

## Room for a view

## Lessons from history

**D**ear Colleagues, I found the clue whilst traversing a recent Journal and brought it to the attention of an estimable Librarian. Employing his considerable powers of detection, he promptly unearthed the treasure itself: an operating Time Portal.

Suitably disguised, I passed through the portal to visit Central Canada in the winter of 1918. The locals, being Canadian, were reserved but friendly, although I have reason to believe that as a result of what they had just been through they were a little more talkative than usual. Grief for recent loss was mixed with a profound gratitude that the unprecedented wave of death had receded.

Prominent also was a sense of camaraderie and pride evident whenever they mentioned how so many, from teenager to grandmother, from nun to soldier, had pulled together to care, to help and to succour.

Those of us living now have important lessons to learn from these people of 1918. They had no effective treatment for the severe form of the disease caused by the influenza “bacillus” that had stricken so many of them; nor, I venture, do we. Although there was tantalizing mention of specific treatments, details were not

forthcoming. However, they would certainly have had blankets and kind words and chicken soup with onions and garlic. Nowadays we have in addition a very small supply of oseltamivir, and perhaps there is also some benefit to be had from statins or ACE inhibitors. I found it particularly interesting that, in 1918, both the Connaught Laboratories at the University of Toronto and the Laboratories of Ontario’s Provincial Board of Health were able to prepare vaccine, and fast, although there were worries about both effectiveness and safety.

Life was harder then. More human effort, as compared with now, was related directly to the production of food and shelter, and less to the maintenance of a social safety net. And yet there also seems to have been a reserve capacity and the ability and will to mobilize it quickly. As amazing as this seems to us today, regular hospitals were able to accommodate a large influx of extra patients, and it was even possible to assemble and staff emergency facilities: for example, in Montréal, 596 extra hospital beds were quickly established, staffed by nuns and brothers as well as by city-employed nurses and physicians. The load must have been staggering: despite a death rate that oth-

ers have estimated at 1%–2%, in Montréal alone over 3000 people died in the 39 days ending November 7.

An enormous volunteer effort, aided by the police and firemen, worked long and hard to ensure that medical attendance, as well as food, fuel and clothing, was provided to those unable to pay for it.

The most effective pandemic control measures were in 1918 as they probably will be for us today: in preference to labour-intensive quarantine, the 1918 Boards of Health reduced exposure by disseminating advice to the public and summarily closing down all but essential services. This not only slowed down the spread of the virus through the population, but also freed up workers to help manage the epidemic, from bringing food and supplies to the sick — most of whom were of necessity at home — to transporting the bodies of the dead to temporary morgues in ice arenas and elsewhere.

I only hope that, when our time comes, we will be able to match the intelligence, energy co-ordination and co-operation of our forebears. Any of us involved in current-day planning will, I think, find inspiration in their example.

To that end, I have done my best to restore and refurbish the Time Portal for your use on *eCMAJ* so that, if you wish, you too can travel to our past.

I remain, your humble servant, etc.

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The documents that Dr. Arsenault found on the other side of the Time Portal, including the graph reproduced on page 1215, were originally published in 1918 in the November and December issues of *CMAJ*. Read them online at [www.cmaj.ca/cgi/content/full/172/8/965/DC1](http://www.cmaj.ca/cgi/content/full/172/8/965/DC1).

### Quarantine

With respect to the closing of schools, churches, theatres and other public assemblages, each Medical Officer of Health or Local Board of Health has power to close such places if it seems desirable. The matter of placarding, and quarantining for this effectation is regarded by the Provincial Board of Health of Ontario as being impracticable. The Board does not think such a law could be satisfactorily enforced for the reason that before the necessary measures (inspection, placarding, etc.) could be taken in respect to the thousands of homes, a great number of the cases would be well and the intolerable situation of keeping comparatively well persons in large numbers tied up would ensue. Under such a regulation many people with colds would be improperly quarantined, and in short the operation of the law would, as it has been in many of the States to the south of us, be a dead letter.

From: McCullough JWS. The control of influenza in Ontario. *CMAJ* 1918;8(11):1084