

Pandemics, past and present

A talk to the Stratford-upon-Avon Society, February 2021

Nicholas Fogg MBE

Firstly, it's a pleasure to be with you this evening. It's always good to be back in my home town, even if, on this occasion, it's somewhat vicarious. It's also nice to speak on such a cheerful topic as the pandemics that have killed millions worldwide. It will give us all a sense of how good it is to be alive!

Lindsay asked me if I'd be using any audiovisual aids this evening. I didn't think I could access any that were apposite to the subject. It made me recall that I once asked the same question of the Chief Rabbi, who was speaking at a conference I was organising. 'I am an audiovisual aid!', he replied.

Let me begin with a trivia question. What have Walt Disney, David Lloyd George, Mary Pickford, Franklin D. Roosevelt, The Emperor Haile Selassie, Lillian Gish, Clementine Churchill, Woodrow Wilson, Mahatma Gandhi, Greta Garbo and Kaiser Wilhelm II in common? The answer is that they all suffered from the Spanish flu.

Now a quote from an eminent source: 'We have been living for several months a snail's life. We shrink and hide ourselves indoors, and are as busy as bees in study. There is a great solitude here, most people away for fear of plague... I am determined to take flight... If nothing else, at any rate I should die elsewhere.'

These are the words of Erasmus in 1513. His fear of the plague was only exceeded by his dislike of Cambridge, from whence he wrote these words (he was clearly an Oxford man), but it all goes to show that there's not too much new under the sun and this evening I intend to prove it, but before I do that, I'm going to start in a way you probably weren't expecting - by reading an extract from a paper I wrote on pandemics for the Inter Action Council of ex-Heads of State and Government. Next month it will be a year since I should have delivered it at a conference in Malta. It was put off to last October and has now been put off to next October. These are the times in which we live.

Influenza viral strains are constantly changing in subtle ways. As a result, the human immune system may mount imperfect responses to them. The usual result is seasonal influenza, typically occurring in the winter months in temperate climates like the UK. Rarely, a radically-altered strain of a virus emerges to which the human population has little or no immunity. Should that strain be efficiently transmitted from human to human, be easily transmissible before symptoms occur and have the ability to replicate, then conditions may favour the occurrence of a pandemic.

The major factor in the spread of pandemics has been the increasing ease of transportation around the globe over the last century and a half. The influenza A

(H1H1) – popularly known as ‘swine ‘flu’ - pandemic of 2009 spread globally within eight weeks of its first diagnosis. By contrast, the pandemic that appeared in 1729 was first identified in Russia, spreading southwards and westwards across Europe. A reoccurrence began in 1732, again in Russia. After 1733, there was pronounced global influenza-like activity which lasted sporadically until 1747, causing extraordinary death rates in certain areas. Whether this 18-year cycle was one pandemic, or was caused by a series of mutations, is uncertain.

There have been four recorded influenza pandemics in the last 100 years: in 1918, 1957, 1968 and 2009. By far the worst of these was the outbreak of 1918, which resulted in more deaths, worldwide than the Great War – the worst pandemic in recorded history. It represents one of the most-feared “worst-case” scenarios. The 1918 outbreak was actually the first of two pandemics which occurred between January 1918 and December 1920, involving the H1N1 influenza virus. It infected an estimated 500 million people across the world, including remote Pacific islands and the Arctic, and killed an estimated 50 to 100 million people —three to five percent of the world's population. Most influenza outbreaks disproportionately kill juvenile, elderly, or already weakened patients. In contrast the 1918 pandemic predominantly killed previously healthy young adults. Modern research, using viruses taken from the bodies of frozen victims, has concluded that it killed through a cytokine storm. This is a potentially fatal immune reaction consisting of a positive feedback loop between cytokines and white blood cells, with highly elevated levels of various cytokines, causing an overreaction of the body's immune system. The strong immune reactions of young adults ravaged the body, whereas the weaker immune systems of children and older adults resulted in fewer deaths among those groups. It is estimated that such a world-wide outbreak occurs on average once every 40 years, although hopefully, not with the same devastating effects as Spanish ‘flu. Such a future pandemic could arise in any location. Many of the historic pandemics seem to have originated in China or South East Asia. These regions may serve as efficient ‘incubators’ for new influenza subtypes, with year-round circulation of viruses coupled to the close living quarters of humans with domestic animals. The intense and industrial-scale rearing of animals that harbour the influenza virus in the West, could, however, be equally the source of a future pandemic.

Significant pandemic events on the historical record have included waves of influenza infection that have lasted for approximately 16 weeks, with the peak two weeks into each wave accounting for up to 50% of cases of infection. Such a wave could cause people to be bed-bound for 7 to 10 days. Historically, the interval between waves of infection has varied from weeks to months, depending on the nature of the pandemic and the circumstances of the time. The assumption is that an influenza pandemic in its severest form will infect and incapacitate up to half the population, which means that the number of available doctors, nurses, paramedics, ambulance drivers, police, etc. is potentially halved. This was precisely what happened during the 1918 epidemic, but, before that, it is worth examining some of the various pandemics that have literally plagued Stratford over the centuries.

Doubtless Stratford suffered as much as everywhere else during the so-called 'Black Death', a term not used at the time, by the way. It first appears in the 1750s.

The first pandemic in Stratford of which there is some level of record occurred in 1564. If you're not familiar with who was born in that year, perhaps the Stratford Society is not the place for you. In fact, we're lucky to have William Shakespeare at all. He narrowly escaped a little winding sheet in the first few weeks of his life. On July 11th, Oliver Gunn, an apprentice weaver, died at premises (now the *Garrick Inn*) in the High Street. In the burial entry, the Vicar, John Bretchgirdle, wrote the ominous words, *Hic Incepit Pestis*. The plague was carried into England by soldiers returning from the Earl of Leicester's expedition against Le Havre. Before the year was out 238 of the inhabitants had died – around an eighth of the population. It was by far the worst epidemic in Stratford's history. Mary Shakespeare may have fled back to her parental home in Wilmcote with her baby. Her husband stayed to attend the Corporation meeting of August 30th, held in the Guild garden rather than the stuffy atmosphere of the Hall.

With the graveyard at Holy Trinity overwhelmed, 'plague pits' would have been created on the outskirts of town. Bob Bearman has suggested that one of these was at where Shottery Road meets the Evesham Road near the old level-crossing. Perhaps, as a sign of subconscious deference, it was not built upon for years.

Over the centuries there have been many pandemic and each is new territory. Stratford's response to the devastating outbreak of plague in 1645 illustrates this. People were moved to a specially-built village of 'pesthouses' at a place called 'The Hill', which was probably at Welcombe, together with their animals. They were paid 8d a day subsistence allowance ('isolation') from a monthly levy of £10 imposed on the town and district. People were paid to tend them ('front-line support staff'). The carers were provided with prunes, sugar, cloves and cinnamon. Medieval physicians used cinnamon to treat coughing, hoarseness and sore throats. It was mixed with cloves and warm water and placed in the sick rooms of victims of Bubonic Plague. The Romans swore by it. Two thousand years of clinical practice surely can't be written off!

The town's response to this disaster is uniquely recorded in *A Note what hath beene paid to the Infected of the Plague and kept up for feare of further spreading*. It represents a tale of suffering, but also a community at its best, organising with compassion for the common good.

On May 24th, sixteen people were registered as infected. The first payments are two shillings to William Adams for 'drawing a Corps to grave' and 2/6d to 'Granams for burying a corps'. This is John Granams, who is listed as 'infected' – presumably indicating he'd been in contact with infected people. He was paid 5d a day. His wife, Mary, and Richard Rogers, who were in charge of the isolation colony, were paid eight pence a day. In May, ten pence was spent on a 'Coast [side] of Veale' for them and two pence on 'tobacco and candles for Richard Rogers'. A graveyard was established near the site and the sufferers' livestock pastured in a nearby field.

Sixpence was paid to George Bridges 'for coving of graves & for worke in the Ffield' and four pence to William Hornby 'for work in the Ffield about Pesthouses'. As the numbers of sufferers increased, the accommodation expanded. Five men were paid eight pence each for 'helping to sett up the Penthouses' and £1/19/3d for materials. Digging a grave for a child cost a fee of four pence as against six pence for an adult.'

During the first week of June, the Austin family was decimated. 'Making a grave for Austin's boy' reads the first entry for the month. Sixpence was paid for 'making a grave for Austin's wench, but this included the cost of sugar and candles. One shilling was expended 'Ffor a sheete to wrap Austin's wife in'. A final entry for the week repays Alexander Hornby the 2/6d he paid Mary Granams 'to bury one of Austins children'. This considerable sum must cover other, unrecorded services.

The death rate increased with the summer heat. Coffins were ordered in bulk. George Cole was paid 9/4d for 'boards, pitche, nailes, coard, & making coffins for the infected yt died' and 'more which he laid out for Mountford's wife and son'. George Bridges was paid for 'drawing ye Corps & making a grave for goodwife Mountford's' and 'for making Mountford's sonnes grave'. On June 15th George Badger was paid fourpence for making 'a grave for Francis Cowper's motherlawe' and ten pence for 'Cook's wive's grave' and for 'helping to drawe the Corps'. Two pence was paid for 'sugar candie for Cook's wench' and two pence for 'a peck of brans for their swine'. Eight pence was paid 'ffor a strike of Charcoale for them at the Hill' and 3/7d to 'Goodwife Hopkins for sope for them, jd for bread, meate & drinke for them wch they had the Saturday, Sunday and Monday'.

After July 9th, when George Bridges was paid a shilling for 'making the graves and haling the coffin for Clark's wife and child', the plague could no longer be isolated, but was rife in the alleys of the town. On August 2nd, 2/6d was paid 'to the infested in the sheepstreet maze'. To coax people into isolation, they were paid in advance: 2/6d was given on August 9th 'to Tasker a weeks paie beforehand to remoove unto the hill'.

By the Autumn, the disease was on the decline. Sixty-one people had died, of whom 41 lived in the Borough. The district levies were predictably slow in appearing. On September 24th, 6/4d was received 'of Hampton Episc. [Lucy], a fortnight's paie[ment], but other places were not as forthcoming'. In October, George Cowper was paid a shilling for going to Claverdon & other townes about money for the infected.' It must have been with muted joy that, on January 21st, 1645/6, two shillings was paid to Robert Taylor for 'pulling downe the pest houses'.

This was the last recorded outbreak of bubonic plague in Stratford, but the town's insanitary state made further epidemics virtually inevitable. Horace Walpole found Stratford 'the wretchedest old town that I ever saw.' Insanitary conditions prevailed. The ditch along Chapel Lane was the receptacle for 'all manner of filth that any person chose to put there and was very obnoxious at Times'. The inevitable *sequela* was disease. A new scourge emerged from the East. 'The smallpox is ruining my school as fast as it can', wrote the Master of the free school, the Revd. Joseph Greene, in 1747. A survey in 1765 showed that 1,260 of the borough's 2,287 inhabitants had

suffered from the disease. The great Russian ‘flu of the 1730s and 40s may have passed Stratford by – or not. Corporate affairs in the town were dominated by lethargy. Around a third of the Corporation’s meetings were abandoned as inquorate. Of course there was no local media to cover any epidemic that might have occurred.

With a new century, there were those in Stratford who would ensure that the lethargy of the Georgian era gave way to Victorian energy. The town was fortunate in 1822, when John Connelly was appointed as the Borough Surgeon at the age of 27. This great doctor, ‘a reformer by nature and hearty liberal in politics, ardently devoted himself to the furtherance of every measure of progress’. His first great work was to establish a public dispensary for the sick poor, with a surgery and two small wards, at the Old Bank Building in Chapel Street. In the first year 330 patients were treated.

In 1824, after a severe case of smallpox was diagnosed, vaccinations were organised of those on parish relief and later of other inhabitants. Conolly did not doubt that Stratfordians would comply ‘with so respectable a recommendation’, but warned that anyone wandering abroad who had been in contact with the disease would be prosecuted. He became the first Professor of Medical Practice at the newly-founded London University. In 1839, he became resident physician at the Middlesex Asylum. His work and energy affected a revolution in the treatment of the mentally ill. He was known as the ‘friend and guide to the crazy’.

In 1831, a new scourge from the East – Cholera – arrived from India. The British had watched its slow and inevitable progress across Asia and continental Europe. In November the first cases were recorded in Sunderland. The arrival of this new pandemic increased national concerns for public health but no measures of any significance occurred in Stratford. In 1897, an old man recalled the state of Stratford in his youth. The streets were filled with rubbish and scarcely paved even in the High Street. ‘The scavenging was done by two old men... One cart and horse did the work of the whole borough. There were no underground sewers. The drains discharged at any low spot...

A means to improvement was created by the Public Health of Towns Act of 1848, which could be applied in places where the mortality rate exceeded 23 per 1,000. Dr. Thomson, the Medical Officer, demonstrated that Stratford’s mean death rate of 23.17 was among the highest in England for a town of its size. In October, a large public meeting demanded an enquiry by the General Board of Health. The report of the Inspector appointed, George Clark, revealed the Augean deposits accumulated in generations of neglect, malpractice and ignorance. The connection between public parsimony and private squalor was evident. He had never before visited a place where the link between damp, dirt and sickness and lack of expenditure was so clearly established’.

One of ‘the filthiest and least healthy quarters was the Guild Pits. Many were the complaints about the offensive muckheaps and piggeries lining its town side. Behind were badly-drained, crowded courts with flooded cellars, whose privies leaked into open cesspits, into which refuse was thrown. Water poured out to flood the road and

the residents complained that meat would not keep. The slums on the other side were in an even worse state. Shakespeare Street and Victoria Terrace had the highest rate of zymotic disease in the town.

There was no house drainage in the town and few water closets. Drinking water was supplied by pumps and rain-butts: The seven abattoirs were inadequately drained and surrounded by discarded blood and offal.

The Inspector's proposals were no less important for their predictability. Cattle-markets should be established on the outskirts of town, nuisances removed and a decent water supply and sewage and drainage system established. The cost of full implementation was estimated as a 9d to 1/- rate to pay off capital borrowing over 30 years. This could be set against the reduction in outdoor relief resulting from the improvement in public health.

An early start was made on implementing the report. An Inspector of Nuisances, John Tasker, was appointed. He worked assiduously but was gravely hampered by a bureaucratic error, Although Stratford was one of the first boroughs to apply for the Act to be applied, its name was inadvertently omitted from the enabling statute. This left implementation to local initiative rather than to Government decree. There were differences between those who wanted full implementation and the 'Economists' who were cautious about costs. The parties coalesced around public houses: those in favour of increased spending at the *Falcon*, the 'Economists' at the *Seven Stars* (popularly known as the Star Chamber).

In the Autumn of 1850, a Board of Health was established. It followed an energetic path, appointing Edward Gibbs as Borough Surveyor and Inspector of Nuisances. The Royal Engineers began to survey the lines of drains and sewers, but after the Borough rate rose to a shilling in the pound, a petition was presented to the Board signed by 290 of the 400 ratepayers, demanding the revocation of the Act. Dr. Thomson replied that this was not possible, since its implementation had been requested by the inhabitants, including some of the petitioners. Charles Lucy, the miller, responded in the true spirit of philanthropy. 'I shall participate in none of the advantages, but it will be for the benefit of the poor. I shall advocate it.'

At a public meeting called by the Economists, Dr. Thomson was uninhibited in his scorn. In recent years, he calculated, 133 people had died because of the town's insanitary state. 'Are these poor creatures to be allowed to die because the remedy is attended with some expense?'

The last pipe of the sewage scheme was laid on February 26th, 1859. It consisted of six miles of sewers and 51 ventilators. The Board's achievements had been great and had changed the scope of local government.

Concern was increased in September by a renewed national epidemic which produced a single case in Stratford. The authorities took their usual measures, but the Vicar favoured a more transcendental approach, declaring October 3rd a day of humiliation

and prayer. Shops closed and business ceased for the day. Holy Trinity had a considerable congregation. Nor did the Dissenting Churches permit 'this terrible affliction from the Omnipotent to pass unobserved'.

It was quite customary to invoke the Almighty during epidemics in Victorian times. George Arbuthnot, who was preferred as Vicar in 1879, was a temperance campaigner whose zeal for the cause could lead him into absurdity. 'One of our greatest national sins', he told the congregation at Holy Trinity, is the sin of drunkenness. It is possible, to my mind, probable, that the influenza is sent to us as a punishment for it.'

The influenza epidemic of which the Vicar was speaking was a comparatively minor affair. In the Autumn of 1918, Stratford was struck by a pandemic which cost more lives than the Great War. The virus was first identified in Kansas on March 4th and demonstrated the speed of transmission that has characterised modern pandemics. It reached the trenches in France, just 41 days after the diagnosis of 'Patient Zero': 300,000 British troops were infected of whom 10% died. The disease had been brought across the Atlantic by the 'doughboys' of the American Expeditionary Force. There were severe outbreaks on the troopships. Ironically it was first identified in Europe in Spain in May. 'Ironically', because Spain was one of the few European countries that was neutral in the war. The impact was increased because one of the earliest sufferers was King Alfonso XIII. Thus it received its popular name 'Spanish' 'flu as emanating from its supposed place of origin. It is correctly known as Influenza A Virus. It made a minor appearance in Stratford in May and June, probably brought by soldiers returning from the trenches as wounded or on leave. As might be expected, people treated it as nothing more than an expected seasonal outbreak. This low-key approach was enhanced by Government censorship. News of the outbreak, was thought to be bad for the war effort. Sir Arthur Newshelme, a senior governmental health advisor, recommended that no action be taken since it was believed it would only carry off the elderly and the infirm. He wanted life to go on as normal. This is not as foolish as it appears with hindsight, although a letter from Wilfred Owen to his mother demonstrates the virulence of the outbreak – and how people in crowded service conditions were particularly vulnerable. He was in a camp in North Yorkshire following an attack of neurasthenia – the condition brought about by the stresses and strains of the trenches. This is in part what is expressed by the colloquial term 'shell shock' – a phrase that the Great War brought into the language. Attempts to stem the pandemic were already in place. 'STAND BACK FROM THIS PAGE', he warns his mum jocularly, 'and disinfect yourself'. That sounds familiar.

Quite a lot of the Battalion and about 30 officers are smitten with the Spanish flu. The hospital overflowed on Friday, then the Gymnasium was filled, and now all the place seems carpeted with huddled forms... The boys are dropping like flies in November.

One of the few to realise the seriousness of the pandemic from the outset was the Medical Officer of Health for Manchester, Dr. James Niven. A Mathematics Fellow of Queen's College, Cambridge, he began examining the statistics of the pandemic. It had been assumed that, as always, it would carry off the elderly and infirm, but when he realised that children were dying, he took immediate action, closing schools and

places of entertainment. He organised the distribution of 35,000 leaflets, advising people on how to avoid infection and giving instructions for the isolation of those who did. He organised the distribution of free food, baby's milk in particular, to combat the effects of malnutrition during the pandemic.

His measures worked: of the estimated 100,000 Mancunians who succumbed to the virus in 1918, only 333 died, a figure well below the national average.

Stratford got off lightly in this initial phase of the pandemic. There was little reason to believe at that stage that there was anything abnormal about it. It appeared to have spent itself by August. It was back in no uncertain terms in September. This second wave may have been brought into Stratford by 60 officers and men of the United States Army Air Service who were entertained in the town. Ironically, in the same month, the US Government suspended the draft in an attempt to curb spread of the virus amongst the armed forces.

In one of those extraordinary coincidences that link that pandemic to the present one, the Prime Minister went down with the Spanish flu! On September 11th, David Lloyd George arrived in Manchester to be presented with the Freedom of the City, his birthplace. He was driven through cheering crowds to Albert Square, where he received the freedom. Later that evening, he developed a sore throat and fever and collapsed. He spent the next ten days in a sickroom that had been specially created in Manchester Town Hall. He had to wear a respirator. In accordance with the voluntary censorship that had been imposed on newspaper editors, the seriousness of his illness was never revealed, but, according to his valet, it was 'touch and go'.

Part of the horror of the "Spanish 'flu" was that it struck younger people more severely than the old: 45% of the victims were under 36. This was partly due to the fact that older people may have developed immunities against influenza infection, but the cramped and insanitary condition of wartime camps, trenches and barracks must have contributed. The prolonged wartime shortages ensured that people's ability to cope with infection was much reduced. Winter was coming on and there was a deficiency of fuel and warm clothing. Spirits were much in demand to allay the effects of the disease, but such was their scarcity that doctors had to issue vouchers to licensed victuallers requesting them to supply small quantities to applicants. The Revd. Arbuthnot must have been turning in his grave, but his shade must have been appeased if it had learnt that the majority of the prescriptions could not be honoured, 'not because of an unwillingness or a fear of breaking the law, but because the purveyors had no stocks in hand'. The *Herald* blamed the Food Department for not releasing the large stocks reported to be held in bond.

The Medical Officer of Health could do little but publish the obvious advice:

If every person who is suffering from influenza or catarrh recognised that he is a likely source of infection to others, that some of the persons infected by him may die as a result of this infection, and took all possible precautions, the present disability and mortality from catarrhal

epidemics would be materially reduced.'

Rather like Covid, the influenza varied from being so mild that the sufferer scarcely knew he or she had it, to a desperate intensity. At its most extreme, a person could be fine and healthy at breakfast and be dead by teatime.. Within hours of feeling the first symptoms of fatigue, fever and headache, such victims would rapidly develop pneumonia and start turning blue, signalling a shortage of oxygen. They would struggle for air until they suffocated. One recalls the words of Thomas Decker about the plague in 1603. 'Many who had health in the morning, lay in their graves at night,'

Crowds of sufferers overwhelmed the doctor's surgeries. In many of them half the staff had been stricken. Then, as now, mask-wearing became general. Entire households were affected and unable to obtain any assistance. The schools were closed and an entertainment at the theatre cancelled. In the last week of October, funerals reached record levels. At the workhouse, nine deaths occurred in a month. At the worst extreme, two or three members of the same family were struck down. Each death was a little tragedy beyond mere numbers. The Meadows family in Arden Street lost two of their children. Corporal James Harrington of the Hampshire Regiment had been billeted with the family when his regiment was stationed in Stratford in 1915. He had walked out with Rose Edith, one of the daughters of the house.

The Stratfordians took the Hampshires to their hearts. They were horrified to hear that the regiment had suffered a disaster at Gallipoli. Only 150 survived from a muster of 1,050. Jack Harrington was one of those who attended a memorial service in Holy Trinity for those who had fallen. Afterwards, the Mayor, Archie Flower, entertained them to lunch. It was probably at this time that James Harrington, pledged his troth with his sweetheart, Rose Edith. The marriage was arranged for his demob, but, with the domestic tragedy in the bride's family, it was postponed.

A sad aspect of the pandemic was that some of those who had endured up to four years of hardship, deprivation and conflict, returned home, only to succumb to the virus. Such a one was Norman Kinman. He had been the finest of a fine generation of Stratford sportsman before turning professional with the Australian Rugby League Club, Balmain Tigers, returning shortly before war broke out. He had been a Bombadier with the territorial unit of the 1st Warwickshire Battery of the Royal Horse Artillery and was called up on August 4th, 1914. He fought in some of the severest actions over the next four years, receiving the Military Medal and bar, the most decorated Stratfordian of the Great War. On April 28th, 1916, while on a month's home leave, he married a Stratford girl, Kitty Adams. He became something of a legend in Stratford. 'Although many times in the thick of the fighting with the Battery, he enjoyed remarkable immunity from the Hun Shell and shrapnel', but on November 30th, 1917, he was digging out some men who had been buried by a shell blast when the Germans sent over some gas canisters. The next thing he knew was when he woke up in hospital in Rouen. By January, he was back in Stratford. He and Kitty set up house at 77, Clopton Road. He must have made some recovery from his injuries for, in that month, Kitty became pregnant. In February, he received his

discharge from the army and found a position as a commercial clerk at Flower's Brewery. Sadly, they were both prostrated by the disease. Kitty gave birth to a son on October 27th, but she died the next day. Norman fought hard against the malady, but his constitution had been severely undermined by his privations and the shock of his bereavement. Kitty's sister, Mrs. Ernest Horton, brought up the baby. On December 6th, he was baptised Paul Norman Kinman.

A month after the death of Norman Kinman, the *Herald* recorded the death of Gunner William Turvey of 41, Ely Street, at the age of 23: a victim of the virus, 'after serving right through the War without a scratch'. He had volunteered in 1914 and been through the heavy fighting at Mons, Loos and Ypres,

When Stratford's war memorial was unveiled on February 17th, the name of Norman Kinman was inscribed amongst those who had fallen, despite the fact that he had survived the war, obtained a job and started a family. It was clearly considered locally that, whatever the official thinking, it was the war that had done for Norman and untold numbers of his colleagues.

Schools returned at the start of the Lent Term on January 9th, 1919. Overall, then, as now, the response to the crisis was patchy. The Medical Officer of Health's advice was largely ignored and a great deal of social mixing occurred. The Mop fair occurred as normal on October 12th, 1918, at the height of the 'flu crisis. A large crowd greeted the arrival of a tank which was parked in Bridge Street as a symbol of Stratford's contribution to the war effort. The *Herald* commented that, once peace came, large numbers of Americans serving on the Continent would be sure to want to visit England and Stratford was sure to be on their itinerary, which would contribute greatly to the economic regeneration of the town. Steps were taken to revive the theatre season. The Actor-Manager, Sir Frank Benson, was in Stratford on December 23rd, 1918 to discuss plans for the following April. In February, the Theatre Governors announced that there would be a festival. Benson faced huge difficulties. Many of his company had not been demobbed and some would never return. The 'flu must have had some effect, although it was never mentioned. As late as March, Benson was unsure what plays he was going to present in the festival. In the event, he put on the plays most suited to the sparse array of available talents.

Large social gatherings took place during the 'flu epidemic. A 'sumptuous' dinner was held at the Shakespeare for returning prisoners-of-war. A well-attended formal luncheon was held to celebrate the signing of the peace treaty with Germany in June, 1919. There were strong moves to get sporting fixtures back on the agenda. The golf club was the first back, but since fewer of its members had fought in the war than those of other sporting clubs, this was hardly surprising. The first round of the Stratford Football Cup was played on Easter Monday. The first rugby match took place two days later.

Social-distancing was not a feature of Stratford's streets during the pandemic. By March, 1919, complaints were rising that the streets were filled 'with youngsters who seem more disposed to obstruct our pavements and indulge in horse play than do any

work that will help the general well-being'. It was easier to honour dead heroes than live ones!

The return of the 'heroes' brought another scourge from afar. In May, 1919, the County Council advertised free treatment for 'all persons who are suffering from diseases such as Syphilis or Gonorrhoea at special treatment centres'. Strict privacy would be observed and no 'hospital ticket' (medical card) was necessary. The affliction was clearly a speciality for practitioners of quack medicine for it was pointed out that the Venereal Diseases Act of 1917 made it 'illegal for anyone, other than a duly qualified medical practitioner, for reward, either direct or indirect, to treat any person for Venereal Disease, or prescribe any remedy... or give any advice in connection with the treatment thereof'.

It is curious that such a huge pandemic appears to have comparatively little impact, particularly when it was so much more severe than the current crisis, both locally and globally. 'From November last up to the present', wrote the *Herald* on March 21st, 1919, 'we have experienced continuous rain, and the winter has proved one of snowstorms, floods and sombre skies.' No mention, you'll notice, of the 'flu. Part of the explanation lies in the fact that, in a time of war, the Government discouraged the publication of news that could affect the national morale. The national mood was also such as is expressed by such phrases as 'Stiff upper lip' and 'We can take it.' At a time when thousands had perished in the war, people had assumed a stoical attitude towards death. In the prevailing mood, no-one would have wanted the restraints imposed by the war to continue.

So, where do we go from here? Certain it is that this is not the last of the pandemics. We could do worse as I conclude than ponder the simple advice of Dr. James Niven:

"So far as one can judge at present, in checking further outbreaks, it will be necessary to rely chiefly on general preventative measures.

"The measures alluded to include the maintenance of a reasonable distance between the sick and the healthy, care of the hands, avoidance of common towels and common soap, careful washing out of common basins, avoidance of the handling in common of food to be afterwards cooked, and other like precautions; above all, the immediate segregation of persons attacked."

Sounds familiar! So what do you think? Can we draw any lessons from our forebears? Someone I spoke to recently who works at the BBC told me they'd been told to put a cheery gloss on things. ...