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INFLUENZA 1918: A MAINE PERSPECTIVE

On Friday, September 27, 1918, the following headline appeared in the Portland *Eastern Argus*:

Maine Having Its Share of Sorrow
Many Influenza Victims Are Boys
From This Locality¹

The column beneath reported the deaths of several Portland area soldiers at Fort Devens, Massachusetts, where an influenza epidemic had been raging for more than a month. The headline, in a sense, heralded the arrival of the disease in Maine, for within a week reports of illness among soldiers on leave from Fort Devens began to appear in neighborhood columns, along with announcements of the first local victims. Clearly, Maine, as elsewhere in the nation and the world, was in the grip of the worst pandemic the world has ever seen.²

The disease, which first appeared in the United States in the spring of 1918, followed an erratic course. Showing up here and there in mild form during the summer, it seemed to disappear for a few weeks, only to break out again in widely separated places. There were a number of deaths, but nothing to cause alarm or herald the scourge to come. By far the worst wave of the epidemic appeared in late August at Fort Devens, and almost simultaneously in faraway Sierra Leone.³ Within a few weeks the disease, killing thousands every day, had circled the globe.

Influenza in various forms is a frequent visitor everywhere, especially during the winter months. The invasion is usually mild, but occasionally a new strain or hybrid form of an old strain will spread with terrible effect, particularly among the



The 1918 Spanish flu epidemic, the worst in human history, spread rapidly through the trenches during World War I and was carried to the United States by soldiers returning home in the fall of 1918. Maine's first cases were reported among soldiers who had been stationed at Fort Devens, Massachusetts. Courtesy Fogler Library, UMO.

elderly and those with chronic diseases. Today physicians may divert such onslaughts with vaccines and fight the pneumonia that accompanies influenza with antibiotics, but in 1918 physicians had neither.⁴

During the first few weeks of the epidemic, in fact, physicians were hard pressed to diagnose the disease. The symptoms were often contradictory, and doctors occasionally treated cases as distinct and unrelated diseases. Although it was soon all too clear that the epidemic was influenza, the exact nature of the virus remained a mystery. In 1890 German scientist Richard Pfeiffer had isolated *bacillus influenzae*, or "Pfeiffer's bacillus," as the cause of an epidemic that occurred during the previous year. But in 1918 no bacteriologist could find Pfeiffer's *bacillus* in the lungs of flu victims.⁵ This, they concluded, had to be a new strain which, accompanied by virulent pneumonia, killed not only the elderly but thousands in the prime of life.

Military camps, with their overcrowded and often unsanitary conditions and poor ventilation, were perfect hosts for the virus. The world was at war and all the avenues that war provides for the spread of disease were open. Before it was over,

the epidemic had killed more than 21 million people worldwide; perhaps more than a billion actually contracted the disease.⁶ Not since the Black Death of the fourteenth century had anything similar occurred. Neither the medical profession nor military or civil authorities were prepared for a disaster of this magnitude.

Maine, as a rural state relatively distant from large centers of population, heavy industry, and military activity, escaped the first weeks of contagion. In other ways, too, Maine was spared the full impact of the epidemic. In large cities like Philadelphia, people died in such numbers that coffins could not be made quickly enough to bury them.⁷ Bodies accumulated in makeshift morgues while beleaguered undertakers labored to provide funerals and prepare space for burial. Civil authorities in Maine did not face the difficulty of providing for the sheer numbers of sick and helpless people who had to be cared for in more populous areas. Nor did Maine face the problems caused by decimation of the work force, which in some states nearly halted industry.

But on a lesser scale, public health officials in Maine faced problems enough in passing and enforcing health ordinances, stemming the spread of the disease, and in finding care for families who were ravaged by it. Most town histories are silent about the epidemic that affected so many Maine families. The omission is unfortunate, for Maine's experience with the 1918 pandemic provides a poignant account of the social impact of unexpected and widespread trauma, of the drastic measures necessary to combat the disease, and of the everyday reactions to disrupting and disorganizing forces in the routine of early twentieth-century America.

Reports detailing the progress of influenza at Fort Devens and its spread to Boston and adjacent communities first appeared in Maine newspapers in early September. They were often accompanied by assurances that local threat was minimal. War news still claimed the front pages of the newspapers. As September advanced, however, more and more neighborhood columns included ominous reports of deaths among

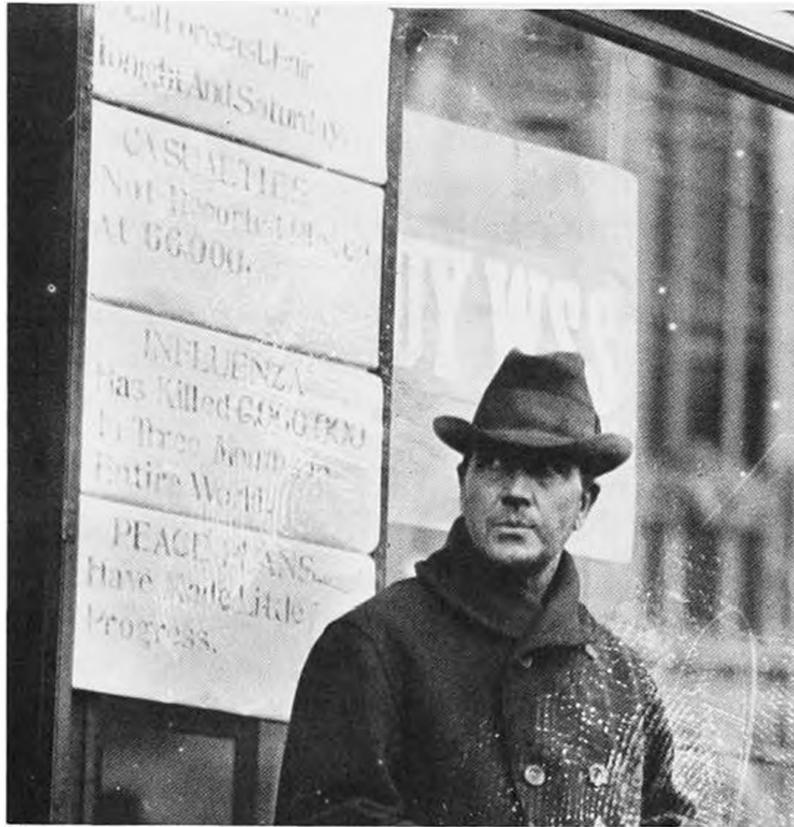
Maine soldiers at Camp Devens. Typical of the headlines that appeared almost daily were those from Houlton and Orono on September Twenty-Third and Twenty-Seventh: "Two Local Boys Succumb to Influenza at Fort Devens"; "News of the death of Dunton Hamlin at Ft. Devens."⁸ Sometimes, as a Milo dateline announced, the victim survived: "The many friends of Stephen Young who had been critically ill with influenza and pneumonia at Camp Devens will be glad to know that he has been pronounced out of danger."⁹

By month's end, reports about victims at Fort Devens had given place to more immediate concerns. On September 28, Dr. Leverett D. Bristol, the health commissioner of Maine, followed the example of communities all over the country and shut down movie houses and theaters. Reluctant to close public schools, he left that decision to the discretion of local officials.¹⁰ A reporter for the *Eastern Argus* announced optimistically on September 30 that Portland had experienced only a light outbreak of the disease. "Health officials have the situation well in hand." However, another report in the same issue of the paper declared that 837 cases had been reported to the city's Board of Health.¹¹ All signs pointed to the presence of a major epidemic.

One by one, Maine towns issued ordinances closing public gathering places, theaters, and schools as the number of local cases increased. Portland's ordinance, issued by city Health Officer Thomas Tetreau, was typical; local newspapers announced that

After Saturday night, September 28, no assemblage or gathering shall be permitted or held in theaters, moving picture houses, or dance halls within the City of Portland, and no unnecessary assemblage or gathering of people shall be permitted to be held in said City. That after Friday night, September 27, the sessions of the public schools shall be discontinued.¹²

Portland's chief of police issued orders that the police ambulance would not respond to calls requesting transport of



Maine newspapers daily reported a rising number of casualties. Above, a bulletin outside the *Press-Telegram* office in Portland reports a worldwide toll of 6 million dead in three months. Maine Historical Society photo.

influenza victims. He further “stated that the anti-spitting laws would be strictly enforced.”¹³

As the epidemic accelerated, so did attempts to retard it. Opening of schools not yet in session was deferred. Portland School of Fine Arts and Colby College kept doors closed. The Androscoggin County Fair, scheduled to open September 29 in Livermore Falls, was postponed.¹⁴ The Sagadahoc Agricultural and Horticultural Society closed the Topsham Fair “for the first time since the society was incorporated in 1854.”¹⁵ Private schools closed September 30. Portland’s Board of Health forbade the holding of funeral services in any public building. They had to be performed in private homes or in cemeteries.¹⁶ Closed spaces harbored germs and encouraged the spread of influenza virus. South Portland’s Board of Health ordered eating establishments to place food in paper containers which could not be used again.

The severity of the epidemic seemed to justify extreme measures. In mid-October Health Commissioner Bristol noted that the disease was "raging" as far east as Lubec and Eastport.¹⁷ The entire population of Swan's Island, including the doctor, was down with influenza. Bath reported 1,000 cases. Earlier, on October 4, churches had closed in Brunswick, Portland, and Bath; now the commissioner closed all churches in the state.¹⁸ To some, this seemed too drastic. Bishop Louis Walsh of Maine's Roman Catholic Diocese immediately asked that the ban on church services be lifted and declared that Bristol had "overstepped his statutory authority." Freedom of worship, Walsh pointed out, was "guaranteed by the Constitution."¹⁹ Cautioning priests to explain influenza precautions to their congregations, the bishop ordered open-air masses, which resumed the following weekend. On October 23, the Reverend Joseph O. Casavant was found guilty and fined for holding masses at Notre Dame in Springvale. He appealed the conviction and the fine was revoked, but the court upheld the legality of the closing order.²⁰

Local boards of health, like the state commissioner, made every effort to discourage public assemblages that would spread the disease. Many communities provided posters in English and French advising people to shun public gatherings, to get plenty of rest, and to eat nutritious meals. Nurses, doctors, and other attendants of the sick were urged to wear masks. A class for making masks of surgical dressings was held at Augusta City Hall. The masks consisted of seven thicknesses of gauze, eight inches long and five inches wide, soaked in antiseptic and allowed to dry.²¹

Newspaper editors compiled long lists of precautions for their readers. The *Lewiston Evening Journal* printed a typical admonition:

Don't travel in closed, crowded street cars when you can walk. Don't spit on floors, sidewalks, streets, or cars. Don't visit, or greet cordially, any persons showing symptoms of cold or grippe.²²

An *Eastern Argus* editorial recommended:

Your nose, not your mouth, was made to breathe through, get the habit Your fate may be in your own hands; wash your hands before eating. Avoid tight clothes, tight shoes, tight gloves — seek to make nature your ally, not your prisoner.²³

“Anti-Spitting Laws,” which were included in many city and town codes, were reprinted in newspapers, along with assurances that they would be strictly enforced. (A careful search of newspapers, however, elicited no reports of arrests.)

The State Health Department rose quickly to the challenge. Under the capable leadership of Commissioner Bristol, the department created a volunteer force of doctors to assist the most stricken communities. Influenza became a reportable disease, and quarantine was required in the incidence of new cases.²⁴ At Bristol’s request, the Maine Legislature allocated \$2,500 from the Emergency War Fund to establish a public health laboratory at Bath.²⁵ But even the most efficient machinery could not hold up in the face of such a sweeping epidemic. Overworked physicians had no time to report cases or to enforce quarantines. Some labored for seventy-two hours at a stretch, and still were unable to visit half the cases requiring their attention.²⁶

The epidemic displayed characteristics that confounded health officials and doctors. It struck suddenly, bringing high fevers. Victims that had been well in the morning were sometimes dead before night. Ten to twenty percent of cases developed pneumonia. Unlike previous influenza epidemics, the 1918 strain killed thousands in the twenty-five to thirty-four-year-old age group. Young people in robust health fell victim in greater numbers than the elderly and infants.²⁷ One physician, examining obituaries in the *Journal of the American Medical Association* for October 1918, noted a sudden

... threefold rise in deaths, a frightful rise in mortality due entirely to influenza and pneumonia among



By October 1918 institutions such as the Maine General Hospital in Portland were overflowing with influenza victims. Emergency quarters were established in schools, churches, parsonages, grange halls, and private dwellings. Maine Historical Society photo.

younger American physicians. ... In other years, physicians 30 years of age or younger accounted for fewer than 1.5% of all physician deaths ... Now, 39% of all deaths among physicians occurred before 40 (13% in those under 30) from influenza and pneumonia.²⁸

In the last four months of 1918, the Maine commissioner of health reported 2,544 deaths from influenza and 1,556 deaths from all types of pneumonia, an increase in mortality of 30% over the entire year of 1917.²⁹ It was not unusual for a doctor to find whole households sick at once. Dr. Elmer H. King of Portland made 288 house calls to 410 persons in the last two weeks of October. "In some instances as many as eight members of a family were in need of medical treatment."³⁰

In the face of such numbers, public health departments proved inadequate, and doctors, nurses, and hospital beds everywhere were in short supply. Hospitals filled rapidly and emergency facilities were opened to care for the overflow. At Eastern Maine General Hospital in Bangor beds were set up in the corridors, and a local Catholic girls' school was used as an annex.³¹ Bath, which admitted 1,500 cases by October 1, set up hospitals in the Winter Street Chapel, Grace Church Parish

House, and the Yacht Club.³² Other cities used school buildings, parsonages, grange halls, and private dwellings as hospitals.

If doctors were hard-pressed, nurses, charged with the hourly care of influenza victims, were even more so. Belfast nurses worked around the clock. An acute shortage of nurses was exacerbated when those available succumbed to the disease. Three volunteer nurses at the Yacht Club in Bath died in the same week.³³

Gardiner General Hospital, opened in 1918, was severely taxed by the influenza victims admitted during its initial year. Employees and community volunteers assisted the nursing staff during the height of the epidemic. Under the supervision of Houlton native Violet E. Robinson, the nursing staff managed to deal with the large numbers of patients being admitted with influenza. The hospital's annual report notes:

Our community suffered with the rest of the world. No patient was refused admission; several were admitted in a dying condition and lived only a few hours. In caring for those patients, our nurses showed a heroism unsurpassed by the [wartime] nurses in hospitals overseas.³⁴

Miss Robinson contracted the disease and died.

Pressed by the emergency, the Maine Red Cross called for volunteers, with or without nurse's training, to give what time they could to helping the sick. The response was overwhelming. Augusta General Hospital nursing students went to Bath, where several of them died.³⁵ Through October advertisements for nurses appeared in every newspaper, and a note of urgency crept into the pleas in neighborhood columns.

Outside of the hospitals, influenza victims had few options. In the era before antibiotics, remedies were scarce. Physicians could only prescribe standard influenza therapies: rest, fluids, fresh air, and aspirin. Some families fell back on ancient remedies, such as onion poultices and mustard plasters. Almost every household had a grandmother who was expert at this sort of treatment. One survivor from Medway remembered



High mortality among nurses and doctors forced medical facilities to seek emergency help. Nurses who had served bravely during the World War were compelled to perform equally heroic duties at home during the epidemic. Above, Portland Red Cross and Red Star nurses lead a Liberty Loan parade in April 1917. Maine Historical Society photo.

that 1918 was a good year for onions, the major ingredient in his grandmother's poultices.³⁶ The *Bangor Daily News* confirmed the accuracy of his memory. On October 10, 1918, it proclaimed: "Joy to the World — Onions Are Cheap!"³⁷ The same paper printed the recipe for onion poultice on October 19:

Take 6-8 onions, chop fine, put in a large spider over a hot fire, then add about the same amount of rye meal and vinegar — enough to form a thick paste. Let mixture simmer 5-10 minutes, stirring occasionally. Put in a cotton bag large enough to cover the lungs and apply to the chest as hot as the patient can bear it. Continue till perspiration starts freely from the chest.³⁸

Contemporary Maine newspapers were filled with advertisements for patent medicines, all guaranteed to stave off or to cure influenza. Vicks "Vaporub" gained its renown in the 1918 epidemic.

Advertisements for nonprescriptive commercial medicines, in fact, proliferated. "It is the duty of everyone who

Look out for Spanish Influenza.

At the first sign of a cold take



Standard cold remedy for 20 years—in tablet form—safe, sure, no opiates—breaks up a cold in 24 hours—relieves grip in 3 days. Money back if it fails. The genuine box has a Red top with Mr. Williams' picture. At All Drug Stores.

Influenza!

should be carefully guarded against. A mild spray and gargle mixture of water and

JOHNSON'S
Anodyne **LINIMEN**

of the nose and throat with an occasional dose taken internally may safeguard you from serious results and halt the evil in its first stage. This famous old physician's prescription is an

Enemy to Germs

has had Spanish Influenza, Grippe, or a hard cold to build up his system with nature's tonic, Phosphated Iron," declared C.H.P. Guppy Company, Druggist.³⁹ Tonics were the order of the day. "What everyone needs now is a general tonic, like Fruit-a-Tives." Another advertisement claimed, "Vaseline Eucalyptol Petroleum Jelly lessens the risk of this dread infection." "Loudon's Catarrhal Jelly" promised to "soothe the inside of the nose and head"; "Dr. True's Elixir" would "ward off Grippe"; "For Spanish Influenza — no better safeguard than prompt use of Ballard's Golden Oil." The claims were endless and the results, at best, fair.⁴⁰ Everyone had advice to offer on prevention and cure. "If you are well, keep well as a patriotic duty," ordered the author of Bucksport's column in the *Bangor Daily News*.⁴¹

An illicit but popular remedy was liquor. Rowdies in Waterville made headlines at the end of October after taking too much "Grip Cure." A reporter commented:

... the fact that people are trying to take every precaution to prevent the prevailing epidemic might have something to do with the stuff that is coming into the city from some source, but they are indulging too freely in the liquid, and as a result, have landed before his honor in the court room.⁴²

In an effort to prevent similar celebrations in Bangor, the Penobscot County sheriff tried to waylay shipments of liquor

into the area. He made a practice of meeting the train at Northern Maine Junction, and in one afternoon seized seventy-two cases of whiskey. The next day he “fattened the score” to eighty-eight.⁴³

This sort of thing is getting on the nerves of citizens, who in anticipation of whiskey stocks ... have been trying to get in reserve supplies. The sheriff has formed the disagreeable habit of going out to meet the incoming trains ... and giving the baggage and express matter the x-ray squint while on the way to Bangor.⁴⁴

Whether or not a sheriff’s vigilance kept down the use of spirits as a remedy in Bangor, the medical community spoke out vehemently against the use of “rum whiskey” as a deterrent to influenza. Dr. W. C. Woodward, Bangor’s Health Commissioner, issued a warning to “dispel the influenza fallacies”:

Don’t resort to rum.

Don’t take up smoking.

Don’t look for immunity in a camphor bag.

Don’t expect sulphur in your shoes to ward off plague.

Don’t use gargles and sprays.⁴⁵

Quinine and camphor, both used as remedies, increased in price markedly — from two dollars a pound to four dollars a pound in a single day in the case of camphor.

The reality of the epidemic reached its greatest poignancy in the personal accounts of survivors and in newspaper accounts of the tragedy. Some families lost mothers, fathers, small children, or young people; others lost more distant relatives. None went unaffected.

Interviews with survivors attest to the dread, suffering, sacrifice, and service among the citizens of Maine communities as they struggled to meet the epidemic and to deal with its effects. Even those who were young children in 1918 remember vividly the epidemic. One Portland resident, eleven at the time, recalled his father’s death after a few days’ illness

and noted how his mother struggled to keep her young family going with the assistance of friends.⁴⁶

A resident of McKinley recalled that her home was quarantined, and her father, away at the time, was prevented from returning to his family. Groceries were delivered part way to the house, and a family member was sent out to collect them.⁴⁷ A Camden resident remembered local high school teachers serving as nurses and recollected that she was kept home from school by her mother who feared she would catch the disease. She did contract influenza and remembered it as the worst illness of her life.⁴⁸

Others remembered a cycle of general malaise, headache, upper respiratory infection, sore throat, a high fever, sometimes bringing delirium, and the inevitable violent fits of coughing. The convalescence was long, and the patient remained weak and achy. Many victims developed pneumonia, accompanied by bloody sputum. "When the lips, ears, and face turned an ashy heliotrope purple, death was almost certain In an overwhelming number of cases, pneumonia arose early, sometimes during the first twenty-four hours; sometimes, however, it came only in the second or third day."⁴⁹

One of the most vulnerable groups was pregnant women. Miscarriage and death among them were alarmingly high. One woman from Medway, who was born during the epidemic, recalled that her grandmothers, both nurses, told her they had torn up old sheets and bound her mother to prevent her from straining when she coughed. They attributed the successful outcome of the pregnancy to this effort.⁵⁰

The prevailing impression among those who remembered the epidemic was one of sadness, due to the many deaths, but also one of caring. Everywhere neighbors helped each other. Newspaper accounts of families in need attest to this spirit of mutual support. In South China, neighbors went to help the family of C. W. Webber. Two children in the family, Marjorie and Richard, and their grandmother died within a twenty-four hour period.

Early on the day appointed for Marjorie's funeral, Little Richard joined her, and on the first of

November, when earth and lake and sky were blended in one great beauty, the two little bodies were placed in one grave.⁵¹

Such piercing scenes were enacted over and over.

The epidemic ended as suddenly as it began. By the end of October, fewer cases were reported to the boards of health. In the second week of November, most communities lifted closing ordinances. Citizens of Bangor and Houlton had grown restive; some implied that no purpose was being served in keeping the closing ordinances in force, since everyone had influenza anyway. When the ban was finally lifted in Houlton, there was "general rejoicing to see public places open again."⁵²

Cases of influenza continued to appear throughout 1919, but the numbers were small compared to the preceding year's toll. The scourge was at an end. An editorial in the *Portland Eastern Argus* for November 2, 1918, summed up the episode in an editorial titled "An Aftermath of the Influenza Epidemic."

The influenza epidemic which has caused so much suffering in Portland has passed its climax, but it has left behind it weakness and devastation. Many families which have always been self-supporting have lost their provider. Others are weakened by sickness so they cannot at once resume their normal activities.⁵³

The broader social effects of the epidemic were hard to measure. Certainly those families who had lost providers suffered most directly. Losses in the work place had to be made good. The telephone company in Eastport, for instance, had an acute shortage of operators, and nurses were still being recruited throughout the state.⁵⁴ The insurance industry was hard hit meeting claims. Almost everyone lost a relative, friend, or neighbor. But there was a compensating note as well: "There was a closeness about it," said one of the survivors. "People really cared about each other. We were working together because of the war, and then we were working together because of the flu."⁵⁵

Even though the influenza epidemic touched every family, it left the social fabric as a whole unchanged. Once the bans had been lifted, people returned to their normal ways of life. The

distress would linger as people grieved for lost friends and relatives, but even as the disease was beginning to abate, a tragedy of much larger proportions was being lifted from the shoulders of the nation. Sombered by the events of the past two months, Mainers were nevertheless able to join in the general rejoicing that accompanied the end of World War I.

NOTES

¹*Eastern Argus*, September 27, 1918.

²Richard Collier, *The Plague of the Spanish Lady* (New York: Atheneum, 1974), p. 303.

³W. I. B. Beveridge, *Influenza: The Last Great Plague* (New York: Prodist, 1977), pp. 4-5.

⁴*Ibid.*, pp. 7-9.

⁵Alfred W. Crosby, Jr., *Epidemic and Peace, 1918* (Westport, Connecticut: Greenwood Press, 1976), pp. 1-5.

⁶Collier, *Plague of the Spanish Lady*, p. 305. Total mortality amounted to 21, 642, 274.

⁷Crosby, *Epidemic and Peace*, pp. 20ff.

⁸*Eastern Argus*, September 24, 1918; *Bangor Daily News*, September 27, 1918.

⁹*Bangor Daily News*, October 1, 1918.

¹⁰*Eastern Argus*, September 28, 1918.

¹¹*Ibid.*, September 30, 1918.

¹²*Ibid.*, September 28, 1918.

¹³*Ibid.*, September 26, 1918.

¹⁴*Ibid.*, September 30, 1918.

¹⁵*Brunswick Record*, October 11, 1918.

¹⁶*Ibid.*, October 1, 1918.

¹⁷*Eastern Argus*, October 7, 1918.

¹⁸*Ibid.*

¹⁹*Ibid.*, October 11, 1918.

²⁰*Ibid.*, October 23, 1918.

²¹*Kennebec Journal*, October 4, 1918.

²²*Lewiston Evening Journal*, October 4, 1918.

²³*Eastern Argus*, October 24, 1918.

²⁴*Ibid.*, October 25, 1918.

²⁵*Kennebec Journal*, October 9, 1918.

²⁶*Ibid.*, October 11, 1918.

²⁷Crosby, *Epidemic and Peace*, pp. 1-5.

²⁸John H. Walters, "Influenza 1918: The Contemporary Perspective," *Bulletin of the New York Academy of Medicine* 54 (October 1978): 855.

²⁹Leverett D. Bristol, *Second Annual Report of the State Department of Health of Maine ... for the Year Ending December 31, 1918* (Augusta, Maine, 1918), p. 186.

³⁰*Eastern Argus*, November 7, 1918.

³¹Eastern Maine General Hospital, *Annual Report, 1918* (Bangor, Maine, 1918), p. 3.

³²Henry Wilson Owen, *The Edward Clarence Plummer History of Bath, Maine* (Bath, Maine: Bath Centennial Committee, 1936), p. 334.

³³*Ibid.*, p. 335.

³⁴Gardiner General Hospital, *Annual Report, 1918* (Gardiner, Maine, 1919), p. 3.

³⁵*Kennebec Journal*, October 16, 1918.

³⁶Interview with Leon Harper, Medway, Maine.

³⁷*Bangor Daily News*, October 10, 1918.

³⁸*Ibid.*, October 19, 1918.

³⁹*Eastern Argus*, November 7, 1918.

⁴⁰Advertisements are scattered throughout contemporary newspapers. See especially *Kennebec Journal*, October 9, 1918; October 14, 1918; October 24, 1918.

⁴¹*Bangor Daily News*, October 15, 1918.

⁴²*Kennebec Journal*, October 30, 1918.

⁴³*Bangor Daily News*, October 30, 1918.

⁴⁴*Ibid.*

⁴⁵*Ibid.*, October 7, 1918.

⁴⁶Interview with Tom Concannon, Portland, Maine.

⁴⁷Cora Hancock, response to questionnaire, McKinley, Maine.

⁴⁸Interview with Alice K. Doyle, Portland, Maine.

⁴⁹Walters, "Influenza 1918," p. 860.

⁵⁰Lula Osnoe, response to questionnaire, Medway, Maine.

⁵¹*Kennebec Journal*, November 7, 1918.

⁵²*Bangor Daily News*, October 30, 1918.

⁵³*Eastern Argus*, November 2, 1918.

⁵⁴Interview with Lula Osnoe; *Bangor Daily News*, November 2, 1918.

⁵⁵Interview with Leon Harper.

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