Our normal meeting schedule has been disrupted by the Stay at Home status of our nation, state, and city. Social distancing issues and uncertainty of when public gatherings will be safe to attend means we cannot confirm upcoming meetings for the next three months. There are no special events planned for this summer.

**May 2020**

Normally our May meeting is replaced by our Award Presentation at the City Council meeting. This is not happening for two reasons: We decided against giving any awards this year, primarily because none of the projects we considered were completed. Second, the City Council meetings are taking place remotely for the foreseeable future.

**June 2020**

No meeting is scheduled for June 16. If things change, we will notify you by email. It is likely any meetings in the immediate future would be held at the RI Police Community Room, where there is adequate space to spread out.

**July 2020**

Our July meeting is normally a social potluck at Hauberg. At this time, Hauberg Estate is closed. We will keep you posted if there are changes.

*Remember to keep the third Tuesday of each month marked on your calendar for monthly RIPS meetings and activities.*

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**Thanks to all of you who have renewed your membership.**

**Welcome to our many new members.**

As a member, you will receive a quarterly newsletter, emailed agendas before meetings, and meeting minutes afterwards, at your request. We do NOT distribute your email address or contact information to others. While your active participation is welcomed, inactive (dues only) memberships that help support our work are also welcome.

*Check your mailing label for your membership expiration date.*

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**This RIPS News issue focuses on the topic of epidemics and features the 1918 Flu epidemic especially as it affected Rock Island and the long term tuberculosis scare.**

We use the term epidemic, rather than pandemic which affects multiple countries at the same time.

**VapoRub** was the treatment of choice for influenza in 1918. The company shipped three million jars in October of 1918, but the ointment could be hard to find, and druggists were asked to conserve their supplies. The instructions on the use of VapoRub: Apply hot, wet cloths over the throat, chest and back between the shoulder blades to open the pores; dry lightly and rub in VapoRub well until skin is red; spread on thickly and cover with hot flannel cloths; leave the bed coverings loose around the neck so as the body heat releases the ingredients in the form of vapors, the vapors can be inhaled with each breath stimulating the lining of the air passages to throw off the influenza germs.

*Early advertisement*
Epidemics are nothing new. Archeologists have found evidence of them in BC times. We’ve read about the Black Plague, also known as the bubonic plague, which emerged in the 1340s and would recur in London in 1665 and in Marseilles in 1723. Although the later outbreaks were short lived, hundreds of thousands of deaths ensued in the 1340s plague where it is estimated that over half of Europe’s population was wiped out.

Plague was caused by a bacterium spread to humans by fleas that lived on infected rodents, notably rats. Perhaps relevant to our new flu, some argue that the plague changed the course of Europe’s history. With so many deaths, there was inadequate labor which meant better pay for workers and the end of Europe’s system of serfdom. It also meant women did tasks previously allotted to men. The lack of formerly cheap labor may also have contributed to technological innovation.

Epidemics in the US have had a somewhat different history. As early as the 16th century, estimates say that 70-90 percent of our Native American (Indian) population fell to diseases to which European immigrants had some immunity. Some of these, notably smallpox, were deliberately introduced to the indigenous tribes. By the 1800s, tuberculosis was an ongoing disease, affecting many and a diagnosis was a death sentence, in years or sometimes decades. See another story about TB in the QCA in this issue.

Throughout our history, there were illnesses and diseases, which seemingly struck without warning. “Winter cholera” was one which affected many here. Although RI had built a water pumping station in 1871, the Mississippi water from near the current Crescent Bridge was pumped directly into the water mains, with no purification. Because the water inlet was close to the sewer outfall, disease – cholera – was inevitable, especially when the river froze and narrowed. In 1882, local philanthropist P. L Cable donated $25,000 to construct the new pumping station at the foot of 24th Street away from the sewer outfall. It still sent river water into the pipes. It wasn’t till 1897 that a new purification plant was built atop the hill where it remains today.

The polio epidemic that waxed and waned for decades actually began in 1916. Even as late as 1950, communities closed summer programs, especially for youth, to prevent the spread of polio, often known by its effects as infantile paralysis. The March of Dimes was created to raise money for research. Ultimately this resulted in the injectable Salk vaccine in 1955. Later it was replaced by the Sabin oral immunization, which is routinely given to children today.

Of course, America had the 1918 flu, sometimes wrongly called the Spanish flu. Its effect in Rock Island and the Quad Cities is the subject of another story in this newsletter. Throughout the years, we saw many relatively common diseases, often affecting children and young adults. In some communities, quarantines were imposed for households afflicted with diphtheria, scarlet fever, measles, mumps, chickenpox, and whooping cough. Like today’s flu, many survived unscathed, but others died or had serious consequences. Today, there are vaccines for all of these.

A more contemporary epidemic was AIDS, which took the world by surprise beginning about 1981. Although still not curable, new medications and better awareness have modified its effects, which originally resulted in certain imminent death.

Outbreaks continue today…. swine flu, SARS, Asian flu, and Ebola are all caused by viruses as is today’s Covid19. In some cases, vaccines have been developed (and flu vaccines change every year), but research on other virus prevention continues. That is what we face today.

As the black plague led to technology and industrialization, Covid19 may change our work habits permanently. Working from home may become routine rather than the exception. Shopping habits may change forever. Time will tell.

Photo Credits: This page, Covid19 Info. Next page, Franklin School (near completion) used as an influenza hospital during outbreak, David Sebben collection
On October 5, 1918, the first case of a deadly influenza was reported in the Illinois Quad City area. In the month that followed at least 1,000 cases were reported. The Illinois Department of Health had issued an emergency order declaring that anyone with a cold should be sent home from work or school and visitors should be barred from hospitals. Doctors were told to report influenza cases to the County Health Department and sick people needed to be quarantined at home. Anyone caught coughing or sneezing would be asked to leave a public space. Merchants were admonished to wash down public sidewalks daily. On October 12th, a Red Cross emergency hospital was opened in the John Deere Building at 3rd Avenue and 16th Street in Moline. There were plans for additional hospital space across the street in the Skinner Building if needed. Davenport’s Turner Hall and Rock Island’s Franklin School (10th Street & 13th Avenue) also served as temporary hospitals. In the months ahead the Red Cross would care for nearly 200 patients in these buildings.

On October 16th, strict controls were put in place closing schools, libraries, churches, stores, pool rooms, bowling alleys, movie theaters and lodges. Even the highly-anticipated football game between the Rock Island Independents and the Minneapolis Marines which drew 8,000 fans last year and was scheduled for Sunday afternoon at Douglas Park in Rock Island was cancelled.

But not everyone stayed home. Finding their school closed on October 17th, fifty Rock Island high school students, including the entire football team, went to work for the Henry Horst Company helping to finish the WWI government houses being built north of 18th Avenue between 38th and 42nd Streets. (See the Feb 2019 newsletter for an article on the WWI government housing projects)

By the first week in November Moline and Rock Island were averaging 25 new cases each day, Davenport about 70. Health officials felt the stringent containment efforts were working. Citizens, business owners and even local newspapers declared that the epidemic was almost over. After only four weeks, the “flu” ban was lifted. Residents were to avoid public spaces if they were exhibiting any symptoms such as coughing or sneezing and there was to be no crowding in pool rooms or other public spaces.

But any thoughts of the “flu” being over were short lived. Days after the closures ended, the number of cases began to rise. By November 30th newspapers were again reporting the number of new cases and deaths daily. The makeshift flu hospital reopened. Grade schools and parochial schools were again closed. Social gatherings were prohibited. But the full shut down that took place in October was not reinstated. Instead masks were to be worn by everyone when in public spaces. Red Cross sewing rooms were open on Sundays and women came in to make gauze masks that were distributed across Rock Island and Moline by Boy Scouts. A new series of “war measures” were adopted by public officials (see sidebar).

By the end 2018, Rock Island had documented 3,167 influenza cases and 114 deaths. The epidemic would not be considered over until mid 1919.

Courthouse Update
The Appellate Court has not yet issued a judgment in the lawsuit brought by Landmarks Illinois, National Trust, RIPS and Moline Preservation Society. Many government functions have been relatively inactive because of the recent outbreaks. Rock Island County and the Public Building Commission have taken no action as far as we know. However, we also know that a developer has made a proposal to the Government Services Administration to rehab the historic courthouse to be used for a Federal Courthouse, which is needed right now.

War Measures Adopted

Street cars — All windows on the sides of all cars must be open at all times. Cars must be fumigated at least once a day.

Schools — All grade schools, kindergarten classes, parochial schools and Sunday schools are ordered closed. High schools not closed.

Education — A systematic campaign of flu education is ordered.

Grade school children and children below school age are prohibited from all places of amusement and from all public gatherings.

Masks — Masks must be worn at all public gatherings and in all public places. Shop keepers, waiters, clerks and barbers must wear masks. It is recommended that masks be worn by customers and shoppers in crowded stores.

Quarantine — All influenza cases shall be quarantined for ten days from the time of the first call to physician.

Dances — All dances and social gatherings are prohibited.

The Dispatch
November 30, 1918
The plague of tuberculosis, usually called TB, is all but forgotten, thanks to modern antibiotics. In the late 1800s, tuberculosis, also called consumption, the white plague (in contrast to the black plague), and phthisis, among other things, was the leading cause of death for those between the ages of 15 and 45. While TB can affect many organs, most commonly it is pulmonary tuberculosis, a lung infection. A diagnosis was a death sentence, sometimes within years, occasionally in decades. Until the disease was critical, symptoms were often mild. In addition to general debility, consumption’s most obvious symptoms were coughing and hemorrhaging. The disease was so much a part of daily life, that it was prominently featured in Puccini’s La Boheme, whose heroine Mimi ultimately died of lung hemorrhage.

It wasn’t until 1882 that the Tubercle bacillus causing TB was found. Earlier, because of the contagious nature within families, it was believed to be hereditary. For decades, the only ‘cure’ was rest and mandatory isolation (because of contagion) in sanitariums (abbreviated as sans), and sometimes surgery. There was no effective treatment for TB until the mid-1900s.

In 1910, Rock Island became the first city outside of Chicago to take advantage of a 1908 state law permitting voters to approve a tax to build a free municipal TB san. Rural sites near Moline were considered preferable and space for both a central building and tents or cottages was needed. Room for 20 patients was considered adequate.

Finally, on May 15, 1915, the city finally approved a site at the southeast corner of what is now 17th Street and 25th Avenue and the new sanitarium opened in September of 1916. (Peoria also claims the status of second only to Chicago, but their sanitarium didn’t open until 1919). Funding was helped by the Red Cross Christmas Seal campaign. Although no photos exist, in December, a reporter described it as “a big white house with many glassed-in porches as well as additional wood-framed tents” on the grounds. There were 11 patients at the time, but reportedly there were usually more. Since any ‘cure’ relied on cool dry air, outdoor porches and bedroom space were the norm.

Sometime between 1925 and 1928, the san changed from a municipal (city) institution to a county one. In 1931, Rock Island County built a new san a block east of the first one at 2122 25th Avenue. The new one was designed by the prominent local firm of Cervin & Stuhr and was able to house at least 79 patients. Although many died in sans – in Rock Island, there were twenty such deaths in 1937 – others were released, usually after a stay of a few years. Patients were not actually cured, but the bacillus could become inactive. That meant patients were non-contagious and could be released.

Cervin & Stuhr’s red brick building did not look institutional at all. Although it was a restrained design, it was enhanced with details typical of the era. In many ways, it showed similarities to the Fort Armstrong Hotel, which had been built in 1924. Each corner had a zipper of white stonework quoins providing a strong vertical outline. There were three horizontal bands of white stonework as well. The parapet wall had a balcony effect on the elevator tower and above the main entrance.

The many closely spaced windows on either end of the building opened onto sun porches, a holdover from the early days of sanitariums, when treatment called for patients to spend most of their time on screened porches regardless of cold or heat. The new building held wards for residents as well as semi-private rooms. Men were housed on the first floor, women on the second and children were on the third floor.

In the mid-1950s, new antibiotic treatment for TB was developed and sans became mostly unnecessary, as the antibiotics allowed treating the disease on an outpatient basis. Our county san operated until the early 1970s when the building was converted to the County Health Care Center, a skilled nursing facility, with a TB clinic maintained in the basement area. The nursing home was closed in 1995 and the old san was torn down in 1999, with those who inspected it at the time agreeing its condition was very poor, despite its still attractive outward appearance.

Although considered treatable, active TB has made a resurgence in recent years. This is due in part to increased world travel, especially to and from areas where TB is more common. Other reasons include a weakened immune system (i.e., chemotherapy, post organ transplant or HIV) and an increase in drug resistant strains of the bacterium that have developed over the years.

The double-barred cross (the Cross of Lorraine) used in the 1099 Crusades was adopted in 1902 as a symbol of the “crusade” against TB and continues to be the symbol of the American Lung Association.