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Mark Osborne Humphries. *The Last Plague: Spanish Influenza and the Politics of Public Health in Canada.* Toronto: University of Toronto Press, 2013. Illustrations. xii + 323 pp. $70.00 (cloth), ISBN 978-1-4426-4111-2; $32.95 (paper), ISBN 978-1-4426-1044-6.

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Spanish Flu as a Catalyst for Change

I recently read David M. Kennedyâs *Over Here: The First World War and American Society* (1980). In this classic account of the impact of the Great War on American life, influenza makes two appearances: in a footnote and in one sentence in the text.[1] As Mark Osborne Humphriesâs extensive bibliography in *The Last Plague: Spanish Influenza and the Politics of Public Health in Canada* attests, the profile of Spanish flu has been raised considerably since the publication of Kennedyâs book. Built on his dissertation âThe Duty of the Nation: Public Health and the Spanish Influenza in Canada, 1918-19â (University of Western Ontario, 2009), *The Last Plague* exemplifies Humphriesâs research focus on World War I and on health broadly defined. Humphries, currently an assistant professor in the Department of History at Memorial University of Newfoundland, is at work on a history of shell-shock in the Canadian Expeditionary Force and continues to serve as editor for Wilfrid Laurier University Pressâs Translations from the German Official History of the Great War series.

Humphries seeks to situate *The Last Plague* as part of a new approach to Spanish flu. He terms research on the epidemic–as exemplified by Alfred Crosby in *Epidemic and Peace* (1918)–as a âfirst waveâ that focused on the epidemiology of the pandemic and its demographic impact (p. 4). Subsequently a âsecond waveâ of research developed that sought to localize the pandemic in order to examine its social and cultural impacts on a community (p. 5). Humphries strives to carve a new path asking the broader question âdid influenza change how the state and average Canadians responded to epidemic disease?â (p. 7). The answer he finds is yes and the change occurred in dramatic fashion.

Humphries contends that Canadian public health practices first developed in the wake of the cholera pandemic of 1832. The steady plodding of the global affliction from state to state clearly demonstrated its contagious character. Also, it was observed that the epidemic blow fell heaviest among the poorer elements of society. These two facts combined served to convince medical officials and ordinary Canadians that epidemic disease came from immigrants who introduced sickness into the healthy Canadian countryside. Since it was thought that the average Canadian was robust, healthy, and strong due to the fresh water, clean air, and salubrious climate they enjoyed, and were thus not a suitable host for contagious diseases, protecting health meant a strict quarantine and immigrant inspection policy to keep out the diseased âother.â Accordingly, federal public health practice relied on quarantine. The apparent effectiveness of this quarantine policy was borne out by Canadaâs mild brush with the 1866 cholera pandemic, a pandemic in which both European states and the United States were hard hit. In retrospect, it seems likely that Canadaâs smaller and

less dense urban populations also played a contributing role in the minor impact of cholera that year, but that was not how it was viewed by health authorities.

While Canada was certainly not alone in associating illness with immigrants–as Humphries demonstrates, the literature on the United States is particularly deep–the persistence of this model in Canadian health circles was unusual. Although sanitary ideas and the later germ theory challenged the concept of a public only threatened by imported diseases, Canadian national health policy remained focused on quarantine. Even as federal officials accommodated the idea that cleanliness facilitated good health, environmental cleanup was considered a local and municipal concern and not state concern. The result was a bifurcated public health approach in which the federal policy remained resolutely focused on erecting an impervious barricade and local efforts remained uncoordinated and poorly funded.

To illustrate the persistence of this health approach, Humphries highlights the remarkable career of Dr. Frederick Montizambert, the man who came to be the embodiment of the federal public health system. Utilizing the papers and correspondence of Montizambert and his colleagues as well as Canadian government records, Humphries traces the extraordinary fifty-year career of Montizambert, which stretched from his initial stint as a ship inspector at Grosse Ile, Quebec, during the 1866 cholera pandemic to his two-decade long tenure as director-general of Public Health–the position he held as Spanish flu ravaged Canada. Montizambert, more than any other health official, was responsible for this focus on quarantine as the protector of the publicâs health, and this discussion of the policies and officials responsible for creating the federal health system is a real strength of the book. Humphries skillfully examines the unique political and epidemiological experience of Canada in shaping its public health focus.

Humphries also does masterful work in recreating the pattern of Spanish fluâs second-wave spread. Here, Humphries identifies the key role that wartime mobilization played in the illness breaching cordon sanitare and in diffusing the disease rapidly from the Atlantic to the Pacific coasts. Specifically, Humphries fingers U.S. soldiers as the vector of transmission who evaded the normal quarantine practices because of the need to deliver these soldiers to the front as quickly as possible and because the similar âracialâ background of the Yanks did not stamp them as diseased others. Once inside the quarantine walls, the flu was rapidly disseminated across the continent because of the movements of the Siberian Expeditionary Force (SEF). This top-secret mission was designed to be part of a multinational Allied force that would compel the Russians to stay in the war and thus occupy German forces on the eastern front. Ill-conceived from the start, the soldiers were transported from the eastern seaboard to west coast ports in September, just as the Spanish flu began to appear in the barracks of these eastern camps. Instead of serving to boost Canadaâs foreign policy bonifides and open new markets for Canadian goods–additional Canadian goals for the mission, according to Humphries–the trip served to seed infection across the rail network as sick soldiers were dropped off at hospitals and infirmaries across the nation, inadvertently serving as epicenters of local infections.

Humphries concludes that the failure of public health in combating Spanish flu, combined with rising labor strife and a spiraling wartime casualty rate, turned civilians against the government. Instead of protecting the public and providing for their welfare, the actions of federal authorities had broken the sacred trust of the people by endangering the public. Shifting soldiers across the continent accelerated Spanish fluâs diffusion and conscripting soldiers into infected barracks or placing them on flu-ravaged ships and trains needlessly imperiled citizensâ health. Reliance on quarantine had not protected the nation and the federal system was ill-prepared to deal with the disaster by any other means. The result was a loss of confidence in the government and increased civilian unrest. Although an intriguing charge, the role of flu in public disillusionment with the government war effort is not completely supported in the book.

Humphries is on surer ground when he asserts that the failure of the quarantine system led to its rapid abandonment. Health reforms that had languished for years were quickly adopted in the wake of the Spanish flu catastrophe. Most notably, Canadian public health was reorganized as a federal department and charged with addressing social and community problems, such as substandard housing and child poverty, along with acknowledging the toll of endemic infections like tuberculosis and venereal disease. Signaling this change was new leadership. Despite his expectations, Montizambert was not made deputy minister of this new department, and, instead, he was unceremoniously forced into retirement. The belated expansion of health responsibility marked the beginning of modern Canadian public health, Humphries maintains.

The Last Plague is very well written and draws on

an impressive mix of government and private paper archival sources. Humphries has read deeply in the ever-expanding Spanish flu and public health historiography and he utilizes to good effect English- and French-language periodicals. Students, teachers, and historians interested in public health, nineteenth- and early twentieth-century Canadian history, and Spanish flu will find this book compelling reading. Environmental historians who examine government policy and the effects of self-described healthy environments will find much to enjoy here as well. Humphries uses the term âcatalystâ to describe the impact of Spanish flu on Canadian public health practices and it is an apt choice. In the caldron of a deadly pandemic, entrenched exclusion health practices were vaporized, allowing for the generation of a new, community-based public health focus.

Note

[1]. David M. Kennedy, *Over Here: The First World War and American Society* (1980; Oxford: Oxford University Press, 2004), 188n119, 198.