Porter, Maxwell and O'Hara:
Reading Pandemic Trauma in 1918 Influenza Literature in the Time of COVID-19

By

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ABSTRACT

This dissertation, "Porter, Maxwell and O'Hara: Reading Pandemic Trauma in 1918 Influenza Literature in the Time of COVID-19," offers a novel examination of three literary texts written in the wake of the 1918 Influenza Pandemic: Katherine Anne Porter's *Pale Horse, Pale Rider* (1939); William Maxwell's *They Came Like Swallows* (1937); and John O'Hara's *The Doctor's Son* (1935). This fresh look is only possible because another pandemic, COVID-19, crashed the planet a century after the 1918 influenza virus arrived, allowing for a unique comparison of both events. A detailed discussion of pandemic trauma precedes a close reading of these semi-autobiographical texts in which I interweave the texts with the authors' personal histories and their experience with influenza. Applying a Health Humanities approach, I assess these texts for both their literary wealth and the medical chronicles embedded within them. As illness narratives specific to Influenza, their themes lend themselves for extrapolation to COVID-19. I put the texts in conversation with each other and with narratives gleaned thus far from COVID-19 victims, survivors and witnesses and mine them for evidence of pandemic trauma and illustrating how the traumas evident in 1918 influenza narratives are similar to, and yet different from, COVID-19 narratives. In Chapter 1, I explore Porter's text, the only narrative written by a 1918 influenza survivor who endured a near-death experience as a young adult. Her text is a primer on the psychological and pathophysiological traumas the influenza virus perpetrated on the human mind and body, a trauma echoed today in victims of COVID-19. In Chapter 2, I focus on Maxwell's text, a treatise on the twin traumas of child grief after the loss of a primary caregiver and the subsequent orphanhood that pandemics leave in their wake. Maxwell survived the 1918 influenza as a young child; his pregnant mother did not. His text also opens a

discussion of the morbidity and mortality tolls extracted by both influenza and COVID-19 on the maternal–fetal dyad during pregnancy. In Chapter 3, I consider O'Hara's text, which illustrates the physiological and emotional traumas the 1918 pandemic inflicted on healthcare professionals, who were inundated with desperately sick and dying patients they were ill-equipped to treat. I broaden the discussion to reflect on the fragility of healthcare systems when they are overwhelmed by an unexpected pandemic assault, the dilemma of recruiting medical students to assist overburdened healthcare professionals, as well as on the plight of vulnerable and disenfranchised populations seeking medical care during times of crises. I conclude with a personal reflection on the COVID-19 crisis, I address the compelling need for readiness in anticipation of the next pandemic that is now almost certainly lying in wait, and I speculate on what the definitive COVID-19 narratives will look like after COVID-19 is finally relegated to historical status like its antecedent, influenza.

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With this dissertation, I honor all the victims, survivors and heroes of pandemic. I thank those who shared their own family's 1918 pandemic stories with me. I wish we did not have to write new ones.

DEDICATION

This dissertation is dedicated with love and appreciation

to

my husband, Robert

my three children and their families

my six sisters and their families

And to

My Lulu

whose mere presence and child-like wisdom during this journey

constantly reminded me that a dissertation is just one more steppingstone in life:

"It's just a Rock, Mimi"

Without all of You, There is no Me

All my life, I have wanted to be a doctor and a scholar.

With the submission of this dissertation, I am on my way.

Introduction

The Remembering of Trauma and The Trauma of Remembering

> The Spanish Influenza pandemic had struck Harpurhey. There was no doubt of the existence of a God: only the supreme being could contrive so brilliant an afterpiece to four years of unprecedented suffering and devastation.
>
> –Alice Reid[1]

Until very recently, literature about the 1918 Influenza Pandemic—the deadliest global event ever recorded—was read, studied and taught from a predominantly historical perspective. That there was little literature to read, study and teach undoubtedly served to minimize the significance of that pandemic. Hidden in the shadow of the Great War, the whole catastrophic event—eventually dubbed the Forgotten Pandemic—was virtually erased from modern memory, leaving barely a footprint, literary or otherwise. Few, very few, survivors of the pandemic chose to pen poetry, fiction or memoir about the time. Only a handful of American literary works emerged in the aftermath of the pandemic, and only some of those were based on an author's personal experience with the disease. Three of those works are the focus of this study: Katherine Anne Porter's *Pale Horse, Pale Rider* (1939); William Maxwell's *They Came Like Swallows* (1937); and John O'Hara's *The Doctor's Son* (1935).

Prior to 2019, these three texts predominantly served to flesh out readers' imaginations about the deadly Influenza pandemic. So unique was this pandemic disease in terms of its

[1] Reid: "The Effects of the 1918–1919 Influenza Pandemic on Infant and Child Health in Derbyshire" (29).

virulence, morbidity and mortality that I will capitalize the word Influenza in this dissertation when referring to the 1918 virus to differentiate it from typical seasonal influenzas; the 1918 Influenza was most definably *not* "just the flu." Today, imagining the 1918 pandemic is no longer necessary or even an option. With the arrival of the SARS-CoV2 virus and its resultant disease COVID-19 in 2019, a pandemic rivaling that of 1918 landed on the shores of every continent around the world.[2] The new pandemic brought—and is still bringing—wave upon wave of disease, challenging global political, social, economic and healthcare infrastructures as well as the strength and will of populations overwhelmed by the virus. Unlike smaller pandemics that have occurred since 1918, COVID-19—like Influenza—allowed no haven for the uninfected; initially, everyone was just as likely to become ill as anyone else and, seemingly, just as likely to die.[3]

The literary texts I have chosen for this project have been studied and critiqued over the last century for their historical perspective of how the 1918 pandemic was encountered and endured by ordinary American citizens.[4] Given the dearth of contemporary records about the 1918 Influenza Pandemic, the three novels are critical to informing the historical record about the event. Historian Alfred Crosby, whose 1976 text, *America's Forgotten Pandemic,* is the seminal and still preeminent critical account of the history of the 1918 Influenza, suggests that "the chief reason for the lack of attention paid to [these stories], outside of literature seminars,

[2] The SARS-CoV-2 (Severe Acute Respiratory Syndrome Coronavirus 2) is a novel virus from the coronavirus family. COVID-19 (Coronavirus Disease 2019) is the resulting disease. The COVID-19 acronym was specifically selected by the World Health Organization (WHO) to not stigmatize any nationality, nation, persons, or animal species, as is their practice. Hence, the name initially adopted by some, "China Virus", is no more.
[3] Smaller pandemics included: influenzas (1957–58, 1968, 2009); SARS ("severe acute respiratory syndrome", 2002–04); MERS ("Middle East respiratory syndrome", 2012); HIV/AIDS ("human immunodeficiency virus/acquired immunodeficiency syndrome", identified in 1981in the United States and still ongoing); and EVD ("Ebola virus disease", identified in 1976 and still ongoing).
[4] "Americans" and "American citizens" are used throughout this paper to refer to anyone residing in the United States during the pandemics, citizens or otherwise.

may simply be that [they are] about a person undergoing a traumatic experience as the result of something most people do not recognize as being of much importance: the 1918 pandemic of Spanish influenza" (319).[5]

All three texts offer factual depictions of how American life was endured during the pandemic in 1918. As illness narratives specific to Influenza, they are of unique interest to scholars of all stripes. Because the authors did not complete their novels until the 1930s, they not only wrote about the world as they experienced it in 1918 but also wrote as witnesses to all the events that took place since the end of World War I and in the buildup to World War II. Of particular interest today, all the authors note the rise of xenophobia directed toward foreigners and immigrants as a result of both war and pandemic fever and seemingly foreshadow the social and political situation in America during COVID-19. For this study, I rely on the research of the many scholars who have explored these texts individually and I write about the texts here in tandem, stressing them for information applicable to understanding pandemics during the time of COVID-19. I will identify the medical connection woven by the authors into their multifaceted novels, investigating them to understand how the stories they wrote about Influenza were replicated in their personal lives. And I will deconstruct 1918 Influenza pandemic literature, gaining knowledge and finding predictive value for both COVID-19 and the inevitable next pandemic event. Like Influenza before it, COVID-19 will also be dissected and studied by virtually every academic discipline over the next many decades, and it will be compared and correlated with all pandemics that preceded it. This dissertation will begin the discussion of how Influenza and COVID-19 are both alike and different at the height of their deadly viral

[5] The 1918 Influenza is often referred to as the "Spanish flu" or "Spanish influenza". During WWI, Spain was one of the few countries without an embargo on war information and able to broadcast the news about the new "flu" being reported around the world. In keeping with the WHO guidelines to avoid incriminating a people, country or animal as the instigator of a disease, I refer to the 1918 viral disease only as Influenza.

dissemination.

I put these texts in conversation not only with each other but also with works being written about the current pandemic, and I argue that the pairing is valid for three reasons: both viral diseases were novel and historically deadly; the viral illnesses were initially undiagnosed and untreatable except for supportive comfort measures; and the devastating morbidity and mortality the viruses extracted overwhelmed both the social and medical infrastructures designed to care for pandemic illnesses. But these texts also merit study for a fourth reason: all of the authors had a personal encounter with Influenza, and the narrative each wrote about that encounter is *their* story. Although traces of the authors' lives are identifiable in almost all their other works, only Porter's *Pale Horse, Pale Rider,* Maxwell's *They Came Like Swallows,* and O'Hara's *The Doctor's Son* can be read as the authors' own lived stories during the pandemic. Influenza led two of these authors—Porter and Maxwell—to tell their first-person stories from a third-person point of view; O'Hara wrote in the first person. But all left it to their doppelgangers—Porter's Miranda, Maxwell's Bunny and O'Hara's James—to say the difficult parts out loud. Because of the paucity of literature about that cataclysmic 1918 Influenza, these texts can be seen as the authors' gifts to COVID-19 readers wanting—needing—to experience pandemic through the eyes of three who survived one.

Porter's *Pale Horse, Pale Rider,* a text essentially canonical to scholars studying Influenza, details the traumatic pathological effects the virus had on an individual's body and psyche during the 1918 pandemic and presages similar effects that are occurring during COVID-19. Porter barely survived Influenza and writes from the perspective of an adult. At 28, she had a lot of life experience behind her: she had been married and divorced and was living on her own and working in a Denver newspaper room at the time she became gravely ill. Porter's text is the

epitomic narrative of the multiple traumas that plagued Porter and millions of victims secondary to Influenza. Her stunning portrayal of individual disintegration into near-death madness provides the only first-person recounting of that experience in a literary form. Readers accompany Porter's protagonist Miranda as she suffers, coming to the edge of death. But the text also recalls how the population was dealing with this viral illness in the midst of the war. Porter's depiction of Influenza in Denver, Colorado, is essentially a portrait of metropolitan America in 1918. *Pale Horse, Pale Rider*, David A. Davis writes, "illustrates the varieties of traumatic experience—personal trauma, cultural trauma, historical trauma, and aesthetic trauma" the nation was experiencing (56). The importance of the text lies in the fact that the narrative "takes place in a unique and profound historical context, both because of Porter's personal traumatic experience and because memories of the pandemic have faded" (56). As such, Porter's novel, the only narrative about the intimate personal experience of the disease written by an Influenza survivor, is invaluable to historians. Although Porter's rendezvous with Influenza took place in October 1918, she did not finish *Pale Horse, Pale Rider* until 1932. Crosby suggests that the gap between her illness and her writing of *Pale Horse, Pale Rider* was the result of "[h]er long parley with death [that] brewed in Katherine Anne Porter's mind for many years before she began to write" (317). Her biographer submits that during the gap, Porter was "in the process of learning that her truest art came from deep pain and that she needed ten to twelve years to establish artistic distance" (Unrue 64).

Maxwell's *They Came Like Swallows* frames the trauma of familial grief that engulfs survivors, especially children, when pandemic disease claims a primary loved one. He provides the only in-depth account of the pandemic written from the perspective of a young child. Maxwell was only ten (his character Bunny is eight in the text) when Influenza cruelly

rearranged the family he loved and on whom he thought he could depend. Maxwell survived the virus, but his pregnant mother did not; his text provides a profound study of the grief inflicted on a family when a pivotal member dies, leaving, in this case, the author's child-doppelganger Bunny to grapple with the inconceivable sorrow of losing his protector–mother. The trauma of parental death is hugely individual. But when enough children lose a primary caregiver in a short amount of time, society bears the burden of supporting these children and the trauma becomes collective, affecting us all. The text also provides an intimate view of the trauma of maternal, fetal and infant pregnancy loss secondary to the virus—again, an individual or family crisis that, with increasing numbers of maternal deaths, becomes collective. *They Came Like Swallows* is a historical snapshot of the 1918 Influenza as it infected middle America in late 1918. Crosby writes that *Swallows* "caught and preserved that experience in a small gem of a novel published two decades later" (316). Maxwell closely models his fictional town in the text on his boyhood hometown of Lincoln, Illinois, setting *They Came Like Swallows* in a small town and anchoring his family in a solid middle-class environment typical of the times. Maxwell penned his novel in 1937, nearly twenty years from his mother's death from Influenza. Because he was only ten when he lost his beloved mother, he not only needed to physically grow up but he also needed emotional distance from his pandemic trauma before he could write his story. Like the other two texts in this project, Maxwell's *They Came Like Swallows* provides commentary on the war that hovers in the background of the narrative. The pandemic hovers also until it becomes the cataclysmic theme of the book. The text explores the grief that permeates pandemic, pointing to the lingering aftereffects of that grief and its impact on subsequent generations.

O'Hara's *The Doctor's Son* is germane for revealing the devastating disruption to the healthcare system in rural anthracite Pennsylvania, a problem that proved to be a crisis all over

America during the Influenza pandemic; it also demonstrates the traumatic burden such a collapse placed on healthcare professionals.[6] The text is historically unique for two reasons. First, O'Hara was acutely aware of the societal trappings that mark a time and place; his remarks were contemporary at publication but ultimately preserved for history. Bernard McCormick writes: "It is not unusual for writers to draw on their backgrounds for their fictional settings. Most of the great ones have. … But no American writer and possibly none in the world have focused in detail over so long a career … None have subjected the geography, sociology and history of a place to such rigid and continuing scrutiny" (152). Second, O'Hara's text is the sole narrative documenting how universities sent their health professional students to relieve part of the burden the 1918 pandemic placed on hospitals and rural communities. Before COVID-19, this seemingly quaint solution was relegated to footnote status. During COVID-19, however, the use of professional students was revived and, in the early and deadliest days of the pandemic, students provided essential backup and balance to a precarious healthcare system. O'Hara, who was physically unscathed by the virus, serves as a teenage witness to the pandemic. He was barely thirteen (his character is fifteen in the text) when pressed into service as chauffeur for a young medical student who assumes his physician–father's practice in rural Pennsylvania after the physician collapses from exhaustion at the peak of the pandemic. O'Hara bases his fictional small town of Gibbsville on his hometown of Pottsville, Pennsylvania. As a doctor's son, he was the beneficiary of a unique upper-class environment afforded by his father's profession; as an Irish Catholic, however, he and his family experienced discrimination and social exclusion

[6] In this dissertation, the term "healthcare professional" refers to any professionally educated and licensed practitioner of medicine, including physician, nurse, pharmacist, nurse practitioner, midwife, etc. "Health care" refers to the effort undertaken to restore health. "Healthcare system" refers to the industry that provides health care. The terms are in flux; when direct quotes are cited in this dissertation, I will use the term preferred by the author of the quote.

throughout his life. The Library of America writes that O'Hara's text is "a fascinating record of the social effects of America's first great confrontation with a global pandemic." *The Doctor's Son* paints the portrait of pandemic traumas through protagonist James's adolescent eyes, revealing the physical and emotional horrors the pandemic perpetrated on healthcare professionals as they struggled to care for their patients. As such, it details the devastation the virus inflicted on those living on the edge of society—the indigent and the immigrant—who strove to secure care for their ill loved ones during the pandemic while existing in the most desperate conditions. O'Hara's text serves as witness to the intense poverty and misery of his father's patients, many of whom were coal miners and new immigrants barely scraping by and brutally encumbered by their lack of access to public health and social services, education and political agency. *The Doctor's Son* is the only literary narrative from the era to provide in-depth historical insight into the plight of the disenfranchised during the pandemic; one immigrant mother and her ill child serve as a pivotal point in the novel. O'Hara personally dealt with the trauma of an abusive physician–father who, undoubtedly stressed by the pandemic, forces young O'Hara to absorb even more of his ill-treatment; the author addresses that issue throughout the text. O'Hara's story reflects the bravado frequently embraced by adolescents while still providing an agonizing account of how the virus took a toll not only on the destitute families that he and the medical student tend but also on his own. *The Doctor's Son* was published in 1935, when O'Hara was 30, giving him time and distance from both the trauma of the pandemic and the trauma of his relationship with his oppositional father.

All three texts were published years after the pandemic had passed but coincidentally within two years of each other. They are some of the earliest works published by the authors and they remain some of their best remembered. Because the authors each experienced the pandemic

at a different age, their personal stories reflect how the pandemic could be processed at a particular developmental age. And, because the authors lived in different parts of the country and in different socioeconomic situations, the texts provide a broad overview of how the country as a whole responded to the pandemic. If Porter, Maxwell and O'Hara had chanced to meet in the aftermath of the 1918 Influenza pandemic, they would have each had a unique yet sadly common story to share with the others about their personal experience with the viral disease. If they met today, during COVID-19, their stories would no longer be dated but rather heartbreakingly relatable to the present milieu.

Literature, Meet Medicine—Health Humanities

Of particular importance to this study is facilitating an awareness that understanding the art and science of medicine can broaden a reader's comprehension and appreciation of a literary text in which medicine plays a part in the story. The motive is personal: I draw my academic identity from the world of the health sciences and the discipline of nursing first and from the world of the humanities and the discipline of English literature second. I study at the intersection of these two worlds in an encompassing discipline, originally called Medical Humanities but now increasingly and inclusively known as Health Humanities, to recognize the importance and contributions of all the heath science professions. The 1918 Influenza, in particular, because of its nondiscriminatory attack on populations, invites scholars across the academic spectrum to explore these texts. Health Humanities provides an umbrella under which multiple disciplines can share their perceptions, integrate their knowledge and arrive at a summation that informs the harm Influenza—and all pandemics—inflict on a society.

When first envisioned as a discipline in the late 1960s, medical humanities emphasized the classical enrichment of medical students in the philosophical, historical and ethical basis of medicine.[7] Over the last fifty years, the field has exploded to embrace a broad spectrum of the humanities and it continues to grow as new disciplines discover the value and relevance of learning from—and contributing to—medicine. Health Humanities focuses on creating that intersection at which a person's story is as valid as their malady. Thus, the importance of narrative, the basis for understanding how disease affects not only a body but also a person. The mediating factor for facilitating communication at this critical intersection is language. Commenting on the mutually beneficial aspects of medicine and literature, Andrew Solomon writes, "Medicine can contribute to literature; narrative practice can strengthen medicine. It behooves writers and doctors to learn each other's fluencies, because their disparate approaches can add up to singular truths."

When an individual is affected by a disease or illness—and when that individual is allowed to completely tell their story about the disease and how it is affecting the lives of their self and everyone in their social circle—that story becomes many stories that together produce a narrative structure. Brian Dolan emphasizes the importance of remembering the individual in the disease: "[A] disease may be scientifically understood to have certain universal traits (such as viral structure) but each person infected is understood in the tradition of the humanities to experience and cope with the disease in a unique way" (25). Or, as Oliver Sacks (with a nod to President John F. Kennedy) puts it more succinctly: "Ask not what disease this person has, but rather what person the disease has" (qtd. in Theroux). Physician Sarah Carter elaborated on the

[7] "Medical humanities" should not be confused with "medical literature," the latter of which is understood to include all the *scientific* writings about the field of medicine.

vital importance of narrative memory during mass casualty events, like Influenza and COVID-19, when it is easy to get overwhelmed by statistics and miss the individual stories in the recounting of the event, forgetting why those stories need to be remembered: "That is the only silver lining I have found in this tragedy, the hundreds of thousands of lives lost — a reminder that the heart of medicine is connection, and that honoring these stories provides a way to heal from this extended season of loss" (893). There are infinite stories to be told and narratives to be written about the current pandemic. Like Porter, Maxwell and O'Hara, COVID-19 survivors—someday—will write them.

Any reader who has experienced COVID-19, either from being personally infected, caring for someone infected or in grief from a loss, will no longer read these texts as simply historical but rather as tragic confirmation of what they unfortunately learned during the current pandemic. Pre-COVID-19, readers needed to search closely to identify the clues left by authors of Influenza's destruction, but readers who have now experienced COVID-19 will see the clues for what they are: short but accurate details that, to the initiated, now read like omens. They can no longer read Influenza literature without being fully cognizant of the heft of the authors' words, the details put in—and left out—and the burden the aftermath of viral disease superimposes on shattered communities and decimated citizens for decades to come. Whether they are reading Influenza pandemic literature for the first time or rereading it in the time of COVID-19, many readers are now acutely sensitive to details that might have escaped them pre-pandemic. Innocuously dropped symptoms, like slight fevers, headaches, coughs—all previously swept aside as benign by readers anxious to get on with the story—now set off discomfort, if not alarm, at their mention. Pre-COVID-19 mentions of shortness of breath meant little to most readers; today, readers coming across such passages automatically take note of their own

breathing or reach for their pulse oximeter. If they have heard of, witnessed or experienced the panicked gasping breaths of COVID-19 victims, they now understand the signs and significance of labored breathing. Too many dead bodies on the streets and no place to store them is no longer a problem confined to 1918 but also a problem today for the local hospital down the street: the one that is hosting refrigerator trucks behind the facility that must run their generators 24/7 because the funeral homes, which have exhausted their casket supplies and run out of space, can no longer accept the dead (Ochs and Cherelus). COVID-19 readers will never again casually process narratives of the 1918 Influenza as something that merely happened long ago, in a time less sophisticated than now, to people long forgotten except perhaps in memories pasted in dusty photo albums or recalled in old family stories over shared holiday dinners. The ramifications of the COVID-19 pandemic are currently being felt in every part of the United States. Pandemic is no longer a historical concept; it is here. Never again will readers' attitude be "that cannot happen here," but rather—at least for this generation—it will be "I remember *that*, *that* happened to me, and *this* is what else happened."

A Pandemic of Trauma

Any study of pandemic is a study of trauma. A study of the 1918 Influenza Pandemic is a study of one apocalyptic trauma, pandemic, on top of another apocalyptic trauma, war. Both were biblical in their ferocity and capable of destroying the soul of the world, the nation and its citizenry. Influenza created an especially ominous and dire existential time in human history. Victor Vaughan, the head of the U.S. Army's Division of Communicable Diseases, was immersed in the worst of the early Influenza pandemic when the virus ravaged army camps.

Stunned by the rising and unremitting death tolls, he sounded the alarm that, given the "mathematical rate of acceleration" he saw in the virus's rate of transmission, "civilization could easily disappear … from the face of the earth within a matter of a few more weeks" (qtd. in Arnold 102). When the experts on whom a nation depends predict an impending annihilation of the population, society only tenuously continues on, because it must—but it continues on with little, if any, hope.

A study of the COVID-19 pandemic is a study in its infancy with many of its traumas still to be identified although the correlates with Influenza are already many. It would not be a stretch to imagine that, in late 2019 and early 2020, global scientists, physicians, politicians and citizens watched the rapid acceleration of the COVID-19 virus across the planet with an existential fear similar to Vaughan's concern for the survival of the human species. Without a vaccine and with no proven treatment modalities, the world was in a similar state to how it was in 1918. For all the scientific, medical and public health advancements of the last hundred years, in many, many ways the new 2019 virus also brought cities to their knees and sent citizens to their bed. Only this time the existential horror was even greater because citizens, especially those in the United States, could not envision a future in which almost nothing could be done to immediately eradicate the deadly virus. Initially, Americans viewed the horror of the emerging virus from afar, watching news feeds on their televisions and computers showing the devastation abroad. They knew what might be coming, but they had been apprehensive before about other emerging pandemics that proved to be just a minor blip on the pandemic scale. COVID-19, however, would prove *not* to be a blip. It would prove to be a trauma from which Americans will be recovering for decades.

Trauma—derived from the Greek word for "wound"—is defined for the purpose of this

study as the psychological and physiological wounds delivered to a human mind and body that exceed the injured person's ability to process and integrate the insults. The residual unintegrated psychological and physiological wounds become the trauma that, without resolution, will have negative implications for the person's future health and well-being. Richard Crownshaw writes that trauma "defies witnessing, cognition, conscious recall and representation—generating the belated or deferred and disruptive experience of the event not felt at the time" (qtd. in Wake and Malpas 167). Influenza, like COVID-19, compromised—and sometimes devastated—the psychological and physiological integrity of those it infected. Trauma expert Cathy Caruth explains the trauma of the psychic wound that is, obviously, invisible but that makes itself known when it cries out in unexpected—and sometimes socially improper—ways to alert others to a reality or truth that is otherwise unavailable to both the teller and the listener, even in language. The wound tells not only the story of the individual's trauma but also the story of the way in which that individual's trauma is tied up with the trauma of another; it is only in the witnessing and being witnessed that psychic trauma can be processed and resolved.

Trauma can be classified as individual or collective, but classification of pandemic trauma is often fluid and uncertain. Is the trauma the individual insult on each person suffering from the disease? Or is the sum of the individuals' traumas greater than its parts and, thus, is the trauma collective? The study of cultural trauma addresses the impact of trauma on the masses. Jeffrey C. Alexander defines cultural trauma as that which "occurs when members of a collectivity feel they have been subjected to a horrendous event that leaves indelible marks upon their group's consciousness, marking their memories forever and changing their future identities in fundamental and irrevocable ways" (1). He posits that, while individual suffering might be considered trauma, it is the interpretation of those individual traumas by the larger group that

decides whether the trauma becomes collective. "The construction of collective trauma is often fuelled [*sic*] by individual experiences of pain and suffering," he writes, "but it is the threat to collective rather than individual identity that defines the kind of suffering at stake. The pivotal question becomes not 'who did this to me?' but 'what group did this to us?'" (xii). The task, then, is for the injured *us* to identify the harming *them*.

Wars have perceptible enemies. Pandemic disease, however, does not have a willful foe and, consequently, the formulation of a collective trauma is complicated. During pandemic, individual trauma necessarily takes precedent in the acute period. The focus is on the suffering a disease agent inflicts on individuals. The agent does not deliberately single out individuals to infect; indeed, disease agents are not sentient and therefore cannot be blamed for their choice of victim. During pandemics, the infectious vehicle causing illness and death is not initially identified and, therefore, there is no specific enemy on which to place blame or abhorrence. If a pandemic without a known foe collides with a war with a known enemy, individual trauma from disease is instinctively minimized to maximize the collective societal strength necessary to defeat the perceived greater threat.[8] Only then, when society declares itself safe from the greater threat, can the curtailed individual traumas be recalled.

Trauma is cumulative. One trauma can tax the human body and psyche to the point of collapse, physically and mentally; multiple simultaneous or sequential traumas increase the prospect of such a collapse. Together, World War I and the 1918 Influenza pandemic rained down multiple traumas on Americans, the scars of which remained for generations. The competing traumas proved too much for the American psyche to endure. Davis captures this dilemma, writing: "When everyone has an experience of trauma to share, unburdening can be

[8] If the morbidity and mortality from the disease reach a crisis point, and there are no longer enough individuals to serve the collective's needs, the collective can collapse.

unbearable. For Americans in 1918, talking about the pandemic and the war was nearly impossible" (61). The operative word in Davis's sentence is *and*—as in, Americans in 1918 could either speak about the war or they could speak about the pandemic, but they could not find a way to speak about war *and* pandemic. Henry James describes the war exhaustion that left a generation without the words to write, saying, "One finds in the midst of all this [that it is] as hard to apply one's words as to endure one's thoughts. The war has used up words; they have weakened, they have deteriorated" (qtd. in Sontag 25). We can extrapolate James's observation further: since the war completely drained the American psyche, there were also no words left to write or speak about the 1918 pandemic, and if, by chance, there *were* any hanging around, it seems unlikely that anyone had the energy to scoop them up and use them.

Besides decimating bodies and societies, pandemic trauma also takes a toll on literary production. Catherine Belling writes: "A profound cultural and ethical aspect of all major epidemics … is the loss of access to personal narratives" ("Overwhelming" 55). The intense grief resulting from personal loss, unprecedented social disruption, and the complete lack of confidence—and hope—for a return to normal becomes crushing. Belling quotes Stalin's purported statement: "A single death is a tragedy; a million deaths is a statistic," and suggests that the reason the stories of the hundreds of thousands deaths from Influenza in the United States could not be recounted is because the limited capacity of the human psyche could not expand enough to realize the totality of trauma the event generated: "The imagination can inhabit the meaning of a single human calamity, but multiply it across an entire population, and the mind is overwhelmed" ("Overwhelming" 56). The 1918 Influenza pandemic exponentially overwhelmed an already overwhelmed and war-depleted nation. "Narration falters," Belling writes, "when multitudes of subjects are affected at once by painful events that disrupt the secure

frameworks of normality against which individual suffering is usually measured, making the right stories, those thick with detailed, subjective specificity, hard to find" ("Overwhelming" 57).

The combined traumas of war and pandemic forced a reckoning in 1918: which trauma should take precedence? Which trauma should be memorialized in written words and in spoken speeches? Which trauma should frame the human suffering of the third decade of the 20th century? By the numbers, Influenza should have won. It killed 675,000 Americans, far more than all the American combatants killed in WWI. In fact, it killed more Americans than WWI, WWII, the Korean War and the Vietnam War combined. Even today, in the time of COVID-19, Influenza maintains its top-of-the-leaderboard status for the most vicious destroyer of human life.[9] But Influenza, as Belling reminds us, "was, after all, just the flu. Could there be a more banal trauma?" There is no need for narrative when a trauma is subjectively interpreted by sufferers as banal. Belling recaps Stalin: "There is a paradox in the multiplication of personal catastrophe throughout a society: the moral and emotional significance of an event is inversely proportional to its extent or its incidence. The imagination can inhabit the meaning of a single human calamity, but multiply it across an entire population, and the mind is overwhelmed" ("Overwhelming" 56).

As Davis, James and Belling suggest, there simply was not enough emotional energy to speak about two traumas at one time; thus, the *Great War* took precedence, and Influenza became the *Forgotten Pandemic*. Influenza was forgotten because it failed to reach collective trauma status. It was perceived as a tragedy told only in individual stories, not as a collective

[9] Influenza killed 675,000 Americans in 1918 out of a population of 103,000,000 (Durr). As of May 20, 2024, COVID-19 has killed 1,200,000 Americans out of a population of 332,000,000 (WHO "COVID-19 Deaths"). Adjusted for population growth, Influenza would kill 2,176,000 Americans today, almost twice as many as COVID-19. The lower death rate for COVID-19 is almost assuredly a result of the COVID-19 vaccines that were developed, manufactured, released and implemented in record time.

human narrative. The toll it took was at the heart and soul level, with each person or family reacting essentially alone, unaware that the rest of the country and world were also immersed in similar turmoil and pain. Laura Spinney writes: "The Spanish flu is remembered personally, not collectively. … Not as a historical disaster, but as millions of discrete, private tragedies" (4). As such, knowledge of these private tragedies was more likely to be passed to subsequent generations only colloquially as family lore or in diaries and obituaries of how loved ones lived or died as a result of Influenza. The 1918 pandemic, elbowed out by the war, slid quietly into history, characterized by little documentation or attention by scholars and writers. It is often only in retrospect, when the totality of an event can be recollected and scrutinized, that the true nature of the sublimated catastrophe can be understood, the scope of the trauma can be measured and society can begin to ask how the trauma affected survivors then—and how it is still affecting survivors now who are generations removed from the event.

A century after the 1918 pandemic, COVID-19 arrived in the United States, delivering a mindboggling and traumatic shock to an American population who had relegated pandemics to a historical past. The significance of the trauma caused by the virus was soon complicated and, perhaps, cloaked by another trauma—severe social, economic and political division and unrest in the United States. As was true of Influenza, defining COVID-19 as a trauma is dependent on who is speaking about the disease and what story they are telling. Per Alexander: "Which narrative [of the trauma] wins out is not only a matter of performative power. It is also a matter of power and resources and the demographics of the audiences who are listening. Who can command the most effective platform to tell the trauma story?" He adds that the audience ultimately determines the permanence of the stories: "Some trauma narratives find willing, able, and homogeneous audiences; other stories are received by fragmented or constricted audiences;

still others simply fall on deaf ears" (xii).

The Pandemic-Driven Movement to Modernism

The unimagined brutality of WWI melded with the unexpected lethality of the 1918 pandemic to strike an existential blow to a broken global society, forcing the reconfiguring of conventional attitudes. The war was the primary impetus for a revolutionary movement, but the pandemic was the final jolt that toppled traditional orthodoxy over the brink, reducing it to shards. Over time, the fragments were reconfigured, but jagged edges remained, and the pieces did not fit exactly the same, leaving the interpretation of the new whole to each individual's discretion. Attempts by writers and artists to make sense of the inconceivable tragedies they had endured—tragedies that no longer fit into conventional representational molds—resulted in the movement scholars now call modernism. The novels in this study are of interest to scholars of modernism, especially to those who study pandemic literature. This is not simply because of a renewed focus on pandemics generally but because Influenza seems to serve as a nexus for interdisciplinary investigation of embodied responses to cultural crisis. Influenza shattered the lives of the authors in this study, leaving them with no method for reassembling their lives—and themselves— into a logical whole. Only when they discovered the multiple modes associated with modernist fiction could they begin to literarily capture the traumatic events they endured during Influenza. Modernism is a troubled and troublesome concept that seeks, but necessarily fails, to encapsulate all sorts of different cultural phenomena and discourses; that is both the conundrum but also the beauty of the movement—its flexible boundaries and non-rigid rules

allowed the authors to push their writing genius to its limits. The individualism and independence afforded by modernism and the freedom to write in a non-linear fashion was critical for all three authors. But for Porter especially, it created a frame on which to capture the fractured, convoluted and surreal mindset she suffered when ill with Influenza as well as to render the psychobiological devolution she endured because of the virus.

Influenza, because of its invisibility, stealth and the lack of an identifiable enemy, created a discomfiting kind of modernism. Elizabeth Outka, who coined the phrase "viral modernism," identifies how Influenza disrupted status quo thoughts about the omnipresent communicable diseases in 1918: "The flu [Influenza] was, in many ways, the ultimate exposure to disenchanted violence: a violent death resistant to structures of martyrdom, meaning, purpose, and politics" (34). Fear of the new virus, more virulent than any ever seen by this population, burdened survivors even after it appeared to be gone. Outka continues, "The knowledge that an annihilating viral foe might literally be in the air at any moment, coupled with the haunting memories of the 1918 flu, led … not to expressions of an encyclopedic modernism but to a miasmic one" (34). This paradigmatic shift to a miasmic-type modernism when considering Influenza added to the cultural crisis driving the reconsideration of many individual and societal philosophies. The shift was eventually reflected in new literary methodologies used to describe the irretrievably fractured event caused by the Influenza virus.

It is difficult to imagine literary art produced about pandemic trauma that does not reflect modernist approaches. Writers and artists from many disciplines sought new ways to speak of the decimation Influenza wrought on a world already decimated by war. Thomas Austenfeld writes, "One of the truisms about modernism is that it encompassed all the art forms—literature, dance, architecture, painting, music—and that crosspollination did occur, literature serving as a

linchpin of sorts" (199). The importance of the 1918 pandemic, therefore, as a collaborative initiator of this shift to modernism should not be underestimated. By definition, Influenza disorients both the afflicted individual and those in the individual's environment. Caroline Hovanec writes:

> Influenza provides an entry into modernist discourses across disciplines—literature, science, sociology, medicine—that are concerned with reconceptualizing bodies of all kinds. As an illness, for example, the flu defamiliarizes and fragments the human body; as a virus, it offers a vision of a different kind of body or of a composite body. Its figurative role, then, parallels other facets of modernity that cast doubt upon the integrity of units—the human subject, the family, the community—once considered natural. (164)

The challenge of post-war and post-pandemic literature was to write about the unfamiliar and fragmented bodies and psyches; as evidenced by the copious tomes about the war and the sparse literary work written about the pandemic, authors writing about war clearly had an easier time.

The extraordinary reach of the effects of the 1918 pandemic took a long time to be acknowledged. Indeed, it was not until the turn of this century that focus returned to the viral disaster.[10] Outka suggests one reason for the lengthy delay in acknowledging the pandemic illness: Influenza, she says, was subsumed by the war because of how the two events were then gendered by American society: "When … we reify how military conflict has come to define history, we deemphasize illness and pandemics in ways that hide their threat, and we take part in long traditions that align illness with seemingly less valiant, more feminine forms of death" (2).

[10] Interest in the 1918 Influenza pandemic remained virtually dormant until another possible pandemic threatened Americans. Davis writes, "In the spring of 2009 fear of a swine flu pandemic and ongoing fear of a potential avian flu pandemic awakened dormant memories of the 1918 influenza pandemic. Global health officials mounted a campaign of contagion preparedness, and many officials still see another human pandemic as inevitable, if not imminent. To mitigate this potential disaster, scientists, epidemiologists, and government officials worldwide are looking to the 1918 pandemic as a worst-case scenario as they develop contingency response plans" (55).

Much of how the calamitous events were recalled was dependent on who died: "The war, with all its male death, became the story, and the pandemic, with its mix of female and male victims who succumbed, a deflating sequel" (Outka 24). For at least a decade after the pandemic, stories about individual trauma remained silent until the Influenza virus appeared at least quiescent, if not eradicated. Slowly, as modernism took hold, decisions were made not only about *whether* to write the stories of the pandemic but also about *how* to write the stories. A handful of novels appeared. As noted earlier, the authors in this study did not write their novels in the immediate aftermath of Influenza. Perhaps the gaps from pandemic to publication of their Influenza texts was related to the need for maturity, but the authors might have also been searching for a way to write about that which was almost unspeakable. Modernism provided the means for them to begin giving voice to the locked-up stories fulminating in their unconsciousness. Again, Outka: "The very existence of [pandemic novels] suggests how some of the problems the pandemic posed to representation were lifting; by the late 1920s, the virus had shifted to a potential, rather than an imminent threat, and enough time had passed to better understand how the pandemic might fit into the other narrative arcs of the era, especially those from the war" (40).

Two Centuries, Two Scourges—Similar, But Not

Since all the texts in this study revolve around the 1918 viral disease, a closer look at how Influenza presented is warranted before comparing it to COVID-19. Today, almost everyone is familiar with the symptoms and course of COVID-19. Many have been either personally infected by COVID-19 or have witnessed others suffer with the disease. Because it is primarily a

respiratory virus (although it frequently progresses to multi-organ involvement,) COVID-19's presentation in many ways parallels that of the 1918 Influenza viral illness. Citizens in 1918 were very aware of seasonal influenzas—"flus"—but this Influenza was unlike any they had ever experienced. "Lucky victims," as Influenza chronicler, John Barry, calls those who survived without sequelae, "had an extremely unpleasant several days … multiplied by terror that they would develop serious complications … and then recovered within ten days" (Barry, *Great Influenza* 231). Intractable headache and fever dogged these patients for the duration of their illness. Congestion clogged their ability to breathe through their nose. Inflammation of the membranes in the eyes, ears, nose, mouth and throat all caused severe pain and combined to further inhibit breathing, which was being increasingly obstructed by the intense inflammation and infection developing in the lungs. Eye movement intensified headaches. Middle ear infections developed rapidly, causing excruciating pain.[11] Such symptoms were common to other influenzas. But, in 1918, these symptoms—even in "mild" cases—were intensified, leaving even "lucky victims" moribund, acquiescent and a prisoner to the disease. One Influenza victim's observation was reflective of many: "I didn't care if I died or not. I just felt like that all my life was nothing but when I breathe" (Barry, *Great Influenza* 232).

But in a sizeable minority of cases, the disease followed an even more brutal path. Barry again provides the details. Fevers raged for days and weeks between 100–105 degrees. Headaches "throbbed as if a sledgehammer were driving a wedge not into the head but from inside the head out." Unbearable eye pain ensued whenever the eyes moved, sometimes combined with a loss of vision. Body aches were excruciating; agonizing joint pain caused

[11] Middle ear infection—otitis media—often led to the spontaneous rupture of the ear drum when the pus in the inner ear exceeded the volume of the enclosed space. Such rupture acutely relieves pain but also can result in scarring of the ear drum as it heals. Barry cites a physician's report from the Influenza that stated that "[a]t autopsy practically every case showed otitis media with perforation" (Barry, *Great Influenza* 235).

victims to writhe in their beds. Prostration was acute to the point of patients being unable to move. In severe cases, blood seemed to hemorrhage from every body orifice. Bleeding from the ears was common, as was bleeding under the skin. Female victims "hemorrhaged from the vagina."[12] Nosebleeds sent "bright red blood gushing from the nostrils" and "foamy, blood-stained liquid" drained from the nose and mouth whenever a victim's head was elevated. Violent vomiting and intractable diarrhea—often bloody—were frequent. Bone-breaking cough was so extreme that broken ribs and torn chest muscles were common. In the end stages, crepitus—pockets of gas—would form under the skin, "beginning in the neck and spreading sometimes over the whole body… [making a sound like] a bowl of rice crispies [*sic*]" (Barry, *Great Influenza* 235–36).[13]

The most adverse effect of the Influenza virus, however, was the decimation of the pulmonary system, causing a pneumonia unlike any seen until that time.[14] Heliotrope cyanosis—a condition that developed secondarily due to the lack of oxygen in the blood—turned victims' skin a deep shade of blue unique to the heliotrope flower. Patients "very rapidly develop the most vicious type of Pneumonia that has ever been seen. Two hours after admission they have the Mahogany spots over the cheek bones, and a few hours later you can begin to see the Cyanosis extending from their ears and spreading all over the face, [and the extremities] until it is hard to distinguish the coloured men from the white" (Grist 1632).[15] Death followed the

[12] Barry reports the work of a German investigator of this phenomenon: "Female patients had a hemorrhagic vaginal discharge which was a first considered to be coincident menstruation, but later was interpreted as hemorrhage from the uterine mucosa" (Barry, *Great Influenza* 237).
[13] Barry recounts that for one Navy nurse, "the memory of that sound was so vivid to her that for the rest of her life she could not tolerate being around anyone who was eating rice crispies [*sic*]" (Barry, *Great Influenza* 235).
[14] Other damage was not visible until autopsy: the liver, kidneys, heart, adrenal glands, gastrointestinal organs and testes were often found ravaged when examined after death.
[15] Mahogany spots were dark patches that formed on the cheeks of dying Influenza patients. They served as an indicator that death was imminent and irreversible.

appearance of mahogany spots in a matter of hours or days. Lung changes on autopsy were so bizarre that an army physician concluded, "The only comparable findings are those of pneumonic plague and those seen in acute death from … the inhalation of poison gas" (Barry, *Great Influenza* 241). Fluid in the lungs made each breath a terrorizing effort. Patients felt as if they were drowning—because they were.

Influenza was responsible for one of the most unusual—and heartbreaking—markers of the 1918 pandemic: the virus singled out the young adult demographic with a vengeance. Normal flus target the very young and the very old; those in between often either avoid the illness or recover quickly without lingering aftereffects. But the 1918 Influenza was an anomaly, a reversal of a normal flu. Instead of striking down the youngest and oldest, Influenza claimed the hardiest of the population: fresh military recruits in peak physical condition, healthy pregnant women and young parents, fledgling nurses and physicians—basically anyone in the new bloom of adulthood. The high mortality in this demographic left an "unknown but enormous" number of orphaned children (Barry, *Great Influenza* 239).

The virus was insidious and relentless. So rapid was the onset of symptoms that individuals would awake healthy only to drop dead—literally—within hours.[16] Anecdotes abound of people boarding streetcars and dying before they reached their destination and of young healthcare professionals who began their day in good form only to be deceased by the end of their shift. It was a common occurrence for pedestrians on the street or passengers on public transit to witness a victim suddenly fall to the ground, bleeding profusely and/or covered in

[16] In early 2020, then-president Donald Trump claimed to not know influenza can be deadly. Reacting to news that 36,000 people on average die of influenza every year, Trump said: "I never heard those numbers. I would've been shocked. I would've said, 'Does anybody die from the flu? I didn't know people died from the flu.'" Trump appeared unaware that his own paternal grandfather was stricken with Influenza during a stroll in Queens, NY in May 1918, returned home acutely ill and died 48 hours later (Brockell).

vomit and diarrhea. Such previously unthinkable symptoms overwhelmed the senses of both the victims and their caretakers. Morgues were full, mortuaries deluged and coffins were frequently unavailable. Decomposing bodies were often necessarily left outside on home porches by families. At the peak of the infestation, in scenes reminiscent of the plague years in Europe, wagons would pass through the streets to collect the dead, stacking the bodies like cordwood, and hauling them to designated areas for common burial without coffins or services.[17] If critically ill patients managed to survive, many of them were debilitated by exhaustion that lingered for months, some seemingly mute except for anguished outbursts when their agony exceeded their pain threshold.

COVID-19 disease is comparable to Influenza in many ways. First-person stories now abound, many of them echoing descriptions of Influenza. This coronavirus acts similar to the H1N1 virus that caused Influenza. Pulmonary devastation drives morbidity and mortality in patients stricken by the virus. Radiographical studies illuminate unique changes to the lungs, causing physicians to speak of "COVID lung". The infection causes massive inflammation in the pulmonary system and triggers such a robust immune response that the clogged lungs are no longer capable of exchanging carbon dioxide waste for life-giving oxygen. Without oxygen, patients die a slow and tortuous death.

Patients complain about the sudden onset of COVID-19: "The first symptoms I felt came all at the same minute … My first thought was: *I feel like I was hit by a train*" (Gruber). Exhaustion is debilitating and headaches mirror the intensity and description of those from Influenza. Instead of the 1918 sledgehammer simile, however, COVID-19 sufferers invoke other

[17] One anecdote that survives the era is of a mother and father begging for a cardboard box to serve as a coffin for their deceased young child before his body was added to all the other un-coffined bodies in the patrol wagon (Barry, *Great Influenza* 223).

powerful tools: a chisel—"like a chisel going through your head scraping little bits off each time"—and a clamp—"clamped down on the back of my skull" (Stone). The headaches and the fevers that accompanied them are unrelenting and impervious to pain relievers and antipyretic medication. Pain behind the eyes is a common complaint as is an inability to control eye movement. Gastrointestinal distress—nausea, vomiting and diarrhea—is often uncontrollable and lasts several days, as does extreme dizziness that is intensified with any movement of the head. Reports of paresthesia symptoms are not unusual; patients describe vibrations, buzzing and tingling skin with the sensation of crawling bugs. Mental status and mood changes are intense, with crying common. The virus, while physically weakening the body, also exacts an emotional price: "I don't have a negative bone or depressed ounce in my body, but it definitely starts to wear on you, … Anger, frustration, depression, helplessness. It's all present" (Gruber).

Two unusual symptoms make COVID-19 infection immediately suspect. First, patients often complain of sudden loss of taste and smell, saying "everything tasted like nothing" (Stone). The losses can last for weeks or months; for some patients, these senses have yet to return. But the overall most frightening and dangerous symptom—a precipitous and unexpected drop in blood oxygen readings to levels incompatible with life and a subsequent inability to breathe—was often the first sign of COVID-19 in previously healthy persons, sending victims to emergency departments as quickly as they could get there.[18] The onset of respiratory collapse was dramatic: "Then one day I was walking up the stairs, and all of the sudden, I couldn't breathe. I screamed and fell flat on my face" (Saslow). One sufferer succinctly described

[18] Because falling oxygen levels are so insidious with COVID-19, monitoring of blood oxygen levels at home with pulse oximeters became requisite for many for determining when ill persons should seek emergency care. A shortage of pulse oximeters temporarily ensued, adding to the anxiety that a person with mild COVID-19 symptoms could, in fact, be deathly ill and should be immediately moved to a medical facility.

COVID-19: "This disease is … diabolical … [it] seems to be tailor made [*sic*] to whoever it attaches to. It's the Freddy Krueger of viruses because it knows where you are weakest and knows your deepest fears and it attacks accordingly" (Merritt). One can imagine that, had Freddy Krueger been around in 1918, sufferers of Influenza might have described that illness similarly.

When COVID-19 first emerged, scientists logically feared that it would strike the same demographic that Influenza ravaged—the young adults in the prime of health. Instead, the COVID-19 virus struck hardest at the senior population and/or those who had comorbidities that made them more prone to contracting the disease. Of particular interest to this study, pregnant women were increasingly susceptible, as they were with Influenza. Children were mostly spared from serious illness, although they served as conduits for bringing COVID-19 into the home to susceptible persons.[19] Those persons deemed "essential workers," who were required to show up to their job when others were quarantined at home, were also more likely to contract the illness regardless of age.

There is a major difference in the American population today compared to 1918. Over the last century, science and medicine have developed multiple therapies and interventions to prolong the lives of persons suffering from illnesses and disease today that would have killed them in 1918. That demographic includes a large population of organ transplant recipients, chemo-dependent patients and cancer survivors, and persons chronically immunocompromised for many previously untreatable diseases. Many of these patients owe their longevity to the introduction of immunosuppressive medications that prevent their body from rejecting medically necessary therapies. Unfortunately, these same medications can suppress the immune system enough to make these patients particularly vulnerable not only to existing diseases but also to

[19] Medical researchers are discovering that children infected with the virus can experience long COVID-19, some of them complaining of very severe symptoms (Gross et al.).

new ones, such as COVID-19. In addition, due to overall improved social and public health metrics, the United States now has a now significantly older population than in 1918.[20] Many of these elderly persons will eventually live in communal situations—eldercare homes, assisted living accommodations and skilled nursing facilities. Not only is the population older but, because of aging factors, it is also more susceptible to new diseases—especially, as America witnessed in the early days of COVID-19, when at risk populations cohabitate.

COVID-19, like Influenza before it, embodies a highly beneficial, if sinister, characteristic that helps assure its longevity and ability to spread freely amid a population: the virus leaves no obvious physical trace of its presence once it has mercifully departed a victim. COVID-19 patients may have been devastatingly debilitated, mentally and physically, by the virus or left near-death, but once recovered, few from their community would be able to physically identify them as persons who were once infected with the virus.[21] COVID-19 is not like plague, which left horrible scars on bodies wherever pus-filled buboes burst; it is not like syphilis which, untreated, can devastate victims with seizures, mental and movement disorders, and blindness; it is not like the currently recuring polio virus, which permanently cripples limbs and compromises breathing to the point of requiring victims in the past to use an "iron lung" to survive; it is not like measles, with its accompanying neuro-encephalopathy, which can leave seizure disorders, intellectual disabilities, motor deficits and deafness in its wake; and it is not like Mpox—and smallpox before it—which leaves permanently disfiguring pock scars on faces

[20] Life expectancy in 1917 (pre-Influenza) was about 48 years for males; 56 years for females. In 1918, the United States suffered "a staggering 11.8–year decline in life expectancy during the height of the influenza pandemic of 1918, in which life expectancy at birth dropped from 50.9 years [overall] in 1917 to 39.1 years in 1918 [overall]." In 2018 (pre-COVID-19), life expectancy was about 75 years for males; 81 years for females (NCHS, "Life Expectancy"). Current estimates of life expectancy decrease due to COVID-19 shows a "medium estimate [that] indicates a reduction in US life expectancy at birth of 1.13 y to 77.48 y [overall], lower than any year since 2003" (Andrasfay and Goldman).

[21] The mental and psychic changes the viruses impart to unfortunate survivors would only be noticeable during interaction with such a person.

and bodies before retreating. COVID-19, unlike so many other disfiguring diseases, leaves no residual physical evidence of its infection. No cosmetic disfigurement, no obvious ambulating disabilities, no observably impaired senses are left in the wake of the virus. Nothing visually evident remains that warns "look what happened to me…this can happen to you."

Such stealth thus undermines important medical and public health prods that compel vaccine uptake and require compliance with infection control methods. Many observers of COVID-19—especially those who did not become seriously ill or know anyone who died from the virus—were comforted by the apparent absence of scarring disfigurements and residual physical disabilities and proceeded to minimize the morbidity and lethality of the virus. For a large part of the U.S. population, COVID-19 was out of sight, out of mind. In this way, the COVID-19 virus, like Influenza, is brilliant. If COVID-19 had left just one little telltale sign on its victims—a blind eye, a pitted facial scar, a limp, an occasional seizure, even some draining pus—there can be little doubt that Americans would have immediately complied with all infection control decrees. They would have quarantined, isolated, masked and distanced with little cajoling from authorities, and they would have never even considered refusing the vaccine. But it didn't. Too brilliant.

Though Influenza and COVID-19 share many similar symptoms, the cause of death for each virus differs. Liang et al. report, "While those with the influenza died of secondary bacterial pneumonia, those with COVID-19 died from an overactive immune response that resulted in multiple organ failure" (Liang et al. 275). Since antibiotics, critical care medicine, biomedical technology and vaccines were not available in 1918, pneumonia as the cause of death was a logical expectation. Without those same advances, deaths from COVID-19 would most likely be

similar—overwhelming pulmonary infection would lead to demise from pneumonia.[22] However, because antibiotics were widely available when COVID-19 appeared, critical care facilities were well-distributed across the country and an effective vaccine was made available within a year of that appearance, COVID-19 patients' pneumonias could be treated and many critically ill patients who would not have survived otherwise recovered.[23] Vaccination either prevented the disease or provided a milder course if infection occurred. Those who did not respond to treatment, however, often suffered organ failure that eventually led to their demise, despite heroic care measures.

*

As of mid–2024, Americans have endured over four years of pandemic terror, tedium and trauma because of COVID-19.[24] Already today, there are many written and recorded accounts about the virus. Some are attempts to cogently define the individual traumas that are slowly coalescing into a larger story about the collective trauma on American society. Others appear to assign blame for the pandemic while simultaneously attempting to deny COVID-19 ever happened. Many Americans in the 21st century still embrace the assumption that the government, the healthcare system, a deity—someone—has the power to call off a pandemic, shut it down,

[22] Yamana et al. report the statistical findings of the effect of COVID-19 vaccine on morbidity and mortality rates after the first six months of vaccine rollout: "In conclusion, our analysis shows that COVID-19 vaccination reduced the burden of disease. Base case results indicate that COVID-19 vaccination was associated with over 8 million fewer confirmed cases, over 120 thousand fewer deaths, and 700 thousand fewer hospitalizations in the first six months of the campaign" (10).

[23] Supplies of medical equipment were very difficult to access when COVID-19 first emerged, a failure of both pre-planning and supply chain issues: "Early in the COVID-19 pandemic, a global shortage of hospital gowns, gloves, surgical masks, and respirators caused policymakers globally to panic. China increased imports and decreased exports of this personal protective equipment, removing supplies from world markets" (Bown 114).

[24] The United States declared COVID-19 a public health emergency on January 30, 2020, and removed the declaration on May 12, 2023 (Branswell "WHO Declares End")

make it go away for good. But it cannot happen that way. Viruses do not care what a government, healthcare system or deity decrees. The pandemic continues. Despite the CDC's recent reclassification of COVID-19 as an endemic viral disease on par with other seasonal respiratory diseases, no one can definitively say when or how COVID-19 will conclude.[25] The COVID-19 virus—like all viruses—will have the last word on the issue. COVID-19 is not gone. It is still actively mutating as it makes its way through new vulnerable and unvaccinated populations at will, while continually rebounding for another go in populations it has previously devastated, albeit with milder symptoms in persons with a prior history of COVID-19 infection or those who have received the recommended COVID-19 vaccines and boosters.

Pandemic is not a new concept, of course, but because major outbreaks are a rare occurrence, any pandemic is new to those experiencing it for the first time. So many things about this pandemic were not only new but also discomfiting. The very idea that America would be caught unawares and forced to deal with a disease that scientists and physicians had no idea how to combat was unthinkable to most. Early during COVID-19, Americans faced the stunning realization that, despite all the scientific knowledge, medical advances, communication and information technologies amassed over the last century, we were in many ways as poorly prepared to treat the illness as they were in 1918. Like our counterparts in 1918, we watched indefensible governmental and political offensives to minimize the critical nature of the viral disease at a crucial time when the virus might have been contained. We watched the devolution and failure of our social infrastructure and healthcare systems when containment became impossible and necessitated the imposition of quarantines, isolation and public shutdowns, along

[25] On March 1, 2024, the CDC released "updated recommendations for how people can protect themselves and their communities from respiratory viruses, including COVID-19. The new guidance brings a unified approach to addressing risks from a range of common respiratory viral illnesses, such as COVID-19, flu, and RSV, which can cause significant health impacts and strain on hospitals and health care workers" (CDC, "CDC Updates").

with mandated mask-wearing and six-foot social distancing in many environments. We watched *silence* settle on the country as communities shut down over night in a desperate attempt to control the spread of the out-of-control virus. We watched until we became immune to the soaring death toll—and to death itself.

The word is still out on how COVID-19 trauma will be remembered. The magnitude of the physical and psychological scars is still being ascertained and full recovery is uncertain. Will COVID-19 become the second Forgotten Pandemic? Will the social and political recriminations that existed in the midst of the pandemic linger so long that Americans fail to collectively recall the chaos and fear of the viral onslaught itself? Will time—and new pandemics—relegate COVID-19 to be remembered, like Influenza, only by those individuals whose lives were intimately affected by the virus?

These Influenza-induced traumas are being replayed today during COVID-19 and they will most likely be replayed again in subsequent pandemics. Profiling them now can at least alert the experts and the public to what traumas to expect when an unexpected pandemic (because pandemics are always unexpected) arrives. For now, recognizing the traumas of pandemic will inform the following chapters in this dissertation. In examining Katherine Anne Porter's *Pale Horse, Pale Rider*, William Maxwell's *They Came Like Swallows,* and John O'Hara's *The Doctor's Son,* I will interweave trauma theory with the authors' biographies and close reading of their texts, enriching and enhancing the texts so that rather than being known simply as pandemic literature, they can be considered, essentially, pandemic autobiographies.

Chapter I

Katherine Anne Porter and *Pale Horse, Pale Rider*

Living, Dying and Living Dead in Denver

> It took me a long time to go out and live in the world again. I was really "alienated," in the pure sense. It was, I think, the fact that I really had participated in death, that I knew what death was, and had almost experienced it. I had what the Christians call the "beatific vision," and the Greeks called the "happy day," the happy vision just before death. Now if you have had that, and survived it, come back from it, you are no longer like other people, and there's no use deceiving yourself that you are.
>
> –Katherine Anne Porter[26]

Introduction

Katherine Anne Porter kept a plain wooden coffin in her coat closet. It either came from Arizona or Montana—there have been lively discussions about this issue.[27] The source of the coffin does not really matter; what matters is that she kept a coffin in her coat closet, "like a bridge table in anyone else's house," that she intended to occupy upon her own death. It was part of her plan, she told Henry Allen, the journalist from *The Washington Post* who eventually wrote

[26] Epigraph qtd. from *Katherine Anne Porter, A Life* (Givner 126). Born: May 15, 1890. Died: September 18, 1980.
[27] Biographer Darlene Unrue reports that based on her conversations with Porter, the coffin was crafted in Arizona (Unrue, *Katherine Anne Porter, Life of an Artist* 283); Porter's nephew, Paul Porter, however, reports it was made in Montana (Austenfeld 195).

Porter's obituary: "I have told my executors that I will have the coffin and a linen sheet ready for them. I brought the linen back from Liege. I forbid the undertaker to touch me. Simply take me to the crematory, then scatter my ashes anywhere at all." Porter swore to everyone she knew that she was pleased with her plan (Unrue 283).

It was an encounter with Influenza at the age of twenty-eight that shaped Porter for the rest of her life, and it is that story she tells in *Pale Horse, Pale Rider.* Allen describes Porter's as "one of the most luminous careers in 20th-century American letters. She was one of our great short-story writers and possibly our greatest novella writer."[28] Death figured prominently in Porter's life; it was a running theme in her writing but never a sword over her head. "[N]o longer like other people" after her near-death experience with Influenza at the age of twenty-eight, she mocked death. Per Allen: "Katherine Anne Porter flaunted her own death, flirted with it, name-dropped it, dared it and generally waved it around her like the veils Isadora Duncan danced with. … Having already seen both heaven and hell at least half a century ago … she had no fears whatsoever of either the right- or the left-handed terrors of eternity." In her text, Porter does, in fact, does allude to seeing both heaven and hell during her calamitous bout of Influenza in 1918, although she doesn't refer to them as such. But her close encounter with death defined the rest of her life and produced for the rest of us *Pale Horse, Pale Rider,* the single literary work detailing

[28] Here is where Allen slips up: Porter detested the use of the word "novella" and repeatedly stated that *Pale Horse, Pale Rider* was a "short novel"; had Porter been around to read her own obituary, she would have been appalled. In her introduction to *The Collected Stories of Katherine Anne Porter,* Porter writes, "I beg of the reader one gentle favor for which he may be sure of my perpetual gratitude: please do not call my short novels *Novelettes*, or even worse, *Novellas*. Novelette is a classical usage for a trivial, dime-novel sort of thing; Novella is a slack, boneless, affected word that we do not need to describe anything. Please call my works by their right names: we have four that cover every division: short stories, long stories, short novels, novels. I now have examples of all four kinds under these headings, [in the collection] and they seem very clear, sufficient, and plain English" (vi). Porter also rejected being called an "authoress" and "urged a critic to 'criticize my work as severely as you like; but please don't expose yourself by putting it on the grounds that I am a woman'" (Stout 190).

how a human body and mind experienced the 1918 Influenza.[29]

Porter had her obituary in mind for a long time. An inveterate letter writer, she left a well-annotated and romanticized trail of her life. At the age of 86, Porter personally selected Joan Givner to write her biography, asking her "to undertake the re-creation of her many decades" (Hardwick). Porter, ever capricious, had burned everything she had written before she was thirty, but she meticulously retained all her writings after that. She provided Givner with copious notes and spent long days telling her what she wanted others to know about her life. Porter was acutely aware that her legacy would be of interest to others and she took time to craft the legacy she wanted the world to see. Her coffin, "more artifact than tool, more symbol than reality … [eventually held neither] her body or her ashes but became a curiosity" (Allen). It now resides in the Katherine Anne Porter Room at the University of Maryland's Hornbake Library along with most of her personal memorabilia and papers. Given the inextricable relationship between Porter's vison of death and her vision of reading and writing, it is perhaps no surprise that those who debated the origin of the coffin now agree that the university library is the best place for the coffin and Porter's papers to reside in perpetuity.

Porter and The Trauma of Influenza-Induced Madness

Porter had to survive the trauma of a life-threatening bout of Influenza during the 1918 pandemic in order to pen *Pale Horse, Pale Rider,* her most famous novel and also her favorite. A short synopsis of Porter's seminal novel will pave the way for the extended discussion of the text

[29] *Pale Horse, Pale Rider* was published in Porter's second book of short stories, titled *Pale Horse, Pale Rider: Three Short Stories* (1939). Porter always referred to *Pale Horse, Pale Rider* as a "short novel." Her first book of short stories, *Flowering Judas,* was published in 1930. Compared to O'Hara and Maxwell, Porter's corpus of work is smaller, comprising twenty-three short stories, four short novels, and one long novel.

that follows.[30] *Pale Horse, Pale Rider* is many things: it is a love story set against the background of World War I as it is drawing to a close; it is a war story set against the background of the battered home front in Denver; and it is a story about a ferocious infectious disease set on the home front during that war that forever ruptures the promise of an enduring relationship between the novel's protagonist and her lover. Porter weaves the 1918 Influenza Pandemic insidiously into the first half of the text and then lets it explode in full force in the final half. Her protagonist and doppelganger, Miranda, is a young theater reporter for the Denver *Blue Mountain News* who is passionately in love with Adam, an officer in the Army who will soon be sent to the front lines and who has few expectations of returning home.[31] Adam and Miranda spend ten charmed days together until Miranda is stricken with the Influenza illness that is decimating entire cities on its second and most deadly wave around the globe.[32] Adam cares for her in her boarding house room until her landlady, hysterical with fear that Miranda will infect all her tenants, threatens to evict her. Days pass until an ambulance finally becomes available to transport Miranda to an Influenza-besieged hospital, where she lingers on a gurney in the inundated emergency ward for nine days, critically ill with a 105°F temperature (Givner 125). She is later admitted to a quieter hospital room where she hovers for weeks between life and death, her demise all but certain.[33] She is initially mostly comatose; during these periods, she

[30] All page numbers are from Porter's *Pale Horse, Pale Rider: Three Short Novels*: A Harcourt Brace Modern Classic, 1990.
[31] Here, Porter fictionalizes the name of the newspaper. Porter worked at the *Rocky Mountain News* in Denver.
[32] The first wave of Influenza, in spring 1918, resulted in mild illness in patients. The second wave, in autumn 1918, crushed communities and resulted in hundreds of thousands of deaths mainly within a six-week period. The final wave persisted throughout 1919, mildly infecting those living in previously affected communities who had not yet been infected, but decimating virgin communities that had not yet been exposed to the virus.
[33] On her admission to the emergency ward, Porter's demise was expected. She was placed alone in an alcove and provided minimal care while awaiting her death. It is in the emergency ward that medical internes [*sic]* first encountered Porter and decided to administer an unproven therapy to her when she was essentially beyond all hope of recovering. To everyone's amazement, the therapy worked and Porter—after recovering for many weeks—was discharged from the hospital (Givner 126).

internally experiences delirium, manifested by hallucinations, visions, and paranoia, that progresses to a near-death experience Miranda joyfully embraces.[34] While she lies ailing, Adam is recalled to duty and soon takes ill in an army camp. Against all odds, but with the help of a quasi-experimental medication, Miranda survives. She awakens to chiming bells announcing the end of the war on Armistice Day. But she also awakens to learn that Adam died from the illness she believes he contracted from her.[35]

*

Readers are fortunate that Porter invites them into the chaotic madness that she, her doppelganger Miranda and countless Influenza victims endured.[36] Porter composes her text to reflect the craziness induced by the virus in the individuals who were stricken by Influenza, the craziness in the healthcare system taxed with caring for the ill and dying, as well as the craziness of the social and political situation of the time. Readers can trust that the novel Porter writes is as

[34] "Delirium is a severe neuropsychiatric syndrome that is characterized by acute onset of deficits in attention and other aspects of cognition. Patients also often have altered arousal, from reduced responsiveness at the level of near-coma to hypervigilance and severe agitation. They may also experience highly distressing symptoms of psychosis, including delusions and hallucinations, and altered mood. The features of delirium tend to fluctuate in presence and severity. Delirium is associated with considerable distress in patients and caregiver" (Wilson et al.).

[35] Porter's romantic partner, Lieutenant Alexander Barclay, developed Influenza while caring for her and met the same fate as Adam. Although Porter assumed she infected her partner—like Miranda believes about Adam—it is also possible the reverse is true as the soldier's cantonment was awash with Influenza: "The men are dying like flies," Adam tells Miranda (Porter 200). He might, therefore, have brought the virus to her. It is also possible that he picked up the virus while visiting Porter in the hospital. Porter continued to speak about Barclay for the rest of her life, although her stories about him varied wildly depending on her audience. Sometimes Barclay was "the love of my life" and sometimes "someone whom I did not know at all, who happened to be living in the same house with me" (Stout 28). Regardless, he remained a memorable figure whom she recalled often throughout her life. Porter told her biographer: "He died. … And no one seems to think that was important, and it was one of the most important and terrible things that ever happened to me" (Givner 128).

[36] Porter uses the name "Miranda" for her protagonist in many of her stories. Porter lore says that she loved the name so much that she planned to use the name for the child of her unexpected 1924 pregnancy; the child was stillborn and a boy. At the same time as her loss, Porter created a character she named Miranda who acts as her doppelganger and grows from child to adult over the course of several stories in her work. Together, the stories form the "Miranda cycle" (Givner 170).

authentic and credible as she can recollect because the text parallels stories she shared contemporaneously about her traumatic experience with Influenza; those stories have also been corroborated by family members and coworkers who were with Porter when she was critically ill. She remained true to her tellings about Influenza throughout her life, except for occasionally revising the details of her relationship with Adam—but not denying the relationship itself—when it suited her. *Pale Horse, Pale Rider* is written from the third-person point of view rather than the first-person that readers might expect since the text is clearly autobiographical. I suspect the reason Porter chose to write her novel in third-person relates to how she perceived her bout of Influenza changed her life. Like so many survivors of Influenza—and now, COVID-19—Porter did not simply get sick, get well and continue her existing life. Rather, Influenza caused a true rupture in how Porter experienced her life after her illness: "It simply divided my life, cut across it like that. So that everything before that was just getting ready, and after that I was in some strange way altered, really. It took me a long time to go out and live in the world again. I was really 'alienated,' in the pure sense" (Davis 57). For Porter, there was a first-person Porter who existed prior to the pandemic and a third-person Porter who continued on afterward.[37]

Pale Horse, Pale Rider is not an easy read. Porter's use of high-modernist techniques such as stream of consciousness, interior monologue and dream sequencing allowed her to access and portray the garbled processing mechanisms of a human body, brain and mind besieged by the Influenza virus; the result can seem equally garbled to readers. Time-distortion techniques that were invaluable to illustrate the confusion and disorientation the viral disease wrought are a constant distraction in *Pale Horse, Pale Rider*; the story sometimes jumps from one point in time

[37] Patients' refrains about a divided life after Influenza were not uncommon; the same refrains are now being repeated about COVID-19. Whether the perceived split or fragmentation is due to the viral insult on the body and brain or the traumatic memories branded on the psyche—or both—the virus forced a break in her reality that Porter could never have imagined and from which it took her years to recover.

to another within a sentence or moves backward and then forward again without any cues. There are no chapter breaks in the novel, just double spaces between untitled scenes. The unexpected style and movement can be disorienting, but it serves to illustrate the idiosyncratic nature of the neurological effect of Influenza and how it affected victims. Such disconcerting symptoms resulted in Porter's sense of her own craziness. While modernism's techniques freed Porter to express the eccentric world her diseased brain revealed to her, they also pressure her readers to manifest great patience to assemble the scrambled fragments such ailing brains radiate into a cohesive chronicle—or, at least, into a semblance of a cohesive chronicle—if they wish to accompany Porter on her near-death journey. Modernism led Porter to discover the beauty of simple language, albeit with a convoluted trajectory. And they allowed her to finesse her words to craft a brilliant account of what she—and, most likely, many others who were incapacitated by the virus—suffered. Porter wrote the account other victims never chose—or were never able—to commit to paper.

Pale Horse, Pale Rider excels in its description of the traumatic nightmare Porter faced when overwhelmed by the Influenza virus, as well as the lingering pathological effects she experienced in the wake of her illness. Her text—the only work she wrote about her encounter with the virus—provides a window through which historically removed readers can vicariously experience the trauma of contracting and nearly dying from the 1918 viral illness. It is only through Porter's words, through her writing, that we learn what it feels like when a person's world becomes utterly isolated and interiorly focused due to Influenza and—as we are now discovering—due to COVID-19.

As vital as it was for Porter to be able to write her story, it is equally vital for others to read it, especially now in the time of COVID-19. Davis suggests:

> Narrative serves as the primary means of recovery, allowing survivors to recover their identity and allowing listeners to experience the trauma empathetically. This dynamic makes 'Pale Horse, Pale Rider' extremely important as a narrative that empathetically communicates the pandemic's trauma to the reader. In a work of literature, unlike a history text, the reader can partially share the traumatic experience. (62)

Porter exposes how Influenza was experienced by those who survived the illness and also—for those who wonder what victims of the disease endured before their demise—by those who did not. So valuable is this text that Crosby dedicated his book: "To Katherine Anne Porter, who survived" (v).[38] Of the text, Crosby wrote: **"**The story is one of the twentieth century's masterpieces of short fiction, but it is something in addition to that for the historian.[39] It is the most accurate depiction of American society in the fall of 1918 in literature. It synthesizes what is otherwise only obtainable by reading hundreds of pages of newspapers" (318). After publication, however, Crosby writes that *Pale Horse, Pale Rider* "attracted the attention of historians not at all, or only as a characteristic product of an important figure in America's postwar literary revival" (319). He postulates that one reason Porter never achieved the popularity of other authors of her time is because "she is a member of a sex the products of whose intellects have been declared of minor significance by male pundits since the time of Aristotle and beyond" (319).

Jewel Spears Brooker writes about the final impetus Porter needed to write *Pale Horse,*

[38] *America's Forgotten Pandemic* was initially published in 1976 as *Epidemic and Peace: 1918*; it was republished under the new title in 1989 with a second edition following in 2003. Citations in this paper are from 2003 edition.
[39] Crosby paired Porter and *Pale Horse, Pale Rider* with Thomas Wolfe and Wolfe's 1929 novel, *Look Homeward, Angel*, writing: "[T]he two greatest exceptions to the rule that Spanish influenza left no lasting mark on American literature or its practitioners are Thomas Wolfe and Katherine Anne Porter. They had no choice but to grant the pandemic due recognition because it struck too close to their hearts ever to be forgotten." But he adds: "Katherine Anne Porter is perhaps a greater artist than Wolfe and one even more deeply injured by the Spanish influenza" (317). In *Look Homeward, Angel,* Wolfe writes eloquently about witnessing the death of his older brother, Ben, who succumbed to pneumonia secondary to Influenza.

Pale Rider, attributing it to the religious and artistic milieu in which Porter found herself when she serendipitously followed her fiancé to Europe in 1931, finally settling in Basel, Switzerland, in 1932.[40] Post-WWI Basel was both medieval and modern in turn, and Porter relished the interplay of the old and new worlds, finding in them anchors strong enough to hold her in one place long enough to write her signature novel. Porter relied on the physical landscape of the city for inspiration, as well as the literary and historical vaults of knowledge she could access in the city's churches, museums and libraries. Brooker writes: "The snow-capped mountains reminded her of Denver, references to the Black Death brought back the 1918 Pandemic, the international situation and the location of Basel reminded her of the Great War, and the cultural resources of Basel provided her with the biblical and medieval archetypes she needed to put contemporary events into perspective" (222). Porter discovered many medieval muses in Basel but leaned heavily on writers Desiderius Erasmus and Sebastian Brant and artist Albrecht Dürer, whose woodcuts *The Four Horsemen of the Apocalypse* (1498) and *The Knight, Death and the Devil* (1513) were of noteworthy import to Porter. "Much of the strength of Porter's finest stories comes from the fact that she brought to the modern situation a mythic imagination, the groundwork of which was biblical and medieval" (Brooker 222). Her contemplation of apocalyptic literature, religion and art in Basel proved the impetus she needed to finally tell the story she knew she somehow needed to tell. There, the myriad thoughts she had been contemplating since 1918 coalesced; in the summer and fall of 1932, Porter committed *Pale Horse, Pale Rider* to paper.

As is true for all three authors discussed in this paper, there was a time gap between Porter's experience of Influenza and her ability to write about it. Porter claims she wrote *Pale*

[40] Her fiancé, Eugene Dove Pressly, became her fifth husband (of allegedly six) when they married in 1932.

Horse, Pale Rider in nine days. She did not. In fact, like all her other works, she periodically wrote bits and pieces that she filed away until a story she wished to tell appeared to her whole cloth—then she sat down and wrote. Porter then constructed the narrative of the viral affliction she barely survived, an affliction so severe that her consciousness was compromised and distorted for the duration of her illness—and, almost certainly, for a long time after that. The devastating effects of Influenza lingered in Porter's brain, reducing her ability to concentrate and to work. The virus undoubtedly helped produce the aesthetically fragmented split that Porter finally selected to represent her internal subjectivity. For a long time, formulating a coherent description of her near-death illness seemed impossible. *Pale Horse, Pale Rider* is short, only 100 pages, but it is *the* reservoir—*the* memory—of almost everything we know today about the psychological and pathophysiological effect of the rogue Influenza virus narrated by a victim of the disease. *Pale Horse, Pale Rider* bumped around in Porter's brain for fourteen years until her time in Basel enabled her to come to terms with her Influenza assault and ultimately tell the story of her own terrifying near-death experience with Influenza.[41]

Davis writes: "By fictionalizing the pandemic Porter created an enduring memory of the event, a memory that connects her personal experience to the experience of millions of other victims, that connects the survivors to the dead, and that connects the past to the present" (59). The text is a rich work of literature that especially blossoms when read during COVID-19. Rereading and close reading Porter's text in the middle of another pandemic reminds readers of what they might have missed in their first reading. Previously overlooked observations, comments and references about Influenza that once faded in the complexity of war conversations in the text are now palpable, signaling readers to the upcoming catastrophe Miranda and Adam

[41] The text "bumped around" for another four years until its publication in 1936.

will share.

*

Porter uses the first half of her novel to set the scene in Denver, discussing the war and its effects on both the combatants and those sacrificing on the home front. She crafts a somber tone, draping a war-induced pall of exhaustion and a rising fear of the newly emerging killer flu over Denver and its occupants. Porter shades her work in drab monochromes, mirroring the solemn gravity of the era. Shades of tans and gray hang over the text, creating a leaden mood. Adam, reflecting his military alignment, is always "olive and tan and tawny, hay colored and sand colored from hair to boots" (Porter, *Pale Horse* 154). Adam's eyes are "pale tan" and his hair "the color of a haystack" (157). Even when Porter flaunts Adam's male beauty, referring to his face as "golden," she takes the shine off her word choice, noting his face to be "set in a blind melancholy, a look of pained suspense and disillusion … the face of the man he would not live to be" (178). Miranda's world is sheathed in grays. Beginning with the name of her horse, Graylie, in her first dream on the first page of the text, until the very last pages of the text when she dons all gray clothing to leave the hospital, she embraces no other color. The miasmas of war and disease shroud Denver—dreary, lifeless, dull—just like the endless miasmas shrouding the rest of the nation. The only radiance to be found in the city, Porter writes, is "the simple and lovely miracle of being two persons named Adam and Miranda, twenty-four years old each, alive and on the earth at the same moment" (156). But their miracle is soon to be shattered.

In October 1918, hopeful news that the war might be drawing to an end mingled with dire edicts from government and health officials warning about a new influenza. As devastatingly

injured and broken soldiers began returning to America, they inadvertently carried back and disseminated a crisis far more lethal than the war across the nation; the crisis would exact more deaths than the war and would remain—to this day—the most lethal infectious disease the world has ever seen.[42] In Denver, the city's first documented death from Influenza had already occurred on September 27. Citizens were warned to avoid crowds, cover coughs and sneezes, and stay in well-ventilated spaces, but such requests were almost impossible to implement given the patriotic parades that were still drawing large throngs to city streets. Two such events in Denver drew tens of thousands of onlookers in early October; a week later, the city recorded twelve hundred cases of Influenza and seventy-eight deaths. Soon thereafter, Denver's health chief banned indoor gatherings, indoor funerals and church services and limited access to public transportation.

Despite the warnings they receive, the city residents in *Pale Horse, Pale Rider* carry on with daily life feeling relatively unthreatened and immune to the illness. Only the seemingly endless funeral processions remind them of the encroaching illness and give them pause. Miranda and Adam witness three in a short amount of time. "It seems like a plague … something out of the Middle Ages. Did you ever see so many funerals, ever?" Miranda asks. Adam, reflecting the current nonchalance of the city, replies, "Never did. Well, let's be strong minded and not have any of it" (158). Their reverie is short-lasting. By mid-October, Porter herself was deathly ill and she places her Miranda in a similar time frame. By the time Miranda collapses, Denver has collapsed too, unable to care for the deluge of Influenza victims who were critically ill and dying in their homes, in the streets and in the hospitals. Porter (and Miranda) joined

[42] There are still discussions about the origin of the virus. The possibility exists that it first became virulent in Kansas, where crowded camps were hastily constructed to train new recruits. If that assumption is true, that would mean that American soldiers first took the virus to the European and northern African warfronts, dispensed it to all amassed troops fighting the war and then brought it home again.

50,000 Coloradans who were infected with the virus; Barclay (and Adam) met their final fate there by the disease as did 8,000 state residents. In all, at least 675,000 Americans and 100 million global citizens would die of Influenza (Aguliar and Brothers).

In *Pale Horse, Pale Rider,* Porter takes artistic license and eschews the abrupt physical collapse typical of patients who become infected with influenzas, instead slowly introducing Influenza symptoms for Miranda. A discussion of these symptoms as they appear in *Pale Horse, Pale Rider* provides a jumping off point for understanding their medical meaning and implications as well as for extrapolating them to COVID-19. Porter became ill in Denver in October 1918 at the height of the pandemic.[43] She entwines the symptoms she experienced into Miranda's story. She situates Miranda's early illness into a broader context by exploring how the war and news about a possible new disease were impacting the home front. With the whisper of each new symptom, Porter provides Miranda and the reader with several excuses to initially explain Miranda's declining health. Like so many soon-to-be ill persons unwilling to admit that they are, in fact, becoming ill, Miranda ponders other possibilities for feeling unwell, frequently blaming her symptoms on her work and the ongoing war as the cause of her ailing complaints.

Overwhelming fatigue is the first symptom Miranda mentions to suggest all might not be well with her, and it is enmeshed in her first dream. Miranda is riding her gray horse in the predawn darkness, attempting to outrun a pale rider, Death, who is mounted on his pale horse and riding neck-and-neck beside her. The appearance of fatigue is incorporated into her fading sleep as she begins to awaken: "She pulled Graylie up, rose in her stirrups and shouted, I'm not going with you this time—ride on! … Graylie's ribs heaved under her, her own ribs rose and fell,

[43] "In October 1918 alone—the deadliest month of the pandemic in the United States—an estimated 195,000 people died" (U.S. Census Bureau History).

Oh, why am I so tired, I must wake up." Slightly more alert, she continues: "'But let me get a fine yawn first,' she said, opening her eyes and stretching, 'a slap of cold water in my face, for I've been talking in my sleep again, I heard myself but what was I saying?'" (143).

Readers will notice—and perhaps be flummoxed by—Porter's selection of punctuation for Miranda's interior dialogue throughout the text, beginning with the first dream. Throughout *Pale Horse, Pale Rider,* Miranda moves in and out of various altered states of consciousness; sometimes, she is fully cognizant of her surroundings but at other times, she is in either a dream state or in a coma. Porter alerts the reader to Miranda's cognition level with her use of quotation marks. If quotation marks surround Miranda's dialogue, she is alert, speaking normally and everyone within in earshot can hear and understand her. If Miranda appears to be speaking but Porter does not enclose her words in quotation marks, Miranda is in one of three states: either she is talking to herself; she is dreaming; or she is experiencing a bout of delirium and/or is in a coma. In this second and third state, even though Miranda *thinks* she is communicating rationally, she is the only one who hears her words—the outside world is unaware of her attempt at conversation. The presence, and then absence, of the punctuation marks can be disconcerting to readers, much like Miranda and Porter experienced their disconcerting devolution into Influenza madness.

But the cold water does not provide the shock Miranda hopes for: "Slowly, unwillingly, Miranda drew herself up inch by inch out the pit of sleep, waited in a daze for life to begin again." Readers, supposing that perhaps Miranda is ill, are now given an alternate reason for her fatigue: "A single word struck in her mind, a gong of warning, reminding her for the day long what she forgot happily in sleep, and only in sleep. The war, said the gong, and she shook her head" (143). Miranda takes a hot bath and reflects on what her day at the newsroom will bring.

Six pages later, she is still in her bath, still exhausted: "Miranda turned over in the soothing water, and wished she might fall asleep there, to wake only when it was time to sleep again" (148). Fatigue continues to haunt her throughout the first part of the text, and Miranda continues to rationalize it away: "After working for three years on a morning newspaper she had an illusion of maturity and experience; but it was fatigue merely, she decided, from keeping what she had been brought up to believe were unnatural hours, eating casually at dirty little restaurants, drinking bad coffee all night, and smoking too much" (156).[44]

Miranda's frequent complaints of headache—another key symptom of Influenza that often became excruciating—also predominate in much of the first part of the text. She first mentions the symptom while in her bath, after awakening from her dream: "She had a burning slow headache, and noticed it now, remembering she had waked up with it and it had in fact begun the evening before" (148). Not yet incapacitated by her headache, Miranda searches for another reason for the pain: "While she dressed she tried to trace the insidious career of her headache, and it seemed reasonable to suppose it had started with the war but now it was worse: 'It's [the war] been a headache, all right, but not quite like this'" (148). The headache persists; at work in the newsroom later that day, it seems draining enough that she holds her head in her hands while conversing with a coworker (150). Later, outside on the sidewalk with Adam, while waiting for a funeral procession to pass, Miranda has to adjust her hat to block the suddenly too-bright light hurting her eyes. She "winked in the sunlight, her head swimming slowly 'like goldfish,'" she tells Adam, ascribing her headache this time to lack of sleep: "my head swims. I'm only half awake, I must have some coffee" (158). During intermission at the theater that

[44] Adam and Miranda are aware of what cigarette smoking does to their lungs, though not concerned about long-term effects: "'But,' he [Adam] said, 'does it matter so much if you're going to war, anyway?'" … "'No,' said Miranda, 'and it matters even less if you're staying at home knitting socks. Give me a cigarette, will you?'" (157).

evening with Adam, Miranda is forced to sit through a Liberty Bond salesman's spiel when he commands the stage and loudly intones propaganda calculated to sell bonds: "atrocities, innocent babes hoisted on Boche bayonets—your child and my child—if our children are spared these things, then let us say with all reverence that these dead have not died in vain—the war, the *war*, the WAR to end WAR …" (175).[45] The constant droll of patriotic platitudes, recitation of patriotic poetry and the rousing singing by the audience, including Miranda and Adam, of patriotic songs adds to her misery: "'My head aches,' whispered Miranda. 'Oh, why won't he hush?' … 'He won't,' whispered Adam. 'I'll get you some aspirin'" (175). As both Porter and her readers soon discover, the aspirin won't help.

Miranda begins to experience gastrointestinal symptoms common to Influenza.[46] Nausea and loss of appetite beleaguer her first. At a drug store counter where she and Adam stop for an early breakfast after the theater, Miranda orders only coffee. "Is that all you're having for breakfast?" Adam inquires. "It's more than I want," Miranda replies (159). Her nausea becomes obvious when Adam describes, in great detail, the breakfast he had earlier that day: "I had buckwheat cakes, with sausage and maple syrup, and two bananas, and two cups of coffee," while declaring himself famished yet again and ready "for broiled steak and fried potatoes and…" until Miranda stops him mid-sentence: "Don't go on with it … it sounds delirious to me. Do all that after I'm gone" (159). Vomiting will begin later when she is severely ill.

Malaise—the vague sense of unease and not feeling normal with no clear indication

[45] "Boche," the pejorative term for Germans, especially soldiers, during WWI and WWII, is used indiscriminately by the community in the text. When Adam describes how he was taught at training camp to use the bayonet, he says, "They kept bawling at us, 'Get him, get that Boche, stick him before he sticks you'" (203). At intermission during the play that Miranda and Adam attend, in a scene reminiscent of the atrocity propaganda, the Liberty Bonds salesman echoes the oft-repeated atrocity of babies being impaled on Boche bayonets (222). The Liberty Bonds man's words will reappear in a delirium episode Miranda experiences later in the text.

[46] Gastrointestinal symptoms associated with Influenza included anorexia, nausea, vomiting, diarrhea and bloody diarrhea. Miranda suffers from the first three; if she (and Porter) were bothered by the last two, Porter does not mention it.

why—and time-distortion unsettle Miranda throughout the first half of the text. She is aware of the malaise mainly whenever she sees her reflection in mirrors she encounters throughout her day. In her boarding house, having finished her bath, "[s]he examined her face in the mirror between the windows and decided that her uneasiness was not all imagination. For three days at least she had felt odd and her expression was unfamiliar" (153). Her self-critique continues, "No, she did not find herself a pleasing sight, flushed and shiny, and even her hair felt as if it had decided to grow in the other direction" (153).[47] Her malaise is apparent not only in her perception of the change in her physical body, but also in its actual movement. When trying to leave her room, "[s]he could not find the lock without leaning to search for it, then stood undecided a moment possessed by the notion that she had forgotten something she would miss seriously later on" (154). And later, at the café, after "slipping down from the high seat," she "lean[s] against it slightly" as if steadying herself (159). She glances at "her face in her round mirror, rubbed rouge on her lips and decided she was past praying for" (159). Time-distortion—a bigger factor for Miranda when she is seriously ill—is becoming apparent; in the cloakroom at work, she notices that "[t]ime seemed to proceed with more than usual eccentricity, leaving twilight gaps in her mind for thirty minutes which seemed like a second and then hard flashes of light that shone clearly on her watch, proving that three minutes is an intolerable stretch of waiting, as if she were hanging on by her thumbs" (173). Malaise and time-distortion combine to predicate a sense of unsteadiness in Miranda. She feels off-balance without a sense of why. Her excuses are failing her now and she cannot regain a semblance of her healthy normal.

It is only then, after all her symptoms have extracted their initial toll and she cannot

[47] Hair loss secondary to influenza is not uncommon; such loss can accompany high fevers and stress. While quite distressing, hair eventually grows back, but sometimes in a different color and texture. Miranda's and Porter's hair will grow back white.

blame them on any other cause, that Miranda finally acknowledges to Adam that she is not well: "There's something terribly wrong … I feel too rotten. It can't just be the weather, and the war" (159). Adam inquires of Miranda how long she's felt unwell and observes that she seemed fine the day before. "'I don't know,' she said slowly, her voice sounding small and thin" (159). Yet, even in spite of symptoms she can no longer declare insignificant, even when she feels wretched, Miranda carries on. She knows her time with Adam is limited and she has no desire to limit it even more. A pivotal moment, symptom-wise, occurs when Adam comments on Miranda's perfume in the coffee shop where they stopped after the theater: "What nice perfume you have … and such a lot of it, too." Embarrassed, Miranda admits: "I've got probably too much" and then provides a final symptom she is experiencing that will immediately flash warning signs in every reader who has lived through COVID-19: "I can't smell or see or hear today."[48] Miranda continues: "I must have a fearful cold" (161). Readers know by now that Miranda does not have a cold; Miranda has Influenza. Today, she would have COVID-19.

There was no test for Influenza in 1918, but there were health department bulletins reminding ill persons to isolate from the healthy and harsh rejoinders for those who ignored the reminders: "If you are sick and do not stay away from social gatherings, you have the heart of a hun [*sic*]," a health officer warned (Aguilar and Brothers).[49] Still Miranda carries on. She joins a group of debutantes to visit recovering soldiers in a cantonment hospital, goes to the office and interacts with her coworkers as they discuss conspiracy-laden theories about the origins of the virus, attends multiple theater events and writes reviews, sings loudly during the bondsman's

[48] "The ability to smell was affected, sometimes for weeks" with Influenza (Barry, *Great Influenza* 236). Loss of the sense of smell—and taste—was a classic symptom of COVID-19, also often prevailing after all other symptoms faded and patients tested negative for the virus.

[49] On Oct. 8, 1918, health officer, Isaiah Knott, "chided his fellow residents in Montrose [southwest of Denver] … 'If you are sick and do not stay away from social gatherings, you have the heart of a hun [*sic*]'" (Aguilar and Brothers).

intermission performances, shares meals and goes dancing with Adam in busy coffee shops and clubs. Healthcare professionals—and anyone who ever quarantined, isolated, masked and distanced for COVID-19—will cringe reading *Pale Horse, Pale Rider*, imagining the persons Miranda most likely infected. She and Adam express no such concerns about moving freely in public spaces.

Premonitions, however, begin to haunt Miranda: "She thought, This is the beginning of the end of something. Something terrible is going to happen to me. I shan't need bread and butter where I'm going. … Oh Adam, I hope I see you once more before I go under with whatever is the matter with me" (170). As war anxiety bears down on her, she conflates her bodily aches with the agony of her fear for Adam, fear she cannot openly share with him. As they dance slowly, "[s]he wanted to say 'Adam, come out of your dream and listen to me. I have pains in my chest and my head and my heart and they're real. I am in pain all over, and you are in such danger as I can't bear to think about, and why can we not save each other?'" (178).

And even then, Miranda carries on. She has to; if the war is going to take Adam from her, she is going to extract every moment of joy with him now before, she knows, her world will turn to sorrow. Her symptoms begin to overcome her: "Her head was like a feather, and she steadied herself on [Adam's] arm" on the way to the theater. "The mist was still mist … though the air was sharp and clean in her mouth, it did not, she decided, make breathing any easier" (173). Miranda is already experiencing the respiratory component of Influenza; complaints of an inability to breathe freely are classic of not only Influenza but COVID-19. Americans fearing COVID-19 invested in personal pulse oximeters to measure the oxygen in their blood at home and calculate the severity of their illness; in 1918, people just moved slower until they could move no more. Miranda, now moving slower, continues to squeeze whatever moments she still

has with Adam from the evening. She carries on—and carries on—until she cannot.

*

Without any signal from Porter except a page break, readers find Miranda in bed in her boarding house, acutely ill with Influenza. Although the boarding house provides a vehicle for Porter to advance the love story of Miranda and Adam, it also provides a setting for understanding the plight Influenza patients faced when they were too ill to remain at home but unable to find a hospital to care for them. The correlation to patients during early COVID-19 will be obvious. Adam has been recalled to his cantonment for a series of inoculations. Miranda, alone, is now in the fog of fever, moving in and out of awareness. When Adam returns, he finds Miranda in her bed, confused as she tries to relay the events that have played out since Adam left, beginning with the call she placed to her office advising that she would not be coming to work that day. Miranda, like Porter, is fortunate to be supported by her boss, Bill, the city editor at the newspaper. It is Bill and his connections who will eventually smooth the way for Miranda to be hospitalized. When Miranda makes her initial call to Bill from the communal phone in the boarding house hallway, she undoubtedly and unintentionally contaminates the phone with Influenza virus, potentially infecting any number of unsuspecting residents later using the device. The fact that Porter details Miranda's conversation with Bill demonstrates the level of worry that was enveloping Denver as the virus took hold. "Bill had shouted directions at her, promising her everything, doctor, nurse, ambulance, hospital, her check every week as usual, everything, but she was to get back to bed and stay there" (182). Bill knew that Miranda (and every citizen) needed immediate health care when ill with Influenza but, except for her weekly paycheck,

everything else he promised would take a lot of work—and luck—on his part to facilitate.

As further proof of the rising anxiety about the virus, Miranda recalls her encounter with her landlady when at the telephone. Miranda, clothed in her dressing gown, is confronted by Miss Hobbe: "My dear *child* … what is the matter?" Miranda, still on the phone to Bill, casually answers: "Influenza, I think" (181, Porter's emphasis). This is the first time the word "influenza" is spoken in the text. Miss Hobbe recoils at its mention and invokes a terrorizing word reminiscent of Conrad's 1899 *Heart of Darkness,* when she whispers, "*Horrors,*" and admonishes Miranda to "Go back to bed at once … go at *once!"* (182, Porter's emphasis). Miss Hobbe's fear speaks in italics and she speaks for the public masses experiencing the terror of the new pestilence.

The gravity of her illness begins to settle on Miranda, who muses, somewhat facetiously, about where to die, "I suppose I should ask to be sent home, it's a respectable old custom to inflict your death on the family if you can manage it," but eventually decides she would rather die in Denver, though "not in this room, I hope" (182).[50] But it is in her room at the boarding house that Miranda begins cycles of fevers that linger for days at elevated temperatures. Porter's fever lasted for nine days at 105°F. Fever—pyrexia—is often the body's first sign of an infection. Within limits, fever is protective. Mediated by the hypothalamus, a rising internal temperature can produce an environment incompatible with the survival of some viral and bacterial agents, thereby stopping an infection. But there are limits to how high a temperature

[50] All Porter's biographers note that when she was critically ill in the hospital, her coworkers and family were informed of the severity of her illness and the unlikeliness of her survival. One of her sisters traveled to Colorado to be at her bedside while the rest of her family in Texas began making plans for her funeral there. *The Rocky Mountain News* where Porter worked, set her obituary in type, awaiting only the date of her demise before printing. "Harrison Porter [Porter's father], who had taken little responsibility for his daughter's well-being in the past years, now said that her body should be taken to Brownwood and buried as near to her mother as possible" (Givner 125). Porter's mother died in childbirth when Porter was three. She was raised by her paternal grandmother until her death when Porter was eleven; she remained with her father until she was sixteen when she married in order to escape her poor home situation.

can be before it also affects the human body. A temperature of 105°F in an adult requires emergency care, because it pushes the upper limit of what the human body can endure without causing damage to body organs, especially the brain. Prolonged, unrelieved high fevers only exacerbate the condition and can lead to multiple problems, such as seizure, mental status changes, organ failure and death. Per Edward James Walter et al.: "[A]t temperatures above around 40°C [104°F] there is a further mortality increase … suggesting that at this stage the deleterious effects of hyperthermia on organ and cellular function outweigh any benefit conferred from hyperpyrexia in acute sepsis" (200). Porter's nine days of 105°F temperatures exceeded Walter's warnings and suggest that Porter—and, therefore, Miranda—were well on their way to death.

While Adam is away getting provisions, Miranda moves between fever spikes and shaking chills and also between awareness and delirium depending on her temperature at the time. In the midst of fever, she hallucinates about the relief she might find in a cooler environment: "I wish I were in the cold mountains in the snow, that's what I should like best; and all around her arose the measured ranges of the Rockies wearing their perpetual snow, their majestic blue laurels of cloud, chilling her to the bone with their sharp breath" (182). In the midst of chills, she oscillates, seeking warmth: "Oh, no, I must have warmth—and her memory turned and roved after another place she had known first and loved best, that now she could see only in drifting fragments of palm and cedar, dark shadows and a sky that warmed without dazzling, as this strange sky had dazzled her without warming her" (182). Here, Miranda seems to be recalling the warmth of Porter's early life in Texas, where "there was the long slow wavering of gray moss in the drowsy oak shade, the spacious hovering of buzzards overhead, the smell of crushed water herbs along a bank" (182).

Caught in fever–chill cycles that stress her body and her mind, Miranda enters her first Influenza-induced bout of delirium when "without warning [she sees] a broad tranquil river into which flowed all the rivers she had known" (182). Miranda sees a gangplank at the foot of her bed. It is attached to a "tall sailing ship," surrounded by a jungle she intuitively knows has been conjured from all "she had ever read or had been told or thought about jungles; a writhing terribly alive and secret place of death" (183). In composing this first hallucination, Porter provides extensive details about the jungle, all evocative of typical childhood memories of stories told of that environment. One thing Miranda does not have is fear of this vision; she watches everything from her bed "without surprise" and experiences her first delirium-induced split, as "she saw herself run swiftly down this gangplank … and waved gaily to herself in bed" (183). Miranda-in-bed continues to observe Miranda-on-the-tall-ship as it sails to the jungle. But the pleasant experience morphs into terror as Miranda is surrounded by a clamoring cacophony: "the air trembled with the shattering scream and the hoarse bellow of voices all crying together, rolling and colliding above her like ragged storm clouds, and the words became two words only rising and falling and clamoring about her head. Danger, danger, danger, the voices said, and War, war, war" (183). Miranda's hallucination is broken by the abrupt arrival of Adam to her room, followed by an increasingly hysterical Miss Hobbe, "her face all out of shape with terror" (183). Miss Hobbe, still representing the rising pandemic panic enveloping the city, insists (again with italics and exclamation marks) that Miranda must leave the boarding house "*now"* and declares "I tell you, this is a plague, a plague, my God, and I've got a houseful of people to think about!" (183, Porter's emphasis). Despite assurances from Adam that help for Miranda is arriving in the morning, Miss Hobbe's hysteria continues: "Tomorrow morning, my God, they'd better come now!" (183).

Still disoriented, Miranda slowly realizes that Adam has been staying in her room for days to care for her. She is drowsy and has missed all the written messages Adam left for her when he ran errands for her sick needs, but she does, she tells him, recall a visit from a doctor. The doctor had percussed her chest (for signs of fluid buildup in the lungs) and left a prescription that someone other than Miranda would have to have filled by a pharmacist. The doctor also promised to check on her again, although Miranda's statement that she does not remember him returning is difficult to verify because of her Influenza confusion. Such a visit, especially by a physician, would have been very hard to come by during this pandemic. Physicians in 1918—as during COVID-19—were overwhelmed, just as was the whole healthcare system. Porter portrays the physician's visit as the norm. Two internes [*sic*], physicians in training, will arrive days later to finally take Miranda to the hospital after the "frantic urgings from the noisy city editor of the Blue Mountain *News*" [*sic*] (192).[51]

In between the two (or perhaps three) encounters with physicians, Miranda spends her days being cared for by Adam, both of them falling further in love. The love story itself is poignant, but the medical story going on behind it enlightens the historical knowledge of how Influenza patients were cared for at home.[52] As Adam moves in and out of the scene, searching for all-night pharmacies and stores to fill Miranda's prescription and buy the recommended orange juice, ice cream, coffee and thermometer to care for her, he acts as both nurse and lover. He also brings Miranda news from the outside when he returns from his errands. Denver is in

[51] In 1918, "internes" [Porter's spelling] were recent graduates of medical schools who were doing their first training in a hospital as physicians. After completing one year of training, they would be qualified to start their own general medicine or surgical practice. Today, the "intern" [contemporary spelling] year is usually folded into a longer residency program (typically 3–6 years) that allows new physicians to specialize early in the field of their choice. In this dissertation, I will use Porter's spelling of "interne(s)".

[52] *Pale Horse, Pale Rider* records how an Influenza victim with means was treated in a large metropolis. *They Came Like Swallow* is set in a classic small-town Americana setting and follows a middle-class family's Influenza experience. *The Doctor's Son* illustrates how poor immigrant victims living in a rural area endured the pandemic.

distress. "'It's as bad as anything can be,' said Adam, 'all the theaters and nearly all shops and restaurants are closed, and the streets are full of funerals all day and ambulances all night—'" Miranda, still somewhat detached from reality, misses the seriousness in Adam's update: "'But not one for me,' said Miranda, feeling hilarious and lightheaded" (184). She describes her delirium to him as "a nightmare" and demands a cigarette (184). Somehow still cognizant of the possibility of viral spread, she insists that all the windows be opened and instructs Adam to sit near one, oblivious to the fact that Adam has already exposed himself to her contagious body fluids while caring for her. Still, she seems to realize that Adam might also be in peril: "'You're running a risk,' she told him, 'don't you know that? Why do you do it?'" (184).

Ignoring her concern, Adam begins administering a regimen of the prescription pills which Miranda immediately vomits back up. Embarrassed and "[c]rushed with humiliation," Miranda laughs but "puts her hands over her face" (184). Whether the vomiting is a gastrointestinal symptom induced by the virus or a reflexive response to the medication itself, the incident allows Adam to show his caregiving side as he cleans Miranda and her bed and insists that she try the meds again. Though Miranda perceives Adam as disconnected as he meets her needs "with an absent-minded face, like a man alone. … [she nevertheless] followed him with her eyes again, without a clear notion of what was happening" (185). Her cognition and moods swing with her body temperature. When her temperature is elevated, she is prone to hallucinations and unclear about time sequencing. When her temperature returns to normal, she once again speaks clearly and uses humor to try to lighten her humiliating situation.

Her upbeat mood returning, Miranda suggests that Adam telephone the nuns at St. Luke's Hospital: "Call the sisters there and ask them not to be so selfish with their silly old rooms. Tell them I only want a very small dark ugly one for three days or less" (185). Adam, believing that

Miranda "was still more or less in her right mind," makes the call and returns with news that 'the sister said even if they had a room you couldn't have it without doctor's orders. But they didn't have one, anyway. She was pretty sour about it'" (185). Miranda declares the nuns "abominably rude and mean" and begins to vomit yet again. Adam once more kicks into nurse-mode, but this time with a military inflection: "Hold it, as you were," he calls, while collecting the necessary items to once again clean Miranda and make her comfortable (186). He then prepares a fireplace blaze as they hunker down to await the ambulance that has been promised to arrive the next morning—"maybe" (186).

Porter uses the wait for the ambulance to let the Miranda–Adam relationship mature, an important time in the book that has been closely explored by scholars from many disciplines. While they wait, the couple explores their childhoods, plans for the future and their music preferences. But as Miranda becomes sicker, mortality and religion join the conversation in earnest. Porter was raised in the Calvinist faith and converted to Catholicism after marrying her first husband. Porter's Catholicism—at least its elaborate rituals—survived; the marriage, damaged by domestic abuse, did not. When the conversation turns to prayers from childhood, Miranda recites a child's night prayer but only the first half, the untroubled half: "Do you know Matthew, Mark, Luke and John? Bless the bed I lie upon?" (188). She leaves Adam to complete the prayer, to say the quiet part—the part they are both thinking about—out loud: "If I should die before I wake, I pray the Lord my soul to take. Is that it?" (188).[53] Miranda seemingly

[53] Here, Porter conflates two prayers: Miranda offers: "Matthew, Mark, Luke and John," which continues with "Bless the bed that I lie on. / Before I lay me down to sleep, / I give my soul to Christ to keep. / Four corners to my bed, / Four angels there aspread, / Two to foot and two to head, / And four to carry me when I'm dead. / I go by sea; I go by land; / The Lord made me with His right hand" ("Liturgical Year: Prayers"). Adam uses the ending lines from another prayer: "Now I lay me down to sleep," which continues with "I pray thee, Lord, my soul to keep; / If I should die before I wake, / I pray thee, Lord, my soul to take." ("World Prayers"). Neither classic child's prayer skirts the possibility of death during the night, reminding readers that the daily threat of death is not a discourse reserved for a mature readership of complicated novels.

acknowledges Adam's ending to the prayer and extends the religious discussion from other traditional Christian prayers to Hellenism when she claims to "even know a prayer beginning O Apollo" (188). But the child's night prayer haunts her and she confesses her fear of falling asleep: "I may not wake up. Don't let me go to sleep, Adam" (188). She is becoming weaker now, so weak that Adam must light a cigarette and hold it to her lips. When she takes it, she drops it unconsciously under her pillow, leaving Adam to rescue her again. She moves in and out of consciousness, frightening Adam: "Her head swam in darkness for an instant, cleared, and she sat up in a panic, throwing off the covers, breaking into a sweat. Adam leaped up with an alarmed face, and almost at once was holding a cup of hot coffee to her mouth" (189).[54]

Cogent again, Miranda suggests they sing and offers an "old spiritual": "'Pale horse, pale rider … done taken my lover away' … Do you know that song?" (189).[55] The song evokes the title of Porter's text and they both remember it being sung by "Negroes in Texas" (189). Adam recalls that the song contains "about forty verses, the rider done taken away mammy, pappy, brother, sister, the whole family besides the lover—" Miranda remembers the rest: "'But not the singer, not yet. … Death always leaves one singer to mourn. Death,' she sang, 'oh, leave one singer to mourn'" (190).[56] The praying and singing exhaust Miranda. No longer able to sit up,

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[54] Note that Porter does not mention any verbal outbursts here, only that Miranda sits up "in a panic" (189). Miranda's reaction to delirium will intensify later when she becomes critically ill.

[55] Variations of this spiritual abound, but extensive research has not unearthed an exact match for Porter's lyrics. Porter's text takes its title from the first four words of the song. By the time Porter wrote *Pale Horse, Pale Rider,* she would have most likely been aware of two songs about Influenza written in the blues tradition during the pandemic, "1919 Influenza Blues," by Essie Jenkins, and "Jesus is Coming Soon," by Blind Willie Johnson, although she makes no mention of them in her work.

[56] Because Porter frequently weaves music into her texts, musicologists find her writings valuable. Their interest lies in how she intertwines music with three themes common to her work: music, death and bereavement. Those themes are represented in the songs she chooses to include in her texts but do not necessarily parallel the modernist approach she otherwise takes in her work. Thomas Austenfeld describes the Porter as "one of the most acclaimed stylists of her generation, a painstaking and exemplary modernist in many ways," but he is surprised that she "nonetheless did not embrace the musical innovations offered by modernism during her historical moment, but deliberately returned to older, conventional musical forms and expressions to buttress her literary art" (200). Per Paul Porter, Porter's nephew: "Aunt Katherine refreshed and elated her soul with the music of Monteverdi, Purcell, Handel, Bach, Gluck, and Mozart, but had just a thin scattered interest in the composers who came after Mozart.

she "lay back on the pillow and thought, I must give up, I can't hold out any longer. There was only pain, only that room, and only Adam" (190). Miranda's world will continue to shrink, until it eventually dismisses, first, the room, and then, Adam. Only pain will remain.

Porter exactly describes the devolution of Miranda's consciousness: "There were no longer any multiple planes of living, no tough filaments of memory and hope pulling taut backwards and forwards holding her upright between them. There was only this moment and it was a dream of time, and Adam's face, very near hers, eyes still and intent, was a shadow, and there was nothing more …" (190). Just before being swallowed by a "heavy soft darkness that drew her down, down," Miranda declares, for the first time, her love for Adam (190). Adam responds in kind, using his first words of endearment toward Miranda, encouraging her to "[g]o to sleep, darling, darling" (190). But Miranda instead slips into another spell of delirium. She finds herself "in sleep that was not sleep but clear evening light in a small green wood, an angry dangerous wood full of inhuman concealed voices singing sharply like the whine of arrows" (190). The vision that engulfs her proves terrifying, as Miranda witnesses a death cycle in which Adam repeatedly falls dead from "singing arrows" that pierce his body and then arises alive in a scene of "perpetual death and resurrection" (191). This vision is of interest for its clear biblical overtones, but, regardless of the religious implications, it also serves as a premonition of Miranda's and Adam's eventual fates. In her delirium, Miranda finally interrupts the death cycle by inserting herself between Adam and the arrows, demanding that it is her turn to die: "angrily

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More than anything else, she loved the songs and dances of the Middle Ages and the Renaissance" (qtd. in Austenfeld 199). In the text, Porter relies on traditional songs, but provides a modern twist to their meaning. The American patriotic songs she includes are sung as an act of patriotism but also as an act of defiance against the war. Per Austenfeld: "Music is bound up with Porter's tragic vision of life as surely as any of the other arts she engaged with. … Studying Porter's relationship to music and the musical arts allows readers to see more clearly her ultimately romantic, ultimately tragic view of life. Attention to her use of music suggests also that her vaunted prose style owes as much to her ear as to her eye" (Austenfeld 210).

and selfishly she interposed between him and the track of the arrow, crying, No, no like a child cheated in a game, It's my turn now, why must you always be the one to die?" (191). Miranda does not achieve the result she anticipates. Instead, the arrows pass cleanly through Miranda's heart and into Adam's body; she lives but he dies, this time for good. The blame for his death is squarely on Miranda: "the wood whistled and sang and shouted, every branch and leaf and blade of grass had its own terrible accusing voice" (191).

The imagined horror of Adam's demise fractures her vision, returning a terrified, untethered and screaming Miranda to a semblance of reality (191). She runs from her boarding room bed until Adam intercepts her, listens to her recounting of the hallucinations and calms her. This is Miranda's second bout of panic from a delirium hallucination.[57] When Adam then leaves the house to replenish Miranda's ice cream and hot coffee—"Good-by for five minutes"—Miranda has no idea it is the last time she will remember seeing him (192). In that short interim when Adam is away, the internes arrive to take her to the hospital where her illness-induced delirium will remove all recollections of Adam's short visits there to see her. Influenza itself will ultimately make sure Adam will never visit anyone ever again.

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Porter uses Miranda's subsequent ambulance trip to portray not only her lapses in and out of consciousness but to also introduce the interne who will eventually be the focus of one of her delirium nightmares; he will also be the doctor who will save her life. Adam is still away running errands when Miranda, her wits going in and out of focus, greets the two internes sent to the

[57] Adam describes her as "terribly screaming" but there is no mention of her scream being unhuman as will occur later in her illness.

boarding house to finally escort her via ambulance to the hospital. The young doctors initially find her incapable of walking and decide to get a stretcher to carry her from her room. But she suddenly awakes and gets "out of bed at once and stood glancing about brightly" (192). The internes acknowledge her change of condition—"Why, you're all right"—and decide to carry her to the ambulance instead (192).

The internes are clad in white and they wrap her in a white blanket—this is Miranda's introduction to the world of white she will always perceive as her hospital experience.[58] The internes each wear a flower in the buttonholes of their white jackets; the flowers morph over the days from fresh to withered to fresh during her hospital stay and seem to function as primitive markers of the passage of time for Miranda's addled brain. That Miranda even notices the condition of the flowers demonstrates how her Influenza-compromised world is shrinking. She no longer notices day and night or clocks on walls. Only *fresh—not fresh—fresh again* flowers on lapels and directly within her gaze will memorialize her hospitalization.

As they leave her boarding house room, Miranda asks about Adam. The internes, suspicious of her question, pacify her with the promise that they will leave him a note. As the interne carries her over his shoulder down the stairs, Miranda fades again: "I feel very badly…I don't know why" (193). The internes have heard this before; "I'll bet you do," one replies (193). Miranda rallies yet again by the time they reach the front door and asks the doctor carrying her for his name. "'Hildesheim,' he says, in the tone of one humoring a child" (193). Even in her stupor—or perhaps because of it—Miranda somehow registers the doctor's name in her subconscious from where she will later recall it to incorporate it into a terrorizing bout of

[58] In her poem, "Fixed," Megan Crants recounts 36 activities from her chaotic day in a hospital, moving from situations she can remedy, "We can fix this" (line 2), to those she can't, "I don't think we can fix this" (line 17). Of interest to Miranda's situation is one pause in Crants' day: "Admire the tenacity of white walls" (line 12). Medicine, no matter the real color of the walls, plays out against a blank white palette, the outcome never certain until it is.

delirium. “Well, Dr. Hildesheim, aren’t we in a pretty mess?” she asks, again in a giddy temperament. “We certainly are,” the doctor replies, closing the scene of Miranda’s transport from the boarding house to the hospital (193).

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Porter signals the next scene change with another page break. Following Miranda’s ambulance transport and her arrival at what appears to be a hospital emergency ward, Porter introduces readers to the realm of the semi-conscious mind.[59] Miranda is still in the care of the internes. Her world continues to shrink, now to the hovering “bright busy hazel eye” of the second interne—unnamed in the novel, as opposed to the first interne, Hildesheim—along with a view of the withering carnation in his lapel (193). Her hearing is still acute—she notices him whistling a patriotic tune. So is her sense of touch—she’s aware the doctor is listening to her chest and tapping her ribs, checking for fluid in her lungs. But she is unable to speak lucidly; she declares herself “not unconscious” and assures the doctor that she knows what she wants to say, but “to her horror she heard herself babbling nonsense, knowing it was nonsense though she could not hear what she was saying” (193). The doctor registers her speech as babble and “[t]he flicker of attention in the eye near her vanished” (194). Miranda, momentarily aware again, requests that the doctor stop whistling; reassuringly to her, the sound stops.

She is aware that she is teetering on the edge of *here and not-here* and she keeps talking:

[59] Settings for emergency services in the United States have many appellations, such as emergency ward, emergency room, and emergency department. “Emergency ward” is typically considered an older name while most hospitals today have “emergency departments.” Although Porter never names the space, I will use “emergency ward” to refer to the area in which Miranda initially receives care before she is moved to a hospital room later in the text and to remind the reader that emergency care was very different a century ago.

"Anything, anything at all to keep her small hold on the life of human beings, a clear line of communication, no matter what, between her and the receding world" (194). There is only one "anything" that can hold Miranda's waning cognition—Adam. She asks the second interne for Dr. Hildesheim and watches as the interne "vanished. He did not walk away, he fled in the air without a sound, and Dr. Hildesheim's face appeared in his stead" (194). Adam, Dr. Hildesheim explains to Miranda, has visited her earlier, a visit of which Miranda has no recollection. Adam left a note for Miranda. She is unable to read it, but whether that is due to her inability to focus her eyes or to Adam's poor penmanship is unclear—"the page was full of hasty scratches in black ink"—but her overall condition suggests the former (194). Here, Porter introduces Miranda's nurse, Miss Tanner, who combines firmness with gentle soothing as she reads Adam's note for her.[60] But Miranda cannot hold on to Adam's words; Miranda "hearing the words one by one, forgot them one by one," and presses Miss Tanner to reread the note, "reaching towards the dancing words that just escaped as she almost touched them" (195). Her request is denied and, as there are no beds available in the hospital, Miranda settles into the white world of the emergency ward, lying on a gurney that Miss Tanner pushes into "a deep jut of the corridor, out of the way of the swift white figures darting about, whirling and skimming like water flies all in silence" (195).

Whiteness surrounds her: white hospital walls "rose sheer as cliffs," the ceiling lights she is under are "a dozen frosted moons" who "followed each other in perfect self-possession down a white lane," and, as is always true with one-point perspective, "dropped mutely one by one into a snowy abyss." She is covered with a white blanket. Porter then seemingly breaks the fourth wall

[60] Again, Porter takes artistic license in providing only one nurse for Miranda. Miss Tanner follows Miranda from the emergency ward through her discharge from the hospital. Such personal, private duty care would have been unthinkable in such a situation. Readers can extrapolate "Miss Tanner" to mean "hospital nurses" for a truer understanding of Miranda's (and Porter's) care.

and asks a philosophical question: "What is this whiteness and silence but the absence of pain?" before dropping Miranda into her first delirium delusion in the emergency ward (195). Listlessly, Miranda watches a macabre drama playing out behind a fabric screen situated across from her gurney. "It was there, near her, … where she could see it clearly and enjoy it, and it was so beautiful she had no curiosity as to its meaning" (195). Miranda views a silhouetted dance featuring two "dark figures" who "nodded, bent, curtsied to each other, retreated and bowed again, lifted long arms and spread great hands against the white shadow of the screen" (195). When the fabric screen is finally drawn back, the whiteness of her world grows larger; Miranda observes that the two dark figures are dressed in white and a reclining third figure is "lying on the bare springs of a white iron bed" and is "swathed smoothly from head to foot in white, with folded bands across the face, and a large stiff bow like merry rabbit ears dangled at the crown of his head" (196).[61] Miranda's jocularity at the scene is incongruent with the reality of what is occurring. She appears marginally aware but indifferent that she is witnessing a ballet between the living and unliving: "the two living men lifted a mattress standing hunched against the wall, spread it tenderly and exactly over the dead man. Wordless and white they vanished down the corridor, pushing the wheeled bed before them" (196). Miranda, and the reader, have witnessed the end result of a death in a hospital bed.[62] While readers may be taken aback by Porter's dramatic pantomime, Miranda sees it only as entertainment and is, perhaps, disappointed that it has ended: "It had been an enticing and leisurely spectacle, but now it was over" (196). She

[61] When wrapping a deceased body, some method of preventing the jaw from falling open is employed. The most common was to tether the chin to the top of the head with a piece of fabric tied in a knot on the top; hence, the "rabbit ears" effect. Miranda's observation of them as "merry" is indicative of her failing cognition.

[62] In an attempt to minimize trauma to the public, specialized carts called cadaver gurneys or cadaver trolleys have been invented for transporting a dead patient. These carts look like a standard gurney but have a hidden compartment below for a deceased patient. Infant bodies are sometimes concealed in a basket and carried by a hospital staff member to the morgue. Transport teams move bodies quickly from the public part of the hospital to back corridors and restricted elevators to avoid causing any trauma to visitors.

reveals no distress about a death occurring only feet away from her nor does she have any premonition of, or concern about, her own possible death.

Any lightheartedness Miranda experienced in the first drama vanishes along with the men in white and is replaced with a second spectacle, this one petrifying and repulsive, still encased in white but evocative of a hellscape: "A pallid white fog rose … and floated before Miranda's eyes, a fog in which was concealed all terror and weariness, all the wrung faces and twisted backs and broken feet of abused, outraged living things, all the shapes of their pain and their estranged hearts; the fog might part at any movement and loose the horde of human torments." This Miranda cannot tolerate: "She put up her hands and said, Not yet, not yet, but it was too late" (196). To her horror, she next sees two white clad "executioners," forcing an old bedraggled man her way. The man "bowed his back and braced his feet to resist and delay the fate they had prepared for him. In a high weeping voice, he was trying to explain to them that the crime of which he was accused did not merit the punishment he was about to receive; and except for this whining cry, there was silence as they advanced." Despite his pleas of "Before God, I am not guilty," the men "drew him onward, passed, and were gone" (196). Miranda has no control over these visions as they become progressively more dire. She cannot change the outcome of the situations nor can she stop them. The visions, the hallucinations, the delusions—all delirium—march in and out of her consciousness at will. She is an observer unable to close her eyes to avoid an image, because the image is being seen by her ailing brain, which she cannot turn off except by defeating the virus peppering her body—or by dying.

What does Miranda look like during these visions? Is she quiet in her unconsciousness? Or does she verbalize and act out during them, forcing others to restrain her? And how many other patients around her are reacting in the same way, either from the horror of their own

Influenza-induced visions or from being forced to watch the terrified behavior of delirium-haunted patients like Miranda around them? The distressing quality of Miranda's visions provides a response to Porter's earlier question—"What is this whiteness and silence but the absence of pain?"—and questions Porter's own definition of pain (195). Miranda's world has gone white and silent, but I argue that pain is not absent here. Perhaps Miranda is not in physical pain (although the stress of fever and viral infection would challenge that assertion) but her perception of the dreadful visions is anything but painless. Bouts of delirium are among the most painful situations a person can experience—or witness—because the distortions are perceived as absolutely real and yet it is absolutely beyond the ability of any other person to witness or stop the process.

Porter gives us minimal details of Miranda's hospitalization. It is what she leaves out that is perhaps of the most interest to healthcare professionals and curious readers. In the missing minutiae are the particulars of the care Porter and Miranda received and the specific details of the therapies most hospitalized patients received during treatment for Influenza. Whether Porter found such information too mundane or she could not recall her care because of how critically ill she was, readers will never know. All we know is that Miranda was one of too many patients in a too busy hospital. The medical system—overloaded, overextended and overstrained and manned by harried, exhausted staff who themselves were bordering on physical and emotional breakdown—oscillated on the brink of collapse.

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Once again without comment and without a page break, Porter moves Miranda from a

gurney in the chaotic emergency ward to a quiet hospital bed, where her delirium events continue. Porter provides no clues about how and when the transfer occurred; the abrupt change of scene suggests that Miranda, no longer cognizant of the physical world around her, doesn't know either. Just as Miranda has to reorient herself when she periodically returns to consciousness, so too do readers, who need to reorient themselves to sudden shifts in the text. Without Porter's guidance as to what ensues in Miranda's hospital room, we are rudderless in understanding the progression of her illness. Porter reprises her textual crutch to alert us when Miranda enters an altered state by again changing her use of punctuation in this section of the text. As noted earlier, Porter uses standard dialogue quotation marks when Miranda converses aloud with another person. But in her altered state—we can call it a coma here—those quotation marks disappear. Whenever Porter writes "Miranda says" in this section and the rest of the sentence is not in dialogue quotations, Miranda is speaking, but the world around her is unaware of her words. Her descent is known only to her—no one hears or sees any of the phantasms she does. She is alone and helpless against the visions her diseased brain conjures, on a journey without guide or companion. When her level of consciousness approaches normal for fleeting moments during this crisis, Porter's quotation marks return to Miranda's words, only to disappear again when Miranda's consciousness again fails.[63]

At this critical point in her illness, as Miranda wages intense battles with Death and endures both the horror and the rapture of hallucinations in her mind, she is most likely comatose and unresponsive to everyone in her vicinity. When Miranda's virus-ravaged brain sends her cascading into mental terror, reality-tethered observers at her bedside are completely unaware of

[63] As mentioned before, Porter removes quotation marks earlier in the text to indicate Miranda's interior thoughts and dreams. In this section, however, Miranda *thinks* she is speaking and being heard and understood by others—but she is not.

what she is experiencing. But Miranda is, inwardly and privately, very aware. Her nurses and physicians, who are not privy to Porter's quotation mark innovation, have no way of discerning the level of viral havoc scrambling Miranda's brain. In her comatose state, Miranda is fully dependent on hospital staff for all her care. In 1918, long before the advent of the electroencephalogram (EEG) and brain scans, physicians had few tools to evaluate brain activity and relied on physical signs to access a patient's mental status.[64] When Miranda is unconscious, hospital staff would only be aware of her cognitive deterioration if it was reflected in her vital signs or in any primitive verbal or motor reactions she might demonstrate. Porter introduces Miranda's change in sentience in a bleak statement that offers little hope: "The road to death is a long march beset with all evils, and the heart fails little by little at each new terror, the bones repel at each step, the mind sets up its own bitter resistance and to what end? The barriers sink one by one, and no covering of the eyes shuts out the landscape of disaster, nor the sight of crimes committed there" (196). Thus continues Miranda's descent into the madness caused primarily by the neurological effects of Influenza but also conflated and commingled with everything that has happened to her since she first fell ill, as well as with everything she has ever known before. Deciphering this devolution can be taxing to readers, but, with keen close reading and a willingness to move back and forth in the novel, they can glean many aspects of the story Porter felt compelled to tell.

Miranda's delirium events become increasingly dark: she is being marched to her death, and her killer is Influenza. Another grueling nightmare ensues, more intense than those before, this one a war-fueled hallucination replete with flashbacks to earlier moments in the novel:

[64] Physicians in 1918 could utilize different validated scales for evaluating the depth of coma in a patient; all rely to varying extent on the physical evaluation of a patient's eye movement and pupil size, their reaction to verbal stimuli and their reaction to motor stimuli and patient respiration status. Reponses were scored to reflect a patient's coma level.

> Across the field came Dr. Hildesheim, his face a skull beneath his German helmet, carrying a naked infant writhing on the point of his bayonet, and a huge stone pot marked Poison in Gothic letters. He stopped before the well that Miranda remembered in a pasture on her father's farm, a well once dry but now bubbling with living water, and into its pure depths he threw the child and the poison, and the violated water sank back soundlessly into the earth. (197)[65]

This petrifying vision harkens to the propaganda playing in the public space during World War I and in the background of Porter's novel.[66] For the first time, Miranda's response is primal, her voice animalistic in tone. In her vision, she runs "with her arms above her head; her voice echoed and came back to her like a wolf's howl" (197).[67] Then Porter's quotation marks again disappear as Miranda utters a silent (to the world) scream: "Hildesheim is a Boche, a spy, a Hun, kill him, kill him, kill him before he kills you" (197).[68] Something pulls her out the her delirium in time to

[65] This passage invokes the well-worn trope, popular since the Middle Ages and well into the 1920s of Jews poisoning wells with disease to harm Christians.

[66] Per Sarah Youngblood: "The sight is distorted in her own half-conscious mind by her own sense of guilt, … and by her idea of the plague as a punishment of the guilty, in which the persons society regards as saviours [*sic*] (the doctors) become the executioners" (349).

[67] During this time, Miranda's physicians would be working frantically to revive her; they know she is perilously near death.

[68] Porter's retrospective point of view of the Great War is decidedly liberal-leaning in the text, with pointed references to how propaganda and disinformation was used by the government to control both the troops and those on the home front; it also condemns the insanity the government displayed in sending men to an almost certain death on the war front. Porter weaves propaganda regarding the origin of the pandemic virus into the early part of her text and later into Miranda's delirium. Jo Fox surveyed collections of propaganda in the British Library, and she writes: "World War One atrocity propaganda was a specific propaganda technique that sought to garner support for war and provide a moral explanation for it, by highlighting the crimes and atrocities committed by the enemy." Porter was well aware of such propaganda techniques; she experienced them during WWI and was witnessing their resurgence when she wrote *Pale Horse, Pale Rider* in Europe during the swelling animosity presaging WWII. Fox continues: "The power of atrocity stories [including those of babies, bayonets and the Boche that find their way into Porter's text] derived in part from their ability to stand either alone, as singular acts of barbarism and moral depravity, or as a series of pre-meditated collective behaviours that condemned a nation." All nations, Fox suggests, utilized propaganda to some degree. "These shocking stories allowed propagandists to justify the war, encourage men to enlist, raise funds for war loans schemes, and shake the United States from its neutrality. The impact of such propaganda was enduring, lasting well into 1918 and beyond" (Fox). Propaganda continued to haunt American sensitivities post-war, becoming fodder that induced shell shock in soldiers and nightmares in civilians. In addition to propaganda, Porter also notes here the rise of xenophobia directed toward both foreigners and immigrants as a result of both war and pandemic fever, seemingly foreshadowing the social and political situation in America during COVID-19.

hear "the foul words accusing Dr. Hildesheim tumbling from her mouth"; she is horrified to see "Dr. Hildesheim sitting beside her, two firm fingers on her pulse" (197). The physician is at Miranda's bedside. It is night; Porter tells us "[s]tars gleamed through the window and Dr. Hildesheim seemed to be gazing at them with no particular expression." Dr. Hildesheim has seen such patient behavior before: "Hello … at least you take it out in shouting. You don't try to get out of bed and go running around" (197). We do not know if the physician is making his nightly rounds or is finally seeing patients he has not seen that day or if Miranda's condition precipitously deteriorated, demanding his immediate consultation. There is no indication—yet—as to what triggered such a savage wail from Dr. Hildesheim's patient. Miranda doesn't know either and "her mind tottered and slithered again, broke from its foundation, and spun like a cast wheel in a ditch" (198). Quotation marks return; she only has time for a quick apology: "'I didn't mean it, I never believed it, Dr. Hildesheim, you mustn't remember it—' [before she] was gone again, not being able to wait for an answer" (197).[69] Miranda is distressed by her outburst at her physician, the very person who carefully carried her from her boarding house to the waiting ambulance only a week before. This is the first time Miranda arouses and responds with tortured cries reminiscent of injured animal howls. I believe this marks the first desperate intervention by her medical team to save Miranda when she is on the precipice of a sure death. Two more incidents will follow, both seemingly precipitated by similar interventions.

Porter's exceptional dexterity here to portray Miranda's complete inability to remain tethered to reality, when everything that normally maintains her tether is broken and awry, allows readers to follow Miranda into the deeper depths of her unconscious but very active, if diseased, brain. Cognitive dissonance ensues: "Her mind, split in two, acknowledged and denied

[69] Note Porter's use of quotation marks here when Miranda, once again cognizant, interacts with hospital staff.

what she saw in the one instance, for across an abyss of complaining darkness her reasoning coherent self watched the strange frenzy of the other coldly, reluctant to admit the truth of its visions, its tenacious remorses and despairs." Miranda surfaces again, this time to speak of this dissonance to Miss Tanner, the nurse who has accompanied Dr. Hildesheim to the bedside: "I know those are your hands … I know it, but to me they are white tarantulas, don't touch me" (198). Miss Tanner unwittingly makes things worse: "Shut your eyes," she tells her patient. "'Oh, no,' said Miranda, 'for then I see worse things'" but her body doesn't have the strength for the fight and "her eyes closed in spite of her will, and the midnight of her internal torment closed about her" (198). What terror must ensue when a patient is deathly afraid of their caretakers! The patient intuitively knows they must not severe that lifeline, and yet to submit runs up against every instinct of self-preservation. But, in reality, they have no choice but to be very afraid—their paranoid mind is firmly in control.

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It is at this point in the text that Porter begins her primer of Miranda's near-death experience (NDE). Most readers will have some knowledge of NDEs, either from the media or, in rarer cases, from personal experience. A "typical" near-death experience is reported by survivors as a sublime out-of-body experience that can include several tropes: the immediate cessation of all pain, entering a tunnel-like space, seeing a bright light, reviewing lifetime memories, seeing and recognizing dead relatives or religious figures, and feeling unconditional love and acceptance.[70] NDEs are recalled "with greater vividness and detail than either real or

[70] It should be noted that not all NDE are peaceful. Some are quite frightful, but individuals experiencing NDE terrors are often hesitant to report anything to the contrary: "It seems possible, in fact, that distressing NDEs are

imagined situations … as being 'realer than real'" (Koch). The dying person stays in a liminal space—not completely alive but not completely dead—and does not fully cross to the Otherside.[71] Instead, individuals report being encouraged to return to their body or given a choice to stay or return to Life. Many experience "significant after-effects. [Some p]eople will come back with a whole different set of values; they'll come back more affectionate and altruistic and less materialistic. They'll be more spiritual, although not necessarily more religious" (Mapes). Many survivors of NDE report no longer fearing death, and some long to return to the Otherside.[72] Some report anger and depression because they were returned to Life; there are reports of survivors considering suicide in hopes of returning to wherever their NDE took them. It is from near-death survivors that we get a glimpse of what might transpire on the way to the Otherside. It can be imagined—and we have no way of knowing, of course—that an irrevocable death experience proceeds similarly: seeing a light source, meeting deceased family members, and arriving at the liminal space, etc.—*except* instead of being sent back to Life, the dying person crosses the liminal space—willingly or not—to the Otherside and the result is death.[73]

Miranda's (and Porter's) NDE will not follow the typical trajectory—instead Porter's account of Miranda's experience is a reversal of the traditional recitation. In a twist, the meaning of which scholars are still contemplating, Miranda sees *living* beings when she is in the liminal space. This is in sharp contrast to the traditional NDE reports in which NDE survivors almost never report seeing *living* people whom they know during this event, only *dead* people. Porter

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significantly underreported because of shame, social stigma and pressure to conform to the prototype of the 'blissful' NDE" (Koch).

[71] For this project, I use "Otherside" to refer to whatever space NDE survivors believe they witness in the midst of their near-death experience.

[72] There are many variations to NDEs, but the one constant is that the dying person is returned to Life. Prior religiosity and spiritualism are not direct correlates to NDEs being reported. And, it should be noted, not everyone who is revived from death reports an NDE.

[73] Scientists who study NDEs have hypothesized many reasons why NDEs occur; neurological, biochemical and spiritual mechanisms are all being considered. For more on NDE's, see Koch or Mapes.

calls the NDE Miranda is about to experience a "dream," although Miranda's dreams on her way to the liminal space belie the typically benign definition of the word (198). Instead, consumed by Influenza, what she faces are nightmares, hallucinations and visions of a world unknown to the living, except for the few—like Miranda and Porter—who venture to the Otherside but are not allowed, or choose not, to stay.

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By this part of the text, Miranda is now completely estranged from reality. She is a dying person held hostage by Influenza, the virus from which she will have no reprieve without, as in Porter's case, a fortunate medical intervention. It is not a stretch to think that she only writes so elegantly about her experience because she has endured such an encounter herself. These several pages of text form the foundation for much of the scholarship and commentary about *Pale Horse, Pale Rider,* because the pages are exotic in the sense of rare, providing the only insight into what Influenza patients might have faced before they died—or, if they were like Porter, lived. Porter's words and her matchless ability to recall her sensations and perceptions when she was on the precipice of death serve as compelling reasons to respect these pages as faithful to her experience. Porter's NDE marked a defining point in her life, *the* point that divided her life into before and after, the point that Porter, in the epigraph to this chapter, calls *"the happy vision just before death"* (Givner 126, my emphasis). The happy vision separates NDE survivors from the rest of the world. Porter continues, "Now if you have had that, and survived it, come back from it, you are no longer like other people, and there's no use deceiving yourself that you are"

(126).[74] Porter's words in this section of *Pale Horse, Pale Rider* must be read slowly, pondered and then read again (and again) if the reader wants to absorb the depth of their meaning. The significance of her words can expand over time, conceivably peaking readers' curiosity of when, where and how they, too, will eventually find themselves looking at Death.

The following excerpts from the novel reveal Porter's internal psychological struggle when she was surviving only in her mind, descending to the Otherside.[75] Porter expands Miranda's "midnight of her internal torment" in these pages and once again drops quotation marks since all of Miranda's dialogue at this time is internal (*Pale Horse* 198).[76] The astute reader will notice that many of the words and phrases Porter uses here, like *oblivion, eternity, ledge, danger, pit, gong* and *death,* are pulled from earlier in the text before Miranda becomes gravely ill. Similar to the way the fragments of the propaganda about German soldiers wove their way into Miranda's distorted (and, to her, revolting) hallucinations about Dr. Hildesheim, so too will fragments of Miranda's words weave their way into the death fantasy that her diseased brain creates next.

The hospital world of white suddenly disappears; Miranda perceives no color but gray during her descent. She is alone in an uninviting place she has never been before and she does not know the way out. Again, Porter omits quotation marks; readers are Miranda's only

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[74] Other significant life events also can create such a "before and after" sensitivity in survivors; William Maxwell, for instance, always spoke about how his mother's death divided his life in two, changing forever his perception of his world.

[75] When the brain and body shut down, the mind is sometimes the only part of the self left to record the terminal event and, if the person survives, to recount the story: "Modern death requires irreversible loss of brain function. When the brain is starved of blood flow (ischemia) and oxygen (anoxia), the patient faints in a fraction of a minute and his or her electroencephalogram, or EEG, becomes isoelectric—in other words, flat. This implies that large-scale, spatially distributed electrical activity within the cortex, the outermost layer of the brain, has broken down. Like a town that loses power one neighborhood at a time, local regions of the brain go offline one after another. The mind, whose substrate is whichever neurons remain capable of generating electrical activity, does what it always does: it tells a story shaped by the person's experience, memory and cultural expectations" (Koch).

[76] Porter reports Miranda's descent toward death; some NDE survivors report an ascending situation, such as hovering over their body watching others try to save them or simply a flying event to the Otherside.

companions here, but she does not sense their presence. “Oblivion, thought Miranda, her mind feeling among her memories of words she had been taught to describe the unseen, the unknowable, is a whirlpool of gray water turning upon itself for all eternity … eternity is perhaps more than the distance to the farthest star” (198). She finds herself in a frightening space drawn from memories earlier in her life: “She lay on a narrow ledge over a pit that she knew to be bottomless, though she could not comprehend it; the ledge was her childhood dream of danger.” Aware now that she is not in a safe place and also subliminally aware of the meaning of the pit over which she is perched, Miranda presses herself against “a reassuring wall of granite” and finds herself “staring into the pit” (198).

Oblivious to her own peril, however, Miranda’s internal dialogue shifts from repetitious accounts of fright and begins to reveal a rapturous peace as her NDE begins: “There it is, there it is at last, it is very simple; and soft carefully shaped words like oblivion and eternity are curtains hung before nothing at all.” Miranda senses that she is about to pass from one world to the next without her awareness or her consent: “I shall not know when it happens, I shall not feel or remember, why can’t I consent now, I am lost, there is no hope for me.” She finally acknowledges what is about to happen to her: “Look, she told herself, there it is, that is death and there is nothing to fear. But she could not consent, still shrinking stiffly against the granite wall that was her childhood dream of safety, breathing slowly for fear of squandering breath, saying desperately, Look, don’t be afraid, it is nothing, it is only eternity” (199).

Porter never tells us if Miranda could not or would not consent to death; was she unable or unwilling to pass over? Miranda seems hesitant even as she tries to convince herself that she has no reason to be afraid of death; she balances in that ultimate liminal moment of life—"the seductive edge of non-existence,” Sarah Ditum calls it—before one enters whatever lies beyond,

if anything (89). Confusion reigns as Miranda tries to sort known from unknown: "Granite walls, whirlpools, stars are things. None of them is death, nor the image of it." But she can come up with no things that can be identified with the afterlife: "Death is death, said Miranda, and for the dead it has no attributes" (Porter, *Pale Horse* 199). Not embracing death yet nor rejecting it, Miranda's descent continues, slowly and tentatively, as she gives up all that made her human along the way. In a single sentence, the longest in the text, Porter writes of Miranda's journey:

> Silenced she sank easily through deeps under deeps of darkness until she lay like a stone at the farthest bottom of life, knowing herself to be blind, deaf, speechless, no longer aware of the members of her own body, entirely withdrawn from all human concerns, yet alive with a peculiar lucidity and coherence; all notions of the mind, the reasonable inquiries of doubt, all ties of blood and the desires of the heart, dissolved and fell away from her, and there remained of her only a minute fiercely burning particle of being that knew itself alone, that relied upon nothing beyond itself for its strength; not susceptible to any appeal or inducement, being itself composed entirely of one single motive, the stubborn will to live. (199)

Reduced during her descent from human to an elemental "minute fiercely burning particle of being," Miranda exists now only as a point of fiery light. It is this particle of being, this vital essential core of Miranda, that must decide if it will accept being extinguished or resist and become a flourishing blazing fire—become Miranda—again. The choice is made by the particle alone: "This fiery motionless particle set itself unaided to resist destruction, to survive, and to be in its own madness of being, motiveless and planless beyond that one essential end. Trust me, the hard unwinking angry point of light said. Trust me, I stay" (199). The miniscule particle, at once fiery, fierce, hard, unwinking and angry, is emphatic: *I stay*.

Decision made, the particle instantly grows and reveals the very best of an afterlife, taking on brilliant color (for the first time in the text) and becoming an ideal fairytale-like world for Miranda to explore.[77] It "grew, flattened, thinned to a fine radiance, spread like a great fan and curved out into a rainbow, through which Miranda, enchanted, altogether believing, looked upon a deep clear landscape of sea and sand, of soft meadow and sky, freshly washed and glistening with transparencies of blue." Miranda's response at this scene suggests that we all know at our very core that this vibrant world is awaiting all of us one day: "Why, of course, of course, said Miranda, without surprise but with serene rapture as if some promise made to her had been kept long after she had ceased to hope for it" (199). In a scene reminiscent of the luminous color-saturated world in which Dorothy finds herself in the 1939 film *The Wizard of Oz*, Miranda leaves the ledge and runs "lightly through the tall portals of the great bow that arched in its splendor over the burning blue of the sea and the cool green of the meadow on either hand" (200).[78] The scene evolves as Miranda explores—from the harsh stare of the stubborn intransigent particle, Miranda's vision expands to witness a buoyantly beautiful milieu. Porter contrasts the toughness of the point of light to the gentleness of a utopian idyll, describing the new vista with softer words: blue waves "roll" and arrive "unhurriedly" and "in silence", breezes blow but make "no sound." Things shimmer and glisten and are flurried. Another noiseless addition to the vista captures Miranda's attention: "Moving towards her leisurely as clouds through the shimmering air came a great company of human beings, and Miranda saw in amazement of joy that they were all the *living* she had known" (200, my emphasis). They are

[77] Youngblood suggests that "[i]t is ironic that the 'angry point of light' symbolizing her will to live is the ultimate source of the radiance which spreads and curves into the rainbow of her paradise" (350).
[78] The film version of *The Wizard of Oz*, adapted from the 1900 children's novel of the same name, and written by L. Frank Baum with illustrations by W. W. Denslow, was released in 1939, a year after Porter published *Pale Horse, Pale Rider* in 1938. (A stage musical was performed earlier in 1902.) While Porter could not have been influenced by the film, she very well could have read and stored memories of the book that her diseased brain recalled, much like it recalled the German war propaganda.

"transfigured" and ethereally beautiful. The beings are "pure identities," so pure that she knows all of them intuitively and "they cast no shadows." The human beings circle Miranda before turning their faces to the sea. She stands alone but not lonely, comfortable in their midst: "Miranda … questioning nothing, desiring nothing, in the quietude of her ecstasy, stayed where she was, eyes fixed on the overwhelming deep sky where it was always morning" (200).

She enjoys "the prodigal warmth which flowed evenly from sea and sky and meadow" until—and here the peaceful spell begins to shatter—she "felt without warning a vague tremor of apprehension, some small flick of distrust in her joy; a thin frost touched the edges of this confident tranquility; something, somebody was missing, she had lost something, she had left something valuable in another country, oh, where could it be?" (200). Miranda becomes frightened, realizing that the paradise is incomplete, sensing that she "left something behind unfinished. A thought struggled at the back of her mind, came clearly as a voice in her ear. Where are the dead? We have forgotten the dead, oh, the dead, where are they?" (201). It is with this realization that Miranda's near-death experience disintegrates.[79] "At once as if a curtain had fallen, the bright landscape faded, she was alone in a strange stony place of bitter cold, picking her way along a steep path of slippery snow, calling out, oh, I must go back! But in what direction?" (201). It is here that the sequence of Porter's telling of a near-death experience abruptly stops, leaving readers to question what exactly happened during Miranda's vision.

Porter's text can confuse readers with her confirmation that there are no dead beings in Miranda's paradise. As noted, Miranda's (and Porter's) NDE story does not follow the typical

[79] Laurel Bollinger, one of the few scholars to address Porter's "missing dead" in her take on the "beatific vision" in Miranda's hallucination, suggests that Porter never intended to correlate her vision with the normal. Bollinger suggests that "[t]he absence of the dead also severs the vision from the resolution implicit in the apocalyptic genre; no 'eschatological salvation' can be assumed if only the living appear in the vision. Indeed, without some inclusion of the dead in the blissful moment Miranda experiences, no 'exhortation and/or consolation by means of divine authority' offers resolution to the trauma of mass death due to pestilence" (376).

NDE trajectory—instead hers is an inverse of the traditional recitation. Miranda meets the living in her utopian vision and returns back to life for the dead. Miranda is also returning for a now-deceased Adam, although she is as yet unaware of his passing. Scholars have suggested that the flip is yet another modernistic twist Porter employs. Sarah Youngblood proposes another interpretation to the lack of the dead in Miranda's vision: "There is also here the implication that all of the real world is the world of the 'dead'" (351). Thus, when Miranda only encounters the living in her vision, they are really the *dead* because their lives are full of stress and misery and fear.

*

Miranda does not leave the utopian vision voluntarily; she has shown no fear of the utopian spot nor has she given any indication that she would prefer to be elsewhere. Though the particle of being has decided that Miranda will return to the living world, the mechanism for that transition has not been identified. Miranda is seemingly *forced* to survive against her will—and forced is how Miranda (and, one supposes, Porter) feels when she once again finds herself in excruciating pain in a hospital bed. For a second time, "[p]ain returned, a terrible compelling pain running through her veins like heavy fire" (Porter, *Pale Horse* 201).[80] Miranda's primal instincts arouse her, and she animalistically senses death: "the stench of corruption filled her nostrils, the sweetish sickening smell of rotting flesh and pus; she opened her eyes and saw pale light through a course white cloth over her face, knew that the smell of death was in her own body, and struggled to lift her hand" (201). Porter does not mention if the cloth had already been

[80] The first incident in which Miranda endures primal pain and responds with animalistic howling is during her hallucination about Dr. Hildesheim as a Boche soldier.

placed on Miranda's face because she was presumed dead or if it was in place to cool a high fever. Regardless:

> The cloth was drawn away; she saw Miss Tanner filling a hypodermic needle in her methodical expert way and heard Dr. Hildesheim saying, 'I think that will do the trick. Try another.' Miss Tanner plucked firmly at Miranda's arm near the shoulder, and the unbelievable current of agony ran burning through her veins again. She struggled to cry out, saying, Let me go, let me go; but heard only incoherent sounds of animal suffering. (201)

This third injection elicits the same haunting animalistic response from Miranda as the first two. Miranda will live now, but the memory of the agony of her cure is forever seared into her deepest memories.

So, what saves Miranda? Close reading provides a previously unnoticed clue that can only be utilized if a reader is familiar with medications used during the 1918 pandemic and with Porter's biographers' certification that Porter was saved by an experimental injection of strychnine.[81] I believe Miranda is grotesquely catapulted back to reality three times by the exquisite pain caused by strychnine injections she—and Porter—receive when they are on the brink of death.

The use of strychnine in humans was commonplace during the Victorian era and in the early 1900s, but it was a very dangerous and toxic medication that was also used as rat poison and that was disastrous if used in overdose proportions.[82] Medication therapy, like the

[81] Givner records Porter's family's and friends' recollection of that day: "One Sunday afternoon she was left behind screens to die … At the same time a group of young interns in white coats looked at Porter as she lay dying in the corridor of the crowded hospital. They decided to give her an experimental shot of strychnine. Miraculously, it worked, and she began to fight her way back to life" (126).

[82] "The extent of poisoning caused by strychnine depends on the amount and route of strychnine exposure and the person's condition of health at the time of the exposure. Strychnine prevents the proper operation of the chemical that controls nerve signals to the muscles. The chemical controlling nerve signals works like the body's 'off switch'

administration of strychnine, is all about toxins in one form or another. The toxins are either killing or curing. Healthcare professionals spend their days balancing the pros and cons of injecting the sick human body with toxic agents that will, hopefully, make the body well again. Virtually every treatment that will heal in small amounts can kill in large ones, and medicine moves to the very limits of dosing in an attempt to cure the ill, while hoping they do not push too far and kill patients. More than that, healthcare professionals hope that, if their toxic concoctions do save patients' bodies, patients will still have their minds intact to take home with them.

The administration of strychnine, especially, walks this fine line. Now considered a biotoxin, the poison was used in small doses during the Victorian era as a gentle tonic to facilitate bowel health as well as a stimulant to enhance academic, athletic and sexual performance (Hippensteele).[83] But it can also be deadly. Agatha Christie used strychnine to poison characters in a few of her novels.[84] In toxic amounts, the drug causes painful seizures and muscle spasms that can be severe enough to cause opisthotonos—a bridging of the spine caused by muscle spasms that cause the head and spine to hyperextend backwards toward the toes; at its worst, the spine can break. When administered via injection into a patient's muscles or via intravenous injection into a patient's veins during Influenza, the desired effect was to stimulate failing heart muscle, a condition consistent with impending death if not treated.[85] An injection of

for muscles. When this 'off switch' does not work correctly, muscles throughout the body have severe, painful spasms. Even though the person's consciousness or thinking are not affected at first (except that the person is very excitable and in pain), eventually the muscles tire and the person can't breathe." (CDC, "Strychnine").

[83] Some practitioners in 1918 found the readily available quinine and aspirin products to be of greater danger to patients than strychnine: "Large doses of quinine and aspirin were often the mainstays of drug treatment at the time, but administered at doses likely to cause toxicity, including deafness; aspirin toxicity may have been a contributory factor to the high mortality." A prominent physician of the era "had warned of this and described the risk of 'profound prostration' with the incautious use of aspirin, although he recommended strychnine during recovery as a cardiac stimulant" (R. Unwin 643).

[84] See webpage: "Poisons in The Works of Agatha Christie."

[85] Strychnine can be administered in many ways, among them via intravenous (IV) injection or intramuscular (IM) injection. Porter insinuates the former when she first writes of Miranda's "pain running through her veins like heavy fire" (255). She insinuates the latter when she writes of Nurse Tanner "pluck[ing] firmly at Miranda's arm near the shoulder" (255). Since there aren't any vein sites amenable for IV injection in the upper arm, the assumption is that

strychnine is very painful, both from mechanics of the poison going into the muscle and from the side effects of the toxin itself.[86] Intense muscle spasms and muscle cramps, coupled with heightened awareness and responsiveness, can ensue after injection; besides opisthotonos, too much of the toxin could result in respiratory failure, seizures, and even death.

I propose that the pain of a strychnine injection shocked Miranda out of her near-death revery not just once, but three times. There are only three times in the text when Porter mentions Miranda experiencing a primal response upon awakening from delirium. The first time, as noted earlier, was when Miranda was pulled back to reality from her hallucination about Dr. Hildesheim as an evil Boche soldier (Porter, *Pale Horse* 66). Her response to her vision of Dr. Hildesheim is more violent than her responses to previous delirium events. Her scream is "like a wolf's howl" (197). She awakes still howling. Something has happened to Miranda that is different from everything else until now. There is no indication initially if an external or internal force drives the howls, but Miranda's reaction to this vision is distinctive. I do not believe Dr. Hildesheim is haphazardly sitting at Miranda's bedside; rather, Miranda is at the very point of death, and he is trying to save her life with an experimental— an *only use in the most hopeless of situations when every other standard remedy has been tried and failed*—dose of strychnine. Dr. Hildesheim is monitoring her pulse, which would be an indication of heart function. If Miranda is getting better, her pulse would be strong and steady; if her heart is still failing, her pulse would either be rapid and thready or slow and erratic. I suggest that Hildesheim administers strychnine to Miranda in a last-ditch attempt to save her from death. Hence, his words: "at least you take it

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the nurse is giving an intramuscular injection, but this is confounded by Miranda's awareness of "the unbelievable current of agony ran burning through her veins again" (201). The reference to veins is more indicative to a painful IV drug. Nevertheless, one can conclude that strychnine was an extremely painful drug to receive no matter how it was administered.

[86] Injections in 1918 were already frequently painful due to the poor condition of many of the needles attached to syringes. These needles frequently became dull and required nurses to sharpen them by hand. They were then sterilized for reuse. But they were never functioned like new again.

out in shouting. You don't try to get out of bed and go running around," which insinuate that the toxin causes other patients to futilely attempt to flee the pain of the injection (197).

This first administration of strychnine, however, is not effective enough; it only invokes a partial response. Miranda immediately falls back into her near-death hallucinations, moving closer and closer to death until she is but a "minute fiercely burning particle of being" and then moves into the near-death nirvana scene (199). Once Miranda has experiences nirvana, she is in the liminal space bordering the Otherside—she is technically dead, but not forever dead. The second strychnine injection combines with the first to jolt Miranda out of the nirvana vision and forces her return to life to search for the missing dead—and Adam. Strychnine stabilizes Miranda's heart enough to return her to consciousness, but how long the dose will last appears questionable to her physician. In order to be confident that the patient has received enough—but not too much— of the experimental medication, Dr. Hildesheim orders a third bolus, hoping that Miranda's weakened heart is once again fully functional and that her body is now strong enough to continue fighting the virus. The final correction requires inflicting another bout of tortuous pain, making Miranda convulse once more with primitive and beastly utterings. Strychnine, as an experimental intervention for Influenza patients, did not save everyone; in fact, it probably only made a difference for very few patients, since there is little scholarship about its use in 1918. But it saved Porter.

Dr. Hildesheim and Miss Tanner do not linger at Miranda's bedside once the third injection of strychnine is administered. Whether unaware or uncaring about the agony they have visited on Miranda, they are happy about the positive effect of the toxin, and "glance at each other with the glance of initiates at a mystery, nodding in silence, their eyes alive with knowledgeable pride" (201). After admiring their recovering patient with one more glance "at

their handiwork," the pair move on quickly, presumably to the bedside of the next dying patient to repeat their miracle work (201). Miranda appears mute here, passive like someone who has lost all control of the world around them. The scene ends without any response from her. Readers are left to wonder what Miranda thinks about "their handiwork."

*

Without a page break, with no indication of time passed since the injections—and with Miss Tanner back in the picture—Miranda is awakened by raucous sounds of celebration. Bells, horns, whistles, and fireworks combine with shouts from the citizens lingering outside her hospital window. Of the noise, Porter writes that the shouts were "cries of human distress … furious exasperated shrieking like a mob in revolt," a curious and confusing description of the voices since the crowd, Miranda learns from Miss Tanner, is celebrating "the Armistice" (202).[87] But there is no celebrating for Miranda. She finds no joy in anything anymore. The noise assaults Miranda's countenance, and she cannot shield herself from it. As others around her rejoice, Miranda balks and requests that Miss Tanner open her window: "I smell death in here" (202).

Hospital life continues around her without her willing participation. She breathes, sleeps, wakes, eats (she calls it "taking food") and sleeps again. She recalls bed baths ("feeling the splash of water on her flesh") and short conversations ("bare phrases") with her doctor and nurse (203). Miranda is now an outlier among the other patients; she "looked about her with the covertly hostile eyes of an alien who does not like the country in which he finds himself, does

[87] Porter entered the hospital in mid-October. She emerges from delirium stupors on the day of the Armistice—November 11, 1918. Therefore, the very least amount of time she spent critically ill was almost four weeks. Her biographers report she spent several more weeks recovering before leaving the hospital.

not understand the language nor wish to learn it, does not mean to live there and yet is helpless, unable to leave it at his will" (203). Days morph into weeks as she recovers. Everyone is exhausted by both the war and the pandemic. People around her speak in sighs. Even Miss Tanner, the living image of the perfect nurse, "has grown old and weary once for all in the past month" (203). She tries very hard to cheer Miranda, whom she regards fondly but now sees as a "salvaged creature … the silent ungrateful human being whom she, Cornelia Tanner, a nurse who knew her business, had snatched back from death with her own hands" (203). Because Miranda responds only with trite comments she knows her caregivers want to hear, Cordelia Tanner has no idea that Miranda is, indeed, *not* grateful for the nurse's lifesaving deed.

Miranda wants to leave—but she knows she has nowhere to go. She is a prisoner in her now gray-appearing room until her body gathers itself together enough to allow her to go somewhere, anywhere, away. In a manner similar to many near-death survivors, she only wants to go back, back to her nirvana. She is angry that she was cast out, that she could not stay, that a poison brought her back to a world she no longer values and in which she no longer feels she belongs. But no one is aware of her feelings because, Miranda decides, it is best to keep such thoughts to oneself while one is still dependent on the Miss Tanners of the world.[88] Miss Tanner will continue to express tired delight to each day's sunshine, but Miranda cannot see it. Through Miranda, Porter shares the woe in which she, Miranda and so many of those forced to return after their journey to the very edge of the Otherside, are forever enveloped:

There was no light, there might never be light again, compared as it must always be with

[88] Youngblood corroborates what Porter and many NDE survivors discover: existence in the Otherside is immeasurably preferable to continued living. "But the conspiracy must not be betrayed, the illusion that life is preferable must be maintained out of courtesy to the living. The irony of Miranda's situation is overwhelming: the 'humane conviction and custom of society' insist that life is best, and will force her to pay twice for the gift of death, making her endure again at some future date the painful journey to the blue sea and tranquil meadow of her paradise" (351).

> the light she had seen beside the blue sea that lay so tranquilly along the shore of her paradise. That was a child's dream of the heavenly meadow, the vison of repose that comes to a tired body in sleep, she thought, but I have seen it when I did not know it was a dream.
>
> Closing her eyes she would rest for a moment remembering that bliss which had repaid all the pain of the journey to reach it; opening them again she saw with a new anguish the dull world to which she was condemned, where the light seemed filmed over with cobwebs, all the bright surfaces corroded, the sharp planes melted and formless, all objects and beings meaningless, ah, dead and withered things that believed themselves alive!
>
> At night, after the long effort of lying in her chair, in her extremity of grief for what she had so briefly won, she folded her painful body together and wept silently, shamelessly, in pity for herself and her lost rapture. (204)

In writing this passage, Porter publicly acknowledges for the first time her own sorrow, regret and mourning over her loss of the sublime. But no one around her is privy to her pain. Instead, the oblivious and "precise machine of the hospital" conspired with "the whole humane conviction and custom of society," to "pull her inseparable rack of bones and wasted flesh to its feet, to put in order her disordered mind, and to set her once more safely in [*sic*] the road that would lead her again to death" (204). And that is the caveat all NDE survivors understand: there is no way to go except forward to their next death. The questions remain: when, where, how and by whose hand? Porter's final death waited over sixty years to claim her. No one will ever know what she experienced on that final crossing but, one can hope, the nirvana she never forgot was revealed to her yet again and, this time, allowed her to stay.

As the novel nears its end, readers are left wondering about Adam. Where is he? Why is he not with Miranda? Why is Miranda not asking these same questions? In the aftermath of the traumatic rescue she endured, Miranda is impassive. Life swirls around her and she gives as little input to it as necessary. One bit of information Miranda apparently finds unnecessary to ascertain is Adam's whereabouts. One suspects that, since she never mentions seeing Adam among the living in her utopia vision, she knows he is dead. Miranda too feels dead but maintains a pretense with the living to protect them; she tells them "how gay and what a pleasant surprise it was to find herself alive. For it will not do to betray the conspiracy and tamper with the courage of the living; there is nothing better than to be alive, everyone has agreed on that; it is past argument, and who attempts to deny it is justly outlawed" (205). So when Miss Tanner insists Miranda open the disheveled stack of letters collecting on her bedside table that she had been avoiding, Miranda is not surprised to find one from someone in Adam's camp advising her that Adam succumbed to Influenza there. The letter is read aloud by Miss Tanner and passes without comment from Miranda, except when she notices that the postmark was from a month before and asks how long she has been hospitalized. Miss Tanner confirms that Miranda has been at the hospital for "quite a while now" before also confirming that Miranda will be able to leave soon. Miss Tanner, in a nod to a growing awareness that adverse effects from Influenza were lingering even after patients were declared recovered, adds: "But you must be careful of yourself and not overdo, and you should come back now and then and let us look at you, because sometimes the aftereffects are very—" (206). The fact that Miss Tanner leaves her sentence unfinished suggests that recovery from Influenza was not guaranteed; in fact, Influenza, like COVID-19, often had tortuous recovery periods that could last for months and years.[89]

[89] Relapse was a serious problem after Influenza if patients returned to their former activities too soon. In an excerpt from a letter written by Dr. Henry A. Christian, the first Physician-in-Chief of the Peter Bent Brigham Hospital, he

At the end of the text, Miranda prepares to leave the hospital and reengage with life. Surrounded by her caring coworkers, the reader is permitted to believe she will be returning to her former job as a newspaper journalist, albeit with a totally new perspective on her place in the world. But her world remains colorless; everything she selects for her journey back to the boarding house is bleak gray, neither white nor black, allowing her to disappear into the background and not command attention. Miranda is still in a liminal state: "not quite dead now … one foot in either world now; soon I shall cross back and be at home again" (207). Her choices for a going-home outfit are also liminal. The lipstick she selects is in a medium, middle-of-the-road tone. Her perfume, *Bois d'Hiver*, is described by marketers as "exquisitely wavering between strength and softness" and "like an iron fist in a velvet glove"; in other words, not too much, not too little, a likely inoffensive scent. Miranda wants unadorned gray stockings and gray gauntlets. Her one considered splurge is a "walking stick of silvery wood and a silver knob" of which her coworker dissuades her because of the expected cost of the item (207). Miranda instead requests "a nice one to match my other things"—i.e., gray (207). She does not, however, eschew makeup, reasoning that "still no one need pity this corpse if we look properly to the art of the thing" (207). Her preparation for discharge from the hospital is not jubilant; it is gray, flat, void of any emotion. Influenza has changed Miranda to her very core. The virus left her a debilitated shell of her former physical self, and it also stole her inner being: "her hardened, indifferent heart shuddered in despair at itself, because before it had been tender and capable of

writes, "It seems certain that failure to go to bed and remain there was an important cause of the high mortality of the disease throughout the country. It had seemed wise to us to insist on a prolonged stay in bed after the temperature was normal. The very few relapses that we saw seemed amply to justify this course. No patients were hurried out of the hospital; all were urged to stay until we felt sure that their strength made the exertion of home life and getting there safe. In following up our patients since discharge we have found that results appear to show the wisdom of this course, for bad after-effects of the disease have been surprisingly few in our patients" (Pate). Patients of means were often encouraged to recover slowly at sanitoriums where staff would provide a calm supportive environment that was thought to be conducive to complete healing. Relapse is also a problem with COVID-19.

love" (205).

In her hospital room, before saying goodbye to staff, Miranda silently invokes Adam, reminding him that, since he was already dead, he "need not die again" but declares her desire that he had "come back" also: "[W]hat do you think I came back for Adam, to be deceived like this?" (208). Porter leaves this one-sided conversation without quotation marks, again her sign that Miranda is conversing only in her head. But that changes when Adam, "invisible but urgently present" appears beside Miranda; he was "a ghost but more alive than she was, the last intolerable cheat of her heart; for knowing it was false she still clung to the lie, the unpardonable lie of her bitter desire" (208). Miranda speaks aloud now: "She said 'I love you' and stood up trembling, trying by the mere act of her will to bring him to sight before her" (208). Once again speaking only in her head: "If I could call you up from the grave I would, … if I could see your ghost, I would say, I believe." She tries her voice again. "'I believe' she said aloud. 'Oh, let me see you once more.'" But Adam disappears, "struck away by the sudden violence of her rising and speaking aloud" (208). Revived from her dream-like state, Miranda concludes her thoughts about joining Adam and seemingly rules out suicide here: "Oh no, that is not the way, I must never do that, she warned herself" (208).[90]

Like Porter, Miranda will resume her life. The war is over; Influenza will soon recede. For Miranda, the future is bleak, empty, filled only with nothing. Miranda is alive, but she is not convinced that reality is the same as it was before she became ill. She keeps looking for "real daylight" but "it is always twilight or just before morning, a promise of the day that is never

[90] Although she maintains an outwardly happy-go-lucky continence throughout her life, Porter also admits to thoughts of suicide, a view anathema to her (admittedly dubiously embraced) Catholic faith. No longer afraid of death—and, in fact, often desiring it—she now believes suicide offers her an early escape from her survivor life. Porter had the means and opportunity to die by suicide. But she lacked the will: as she shared with others, she lived in fear that she would miss when she fired her gun.

kept. What has become of the sun? That was the longest and loneliest night and yet it will not end and let the day come" (202). The shine is gone from everything Miranda looks at; she sees, as if looking through smoke-stained windows. Miranda harbors little hope that anything will change: "Shall I ever see light again?" (202). For Miranda, everything pales in the memory of the kaleidoscope utopian world she ironically enjoyed while in that liminal space between life and death. But the colors are gone. She reverts to living again in the gray-scale world she occupied pre-Influenza. The sunlight is now "colorless," the blue sky is drained of its blue. "The human faces around her seemed dulled and tired, with no radiance of skin and eyes as Miranda remembered radiance" (202). Her own body bears no resemblance to what she remembered: "Can this be my face?" Miranda questions her mirror. "Are these my own hands?" she asks her nurse, looking at her translucent fingers, now the sallow color of "melting wax" (202). "The body is a curious monster, Miranda posits, no place to live in, how could anyone feel at home there? Is it possible I can ever accustom myself to this place?" (203).

Little remained of the life Miranda once knew; she understands only that nothing will ever be the same again. Belling calls this distorted image of reality "existential dislocation" and notes that "return to health after influenza may well have been like awakening to a new and sinisterly different world, apprehended with a mind oddly divided" ("Overwhelming" 69). Porter leaves Miranda similarly "oddly divided" as she descends the hospital stairs, heading to a waiting taxi and an uncharted life. Miranda will learn, as Porter did and as so many near-death survivors do, that she will continue to live in *a* body, but not her old body; her life, as noted earlier, has been cleanly divided in two by Influenza. She will continue to bide time, no longer afraid of the Otherside and often longing to be there again. Dissatisfaction and impatience with the world in which she has been dragged back to will saddle her with the increased risk of both

depression and suicide. The crux of Porter's illness, and the discovery that left her unafraid to taunt death by leaving a coffin in her coat closet, was her attainment of—and memory of—that "pinnacle point" just before death that near-death survivors often report as a moment of incredible, indescribable elation, an altered state that leaves them with no further fear of dying. She will retain her memory of the peaceful and beautiful idyll. She may or may not share it with others, fearing scorn or ridicule. After Influenza, she might be fortunate to find others who also teetered on the edge, came back and have recall of their near-death experience; with them, she might find comradery, like a secret society. But she is forever changed, even if she is the only one who recognizes the transformation.

One biographer sums up how others have understood the despair at the end of *Pale Horse, Pale Rider:* "The more usual response has been to see the story as an expression of stoicism, a Hemingwayesque dance on the edge of a grave at once personal and collective. Although Miranda survives at the end, it is clear that she will live on in a state of subdued hopelessness. Indeed, the atmosphere of the story as a whole is one of doom" (Stout 28). There is no happy ending for today's readers of *Pale Horse, Pale Rider*, only the tacit reassurance that, because Porter and the country survived the seemingly un-survivable pandemic, if history was ever to repeat itself—like now, like with COVID-19—perhaps another generation can survive too. Porter closes her story with the most famous lines from her novel, lines described alternately as hopeful, resigned, depressed or sardonic: "No more war, no more plague, only the dazed silence that follows the ceasing of the heavy guns; noiseless houses with the shades drawn, empty streets, the dead cold light of tomorrow. *Now there would be time for everything*" (208, my emphasis).

Coda

Significantly, Porter did not burden Miranda with the difficult and prolonged part of her own recovery. Before Porter donned a gray-themed outfit and hefted her simple silver walking stick like Miranda, she had fallen out of her hospital bed and broken her leg (perhaps the major reason for the cane), developed phlebitis in one leg and was given a prognosis of never walking again (it took six months for Porter to be able to ambulate on her leg again), and lost her dark hair that slowly grew back in, completely white.[91] Per Youngblood: "She is, with her walking stick, herself the pale rider, unhorsed and alone now, crippled by her first journey and preparing for her next" (352).

Like many survivors of Influenza—and many survivors of COVID-19—a long recovery period delayed a quick return to a normal routine. At twenty-eight, Porter was a physically debilitated and emotionally exhausted woman by the time she exited the hospital. She returned to the newspaper, typing with her left hand, affecting an uplifting and light demeanor so striking that "a fellow reporter recalled her 'enthusiasm and gayety' as almost 'supernatural'" (Unrue 62). Porter maintained that mien for the rest of her life; it served her well in her public life but prevented her from achieving the interpersonal intimacy she craved.

For Porter, there would be no happy ending to her near-death vision. Perhaps, in *Pale*

[91] Porter wore a scarf over her scalp as the new hair grew in again and then dyed it black for most of her adult life. The lack of pigment in the new hair—now white—was undoubtedly secondary to her illness, particularly the nine days of 105-degree fever. H.H.Hazen, prominent dermatologist practicing in 1918, noted that "Several of the more intelligent barbers have told me that practically all of their customers who had had influenza lost much of their hair. As the epidemic was more severe among the young it is only natural that the alopecia patients were all young. Unquestionably the severity of the disease has much to do with the subsequent loss of hair. One third of my patients had had a severe pneumonia and only five of the [total] fifty had had fever of less than 102.5" (Hazen, 1452). New scientific discovery reveals the cause of such change: physical trauma, such as fever, can cause "stem cells [in the hair shaft] change to melanocytes and migrate away from their reserve in the hair follicle. With no remaining stem cells, no new pigment cells can be made and any new hair becomes grey, then white" (Bryant).

Horse, Pale Rider, Porter is recounting exactly what she saw and felt while comatose and dying. Perhaps her embrace of modernism—and her acute awareness of the soul-shattering outcome of both the war and Influenza—gave her the courage to break from the expected blissful resolution to her story and to create her own declaration about not only nearly dying but also to being forced back to living. Perhaps that break, along with all the other splintering Porter endured when critically ill, gave her only one alternative: she had to make herself whole again. And the only way she could do that was to write her way back to completeness. The "whole" that the act of writing seems to re-create is not one that can be described by logic. But it saved Porter. Returned to a semblance of wholeness, Porter gifted her readers with a unique and pivotal text about the trauma that was the 1918 pandemic.

Porter leaves us with her memories of her traumatic encounter with Influenza, the only personal memories of delirium secondary to the virus that have been published. Memory, like trauma, can be both individual and collective. Sontag recognized the ephemera of individual memory but the permanence of the collective: "All memory is individual, unreproducible—it dies with each person. What is called collective memory is not a remembering but a stipulating: that *this* is important, and this is the story about how it happened, with the pictures that lock the story in our mind" (86). Without *Pale Horse, Pale Rider,* those memories would have been lost to us. Now we wait to see which survivor will write the defining novel about COVID-19, a novel that will most likely rival Porter's text as a tale of the dreadful, a story about a person who survives a near-death experience—whether they want to or not.

Chapter 2

William Maxwell, Jr. and *They Came Like Swallows*

A Legacy of Pandemic: Dying Mothers and Orphaned Children

> If orphaned children were allowed to deal with their grief in an otherwise unchanged world, they would probably, in time, extricate themselves from it naturally, because of their age. But the circumstances always are changed, and it is the constant comparison of the way things are with the way things used to be that sometimes fixes them forever in an attitude of loss.
>
> –William Maxwell[92]

Introduction

A new diagnostic category—prolonged grief disorder—was entered into the newest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) in May 2022 (Association 322). The timing—the same month as the United States marked one million deaths from COVID-19—was, unfortunately, perfect. The nation, whether it recognized it then or not, was in the middle of an event that will exact a period of grief and mourning in virtually every citizen affected by COVID-19, just as it did from citizens affected by Influenza in 1918. The ramifications of that grief will play out for many generations as Americans try to process what

[92] Epigraph from William Maxwell's book: *The Outermost Dream* (qtd. in Barbara Burkhardt 259). Born: August 16, 1908. Died: July 31, 2000.

happened and prepare for the next plague.

The DSM serves as the psychiatric bible of descriptions, symptoms, and criteria for the diagnosis of mental conditions. Previously called complicated grief, prolonged grief disorder (PGD) is considered as a diagnosis when a patient's grief response does not resolve and when it is complicated by "intense yearning/longing" as well as a "preoccupation with thoughts or memories" of the deceased that are sometimes focused on the "circumstances of the death" (323). PGD can be diagnosed no sooner than one year after the death of a loved one, and at least three other symptoms must be present for the diagnosis: identity disruption, sense of disbelief about the death, avoidance of reminders of the dead person, intense emotional pain, difficulty engaging in relationships with others and with life, emotional numbness, sense that life is meaningless, and intense loneliness (323). William Maxwell could have been the poster boy for PGD; indeed, he was only ten when his mother died of Influenza. He suffered intense emotional pain and intense loneliness in the wake of her death and his body of work vibrates with an intense yearning for his deceased mother that lasted throughout his life. Though Maxwell grew up to be a prolific writer as well as a well-known, well-respected editor at *The New Yorker*, his childhood anguish was to become his cowriter.[93] Readers need look no further than most of his novels and—most specifically, his breakout novel, *They Came Like Swallows*—or any biography of his life to lyrically, and literally, understand the long-term ramifications of such grief.

While Maxwell's *They Came Like Swallows*, his second novel, provides the most detailed description in 1918 literature of a child's reaction to the death of a parent, it also offers a

[93] Maxwell "published six novels, three collections of stories, a memoir (*Ancestors,*) a volume of literary essays and reviews, a collection of letters, a collection of tales, and two children's books" (Baxter et al. 13). He was editor of *The New Yorker* from 1936–1976, during which time he edited work that John O'Hara submitted to the magazine. "His honors include the American book award for *So Long, See You Tomorrow,* the PEN/Malamud Award, the Gold Medal for Fiction from American Academy of Arts and Letters, and the Ivan Sandrof Award for distinguished Service to American Letters from the National Book Critics Circle" (13).

compelling look at the trauma a death in the family inflicts on all its members and how that trauma can forever change—and haunt—the lives and familial structure of those left behind.[94] *They Came Like Swallows* provides a glimpse of what the future will look like for sufferers with prolonged grief disorder today in the aftermath of COVID-19 and of the social changes to healthcare, education, psychological and social service systems that will be necessary if lifelong emotional trauma, like Maxwell endured, is to be avoided in these children and families.

Maxwell and The Twin Traumas of Parental Loss and Orphanhood During Pandemic

In the litany of Influenza literature, commentary about *They Came Like Swallows* frequently follows *Pale Horse, Pale Rider* as somewhat of an afterthought; scholarship written about the text is usually briefer than that written about Porter's text and often of less depth. But if a reader has ever had a child, cared about a child, or been a child, the brevity is only in the number of pages—Maxwell's grief-filled words will preoccupy readers long after they close the book. And therein lies the primacy of his work because our world is once again full of children traumatized by a pandemic they did not ask for and cannot comprehend.

In this chapter, I will read *They Came Like Swallows* to consider the trauma of parental death and subsequent familial disorientation resulting from pandemic disease. Because Influenza and now COVID-19 prove particularly deadly to pregnant women and their unborn and newborn babies—and because Maxwell's mother succumbed to Influenza shortly after giving birth to her third child—I will also examine the significance of viral pandemic disease during pregnancy.

[94] Maxwell was unhappy with his first novel, *Bright Center of Heaven*, which he wrote in the manner and style of the time and declined to have it republished. He considered *They Came Like Swallows* to be his first work written in his own style.

Finally, I will address the tragic legacy of parental death: orphaned children. America will be picking up the shattered pieces of these bereaved children and their families and helping them reassemble themselves into the person they want to be—need to be—long into the future.

They Came Like Swallows is Maxwell's semi-autobiographical novel of how a family suffers when the most central figure in their world dies. The title is drawn from W. B. Yeats's poem "Coole Park." Maxwell uses a selected stanza of the poem for the epigraph to his text: "They came like swallows and like swallows went, / And yet a woman's powerful character / Could keep a swallow to its first intent; / And half a dozen in formation there, / That seemed to whirl upon a compass-point, / Found certainty upon the dreaming air . . ." (Yeats, lines 17–22). Maxwell references Yeats's words—"swallows" and "compass point"—in his novel.

A synopsis of *They Came Like Swallows* will serve as a foundation for the rest of this chapter. Maxwell's story is set in fictional Logan, Illinois, in mid-November 1918, at the time of the World War I Armistice.[95] James Morison is married to Elizabeth, and together they are the parents of two boys, young teen Robert and young child Peter, better known as Bunny. They live a comfortable life, aware of but not yet personally affected by the ongoing war and pandemic. Elizabeth is the center of her family's world; she is the compass point around which her husband and children, her swallows, congregate. She softens James's discomfort and impatience with their children; she is Robert's confidant as well as his source of confidence since he suffered a limb loss when he was little; and for Bunny—his mother's "angel child"—Elizabeth is his everything. Elizabeth is pregnant with their third child, whom the family is assuming will be a girl. Because she had difficulty delivering her other two children, her doctor has made plans for

[95]Maxwell lived in Lincoln, Illinois, for the first fourteen years of his life; he modeled his fictional towns of Logan and Draperville from his beloved memories of Lincoln and used those pseudonyms in his novels.

her to travel out-of-town to a better-equipped hospital for the baby's birth.[96] Before they can leave, Influenza takes hold in the Morison household, infecting Bunny first. Elizabeth is warned to stay away from Bunny to prevent her from being exposed to the virus while she is pregnant. Although it is extremely difficult for Elizabeth and Bunny to comply with the restrictions, they make do. But when a sparrow flies into Bunny's sickroom through a window inadvertently left open, chaos immediately ensues.[97] Elizabeth forgets the warning and enters Bunny's room, sitting on his bed to comfort him while Robert and Elizabeth's sister, Irene, try to remove the bird. After the disruption, everyone is left with the worry that Elizabeth has been infected, especially Robert, who took to heart the family physician's admonition to keep Elizabeth away from Bunny at all costs. Bunny is recovered by the time Elizabeth and James leave for the hospital.[98] The boys stay with their elderly and dour paternal aunt, uncle and grandmother in their parents' absence. Robert is the next stricken with Influenza, shortly after the boys arrive. The relatives soon hear that James and Elizabeth have also developed the virus and are severely ill, isolated separately in the hospital where Elizabeth has delivered her child. As Robert recovers at his grandmother's home, word reaches the relatives that Elizabeth has died of double pneumonia. James escorts her body back to their home, where her coffin lies in the living room as rituals for the dead take place. Each family member has their own grief about losing Elizabeth and their own guilt that they exposed her to Influenza. James makes initial plans to dissolve his

[96] Maxwell's mother, Eva Blossom Blinn Maxwell—familiarly known as Blossom—delivered her baby at a "large city hospital in Bloomington, just over 30 miles away" (Arnold 142).

[97] Maxwell's decision to introduce a bird into his story that inflicts chaos and trauma in Bunny's room is reminiscent of the children's jump rope rhyme: "I had a little birdie, his name was Enza. / I opened the window / and in-flue-Enza." The ditty supposedly originated during the 1918 Influenza pandemic. Maxwell wrote his text in 1937, so he might have been acquainted with the rhyme.

[98] Maxwell changes the timing of the family's Influenza infections in the text. In reality, he and his older brother became ill at their grandmother's home on Christmas Day, after their parent's left for the hospital where Blossom would deliver her child. She and her husband also fell ill on Christmas day; her third child was born on January 1, 1919.

family, sending the children to live with their paternal relatives while he carries on alone. After an intense mourning incident, James realizes that Elizabeth is still present in the family—she is the compass point around which the other swallow–members still circle—and that to honor her, he must keep the family together.

They Came Like Swallows was a difficult book for Maxwell to write and, during the time of COVID-19, is a difficult book to read. The emotional pulls on the author and readers are vivid, encompassing and lingering. The text provides a deep reflection of the toll the virus took on the family constellation when a central figure dies of Influenza. "In Maxwell's novel," Hovanec writes, "it is the family, rather than the individual human subject, which is dismantled and reconstructed through a flu outbreak. The family acts as a case study for the links among contact, sympathy, and contagion" (172). Typical displays of familial affection—hugging, kissing, laughing, singing—suddenly become tainted during pandemic with fear of infection, rendering the affection stilted, anxiety-provoking and—in some instances—rejected. Of Maxwell's text, Hovanec continues: "The dark undercurrent of contagion creeps beneath the appearance of close family ties, though ultimately the novel attempts to recuperate the family structure and its promises of communion, sympathy, and consanguinity" (172). In families with young children or dependent members who require hands-on care, however, that "dark undercurrent of contagion" must often be ignored by healthy caregivers; there is simply no way to avoid the feeding, bathing, cleaning and soothing that are part of child-rearing or caring for needy adult family members. The result is typically the willing relinquishment of self-protection and acceptance on the part of the caregiver that contagion will be shared if either of the members of the caregiving dyad becomes infected. And, as so often happened during the 1918 Influenza and during the early months of COVID-19, that willing acceptance of the possibility of

contagion frequently resulted in illness and death to the caregiver or the dependent family member from the viral diseases.

The specific details of the Morison family's trauma of grief and guilt are unique to Maxwell's family constellation, but the substance of their story can be extrapolated to millions of families who experienced illness and death during Influenza and COVID-19. James lost his spouse; his despair was intense, but, as an adult, he was subsequently able to envision and recreate a new life. Robert, the older brother, lost the parent on whom he depended for love, support and guidance during his early teen years, a time of transition from childhood to adulthood that is already fraught with physiological and emotional turmoil; but by early adolescence, Robert had at least some maturational skills with which to process his mother's death. Bunny, however—like Maxwell—lost his mother when he was too young to understand his loss, let alone envision a new life without her. As a child, he lacked agency, will and means to recreate a life without her. A life without his mother was the last thing Maxwell (and his Bunny) wanted—and he dealt with his grief for the rest of his life. The Morison family, whom Maxwell created as stand-ins for his own family, struggles to accept the death of Elizabeth. Each family member behaves independently, contingent upon their own personal developmental stage in life, and—as might be expected—not infrequently at cross-purposes.

Maxwell toiled over this text, struggling to find the best way to tell his personal story through the eyes of a fictional (but autobiographical) child. Initially, Maxwell was burdened by his belief that he should write in a style consistent with the modern writers of the time, as he did for his first book, *Bright Center of Heaven.*[99] He wrote seven versions of his second text before

[99] Maxwell was highly influenced by Virginia Woolf and her novel *To the Lighthouse*, which, on the first page, introduces six-year-old James Ramsey, an imaginative boy similar to Bunny. It was Woolf's modernistic style that Maxwell tried to replicate in his first book, *Bright Center of Heaven*, before realizing he had to develop his own writing style. After writing *They Came Like Swallows*, Maxwell refused to highlight *Bright Center of Heaven*,

he was finally able to discover his own style, one he kept for the rest of his writing career. "'The difficulty,' Maxwell said, 'was that I didn't know how to handle narrative, or what form the book would take'" (Burkhardt 62). On his eighth attempt, he settled on a simplistic but dynamic format of a story told in three parts—"Books," Maxwell calls them—each book from the point of view of three different characters, each character sharing their grief and guilt experiences following the loss of their wife or mother. While Maxwell takes liberties with names, dates and details, the well-corroborated story is *his* story.

The reader comes to know the central figure in the text—wife and mother, Elizabeth—only from the family members' points of view in the books. The books are interwoven only because they revolve around the same crisis, Elizabeth's death. Catherine Newman reflects on the fragments that remain when the center of a family falls away; using the metaphor of a wheel, she writes: "What's left when the center drops out? What do those spokes add up to with the hub gone? Maybe it's something that is, against all odds, still rolling forward." But the Morison family can attest—and Maxwell would assert— that, while a wheel might continue "rolling forward" after the loss of a family's "hub," the ride the realigned wheel provides is inevitably wonky. For the Morison family, as is evident in *They Came Like Swallows,* the mended wheel is unsteady, askew and forever produces a jarring, rough and capricious ride—Elizabeth was *that* essential to her family's well-being.

Each book could stand independently as a short story, but their strength is in the whole. While it appears that Maxwell's intent was to present how individual members of his family anticipated and processed the death of Elizabeth, I think there is another way to look at the gestalt: Maxwell's three-book novel can also be seen as an examination of grief and mourning of

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preferring to reference only his work coming after his first book.

one individual at three different stages of his life—childhood, adolescence and adulthood. The novel thus becomes relevant for mourners to reflect on the trauma they experienced no matter their age. Thus, Maxwell's insight into the developmental differences of grieving at each life stage allows readers to remember and relate to how grief feelings are processed at different ages, and his nuanced telling of each part allows the parts to coalesce into one person's grief experience over time.

It took Maxwell nearly a year to write the first book; the second and third books followed more quickly.[100] The novel was eventually published in 1937. *They Came Like Swallows* helped to break the dam of emotions Maxwell had built around his loss. Maxwell realized that, even though he was years removed from his mother's death, he had in no way come to terms yet with his mother's passing.[101] Burkhardt notes, "Writing fifteen years after the 'disastrous facts' of his mother's death, he still hadn't achieved much distance from them, and so, more than at any other time in his career, he relived the experience as he wrote" (63). The experience was overwhelming to Maxwell: "When I was writing the last section of *They Came Like Swallows,* I walked the floor in tears which I had to brush away with my hand when I sat down at the typewriter to write some sentence I had just written in my head" (qtd. in Burkhardt 63).

In the sections that follow, I will weave the details of Maxwell's life with the details he writes in *They Came Like Swallows*, integrating both to tell the story of the child and the man and the pandemic that changed lives in perpetuity. Indeed, generations after Influenza, Americans are still feeling the trauma of those times as they now come to terms with the trauma

[100] "The first section of *They Came Like Swallows* was written over the course of a year at a farmhouse in Wisconsin. Part 2 was written in a summer at the MacDowell Colony … Part 3 was written in two weeks in an old house in Urbana, Illinois, walking the floor and in tears" (Baxter et al. 193).
[101] Maxwell rearranges family names in *They Came Like Swallows.* He renames his mother, Eva Blossom Blinn Maxwell, calling her "Elizabeth," almost as if he could not bear to write or see her real name in print. His father, William Keepers Maxwell, Sr. is "James Morison" in the text. Maxwell's eldest brother, Edward C., known as "Hap," becomes "Robert."

of COVID-19.

"Book One, Whose Angel Child"[102]

"Book One, Whose Angel Child," focuses on Bunny, the text's eight-year-old protagonist, who is based on Maxwell's personal experience during Influenza. The book lays the groundwork for understanding how Bunny's deep-rooted attachment to his mother is such that he would not recover well if his mother were to disappear from his life.[103] His attachment to her is so strong as to be primal and will inform the later section about children experiencing parental loss. John Updike wrote that Bunny, like young Maxwell, "is the angel child embodying the helpless infantile dependence upon maternal nurture that never totally leaves us." Bunny's relationships with his father and older brother are fraught with the tensions typical of being the smallest, youngest and gentlest boy in a primarily male family hierarchy.[104] Because he is the youngest, Bunny has no power in his household; life just happens to him. He has to live under Robert's edict that "*possession is nine-tenths of the law*," watching Robert take whatever he wants from Bunny's belongings (Maxwell, *Swallows* 19, Maxwell's emphasis).[105] If it is worth the risk to Bunny of triggering Robert's ire, he has to beg or tattle to his parents about Robert's

[102] All page numbers are from Maxwell's *They Came Like Swallows*: First Vintage International Edition, April 1997.
[103] Maxwell was ten when his mother died; his protagonist, Bunny, is eight. Maxwell's biographer, Barbara Burkhardt, however, writes that Bunny is six, two years younger than Maxwell chose to portray him (71). Though no source is cited for the age discrepancy, Bunny's developmental behavior in the *They Came Like Swallows* is much more in line with a six-year-old child than the ten-years-old that Maxwell was when his mother died. Donna Tartt writes, "But by far his most endearing feature (the one that impressed me most at first meeting, the one that stays with me still) was his wide-open expression: vulnerable, receptive, with nothing about it of age or cynicism. He might have been a boy of six, to watch the thoughts passing so transparently over his face" (qtd. in Baxter et al. 22).
[104] Robert's father reminds Robert of his brother's physical vulnerabilities: "*Bunny isn't well,* his father said. *You have to be careful how you play with him. He isn't as strong as you were when you were his age …"* (73, Maxwell's emphasis)
[105] Robert plans to become an attorney like his grandfather, and some of his retorts are in legalese.

infractions. The precipitousness of life with his brother and father keeps Bunny off-balance; he finds himself completely dependent on his trustworthy mother for his emotional and physical needs. Bunny's mother is his refuge and the one person who brings consistent joy to his life, presumably because she is also gentle—and not male.

Besides being the youngest, there is another possible reason why Bunny remains devoted and dependent on his mother. If William Maxwell did indeed base Bunny on himself—as I suggest he does—than his own personal story informs the maternal–child bond the author himself formed with his mother. Maxwell was a low-birthweight baby, born at home and described as "fragile and sickly, weighing only 4 ½ pounds at birth" but even less by the time he was six weeks old. Per Maxwell: "Mother's milk did not agree with me, nor did anything else until the family doctor suggested goat's milk" (Maxwell, *Early Novels* 939).[106] From a medical perspective, babies who are unable to tolerate breastmilk or their prescribed formula can have frequent bouts of vomiting and diarrhea from milk intolerance; they do not gain—and often lose—weight. They become irritable and colicky, sleep poorly, and sometimes develop skin rashes. If the intolerance is prolonged, they can become dehydrated and lethargic and—without treatment—die. Considering her maternal perspective, one can deduce that Maxwell's mother, Blossom, spent the first few months of her baby's life in a state of anxiety and fatigue, concerned with her infant's precarious health, watching him regress in weight and well-being, fearing she might lose him.[107] So delicate was her baby that she only carried him on a pillow for months to avoid harming him. Maxwell writes in *They Came Like Swallows* that the situation was similar

[106] Risk of contamination and illness would have been high from the goat milk Maxwell received because pasteurization of milk did not become routine until the 1920s in the United States—Maxwell was born in 1908—and it was not widespread until 1950 (CDC, "Raw Milk Questions"). Nevertheless, Maxwell apparently thrived on the replacement milk.

[107] Christopher Carduff, editor of *William Maxwell: Early Novels and Stories*, describes Blossom as a "stout, handsome, brown-eyed woman who Maxwell reports was 'acutely responsive to other people's happiness or distress'" (Maxell, *Early Novels* 939).

with Bunny: he, too, was "such a thin baby that he had to be carried on a pillow" (21). Most likely, Blossom was the only one to handle Maxwell until he became stronger, and his condition stabilized.

One other factor besides milk intolerance argues for Maxwell's frailty as a baby. Burkhardt records that Blossom was "given no reassurance about his long-term survival until she took him to a pediatric specialist in nearby Peoria when he was three years old." Maxwell remembers this event and recalls that, after "judging the color of his lips and fingernails," the doctor announced that Maxwell "would live." Maxwell claims the doctor's words were "news to me … I never intended to die. I was pleased I was going to live, but nevertheless, that hadn't been one of my worries. But a great weight must have fallen off her shoulders" (Burkhardt 26). The physician's focus on Maxwell's lips and fingernails suggests that he was concerned about a cardiac problem; heart issues can produce a blue tint to the body, most noticeable on the lips and nail beds, secondary to poor circulation or oxygenation. Sometimes cardiac problems correct themselves as babies grow older. Because testing for such conditions was limited in 1908—and surgical repair options were even more limited—time and observation would have been the only recourse for both Blossom and the physician.

For at least those three years, Maxwell's mother strove to keep him alive. Every cry, cough and complaint would have brought her running to his side. She became his protector to a much greater degree than she would have had Maxwell been born healthy. Maxwell acknowledged his mother's devotion; Burkhardt quotes Maxwell: "I think the connection between us, this struggle that she had to keep me alive, produced in me an unbreakable attachment." She adds: "Their bond formed the core of his childhood and the center of his own identity. As he wrote six decades later, he found in her physical presence 'unfailing comfort and

the immediate renewal of self-confidence.'" She notes: "They had the same large brown eyes, and he so closely related to her that in his own mind their individuality blurred: 'which is his self and which is her?'" (Burkhardt 26). So intertwined were the two that it is not difficult to imagine why Maxwell has Elizabeth call Bunny her "angel child."

The first part of Book One introduces the mother–son couplet as Bunny experiences his world through the eyes of a young child. Maxwell, Burkhardt recounts, said he never experienced "infant amnesia," a term Maxwell uses for the normal memory loss of the details of being a child that most adults share (Burkhardt 76). He is keenly aware of the minutiae and feelings that define the world of small children who still embrace magical thinking and make-believe, who live with their fickle emotions top of mind and who have yet to discern their caregivers as people separate from themselves. Maxwell remembers everything about being a young delicate child, so Bunny still relies on his doll, Araminta Culpepper, for nighttime comfort and security.[108] Bunny measures the sounds of footfalls and notes the creaks and sound of running water in the house to keep track of his family members. He embeds himself into the dining room wallpaper, joining the one-dimensional knights on their journey to their castles. And, in a nod to his mother as the family's compass point, Bunny notes that "[a]ll the lines and surfaces of the room bent toward his mother, so that when he looked at the pattern of the rug, he saw it necessarily in relation to the toe of her shoe" (Maxwell, *Swallows* 11).

Bunny, unfortunately, remains at the mercy of his older brother, remembering that "there was no time … when Robert had not made him cry at least once between morning and night" (6). He has reached an age at which he thinks he should be stronger, braver, more independent of his

[108] Maxwell doesn't mention the origin of Bunny's doll's name, but "Araminta" means prayer, protection and defender—essentially, Araminta Culpepper serves the role of another mother to Maxwell during Elizabeth's absence at night.

mother. But he is not there yet—and he keeps "coming to her again and again to be reassured" (8). Bunny cannot bear any criticism from his mother; he sees that as a wedge between them, saddening him. And he ponders her disappearance: "he began to imagine what it would be like if she were not there. If his mother was not there to protect him from whatever was unpleasant—from the weather, from Robert and from his father—what would he do? Whatever would become of him in a world where there was neither warmth nor comfort nor love?" (8). Eight-year-old Bunny is about to find out.

The first clue that life is not going to be as it was comes when Bunny discovers his mother is making diapers. Bunny has missed the fact that his mother is seven months pregnant. His only knowledge of babies comes from watching the neighborhood and seeing which families are drying diapers outside on clotheslines—"People," Bunny has deduced, "never made diapers unless somebody was going to have a baby" (11). The diaper discovery is immediately followed by Bunny's mother sharing her decision to give Robert the "back room" for his bed, usurping the play area where Bunny kept his treasures, "where his Belgian city was, where he kept his magical lantern" (13). Then, as if things were not already bad enough, his mother has decided that Bunny's family needs to grow: "You see," she said, "What we need is another person in the family. At least one other person." Bunny pushes back at this, "I think we're getting along quite well the way we are." But Mother does not see it that way: "What I had in mind was a small brother or a small sister—it wouldn't matter which, would it? So you wouldn't rattle around in there the way you do when you are all alone." For Bunny, rattling around alone with his mother had never been a problem; in fact, it was his joy. But it suddenly became clear to Bunny: he was not enough. "His mother was not satisfied with just him." And even worse, he surmised, "She wanted a little girl" (13). This time, when his mother moved from the room, the crestfallen boy

sat silent and refrained from following. One conversation with his mother had changed everything Bunny thought was right with the world.

Later that evening, Bunny's father reads the newspaper aloud to the family in the library, emoting about the war and the symptoms of the new Influenza, and only stops when his wife objects to one line: "*When death occurs it is usually the result of a complication"* (17, Maxwell's emphasis). James, who adores his wife, answers agreeably, "If it will make you any happier." Bunny is shocked at his father's complacency and, in his young child mind, surmises his father is ignorant to the fact that his wife is pregnant: "How was it that his father did not know?" (17).[109] Surveying the library from the doorway on his way to run an errand for his mother, Bunny realizes that everything had changed in only one afternoon: "The library had changed altogether. In the chimney the dark red bricks had become separate and rough. There were coarse perpendicular lines which he had not noticed before. And," in another loss for Bunny, "the relation between the pattern of the rug and the toe of his mother's shoe escaped him" (18). The only constants that remain for Bunny are the two clocks in his home, one a grandfather design, the other a little brass clock, both chiming slightly out of sync, but both always chiming: "Though the house fell down, it would go right on, heavily: Bonng … bonng … bonng …" (19). The clocks, in their irregular regularity will mark time throughout the novel, insensible to the imminent collapse of Bunny's world.

*

Being pregnant in the early 20th century was a risky journey. The CDC notes the worst of

[109] Bunny eventually decides that "[a]bout the baby … it was just as well that his father had not been told" (19).

it:

> Maternal mortality rates were highest in this century during 1900-1930. Poor obstetric education and delivery practices were mainly responsible for the high numbers of maternal deaths, most of which were preventable. Obstetrics as a specialty was shunned by many physicians, and obstetric care was provided by poorly trained or untrained medical practitioners. Most births occurred at home with the assistance of midwives or general practitioners. Inappropriate and excessive surgical and obstetric interventions (e.g., induction of labor, use of forceps, episiotomy, and cesarean deliveries) were common and increased during the 1920s. Deliveries, including some surgical interventions, were performed without following the principles of asepsis. As a result, 40% of maternal deaths were caused by sepsis (half following delivery and half associated with illegally induced abortion) with the remaining deaths primarily attributed to hemorrhage and toxemia. (CDC, "Achievements in Public Health, 1900–1999")

Asepsis and germ theory were still poorly understood and poorly employed. Vaccines for dangerous diseases had not yet been discovered nor had antibiotic therapy. Communicable diseases were always present in the community and a constant risk to pregnant women and their fetuses. Maternal and infant mortality rates in the United States were at their worst from 1900–1920, as women began delivering their babies in hospitals under less-than-ideal conditions and where the spread of puerperal fever, colloquially known as "childbed fever," was almost inevitable.[110] Maxwell never notes why his parents decided to have another child. Maxwell was

[110] Puerperal fever is a deadly complication of the post-partum period. Christine Hallett writes: "Puerperal fever was a devastating disease. It affected women within the first three days after childbirth and progressed rapidly, causing acute symptoms of severe abdominal pain, fever and debility. Although it had been recognized from as early as the time of the Hippocratic corpus that women in childbed were prone to fevers, the distinct name, "puerperal fever" appears in the historical record only in the early eighteenth century."

already ten when his mother became pregnant. The author never indicates if his parents had been trying for another child since his birth and been unable to conceive, if this pregnancy was a "last chance" opportunity to have a daughter after two sons, or if this was an accidental pregnancy. Given the difficulty Blossom Maxwell had with her last pregnancy with William, the best supposition might be the latter, although the text suggests that the parents are happy for the possibility of a daughter.

At thirty-seven, Blossom/Elizabeth is older than the average age of twenty-one for women becoming pregnant at the time.[111] Her comorbidities—older maternal age and a history of a previously difficult/premature deliveries and a non-thriving newborn—all suggest Elizabeth will need higher level maternity care than her local town can provide. The family knows ahead of time that she will be delivering her third baby at a specialty obstetric hospital. James explains to Robert: "When you were born, your mother had a pretty difficult time of it. There were several days when it looked as though she wouldn't pull through. And then Bunny came along, and it was the same thing." They are fortunate that medicine has changed since Bunny's birth, James explains: "But there's a doctor in Decatur, a very fine specialist, who's developed a new treatment in dealing with childbirth. … the upshot is that Dr. Macgregor thinks we ought to take her over there, even at considerable expense" (94). And Elizabeth is also fortunate: she is an educated woman, her family has the means to find specialty care for her at-risk pregnancy, and there has been no mention of Elizabeth having any extenuating health conditions during this pregnancy that might cause other underlying issues. In short, Bunny's mother is in the best hands for her pregnancy and—unless something goes horribly wrong—Bunny can expect a new sibling within the next couple of months with whom to vie for his mother's love and attention. Given

[111] Blossom had her first baby at the age of twenty-four; her second (William) at twenty-seven; and her third child at thirty-seven.

that Elizabeth is a kind and caring person by all reports, Bunny will be just fine. Had Maxwell closed his novel here, his readers would not be wrong in assuming the best ending possible for Elizabeth. But this is not the end of the story. Elizabeth and her baby and her family have much bigger problems than they did at the beginning of Maxwell's book. There is an Influenza virus in town that no one invited, a virus that has the Morison's home address and that is so virulent that it is about to turn their world upside down—forever.

*

On Armistice Day, Bunny is awakened by church bells, factory whistles and fire alarms that combine together into a "dreadful moaning" (59). He is not impressed; when his family tells him "The War is over," his reply is "Oh" (60). Rather, he is concerned about a punishment he received the night before after talking back to his father and being sent to his room. Bunny felt his mother was laughing at him during his father's rebuke, and his resulting pain was insufferable: "It was all that he could do to get up the stairs."[112] Once in bed, "darkness closed in around the sides of his bed and he was free to grieve. If *she* had been the one, he thought—if *she* had been in trouble, nothing in the world could have kept him from going to her. She did not

[112] Elizabeth is, in fact, laughing—but not at Bunny. Instead, she is trying not to laugh at what he had inadvertently said to his father after Bunny had nodded off—as he was wont to do—during the family's evening musical ensemble. The conversation follows thus:
[Father:] "For the love of God!" [Bunny:] "I wasn't falling asleep!" … [Father:] "Oh balls!"
"What this word meant when it didn't mean a ball that you throw or bounce, Bunny had no idea, but he knew it wasn't nice. Whatever it was. And imprisoned inside him was another little boy who was nobody's angel child and who didn't like to be shouted at. That little boy said, 'Balls your ownself!" By the loud silence that had come over the room, Bunny realized he'd gone too far" (58).
After his father banishes him to bed, "Bunny … bent down to kiss his mother good-night; his eyes searched her face for the indignation he was sure she felt, and he got a terrible shock: *She was trying to keep from smiling*. She was not indignant with his father, she was on his father's side" (58, Maxwell's emphasis). The rebuff by his mother was worse than his father's punishment.

really love him …" (60, Maxwell's emphasis). Crushed at the thought of losing his mother's support when he most needed it to defend against his father's unjust (to Bunny) punishment, Bunny's last bit of composure dissolves: "Tears came, hot and effortless. Ran down his cheeks in the pillow, until he was exhausted and lay quiet, looking at the wedge of light under the bedroom door. After a time, it grew larger" (60). Bunny's personal grief the next morning overwhelms any relief or celebration a child might summon up about the end of a war he never understood in the first place. Only after his mother reaches out to him for her morning kiss does Bunny realize that she must still love him and that she was the someone who entered his room during the night to put Araminta Culpepper in his arms.

Bunny moves to his mother's welcoming arms, but "he felt very odd inside of him. He heard [his mother] say, 'James, this child is burning up with fever!' and he thought dreamily that it must be so" (62). Bunny becomes the first Influenza victim in his household. The idea of being sick while estranged from his mother would have been unthinkable and intolerable to Bunny. But he is now reconciled with her and being sick is bearable. Bunny is "grateful for the cool hand on his forehead and her nearness. And after that, life [for Bunny] was no longer uncertain or incomplete" (60). For his very pregnant mother, however, fearing for her fragile angel child and the unborn baby she is carrying, everything is suddenly uncertain and incomplete. Influenza has crossed the threshold of the Morison home, and nothing will be the same when it exits.

"Book Two, Robert"

"Book Two, Robert," concentrates on Bunny's thirteen-year-old brother Robert, who returns home to learn his brother has contracted, per his mother, "Spanish influenza." With the

source of his illness unknown, Bunny's illness begins the pandemic guilt cycle through which each family member will eventually spiral over the course of the next weeks. Bunny undoubtedly caught the virus from his school friend, Arthur Cook, who was sent home from school by the school nurse, who told Bunny's teacher "outside in the hall that it was a clear case of flu" (42). Or, perhaps he caught it from his Aunt Irene, who came to dinner; or from the family cook, Sophie, who made that dinner; or from the family cook's friend, Karl, who stopped by each evening after his day of work. Or, perhaps he caught it from old Mrs. Lolly, the store owner who "was middle-aged and sagging, like her porch" and who "stopped to catch her breath and went *phifft*—with her finger against her nose," disgusting Bunny and spraying whatever germs infested her sinuses all over the sidewalk (46). In other words, Bunny could have become ill from many sources, but his mother took the blame upon herself: "If only I'd had sense enough … if only I'd taken Bunny out of school when the epidemic first started!" (68).[113] Both the virulent 1918 Influenza and COVID-19 viruses spread with impudence, jumping from the ill to the well, sharing the disease through a cough, sneeze, touch or conversation. These respiratory viruses can survive on hard-surface fomites for 24–48 hours and can even be spread on air currents. The identification of which individual transmits the viruses to another is not an exact science, leaving plenty of guilt to go around.

Bunny's bout of Influenza is of paramount concern to his mother, who intimately understands his sensitive constitution and worries rightly that he might fare worse than other

[113] Although this dissertation will not delve into the issue of school closure during pandemic—a topic worthy of its own dissertation—Sarah Menkedick succinctly addresses the impact school closure had on her family: "No societal shift has impacted my adult life as profoundly as the extended closure of schools during the pandemic. At first, I mourned my career, which I gave up to facilitate the purgatory of Zoom 'school' for my first grader. Then I mourned my family's precarious, hard-won harmony, which dissolved into endless fights about time, work and space. Finally, I mourned the faith I'd held, without ever recognizing it as such, in public institutions. I discovered I no longer believed in school. I no longer believed in many of the systems I'd taken for granted as mostly valuable and functional. I spun out into despair, then anger, then a flat, terrible resignation" (Menkedick).

children who contract the virus. But for the rest of her family, Elizabeth is of paramount concern because of her pregnant state. The orders the family's physician leaves after he makes a house call to see Bunny are not about care for the child but rather a warning for the child's mother. James sums up the orders the physician gave him as he left the Morison home: "It is vitally important to keep her out of that boy's room," and quotes him verbatim: "'Tie her down,' Dr. Macgregor said, 'if you can't keep her out any other way'" (68). When Elizabeth shares that she is going to check on Bunny, James intercepts her, suggesting her sister go instead: "Doctor's orders. You're to keep out of Bunny's room." When Elizabeth protests: "But James, how ridiculous!" James reinforces his statement: "That's what he said" (69). By the time Bunny becomes ill, it is mid-November 1918. The second wave of Influenza—the deadliest wave—hit the United States in earnest in October 1918. One month into that wave, Bunny's physician would have been well-aware of the serious threat Influenza posed to pregnant women, one of the hardest hit demographics of the virus.

*

Influenza—and COVID-19—complicate, accelerate and intensify pregnancy complications, including miscarriage, preeclampsia, premature birth, low-birth-weight infants, maternal hemorrhage, and low oxygen and blood perfusion levels. Statistically, premature infants have a much higher risk of complications secondary to their early births. These complications can persist for years and can take an emotional and financial toll on their families as well as on society.[114] Regarding the outcomes of mothers and babies infected with Influenza, Spinney

[114] Neonatal Intensive Care Unit (NICU) costs average $3,500.00 per day; it is not unusual for families to have $1 million bills (or more) for care rendered to ill newborns. Insurance and federal and state funding can help lower

writes: “Pregnant women … were extremely vulnerable to the Spanish flu—and this was true the world over. They were 50 per cent more likely than women who weren’t pregnant to develop pneumonia, according to one 1919 estimate, and 50 per cent more likely to die if they did” (217).[115] Physicians writing in 1919 express caring and concern about their pregnant patients. Kosmak writes: “A pregnant woman meets with universal sympathy because of her condition and if any additional burdens must be borne, such as an epidemic of this kind, from which escape is well-nigh impossible, our interest and sympathy become even deeper and more pronounced” (238).

Should the baby survive, residual injuries were long-term. Again, Spinney: “A baby born in 1919, who had weathered the slings and arrows of the Spanish flu inside his mother’s womb, and who turned up at a military recruitment depot in 1941, was an imperceptible 1.3 millimetres [*sic*] shorter, on average, than recruits who had not been exposed to it prenatally.” She describes the significance of that height differential: “That may not seem like much, but it is an indication that the stresses affected every fetal organ, including the brain. As his life unfurled, this child was less likely to graduate and earn a reasonable wage, and more likely to go to prison, claim

expenses. Costs to support infants whose mothers are infected with COVID-19 can be astronomically higher since both mother and baby may be hospitalized for months and then need extensive rehabilitative care after discharge (Muraskas 655).

[115] One 1919 statistical study of women ill enough with Influenza to require medical attention found that “pneumonia complicated the influenza in about one-half of the pregnant women here reported. In the cases complicated by pneumonia, about 50 per cent. [*sic*] of the patients died, the mortality being somewhat greater during the last three months of pregnancy. The gross mortality of all cases was 27 per cent. Pregnancy was interrupted in 26 per cent. of the uncomplicated cases, and in 52 per cent. of the cases accompanied by pneumonia. In the cases ending fatally, abortion of premature labor occurred in 62 per cent. Thus, in 38 per cent. of the fatal cases the patient died without interruption of pregnancy. The mortality of influenza was considerably higher (41 per cent.) in the cases complicated by abortion or premature labor than in those in which pregnancy was uninterrupted (16 per cent.)” (Harris 694). Statistics for COVID-19 infections during pregnancy are now available: “Pregnant patients with COVID-19 infection at delivery were more likely to develop severe maternal morbidity [side effects] compared with those without (46.4 vs 18.8 per 1000) … The mortality [death] risk of pregnant patients with COVID-19 infection at delivery was approximately 14 times higher compared with those without (64.0 vs 4.3 per 100 000 deliveries.) Failure-to-rescue risk following the development of severe maternal morbidity was also increased in pregnant patients with COVID-19 infection at delivery (1.5% vs 0.2%)” (Matsuo et al.).

disability benefit, and suffer from heart disease after the age of sixty" (7). The statistics are not yet in about COVID-19's long-term effects on babies born to women infected with the virus but studies have already shown the effects on Americans as a whole. In 2020, the first full year of the COVID-19 pandemic, "U.S. life expectancy fell by two years—the largest such decline in almost a century. Neither World War II nor any of the flu pandemics that followed it dented American longevity so badly." The radiating effect of that decline is evident in each life lost to the virus: "Every American who died of COVID left an average of nine close relatives bereaved. Roughly 9 million people—3 percent of the population—now have a permanent hole in their world that was once filled by a parent, child, sibling, spouse, or grandparent" (Yong). The twin traumas of pregnancy death and parental loss are the Influenza hallmarks of *They Came Like Swallows.* Today, those traumas are no longer historical; because of COVID-19, they are the traumas we are living today.

*

Bunny remains isolated from his mother. His mother's sister, his Aunt Irene, tends to him as his fevers and distress continue: "Hundred and two … and he complains of pain in his eyes" Maxwell, *Swallows* 72). Irene's report about Bunny to the family are interrupted when she discovers a bird in the sickroom, most likely a result of the family handyman's forgetfulness in completely closing the window when removing the summer screens that day. Elizabeth sends Robert to the rescue with words that fully put the onus of correcting the bird situation on him—and initiate Robert's guilt about his mother's eventual death: "You'll have to do something, Robert." Robert retrieves a broom to shoo the bird out of Bunny's room and returns to find his

aunt—*and* his mother—in the room watching the "sparrow that flew round and round the room in great wide frightened swings" (76). Robert's mother was sitting on the edge of his sick brother's bed. Of the event, Hovanec writes: "In this moment, there are three layers of transgression. Elizabeth should not be in Bunny's room because his illness is contagious and she is especially vulnerable; the swallow [*sic*] does not belong inside the house; and the flu virus should not be in the ostensibly safe familial home" (Hovanec 173).[116] Robert remands both his aunt and mother to the hallway as he tries to cajole the bird out the bedroom window. His mother lingers long enough to calm Bunny, who is concerned that Robert will hurt the bird: "Please don't hurt it, Robert!" (Maxwell, *Swallows* 77). When Robert, undeterred, continues to swing at the bird, Bunny resorts to the only recourse he has against his older, bigger, boy-er brother: "I'll tell Mother on you!" In the midst of this, Robert recalls the words of his father and the doctor—"It is vitally important to keep her out of that boy's room … Tie her down, the doctor said … Tie her down …" (77). He had not protected his mother, not done what he was supposed to do: "And already she had managed to get in when they were all excited. Already she had been sitting on the edge of Bunny's bed" (78). The realization of his failure was not mitigated by his relief when the bird eventually flew out the window. "'Oh shut up!' Robert said, and swung his broom upon the empty air" (78). Readers do not know if Robert is silencing Bunny—or his father's and the doctor's words playing over and over in his head that will discomfit him for weeks.

Bunny's bout of Influenza is of little concern to Robert. It was his mother on whom he focused his attention. That "[t]wo days had passed and she didn't look any different" was a

[116] Hovanec here repeats a common error in writing that the bird in the Bunny's room was a swallow; in fact, it was a sparrow: "With feverish eyes, Bunny was watching the *sparrow* that flew round and round the room…" (76, my emphasis). Two additional mentions of birds occur in the text: a nightingale is mentioned in a song Elizabeth sings just before the sparrow flies into Bunny's room; and another sparrow "came to peck at a grain of paint on the window sill" of Robert's room at his Aunt Clara's house, immediately before he learns of his mother's death (133). Swallows are only mentioned in the title and epigraph to the novel. I suggest Maxwell devised the title to his book after he had written the text and the easily confused bird-types escaped him.

comfort, but Robert did not know much about pregnant women, and he tended to avoid looking at his mother in her present state, so he did not really know what she should look like (80). Mostly, Robert was angry that the schools had been closed and that now, in what should have been a bonus time to hang out with friends and play football like during the summer, he is forced by his mother to stay home because Influenza was in the house. When Robert reads the official notice about the school closures, he finds in the words a bit of excitement: "It meant that something was happening in town, all around him" (82). Not like Armistice Day, "[b]ut a quiet thing that he couldn't see or hear, that was in Bunny's room … and more places than that." Any excitement was enticing to thirteen-year-old Robert: "Far down inside him, and for no reason that he could understand, Robert was pleased" (83). Readers with more understanding of the significance of bulletin will read it with more circumspect, noticing particularly the last sentence Robert scans: *"The Illinois committee on public safety strong advises this course and cautions people against gathering in large numbers for any purpose, also traveling on railroad trains except when absolutely necessary"* (83, Maxwell's emphasis). All the announcement means to Robert is that he is going to have to find ways to occupy himself—without friends.

Robert immerses himself in daydreams and books about ancient Scottish battles, unaware of the coming and going of the doctor to Bunny's room. Only when roused from sleep one night does he realize how engaged the house is with the illness playing out in the room next to his: "What he saw then when he hopped out into the hall was like a picture, and remained that way in his mind long afterward. There were lights burning everywhere, in all the rooms. At the head of the stairs Irene and his mother are standing with their backs to him." The silent tableau is fixed on his brother's room. "Because neither of them moved, Robert could not move; until Bunny raised up in bed quite calmly and said, 'What time is it?'" Something instantly changes in the

house with Bunny's words. The worried doctor rushes into his room and returns "relaxed and smiling." His news allows Bunny's mother to breathe easy again for the first time since her delicate child took ill: "'Elizabeth,' he said, 'your angel child is going to get well'" (90).

Bunny's recovery brings a party atmosphere to the Morison home as visitors descend with flowers and good wishes for the family. Perhaps they also brought Influenza—or took Influenza away with them when they left. The joyful atmosphere is dampened—for readers—when Elizabeth shares with Robert that the tickets for the train to the specialty maternity hospital were all arranged. They sense that if Elizabeth is not already infected with Influenza from her youngest son and all his visitors, she will be by the time she arrives by train to deliver her baby. Elizabeth is oblivious to such concerns; she only has one thing to accomplish as far as she is concerned: "The only thing I have to do is make sure that the baby is a girl.[117] I don't care, particularly. … but your father has his heart set on a girl. And if it turns out to be another boy, we may have to send it back. There's no telling" (92). The baby's name is set—Jeanette Morison. All Elizabeth has to do is safely deliver her daughter in Decatur.

Long-settled plans for Bunny and Robert to remain at home with their maternal Aunt Irene and the family housekeeper while their parents travel to the hospital are disrupted at the last-minute, necessitating other arrangements. "I've been talking to your Aunt Clara," their father tells them. "You and Bunny are to go there and stay while we're gone" (105). To the reader, the words simply seem to indicate the plan for the next few days. To the boys, especially Robert, having to stay with their paternal aunt—a decidedly straitlaced woman whose personality lacked the happiness and fun Irene typically embodied when she stayed with her nephews—has all the appeal of a prison sentence. Clara's house was defined by its musty smell, a box of toys in the

[117] Science will relieve women of this burden in 1959 when it is discovered that the male Y sex-chromosome is solely responsible for the production of male offspring (Stévant).

attic belonging to a child who died of typhoid, and "a picture of Grandfather Morison in his casket with all the funeral flowers" (111). But to Bunny, the proclamation means much more; that Bunny will not only be leaving his mother but also his home, is life-changing: "As suddenly as that, everything was changed. Everything was different" (105). James summons his sons for their drive to their Aunt Clara's house: "'Hurry up, son,' his father said from the doorway. 'Dr. Macgregor is outside with his car, waiting.'" Maxwell then writes the words that will haunt this family—and his own family—for the rest of their life: "Say good-bye to your mother …" (105). Bunny responds by running to his mother, tugging at her and "sobbing wildly into her neck." But Robert has perhaps the more heart-rending response: "'Well, good-bye,' he said, though she probably didn't hear him [through Bunny's sobs]. 'Good-bye, Mother. Take care of yourself.' And went on out to the car" (106). Robert and Bunny never see their mother alive again.

Aunt Clara's dark, dank house does not appear welcoming to the brothers. Settling in is a reluctant affair on Robert's part (107). He keeps his outer clothes on until Dr. Macgregor, who has driven them to Clara's home, departs, taking with him any hope that Robert could escape from the depressing situation in which he finds himself. Resigned, he peruses the dusty antiques cluttering the house, searching for a safe spot for his most precious belonging: a fine set of toy soldiers, a gift from his Aunt Irene after a carriage accident, a set always available to reenact any battle the Scots had ever fought. "As he turned to go out of the room, he was stopped by the sound of a train whistle two long, two short, and then a mournful very long … Robert listened until he heard it again. Two long … two short …" (111). It does not take Robert long to process the sound; he "knew all in one miserable second that his father and mother were on that train; that they had gone away and left him in this house which was not a comfortable kind of house, with people who were not the kind of people he liked; and that he would not see them again for a

long time, if ever" (111).

All Robert and Bunny can do at Aunt Clara's house is wait, wait for news from their father about their mother and their new sibling. But their father's letters always went first to Aunt Clara who read them, returned them to the envelope and placed them in her pocket, requiring the boys to question her for information that mostly proved unsatisfactory:

Robert: "Has the baby come?"

Clara: "No."

Robert: "Did he say how my mother is?"

Clara: "Your mother is fine—getting along as well as can be expected, he says."

Robert: "Is that all he says?"

Clara: "Yes, that's all."

But Robert knows "that's" not all. "He could tell by her eyes. There was something in that letter which Aunt Clara hadn't told him" (117).[118]

In the next hours, Robert endures his fears about his mother, Bunny's accidental but soul-destroying demolition of Robert's beloved soldiers, and a soliloquy at the dining table from his equally straitlaced uncle bemoaning the closing of churches: "it is one thing to close the bowling-alley and the pool halls. But to close the church of Jesus Christ is something else" (120). Those things Robert could endure, albeit not happily. But when a chill hits him at the table and his aunt declares his "eyes look bloodshot," Robert realizes that his already shaky self-control is abandoning him. Though he declares himself just fine, he finds himself vomiting before he can get to the bathroom upstairs. For three days, Robert "was cut loose. He was adrift utterly in his

[118] Maxwell draws on personal experience here: "One day I overheard my aunt say the dreadful phrase, 'She's doing as well as can be expected.' I've never heard that used except in circumstances where the worst was about to happen" (Arnold 143).

own sickness" (121). He marks time—when he can focus—by his aunt's clockwork visits every two-hour to his bedside, each time bringing him water and two white tablets. When awake enough, he questions his aunt about his mother's condition. She continues to repeat the "as well as can be expected" refrain, each time leaving Robert more unsatisfied and more anxious. He recollects, "distantly, as through the wrong end of opera glasses, things that had taken place a month before" (122). The family had taken a picnic to go fishing. Memories of his mother that day flood Robert's emotions: "His mother smiled at him foolishly from the opposite bank. And it seemed to him that she was smiling at the sky also, and at the creek, and at the yellow leaves which came down, sometimes by the dozen, and sailed in under the bank and out again" (123).

When he awoke, it was to Aunt Clara speaking on the phone. Robert overhears: "in spite of every precaution … both of them … James, too …" and understands that something has happened to both his parents while he was ill (123). Before he can confront Clara, Aunt Irene ("the one person in the world who was not afraid of Aunt Clara") arrives, bringing Robert the information he sought: "Your mother and father both have the flu, and they're very sick. … Your mother has double pneumonia. … The baby was born yesterday … is still alive. … [the doctor says] your mother is slightly improved. … She has an even chance …" (126). After Irene's news, Robert continues to move in and out of fevered dreams, obsessed by his belief "that if anything happened to his mother, it would be *his* fault. He was frightened, then—more so than he had ever been" (129, Maxwell's emphasis). The dreams border on delirium. In one, Robert relives the awful time his lower leg was accidentally severed by the wheel of a carriage that Irene was driving when he was five (130). In another, his mother is with him again (131). He is on the edge of a pit: "He could look down. … If his mother would only stay with him, he would not drop into

it immediately and dream that same dream" (132).[119] Taking a moment to calm himself, Roberts starts down the pit: "He was not afraid now. His mother was there, and she was not going away *just yet"* (132, my emphasis). But when he looks back, he can no longer call to her—the words won't come: "He had gone too far. There was a great distance between them" (132).

The dream is prescient. As Robert forces himself to dress, Clara again answers the phone. It is James, her brother, and her words force Robert back to his chair: "'You don't mean it, James.' … And then a long silence and, 'No, but I will … if you want me to.'" Clara's first words after she hangs up the receiver are "Bunny … *Oh,* Bunny …" as if she has forgotten there is another child in her home who has also just lost his mother (133, Maxwell's emphasis). Robert makes his way to his grandmother's room where Aunt Clara takes Bunny on her lap: "'It's about your mother,' she said" (133). Robert leaves her crying and rocking Bunny—and Maxwell closes "Book Two, Robert" here with Robert's comprehension of his worst imaginings: "He did not have to be told what had happened. He already knew. During the night while he was sleeping, she got worse. Then she did not have an even chance, like the doctor said. And she died. His mother was dead" (134).

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Every death is heartbreaking for someone. But maternal and child deaths are the two of the most difficult traumas, not only for a family but also for the emergency and healthcare professionals who care for them. Though not the focus of Maxwell's text, his mother's

[119] This scene is reminiscent of Porter's Miranda in *Pale Horse, Pale Rider,* descending into the pit when she was on the edge of death. If there is any correlation to be had, perhaps it is that this last dream occurred when Robert was the sickest, himself on the brink of dying. Like Miranda (but without the intervention of strychnine), he returns from near-death only to discover his mother has died.

pregnancy highlights a commonality between morbidity and mortality in pregnant women who became infected with Influenza and those infected with COVID-19. Both viral illnesses extracted a higher toll not only on mothers but also on their infants, who were often born prematurely, either spontaneously or after induction or caesarean delivery to save the mother's life. Influenza and COVID-19 were and are particularly hazardous to pregnant women and their unborn fetuses and newborn infants because of the pulmonary consequences of the viral disease. The physiological demands of the illness can compromise a growing fetus—and vice versa. As the uterus expands due to fetal growth, maternal lung volume is necessarily compromised. Any respiratory illness puts an extra burden on a pregnant woman's lungs. Influenza and COVID-19, with their symptoms of debilitating coughing, decreased oxygen levels, and increased pulmonary secretions add particular stress on the mother–fetus dyad.

In early 1919, a physician of obstetrics wrote about Influenza: "Future historians will record the months of September and October, 1918, as the most dismal and destructive period in the health annals of Philadelphia and, perhaps, no community in modern times has experienced such an overwhelming calamity" (Bland 184). He continued: "No other infection of the present period is so prone to attack pregnant women as is this disease and none more destructive" (196). The physician notes that even though many therapies have been tried, he "cannot recall a single instance" where one made a bit of difference. The devastation to the mother and her unborn child secondary to Influenza was unlike any physicians had seen before: "Indeed, the frequency of abortion and premature labor with the associated high mortality in the epidemic, through which we are passing, is almost unbelievable. Practically every physician has been appalled by the disruption of the pelvic organs … and premature birth, the latter frequently being followed by the death of both mother and child" (Bland 188).

Bland warns about precautions pregnant women need to take for best childbirth outcomes including complete isolation from virtually everyone, including household members. Direct contact was the most likely conduit for disease transmission and everyone was suspect, even husbands: "The 'good night kiss' in many of the cases, herewith reported, was literally the kiss not only of 'good night' but 'goodbye'" (Bland 195). The burden such isolation requirements put on many households (unlike the Maxwell/Morison households, who had support from extended family members and could afford to hire help) would be almost impossible to follow when the pregnant woman was also the primary caregiver to other children and the provider of all household needs. Welz reported on the course of pregnant patients with severe cases of Influenza: "The severe fatal [cases] with lung involvement were hopelessly sick almost from the start. Prostration was marked and continued to increase from the start. Those with edema of the lungs suffered most from this" (Welz 248). Destruction of the pulmonary system by the virus was nearly impossible to reverse, and the women's skin and membranes took on an increasingly blue tinge as their oxygen levels dropped: "Air hunger was always present. The rapidly fatal cases were comatose from the start. All others had varying degrees of delirium." If there was any blessing to be found in this horrific situation, Welz adds that "[s]ensitiveness to pain was much lessened" as death approached (248). The statistics were beyond bleak: "In the USA, pregnancy was interrupted in 26 per cent of uncomplicated cases of influenza and in 52 per cent of cases complicated by pneumonia" (Reid 34). "Death rates from pneumonia were >40% for every month of pregnancy; fetal loss was >40% in all months but the fifth (37%)" (Mortimer 1805). Most important to this dissertation: Women were also more likely to die if they were in their third trimester of pregnancy—like Blossom/Elizabeth (Harris 694).

Supportive care until spontaneous delivery was all the physicians could offer to the

suffering women: "It was not considered advantageous to induce labor as any interference in an operative way seemed harmful" (Welz 250). The odds for babies of infected mothers were not good: "From the twelve fatal [maternal] cases two living children were born, one of which died in a few hours, the other is living" (Welz 250). Such would have been the situation with Blossom Maxwell, who developed Influenza days before delivery. She and her husband both became ill on Christmas Day. Blossom delivered her child on January 1, 1919, but "severely weakened by flu and labor, she dies of double pneumonia on the morning of January 3, at the age of 37" (Carduff, qtd. in Maxwell *Early Novels* 942). Applying Welz's statistics, Blossom—and Elizabeth—could have been one of the "twelve fatal [maternal] cases" and her newborn "the other [that] is living." Perhaps the only thing that saved her baby was the fact that the newborn was full-term and was able to survive once delivered without neonatal specialty care that, in 1919, was not available.

COVID-19 places pregnant women in similar predicaments today. Although there is still no cure, more and better therapies are available to support women until their bodies can heal on their own. The use of antibiotics has greatly improved the ability to treat infection. Respiratory drugs are available when the pulmonary system is compromised. Hospitals can supply ventilator support, providing rest for lungs and improved oxygenation to the body. When a woman requires even greater oxygen perfusion assistance, ECMO—extracorporeal membrane oxygenation—can be utilized as a last-chance measure to save her life.[120] Today, critically ill, non-pregnant COVID-19 patients are routinely placed in a prone position, on their stomach, to facilitate

[120] When ventilators are no longer sufficient to maintain healthy blood gas levels and death of the patient is imminent, physicians have one last option: ECMO—extracorporeal membrane oxygenation. Similar to heart–lung machines used during surgery, ECMO machines allow a patient's blood to be circulated and cleansed outside the body, providing a rest for the patient's organs. It is an extreme measure and can incur significant side effects for the patient, but it can often make the difference between survival and death.

breathing. Being prone is stressful to any patient unaccustomed to such a position; for the pregnant patient, prone positioning is nearly impossible.

A significant difference between the two pandemics is that women with Influenza were not necessarily isolated from family. James is only unable to be with Elizabeth because he himself is critically ill with Influenza; he is in a hospital bed, in another room. Otherwise, he would have been permitted—and most likely encouraged—to be at his wife's bedside. But during COVID-19, any patient—pregnant or otherwise—was isolated and visitors were prohibited. Contact with family members was curtailed at a time when a pregnant mother's and her child's lives were in peril and the possibility of losing them both was very real. The emotional toll for both the pregnant woman and her family could be devastating. Delivery of the baby was often the only recourse to save the life of the mother; without delivery, both mother and fetus could perish. But, as during Influenza, these deliveries were often necessary before the fetus was capable of sustaining life on its own. The delivered babies were often very premature and required as much life-sustaining care as their mothers required post-delivery. Mother and baby fought for survival in separate intensive care settings as their relatives—prohibited from being by their sides because of isolation protocols—watched from afar on iPads as their loved ones survived—or did not. Like Maxwell, the premature babies were delicate, often very delicate, and their condition prohibited them from experiencing the early days of maternal bonding and from enjoying the loving touch of their mother and family members as they grew. Many did not even hear the voices of family members until they were discharged from the hospital. Such infants were completely dependent on the care of over-worked and over-stressed nurses who nevertheless rallied, often heroically, to provide the infants with the most nourishing care a non-family member could provide. These babies were often discharged to home before

their mothers (if their mothers survived,) where family members were now pulled in two directions—the need to provide care for a delicate newborn at home while also maintaining watch over that newborn's mother in the hospital. Sometimes mothers were still sedated and unaware that they had given birth, even as their babies left the hospital. If a mother was fortunate and survived COVID-19, she often first met her baby when the baby was weeks or even months old.

"Book Three, Upon a Compass-Point"

"Book Three, Upon a Compass-Point," centers on James, Bunny's traditionally uninvolved father, as he mourns his wife and realizes that he is now a single father—a role he never sought.[121] Their new baby will stay in the hospital for another week after James brings Elizabeth's body back to the family home. Her coffin remains in the library for the entire chapter as her family and mourners circle around her. Nothing is the same. James is now a widower and, for the first time, preparing to live life without the most important person in his world. His two sons are orphans of a sort: the parent who openly loved them—their sun, moon and stars—is gone and their already emotionally inept father will prove even more distant as he, understandably, comes to grips with his own loss. All three survivors hold their own guilt that Elizabeth is gone: Bunny believes he gave Influenza to his mother when he became ill; Robert retains his fear that his mother was exposed to Influenza when she entered Bunny's room against the physician's orders that Robert had been appointed by his father to enforce; and James is

[121] Carduff writes: "William Sr. is thrifty, sober, practical, emotionally distant. Maxwell will remember him as a good father but man of his period, who 'felt responsibility for his children rather than pleasure in them'" (Maxwell, *Early Novels* 939). Maxwell bases James on his own father.

suffering from profound guilt that the crowded train he insisted they board for their trip to the hospital was the conduit for Elizabeth being exposed to Influenza, becoming ill and dying.

"Book Three" addresses the grief an adult experiences when a spouse dies. It follows James as he moves from wanting only to erase Elizabeth—and his children—from his life to learning how to embrace her and them. Maxwell allows the gruff, formal father to bend enough to show his inner sensitivities at this most primal point in his life.[122] Over the next few days, as James carries on with the activities required of a grieving spouse who is burying his wife, he reconciles with his sons and makes arrangements to keep his family together. Belling writes: "What James realizes at the end of the novel is that even after her death, his wife's quiet influence is the center that will hold his family together." James is not the only one to grasp his wife's centrality to his family. James's realization "echoes Bunny's more childish, but perhaps more profound, recognition much earlier [in the text], that even the pattern in the living room carpet rearranged itself around the point where his mother's foot rested" (Belling, "Swallows").

Maxwell uses James to narrate the story of Elizabeth's dying. The tale James tells is consistent with the experiences of pregnant women and their families during Influenza and those experienced by pregnant women and their families during COVID-19. The details do not come easy or all at the same time. Rather, Maxwell drops memories of James's time at the specialty hospital, one at a time, over the hours and days the family spends preparing for Elizabeth's funeral. When James returns home from Decatur, lines etch his face, but he does not notice. He "did not know how grey his face was, and how, all in a few days, sickness and suffering and grief and despair had aged him" (Maxwell, *Swallows* 135). He has been very ill with Influenza,

[122] Maxwell apparently softened his recall of his father after *They Came Like Swallows* was first published. His father died in 1959 while Maxwell was "revising Swallows [*sic*]; rewriting certain passages mainly to soften portrait of [the] stern and disapproving father character" (Maxwell, *Early Novels* 958).

his wife has given birth in the midst of her Influenza infection, and, because of her illness and subsequent death, he has not slept for three days and nights. His grief is manifested in his disorientation and confusion. He forgets about a guest who is arriving soon at his home: "For Miss Blaney? … Oh yes, I forgot about that. Or maybe they didn't tell me. It's all right, though" (136). He's forgotten that the family handyman, Karl, is going away: "Where?" The family cook tells him Karl is going to Germany: "Why, didn't he tell you, Mr. Morison?" James is unsure: "Maybe he did. Yes, I guess so. When?" (137).

James is not interested in making conversation with anyone, so he keeps his eyes closed to avoid eye contact. And he tries to keep busy—all the time—because "[w]hen he relaxed, when he sat too long in one place, he invariably found himself on the railway platform downtown, with her" (138). The train is very crowded: "He shoved forward, knowing each time that if he'd only waited—but he didn't wait. That was the whole trouble." Because if he had just waited, he would have noticed an almost empty interurban train on the other track heading to the same destination. The empty train would have limited exposure to other passengers. "But … the people were pushing them forward … There was nothing to do but go up the steps and onto the train" (138). His efforts to forget are worthless: "For two days now (ever since they came into his room to tell him) he had been getting on that train. And there was no way, apparently, that he could stop" (139).

James endures Bunny's sobbing homecoming when his young son arrives home with his grandmother, feeling his son's "soft wet cold cheek against his own rough skin," trying to be as soothing as he can. James seems unaware that signs of grief in young children are worn on their sleeves and are ideally acknowledged by observers. Rather, James stops Bunny's open display of tears: "'There, there,' he said gently. 'You mustn't son. You mustn't take on so.'" Cognizant of

Bunny's fragile nature, he adds: "You'll be sick" (139). He greets a very drained Robert later that afternoon when Robert arrives home. In an adult performance that keeps a tight seal on his bottled-up emotions, Robert shakes hands with his father "solemnly." The conversation is polite but trite: "How are you feeling, son?" James asks. "All right," Robert replies. "Weak?" James follows up. Robert says: "Yes." "So am I," says James and closes the conversation with "We'll have to be careful for a while. Both of us." James seems to be talking about their bouts of Influenza. Robert's quiet formal mien suggests that he is more concerned about his mother's death, something that was not to be a topic of conversation: "Their eyes met and they agreed that there was something in the house which was not to be talked about" (146). Although it is completely understandable that James is not in any condition to bear the crushing grief his two children are feeling, both children, after their conversations with their father on their return from Aunt Clara's, are now very clear about where their grief stands in relation to that of their father: at least for now, they are on their own. And maybe—because the brothers are two very different personalities—they will each struggle with their individual grief, on their own, forever.

James just wants to be alone. He has to remember what he wants to forget: his wife has Influenza, she has double pneumonia, she has been debilitated because of her pregnancy and from the stress of giving birth to their child while critically ill.[123] He remembers that it is 1919—and there is no cure for Elizabeth. And he can't help her. He cannot help his Elizabeth. James "was only two rooms down the hall at the hospital, and Thursday night, when she was worse, he lay awake all night, listening. The gas-light came through the transom and cut a rectangular hole in the ceiling. It was through that hole that the sound of her desperate suffocated breathing came

[123] Maxwell's mother gave birth to his sibling on January 1, 1919. Maxwell came down with Influenza on Christmas Day, 1918 at Aunt's Maybel's (Clara's) house. He remembers being very ill on January 3 when his father calls to report his mother has died (Burkhardt 19).

to him" (140). James, like Maxwell's father and anyone who has helplessly listened to someone die from Influenza or COVID-19, will never forget the sounds of suffocation.[124]

James endures the following days in a fog, intermittently focused on making plans for the funeral and on trying to forget his memories of the event that is the reason for the funeral. The subject of his baby comes up tangentially, never as the spotlight of conversation, rarely with concern or kindness in the speaker's voice. The baby is only referred to, as of yet, as "it." Uncle Wilfred offers his and Aunt Clara's services: "[If] you want to bring the baby home after the funeral, we'd be only too glad to take it and look after it for you" (142). James has clearly not considered plans for the baby yet: "I don't know. …They're going to keep the baby at the hospital for a week or so." James calls his baby "it" too. "The baby's all right, I guess, but they want to keep it there. And after that I don't know what exactly what I want to do" (143).

He weaves and bobs, dealing with family and friends who each handle grief in their own way. James's mother fails to notice her son's anguish or even acknowledge her son's wife, who is lying only a few feet away in her coffin. She launches into a long tortuously detailed soliloquy about the death of James's father. She's oblivious to James in her self-centered description of his father's passing. To interrupt her, James questions if they enjoyed their Thanksgiving travel. But his mother and her second husband had not traveled as expected. Their explanation inadvertently strikes another blow to James's heart: "We did intend to. But we'd have had to go on the train, and with so much sickness about, we were afraid to risk it" (141). Uncle Wilfred is all about details: getting Bunny's rubbers on the right feet, making provisions for the baby, and keeping

[124] It is not only family members who will never forget the suffocating sounds. It is also the healthcare staff and anyone else who happens to be within earshot of the dying patient. In Maxwell's telling, there is one hospital room between Elizabeth's and James's rooms—if a non-comatose patient was in that room, they too would have heard Elizabeth's suffering. Likewise, in *Pale Horse, Pale Rider,* patients in the crowed emergency wards would have been barraged by other patients' final struggling breaths. And, in *The Doctor's Son,* neighbors as well as medical caretakers will bear witness to the pain of persons gasping when dying.

James up to date on the news he missed while he was away. Bunny is still wrapped in perceptible grief that is revealed in his sobbing announcement to Aunt Irene when she arrives at the home: "Irene, it's so terrible here!" When he buries his face in her coat, the lighthearted façade Irene has assiduously adopted for her visit crumples—"Her smile went all to pieces" (143)— belying a tenuous grip on her own grief over her sister's death while in the presence of the decimated family. She planned to be the stalwart, but even a stalwart can be leveled by the angst of an eight-year-old angel child, grieving his—now—angel mother. In an interaction with her nephew that is seemingly out of character for her, Irene, like James, also denies Bunny's feelings when she greets him: "Everything's going to be all right … Only you mustn't cry, do you hear? You mustn't cry" (143). Irene barely maintains a hold on her emotions until later, when a contentious phone call with James's sister produces hysterical collapse, leaving the rest of her body—just like her smile—in pieces: "'Yes,' she said, very slowly. 'Yes … yes …' The brilliant unreasonable laughter shocked them all and furthermore it didn't stop when it should have, but went on and on into the mouthpiece of the telephone" (145).

When James's mother finally acknowledges her daughter-in-law's death, she speaks in the common platitudes often heard around funerals: "[S]he is gone to a better place, where she'll always be happy" (140). His sister Clara adds more prosaicisms: "It doesn't seem possible … I say it just doesn't seem possible! She was so young, and with so much to live for!" (154). The banalities continue later at the wake, where James will have to "[adjust] his mind to the rhetoric of the occasion" (154). James will learn what all grieving significant others learn when people arrive to say goodbye to the deceased: "What bewildered him was not the set phrases, and not the repetition, but the fact that they were sincerely spoken. *Such a loss*, people said to him with tears in their eyes. *So tragic that she should have to be taken*" (154, Maxwell's emphasis). James is

taken aback that, once their condolences had been given him, the subjects of their conversations changed: "Then because there were so many that they could not all talk to him, they fell back upon one another politely, as if that were why they had come. They discussed the peace terms and the price of meat. They talked about the weather, which was severe for December" (154). In time, James will also discover what so many bereaved persons unexpectedly discover: he, too, will eventually repeat the same trite phrases at the next funeral because he, too, will not be able to think of anything else to say. And he learns yet something else about the gathering in his home: "It seemed to him that except for an unwillingness to interrupt one another, people acted very much as if they had come here to party. The house had taken possession of them—Elizabeth's house—and they were having a good time" (155). Elizabeth, Maxwell seems to be saying, only feels dead to James. But he's wrong. James is now a widower, but his boys are now orphans. And they—perhaps more than James—know that Elizabeth, their mother, is really dead.

*

Like Henry James, William Maxwell also understood the limitation of words. "Words," he wrote, "will take us right to the edge of wordlessness; they will be pointing to how failure happens. We must say what is in our hearts if we can. But when we can't, words can point to the howling, but they cannot quite howl themselves" (qtd. in Baxter et al. 101). That howl we are hearing today is another generation of word-mute orphans experiencing the loss of their primary caretakers to COVID-19.[125] The United Nations International Children's Fund (UNICEF)

[125] Note the primal connotation of the word "howl"; here, Maxwell uses it as a sound beyond words, similar to Porter's use of the word when Miranda is suffering almost animalistic pain from the excruciating strychnine injections given to her when she is near death (Porter, *Pale Horse* 197).

defines orphanhood as "death of one or both parents," to which Maxwell would most likely append: *and oneself* (Hillis et al.).[126] Orphanhood, unfortunately, never ends. Juliette Unwin writes, "The death of a mother, father, caregiving grandparent or other relative is permanent and enduring. A child whose parent died at the start of the pandemic is still a child without that parent now," to which Maxwell would undoubtedly concur: *I've told you that in everything I've ever written.*

In the early 20th century, losing a parent or primary caregiver during childhood was not unusual.[127] But, because the 1918 pandemic was particularly devastating to young adults, especially young pregnant women, a generation of motherless, fatherless and parentless children—all enduring a grief similar to Maxwell's own—grew up together. If children were not directly affected by a parent's death, they most likely witnessed the loss of their friends' parents and harbored anxiety that their parent would be next. Maxwell intimately understood the grief other bereaved children were living. The memory of his mother's death was an indelible scar on his psyche. When speaking about Maxwell's last novel, *So Long, See You Tomorrow* (1980), which returns to the trauma of loss and reprises a funeral scene similar to that in *They Came Like Swallows,* Charles Baxter, a friend of Maxwell's, describes the plot, summarizing the impact of parental loss on the children of one pandemic, while inadvertently anticipating the impact of another that would arrive nineteen years after Maxwell's death in 2000: "The narrator's mother

[126] It is fitting that the word "orphan" is descended from the Greek *orphanos,* which means "bereaved."
[127] Children can also be orphaned by the death of a primary caregiver other than the parents if the children's parents are alive but unavailable due to adverse circumstances, like incarceration, substance abuse or mental health instability. "The majority of children coresiding with grandparents live with a single parent or no parents. When custodial grandparents raising grandchildren in the absence of parents die, these children, functionally, face orphanhood a second time" (Hillis et al. 2). McKeever notes the same is happening on a global scale and highlights the concern in Zambia: "[A] deadly pandemic would be dire for children there who had already lost their parents to AIDS and were living with grandparents who were especially vulnerable. 'If COVID comes here and takes out the grannies, we would have no one left to care for the orphans … Then these orphans become orphaned twice'" (McKeever).

will die in the flu epidemic of 1918. …Their worlds will be destroyed, and, being children and mostly wordless, they will have no sentences for these unaccountable losses, and they will not be given any. They will be inarticulate, as their parents are, either by choice or disposition" (Baxter et al. 95). The theme of painful loss will continue in the new novel: The children will endure "suffering so intense that it has moved beyond words entirely and can't be spoken of" (Baxter et al. 96). Maxwell's words echo Henry James's comment about WWI using up words and leaving none behind to describe the event.[128] Trauma—of any kind—can instill a muteness so enduring that the horror stories remain locked in the soul. A generation of bereaved children survived the 1918 Influenza pandemic, but most survived it alone, sans at least one parent—and often without grandparents, siblings, or the special caretakers in their world.

Today, a massive cohort of parentless dependents is learning how to survive not only a pandemic disease but also a grief that, because of medical advancements over the last century, was previously almost unimaginable in the United States. Parents did die before COVID-19 arrived on the scene, of course, but those deaths were atypical, unique and anomalous in the 21st century. A parent might die in an accident, on the battlefield, of an infectious disease like HIV/AIDS, or of a fatal disease, like cancer. Mass shootings, natural disasters and the opioid crisis continue to claim clusters of lives, but casualties on the scale of the 1918 pandemic have not recured. Then came COVID-19. On March 22, 2022, only two years into the pandemic, ABC News announced the results of a study showing that over 200,000 children in the United States had lost a primary caregiver (a parent or grandparent) to COVID-19.[129] Amy McKeever writes,

[128] As mentioned in Chapter I, James wrote: "One finds in the midst of all this [that it is] as hard to apply one's words as to endure one's thoughts. The war has used up words; they have weakened, they have deteriorated" (qtd. in Sontag 25).

[129] Per a study through mid-May 2022 by Treglia, et al.: "We estimate that 216,617 children lost a co-residing caregiver to COVID-19; 77,283 lost a parent and more than 17,000 children lost the only caregiver with whom they lived. Non-White children were more than twice as likely as White children to experience caregiver loss, and children under 14 years old experienced 70% of caregiver loss" (390).

"Hidden behind those statistics is an orphanhood crisis unprecedented in modern history." There is a uniqueness and yet a commonness to child grief during a pandemic. No child anticipates losing a parent (unless a long-term illness has made a loss likely), and the shock of a parent's quick demise to a viral infection leaves a child reeling from the massiveness of the loss. But during a pandemic, whether the 1918 Influenza or COVID-19, there is one constant: without intervention, hundreds of thousands of children will be processing the shock of parental death, all together but each in their own way. Together alone.

For all children orphaned for whatever reason, life will never be the same. Some will recover and, with either internal resilience or external support, find their footing in life again. Some will move on, grieving but not emotionally paralyzed. But for some children, like Maxwell and Bunny, the death of a beloved parent will cause a lifetime of unrequited grief, a prolonged grief, and they will need a village of support to resolve their anguish. They, like Maxwell, will spend their lives remembering. Edward Hirsch recalls a conversation with Maxwell, writing, "Maxwell's past was so immediate to him because there was such a clear Before and After in his life, which was sundered in two by the death of his mother. Everything was fastened at a specific moment in time when his childhood was lost forever. That's when he discovered what he called, in a resonant phrase, 'the fragility of human happiness'" (qtd. in Baxter et al. 192). *They Came Like Swallows* is a treatise on child bereavement and provides a glimpse of what the future will look like for child grief survivors today if a social and public health infrastructure dealing specifically with child grief is not created and maintained in order for these children to heal without a lifelong wound like Maxwell's.

There is a major difference between dying of Influenza and dying of COVID-19 that has huge ramifications for child survivors today. When Influenza killed, it predominantly killed

quickly. A person was well and then they were not. They either got better—or they died, mostly of fulminating pneumonias, as was the course for Elizabeth and for Maxwell's mother, Blossom. The death was painful and frightening as lungs filled with fluid, gradually decreasing all ability to breathe. Victims and witnesses both suffered dreadfully. But the suffering ended—sometimes in hours, sometimes in days—and, providing they were not also critically ill, the family of the sufferer could be at the bedside with the dying person, providing whatever comfort and solace they could. We know now that such close contact was responsible for many others being infected with Influenza. But, because isolation was not mandated during the 1918 pandemic, children could participate in death rituals, such as sitting with the dead, wakes, funerals and burials (again, with the caveat that they were not critically ill and that the rituals had not been denied them because of overburdened death ritual providers).

All of these rituals were available to the Morison family, and Bunny and Robert appear to have participated as much as they wished. Non-family members also played their part to support the grieving family. The Morison's neighbor quietly sat next to Elizabeth's coffin during the night: "Mr. Koenig had come over from next door, and he was in the library alone. And on the fifth stair James paused, remembering why people sit with the dead" (Maxwell, *Swallows* 162).[130] Elizabeth's body remained in the family home until her burial (Maxwell concludes *They Came Like Swallows* before her body leaves the home), allowing family to visit her—or not—for the duration. Maxwell made such visits to see his own mother after her death. He recalled them when speaking about his own wife's death decades later: "'Her [Maxwell's wife, Emily] hand

[130] Burnett explains some of the reasons Mr. Koenig—a German immigrant from "the old country"—might have taken this role: "The rationale for sitting up all night, next to or near the body, has been lost but numerous theories exist, the most common - fear that animals, especially cats, would desecrate the corpse." Burnett describes other pre-burial customs: "[providing]food for the watchers, the taking of post-mortem photographs, the use of ice to delay decomposition of the body, and the custom of wearing mourning garments. Given the short span of time from death to burial there was also the fear of premature burial, or burial of a person in a coma or persistent vegetative state" (Burnett, chpt. 4 abstract).

was warm,' he said. He remembered that after his mother died her hand was ice-cold, the touch of a corpse that had stayed with him for eighty years" (Baxter et al. 206). Such availability and rituals, as sad as they are, are especially crucial for children to finalize the reality that the person, their parent, is gone and never coming back. The rituals can last days, can be religious or not, and typically involve visitors, who confirm the death with their words and tears, leaving little doubt the worst has happened.

Dying and death rituals were very different during COVID-19. Dying from COVID-19 means prolonged suffering, lasting at least hours and often days, sometimes weeks, months and even years. Advanced medical practice permits physicians to employ multiple therapy and pharmaceutical modalities to extend the lives of COVID-19 patients long enough for their bodies to heal themselves—because there is still no cure. A century after Influenza, science and medicine better understand the importance of isolation to restrict transmission of a disease, especially—as in the early days of COVID-19—in the case of an unidentified but viciously deadly disease. If a person with COVID-19 was well enough to remain in their home, they were told to isolate away from all other family members, who then became responsible for providing whatever the ill person needed, masked and gloved and from the other side of the person's closed door. The burden was incredible, especially for multi-generational or large families who lacked space for such isolation. If the ill member was a primary caregiver, families lost childcare and home management providers. If the ill member was the primary bread winner, they lost income. But if a person with COVID-19 had to be hospitalized, the family lost all contact with the patient when they said goodbye at the door of the ambulance or, if they transported the patient themselves, at the emergency department entrance.[131] Isolation rules at hospitals were virtually

[131] With the advent of COVID-19 vaccines, isolation restrictions were loosened and better access to ill and dying patients is now permitted.

carved in stone during COVID-19. The risk of transmission of the virus to vital healthcare professionals (and to their families when they went home) and the fear of infecting healthy family members of patients if they came into contact with other infected persons at the hospital meant that no one, no adult, no child, could be at the bedside of a COVID-19 patient who was ill and very possibly dying.[132]

COVID-19 patients were kept in strict isolation in the hospital. Staff entered their rooms as little as possible and, when they did, they were garbed in protective gear that rendered them almost unidentifiable to patients. Gloves prevented human touch, masks prevented human smiles and garbled human speech, and gowns eliminated the ability to tell the nurse from the physician from the custodian. Everything put in place to prevent the virus from spreading also prevented families from being with their loved ones as they suffered and died. The only godsend—surprisingly—was the iPad.[133] Hospitals stocked the iPad once they realized that it provided a reliable—if poor—substitute for bedside visits from family. Nurses could contact family and put them in conversation with the patient. Or if the patient was uncommunicative, the family could at least see the patient and the heavily garbed caregiver—often amid masses of medical devices and the accompanying noises of those devices—providing at least some sense of comfort that someone was caring for their loved one.

Too many families had to say goodbye via iPad (although after the introduction of the COVID-19 vaccine, one vaccinated family member was sometimes allowed to be at the bedside when a patient was dying); too many children's last memories of their parent during COVID-19

[132] The only exception to the isolation mandates was in the case of ill children, when occasionally one parent was allowed to stay with the child. But that parent could not leave the hospital at all, nor could anyone relieve them. Essentially both parent and child were isolated as if both were infected and, not surprisingly, that often was the outcome.

[133] See Heyward and Wood for more about using iPads to say goodbye. Communication could also be facilitated with a patient's cell phone, but the iPad became the preferred interface between family and patient at the peak of the pandemic.

were the same as children's during Influenza—a parent gasping for breath—except there was no ability during COVID-19 to share hugs, kisses or to even touch the dying parent. The moments were bittersweet; for one child "[a]ttending her father's death by phone turned out to be a blessing with bitter tentacles. While they had been able to let him hear how much he was loved, those last moments began to replay in Gabriella's mind like a spinning hamster wheel" (Sidner). Those "bitter tentacles" not only traumatized victims and their families, but they also traumatized the healthcare professionals who had to repeatedly arrange and witness these agonizing last calls. A physician writes, "I thought of my patients who had needed a familiar face, a familiar voice, and a familiar touch to anchor them to this life—or allow them to let go. I thought of those who had delayed care out of fear of separation from their families and ended up worse for it." The physician's guilt and grief of having done what she needed to do in the moment may never resolve for her: "I thought of those who had spent their last days alone, and I thought of how I had failed them. Of all the suffering I witnessed as a resident during COVID-19, all the illness and fear and uncertainty, the heaviest burden is the memory of patients circumstantially abandoned at the hour of death" (Waymel 1210). COVID-19 and the grand-scale isolation it demanded added a new traumatic dimension, previously unexperienced: Dying alone. Together.

Dying during COVID-19 was unlike anything Americans had undergone before. All rituals of death disappeared, and any sense of closure vanished. After the death, there was no wake, no funeral, no burial for fear of infecting grieving family members and those facilitating the rituals. For children, their parent was gone but, especially for those to whom the iPad was unavailable, they had no proof that their parent was gone forever. They could not touch the ice-cold hand, as Maxwell did, or see the parent in a casket. They could not watch the body be

placed in the ground. Sometimes they did not even know where their parent's body ended up.[134]

Children orphaned during Influenza and COVID-19 share many concerns, and those concerns are developmentally predictable. A nursing infant whose mother dies will lose their source of nutrition as well as the comforting physical and emotional bond the pair shared. Toddlers without a command of language or an understanding about the finality of death will cry incessantly—or not at all—and sometimes search vainly for the missing parent, oblivious to any attempts to convince them the parent is not coming back. Young school-aged children will react similar to Bunny; older children like Robert. But each child's grief will be unique to them and will be relived again and again at each subsequent developmental age as the child acquires more language, more knowledge, and more insight into the event that took their parent away. This can be extremely hard on the surviving caregiver who supposes that the death of the parent has been dealt with once and for all in the immediate aftermath of the death. It has not. For healthy grief resolution, the death will need to be spoken of again and again by their children as they reach their next developmental milestone. But if the remaining parent appears unwilling or unable to talk about the dead parent, children will often instinctively shield the surviving parent and not return to the subject. Silence is not helpful. When these orphaned children grow up, they will again consider their parent's death—this time with adult eyes—seeing perhaps for the first time what the world looked like when pandemic took the nation and world by storm. Then they will finally decide to heal—or not.

Besides having to wander the bleak terrain of profound childhood grief that Maxwell

[134] Per Slotnik, regarding disposition of bodies during the early days of COVID-19: "As many as one-tenth of the people who have died from the coronavirus in New York City may be buried on Hart Island, the city's potter's field, according to an analysis of city data. City officials recently considered ending burials on the island and shipping bodies out of the city instead. But during the pandemic, when funeral homes were overwhelmed, Hart Island became a last resort, preferable to having bodies languish indefinitely in refrigerated trucks."

describes, other fearsome losses can occur over which children have little control: loss of family income, inadequate emotional support, loss of housing, and (particularly upsetting to children served by the educational system) loss of access to a familiar school and childhood friendships. For Maxwell, having to leave his childhood home was a great loss. It was, of course, where his beloved mother lived. Burkhardt writes, "In Maxwell's mind, the world within the house was forever associated with his mother: 'I didn't distinguish between the house and her,' he wrote in *Ancestors* in 1971. 'When I was separated from it permanently, the sense of deprivation was the kind that exiles know'" (Burkhardt 26). Children who have to leave their homes and their schools also leave the communal knowledge of their parent's death behind. In their old neighborhood, the community—church, school, parents' places of employment—would have been aware of the family's loss and could provide financial assistance and emotional support. In a new spot, however, few persons—if any—would know of the loss, leaving the child with little support outside the home unless the child speaks openly about the death of their parent.

Children have other worries after the death. They worry about the health and safety of their remaining parent or caregiver. They worry that they brought the virus into the home from school (like Bunny) or accidently exposed a vulnerable family member to the disease (like Robert). They worry they will bring home the virus again and infect their remaining caregivers; some children begin avoiding peers and refusing to go to school to prevent that from occurring. Once vaccines became available, children worried about what would happen if the surviving caregiver refused to accept the vaccine, fearing—correctly—that the unvaccinated parent would be more likely to get COVID-19, more likely to become seriously ill and more likely to die. A child might become intensely angry—and embarrassed—if a parent dies without having taken full measures to prevent the virus (i.e., masking, avoiding crowds, getting vaccinated). Such

feelings often do not fade without leaving permanent traces. During psychoanalysis decades after his mothers' death, Maxwell discovered that the child in him was furious and guilt-ridden: "He was so angry at his parents for having another child—why hadn't they been satisfied with him?—that he had wished they would die. His father caught the flu also, but what happened to his mother made him, he felt—the child in him felt—a murderer" (Baxter et al. 73). The risks to orphaned children are different for each age group. Juliette Unwin writes: "The needs of younger children are more visible because they require immediate full-time nurturing care, yet adolescents face a range of different risks. These include sexual violence and exploitation, mental health and suicide risks, teenage pregnancy, decreased self-esteem and separation from their community." Besides those risks, adolescents are often forced into roles they did not have before a parent died. Unwin continues, "They may also have to assume caregiving responsibilities for younger siblings and feel the need to seek employment at the expense of their own education."[135] Such additional responsibilities can leave a child feeling inadequate, uncared for—and angry.

The immediate implications for these children are immense. The children might have lost only one parent but, per Carolyn Taverner, "[w]henever you've lost one parent, to some degree you've lost both" (qtd. in McKeever). Maxwell illustrates this in "Book 3," when James prefers to be alone and shows only minimal interest in how his children are coping, because he himself is barely coping. "Surviving parents are grieving themselves, and many have less time to tend to their children as they attempt to keep everything together. Kids are also remarkably attuned to their parents' emotions—and often tend to protect their parent by hiding their own feelings"

[135] Juliette Unwin's earlier research "found that three out of every four children who lost a parent to COVID lost their father. Regardless of gender, however, in families where the primary breadwinner dies, death can be linked to sudden and lasting family economic hardship, whereas the loss of a primary socioemotional caregiver can decrease social connectedness."

(McKeever). When children stay quiet, parents—in the immediacy of the situation—are more prone to make decisions without their input.

*

In the immediate aftermath of Elizabeth's death, James begins making decisions about the future of his family. He resolves to let his sister raise the new baby, as well as his sons; he'll pay her "for boarding them." He knows Clara's home "wasn't the kind of home they were used to," but "it would do until such time as he was able to make better arrangements" (Maxwell, *Swallows* 147). He ruminates that, perhaps, "[i]n the long run, it was a mistake to have children in the first place." It was Elizabeth's idea, but James never understood his children, couldn't talk easily to them. Maybe, he thinks, it would have been easier if they had been girls (147). He decides to get rid of the house furnishings since "he never cared for antiques the way Elizabeth did," and he will sell the house for "what he [can] get" (146). Later he elects to get rid of all Elizabeth's personal items, letting her sisters take what they wish (163). At no time, does James consider what his sons might think about his plans for the disposition of their mother's treasures. James is focused on James, and he works quickly trying to prevent the haunting memories from returning, along with his guilt.

But it does not work. Even as James tries to maneuver around his home without encountering Elizabeth's coffin, he cannot avoid remembering his last days with her. He longs to be able to change what has already happened, but he knows he cannot now and he could not then. "In his whole life he had never been sick before—not seriously. And being sick, he could not make people do the things he wanted them to. They would not even let him get up and go

into her room at the hospital and see her—except that once, late Wednesday afternoon" (148). James is only two rooms away from his dear Elizabeth but too sick with Influenza to even try to burst his way into her room. Eventually, when Elizabeth is having a better moment, a nurse lets James sit in a chair, a bit removed from her bed. James realizes she's still very sick: "he could not help seeing how difficult it was for her to breathe. It seemed to take all her strength for that." As he is recalling memories of the first time he met Elizabeth, the nurse brings their baby "wrapped in a white blanket." Readers hear Elizabeth speak for the first time since leaving for the hospital: she "smiled her slow smile and said, *Look, James, another peeing boy* …" (148, Maxwell's emphasis).[136]

Maxwell allows the pragmatic James to grieve for the rest of "Book 3." James seems to quickly come to terms with the loss of Elizabeth. As the interurban train runs on schedule on the tracks in the background over the next days, James even finds reason to forgive himself for exposing Elizabeth to the virus: "James set about to deal with the image that obsessed him. With so much sickness, with the epidemic everywhere, it stood to reason that someone with influenza might have been on that interurban, too. They might have been exposed to the flu there, just as they were on the crowded train." That decided, James provides his own counsel and reconciliation: "And what point was there in torturing himself like this? What good did it do?" (153).

Besides guilt and regret, James also deals with anger, directed mainly at Elizabeth for not communicating with him when they were both ill but instead speaking with her sister, Irene. That conversation concerned her baby who, Elizabeth insisted to Irene, must not be raised by James's

[136] The front-page headline in the Lincoln newspaper, "Baby Born While Mother Ill With Pneumonia," was followed by the story that Robert Blinn Maxwell was born on January 1, 1918 (Burkhardt 21). The baby would be called "Blinn," a family name on Blossom's side.

side of the family. It was Irene who conveys that message to James; he doubts its veracity, contributing to his anger. Resentfully, James removes all Elizabeth's belongings from her drawers, making a pile on the dresser "[f]or she had put him aside, he said to himself, casually with her life" (163). Everything—including her engagement ring—"he would give to … anybody with the kindness and mercy to have them. Because she was gone now" (164). But his anger is interrupted by the memories of her death, "and in his ears [he] heard that terrible last hour of her breathing" (163). The memory of those final struggling breaths from Influenza and COVID-19 vividly remains with witnesses forever. James continues adding to the pile of Elizabeth's belongings with one goal in mind: "And when he had finished, there would be no trace of her anywhere. No one would know there had ever been such a person, he said to himself." But one small soul stood witness to James's attempt to eradicate Elizabeth from his life. When he turned "to the doorway … [he] saw Bunny staring at him with Elizabeth's frightened eyes" (164). Bunny, the angel child orphan with his mother's brown eyes, would never forget Elizabeth.[137]

By the day of Elizabeth's funeral, James's plans for his future—and the future of his family—have softened. He has weathered a frightful night walk filled with a vision of Elizabeth, whom he initially believes has returned to take him with her, but who instead leads him back to their home. Irene announces her plan to live in the Morison home and help James with the children. Readers assume that includes the new baby. Maxwell leaves James circling—like Yeats' swallows around a compass point—ever closer to Elizabeth's coffin, sometimes alone, and finally with Robert, who has been relieved of his guilt by Irene's explanation about

[137] As noted earlier, Burkhardt notes that Maxwell and his mother "had the same large brown eyes and he so closely related to her that in his own mind their individuality blurred: 'which is his self and which is her?'" (26). James experiences the same blurring, seeing Elizabeth in Bunny.

prodromal incubation periods for Influenza that excluded his mother from becoming ill at the time of the bird incident (159). Finally, "[w]ithout noticing it, they had changed the direction of their walking, and it now brought them straight toward the coffin" (173). This time James does not back away: "They stepped up to it, together, and it was not as James had expected. He did not break down, with Robert beside him." This time, James could see that his Elizabeth was not in that coffin: "He stood looking at Elizabeth's hands, which were folded irrevocably about a bunch of purple violets. He had not known that anything could be so white as they were—and so intensely quiet now with the life, with the identifying soul, gone out of them" (173). To James, the quiet leaving of Elizabeth's spirit denotes that she feels James is now on a path of which she approves. Her still, white hands are the signal James needs: "They would not have been that way, he felt, if he had not been doing what she wanted him to do" (173). He reclaims the memories of his Elizabeth, the compass point of his life: "For it was Elizabeth who had determined the shape that his life should take, from the very first moment he saw her. And she had altered that shape daily by the sound of her voice, and by her hair, and by her eyes which were so large and dark. And by her wisdom and by her love" (173). Maxwell concludes *They Came Like Swallows* at the side of Elizabeth's coffin, which is still in the home and is still the focus of the family. Readers are left to believe that James—and Robert—will be well enough. Bunny will struggle but will be in the loving care of his Aunt Irene, his mother's sister—a faithful, if never identical, surrogate of his mother. Life will go on. James closes the text: "And with wonder clinging to him (for it had been a revelation: neither he nor anyone else had known that his life was going to be like this) he moved away from the coffin" (174).

CODA

For the fictional Morison family, that is the ending Maxwell designed for them. Maxwell's own story takes a different turn. Little remained the same after his mother's death. Times quickly changed after the war and after the pandemic. Burkhardt writes: "Overnight, it seemed, social life in in Lincoln, as elsewhere, had been transformed. Prohibition hit, and suddenly respectable men and women were drinking and carousing, a development young Maxwell found unsettling. Even as an adult author, he always associated this period with distressing change: his mother's gentle world giving way to a fast and decadent one." For Maxwell, the changes seemed to collaborate to erase his mother when he most needed to remember her. "Blossom's long, full skirts and upswept hair, her Gibson-girl womanhood, were replaced by flapper dresses and cropped pageboys. Late night Charleston affairs supplanted her delightful afternoon tea parties" (Burkhardt 29). Maxwell's father, William Keepers Maxwell, Sr., embraces the social changes, eventually remarries and moves his family to a new home in Chicago. He leaves Blinn, his youngest child behind, essentially removing Blossom's baby along with Blossom's memory from his life, from the lives of his older sons, and from Maxwell's home.[138]

Maxwell earned a bachelor's degree at the University of Illinois, as well as a master's at Harvard. He and his brothers went their separate ways as adults. He worked and lived mostly in New York City; his brothers, both of whom became attorneys, lived and worked together in California. Maxwell lived a comfortable adult life, enjoying a long, loving marriage and raising

[138] Blinn had been spending increasing time with Grandmother Maxwell. By the age of 5, he was with her several days a week. When William, Sr. went to recall his son, his mother "threw herself on her knees before him and cried, 'Will, if you take that child I will die, it will kill me!'" Blinn stays with the Maxwell side of the family for the rest of his childhood. "Maxwell wrote that the decision was the only act of his father's life he ever heard him seriously regret" (Burkhardt 30).

two accomplished daughters. He found success and recognition in his work as the editor of *The New Yorker* and while there coincidentally encountered both of the other authors in this paper. He edited many of John O'Hara's submissions to *The New Yorker*, visiting the author's home in the process. Katherine Anne Porter was introduced to Maxwell in 1956. They shared a love for roses, and William Maxwell "sent her a Golden Damask rosebush, which she planted at her New England farmhouse" (Burkhardt 77). He also became a prolific author of many well-regarded fictional works. Key among them is *They Came Like Swallows.* That text was never far from the author's thoughts because it was essentially etched in his very being. A friend recalls:

> While we were walking down Broadway to the site of the screening, I mentioned that I had just finished reading *They Came Like Swallows* and that the book…took me apart and then put me back together again. He glanced at me and his eyes had welled, and then he resumed walking, head down. 'It was written in tears,' he said. I thought about how a man could still hurt over something that had happened seventy-five years earlier, and my heart raced. There was something almost exhilarating about it—it was what I've come to think of as a species-thrill. *This is what it really is, being human.* (Baxter et al. 167, Baxter's emphasis)

His mother and her untimely death imprinted his life like no other relationship. Hirsch writes: "There is something Maxwellian about inconsolable grief. The loss of his mother was so traumatic and intolerable for him that his memory, supplemented by imagination, set out to defy it" (qtd. in Baxter et al. 192).

So Maxwell wrote. He spent his life trying to write himself out of his pain, while never letting himself forget his mother. Jelena Kecmanovic, perhaps, best explains Maxwell's passion to write about his loss: "I have found that, in situations in which Prolonged Grief Disorder is

related to guilt, regret or a sense of unfinished business with the deceased, writing a letter or having an imagined conversation with the lost loved one can be a powerful aspect of treatment." That is one of the most important goals of prolonged grief therapy: mourners "need to develop a narrative of what happened, to revise and re-create one's relationship with the loved one, and to reinvent oneself" (Kecmanovic). As an adult, Maxwell was able to put pen to paper to sort through the questions, guilt, and unfinished business about his mother's death. Maxwell created *They Came Like Swallows* when he wrote, a text that will undoubtedly find new readers when orphaned survivors of COVID-19 begin to seek narratives similar to their own as they process their own grief. Maxwell's text will provide a firm foundation for assuring these children that they are not alone, that they can hold their parent in their memories and dreams for as long as they wish.

Maxwell's nearly ninety-two years gave him a long time to reflect on his literary life. As he came to his end, he had a few plans: "Before I am ready to call it quits I would like to reread every book I have ever deeply enjoyed, beginning with Jane Austen and going through shelf after shelf of the bookcases, until I arrive at the *Autobiographies' of William Butler Yeats"* (Hampton). Ever the imaginer—and an inveterate napper—Maxwell created his own vision of dying: "Because I actively enjoy sleeping, dreams, the unexplainable dialogues that take place in my head as I am drifting off, all that, I tell myself that lying down to an afternoon nap that goes on and on through eternity is not something to be concerned about." But there is a downside to his death-like-a-long nap idea: "What spoils this pleasant fancy is the recollection that when people are dead, they don't read books. This I find unbearable. No Tolstoy, no Chekhov, no Elizabeth Bowen, no Keats, no Rilke" (Hampton).

Not knowing what was on the Otherside was another obstacle to convincing himself he

was ready to go. Though his wife was convinced of an afterlife, Maxwell was not.[139] His mother's death annihilated any semblance of faith in God that he professed. Per Alec Wilkinson: "When she died … he gave up any belief in a god who protected human happiness." Maxwell reasoned that "[n]o sensible person can fail to be astonished by creation … but the idea of an old man watching over individual lives, a being who judged, kept track, and intervened, who favored one person over another, a figure from a story—such a version had no meaning for him" (qtd. in Baxter et al. 72). Still, as he entered the last days of his life, his found his comfort in his hope that, believer or not, he might be reunited with his mother again after his death. "'It's just a matter of love,' he said in a late interview, 'of emotional attachment. For some people, love matters more than anything. With lots of people, it doesn't at all. For me it did. And does.' Pressed by a therapist—'if your mother were alive, if you could talk to her, what would you say?'—'what I said was, Here are these beautiful books, that I made for you'" (Ellen Bryant Voigt, qtd in Baxter et al. 160).

[139] Maxwell and Emily were married for 55 years. He died eight days after his wife. "The epitaph marking his memorial gravestone … reads 'The Work is the Message'" (Wikipedia, "Maxwell Jr.").

Chapter III

John O'Hara and *The Doctor's Son*:

A Doctor's Son Pens *The Doctor's Son*

> Better than anyone else, he told the truth about his time, the first half of the twentieth century. He was a professional. He wrote honestly and well.
>
> –John O'Hara[140]

Introduction

Scholars who are interested in the 1918 Influenza pandemic will have at least a passing familiarity with Katherine Anne Porter's *Pale Horse, Pale Rider* (1939) and most likely with William Maxwell's *They Came Like Swallows* (1937). The same cannot be said about John O'Hara's *The Doctor's Son* (1935), although the text provides an excellent depiction of how healthcare professionals fared when caring for victims of Influenza as well as how the pandemic impacted various socioeconomic communities. Readers' unfamiliarity with O'Hara's text—and with the rest of his copious publications—is at least partly the fault of the author himself.[141] O'Hara preserved no notes from his writing process, including his writings as a child and later as a journalist, and refused to allow his significant body of work to be included in English literature

[140] O'Hara's self-written epitaph on his headstone. Born: January 31, 1905. Died: April 11, 1970.
[141] O'Hara's writing career included: 35 books; 402 stories (247 stories for *The New Yorker* over 40 years); 6 book reviews; 49 journal articles; columnist for 19 months for *Newsweek*, 5 months for *Sunday Advisor*, 31 months for *Colliers*, 12 months for *Newsday*, 9 months for *Holiday;* and script advisor/writer for movies made from his novels.

anthologies, thereby minimizing the teaching of his works at the college level and severely limiting academic scholars from recalling his work once its popularity faded from the public eye. Penn State University holds most of O'Hara's papers—23 cubic feet, to be exact—but, per Jonathan Clarke, "probably not one in 100 students on that campus is aware that he ever lived." This invisibility is detrimental for scholars of early to mid-twentieth-century literature and history. Clarke asks, "What is lost when the work of a writer once broadly popular and critically esteemed falls out of fashion? … In the case of John O'Hara … the loss is real—a deprivation less of aesthetic experience than of social history and shared memory." O'Hara maintained vigorous correspondences with many of his illustrious contemporaries—John Steinbeck, F. Scott Fitzgerald, Ernest Hemingway, Bennet Cerf, John Updike, Gay Talese, Tom Wolfe, Fran Lebowitz and William Maxwell (who was O'Hara's editor for many years at *The New Yorker)*—but, while they remain in the academic literary conversation today, O'Hara has faded.

There may be another reason O'Hara's work was not promoted by his peers after his death: nobody liked him. His generally abrasive personality (peppered with affection only for his wives and daughter and a few close acquaintances) was off-putting, and he displayed self-defeating behaviors with his peers so often that one of the biographies of his life is titled *The Art of Burning Bridges* (Wolff). Fran Lebowitz, writer and "one of O'Hara's most vocal fans," has an explanation as to why she thinks O'Hara and his work are often ignored. In an interview to *The Paris Review*, she says: "I think O'Hara is an underrated writer because every single person who knew him hated him. Everyone tells you stories about what a jerk he was, what an idiot, what a social climber, how awful he was … He was also an extremely popular writer and that probably hurt him, but mostly it was the fact that everyone hated him" (Tonguette). It is hard, perhaps, to be warmly remembered when your *fans* harbor such cool feelings about you. That

O'Hara often pushed social limits, writing on topics unacceptable for publication for the times—sex, alcohol, class and every other category of social vice—did not help matters. At different times, his books were removed from library shelves for his characters' excessive materialism and explicit sexual behavior. These particular stories and novels resulted in mixed critical reviews, but they also proved to be the most commercially successful, rewarding the author with large financial returns—a bragging point very important to O'Hara.

And yet: O'Hara wrote the singular text about the plight of healthcare professionals during the 1918 Influenza. He wrote it from the viewpoint of a wealthy doctor's son who, at the age of fifteen, is tasked with driving a medical student to the most destitute reaches of his ill community. O'Hara pens *The Doctor's Son* with an acute sensitivity to the plight of the poorest—and the richest—during the pandemic, climaxing his text by sharing the plight of an ill five-year-old immigrant child, suffering in her bed amid her three younger siblings while her father, in his own bed, lies dead. In this chapter, I will suggest that, despite Lebowitz's scorching impression of him as a friend, O'Hara had an empathetic soul deep inside him that he brought out to write this short novel. I will mine his text for details of what caregivers experienced during the 1918 Influenza pandemic and will relate O'Hara's story to the struggles healthcare professionals are experiencing during COVID-19.

O'Hara and The Traumas of Healthcare Collapse, Marginalization and Maternal Grief

John O'Hara was, in fact, a doctor's son and, despite the new names he created to fictionalize characters and locations in *The Doctor's Son*, the text is very clearly O'Hara's personal story, and his text can be considered a reliable literary representation of the pandemic

horror of that time and place. John O'Hara becomes James "Jimmy" Malloy in the text.[142] He writes *The Doctor's Son* in a linear fashion from a first-person point of view. O'Hara could have centered his story about being a doctor's son on many dramatic incidents that occurred when he accompanied Dr. O'Hara on his patient rounds as a child.[143] It is easy to imagine an entire text filled with O'Hara's observations of patients tended by his father after mining accidents. Or books with sketches of skin pustules, pus-filled eyes, or blood pouring from body orifices, denoting symptoms of a myriad of communicable diseases that infected and killed people before the time of vaccinations and antibiotics. But instead, he chooses to write about the first time he, a young teen, was on his own—away from his father, the doctor. He is tasked with escorting a young medical student who was also on his own for the first time—away from his mentors, the doctors.

A short synopsis will set the scene for more detailed close readings in this dissertation.[144] *The Doctor's Son* begins in *medias res* when James's father, Dr. Malloy, is on the verge of utter physical and mental collapse from treating Influenza patients and is forced to recuperate at home at the height of the Influenza pandemic.[145] He reluctantly relinquishes his practice to the care of a medical student sent by the state to relieve him. Dr. Malloy appoints his teenage son James, O'Hara's protagonist and alter-ego, to accompany "Dr." Myers, a still-enrolled medical student, pulled from his Philadelphia medical school to relieve overworked physicians during the pandemic, as the medical student attempts to care for Dr. Malloy's patients scattered around the

[142] Like Porter's "Miranda" and Maxwell's "Bunny," O'Hara created a fictional alter ego of himself—"James 'Jimmy' Malloy." James Malloy is first introduced in *The Doctor's Son* and remains a prominent character in many of O'Hara's short stories and novels for most of O'Hara's writing career.
[143] O'Hara was thirteen during the pandemic when he served as a driver for the medical student who arrives to relieve O'Hara's father.
[144] All page numbers are from O'Hara's *The Doctor's Son and Other Stories*: Harcourt, Brace & Company, 1935.
[145] Throughout *The Doctor's Son,* O'Hara uses the full spelling for the honorific "Doctor"; for brevity and readability, I will use "Dr." unless I am directly quoting the text.

poorer areas of the community, in the patches.[146] Acting as chauffeur, James introduces Dr. Myers and the reader to the consequences of the Influenza virus and other illnesses as the diseases run amok through poverty, grief and everyday American life. Because James is only a teen, albeit one who has borne witness to illness and injury as his father's longtime assistant, and because Dr. Myers has yet to finish his last year of medical school, readers see the pandemic through the eyes of these two medical neophytes, neither of whom has ever been solely in charge of sick and dying patients.

Readers watch as these cocky young men set out to fill Dr. Malloy's medical shoes. Both are aware of the other's youth, and both tightly embrace whatever signs of age status they feel they can hold over the other. James can drive. He is the guardian and disseminator of all information about the community, privy to personal information about specific patients that the medical student will need. And, to appear more mature, he frequently mentions his need for a cigarette even though he knows he cannot be seen smoking due to his father's disdain for the habit. James holds a physical command over his companion; he compares his stature to Dr. Myers, noting that the medical student "made me feel like a lumberjack; I was so much bigger and obviously stronger than he. I was fifteen years old" (O'Hara 7).[147]

Dr. Myers, who introduces himself to James as "Mr. Myers," a self-admission that he does not yet consider himself a physician, is, according to James, "almost tiny, and that was the reason I could forgive him for not being in the Army" (7). With light hair and a light mustache, he does not appear a formidable opponent to James except that Dr. Myers held two trump cards that James did not (and never would)—he was a University man from Pennsylvania, just like

[146] The patches were the poorest areas on the outskirts of Gibbsville where coal mining families, most of them immigrants, lived.
[147] Although his character James is fifteen years old in *The Doctor's Son,* O'Hara would have been only thirteen at the peak of the Influenza pandemic in 1918.

James's father, and he was a physician, just like James's father. Dr. Myers manifested these cards with a physical habit James considered common to doctors: "In conversation between sentences his nostrils would twitch and like all doctors he had acquired a posed gesture which was becoming habitual. His was to stroke the skin in front of his right ear with his forefinger." James mentally balances out the medical student's pros and cons by the time Dr. Myers jumps into his car, declaring the medical student both "catlike" and "dignified" as they set off on their mission (7).

The difference between James and Myers is greater than just their age. Myers is "from Philadelphia, not Gibbsville; he is refined where the local men are blunt or even brutal in manner; and he is, against all expectation, sexually avid. That avidity and the pathogenic carelessness it engenders in him is what drives the story's action, mirroring the influenza that invades and devastates the community" (Clarke). Focusing *The Doctor's Son* on James and the medical student allows O'Hara to explore how the characters come of age when thrown into adult roles neither anticipated filling. The teen and medical student are novices, both attempting to help the ill and dying in the patches, but neither with the necessary credentials or experience for such an undertaking. Among the patients they care for is a desperately ill five-year-old child who is barely clinging to life. The cocky attitudes with which they begin their adventure fall away quickly, leaving the two traumatized, humbled and emotionally older in the mere days it takes James's father, Dr. Malloy, to conclude his respite. Neither should have been placed in the position of providing frontline medical care, but both were forced into the situation by a pandemic of ferocious proportions. At a time when everyone was called on to do their best, they—in a demonstration of youthful fortitude and attempted excellence—did their best.

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One cannot fully understand John O'Hara and *The Doctor's Son* without understanding the relationship between the author and the most dominant person in his life. John O'Hara begins *The Doctor's Son* with two words "My father" (5). With these two words, he immediately identifies the one person with whom he would spend the rest of his life coming to terms. The reader benefits in understanding O'Hara's personal relationship with his father, Dr. Patrick O'Hara, because it was this relationship that not only drove John O'Hara to self-destructive behaviors during his life but also drove him to become a successful writer. O'Hara had three wives and scores of acquaintances and professional connections on both coasts of the United States, but the bond that defined and consumed his entire life was the one he shared with his father.

Patrick O'Hara was a very successful physician with a busy solo practice in a rural part of western Pennsylvania, and, as such, the whole family acted in support of the doctor's profession. As the children of an eminent physician, John O'Hara and his seven siblings lived a life of exceptional plenty without any fear of going without their basic necessities. At a time when most Americans owned zero automobiles, his father owned many, a fact the author drops early in *The Doctor's Son* when Dr. Malloy informs his 15-year-old son that "Doctor Myers doesn't drive a car, you'll drive for him."[148] He instructs James to first drive his siblings to their second residence, the family farm, where they will be safer from illness, "in the big Buick and then bring it back and have it overhauled. Leave the little Buick where it is, and you use the Ford" to escort

[148] "We had a six-cylinder Buick touring car," John once wrote, "a four-cylinder Buick sedan, a four-cylinder Buick runabout, a Ford roadster, and another Ford roadster for the farm." Despite such largess, John was frequently jealous of the Rolls Royce autos he saw when his family visited New York City (Robbins).

the new doctor on his rounds to see Dr. Malloy's patients (7).

Despite all the professional awards and accolades Dr. Patrick O'Hara received and all the expensive accoutrements he acquired, life never was the idyll he coveted. The O'Hara family was encumbered by an unfortunate reality of the times: they were both Irish and Catholic at a time in America when it was difficult to be either, even if one performed a prominent role in the community. Dr. O'Hara never felt completely accepted by his colleagues. He maintained a life-long grudge against those he considered his peers who would deny him full and equal access to the community because of his ethnicity and religion. John O'Hara carried on his father's grudge for the rest of his life. "[O]f all the social complexities that spurred John O'Hara's anger, pride, envy, squinting focus, truculence, and art, his Irishness led the charge" (Wolff 38). But O'Hara had a love–hate relationship with his ethnicity: "[His] Irishness was a dumb fact which he couldn't ignore and did not wish to. For him it was a defining act—at once debasing and special" (Wolff 39). This defining act found an outlet in many of his novels but also served as a barrier between John O'Hara and those who would seek his friendship over the years.

Perhaps his perceived marginalization in the community accounted at least partially for Dr. O'Hara's hair-trigger temper that he unleashed on both colleagues and family alike. In a family, and especially for children, such rage observed in a parent becomes a matter of control and, often, abuse. O'Hara once commented, "My father could open you up with a scalpel or with a jab and an uppercut" (Robbins). As the eldest child, John took the brunt of his father's temper and, eventually, developed one of his own that he nursed with alcohol, which undermined many jobs and relationships and left him near death in mid-life from upper gastric intestinal bleeding. In grudge and in temper, John was his-father-the-doctor's son.

Had he further replicated his father's path, a comfortable life would have been virtually

assured. But John could never live up to his father's expectation that he follow in his physician footsteps. Dr. O'Hara expected John to study abroad at the best medical schools and become a surgeon of the highest caliber, one worthy to carry on the reputation Dr. O'Hara believed was his. John, however, was not interested in medicine. Roused from bed too many times in the middle of a cold night to harness the horse and buggy or, later, to warm up the car and drive his father to the latest emergency, O'Hara had had enough. Serving as his father's assistant since a young child, he had also seen enough to know that medicine was not for him.

That which does not drive a child to follow in the footsteps of a physician–parent often propels them to other careers, albeit with a unique sense of life and death gleaned from their parents' experiences. Wolff suggests that writers coming from medical families often seem to profit from the insight gained from witnessing the fragility of life: "A crucial lesson most imaginative writers learn is that a force arrives, bidden or unbidden, that capsizes a character, or threatens to. This crisis is as ruthlessly binary as an on/off setting on a lathe. A ditch is dug between before and after" (23). Whether the effect of the force is physical, emotional or psychological, it has the potential to upend yesterday and refocus tomorrow in an instant. Wolff continues, "For a doctor's child, bad news—life-changing bad news—is as regular as [a] healthy heartbeat, and no observant doctor's child can fail to understand this primary element of successful narrative: what happens to a character must matter to a character, decisively. … It's also how doctors' children come dramatically to mythologize or recoil from their parents' daily work" (23).

Such forces often arose unbidden when John accompanied his father: communicable diseases could wipe out a family in days; complications during pregnancy and delivery could take not only a newborn but, as often, their mother; and death from infections in pre-antibiotic

times was rampant. O'Hara frequently recounted the tragedies he encountered as his father's escort. In a 1961 interview with William Maxwell, O'Hara told his editor at *The New Yorker:* "I grew up one Christmas day, stopping to pick up the priest in my governess cart so he could take Holy Viaticum to Stink Schweikert's father, who was lying on a railway track with a leg mashed off" (Bruccoli 20).[149] His distress when assisting his father amputate crushed limbs, staunch bleeding and hold mangled men while they died from coal mining accidents proved too much for O'Hara.[150] He noted many times that he had seen too much pain, tragedy and death in his early years to consider a medical career. "Every time the phone rang there was a chance that death would be in on the call, especially late at night. 'He died on the table,' was an expression I heard a hundred times—at the dinner table" (Farr 42). The memories of such incidents turned him away from medicine—but turned him into a writer. Wolff concludes that O'Hara neither desired nor was fit to become a physician: "As a doctor's son, [John O'Hara] got to—was obliged to—venture where children don't go: into darkened rooms, on the other (interior) side of the shut curtains. When he came back into the light, he emerged as a writer" (Wolff 27).

O'Hara showed great intellectual promise from a young age but never manifested his true potential in the classroom, leading him to fail repeatedly (and one might suggest, purposefully, so as to self-sabotage his success) thus assuring that, even with all his father's connections, O'Hara would never be accepted to any reputable medical school worthy of his father's funds. His father was appalled, angered and embarrassed at O'Hara's academic failures. He openly disparaged his son and rarely praised him throughout the years. O'Hara recalls his father's

[149] William Maxwell edited *The New Yorker* from 1936–75, editing O'Hara's submissions during that time. O'Hara mentions Maxwell frequently and warmly in his letters to others and kept in contact with Maxwell over the years.
[150] Dr. O'Hara held a financial retainer that required him to care for injured coal miners in the collieries. He became known as one of the most skillful trephiners in the nation, capable of cutting exact holes in crushed skulls to relieve pressure from swelling on the brain, thus saving lives while minimizing brain damage.

disgust, disappointment—and pride—in one of the few passive-aggressive compliments his father paid him: "John is the best horseman in Eastern Pennsylvania, but outside of that, he isn't worth a damn" (Wolff 20).

Dr. O'Hara's tendency to live large and not financially plan for his family's future caught up to him in 1925 when he developed Bright's Disease and died, intestate and financially depleted, in a matter of weeks at the age of 57.[151] For all his desire that his son have the best medical school education and become the best surgeon, Dr. O'Hara failed to make any arrangements to insure that intention. John O'Hara, despite his self-induced academic limitations, always harbored a burning desire to attend Yale, mostly to partake of the social atmosphere of the university but also to reap the financial rewards that such an education promised while propelling him into the elite social spheres he craved. He lived with regret and anger that his father who, in spite of his disdain for John's academic failings, had nevertheless promised him an Ivy League education, died prematurely, and left nothing to support O'Hara's plans. O'Hara watched his dream of attending Yale evaporate, but the animosity that grew in place of that dream never dissipated.

When Dr. O'Hara died, John O'Hara was only twenty, his seven brothers and sisters still mostly children. Besides the stunning financial reversal that encumbered the family, Dr. O'Hara left additional personal detritus for John to deal with in the aftermath of his passing. On his deathbed, Patrick called his son to his side and whispered to him that John had two spots on his lungs, information that John had never heard before and that would eventually prove untrue, but only after John agonized over the implication of the spots for years (Bruccoli 39). The residual effect of that untruth left O'Hara to wonder whether his father's last words to him were another

[151] Bright's Disease is a renal condition now known as acute or chronic nephritis, an inflammatory illness that destroys the ability of the kidney to filter blood. Untreated, it frequently leads to death.

deliberate attempt to deceive and hurt him or just the ramblings of a terminally ill man confused by the encephalopathy induced by his kidney disease. Patrick O'Hara's last words before he died, "Poor John," did not clarify the matter and continued to haunt John throughout his life (Bruccoli 40).

O'Hara fought his demons for decades, drowning them in drink and reckless behavior, while vainly trying to reconcile the knowledge that he was always a disappointment to his father, who often publicly berated O'Hara for preferring a career as a journalist and writer instead of becoming a physician. The pain of his father's criticisms spills over into his writing. In *The Doctor's Son,* when Dr. Myers is about to depart Gibbsville to return to medical school, he comments on James's farewell handshake—"Quite a grip James has,"—O'Hara has Dr. Malloy retort harshly about his son: "Perfect hands for a surgeon. Wasted though […] Probably send him to some God damn agricultural school and make a farmer out of him" (O'Hara 30). John spent the rest of his life disgruntled about his relationship with his father. It was not until his own daughter was born late in his life that he began to purge the father–son torments that held him captive even as he achieved a writing career most would envy. While he may have succeeded beyond his family's most remote expectations as a writer, he was a prisoner of his father's dream for him, never completely able to bury the idea of following in his physician–father's footsteps. Nine years after his father's death, and after the publication of his first wildly successful novel, *Appointment in Samarra*, John once again briefly entertained the possibility of entering Yale—to become a psychiatrist (Wolff 28).

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Though his father dictated much of John O'Hara's life, O'Hara's writing style is his own, evident from the opening page in *The Doctor's Son.* When O'Hara revisits 1918 in *The Doctor's Son,* he does so in a straightforward manner, without sentimentality or ornamentation. He avoids embellished language as a matter of principle and lets his characters tell his stories whenever possible. Regardless of what scholars thought of his often-salacious writing topics, they are in full agreement that O'Hara's realist and naturalist styles produce an accurate account of the era in which he wrote.

Although initially published as a short story in *The New Yorker, The Doctor's Son* is better described as a short novel both because of the complexity and historicity of the subject matter and because O'Hara covers so much ground in so few words that the overall sensation is that of having read a text much longer than a short story. Clarke notes that the short novel "seems to expand in memory. Over its 7,500 words, O'Hara describes every stratum of class in the community; lays out the occupational hierarchy among the men; establishes the dominance of the coal company; renders dialects of three immigrant groups; and distinguishes the main city, Gibbsville, from the mining patches that surround it."[152] O'Hara's writing style makes his work seem effortless: "He does all this without seeming to write in an expository register and renders the tale convincingly through the eyes of a teenager" (Clarke).

The brevity of his style allows readers to move quickly through his writing; his fast-paced stories often move with just his characters' conversations. But when he wants his readers to slow down and concentrate on the significance of what he's writing, he cultivates the use of long blocks of text to physically decelerate the reading pace. He does this early in *The Doctor's Son*, explaining in one extended paragraph (relative to the rest of his text) the reason his physician–

[152] Gibbsville is O'Hara's barely fictionalized alias for the town he grew up in, Pottsville. It is featured in all O'Hara's books about that region of Pennsylvania.

father slept with a gun at his bedside:

> He had to have the revolver, because here and there among the people who would come to his office, there would be a wild man or woman, threatening him, shouting that they would not leave until he left with them, and that if their baby died they would come back and kill him. The revolver, lying on the desk, kept the more violent patients from becoming too violent, but it really did no good so far as my father's sleep was concerned; not even a doctor who had kept going for days on coffee and quinine would use a revolver on an Italian who had just come from a bedroom where the last of five children was being strangled from influenza. So my father, with a great deal of profanity, would make it plain to the Italian that he was not being intimidated, but would go, and go without sleep. (O'Hara 5)

Such detail—the worthless revolver, the wild parent, the strangling child, the performance of profanity—defines the trauma inflicted by Influenza in only a few sentences. But for readers, those images linger long after the text ends.

His construction of dialogue is a hallmark of his ability as a writer: "O'Hara's dialogue is as rapid and natural as any that has been written in this century. In his big blocks of narrative, the style is plain, accurate, glassy-clear, and almost without metaphors, which O'Hara avoided on principle." The style served a purpose: "It is the style of a man who wants to remain invisible while at the same time 'mesmerizing the reader.' The phrase is his own" (Cowley 350). The specifics of O'Hara's written dialogue allowed the author to uniquely portray American speech. He spoke aloud as he wrote, sounding the dialogue until he felt confident to commit the words to paper. "[H]e always got the vocabulary, phonetics, cadences, and syntax just right, no matter what socioeconomic group, from the money class to the upper middle class, to ordinary working

people and even show-business types" (Hooper, qtd. in Library of America "Christmas Poem"). His attention to detail was a gift: "He was curious, blessed with a phenomenal memory, and instinctively literary. As a kid he used to sit by the tracks and watch the freights go by … When he grew up, he could tell you the name of every railroad in the United States" (Robbins). Interestingly, he might not have been able to describe the color of those train cars: per one of his biographers, Finis Farr, John O'Hara was color-blind (35). Nevertheless, his memory allowed O'Hara to precisely detail the historical conditions in which he places his characters; he "supplemented his ear for dialogue with a keen consciousness of social trappings, for instance, the cars, the neighborhoods, the kinds of dwelling" (Hooper, qtd. in Library of America "Christmas Poem"). His mastery of sociological details appealed to readers wishing to be immersed in another place or another time. O'Hara was happy to accommodate their desires.

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O'Hara's *The Doctor's Son* is the only novel about the 1918 Influenza written from the perspective of a physician's family member. The text contains an adolescent love story, a story of infidelity and a story of a son's disaffection for his father, but the medical situation during the 1918 pandemic is the overriding theme of the text, documenting a community's trauma when immersed in Influenza. The text can be appreciated in any of these stories. But read with awareness of the reeling healthcare system in the United States during COVID-19, the text creates a new perspective for imagining the grave medical conditions that transpired during both events. The 1918 Influenza virus, like the COVID-19 virus, brought communities to their knees, as those still healthy tried to assist their ill family members, friends and, especially in this text,

their community.

In *The Doctor's Son*, O'Hara hits on seemingly every trope of pandemic, thus letting his story speak not only about the 1918 Influenza but also about COVID-19 and any other pandemic. In the hands of another author, these tropes might seem like just that—tropes that reduce a time of extreme hardship and unimaginable death to a simple list of characters and situations. Instead, O'Hara's deft word-perfect rendering of his story fleshes out a tale that leaves the reader cognizant of a larger story than the individual words on the page might suggest. His well-honed sense of dialogue and detail combine with his well-honed sense of character to create stories that invite readers to take his work at face value (a perfectly valid read) or to take time to ponder the narratives he provides, to read between his lines—and, indeed, to scrutinize each word—to flesh out the rest of his story. His matter-of-factness, his economy of words and lack of embellishment, may be his strong suit as a writer but can be deceiving to the reader. An O'Hara narrative is, therefore, an invitation to explore the richness hiding in the simplicity. That work is left to the reader and, as the rest of this chapter will demonstrate, it is rewarding work for those seeking a deeper understanding of the author's work.

The Doctor's Son is by turns gripping and commonplace. Pre-COVID-19, readers might have puzzled over O'Hara's sometimes banal scripting of his characters' performances in the text. Pre-COVID-19, it would have been impossible to imagine "normal" life continuing on while the Influenza pandemic raged in Gibbsville—or in any other American city. As demonstrated in the introduction to this dissertation, the historical descriptions of Influenza are shocking: the disease itself was physically revolting and crushingly painful and the chance of becoming infected was very high. People died—lots of people died—and survivors grieved. And yet, in the midst of the disease's carnage, O'Hara has James carry on an adolescent love affair

with his girlfriend, Edith, while his medical student sidekick, Dr. Myers, carries on an affair with Edith's mother. People are invited to lunch, young people take dancing classes, fashion (especially the racoon coat of James's dreams) is discussed. Banal. The effect is a text heavy on realism with intermittent doses of naturalism, as is deserving of Influenza. And, now in the time of COVID-19, readers can understand that banality is often the norm even for a country in the midst of a pandemic. *The Doctor's Son* characters mirror the many Americans today who, ignorantly, helplessly or knowingly, stood on the sidelines—impacted but not (yet) infected—and carried on with their pre-COVID-19 ways, while naïvely acting as witnesses to a pandemic that swirled around them. Today, as in 1918, it often seems that people pay attention only when the virus infects, devastates or exterminates a loved one or an acquaintance. Pandemic, for many, has to be personal to be real.

Healthcare professionals, however, did not have the luxury of carrying on with their normal lives during the 1918 Influenza pandemic or during COVID-19. Pandemic disallowed any indulgence in concerns about personal dangers. Instead, with few exceptions, caregivers moved to wherever their services were most needed, even when they were also the most vulnerable in the face of an undetermined pathogen. *The Doctor's Son* provides a portal for understanding the carnage healthcare professionals face during pandemics. In most novels about the 1918 pandemic, healthcare professionals stay in the background of the story. But in *The Doctor's Son*, these professionals are the focus of the narrative, providing insight to the stresses and stressors of treating an unknown illness with inadequate therapies while experiencing a kaleidoscope of emotions—exhaustion, fear, frustration, anger, grief, burnout—for far too long with too little relief. Exhaustion, the main catalyst for the other emotions, is a major stressor that takes a huge toll on individuals and communities trying to survive amid unbelievable conditions

and miserable odds. It is such a stressor that O'Hara opens his novel with a graphic paragraph illustrating the havoc that exhaustion produced in his father's functioning during the pandemic:

> My father came home at four o'clock one morning in the fall of 1918, and plumped down on a couch in the living room. He did not get awake until he heard the noise of us getting breakfast and getting ready to go to school, which had not yet closed down. When he got awake he went out and shut off the engine of the car, which had been running while he slept, and then he went to bed and stayed, sleeping for nearly two days. Up to that morning he had been going for nearly three days with no more than two hours' sleep at a stretch. (5)

In only four sentences, O'Hara paints a picture of the depth of fatigue caregivers faced at the peak of the Influenza pandemic—and that is being faced once again during COVID-19.

The brutally virulent nature of the 1918 virus devastated medical systems that, before the onslaught of the virus, were viewed as sufficient in many communities, if not stellar in others. The burden was crushing: the need to care for patients without adequate supplies and staff; the lack of any scientific explanation about the cause of this disease; the lack of any information on how to protect healthcare professionals while they cared for patients; and the lack of any new medications or therapies to treat an overwhelmingly severe illness never before seen in an American population. When all the social problems many communities were facing—poverty, lack of resources, new immigrants—were added into the equation, the outcome was predictable: the country experienced the near-collapse of the healthcare system. Panic spread among citizens who feared they would not receive care if they became ill and, further, that if they became ill, they would die. Subsequent high morbidity and mortality rates among healthcare professionals resulted in fewer physicians, nurses and pharmacists available to provide even minimal care to

patients.[153] Just like during COVID-19.

The account O'Hara renders of a collapsing healthcare community, fragmenting personal relationships and disintegrating social conditions secondary to the 1918 Influenza was overwhelming to read about *before* COVID-19 arrived; unfortunately, the conditions now feel quite familiar to Americans, especially healthcare professionals, today.[154] For many caregivers, depending on their specialty, COVID-19 is their daily milieu, an environment in which they have performed for over four years now and counting. They are exceedingly aware every single day that the pandemic is not over. They worry when new variants that might evade current vaccine modalities are identified or when the effectiveness of rapidly developed therapies decline or collapse. COVID-19 may conceal itself in moments of the banal that the nation gladly embraces, but healthcare professionals know that in its concealment, the virus is every second plotting new ways to blight a complacent population. Healthcare professionals today will see their reflections in *The Doctor's Son*: though they are practicing their professions a century removed from Influenza and though they reap the benefits of a century of scientific and medical advancements, the country's healthcare system is once again on the brink of collapsing. And, the country is once again compelled to shore up a collapsing healthcare system that very few believed could collapse. Certainly not here, not in the United States of America.

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[153] The plight of the stressed and overworked pharmacist is referenced in the film *It's a Wonderful Life* in a flashback scene of the main character, George Bailey, as a young boy who delivers pharmacy orders during the pandemic. The pharmacist, overcome by grief after receiving notification of his son's death from Influenza while away at college, accidently fills a prescription with a deadly medication. George intercepts the lethal med, saving both the patient and the pharmacist; this incident is used along with others to demonstrate how the world might have been worse had Bailey never been born (*Wonderful Life).*

[154] The Center for Disease Control (CDC) announced the first confirmed case of COVID-19 on January 21, 2020. On March 11, 2020, the World Health Organization (WHO) declared COVID-19 a pandemic.

When the 1918 Influenza arrived, nurses and physicians were already emotionally and physically drained by war duty. They had initially been recruited and deployed at the start of WWI to care for soldiers and military staff. When the pandemic became obvious, many deployed caregivers were immediately recalled from the war front to care for Influenza patients on the home front. They moved from one theater of mayhem on foreign shores in which they had little control (caring for the previously unimaginable catastrophic injuries of soldiers subjected to the horrific new battle conditions of trench warfare, machine gun fire, tanks, barbed wire and poisonous gas) to a new form of mayhem at home over which they had even less control (caring for patients ill and dying dreadfully from a mysterious disease). Already suffering from the trauma and grief of futilely tending mangled and mutilated bodies of previously healthy young men without the tools to heal them or to even help them die without pain, the physicians and nurses who returned to the United States were themselves debilitated before they even saw their first Influenza patient on the home front.[155] Sandra Gilbert and Susan Gubar address the bleak hopelessness such healthcare professionals suffered during the war because of the overwhelming need for their assistance and because of their powerlessness to provide what their patients required. The result was a "culpable numbness" that engulfed them and followed them home, where millions of Influenza patients expected their succor. The authors quote "a dreadful confession" from a WWI nurse experiencing the trauma of survivor's guilt and reflecting her numbness: "She is no longer a woman. She is dead already, just as I am—really dead, past

[155] Influenza was already a major problem in the armed forces both abroad and in training camps in the United States. Troop transitions at the end of the war facilitated the dissemination of the virus around the world. Many healthcare professionals would have been doubly debilitated from caring both for war casualties and Influenza victims, with Influenza increasing their own vulnerability as they too became ill and—too often—died.

resurrection. Her heart is dead. She killed it…her ears are deaf; she deafened them…She is blind so that she cannot see the torn parts of men she must handle. Blind, deaf, dead—she is strong, efficient…a machine inhabited by a ghost of a woman—soulless, past redeeming" (Gilbert 320). The relentless trauma of dealing with multiple manmade deaths every day for weeks and months on end reduced caregivers to shells of themselves. They then came home to care for even sicker patients. To their heroic credit, they functioned, but they often did so on autopilot, their emotions on the backburner until it was safe—if ever it would be safe—to feel again. There were too few of them and too many patients. The nation began to look for backup during this desperate time. *The Doctor's Son* is about that backup.

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When O'Hara reconstructs his personal experience of accompanying a medical student recruited during a dire time in the pandemic, he not only historicized the critical and supportive role medical and nursing students played during the 1918 pandemic, he also unknowingly anticipated how that role would be reprised during COVID-19. Because O'Hara chose to make a medical student a main character in his only text about the pandemic, his choice demands a deeper look at those students. Few Americans then—or now—are aware of the risks healthcare professional students took and the supportive role they played in both pandemics. Without them, the burden on the medical systems would have been greater and the care of patients diminished. That it was necessary to pull untested and not fully educated students into the middle of an uncontrolled pandemic is proof of how precarious the situation had become. The parallels in medical students' recollections of their involvement, both then and now, are uncanny.

When the 1918 Influenza began to decimate the United States, medical schools in the hardest hit areas closed, and their final year students were graduated early. Some were sent to inundated hospitals in the cities where the medical schools were; others were posted to rural areas where physicians were already in short supply.[156] Such was the situation O'Hara writes about in *The Doctor's Son.* The record of medical student recruitment in 1918 is, like most documentation about the Influenza pandemic, scanty. But two accounts survive today. One is a first-person account, written and published by a physician later in his life who wished to memorialize his time as a young medical student when he was abruptly dislodged from his comfortable situation in an academic institution to serve on a hospital ward during the 1918 pandemic. The other account is written and published by a physician during COVID-19 who recounts what she learns about her great-grandfather, who served as a medical student during Influenza. Their testimonies corroborate the veracity of the story O'Hara tells when James Malloy and Dr. Myers set off on their own to minister to the community at the peak of the pandemic.

The first account is by Isaac Starr, who memorialized his experiences as a medical student in 1918. Starr wrote his account in 1976, stating: "I am one of the few remaining American physicians who served during this great tragedy. Recent alarm about the possibility of another epidemic has prompted me to record my experiences in the last one, in the hope that medical attendants will be better prepared for what they might have to face than were we." Dr. Starr hopes his story highlights the medical protocols he followed during the pandemic: "Our experience in Philadelphia was not unique, and the main features of the clinical picture in 1918

[156] Nurses and nursing students served in similar roles during the pandemic. Their heroic story deserves its own dissertation.

deserve emphasis" (Starr 518).[157]

Unlike O'Hara's Dr. Myers, Dr. Starr was recruited to serve in the metropolis of Philadelphia, not in a rural community. Starr recounts that by the summer of 1918, with World War I "raging," he and most of his classmates had been "enlisted in the army or navy medical corps [b]ut not yet called up" (516). When his third year of classes at New York University began in September of that year, he was surprised to find that the normal weekly medical conference schedule was upended when a prominent professor of medicine instead gave a lecture on Influenza, based on his own experience with the "1888 flu pandemic" [*sic*].[158] That single presentation was the end of Starr's preparation for entering the world's most vicious pandemic: "For me and my classmates, knowledge of the disease we were to face so soon was limited to the contents of that one lecture. On the following Monday morning the dean announced that an epidemic was judged to be developing and that … our services were needed in caring for the sick. So, for the third and fourth year classes [*sic*], the medical school closed" (Starr 516).

Starr functioned as a nurse and recounts conditions similar to those found during the early days of COVID-19: the need to convert and upgrade non-medical facilities with medical equipment and beds to relieve overloaded hospitals; the lack of enough qualified physicians and nurses to adequately staff the new facilities; and the lack of protective equipment/garb for staff members; and the requirement to provide sanitary conditions and continual ventilation to the units to dissipate the virus.[159] His comments about the social conditions in the city parallel those in early COVID-19: no public assembly was allowed, no schools were open, many businesses

[157] Starr's article, originally published in *Annals of Internal Medicine* in 1976, was, perhaps, inspired by an outbreak in January 1976 of influenza A virus subtype H1N1 (Swine Flu).
[158] No influenza pandemic is recorded in 1888. Starr might be referring to "Russian influenza" (1889–1894), which was first identified in the United States in December and ran its course in five weeks.
[159] In 1918, continual ventilation meant leaving hospital windows open; during COVID-19, it meant caring for hospitalized patients in specialized negative pressure rooms.

closed and transit systems ran on abbreviated transportation schedules. In short, the streets of the capital city of Pennsylvania were deserted and silent. While Starr stayed in the hospital setting in Philadelphia, other medical students were sent into the city slums to care for people too ill to be moved to the hospitals. Starr reports that they, like the public health nurses and, indeed, anyone in the area who even looked like they might have medical skills, would be immediately surrounded by crowds when they arrived, some of the crowds threatening, all of them begging for assistance.

Starr felt especially at sea in his new post, struggling with all the responsibility expected of a physician but receiving none of the support typically provided to them. "Thinking of my function as that of a nurse, I was prepared to carry out the orders given me. But for most patients there were no orders, and many died without having been seen by any medical attendant but me." His promotion to head nurse on the night shift was initially undemanding, but the lull quickly evaporated as patients became sicker: "Soon the beds were full, but nobody on my floor was very ill. The patients had fever but little else. Many seemed to have sought admission chiefly because everybody in the family was sick and no one was left at home who could take care of them." This rather benign situation was not to last: "Unhappily the clinical features of many soon changed drastically. As their lungs filled with rales [abnormal gurgling], the patients became short of breath and increasingly cyanotic. After gasping for several hours they became delirious and incontinent, and many died struggling to clear their airways of a blood-tinged froth that sometimes gushed from their nose and mouth. It was a dreadful business" (Starr 517).

Starr shares anecdotes about his most memorable patients: a dying young Jewish girl with an attentive family that he was unable to help and a wealthy widow living in the suburb with many servants whose wealth was unable to save her—she died before either a nurse or doctor

could visit her. He mentions "Mike the piano mover," a patient on his ward manifesting viral neuropsychiatric symptoms occasionally observed in some Influenza patients:

> One doctor bawled me out for not keeping the windows open, a standard practice in the treatment of pneumonia at the time; I was undoubtedly remiss and deserved the reprimand. But not long afterward there was shouting from the street, and we discovered that Mike the piano mover was poised on the window ledge ready to jump. Gathering the medical cohorts we converged on him, diverted his attention, rushed him, seized his arms and legs, carried him triumphantly back to bed, and strapped him in. (Starr 517)

His jump thwarted, Mike instead proceeded to upend his bed and carry it on his back around the ward until he died shortly thereafter.

The patients Starr remembered most were those admitted to the hospital in critical condition, who struggled mightily to breathe through fluid-filled lungs for several hours or perhaps a couple days, until they became deeply cyanotic, and died—but not before turning an unhuman shade of blue. Patient turnover was constant: "When I returned to duty at 4 p.m., I saw few that I had seen before. This happened night after night. I think it likely that those charged with admissions, in the laudable aim of separating patients who might recover from those obviously destined to die, were concentrating the latter in my ward on the top floor." Starr was an accidental spectator of the unbelievable death rate from Influenza and the difficulty in respectfully disposing of the bodies: "The deaths in the hospital as a whole exceeded 25% each night during the peak of the epidemic. To make room for others the bodies were being tossed from the cellar into the trucks, which when filled carted them away" (Starr 517). Every healthcare professional carries traumatic memories of patients they were unable to help. That Starr feels the need to recount them, in detail, after almost sixty years, speaks to his special need

to bear witness to what patients suffered in the 1918 pandemic.

Remarkably, because medical personnel's respiratory systems were only protected with porous gauze masks during the pandemic, Starr states that few of his classmates became ill and none of them died; he himself had a very mild case of Influenza.[160] Also remarkably, Starr notes that "after 3 weeks the worst was clearly over" and that "[a]fter about 5 weeks medical classes resumed, and our lives slowly returned to normal" (Starr 518). The 1918 Influenza pandemic horrors diminished rapidly in communities once the virus burned through and moved on to infect fresh human flesh in other regions. Such was not the case with COVID-19; the federal declaration designating COVID-19 an emergency lasted over three years.[161] During COVID-19, hospitals spent months and sometimes even years caring for patients stricken with the new virus.[162]

In the second account, Danielle Katz Squires, a pediatrician in Miami immersed in the COVID-19 pandemic, details the analogous experiences of one of Starr's contemporaries—her great-grandfather, Dr. Morris Goldring—who was also pulled from his last year of medical school at New York University to serve his community. Her essay was published in April 2020, four months after the first case of COVID-19 was identified in the United States and eight months before the first COVID-19 vaccine became available.[163] Katz Squires compares the aloneness she experienced at the onset of the pandemic to that of her great-grandfather: "One of

[160] The fear of being infected, however, was overriding to many students: "One Johns Hopkins medical student in 1918 even wrote to his mother suggesting that, statistically, he would be safer in the trenches of World War I than in flu-stricken Baltimore" (Harrison et al. 556).
[161] A federal emergency declaration re: COVID-19 went into effect on March 13, 2020; it was cancelled on May 11, 2023.
[162] In New Mexico, one patient spent 549 days in the hospital and long term care facilities before being discharged to home (Zdanowicz); an Alabama patient spent 187 days in the hospital, 147 of them on ECMO (Extracorporeal Membrane Oxygenation) before going home (Rohan). Although not the norm, extended hospital stays for COVID-19 were not that unusual.
[163] The first non-trial COVID-19 vaccine was given to an ICU nurse in New York City on December 14, 2020.

the most unsettling aspects of the COVID-19 pandemic is the sense that we have never been through anything like this before. It feels unprecedented and that makes us feel rudderless. As a physician, I feel most comfortable studying the data, but this pandemic has no algorithm to follow." But she takes comfort in knowing she's not the first in her family to feel so adrift: "In school, we learn that history is cyclical—a look into the past can provide clarity about the present. I have never felt that more profoundly than when I recently rediscovered a memoir written by my late great-grandfather." New York City, "just as it is today, was an epicenter of the viral activity back then." Katz Squires shares the "fear, gloom, and despair" that Dr. Goldring—and now she—experienced because of pandemic: hospital corridors filled with critically ill patients, shortage of staff to care for them, and the "the added burden that 'physicians and nurses were not exempt from this horrendous epidemic.'"

Katz Squires knows that a century of global medical research and scientific innovation put her and her patients in a completely different situation, but, perhaps, at least in the early days of COVID-19, it was not *that* different: "Our relatives a century ago escaped the trenches of World War I only to become embattled in a deadly pandemic. Today, we are similarly entrenched. Incredibly, the measures taken in 1918 were not so different from our own: quarantine, hygiene and social distancing, which were applied unevenly." She finds comfort and hope in knowing that pandemic has always been a part of the historical record and that she too will write her own chapter about her own pandemic experience like the physicians who came before her: "The experiences of my great-grandfather and his contemporaries are part of a human experience that transcends centuries. … This is not the first time that a pandemic has rendered facets of our lives unrecognizable, but history shows us that we have pulled ourselves out of the depths of despair and hardship and rebuilt." She ends her essay with a message of optimism:

"Although our next chapter is still uncertain, I have great hopes that we too will write a story that grows out of these harrowing times into a full and meaningful future."

Starr's and Katz Squires's articles serves as timely conduits between *then*—Influenza—and *now*—COVID-19. One of the most remarkable observations I have made while reading first-person stories from healthcare professionals serving in 1918 is the unwavering devotion they provided to their patients while also shouldering intense labor demands in the face of a viral disease that could—and did—kill them. When entire families were ravaged at the same time by the illness, leaving them unable to care for each other, physicians and nurses stepped up even higher. In addition to providing medical care, they often also became transporters of patients and supplies, housekeepers/cooks/laundresses, and babysitters to those unable to provide for themselves. Many worked around the clock for days on end to do what they could to stymie the progression of the virus. The stories are compelling, devastating—and exhausting. But, almost without exception, they conclude with a note essentially stating that that the providers did all they were asked to do and more for the three (four, five) weeks Influenza took up residence in their community. *Weeks*. That's how long a single community was under the gun from Influenza. COVID-19 has ravaged communities in the United States for *years*, demanding even higher acuity patient care from healthcare professionals than during Influenza.[164] A look at the COVID-19 pandemic from the prospective of today's medical students can provide insight on how healthcare professionals are weathering the new long-lasting pandemic.

[164] The Influenza virus ricocheted around the world in three waves between 1918 and 1920, the second wave (October to December 1918) being the most severe. Though the Influenza pandemic lasted almost two years, individual communities were rarely stricken for longer than a few weeks. In March 2024, COVID-19 entered its fourth year as a still-active mutating virus; as new COVID-19 variants appear, infection can recur in previously hard-hit communities. The viral disease waxes and wanes but, as of now, has not disappeared.

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In 1918, the utilization of healthcare professional students outside the universities was unique but not without controversy. Medical students' assistance was necessary to fill the gaps when the Influenza virus was not only incapacitating the public but also the healthcare professionals struggling to care for them. Without the help of medical and nursing students, the healthcare system—already off balance—might have fully collapsed. Since that time, debates about utilizing such students in crisis situations have raged again and again, especially when governmental and public health departments and healthcare facilities meet to design plans for future pandemics. Those theoretical plans became tangible when COVID-19 exploded in the United States, forcing universities to begin recruiting healthcare professional students to supplement hospital staffing.

The use of students who have not yet completed their professional training for service during a pandemic is not without pros and cons. In the pro camp are those who believe that students attain valuable training when immersed in the crisis generated by pandemic. They acquire clinical skills they would be unable otherwise to acquire in non-pandemic situations and can be incredibly important to maintaining staffing ratios at a time when many physicians and nurses can be expected to become ill and unable to meet their scheduled duties. The con camp maintains that exposing students to deadly and often still-undefined infectious disease when they are not yet fully trained risks their health and lives for a limited outcome. The con camp is also concerned that exposing the next generation of healthcare professionals at such a time risks decreasing their numbers and ignoring that they will be greatly needed in the post-pandemic recovery. Early initiation to the intense stress of caring for critically ill pandemic patients also

raises the stakes for early burnout. Attrition from burnout might be even greater in a student population, since feelings of inadequacy and imposter syndrome early in their career can become incapacitating, especially when they are unlikely to be ably supported by their mentors due to the overwhelming nature of the crisis.[165]

Two policies are likely to be formulated in response to these concerns. Either healthcare students are encouraged to graduate before their education is complete and move immediately to the hospital setting in an attempt to increase staffing, or they are pulled from their student clinical rotations to protect them from exposure to an unknown disease and/or to save scarce medical and protective resources for critical staff. Both responses have proven to be less than satisfactory.

Herman et al. provide examples of both. After Hurricane Rita devastated southeast Texas and southwest Louisiana in 2005, classes were canceled at Texas A&M University College of Medicine, and students were encouraged to attend orientation sessions and volunteer to help in the aftermath. Students were restricted to limited tasks and "many voiced frustration that their relatively limited medical skill greatly restricted their ability to contribute" (Herman et al. 1782). Conversely, when students were pulled from the wards for their safety during a 2003 outbreak of severe acute respiratory syndrome (SARS) in Toronto, "students experienced a great deal of frustration regarding the suspension of their education and research activities" (Herman et al. 1782).

Early in the COVID-19 pandemic, these concerns surfaced again. In 2020, Miller et al. reported that some medical students took exception to a recent admonition from the American Association of Medical Colleges (AAMC) that discouraged medical schools from allowing

[165] For more about medical student recruitment during pandemic, see Herman et al. and Miller et al.

students to participate in clinical rotations during COVID-19, stating that "unless there is a critical health care workforce need locally, we strongly suggest that medical students not be involved in any direct patient care activities" (Miller et al. 145). The students suggested a third option: instead of graduating medical students early and sending them to the front line in COVID-impacted hospitals or, conversely, protecting them by refusing them access to clinical situations where COVID-19 was likely to be present, students could be used in ancillary departments to relieve experienced staff to care for COVID-19 patients. Though the risk of COVID-19 exposure and infection would be minimized, it would still be a possibility, but the students theorized that they would be in a better position to weather the illness than retired physicians who were also being recruited to bolster staffing. While acknowledging that student service should be voluntary, the students conclude their article with a passionate plea:

> Medical students are clinicians who have responsibilities to patients and who should be allowed to fulfill their duties as such. In addition to the benefits to patients and the health care system, allowing students to participate reinforces important values, such as altruism, service in times of crisis, and solidarity with the profession. Students are willing and able to fight in this historic pandemic and should be given the opportunity to do so. (Miller et al.146)

Thus far in today's pandemic, academic institutions have taken multiple approaches to the utilization of student labor; these approaches have been adapted over time and in response to rising and falling COVID-19 infection and hospitalization rates. Although student-staffing has become a less-pressing issue now—vaccine and effective therapy rollouts are currently keeping hospitalization rates low—institutions are aware that, should a new COVID-19 variant arise that is able to skirt the immunity that herd exposure and vaccines have provided to date, they could

be back to the beginning of the pandemic and all options to maintain staffing levels necessary to provide patient care will be back on the table. During times of pandemic, finding the perfect balance in deploying medical students will most likely be difficult—if not impossible—but still absolutely necessary, since such is the nature of crisis and emergency.

During the initial phase of the COVID-19 pandemic, many academic institutions followed the AAMC's advice to restrict students from the wards, especially during the initial pre-vaccination phase of the pandemic when staff were most vulnerable to COVID-19 infection. Since medical students were unable to fully function as physicians—and because of the dire shortage of Personal Protective Equipment (PPE) during the early months—many institutions moved medical school curriculum online and utilized Zoom or similar programs to keep students in contact with their professors and cohort.[166] But officials in New York City, the first major city in the United States to feel the apocalyptic wrath of COVID-19, took the opposite approach: they graduated volunteer senior medical students six months early and posted them to city hospitals deluged by critically ill and dying patients, who were crowding facilities to the point that triage and care tents were mobilized on open lots, including Central Park, to help accommodate the ailing masses.

Serendipitously for this project, one of the first books published about the hospital crisis during COVID-19 is about those students who were recruited in 2020 to leave medical school before finishing their last semester to serve in the New York City hospitals. These hospitals

[166] Personal Protective Equipment, aka PPE. Pandemics often call for protective gear of some sort. During the bubonic plague years in the 16th and 17th century, doctors often wore bird beak-like masks, hollow in the beak part where herbs could be placed in an effort to ward off the disease as well as protect from the rotting odors of patients' festering wounds. During the 1918 Influenza, gauze masks and cloth gowns were required. Photos show nurses learning how to don the masks, covering the mouth but not the nose. The masks proved to be ineffective because the airborne virus was smaller than the holes in the gauze; however, they would slow wet respiratory and bloody secretions from coughs. PPE for COVID-19 is effective but was extremely difficult to procure at the beginning of the pandemic.

suffered some of the most brutal insults to their healthcare system in the nation when the pandemic unfolded on their literal doorsteps. The students' hospital experiences and their personal reactions to the crisis are chronicled by author Emma Goldberg in *Life on the Line: Young Doctors Come of Age in a Pandemic* (2021). In her text she interviews several students and reports their experiences, composing one of the first primary accounts of medical students serving during the most significant pandemic since 1918. *Life on the Line* was written during the early days of COVID-19, long before diagnosis, therapies, treatment and vaccines became available. It was a time spent in the dark, trying to care for patients suffering from an unknown pathogenic disease, without flow charts, classification systems, new scientific paradigms or diagnostic models to guide practitioners. Worse yet for the students, no medical student handbook was available nor were pocket cheat-sheets or smartphone apps that would offer answers for treating this hitherto unknown—and at the time, still unidentified—virus. It was also a time of extraordinary fear for those infected with the virus, for those caring for them and for those witnessing from the sidelines.

Goldberg follows six diverse New York medical students who make the choice to graduate early and begin their clinical work at hospital institutions that were on the verge of collapse from the sheer weight the pandemic was placing on the facilities and staff. These six students represent the new face of medicine, students who reflect the communities from which they came and in which they will serve: "All in their twenties, these young doctors were raised with a traditional image of medicine—as a profession of power, stature, exacting standards. They understood that their chosen profession came laden with cultural and social weight." Their drive to excel academically, be accepted to medical school and prepare for a career in medicine was propelled by their need to expand medical care for the underserved: "But their interest in

[medicine] was shaped by something humbler: a desire to serve people who look and grew up like them. Immigrants who fear American institutions like hospitals. People of color who were taught to distrust the medical system. Gay people who had their identities pathologized." Their interest was predominantly altruistic: "These doctors know those experiences. They know the fear that white coats and sterile white halls can so easily provoke. They are intent on remaking the field in their image" (5).

But none of these students had expected a pandemic to derail the career path they anticipated when they entered medical school. Like O'Hara's medical student, Dr. Myers, they had expected their education to finish where it began, in the medical school in which they had studied and practiced. They expected a formal graduation ceremony attended by family, many of whom never dreamed they would witness such an illustrious academic achievement in one of their members. The students had plans for residencies and fellowships in specialty fields they were still discerning. Nothing foreshadowed the event that would change the course of their education while debilitating their families, their communities, their nation. To the students, pandemic was the stuff of thriller movies—*Outbreak, Contagion,* even *28 Days,* the British pandemic film made even scarier with the addition of zombies. These students knew about SARS and MERS and EVD;[167] they also knew that the anticipated global threat of these contagious diseases had never materialized and that the public hysteria when each virus appeared was unwarranted. Pandemic was not on the medical students' radar…until it was. Suddenly, it was in their community, affecting patients who looked just like them: "For the newest doctors, the frontline COVID-19 months have brought a dual sense of obligation and uncertainty. Their commitments to forging trust and caring for the marginalized have felt more urgent than ever.

[167] SARS: Severe Acute Respiratory Virus; MERS: Middle Eastern Respiratory Syndrome; EVD: Ebola Virus Disease.

Those same commitments have also felt impossibly hard" (6).

The medical students' stories in Goldberg's text eerily mimic those of Dr. Starr and Dr. Goldring, the medical students of 1918. Just as Dr. Starr recounts the city's feeling of desolation as Philadelphia shut down in an effort to slow Influenza, the students in *Life on the Line* report a haunting silence that embraced NYC everywhere except in the hospitals where chaos reigned: "Those early weeks of Covid were like a shrinkage. Lives usually filled with brunches and beers and nights out dancing retracted into tiny apartments. The streets and subways deflated, and the only thing left were screens and phone calls to family members all locked in their own deflated lives too" (181). Cities were muffled except for the dirge of emergency vehicle sirens that played in the background 24/7. Soon, the cacophony of clanging pots and pans rang out over the city at 8pm each evening as quarantined neighbors, restricted to their homes by government decree, leaned out their windows and over their balconies to express their thanks to the first responders and healthcare professionals brave enough to fulfill their responsibilities. Only essential workers were on the job, most facilitating the ability of first responders and healthcare professionals to care for the stricken while preventing a complete shutdown in the city. One student notes the "ghostly quiet of the block around Bellevue" and the equally ghostly "line of doctors in scrubs getting their temperatures taken with a temporal artery thermometer as they entered the building." Another notes "the rain outside was falling in sheets. The city streets sat limp, like laundry waiting to be wrung out" (2). It was late winter/early spring in New York City, and the impending pandemic only accentuated the barren, frigid and gloomy atmosphere in the streets.

Those haunting images are captured in the first lines of a poem, "Spring in New York," written by a physician serving on the front lines in the early days when COVID-19 descended on the city: "I have never seen war, / but I imagine it much like New York today: / a perpetual

plunge / into panic, hyperarousal, and dismay. / Streets are empty. Stores are shuttered. / Subway's desolate. Broadway's dark" (Beitler 504, lines 1–6).[168] The disease-as-war metaphor is a constant in both medical and pandemic literature, fiction and non-fiction, and it accompanied the medical students throughout their "deployment" on the hospital wards. Patients and healthcare professional are "warriors," fighting together against an Other—in this case, Disease—that seems every bit as real as an enemy on a battlefield. No one tolerates an enemy—so the theory goes—so every "armament" is mobilized for battle, every pep talk becomes "us against them." Every eye is focused on the goal of eliminating the enemy, wiping out the Other, erasing any residual memory that Disease dared to threaten life here. One of the facilities where medical students were stationed during COVID-19, Montefiore Hospital, capitalized on the disease-as-war metaphor, calling the early graduates "Coalition Forces," unaware of the pressure the title placed on the students: "This made them sound like a group of troops called to gun down an adversarial force. Meanwhile, they were just scrambling to help where they could, and not to misstep" (Goldberg 140). The students, like James and Dr. Myers, intuitively understood that they were in the middle of a war much bigger than themselves, and they also understood that they might not be exactly the right "troops" to be in charge of this situation. "It did feel like there was a war raging, sort of. The Covid death toll was climbing, and Montefiore was under siege. But to call the medical students graduating on Friday and clocking in on Monday morning the Coalition Forces seemed a bit overblown" (141). The war metaphors went on and on: bodies are "invaded," doctors give "orders," "targets" are "eradicated." Doctors who were drawn from other non-emergency units at Montefiore to help wherever needed are referred to as "Allied Forces" (212).

[168] Goldberg refers to that time as "New York's long, awful Covid spring" (7).

But, in the end, the words prove to just be metaphors. Like O'Hara, who abhorred metaphors, students soon realize such words are powerless because the virus does not understand the words and is not distressed by them. Chillingly, the words can backfire; every war is "won" or "lost"—if the patient does not "win," does that mean they did not try hard enough, that they and their medical team failed? Does that mean their families must forever hold the belief and guilt that they "lost," that if they had simply pushed harder, found better physicians and refused their dying family member's right to say "enough," that they might have "won" and the patient might still be with them, once again complete and whole? The burden of the war metaphor can be heavy—and misplaced—as one medical student discovered: "Ben wasn't there to fight back against the virus. Only his patients could do that. There was no magical cure, no ammunition but the strength of a person's immune system." Many times, especially in early COVID-19, it was very clear that patients would not win the battle, would not recover: "In some cases, Ben's role might simply be to help his patients die with comfort and dignity. Orchestrating the right kind of deaths hardly seemed like winning a battle—but this was a strange sort of war" (Goldberg 142). Sometimes patients die. Accepting that at the student level can take years; at the family level, as long as they are still reliving the patient's war, acceptance might never be possible.

For the medical students Goldberg followed as they moved from the university to the hospital wards, the constant reference of disease as war belies the truth of the situation. Though the metaphor served administration hierarchies to sound the alarm about an enemy within, to mobilize the healthcare troops, mount the hospital battle stations, encourage the comfort of comrades and the wounded, it risked minimizing staff efforts and creating instead a reality show in place of real life. The disease-as-war metaphor confounds the actual tasks being done to save lives. The medical students discovered what O'Hara already knew: "[S]ometimes metaphor can

be a mask. Underneath words like *coalition* and *battle* lies the reality of six young people just doing their jobs. They took an oath. They took deep breaths. And each morning they put on scrubs and went to work" (Goldberg 258).

Over those scrubs went the only protection available for anyone interacting in any way with COVID-19 patients at the beginning of the pandemic. They did not don the battle equipment of well-prepared armed forces: military body armor, tactical gear and firearms. Instead, they wore Personal Protective Equipment (PPE): masks, gowns, gloves, shoe covers, face shields and personal respirators. Most disposable, all a first line of defense—a line of defense unavailable in 1918—against pathogenic lethal viruses for healthcare professionals and anyone interacting with COVID-19 patients in any manner. PPE, which normally is dependably in stock in all medical facilities and usually discarded after a single interaction with an isolated patient, suddenly became endangered species: rarely seen and, when sighted, carefully safeguarded because they might be the last of their kind.[169] Healthcare professionals who, prior to COVID, followed institutional protocols requiring them to discard N-95 masks after a single use, were now called on to make one mask last for days, even weeks, as there were no other protective devices available.

The donning of PPE became a morbid dance that the medical students mastered quickly but with a sense of dread: "As Iris followed the sequence of steps—N95 on, surgical mask over that, then goggles and gloves—she thought about how any small slip could leave her exposed. A mask just a bit too large, a gown left slightly askew. At this point she might be immune, but it was too early to know for sure." Taking PPE off was as scripted as putting it on: "The doffing

[169] Staff resorted to washing masks at home and hospitals devised questionable methods of sterilizing contaminated PPE for repeat use. Many single use items were re-used repeatedly. Supply lines degradation and inadequate governmental stockpiling, along with hoarding, were all blamed for the deadly shortage.

was even more complicated. You had to delicately lift the mask up and get all the layers of protection off without touching the infected surfaces and virusing everything up" (Goldberg 101).[170] During COVID-19, when all staff interacting with patients are similarly garbed, PPE presents a huge problem: physicians, nurses, students, family—everyone looks alike. The end result of such a process leaves staff unidentifiable to patients and even to coworkers. In an attempt to "re-humanize" themselves, some staff began affixing photos of themselves to the front of their PPE so patients could sense a human presence, even when that presence was completely gowned, gloved and masked. The medical students were getting an unexpected crash course in crisis medicine—and hoping every day that what they were learning was enough.

Crisis medicine demands the ultimate from each healthcare professional in the moment. If one is unable to give that ultimate when its needed, guilt invades the psyche, emerging in odd daydreams or the darkest part of the night to torture the individual who gave less than they expected of themselves. Such is medicine. Such is any occupation where life—and mostly death—is on the line. No one gets out of medicine untouched. There are always scars to bear, scars of things left undone, done poorly, done without care. Scars of lives lost, noticed and unnoticed, in the onslaught. Scars of angry words spoken in haste, with the wrong inflection, a bitter tone; the hostile utterances one would not have spoken if they had enough sleep, enough food, and were there not so many people dying around them. Everyone, including students—maybe especially students—carries the scars for the rest of their life. Of the New York medical students' scars, Goldberg writes:

In some ways, the Covid Coalition's experiences weren't unlike battle wounds. They

[170] PPE was the best hospitals could offer to protect staff against COVID-19. But just in case the virus somehow contaminated their scrubs or body during their shift, healthcare professionals (or anyone working in a patient-care environment) would often remove their clothes outside their home (or in a designated interior space) before entering and would then shower vigorously to decontaminate themselves before greeting any family members.

> were young people called to serve their communities. They witnessed loss. They carried guilt. They felt the sweet togetherness that comes from being bound up with people around you in a fearsome, gallant fight. They tried to unravel the truths in the sorrow spooling out over just a few fleeting frontline weeks. (256)

The difficult lessons learned will not dissipate with the end of the pandemic: "They walked out with scars that will shape their careers, lessons that some of their seniors absorbed only over the course of decades." The most difficult lesson, "loss: when there was nothing to be done to stem the tides of a patient's grief, or a coworker's, or their own" (256).

O'Hara understood the lessons of medicine and, even without metaphors, was able to craft a story of the trials endured by a medical student and his young driver during a pandemic. He writes of their lack of confidence hidden by bravado, of their anxiety and fear (and then recognition) of doing things wrong, of witnessing pain and loss—and experiencing pain and loss—that took years to process. We have no idea how Dr. Myers, the medical student, fared after his baptism in the fire of Influenza; if he shared his stories like Dr. Starr and Dr. Goldring, we have no knowledge. But we do know that O'Hara needed almost two decades to process the pain Influenza inflicted on him when riding for a week alongside an almost doctor. And it took him a lifetime to process the pain the "real" doctor in his life—his father—inflicted on him. *The Doctor's Son* is evidence of both traumas.

"Leetle Mary" and Her Mother: Life and Death in The Patches

O'Hara splits his text into four parts, each denoted by nothing more than a page break followed by a roman numeral. Parts I, III and IV revolve around the father–son relationship as

well as the doctor's son–medical student relationship when the community is besieged by Influenza. But in Part II, readers witness how O'Hara crafts the story of one "Hunkie" woman and her young daughter, Mary.[171] This part of the text is completely devoted to the tribulations of an immigrant mother as she desperately attempts to secure medical care for her sick family.[172] The focus is on surviving—and dying—during pandemic. Part II is the only part of the novel to deal upfront with the burden and scourge of disease; it invites the reader to come along as James drives Dr. Myers to observe the patches. During their field trip, the pair chance upon a family unit mired in tragic upheaval, the ramifications of which will change James and Dr. Myers and reverberate for generations in the collective memories of all involved in the trauma. It is in this part of the text that O'Hara shines, tucking so much significance into each sentence—and often, into each word—that the consequences of his words balloon on reflection. In the hands of another writer, this part would be extended multifold, but O'Hara writes succinctly and leaves the ruminations about the impact of his writing to his readers.

That O'Hara chooses to make the immigrant mother's saga the centerpiece of his text—almost two decades after it occurred—speaks to the personal impact it had on him. O'Hara knows that human compassion intensifies in the recognition of suffering in the individual, not in the masses; per Clarke: "*The Doctor's Son,* like other stories of the Spanish flu … seeks universality through the particular. The death of one person in a pandemic is a literary subject; the deaths of 100,000 or 800,000 belong to journalism and to history." In focusing on one

[171] "Hunkie" is a derogative American slang term for Slavic immigrants coming to the United States from the Austro-Hungarian Empire in Central Europe. The term originated in Pennsylvania and West Virginia where the immigrants frequently worked in coal mines doing manual labor. O'Hara uses many derogative terms for different ethnicities in all his writings, mirroring the colloquial expressions of the times spoken by his characters.

[172] In *The Doctor's Son*, we never learn the name of the "Hunkie" woman, even though her story takes up a quarter of the text. All the major characters (and many minor ones) in the text have a given name. O'Hara dehumanizes the woman by not giving her a name, feeding into, deliberately or not, a faceless-immigrant trope and—since her husband has a name in the text—a faceless-female-immigrant trope. I will refer to her as the "immigrant mother" except when directly quoting from the text.

fraught immigrant mother—a woman so invisible to society that he leaves her nameless—O'Hara shares the story of the ostracized masses. After reading *The Doctor's Son,* one might forget the sizeable group of Irish people at the front of the line at Kelly's saloon, but it will be much harder to forget the lonely woman at the back who, dressed inadequately in her husband's mining clothing, prefaces her swig of liquor with a prayer (O'Hara 14–15).

At the height of both the 1918 Influenza pandemic and the Covid-19 pandemic, procrastination and delay were constant variables affecting whether an ill person survived long enough to receive adequate care and whether—literally—they lived or died. In this part of *The Doctor's Son,* the cost of marginalization takes center stage. The poor immigrant mother's struggle to obtain treatment for her family encapsulates the struggles faced by so many persons, especially the disenfranchised poor and new immigrants, during pandemics. Her struggle serves to illustrate how poor socioeconomic conditions, combined with racism, xenophobia, and misogyny, can result in poor health and poor health care; it is also a reminder that other diseases do not disappear just because a new pandemic virus makes an entrance. While readers *hear* the story from the woman and those around her, they *see* the story through the eyes of James, an outsider looking in on a way of life he will never inhabit. As Wolff writes: "*The Doctor's Son* narrates the episodic course of the epidemic … from a privileged position. [E]verywhere [James] goes he notices the way other people live and how they die." He calls James's experience with Dr. Myers a "stygian journey to the lower orders in a shanty out in a Hungarian patch" (Wolff 26). Procrastination and delay create the agonizing mood hanging over this part of the text.

True to his writing style, O'Hara employs his use of long narrative passages in this part of the book to slow the reader and to demand that attention be paid to the dreadful conditions that the poor in the patches endured, conditions made worse by a pandemic they could not

understand, manage or defend against. The resulting sense of apprehensive delay is initially prolonged while James and Dr. Myers motor through the countryside with James providing lots of narration on the way. They are heading to the countryside because Dr. Myers told James he would like to see "one of the patches where the practice of medicine is wholesale" (O'Hara 12). James suggests Kelly's patch where about one hundred families live, "mostly Irish, and all except one family were Catholics" (13). Readers intuit that many ailing patients are waiting there, in desperate need of a physician, but first they must hear from James about Mr. Kelly, the elderly owner of a saloon in the patch. Readers must learn that the Catholic families in the patch celebrate religious feast days as a community; James even details the route of the procession of the Blessed Sacrament the priest takes through the village on the holy days. He remarks on the conditions of the houses (better than in some patches) and the space between them (larger than most.) He shares that livestock—cows and goats—are kept in the open space. The reader learns that Kelly's saloon is a rendezvous site for community members because "it was the postoffice substation and had a good reputation," along with having the only telephone (13).

When James and Dr. Myers finally arrive at the saloon, long discussions ensue between James and Mr. Kelly about the whereabouts of Dr. Malloy. James assures Kelly that his father is not ill, "just all tired out." Introductions are made by James between Kelly and the medical student: "This is Doctor Myers that's taking [my father's] place till he gets better." Mr. Kelly politely acknowledges Dr. Myers and then asks James and the doctor to wait outside for a minute while "I have a few words with them inside here. I have to keep them orderly, y'understand." His loud voice carries back to James and Dr. Myers as Mr. Kelly reinterprets to his own advantage what he has been told by the two: "… young Malloy said his dad is seriously ill…great expense out of his own pocket secured a famous young specialist from

Philadelphee so as to not have the people of the patch without a medical man…And any lug of a lunkhead that don't stay in line will have me to answer to…" (13).[173] After lining up the people wishing to see a doctor, Mr. Kelly finally invites James and Dr. Myers into the bar.

A hierarchy is apparent. The Irish in the community come first, other immigrants last. In the patch where Kelly's Saloon operated, there were only a "few Hunkies, not enough to warrant Mr. Kelly's learning any of their languages as the Irish had had to do in certain other patches" (14). After all the Irish are tended to by Dr. Myers and the immigrant mother finally arrives at the front of the line, James takes another few sentences to describe her in detail, further delaying the reader: "She was a worried-looking woman who even I could see was pregnant and had been many times before, judging by her body. She had on a white knitted cap and a black silk shirtwaist—nothing underneath—and a nondescript skirt. She was wearing a man's overcoat and a pair of Pacs, which are short rubber boots that the men wear in the mines" (14). Where the adolescent James feels he is competent to assess the woman's body for signs of fecundity and seemingly believes he has the right to report on the woman's lack of underwear—"nothing underneath"—in a juvenile sexual manner, the reader instead notices her poverty, realizing that she might not possess any undergarments and noticing that she is wearing her husband's coat and boots because she has none of her own (14).

She "became voluble in her own tongue" when she spoke to Dr. Myers to describe her family's condition. Kelly interrupts: "Wait a minute, wait a minute," he said. "You sick?" The woman replies: "No me sick. Man sick." Kelly then remembers that she has a young daughter who usually interprets for her mother. Addressing the woman, he solicits information about the

[173] After sizing up Dr. Myers, not everyone was convinced about Mr. Kelly's description of the doctor's pedigree. With a classic Irish expletive, "Jesus, Mary and Joseph," one Irishman bolted from the saloon; a few others followed quietly. (O'Hara 14)

child: "'Hey, you. Leetle girl Mary, you daughter, her sick?' He made so-high with his hand. The woman catches on. 'Mary. Sick. Yah, Mary sick.' She beamed." (14)

The message has been transmitted but it takes Mame, an irritated Irish woman, to add the details.[174] She lives close enough to the immigrant family to have heard the family "carryin' on yesterday and the day before" (14). Mame assumes the husband is dying. She also confirms the illness of Mary, noting that she had not seen the child and her three sisters lately. When Mr. Kelly suggests the doctor make a house call to the immigrant mother's home, Mame—in a sign of the xenophobia inhabiting the patches—becomes incensed that the immigrant family takes precedence over her Irish companions. "To be sure, and ain't that nice? Dya hear that, everybody? Payin' a personal visit to the likes of that but the decent people take what they get. A fine how-do-ya-do" (15).

After the needs of all the patients in the line are addressed, O'Hara finds other ways to hold up James's and Dr. Myers's delivery of care to Mary's family. First there is a drink on the house for the new doctor on his first visit to Kelly's. Conversation ensues about what beverage each prefers, settling on brandy for the doctor, sarsaparilla for James and ginger ale for Mr. Kelly. The saloon owner offers a brandy to the immigrant mother, which she accepts saying "something that sounded more like a prayer than a toast, and put her whole mouth around the mouth of the glass and drank" (15). A long discussion about who can buy the next round takes up a few more sentences, ending with the doctor buying another shot for the woman before loading her into the car only to discover that, as James describes it, "her bottom was so large that the doctor had to stand on the running board until we reached her house" (16).

With each mile traveled toward her home, the immigrant mother becomes "happier and

[174] Note that, unlike the Hungarian immigrant woman, the Irish woman has a name—Mame—even though she is a very minor character in the text.

encouraged" (16). James and Doctor Myers, however, become further removed from their known world. "Jimmy and Myers appear almost to have reached the end of civilization" (Clarke). The next paragraph is devoted to James's blow-by-blow description of the exterior of the woman's house: from the pregnant goats in the front yard that impart a "goaty odor" to the house when they come inside, to the refuse in the yard ("old wash boilers and rubber boots, tin cans and the framework of an abandoned baby carriage"), to their admission to the home through the back door because "the front door is reserved for the use of the priest when he comes on sick calls" (O'Hara 16).

Once everyone is inside, O'Hara adds a very long paragraph that moves from describing the condition of the house to describing the condition of the woman's young children, all suffering together in one bed. Here James gives another detailed description, this time of items *inside* the house: from "a couple of pegs on the kitchen wall," he tells the reader, hang "a lunch can and a tin coffee bottle, the can suspended on a thick black strap, and the bottle on a braided black cord. A miner's cap with a safety lamp and a dozen buttons of the United Mine Workers of America was on another peg, and in a pile on the floor were dirty overalls and jumper and skirt" (16). Even the woman takes her time, removing her boots before starting a fire in the stove to heat a kettle of water, presumably to make tea to welcome her guests to her home. James shares that the house has "the awful stink of cabbage and dirty feet," which makes him nauseous (16). Once again, James takes time to note immigrant mother's physical attributes as he "watched the woman flopping around, putting a kettle on the stove and starting a fire, which she indicated she wanted to do before going to look at the sick. Her bosom swung to and fro and her large hips jounced up and down…" O'Hara takes this moment to remind the reader that both James and the medical student are young and still of an adolescent mentality even in the

face of such bleakness, having James continue: "…and the doctor smirked at these things, knowing that I was watching, but not knowing that I was trying to think of the skinniest girl I knew, and in the presence of so much woman I was sorry for all past thoughts and desires" (16). Whether James is excited or repulsed by the immigrant mother's body or is simply trying to conjure an exact opposite figure to dilute the one in front of him, he doesn't say. But the fact that he invokes a version of the Catholic prayer often recited at the end of a confession—"I was sorry for all past thoughts and desires"—suggests his thoughts were at least partly carnal in nature.

Whatever thoughts James and the medical student harbored about the immigrant mother are quashed when the woman finally leads them to a bedroom at the front of the house. Revealed in their place are James's horror and the insecurity and neophyte ineptitude that Dr. Myers had previously masked with bravado (and luck) when treating the other patients at Kelly's saloon. As Myers crosses the threshold into the bedroom, the medical student realizes that, for the first time in his life, he alone is responsible for the sick and—and perhaps dying—siblings he sees in the room. Dr. Myers's panic, fear and anger surge when he encounters the four ill little girls—the youngest, a coughing infant—huddled on one bed. James narrates the scene before them: "The oldest, a girl about five years old, was only half-covered by the torn quilt that covered the others. The baby coughed as we came in. The other two were sound asleep. The half covered little girl got awake, or opened her eye and looked at the ceiling. She had a half-sneering look about her nose and mouth, and her eyes were expressionless" (17). The medical student's hasty, if logical, presumption at the saloon that the children were simply more Influenza victims is laid to rest by the sight of the eldest child. When Dr. Myers finally comes face-to-face with Mary, the bill for all the delays O'Hara placed in the way of their

meeting is about to come due. The child's aura returns the fraught medical student's gaze; locking eyes with her, he regrets his arrogant procrastination.

To the reader sensing the critical illness of the child, all the mother's earlier delays becomes unbearable: her waiting in line with the other immigrants behind the favored Irish patrons in the saloon; waiting for someone to help with language interpretation of her story; waiting still longer while listening to the degradation with which others spoke about her; waiting for the doctor and barkeeper to have a drink and a polite chat; waiting at her home while she politely prepares tea for her guests before leading her visitors to the room where her four small children lie together on one bed, one of them—readers now presume—dying.

Mary is already delirious: "she made no sense even in the Hunkie language." One look at the five-year-old convinces the medical student that she does not have Influenza. One listen to the gurgling drowning sounds emanating from her trachea—"[s]he sounded as though she were trying to clear her throat of phlegm"—informs him that she has a disease he knows too well, one he has probably diagnosed many times and should be competent to treat (17). The scene he finds in the children's room is not one he expected nor one with which he was immediately equipped to deal.

Dr. Myers "dramatically" orders James to make the woman boil more water—no longer for tea—and to hurry to the car to get Dr. O'Hara's instrument case. James has no idea what is going on. After instructing the woman with signs to prepare the water, he complies with Myers's order: "I went out to the Ford and wrestled with the lid of the rear compartment, wondering what the hell Myers wanted with the instrument case, wondering whether he himself knew what he wanted with it" (17). As he heads back to the house with the case, James' ruminations about the medical student's competence are shattered by:

> a loud scream. It sounded more deliberate than wild, it started so low and suddenly went so high. I hurried back to the bedroom and saw Doctor Myers trying to pull the heavy woman away from her daughter. He was not strong enough for her, but he kept pulling and there were tears in his eyes: "Come away, God damn it! Come away from her, you God damn fool!" He turned to me for help and said, "Oh, Jesus, James, this is awful. The little girl just died. Keep away from her. She had diphtheria!" (17)[175]

It is too late. The child had a disease where life or death often depends on precious seconds. Dr. Myers has most likely seen and treated this common bacterial disease many times during medical school. But he delayed too long on his way to see this child. They all delayed too long. Mary is dead.

The agonized waiting, inexorable deferment, the impeded narrative—all these conspired to kill the immigrant mother's child. The child's death is no surprise to readers with a medical or public health background; it could not be otherwise, because that is a common outcome of delayed care of deadly disease. But the child's death is a surprise to James who apologizes to Dr. Myers for his delay in bringing his father's instrument kit from the car: "I couldn't open the back of the car, I said" (17). James was not aware of the urgency of the child's situation even as he struggled with the trunk lock; O'Hara writes that James "walked back" to the house with the kit. No running, no anxiety on James's part that Dr. Myers would be unable to control the indoor situation. O'Hara lets James *walk* back to the house where a child is *dying*. We do not know how many dead children O'Hara has seen when accompanying his father on his rounds.

[175] Diphtheria is a very contagious bacterial disease. The disease causes swelling and inflammation in the throat and often forms a false membrane across the throat opening that prevents swallowing and respirations; if untreated, the toxins can cause heart and nerve damage that is sometimes fatal. By 1890, an anti-toxin for the disease was developed. As indicated in text, it was available in 1918 and might have saved Mary if it was administered sooner (O'Hara 18). A vaccine was discovered in the early 1920s and was in common use by the 1930s. It is the "D" in today's combined childhood vaccine, DTaP (D-diphtheria, T-tetanus, a-acellular, P-pertussis).

But one never, never gets used to seeing a dead child.[176] We know O'Hara remembered five-year-old dead Mary long enough to commit the child's death to literary memory—we do not know why he let James walk.

The immigrant mother's grief is palpable. She has awakened the other children with her scream. They sit up and join their mother's crying, but their cries are the soft cries of very ill children who are disturbed by their mother's change of demeanor but not yet cognizant of their sister's death. The mother alone bears that burden: "The woman had the dead girl in her arms. She did not need the English language to know that the child was dead. She was rocking her back and forth and kissing her and looking up at us with fat streams of tears running from her eyes. She would stop crying for a second, but would start again, crying with her mouth open and the tears, unheeded, sliding in over her upper lip" (17). The language barrier was not a barrier now; there was no need to inform the immigrant mother of the death of her daughter. She was there and she witnessed her daughter's demise. She instantly understood, as Jordynn Klein writes in her poem, "first death": "how to see *is* / and then *was. / here* and then *there*" (lines 10–11, Klein's emphasis). The immigrant mother's daughter *was* alive—and then she *wasn't.*

But the immigrant mother's misery is not over yet. As Dr. Myers attempts to calm the other children and deliberates about what to do next, James decides to see how the woman's sick husband is doing. He enters the other bedroom and, after pulling up the curtains, finds the man in his underwear, in his bed: "gaunt, bearded, and dead." Despite knowing the man was gone,

[176] Child-deaths are particularly disturbing, and their stories frequently survive for generations in family lore. Personal note: In 1879, two young maternal relations of mine became ill with diphtheria. The anti-toxin was not yet available. One-year-old Katharine (Katie) Bruning—my great-aunt—died in late March. Her parents buried her in early April. They arrived home from the service to find Katie's seven-year-old brother, Johnie—my great-uncle—had succumbed to the disease when they were attending Katie's funeral. Diphtheria was a vicious unforgiveable disease.

James tries to talk with him, "Hyuh, John, hyuh."[177] James is unprepared for John's death, and he reacts as a neophyte might to his discovery, describing his response: "[t]he sound of my voice made me feel silly, then sacrilegious, and then I had to vomit. I had seen men brought in from railroad wrecks and mine explosions and other violent-accident cases, but I had been prepared for them if only by the sound of the ambulance bell. This was different" (18). James's breakdown is loud enough to draw the attention of the medical student; James continues: "Dr. Myers heard me being sick and came in. I was crying. He took a few seconds to see that the man was dead and then he took me by the arm and said: 'That's all right, kid. Come out in the air.' He led me outside into the cold afternoon and I felt better and hungry" (18). Neither James nor Dr. Myers thinks to inform the grieving mother that she is now also a grieving widow.

After the child's death, Dr. Myers begins to rise to the occasion of being physician-in-charge. He tells James to head to town to get a dose of anti-toxin and to tell "whoever's in charge at the hospital how many are sick out here and they'll know what to send. … Don't worry about me. I want to stay here and do what I can for these kids." James declares that "I suddenly had a lot of respect for him. I got in the car and drove away" (18). But once James "got in the car and drove away," his narration of events at the woman's home ceases.

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The rest of the nameless immigrant mother's story is left untold: the child's death closes

[177] Note that James calls the man by his name, John, indicating that he somehow knew the man. O'Hara gives the dead husband—whose character role is limited to a few sentences—a name. But John's wife—the immigrant mother and the focus of Part II—retains her derogatory xenophobic moniker, remaining nameless but for Dr. Myers addressing her as "you God damn fool" as she clutches the body of her dead child in her arms (17).

Part II and the woman disappears from the text. James—and O'Hara—leave the woman alone with her remaining three tiny children, all of whom have been exposed to a highly infectious disease, all of them equally vulnerable to Mary's fate. They leave her alone, sobbing with her dead child in her arms, while Dr. Myers tries to figure out a way to keep her other children alive. And they leave her alone, oblivious, it seems, to the fact that her husband is lying dead in their bed. They also leave engaged readers—who never hear of the woman again—unfulfilled. The text forces the reader to either remember the immigrant mother in her sorrow—or to imagine the rest of the story, seeking meaning in the tragic ending O'Hara wrote for the immigrant family. Those who choose the latter soon realize that no matter how miserable the immigrant mother's life looks at the end of Part II as she sobs holding her dead daughter, it will become even more miserable as she looks to the future.

I suggest the immigrant mother's story is worthy of being examined in women's health curriculums across the academic spectrum. Her story is not just the story of one isolated immigrant woman nor is her story a historical relic; it is, in fact, the story of many marginalized women throughout history and well into today. After the woman finally lays down her deceased child to begin caring for her remaining daughters, the many obstacles that initially delayed the woman and prevented her from procuring essential care for her deathly ill children will still be obstacles: poor sociocultural and socioeconomic conditions, overt racism, a desperate lack of medical care in her community and the manners and customs dictated by the times. These delays cost a child her life and will subject the child's mother to a future filled with grief. The immigrant mother represents so many women who have suffered during pandemics—then and now—without a social safety net. She has so many strikes against her: She is a woman, a still-marginalized member in many social strata. She is a widow, and she has lost the financial

provider of her family, his job benefits and, most likely, her home, as it probably belongs to the mining company. She is young and pregnant—the two demographics most vulnerable to the 1918 Influenza virus as well as to COVID-19—and she must now bury her husband and little girl alone (and perhaps bury more of her children if the anti-toxin injections arrive too late to stop the progression of diphtheria). She has four small children—the eldest only five, the youngest necessarily an infant—meaning that she is still in a postpartum state, is undoubtedly nursing at least one child while pregnant again and her own health is compromised by birthing her children in poverty. She does not speak the language where she lives and her interpreter, her Mary, is now gone, taking with her her mother's only ability to communicate cogently with the outside world. With the death of her husband, the mother is absolutely vital to the well-being of her children and will now have the constant worry that she too might perish—from diphtheria, from Influenza, from anything—leaving her children true orphans. And she must begin life again, more dependent than ever on community assistance that may or may not be forthcoming due to her unfortunate circumstance of being a destitute immigrant outsider. More than anything, she is Other—like so many other Others during Influenza and COVID-19—at a time and in a place where being Other is only a curse.

There is another dangling question about *The Doctor's Son,* especially for healthcare professionals: why does O'Hara choose to make diphtheria the pivotal disease in his story about Influenza? The 1918 Influenza is the vehicle for everything else that happens in the novel—except the child's death. And hers is the only death on which O'Hara elaborates in the text.[178]

[178] Mary's father is found deceased, presumably from Influenza, but O'Hara provides no additional details of his death. Dr. O'Malley's best friend, Mr. Evans—the father of James's girlfriend, Edith, and the husband of Edith's mother, the woman with whom Dr. Myers has an affair—dies of Influenza, a death the reader anticipates because the man does not follow any public health pandemic admonitions, but news of his death is only shared with James by his mother.

Diphtheria, a common infectious disease at the time, does not appear to move the pandemic story along. O'Hara has one opportunity to let readers experience the awfulness of a death by Influenza—and he does not take it. Perhaps O'Hara includes Mary's death from diphtheria because it really happened, and he chose to honor the autobiographical nature of his work by including it. Perhaps it is his way of showing the growth of Dr. Myers, who, faced with his first true life and death situation away from the support of his medical school and hospital, is tested not only by the death of a patient dependent on his care but by *a child* dependent on his care.[179] (The text argues against this: Myers never mentions Mary's death again; in fact, Part III begins with a long discussion between James and Myers about cars—not about the child's death.)

Or perhaps—as so many have discovered during the time of COVID-19—other diseases and conditions do not vanish when a pandemic virus hijacks the medical system, when services and supplies are in short supply, when all other types of medical care are deferred so healthcare professionals can tend to pandemic victims. Untreated diseases and postponed therapies—diabetes, cancers, life-saving surgeries—mean illnesses continue to progress, often ravaging bodies waiting for treatments. Children are not receiving childhood immunizations, like diphtheria, because parents are afraid to take them to clinics and physician offices where a worse fear—COVID-19—might be present—or because of their generalized fear of vaccines secondary to fulminating vaccine conspiracies surging on the internet. Whatever O'Hara's rationale for letting "Leetle Mary" die of a non-Influenza disease, her death is both the climax and the pivot of *The Doctor's Son.* O'Hara does not say any of this out loud to the reader. He doesn't have to; it is hiding in the words he has chosen to describe the immigrant mother's life, waiting for the reader to discover the long-term impact of her situation, to learn "how to see *is* / and then *was. /*

[179] Children were not the main demographic impacted by Influenza; young healthy adults were much more likely to be infected and die from the virus.

here and then *there*" (Klein, lines 10–11, Klein's emphasis).

The Rest of the Story . . .

After Part II, the focus of the book turns from the overriding poverty tribulations in the patches (although James and Dr. Myers continue to dispense medical care to patients there on their daily route) to the upper middle class social milieu issues of James's family and friends. Though the trauma of medical crises does not take front and center again, the trauma of parental abuse fills the gap. The brooding specter of Dr. O'Hara/Dr. Malloy continues to loom over the novel. He's on the sidelines but still apparent. James and Dr. Myers head out every morning, armed with a stack of prescriptions from Dr. Malloy that doubles as the list of patients Dr. Malloy insists they see that day. James and Dr. Myers are mindful of the doctor's demands. Dr. Malloy might be on respite at his home, but his son is never on respite from memories of his father's bullying ways. Dr. Myers is also cognizant of the physician's constant presence, even as he becomes more comfortable in his new role:

> In a few days, Doctor Myers had begun to acquire standing among the patients, and he became more confident. One time after coming from my father's bedroom he got in the car with prescriptions in his hand and we started out. To himself he said, looking up from a prescription: "Digitalis … now I wonder?" I turned suddenly, because it was the first time in my life I had heard anyone criticize a prescription of my father's. "Oh, I'm sorry, Jimmy," he said.
>
> "You better not ever let him hear you say anything about his prescriptions."
>
> "Yes, I know. He doesn't want anyone to argue with him." (20)

James knows this better than most. His father, because of his professional stature in the town and his reputation as boxer for having "no scruples against punching anyone smaller than himself," is always insulated from recourse (23). Even after knocking unconscious a policeman who dared to pull him over when the doctor was on his way to an "OBS" [obstetric call] and even after the "policeman's friends and my father's enemies said: 'God damn Mike Malloy, he ought to be put in jail,'" the doctor only faced a fine, because, James says, "my father was a staunch Republican and he got away with it" (23). If even the police can't control Dr. Malloy when he abuses one of their own, James now understands that he will always remain at his father's mercy.[180]

Besides the ongoing trauma of an abusive father, James also has to deal with the love triangle he watches develop between Dr. Myers and Mrs. Evans. James has no idea how to address his knowledge of the situation or how to comfort his girlfriend, Mrs. Evans' daughter Edith, when she learns of the tryst. The reader senses that this is not Mrs. Evans' first dalliance, but it ends when Dr. Malloy, ostensibly recovered, recalls the medical student and sends him on his way back to the University.[181] The affair changes James's feelings for Dr. Myers but he keeps his disgust to himself. He knows not to inform his father for fear Dr. Myers "might have told my father I was unsatisfactory and my father would have given me hell. Or, if I told my father what I'd seen [Dr. Myers kissing Mrs. Evans], he'd have given Doctor Myers a terrible beating. … Not only would he have beaten him up, but I am sure he would have used his influence at the University to keep Myers from getting his degree" (23). Dr. Malloy was not a man—or father—to be trifled with and both young men knew it. When Dr. Myers departs Gibbsville, he tells Dr.

[180] O'Hara understood this too; he also remained at his father's mercy until his father's untimely death when John was twenty. Even then, his father's ghost figuratively haunted him the rest of his life.
[181] Some critics speculate that Dr. Malloy also might be romantically involved with Mrs. Evans who is Malloy's best friend's wife. O'Hara alludes to this: when James' girlfriend Edith discovers her mother with Dr. Myers, she despairs to James, "Oh, my God, now it's him" (22). O'Hara—and James—will continue to wonder who else Edith suspects.

Malloy that James was a good partner and suggests that James should receive part of his cheque because James "did half the work." Dr. Malloy sidesteps the medical student's proposal: "If he did I'll see that he gets his share. James knows that. He wants one of those God damn raccoon coats. When I was a boy the only people who wore them drove hearses" (30).

With the medical student's departure, O'Hara turns the story once again to James and his father. Readers' prior knowledge of the fractious relationship John and Dr. O'Hara shared informs the last part of the text where their relationship takes center stage and where, I posit, John O'Hara seizes the opportunity to put in print, under the guise of fiction, the harms his father saddled him with through the years. As soon as James returns home from dropping the medical student off at his hotel, he finds his father waiting "impatiently" for him on the porch.[182] The doctor is back to his raging form, immediately deriding James: "we'll use the Buick … that Ford probably isn't worth the powder to blow it to hell after you've been using it" (30). His belligerence continues at Kelly's, where he receives an ovation but "not too loud, because there were one or two in the crowd on whom my father was liable to turn and say: 'You, ya son of a bitch, you haven't paid me a cent since last February. What are you cheering for?'" (31). At home visits that day, Dr. Malloy: "slapped a pretty Irish girl's bottom; gave a little boy a dollar and told him to stop picking his nose; at another he sent me for the priest, and when I came back he had gone on foot to two other house, and was waiting for me at the second. 'What the hell kept you?'" (31).

Dr. Malloy kept up the precipitous pace, both of them surviving mostly on coffee and an occasional sandwich, the father pushing the son to the brink. After nodding off twice while driving, James wakes to his father's ongoing berating of him: "…And my God! To think that a

[182] O'Hara again points out the youthfulness of the medical student by having him invite James to stay with him if he's ever in Pennsylvania; Myers hands James the address of—his fraternity house (30).

son of mine would rather rot in a dirty stinking newspaper office than do this. Why, I do more good and make more money in twenty minutes in the operating room than you'll be able to make the first three years you're out of college. If you *go* to college. Don't drive so fast!" (31). Such haranguing behavior from his father continues unabated, with James at his father's beck and call at all times: "[F]or the next two days, I slept when he allowed me to. We were out late at night and out again early in the mornings. We drove fast, and a couple of times I bounded along corduroy roads with tanks of oxygen … ready to blow me to hell" (31). James finally exhausts his ability to tolerate his father's harassment, asserting himself—for the first time—in his defense of his father's constant persecution and—for the first time—getting a seemingly accommodating reaction from his father. The scene begins the apparent first ending to *The Doctor's Son:*

> We got on each other's nerves and had one terrible scene. He became angered by my driving and punched me on the shoulder. I stopped the car and took a tire iron from the floor of the car.
>
> "Now just try that again," I said.
>
> He did not move from the back seat. "Get back in the car." And I got back. But that night we got home fairly early and the next morning, when he had to go out at four o'clock, he drove the car himself and let me sleep. (31)

I suggest that the narrator of these last scenes is not really James. It is John O'Hara, the doctor's son, recounting real confrontations with his father. His pain bleeds through his words, reflections of the quarrelsome, unequal relationship the two shared until his father's death. The reader might be relieved and comforted that Dr. Malloy/Dr. O'Hara finally realizes the heavy load he put on his son because of his demanding personality and that he tries to accommodate James/John by

letting him rest. But, as always, the father manages to leave the son feeling off-kilter and culpable by his supposed kindness. The call his father let him sleep through is from Edith's home; her father is very ill and dies before Dr. Malloy can get to him to provide help. By not rousing his son as he normally would, Dr. Malloy—willfully or not—denies James the opportunity to comfort his girlfriend, Edith. Mr. Evans, Edith's father, was Dr. Malloy's best friend. James will undoubtedly always bear the burden of wondering if his own driving skills could have gotten his father to Mr. Evan's faster. He will also bear the burden of wondering if his father calculatingly left him at home to prevent him from being with Edith when she needed him most. He will never know because he knows he will never risk asking his father. All James is left with when he finally awakens later that morning is his mother's admonition: "Now, you be careful how you behave with your father today" (32).

Just like every day. Nothing has changed for the doctor's son.

Coda

O'Hara's *The Doctor's Son* is a necessary addition to the sparse archive of 1918 Influenza literature. His text as an observer of the social and medical breakdown the virus perpetrated on his community adds a perspective not available in the other two texts in this dissertation. O'Hara's protagonist James does not get Influenza, and O'Hara's biographies suggest the same was true for him. Those same biographies also do not mention that O'Hara's family was infected by Influenza; if they were, we can assume their course was mild and they all recovered. Because Influenza never invaded O'Hara's and James's home life, the author and his protagonist become our only periphery witnesses to the pandemic. They do not become critically

ill, like Miranda/Porter, nor do they suffer a familial loss, like Bunny/Maxwell. O'Hara's story is about the healthcare professionals' role during the pandemic. The author provides the literary component to the historical recollections presented earlier in this dissertation of medical student recruitment during the 1918 pandemic. By acknowledging their medical contributions in the character of Dr. Myers, O'Hara also acknowledged the critical role of so many other healthcare professional students recruited during the 1918 Influenza pandemic and again during the COVID-19 pandemic.

John O'Hara continued to write for the rest of his life, becoming a literary powerhouse at the height of his career. He transferred his novels to the silver screen and received the accolades and access to the social elites that that he always craved. He never became a surgeon—or a psychiatrist. There is a second ending to *The Doctor's Son* that reminds readers that, despite the massive morbidity and mortality tolls the Influenza virus extracted in 1918, life went on during the pandemic. The second ending, a page later and at the very end of the book, is written in O'Hara's true banal form. Edith will no longer see James. "Then she went away to school and did not come home … I fell in love with another girl and was surprised, but only surprised, when Edith eloped. Now I never can remember her married name" (32). For James and O'Hara, both Edith and the pandemic were over.

Conclusion

And Then It Became Real …

"Mourning on a wintry day at the end of a year that has been all winter."

–Dur E. Aziz Amna[183]

When I began writing this dissertation, I only had one major pandemic about which to write—the 1918 Influenza. And then, suddenly, I had two, when an outbreak of an unanticipated, unrecognized and deadly disease, eventually named COVID-19, arrived unbidden on the world's—and my—doorstep. Suddenly, everything recorded about a century-old Influenza became a prophetic portending of what might, and what unfortunately did, happen again beginning in 2019. A new pandemic was born and a nation—ill-prepared for a situation that few outside of science and medicine believed would ever happen again—soon discovered how catastrophic a viral pandemic can be.

That appearance of a new pandemic might have been considered providential from a pandemic-focused graduate student's viewpoint—a new perspective! how cutting edge! But the reality of COVID-19, for this graduate student, proved to be all-consuming, virtually paralyzing and frighteningly existential. Within weeks, all the horrors I had been reading about a historical pandemic were no longer historical; those horrors were in my news feed, in my community and—because we are predominantly healthcare professionals in my family—in my home. I

[183] Dur e Aziz Amna. "Writing Into and Out of My Long-Distance Grief." *New York Times (Online)*, New York Times Company, 19 Dec. 2020, https://www.proquest.com/docview/2471170400/citation/B12A2EE2E85947B3PQ/1

wrote this dissertation at a time in my life when I did not know if the people I loved, my community, the nation and the world would survive.

At the beginning of the pandemic, a website blog #DearNurses was created as an outlet for nurses to share the always difficult and often unbearable stories of working on the front lines during COVID-19 ("Dear World"). But the first page of the blog was a hopeful look to the future, to the time when the pandemic would end. It promised: "One day soon, we'll be able see COVID from a 3,000-foot view—fewer hallway sprints, fewer tears and fewer facetime [*sic*] goodbyes." We are there now. We have reached at least a plateau from which we can look down on the happenings of the last few years. What can we see from that plateau today?

We can see that America and the world got very lucky during COVID-19. The creation and distribution of an effective vaccine at record speed saved us from amassing a death toll far higher than we suffered. Without those vaccines, morbidity and mortality rates would have continued on an astronomical trajectory until the virus either ran out of new hosts, thus burning itself out, or mutated and became less lethal. But we can also see that America and the world were equally unlucky in that citizens everywhere were forced to helplessly witness the angst of both individual and collective traumas as they engulfed the globe. In the United States, we watched the unimaginable pain of COVID-19 sufferers gasping for a single breath when in the throes of the disease. We watched—often from an iPad—loved ones die after gasping a final breath. And we watched the country gasp as the nation reached near-collapse at the apex of the pandemic.

COVID-19 might be in the rear-view mirror for the majority of Americans—but it should not be. When the virus took the spotlight for three years, other infectious diseases retreated from the public and medical eye, smoldering in communities unable to vaccinate citizens, especially

infants and children, and waiting to rebound as soon as quarantine restrictions were abandoned. While the pandemic soaked up all the scientific bandwidth and public attention, many worrisome and problematic disease agents—some old, most new—developed in the background. From the beginning of COVID-19 to August 2024, the following viruses have made the headlines:

- In May 2022, WHO reported a resurgence of mpox, formerly "monkeypox"; exposure was reported in an Illinois daycare center (Diamond et al.).
- In July 2022, New York State reported the first case of paralytic polio in the United States since 1913 (it was believed to have been globally eradicated in 1994) and expressed concern that hundreds of exposed people could develop polio (Kimball).
- In April 2023, scientists reported that avian influenza virus H3N2 CIV (first transmitted from birds to dogs in 2006) has now formed stable lineages to which humans are not immune, making dogs now a possible conduit for transmission of avian influenza to humans (Chen et al.).
- In February 2024, it was reported that a person died of Alaskapox, a heretofore typically mild illness, in Fairbanks (PBS).
- In March 2024, scientists identified H5N1 avian influenza virus in raw milk transmitted from birds to dairy cows in Texas, Kansas and New Mexico; farm cats drinking the milk have died (Anthes, "Bird Flu Spreads to Dairy Cows"). In other news, "Raw milk enthusiasts … are, in fact, specifically requesting raw milk from H5N1-infected cows" (Mole, "Raw Milk Fans").
- In April 2024, the CDC identified yet another new group of COVID-19 variants they named FLiRT. FLiRT was the predominant strain in the United States as of June 2024

(Hauari).

- In May 2024, the same H5N1 avian virus was found, this time in the meat of beef cows (Anthes, "Bird Flu Virus Found in Beef Tissue").
- In May 2024, the CDC urged people at high-risk to get vaccinated against an increasingly virulent Mpox variant (Mandavilli).
- On May 30, 2024, a dairy farm worker in Michigan was infected with avian influenza virus, the third such case to date (the first with respiratory symptoms) in a viral spillover from birds to cows to humans (Mole, "Third Human Case").
- On August 14, 2024, The WHO declared mpox in "a public health emergency of international concern". The new strain, clade Ib, "is especially dangerous in young children — most mpox deaths occur in children under the age of 5 — and people with compromised immune systems" (Branswell, "WHO declares mpox").
- On August 22, 2024, a patient with no reported exposure to animals was hospitalized and diagnosed with avian influenza virus. "The finding in a person without such an exposure raises the possibility that the H5N1 virus is spreading from person to person, undetected, or is spreading via an undetected animal source" (Mole, "Person in Missouri")
- And in on-going news: scientists are concerned that climate change, which is inducing the rapid melting of permafrost at the poles, might expose still-virulent disease agents hidden for millenniums in the ice (Geddes).

The above suggest that—as virtually every article ever written about pandemic concludes—the question is not whether the world will see another pandemic, it is when. When will one of the multitudes of mild outbreaks become a pandemic rivaling that of Influenza and

COVID-19? Consider that we live in a world where potentially irreversible climate change is on the verge of becoming existential; where human populations continue to increase; where sea level rise is forcing more and more of us to flee to higher ground; where increasing population density is diluting social and natural resources; where transportation now allows high-speed transport of not only people and goods but also disease agents from one part of the world to another in a matter of hours. One might judiciously ask: what are the odds that that next pandemic will *not* arise sooner rather than later?

The best recourse to preventing a bad event is remembering it. But already we are forgetting about the COVID-19 pandemic. In our need to return to "normal," we are forgetting how unequipped we were when COVID-19 arrived on American shores. We are forgetting that we did not have enough medical essentials—PPE, respirators and beds. That we did not have enough healthy personnel to staff our healthcare systems. That we did not have a strong enough supply chain to bring food and medicine to local communities. That we overburdened our teachers when we abruptly required them to develop completely new ways of educating students online. That not enough governmental leaders understood what a pandemic was, cared about it, and were willing to lead the nation through it. That we did not even have enough iPads for isolated patients to say goodbye to their families, nor did we have enough coffins in which to bury them when they died.

Bill Gates, who has been warning since 2015 that "global infrastructures were grossly unprepared to handle the next pandemic," has not forgotten. He continues to call for more coordinated and sufficient investment to treat, if not prevent, future lethal outbreaks. "It seems wild to me that we could fail to look at this tragedy and not, on behalf of the citizens of the world, make these investments" (Gill). WHO Director–General Tedros Adhanom Ghebreyesus is

not forgetting either. He warned mid-pandemic, "Now is the worst time to stop running … If we do not take this opportunity now, we run the risk of more variants, more deaths, more disruption and more uncertainty" (Money). And he warned again when he declared an end to COVID-19, "Covid has changed our world and it has changed us … If we all go back to how things were before Covid-19, we will have failed to learn our lessons and we will have failed future generations" (Branswell, "WHO declares end to COVID").

But it is hard to know if anyone is listening or if anyone even cares. If COVID-19 has illustrated anything, it is that there will never be societal consensus in the United States about how to eradicate pandemic agents. The best we can hope for—now—is that pandemic diseases will become endemic and will stay mild-to-moderate when outbreaks occur, but we must realistically understand that the viruses are always at risk of mutating yet again into a deadly event. We can hope that enough of our communities will avail themselves of seasonal vaccines to create herd immunity, so if there is an outbreak, it will to be limited and controlled. But if communities eschew vaccines—or a new disease agent appears that skirts known vaccines—then we once again become as vulnerable as America was before Influenza and before COVID-19.

We have another problem standing in the way of preventing pandemic: Trust. John Barry, who followed in historian Alfred W. Crosby's footsteps to further portray the Influenza pandemic and who is now chronicling COVID-19, says it is public trust that must be repaired. Per Barry: "Trust matters. A pre-Covid analysis of the pandemic readiness of countries around the world rated the United States first because of its resources. Yet America had the second-worst rate of infections of any high-income country" ("As Bird Flu Looms"). In Barry's view, "government officials and health care experts must communicate to the public effectively. The United States failed dismally at this. There was no organized effort to counter social media

disinformation, and experts damaged their own credibility by reversing their advice several times. They could have avoided these self-inflicted wounds by setting public expectations properly." Barry lays out the response the government should have provided when COVID-19 first appeared: "The public should have been told that scientists had never seen this virus before, that they were giving their best advice based on their knowledge at the time and that their advice could — and probably would — change as more information came in. Had they done this, they probably would have retained more of the public's confidence." During both Influenza and COVID-19, the United States government was unwilling to level with the American people. The results were disastrous. World leaders, governmental agencies, members of Congress, politicians, journalists and media outlets, educators and parents must all learn to discern the truth if such situations are to be avoided when the next pandemic arrives. Such delays cost too many lives and cause too much unnecessary pain. Barry concludes with statistics to back up his statements: "A pandemic analysis of 177 countries published in 2022 found that resources did not correlate with infections. Trust in government and fellow citizens did. That's the lesson we really need to remember for the next time" ("As Bird Flu Looms").

During COVID-19, Americans were grateful and possibly surprised to find many of us are very altruistic, brave, devoted to the care of others and willing to put ourselves in precarious and potentially lethal positions in the process of caring for those suffering from COVID-19. But we have also discovered that the pandemic brought out the worst in some of us. COVID-19 exacerbated and intensified already tense geopolitical, socioeconomic, cultural, religious and racial divisions in the country and around the globe. One physician identified the rise of selfishness during the pandemic as an instigator in bad behavior; Jeremy Brown thinks it is "this thought that, 'If I'm OK, that's all that matters.'" The result of such narcissistic thinking impacts

all society. Brown continues: "The selfishness of people and *their inability to have empathy for others who aren't like themselves* is one of the very, very worrying aspects that the disease has highlighted" (qtd. in Rogers). Our inability to place ourselves in others' shoes to a point of rigidity and refusal to compromise on seemingly *anything* is both a sad legacy and frightening harbinger of the communal spirit necessary to prevent another pandemic—or to be able to rapidly control one if prevention fails.

When pandemics stress the fabric of society, honing in on the weakest seams until they fray and split, they leave the seams uneven and unlikely to ever be restored to what they once were. The long-term ramifications of COVID-19 will linger, as did those of Influenza. Future pandemic-stricken individuals, like Katherine Anne Porter, are going to approach the liminal space between Life and Death—and millions of them are not going to come back. Families, like William Maxwell's family, are going to suffer the long-lasting—and perhaps, irreparable—grief of losing a beloved family member. And healthcare professionals, like John O'Hara's father, are going to be asked again to give all at the risk to their own lives—and, even as they give everything, it will not be enough. Too many will die who need not have had medical, social and governmental safety nets been in place and secure.

Reading 1918 pandemic literature today creates a certain poignancy that could not have existed for readers before COVID-19. No one, no one, who lived through COVID-19 will ever read the texts through the same lens they would have read the literature five years ago. The similarities are too real, the differences only a matter of manners and customs of the times a century ago. Now we understand like we never could have before what Influenza meant to Porter, Maxwell, O'Hara and their compatriots. Now we wait to see what writers will write about COVID-19. And we wonder what they will say, how they will say it, if they already have the

tools they need to write now, or if—like Porter, Maxwell and O'Hara—will they need to pause and wait for another movement like modernism to emerge to tell their stories?

It will be interesting to monitor the narratives now being written while COVID-19 is still active. With hindsight, will they still tell the narrative that people remember about the pandemic? Would they be better composed with some distance from the event, with some time to reflect on what authors really want to write about the experience? Published narratives about the 1918 Influenza did not reach publication until almost twenty years after the pandemic subsided—how long will it take this time? It remains to be seen how soon we will be able to recollect the memories of COVID-19 and how well we will be able to apply what we learn from them as we ready ourselves for the next infectious disease onslaught that is almost certainly already on its way. Perhaps Americans will burn themselves out with what they are writing now about COVID-19 and, as this pandemic becomes endemic, the writing will cease. Or maybe the end of the story will prove unsatisfying—or no one will want to read about it. In 2022, Alexandra Alter pondered these questions: "The pandemic is … presenting new narrative and artistic pitfalls. Some writers worry a pandemic plot might drive away readers who want to escape our grim reality, but ignoring it might feel jarringly unrealistic. Others wonder if it's too soon to recreate the atmosphere of a tragedy that's still killing thousands of people every day."[184] She points to another conundrum: "Then there's the awkward narrative problem of how to turn what some have termed the 'boring apocalypse'—a period of stasis that, for the most fortunate, has been defined by staying home and doing nothing—into a gripping story." "Perhaps," she suggests,

[184] Ketakos reports: "More than three years into the pandemic, hundreds of Americans are still dying from COVID-19 every week. For the week ending Dec. 9, [2023] the last week of complete data, there were 1,614 deaths from COVID, according to the Centers for Disease Control and Prevention (CDC). The last four weeks of complete data show an average of 1,488 weekly deaths. By comparison, there were 163 weekly deaths from the flu for the week ending Dec. 9, according to CDC data." Most COVID-19 data trackers were deactivated after the pandemic emergency declaration was lifted in May 2023; therefore, daily death rates from COVID-19 are no longer available.

"we have to accept the fact that Covid has no plot as the narratologists have defined such a thing, that we'll never read The Great American Covid Novel. And maybe that's a good thing" (Alter).

We will not know the answers to these questions for a long time. COVID-19 stories are still to be written. Each will tell a unique individual story about a common collective experience. But now is the time to start preserving personal chronicles that we wish the survivors of the 1918 Influenza had preserved. And we need to remember how much of our COVID-19 literary archive is disappearing in the text messages and emails either deleted or lost when cell phones and computers are replaced. Now is the time to record our impressions of the COVID-19 pandemic—the internet will prove an invaluable archive—so that, if we discover that the best narratives actually do arrive decades after the virus, we will have enough memories stored to be able to write as eloquently in the 2040s as the three authors considered in this dissertation did in the 1930s, and will be able to produce books excellent enough to still be read a century later. Porter, Maxwell and O'Hara told stories that each felt had to be told to guarantee the traumas they endured would not become statistics and would not be forgotten with the pandemic. Their stories are illuminating, and they clarify the traumatic situation in which Americans now find themselves during COVID-19. Our stories of our pandemic will someday similarly illuminate and clarify the path for sufferers during the next pandemic. Because there will always be a next pandemic. Our hope, today and for the future, has to be "not yet." One pandemic a century is enough. It is time to be finished. From the plateau where we are standing now, we can see that the COVID-19 pandemic is receding; the ending—except for those who perished—has yet to been written. So, we wait.

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