of the sick. She shared a faint smile with the other nurse. It had been a good night. It was always a good night when none of their patients died.

The day shift nurses arrived and Eugenie trudged out of the ward. She pulled off her germ-ridden uniform, exchanging it for a clean set of clothes. The used mask went into the bin to be burned (Keeling). She closed her throbbing eyes, breathing in the sterile scent of gauze as she tied on a fresh mask. In her head, she could still see her patient, mask soaked with blood. A cold pit of unease settled in her insides. She could feel the infinitesimal particles of the influenza virus clinging to her body, to the room, to the entire hospital. Opening her eyes, she began scouring her hands determinedly with a bar of soap, forming a thick lather. Her fingernails carved little crescent-moon indents into the soap. She continued scrubbing. She scrubbed until her skin was pink and squeaky-tight, and still she scrubbed.

Rivulets of tepid water sluiced down the patient’s shoulder, glinting in the warm lamplight. Eugenie paused, dipping the sponge into the bucket of sudsy water, before continuing the bed bath. The woman—Marie—was awake, but had her face turned resolutely away. Depression was common amongst sufferers of the virus (Deming 1309). Nonetheless, it had been five days since Marie had been

admitted into the hospital, and her condition was vastly improved. The fever was almost gone and she had stopped coughing up blood. Eugenie wrung out the sponge and began delicately wiping the young woman with a damp flannel. Bed baths were tedious but indispensable; they were good for fevers and many of the bedridden patients suffered from incontinence as a result of the influenza (Keeling). She finished up, meticulously drying the clean skin with a towel.

Another gurney with a sheeted body squeaked past, tended by an unfamiliar nurse. The girl who had worked with Eugenie for the last few weeks had contracted the virus, as had many other nurses at the hospital. Others were at home, nursing their own critically ill family members. This, combined with the number of graduate nurses overseas in the war effort, had exacerbated the shortage of nurses at the hospital (Deming 1308). Harried doctors rushed from ward to ward examining patients, but there was no miracle medicine for them to prescribe, no groundbreaking surgery for them to perform. It was all down to good nursing, and nurses were few and far between. It was the same in hospitals all over New York. A few weeks ago, newspaper headlines had been splashed with fervent updates on the advances of the Allied troops. Now, all anyone would talk about was the epidemic, and the Red Cross constantly ran impassioned appeals for volunteer nurses. "A STERN TASK FOR STERN WOMEN" was the tagline featured in the newspaper advertisements and flyers plastered all over the city (Opdycke 97).

Eugenie dressed the patient, gently manipulating limp limbs into sleeves. Every now and then she would murmur something, but Marie remained stubbornly unresponsive to conversation. The only time Eugenie had ever heard her speak was when she'd woken up and asked for her husband and children. After days of waiting, the woman stared constantly at the ceiling, unmoving and vacant-eyed. It was unnerving. It was also frighteningly similar to the many lifeless eyes Eugenie had closed over the past weeks.

Her heart skipped when the woman abruptly tried to sit up, flummoxed muscles straining after days of disuse. She hastily pushed her patient down, clucking her displeasure, until she saw the long-awaited husband standing at the foot of the bed. The man launched into apologies and explanations, but all that mattered was the light in her

patient's eyes. Eugenie half-heartedly chided the man about visiting hours before leaving them to it, smiling behind her mask. With all the deaths that had happened in the ward, it was nice to have a little life.

The lampposts had just been turned on, casting warm pools of light along the dark street. Somewhere in the city, somber funeral bells tolled, announcing another victim of the influenza. Eugenie inhaled deeply, savoring the fresh sharpness of the cold air before she stepped into the hospital. Nowadays, she spent almost all of her time indoors, sleeping during the day and working during the night. Her body was exhausted even after the eight hours of sleep she had gotten, eyes covered by a black silk stocking, ears plugged with cotton, and curtains drawn tight against the intrusive sunlight (Deming 1309). Her usually dreamless sleep had been marred by a disquieting nightmare: one in which she covered her mouth as she coughed, only to find red drops of blood on blue fingers.

She walked into the dimly lit ward. All was quiet and the day shift nurses were preparing to leave. Absentmindedly perusing the list of medications (a list she had long ago memorized), Eugenie pushed the trolley down the row of beds, dispensing medicines as she went. She had just reached Marie's bed when she sensed something deeply amiss. The young woman was fast asleep, but her breathing was erratic and harsh. With a sinking feeling, Eugenie brought the lamp closer. The fingernails were shaded a faint, unmistakable blue.

It wasn't just the fingernails. The cyanosis had already spread to the lips. Eugenie put the lamp down. For a moment, she stood there in the darkness, dreading what would inevitably happen. She allowed herself those few seconds of weakness before she finally called out to the other nurse. Everything after that happened very quickly. They woke the patient and propped her up to open the airway. The patient started spluttering blood, blood that was slowly hemorrhaging from her fluid-distended lungs ("Fighting Influenza"). That was when the other nurse went to telephone the patient's husband. Eugenie administered all the medicines she could think of, but the thick crimson phlegm made it impossible for the patient to swallow.

Marie's eyes were wide and frightened. She tried to speak, but all that came out amongst the blood and the mucus was a mangled, weak

noise. Eugenie shushed her, stroking her sweat-dampened hair with sad, maternal affection. Marie's pulse was getting weaker and the injection of a cardiac stimulant saw no results. Eugenie's own heart was pounding violently in her ribcage as she instructed the other nurse to summon the doctor on call. The nurse gently informed her that it was a hopeless situation. Eugenie telephoned the doctor herself. The disheveled man stumbled into the ward minutes later, half-asleep. He declared that nothing could be done and left when she snapped at him.

Once again, Eugenie drew the screen around the bed.

The young woman was gone within the hour. The husband never made it in time. Eugenie could only watch as her patient slowly suffocated, drowning in her own bodily fluids. The eyes dulled and the pupils became unresponsive, fixed in their final position. The thrashing limbs stilled and the muscles slackened. The faint gurgling ceased, and a single, large sputum bubble remaining on the bloodied lips. A faint stench of urine permeated the air as the urethral sphincter relaxed and the bladder voided itself. Death was not graceful, or beautiful.

The other nurse stood by the bed, gurney at the ready. Eugenie let go of the small blue hand. Together, they transferred the corpse, careful not to jolt its limbs. She closed the glassy eyes. A clean sheet was draped over the body. The linens were exchanged and the screen removed. Eugenie kept a tight grip on the gurney. She was composed, calm, and professional; she was a nurse. She was all of those things until the woman's husband ran into the ward.

The breathless man took one look at his wife's lifeless body, covered by a sheet, and crumpled like wet tissue paper. Eugenie opened her mouth, but words eluded her. What was there to say to a man who had just lost his young wife? *I'm sorry for your loss.* A meaningless platitude like *sorry* could not convey the gravity of the situation. The man was now a widower because a disease as seemingly innocuous as the flu had snatched his wife away. *She's in a better place now.* Marie was twenty-four years old; the best place for her was next to her husband and children. The only place she would be going now was a pit in the ground, if even that (Aimone 74). *It was a merciful death.* There was no

mercy in dying young and in excruciating pain. There was no mercy in a God who would inflict such unexplained cruelty. She left the dazed man with his dead wife and ran for the safety of the linen closet.

Alone in the cramped darkness, the emotions she had suppressed for so long finally escaped. She cried for the sixteen-year-old girl who had died the night before. She cried for Marie, who had almost recovered (“Fighting Influenza”). She cried for Marie’s children, who would grow up without a mother. She cried for all of the young patients she had lost in the short span of a few weeks. She cried at the injustice of it all. Most of all, she cried because she had failed to save them when they had needed her most.

Author’s Note: This story is a work of fiction. Any historical or medical facts were footnoted accordingly. The title of my story is a reference to the Black Death. While the worldwide devastation that the Spanish influenza wrought is frequently compared to the bubonic plague, “more people died of influenza in a single year than in four-years of the Black Death Bubonic Plague” (“The Influenza Panic of 1918”).

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