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Households Large and Small: Healthcare Civilians and the Prominence of Women's Work in the *Edmonton Bulletin*'s Reporting of the 1918 Influenza Pandemic

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Article abstract

Between October and December 1918, more than 10 percent of Edmonton's population contracted epidemic (or "Spanish") influenza. The high rates of infection in the city prompted the development of a grassroots system of volunteers to provide support for those affected by the epidemic. Organizers of this volunteer-run relief system recognized that the impact of the flu extended beyond the need for nurses at the sickbed. It encompassed other aspects of household labour, including laundry, cooking, and childcare. Reflecting the domestic needs of Edmonton's stricken population, healthcare civilians organized their work through household-style cooperatives. This paper examines how the household became the unit of measure commonly employed in the Edmonton Bulletin daily newspaper to conceptualize the impact of, and responses to, the epidemic. Gendered chores, rarely discussed in the newspaper before the epidemic, suddenly merited significant column space. As the perceived importance of domestic labour increased, so did women's claim to positions of authority and leadership in these newly formed households. The value placed on gendered household chores resulted in both an affirmation of gender roles and a partial, but significant, inversion of gendered authority structures. Women's flu-time volunteer work was viewed as an act of citizenship during a community crisis, an understanding supported by the conceptual links between wartime military nursing and the public nature of healthcare civilians' labour.

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Households Large and Small: Healthcare Civilians and the Prominence of Women's Work in the *Edmonton Bulletin*'s Reporting of the 1918 Influenza Pandemic

SUZANNA WAGNER

Abstract

Between October and December 1918, more than 10 percent of Edmonton's population contracted epidemic (or "Spanish") influenza. The high rates of infection in the city prompted the development of a grassroots system of volunteers to provide support for those affected by the epidemic. Organizers of this volunteer-run relief system recognized that the impact of the flu extended beyond the need for nurses at the sickbed. It encompassed other aspects of household labour, including laundry, cooking, and childcare. Reflecting the domestic needs of Edmonton's stricken population, healthcare civilians organized their work through household-style cooperatives. This paper examines how the household became the unit of measure commonly employed in the Edmonton Bulletin daily newspaper to conceptualize the impact of, and responses to, the epidemic. Gendered chores, rarely discussed in the newspaper before the epidemic, suddenly merited significant column space. As the perceived importance of domestic labour increased, so did women's claim to positions of authority and leadership in these newly formed households. The value placed on gendered household chores resulted in both an affirmation of gender roles and a partial, but significant, inversion of gendered authority structures. Women's flu-time volunteer work was viewed as an act of citizenship during a community crisis, an understanding supported by the conceptual links between wartime military nursing and the public nature of healthcare civilians' labour.

Résumé

Entre octobre et décembre 1918, plus de 10 % de la population d'Edmonton a contracté la grippe épidémique (ou « espagnole »). Les taux élevés d'infection dans la ville ont incité les autorités à mettre sur pied un système de bénévoles pour venir en aide aux personnes touchées par l'épidémie. Les organisateurs de ce système de secours géré par des bénévoles ont reconnu que l'impact de la grippe allait au-delà du besoin d'infirmières au chevet des malades. Il englobait d'autres aspects du travail domestique, notamment la lessive, la cuisine et la garde des enfants. Reflétant les besoins domestiques de la population sinistrée

d'Edmonton, les civils du secteur de la santé ont organisé leur travail par le biais de coopératives de type familial. Cet article examine comment le ménage est devenu l'unité de mesure communément employée dans le quotidien Edmonton Bulletin pour conceptualiser l'impact de l'épidémie et les réponses à y apporter. Les tâches ménagères, rarement abordées dans le journal avant l'épidémie, ont soudainement mérité une place importante dans ses rubriques. La perception de l'importance du travail domestique a augmenté, tout comme la revendication des femmes à des postes d'autorité et de direction dans ces ménages nouvellement formés. La valeur accordée aux tâches ménagères selon le sexe a entraîné à la fois une affirmation des rôles sexuels et une inversion partielle, mais significative, des structures d'autorité selon le sexe. Le travail bénévole des femmes pendant la grippe était considéré comme un acte de citoyenneté pendant une crise communautaire, une compréhension soutenue par les liens conceptuels entre les soins infirmiers militaires en temps de guerre et la nature publique du travail des civils de la santé.

Miss Elizabeth Russell, Superintendent of the Household at the University of Alberta in Edmonton, had her hands full in the fall of 1918. Her normally busy job entailed managing a wide range of university staff that included maids and janitors as well as dining room, kitchen, and laundry staff.[1] Miss Russell was also responsible for overseeing supplies for the university dining room, furnishings, and anticipating financial needs for all matters pertaining to the university household. Even garbage removal fell under her purview.[2] But in October 1918, as influenza spread across the world, her job expanded to include directing domestic arrangements for an emergency influenza hospital on the university campus, itself functioning as a type of large-scale household. Though Miss Russell's job title, Superintendent of the Household, highlights both the importance of the organizational concept of households and her leadership position, she is but the most obvious example of the many women who performed vast amounts of gendered domestic work in support of the city's influenza victims. Acknowledgement of their work in the pages of the *Edmonton Bulletin* newspaper was indicative of the short-term shift toward dramatically increased recognition of domestic labour's vital importance for both community and individual survival. Households of all social levels required help to manage necessary domestic work during the fall 1918 influenza crisis, a need that encouraged the formation of community assistance organizations. These community organizations were themselves structured as large-scale households.

On 18 October 1918, Edmonton's first case of "epidemic influenza" was reported in the newspaper. During the next two and a half months, well over 10 percent of the city's population would contract the flu. That the majority of patients, and 60 percent of Edmonton's flu deaths, were those between the ages of 24 and 44,[3] a time of life an *Edmonton Bulletin* reporter termed "the period of greatest usefulness," further exacerbated the epidemic's impact during both crisis and aftermath.[4] In a city with an estimated population of 60,150,[5] there were 6,038 cases of epidemic influenza reported up to 31 December 1918.[6] Edmonton's Medical Health Officer, however, estimated that "many hundreds of City cases were not reported or recorded," bringing the total number of Edmontonians who, over the course of only three months, suffered from the flu and/or cared for those who were ill even more staggeringly high.[7] The rampant flu infection in the city prompted the development of a grassroots system of volunteers to provide support for Edmontonians affected by the epidemic. Organizers of this volunteer-run "relief system" quickly recognized that the impact of the flu extended beyond the need for nurses at the sickbed and encompassed other aspects of household labour, including laundry, cooking, and childcare. Domestic labour was frequently touted by newspaper reporters as one of the most important weapons in the fight against the flu. These gendered chores, rarely discussed in the newspaper before the epidemic, suddenly merited significant column space. News coverage of women's gendered labour served as a public acknowledgement of its value and brought a greater acceptance of leadership by women even as it reinforced gendered work expectations.

My analysis of Edmonton's influenza responses draws on a multifaceted body of Canadian scholarship that demonstrates how gender and ethno-social factors influenced lived epidemic experiences. Magda Fahrni, a historian of twentieth-century Canadian women and families, has shown how public and private roles for women shifted during the epidemic in Montreal. She has argued that mothers and daughters found themselves on the "front lines" of the fight against the flu within the private space of the home, which, through the attentions of visiting volunteers, became significantly less private over the course of the epidemic. Indeed, she has asserted that such volunteer work created new public spaces for women during the crisis: "the relief efforts of Montreal women gave them a role that was not only 'public' but also publicly recognized."[8] Social historian of health Esyllt Jones, meanwhile, complicates this narrative of increased public authority by

underlining how class, ethnic, and religious networks and divisions in Winnipeg affected influenza experiences, relief work, and mortality rates. Her work demonstrates that simplistic narratives about women's involvement in epidemic relief as reported by the Anglo-Canadian elite cannot be taken at face value as a fully representative range of epidemic experiences.

Nursing work is a common expression of gendered labour studied by influenza historians. Within the Canadian context, Linda Quiney has demonstrated how the pressures of the 1918 influenza pandemic created a "unique transitory period" during which nursing labour was solicited from not only professionally trained nurses, but also civic-service associations of minimally trained volunteers. The widespread mobilization of women's labour accentuated existing debates about nursing as a professional versus natural task for women, parallels to which are found in discussions of domestic labour within Edmonton's relief organizations.

My work considers how placing the home, or household, at the centre of influenza coping strategies brought to light the labourers most strongly associated with the household: women. When private households could no longer cope with the crippling effects of the epidemic alone, public volunteer relief efforts replicated the household framework in their emphasis, activities, and in some cases, leadership. The pressures of the epidemic on households pushed the normally unspoken labours of domestic care into the forefront of public discourse in the *Edmonton Bulletin*. By analyzing this discourse surrounding women's activities within the familial and community structures that defined social roles, I highlight how the publicly reported influenza relief work of what I call "healthcare civilians" extended beyond nursing care to domestic labour precisely because women's work was framed by its normative place in the household. As epidemic pressures pushed private households beyond their tolerance threshold, households and their internal domestic work were pushed into the public eye, recalling Fahrni's conclusion that relief work gave women in Montreal a public role. Edmonton's flu relief network demonstrates that this public role was not only widespread, but that it even allowed women to gain organized authority over community-serving domestic work and recognition for specialized skill sets. To more fully understand the social discourse surrounding women's public caring actions during a time of crisis, and how healthcare civilians' work was interpreted as an act of citizenship, I draw on military nursing scholarship, a body of schol-

arship which provides additional analytical tools to consider private sphere work performed in public spaces.

For this study, I have drawn from the voluminous influenza reporting published in the *Edmonton Bulletin* newspaper. The *Bulletin* was a popular city daily, and in late 1918, reports detailing influenza relief centre work could be found prominently featured on page 3 alongside notices of significant political or military import. Despite the heavy emphasis on women's volunteer work, flu reporting was not set apart as "women's news." The *Bulletin's* descriptions of the epidemic, however, fail to include all of Edmonton's citizens, instead reflecting a vision of Edmonton as an Anglo-Canadian city. This perspective can be understood as a reflection of the attitudes of the paper's founder Frank Oliver. This Edmonton-booster, who served as minister of the interior and superintendent general of Indian affairs, was involved in the surrender of reserve land and supported exclusionary and selective immigration policies.[9]

Households as a Conceptual Framework in the *Bulletin*

References in the *Bulletin* to the flu can be divided into two categories: quantitative reports about the number of sick or dead and qualitative stories about the public response to the crisis. Quantitative style articles frequently relied on statistics compiled by government organizations, occasionally referred to the professional healthcare system, and were often accompanied by quotations from top medical bureaucrats.[10] The more numerous type of newspaper report however, featured stories about the non-professional nursing and relief efforts underway in the city. This second category of newspaper article focused on people whom I have termed "healthcare civilians" — those without professional nursing or medical training and the community support organizations with which they volunteered.

While the official medical establishment may have quantified the spread and impact of the disease through the use of statistics measuring the number of infected individuals, a very different unit of measure was at play in popular perceptions of the epidemic. Edmontonians' lived experiences taught them that influenza's impact reached not just afflicted individuals, but entire households. This reality was reflected by the *Bulletin*'s use of the household as the common unit of measure to convey the impact and severity of the epidemic. In her article considering implications for classical philosophy and feminist theory

that flow from the inclusion of domestic economy concepts, human ecologist Patricia J. Thompson defined a household as "that socially constructed spatial territory (including, but not limited to, the 'house' or shelter) that accommodates the human and material resources needed to meet the recurring needs of individuals and human groups, including families. Not all members of the same household are biologically or juridically related."[11] In this article, I broaden that definition beyond a spatial territory to include a cognitive category within which a diverse array of influenza relief activities could be organized and understood. Households were not static entities. They were functional units organized around the necessity of accomplishing vital, if mundane, labour.

Public health advocates had recognized the importance of cleanliness, safe food preparation, and other attributes closely connected with domestic labour long before the 1918 epidemic. Detailed discussions of how tasks necessary to accomplish these goals were conducted in middle- and upper-class households, however, were generally absent from the newspaper, something that would change in the *Bulletin* during the height of the 1918 influenza crisis. The newspaper's household imagery signalled its acknowledgement that a broad array of domestic chores were integral to patient care. Through its ample discussion of these household requirements, the *Bulletin* communicated the communal rather than individual nature of the disease's impact.

Within public discourse surrounding the work of healthcare civilians, the household became the unit of measure employed to gauge both the impact and the severity of the flu and household-centred considerations directed and informed responses. The concept of entire households being affected was supported by expectations that people with families would be cared for at home. Five days after the first reported cases in Edmonton, the editorial proclaimed, "Those with families etc. are likely able to care for each other in their own homes with safety, but those in boarding houses etc. without people to care for them are at risk of spreading the disease further by trying to care for themselves."[12] The editorialist placed nursing care within the walls of the private home, suggesting that it was those who did not reside with "families etc." who needed beds in an isolation hospital.[13] This model of household-managed influenza care became so ingrained in Edmonton's response patterns that even the temporary influenza hospital set up by officials aped households in its set-up, how its labour was accomplished, and how it was characterized in the newspaper.[14]

The push toward family or private household-based influenza care came not just from familiar sick-care practice, but also from the medical establishment. In the early days of the epidemic, medical authorities voiced concern over what care arrangements could be managed for influenza patients. The Provincial Board of Health advised communities across Alberta to organize nursing services in preparation for the potential epidemic outbreak. Edmonton's Academy of Medicine resolved "that it be recommended to city authorities [including the Edmonton Board of Health] that immediate steps be taken to provide for those needing attention in hospital accommodation other than the existing hospitals, which are already filled to capacity with patients suffering from illnesses not due to epidemic influenza."[15] Indeed, the newspaper quoted Edmonton's Medical Health Officer, Dr. Thomas Whitelaw, the following day. He reported that the isolation hospital was unable to admit any more patients due to a lack of nurses. One grievously ill man from the rural town of Wetaskiwin was only admitted because his (male) companion had been pressed into service to offer nursing aid.[16] As Edmonton's influenza response increasingly focused on household care, hospital care, and those requiring it, faded largely from the spotlight.

Underscoring the household conceptualization of the flu was the way the *Bulletin* regularly quantified Edmontonians' need for assistance based on the number of homes or families rather than on the number of individuals in need of care. While the assumption was that private households were organized most commonly around family units, that did not exclude the presence of servants as members of middle- and upper-class households. Early in Edmonton's epidemic, the newspaper's 29 October edition reported 695 notifications of influenza cases, explaining that "Notifications, in this instance, means houses where patients (there may be one or more) are located."[17] The severity of the epidemic in the railway neighbourhood of Calder was also communicated by reference to the number of families who were ill: "When it is stated that at the peak of the epidemic no less than ninety-eight families were quarantined for influenza and that in many cases every person in the household, numbering from six to eight was down with the disease, the magnitude of the problem to be dealt with will be appreciated."[18] Another headline used homes as the measure for how much additional volunteer help was needed in the city: "Twenty-Five Homes in Edmonton Where Patients, at the Point of Death on Monday, Uncared for."[19] The household as a measure of influenza's spread was applied across

all classes. References in the society pages not only provided names of individual people who were ill, but regularly included home addresses of the sick, synecdochally indicating that the entire house was affected by the flu, even if only one person was specifically named as infected. When the society page reports elaborated on the impact of the flu within the better-off city homes, it is obvious that not just the family living in a house was included in the concept of the "household," as this 14 November reference shows: "Mrs. Geo Slater's two little boys are improving favourably, and were able to be up on Wednesday. The maid also is doing nicely and expects to be out soon."[20]

As the epidemic progressed, however, it became amply clear that private households were unable to manage alone. As the illness spread, the newspaper reported how the flu affected the abilities of households to perform basic daily chores necessary for survival: "Pitiful tales come from different homes where there is real need of some one to split a little wood or so on."[21] Children and infants could be left alone as illness incapacitated or killed their caregivers: "Smokeless Chimney Led Neighbor to Make enquiries — found mother dying — though bachelor, he tended little ones well until assistance came."[22] As more and more young Edmontonians with family responsibilities fell desperately ill, appeals were made for women to give "practical help with housework" in the homes of those who were too ill to attend to crucial chores.[23] Of course, women were not the only people to provide labour within the household unit. Some appeals urged boys and men to join the struggle: "The furnaces and stoves have to be looked after — ashes take[n] out, coal and wood to be got in. Play the game, boys. There's work for everybody."[24] The *Bulletin*'s acknowledgment that influenza's impacts engulfed entire households was made clear through descriptions of the flu's multifaceted ravages on the private household coupled with commentary underlining expectations that sick family members would be cared for at home.

Understanding that the flu had consequences for the entire household guided responses. Within Edmonton, a supporting apparatus was established to increase survival rates of the sick and to allow private households to continue functioning in their caring role against the illness. This support was offered by four nursing centres and fifteen community-run "relief centres," voluntary organizations that provided nursing help, delivered food, organized laundry services, coordinated childcare, and offered Edmonton's afflicted households help with household chores and errands. (See figures 1 and 2, pp. 9-10.)

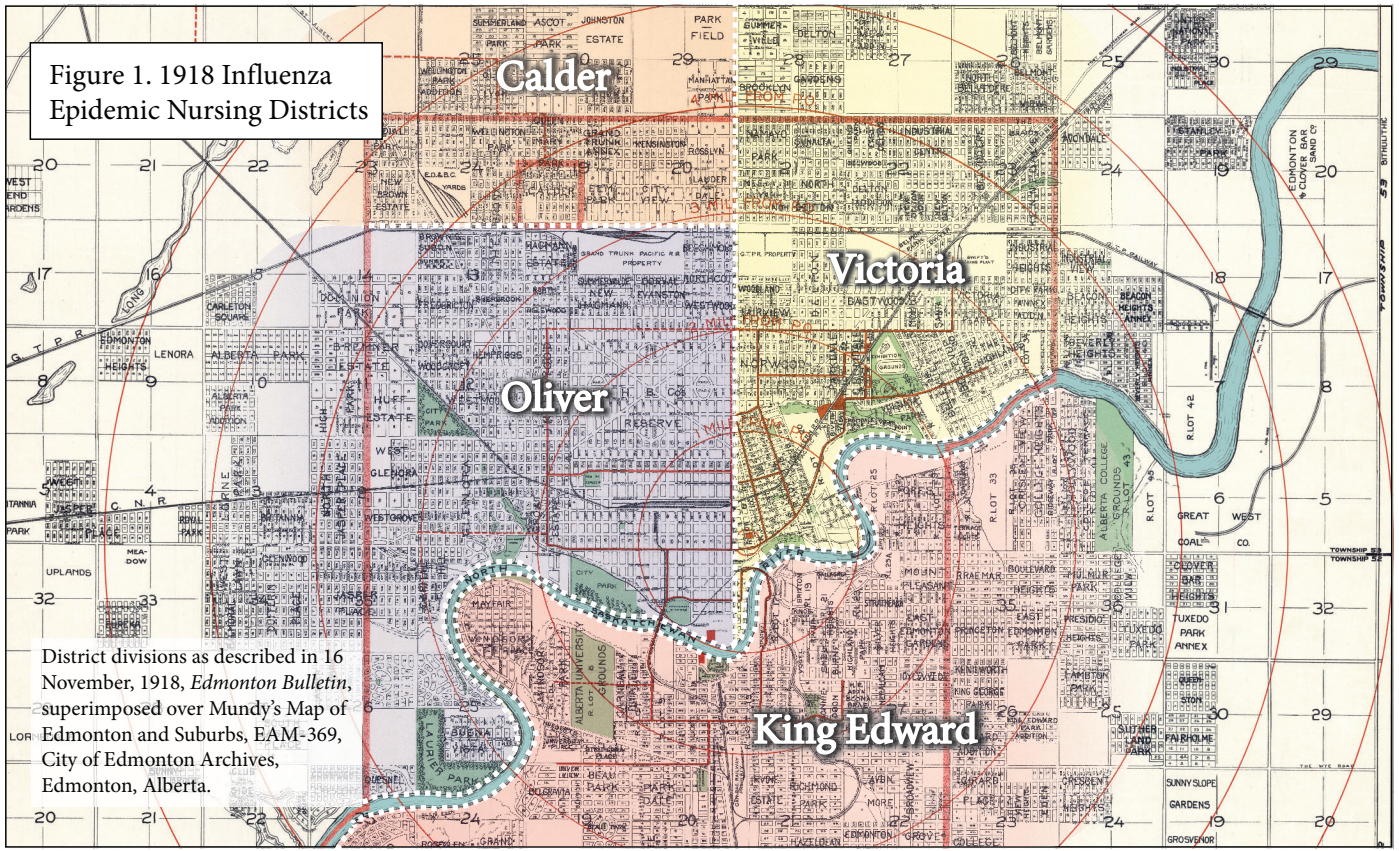

Figure 1. 1918 Influenza Epidemic Nursing Districts

District divisions as described in 16 November, 1918, *Edmonton Bulletin*, superimposed over Mundy's Map of Edmonton and Suburbs, EAM-369, City of Edmonton Archives, Edmonton, Alberta.

Maps by Don McNair.

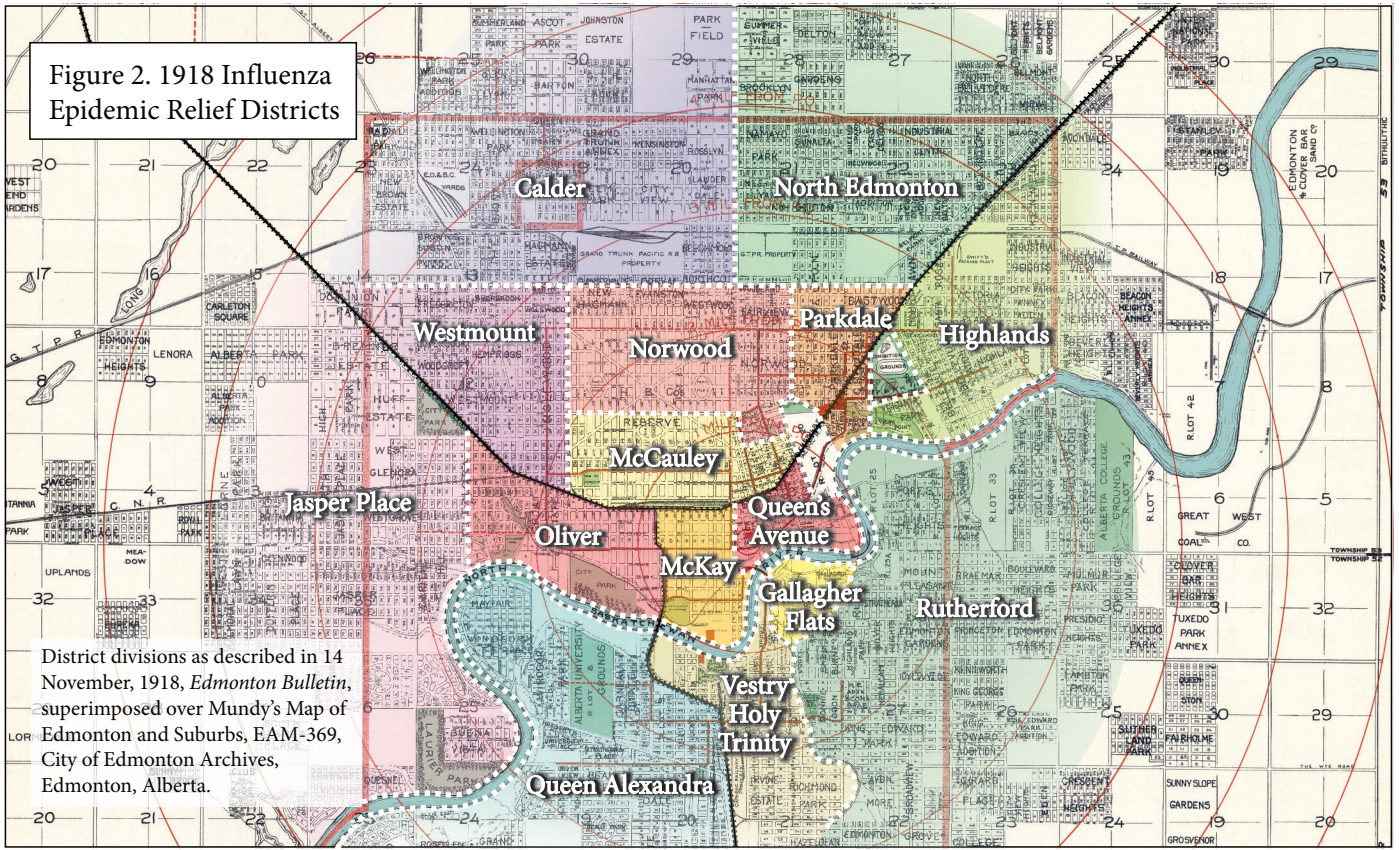

Figure 2. 1918 Influenza Epidemic Relief Districts

District divisions as described in 14 November, 1918, *Edmonton Bulletin*, superimposed over Mundy's Map of Edmonton and Suburbs, EAM-369, City of Edmonton Archives, Edmonton, Alberta.

On Saturday, 26 October, the *Bulletin* announced the establishment of a citywide program of district nursing, which divided the city into four areas each with headquarters located in a school building. The nursing plan was a response to medical officials' concerns that there were inadequate numbers of trained nurses to meet the needs of the epidemic. Within this temporary system, the small number of available graduate nurses were divided amongst the four district headquarters. These few qualified nurses were supported by numerous volunteers who offered to nurse the sick. The professional and volunteer nurses were in turn supported by a whole host of other volunteers who kept the district headquarters functioning by providing nurses with meals, coordinating patient lists and travel routes, doing nurses' laundry, organizing supplies, or driving the nurses and assistants around in automobiles. Schools — empty since the 18 October announcement that all schools, churches, and theatres must close to prevent spreading the flu — were ideal spaces for these temporary headquarters, boasting a variety of specialized spaces including kitchens.

Two days after the nursing district system was announced, the *Bulletin* reported that Mayor H. M. E. Evans had met with the city's clergy to address "the large number of problems of general relief and neighborly help" that existed in addition to the need for nursing care.[25] Their solution was to divide the city into 16 districts (though only 15 were described in later reports), each with their headquarters in a school building. Although the relief centre system was intended to provide practical household support, and the nursing system solely nursing support, in some situations there was such considerable overlap between an area's nursing centre and district relief centre that the two functioned as one.

These nursing and relief centres were household supports, not hospital replacements. Graduate nurses employed by the four nursing centres were paid by the city, but the extraordinarily small numbers of available graduates underscored the importance of healthcare civilians.[26] Oliver nursing centre had four graduate nurses on staff; the Calder district headquarters had only one.[27] The vast majority of the staff at both nursing and relief centres were volunteers, and most of those volunteers were women. The *Bulletin*'s regular reporting featured astounding detail on how volunteer armies of healthcare civilians clustered at Edmonton's nursing and relief centres were combating the ravages of the flu. Though each centre functioned slightly differently,

what stands out is their common focus on women's domestic labour. The *Bulletin* gave substantial column space to describe how tasks such as laundry, cooking, cleaning, and childcare were completed.[28] These centres themselves took on the characteristics of a household, becoming a conceptual and practical conglomerate for all the activities which needed to be undertaken to support private households.

Reports of the work done by the relief centre headquartered at McKay Avenue School made clear the importance of the household unit, and lady volunteers of the district were praised for their unstinting help.

> Were nurses needed to care for stricken ones, they were forthcoming. Was help needed to carry on domestic establishments where the heads of the family were down with the 'flu, it came at once. Were babies to be tended, meals cooked, rooms swept, beds made, fires lighted, ashes carried out, medicines brought, errands run, not sooner suggested than done. It has been an unfailing help.[29]

In this description of McKay Avenue school relief work, the importance of both the household unit and labour was strongly evident: indeed, the details given about the type of work needing completion were entirely focused on domestic arrangements. The McKay Avenue school report laid out the effects on domestic arrangements caused by illness among the heads of the family along with the compelling suggestion that women could and did occupy this role alongside men. The essential role of the household was further reinforced in a report about the work done in the Rutherford district. There, the amount of help requested from the local relief centre was attenuated because some members of individual households were generally well enough to perform ongoing domestic chores and nursing: "very few nurses have been required. {This was attributed} to the sympathy and kindness which have been shown to the afflicted by their neighbors. In one family there were seven down with the 'flu at one time, but fortunately the mother in the home kept well and the neighbors assisted by bringing provisions and helping with the washing, with the result that no nurses were required and the entire family have fully recovered."[30]

Again in the Rutherford district, there was less demand for soup sent out from the relief centre than in other districts since "in nearly every case where sickness has been there have been one or more members of the family who have been able to provide the meals and take

care of the sick."[31] The relationship between sickness in the "heads of the family" and the need for community support through relief centres is echoed continuously throughout newspaper reports: where some members of a household remained well enough to ensure that the sick could be cared for with nursing, food, clean linen, and so forth, the demands on the relief centre were significantly less. That some households required food-help because no one in the household was well enough to cook and others because of poverty was only occasionally hinted at. Most articles assumed the prevalence of the former. Calculating and interpreting the impact of the flu through domestic needs again underlines the importance of family care — and the household — as the *Bulletin*'s unit of measure for the city's flu experience.

The prominence of domestic work in Edmonton's influenza response framed the popular understanding of the flu within the metaphorical walls of the Anglo-Canadian middle-class conception of households. Rather than staging the fight against the flu within battlefields situated in scientific laboratories, the battle zones against the flu became the kitchen, the laundry room, and the bedroom. The weapons deployed were food, safe laundry practices, nursing, childcare, and sundry household chores. Household labour was depicted by the newspaper as both defensive and offensive weaponry: defensive when cases of the flu were already present in a household and offensive as a way of keeping the epidemic from getting worse and eventually raging out of control.[32]

The household framework for describing the flu experience and organizing relief work resulted in a strong emphasis on the work of women. Women, however, in the *Bulletin*'s influenza reporting was not an all-encompassing category. The newspaper demonstrated a strong Anglo-Canadian, middle-class and Protestant bias, a bias that did not reflect the diverse reality of Edmonton's residents in 1918. Not only are references to Roman Catholic organizations and clergy notably sparse in reporting that is otherwise replete with references to Protestant clergymen, but the *Bulletin*'s reader also found only the smallest of glimpses into the city's ethnic diversity and communities of lower socio-economic status. Jones's detailed research into Winnipeg's working-class influenza epidemic experiences provides a tantalizing look at mutual support networks that functioned independently of the charitable impulses and organizations of middle- and upper-class Winnipeggers.[33] Magda Fahrni's work on Montreal suggests that for some households, relief workers' visits may have felt like "invasions,"

a theme attested to in other scholarship about early twentieth century charity work more generally.[34]

The *Bulletin*'s blinkered scope proves all the more revealing in light of its many accolades that flu relief in the city was "thorough." It offered many examples of "efficient thoroughness," including this one in the eastern-most Highlands neighbourhood of Edmonton: "Each district [within the Highlands] had a captain appointed and, with district nurses, was patrolled regularly for new cases. … [they] reported twice a day to the chairman [of the relief committee], as to the need for food, fuel, bedding, doctor's care or other help."[35] Despite claims that this and other districts offered thorough care and answered as many calls for help as humanly possible, there is evidence of gaps in the relief care system and cognitive biases about who was included in this "thorough" search for the sick. The chairman of the Queen's Avenue district expressed concern about the very meagre number of calls for help coming from the Chinese population in his district.[36] He suspected there were many more cases among the Chinese residents than reports indicated. In the multi-ethnic Calder district, the *Bulletin* reported that, "The foreign cases have been cared for, and in the case of colored patients, there has been a certain amount of colored help available for nursing."[37] The only individual recorded by name who offered to nurse "colored patients" was a (presumably Caucasian) Mrs. Hurt, a note so singular as to be remarkable.[38] In some neighbourhoods, the *Bulletin* reported with apparent surprise the cooperation of "foreigners" with officially organized relief efforts. In the McCauley district for instance, it noted, "There is a peculiarity about the district, inasmuch as its population is somewhat of a mixed character, boasting of a good percentage of foreign names but in spite of this the committee has worked admirably in every respect."[39]

The *Bulletin*'s explicit references to the presence of "foreigners" in various city neighbourhoods indicated its view of Edmonton as an Anglo-Canadian society. This impression was shared by the city's annual health department report, which described the nationalities of Edmonton's population by recording the country of birth of the fathers of newly born infants. Eighteen percent of the infants born in Edmonton in 1918 had fathers whose nativity was neither British (a category that included Canadian) nor American.[40] These references speak to a need for further research into influenza coping strategies within ethnic minority, working-class, Catholic, Orthodox, and Jewish Edmonton communities.

The increasing rigours of the flu forced an adjustment to the discursive process that defined public space. During the crisis, domestic work within households of all social classes became part of public discourse. The increasing media coverage of domestic labour fostered greater prominence of women's skills and leadership and a stronger acknowledgement of the importance of these essential domestic tasks. If, as historian of the Canadian home Peter Ward has suggested, "The home is the theatre of our domestic experience," then the stage set of domesticity expanded to encompass the entire community for the duration of the crisis. [41] The temporary shift of the boundaries which had marked homes as separate from the rest of the community reflected another (though less temporary) change in social understandings of disease. As historian Mark Humphries has written, "It was during the pandemic that Albertans, and Canadians in general, began to see health as a community rather than an individual concern."[42] Newspaper articles explaining how households' domestic work would be accomplished through relief centre assistance took for granted the understanding that households were no longer self-sufficient in the midst of crisis. This newly accentuated urban middle-class interdependence reflected the increasing understanding that health also had to be managed cooperatively. The domestic focus of influenza volunteer assistance shaped the character of Edmonton's nursing and relief centres, forming them into large-scale household-style organizations, reflections of the private households they strove to uphold. Indeed, the *Bulletin* extended the concept of households beyond dwelling places of individual families to the relief centres themselves, characterizing them as well run, cohesive, and efficiently organized households, which provided necessary care to the citizens of their designated area.

Descriptions of the nursing centre at King Edward School demonstrated the nursing-centre-as-household phenomenon. The centre was not just a location from which a scattered variety of flu relief work was performed; it was a coordinated and efficiently organized operation.[43] The household at King Edward School was headed by a married woman and graduate nurse, Mrs. E. M. Evans, who oversaw all calls for help. The temporary household at King Edward School met the expected household functions of providing for the needs of its members: volunteers had access to laundry services and a supply room, sleeping quarters, meals, and recreation in the form of a room with magazines and games. Nursing care was also provided if the volunteers became ill themselves. The household boasted two wards for

members of the volunteer team who became ill: one for those who were simply exhausted and an isolation ward for those with the flu.

The *Bulletin* applauded the organization and gave an impression of the scale of operations at this single nursing centre: "When it is borne in mind that over 125 meals are served daily, besides special lunches to nurses who come in late, one can realize the organization that is necessary and everything is going along with a precision that indicates excellent management."[44] Even labour within the kitchen space was organized within the parameters of a typical household with older, more skilled, women directing the work of younger girls: Mrs. Esmond and Miss Pringle, Edmonton school domestic science teachers, ran the kitchen with the help of three shifts of schoolgirls and three other female supervisors.

Using households as a framing mechanism so effectively drew domestic labour into the public eye that even the temporary emergency hospital was described in terms reminiscent of a large household. Faced with an ever-worsening epidemic and hospital capacity woefully inadequate to the sudden critical need, Edmonton's Board of Health approached the University of Alberta for a building to house an emergency hospital. The University offered Pembina Hall, an imposing three-storey brick building.[45]

Though the Pembina Hall emergency hospital operated under the supervision of the Royal Alexandra hospital, and the city assumed responsibility for the associated costs, a large portion of the daily operation appears to have fallen into the hands of the university community. The emergency hospital's labour requirements were filled by professional and volunteer nurses, two doctors (in succession), university household staff, university faculty and students, and by members of the surrounding community.[46] The involvement of the close-knit university community at the Pembina Hall emergency hospital helped to imbue the organization with the character of a family household, including having society matron Mrs. G.H.V. Bulyea, wife of former Alberta lieutenant governor, presiding over the dining room.[47]

Women's Labour, Authority and Leadership

Within nursing and relief centre community households, the domestic labour deployed as both offensive and defensive weaponry in the fight against the flu resulted in an affirmation of gender roles, elevated women's contributions, and created space for a partial inversion

of the expected patriarchal hierarchy. As a result, female authority and leadership were accepted in much of the work, especially where nursing care of any kind was involved. The *Bulletin* highlighted the work of women involved in the voluntary relief and nursing systems over those participating in professional organizations and institutions. This choice emphasized the contributions of individual women citizens in public and private spaces at the same time as it supported the household framework which the newspaper used to make sense of the crisis. This *Bulletin's* focus was the result of an implicit assessment that healthcare civilians were the cornerstone of the city's epidemic response.

The foundational role of women's work in nursing and relief work generated subtle, but ongoing, and changing, commentary regarding assumptions about women's natural skills or the need for training to be qualified for voluntary relief work. In the decades leading up to 1918, nursing leaders had sought to establish an understanding that nursing was a profession that required specific education rather than a task that was innately known to all women.[48] The initial calls for volunteer nursing help printed in the *Bulletin* reflected an understanding that some sort of training was required. On 23 October, the article, "Volunteer Workers Urgently Needed to Fight Epidemic," called on "All women who are in anyway qualified and who are in a position to offer their services … as well as the numbers who hold first aid and home nursing certificates and have not already responded to the call for aid" to volunteer.[49] The *Bulletin*'s middle-class understanding of household labour was reinforced by the general assumption that women were not engaged in wage labour and thus available to volunteer their services to the flu relief efforts.[50]

As the epidemic continued, the demand for these official first aid qualifications disappeared. They were replaced by requests for help that assumed being female was an adequate qualification. An article from 12 November proclaimed, "women attendants for the sick are absolutely necessary if lives are to be saved,"[51] and another urged Edmontonians to "Please remember the very great need for WOMEN workers in the homes of those sick with the 'flu."[52] (Emphasis in the original.) Such recruitment calls made no mention of prerequisite training but were strongly focused on the gender of potential volunteers. Despite this increasing emphasis on gender, flu relief organizers did not completely abandon an appreciation of training. Potential volunteers were assured that "[Caring for a patient] is not hard,"[53] that

"The work is not so exacting as would be supposed … and a professional nurse or doctor can be called on in the event of any doubt."[54]

In their descriptions of relief activities and in recruitment calls, the *Bulletin* demonstrated a deference to the *volunteer* nurses rather than the few trained graduate nurses on duty, which underlined the publicly recognized importance of women healthcare civilians in Edmonton's response to the epidemic. A typical article proclaimed: "on the authority of the volunteer nurses in charge it is stated that unless real help is generously given by men at once the plague may get beyond control and rage indefinitely."[55] Mobilizing the anonymous volunteer nurse as spokeswoman also indicated a conflation between nursing and domestic aid relief work. Despite the close connection between nursing care and domestic work, not every woman volunteer was a nurse. The nurse (professional or voluntary), however, was a potent symbol of humanitarian care. Much as generic nursing uniforms and symbols had been used in wartime posters to garner patriotic support, the *Bulletin*'s coverage of Edmonton's flu crisis deployed the image of the volunteer nurse character to encourage civic participation in healthcare civilian relief efforts – be those efforts actual nursing work or auxiliary tasks.

Only a few weeks into the epidemic, the firmly established paramount role of women's skilled household labours was used in recruiting calls for *male* volunteers. Women, the article reported, were having to "interrupt their duties" to do chores, build fires, and run errands. Male volunteers were sought to provide these necessary, but secondary, services. Indisputably reinforcing whom the article depicted as in charge was this reminder of men's qualifications to volunteer: "Willingness to obey the nurses' orders … is the principal requirement."[56] Although less numerous, men and boys were recorded as members of nursing and relief community households. They provided administrative support and "auto relief" (which referred to driving nurses on their rounds and delivering supplies by automobile); they also did chores, errands, and even some nursing.

Beyond the confines of the individual sick room, or as recruitment symbolism, women also found leadership positions in the running of nursing districts. Women's prominent roles in public life during the epidemic were validated by their display of typically feminine attributes and activities. At the Calder relief and nursing station, for instance, Mrs. C. E. Long was the head of the nursing staff. She was described as "a graduate nurse and born executive."[57] Mrs. Long was qualified for her leadership position precisely because she was a

graduate nurse, a married woman, and, in normal circumstances, a homemaker and mother. Channelling her executive prowess into such comfortably feminine arenas as were offered by nursing and relief centre administration was lauded by *Bulletin* writers. The writer also made a point of thanking Miss Sutcliffe, a Calder school teacher who was "performing a valuable service" for flu relief efforts, by looking after Mrs. Long's home and children in order to free her to manage the area's nursing arrangements. Both women were elevated in this article for putting their domestic and caring skills to civic use. The thanks offered to Miss Sutcliffe for running Mrs. Long's household is especially significant for the way it publicly acknowledged the value of necessary domestic work and highlighted the flu-time awareness of the particular importance of that work within the private household environment.

Many women achieved positions of authority within flu relief work not because they had the benefit of nursing credentials, but as an extension of their domestic and household management expertise. Relief work and nursing centres almost invariably involved the collection, production, and distribution of food stuffs to feed incapacitated households and volunteers alike. The particular challenges of running relief centre kitchens were not detailed, but they were acknowledged. The writer explained that over a hundred volunteers were served at each mealtime at the Victoria High School nursing centre and commented, "This centre is certainly a very busy and interesting place, the busiest of all is the kitchen-dining room, which is taxed to its capacity in every way."[58]

Though thanks were offered to men (and rare instances of women drivers) who used their automobiles to deliver food, food narratives emphasized women's contributions. The *Bulletin* regularly highlighted not just the need for management and significant amounts of labour, but specifically *expert* management. Much as calls for nursing help both requested those with training and women in general, discussions of other elements of household labour reflected a similar duality. The majority of volunteers appear to have had no recognized training beyond their everyday experience. However, where those with specialized training were available, they took on leadership positions. At the Pembina Hall emergency hospital on the university campus, Miss Mabel Patrick, the University of Alberta's instructor of home economics, managed the kitchen that provided food not only for the hospital's patients and staff, but also for the surrounding relief

district served out of the Queen Alexandra School.[59] Acting University President Kerr praised Miss Patrick as "very practical and a very workable colleague[;] she is distinctly academic in her ideals."[60] It was not just her practicality, a trait that many women might have justifiably claimed for themselves, which suited her to this task, but her academic knowledge of domestic science. Underscoring the value placed not just on domestic labour experience, but on special expertise within those gendered expectations, were the public school domestic science teachers who were regularly listed as heading nursing and relief centre kitchens. Just as the kitchen at King Edward school had been placed under the direction of domestic science teachers Mrs. Esmond and Miss Pringle, the Oliver relief centre's kitchen was reported to be "under the able supervision of Miss Johnstone, domestic science teacher."[61]

The Superintendent of the {University of Alberta} Household, Miss Elizabeth Russell, like Miss Patrick, had her professional domestic expertise called on during the epidemic. Establishing the Pembina Hall emergency hospital on campus was a multifaceted undertaking: not only did hospital and kitchen staff need to be found, but all the necessary household supplies had to be obtained and managed. Miss Russell organized her staff "and all the people of campus," including faculty wives and children, to make linens, "sheeting, towelling, and flannelette things," for the Pembina Hall emergency hospital.[62] Her household leadership was further extended to fill any gap in staffing at the hospital. Before an adequate nursing staff had been developed, Miss Russell and her staff provided patients with bedside nursing care in addition to their other duties. Her domestic leadership continued after the emergency hospital closed at the end of November. Following the recommencement of classes in December 1918, a large number of university students became ill and Miss Russell was responsible for setting up an internal "household hospital" to care for them.[63]

Despite the tremendous importance placed on the skills and expertise of women, female leadership was not guaranteed. At the level of individual organizations, women were more likely to be credited and individually named as leaders than when citywide organizational schemes were discussed. A detailed *Bulletin* article about the nursing centre located at Victoria High School demonstrated this strong emphasis on female leadership at local levels. The article's writer commended the efficiency of the entire organization and listed women in charge of many different aspects of the nursing centre's

work, including the hospital floor, the dispensary and linen supply, the dietician, the basement laundry, supply room, dining room, and food supplies. The nature of the nursing centre's work produced a focus on nursing and food, making leadership positions held by women more conventional and in line with the long-standing work of women in public health campaigns. The only aspects run by men were the auto relief and Masonic relief. Even in these two areas, women were also acknowledged as part of the organization. The entire nursing centre was under the direction of a woman, Miss Raymond (whose qualifications were not listed), who was assisted by George Carnes, manager of the H. B. stores.[64] The article was rounded out by a list of individual women's names almost equal in length to its descriptive portion.

The expanding of women's flu volunteer work into positions of leadership was not universal. At the McCauley relief station, men found opportunities to hold leadership positions by having women take over answering telephones: "For the purpose of freeing the male members of the committee and allowing them to become more active in the executive part of the relief work, ladies of the church congregations have volunteered to do the necessary work of attending to the calls at the headquarters office."[65] Further, assumptions about women's ability to perform work may have influenced the division of shifts at the telephone. Before the mid-November shift that prioritized male executive leadership, men had been working four-hour shifts at the telephone. Their female replacements worked only two-hour shifts, and only until eight o'clock at night.[66]

During Edmonton's flu epidemic, the significant emphasis on domestic work found in the main pages of the *Bulletin* demonstrated that the previously invisible labour involved in maintaining Edmonton's households transitioned from existing within a gendered private sphere of knowledge to occupying a prominent status in public life. As instructions for dealing with the flu started appearing in newspapers, followed soon after by advertisements for products to avoid the flu and care for the sick, an intense focus on domestic labour, environments, and products commandeered the newspaper columns, further supporting the prominence of the household in Edmonton's public discourse. Thorough cleaning to remove flu germs was one of the first instances of domestic labour moving to the forefront of influenza response. The same day the first flu cases were reported in Edmonton, the *Bulletin* reported Provincial Board of Health requirements for cleaning after a flu patient recovered:

> all dishes or utensils used by a person affected must be thoroughly boiled before being used again. Walls, beds, furniture, etc. must be wiped over with solution of bichloride of mercury of the strength 1-500, and all books, clothing and other articles which cannot be boiled must be sprinkled with formaldehyde and wrapped for eight hours in a sheet, or blanket, and afterwards exposed to the air for eight hours.[67]

An understanding of the importance of domestic labour, including preparation of appropriate foods, in caring for the sick was well established within both the confines of professional nursing and discourses on scientific household management. Proper "invalid food" for patients was a mainstay in professional nursing, a fundamental preoccupation that even found its way into war zones and military hospitals throughout World War I.[68] Germ theory had cemented the importance of proper cleaning for the prevention and containment of contagious illness, concepts long since promoted by pre-germ theory miasmatic thought and associated sanitation movements where admonitions to clean sick room and public space alike abounded in hopes of curbing and curing disease. During the influenza epidemic, these domestic concerns were fundamental to the formation and operation of flu relief organization households.

The products of women's domestic skills required by the flu relief effort extended beyond cleaning to the manufacturing and laundering of fabric goods. Calls for women to donate products of their kitchens and sewing baskets and to volunteer in the homes of others abounded within the increasing space the *Bulletin* devoted to gendered labour. The ubiquity of references to linens and sewing activity in the newspaper illustrated the copious amounts of work performed by women during the epidemic. Much as women had been asked to knit socks and other cold-weather clothing during the war, they were now asked for sheets, towels, pillow covers, masks, pneumonia jackets, pyjamas, and nurses' uniforms, not to mention occasional requests for children's clothing, and "any kind of clean rag."[69] The quantity of items produced, donated, and funded by the women of Edmonton's Red Cross Society alone is astounding. By 18 November, exactly one month since the first reported Edmonton flu case, the *Bulletin* reported that the Red Cross had already distributed nearly $6,000 worth of sewn items.[70] The monetary value attached to the women's contribution

makes this report especially impactful, and possibly the only monetary valuation of women's flu volunteer efforts recorded in the newspaper. How much would the rest of the women's efforts have been worth if calculated in dollars?

The ongoing requests for donations of linens and clothing illuminate not just elements of nursing care but also significant poverty amongst Edmonton families. Influenza historians have frequently noted how upper- and middle-class volunteers discovered through their relief work the realities of working-class living conditions.[71] This "discovery of poverty" was muted in the pages of the *Bulletin*. It was addressed directly in only a few places, one of which was a very pointed letter to the editor from the general chairman of the relief committee, A. W. Coone.[72] However, a careful reading of the newspaper's reports of relief and nursing centres' work reveals that while some requests for linens reflected the nursing need to keep feverish, sweating patients in dry bed linens and warm pyjamas, many more linen requests extended beyond the immediate needs for nursing into the realm of general charity. Two particularly striking examples include a request for winter clothing for a family with five sons between 2 and 10 years old and an urgent request for baby clothing for a case "where a baby had been born in a shack and where baby's clothes were altogether lacking."[73] The Edmonton Board of Public Welfare's scanty minutes indicate that the board temporarily took on some responsibility for paying the cost of food, fuel and medical supplies for destitute families discovered by relief centre workers.[74] In the absence of more complete financial and relief centre records, and definitions of destitution, it is challenging to determine to what degree poor-relief assistance was defrayed by official organizations like the Welfare Board, and how much was paid for by donations from private individuals.

Women's capacity for cooking and for childcare was also in high demand. Judging by the acknowledgement of goods received and thanks offered in the newspaper, women responded in droves. At the Oliver School relief centre, the blackboard listed women willing to take in children "until its mother is restored to health," and food for the sick was collected by donations or made in the school kitchens. Reflecting both the actual and perceived generosity, the *Bulletin* reported that "the list of those who have sent in supplies of soups, jellies, and other foods for the invalids looks like the voters' list."[75] Though the reference to the voters' list was likely intended simply as shorthand for a large majority of the people of Edmonton, it has

the significant effect of elevating women's domestic contributions to the fight against the flu to indicators of fully fledged and publicly acknowledged citizenship. Women in Alberta had only been voting provincially for two years, a rather short time to accommodate the mental shift of understanding the "voters' list" as encompassing both sexes. The use of this measure of citizenship to describe those contributing to gendered calls for food supplies demonstrates the tremendous importance ascribed to women's work and contributions during the fall 1918 flu epidemic.*

Throughout the epidemic, *Bulletin* reports featured a striking unanimity about the importance of efficiency. This focus was, in part, a result of having limited resources to deal with a large-scale crisis, while also reflecting the Progressive Era's (1890–1920) concern about efficient labour management practices. The efficiency theme provides additional insight into the leadership opportunities vested in women during the flu relief efforts. Where Progressive Era labour management often focused on prescriptively identifying and mandating the most efficient way to perform isolated tasks, the form of efficiency praised at the relief centres was based not on specific tasks, but on systems designed to prevent wastage of resources and time. These efficiency systems did not precisely dictate how tasks were to be done; rather, actions within relief centre systems were left open to the individual performing them. Creating a framework for resource deployment that allowed individual volunteers to exercise their judgment was in line with what Canadian nursing leader Isabel Stewart deemed most important skills for excellent professional nursing: "The nurse who has developed a high degree of manual skill only, may lack these other qualities of intelligence, resourcefulness, and initiative which we all agree are more essential to really successful nursing."[76]

The truly staggering number of detailed efficiency plans, from mapping automobile routes to organizing food to record keeping were all examples of systems rather than individual tasks. The result of this emphasis on the large-scale system rather than task-based efficiency was that space was created for individual women to rise as leaders, something often precluded by detailed, task-based scientific manage-

* While such a reference to women's citizenship is a significant moment of inclusion, this description of citizenship, like the roster of women active in Edmonton's relief efforts, did not encompass all. The right to vote was not extended to Indigenous women until many years later.

ment in hospitals where the female nursing force could be left to enact the tasks as prescribed by male leaders. In the fall of 1918, women took on positions of leadership and directed efficient use of labour and resources. Nursing leaders assessed the epidemic situation and their available resources. They organized nursing districts in ways that maximized the use of the few available trained graduate nurses, and ensured that supplies, from linens to soap to snacks for nurses in between rounds of home visits were readily available.

Men's work was also praised for its efficiency. Male leaders often, however, had a wider scope of opportunity for executive-level planning than women. In fact, the highest levels of leadership in the citywide relief scheme were credited exclusively to men. As the original coordinated plan for district relief across the city was developed during a meeting of the city's clergy and mayor, it is unsurprising that in later articles any listing of a particular district's "committee" was exclusively composed of clergy members.[77] In many ways, it was a clever and efficient way of mobilizing existing groups of people accustomed to group volunteer work and invested in the relief of suffering where they saw it. The indirect result was that the highest level of administrative organization was entirely made up of men, women being ineligible for ordination in all major Christian denominations in 1918.[78]

Although much of the large-scale administration was credited to men, laundry services are an intriguing example of a vital flu relief issue that was addressed separately by groups of men and groups of women. An article from 15 November left no doubt as to the importance of laundry work in dealing with the flu: "To have clean linen available is a first essential in combating the disease."[79] Edmontonians were reminded of the importance of sterilizing their masks.[80] Everything that a flu patient touched, or coughed into, needed to be handled with the greatest care to avoid contagion.[81] Despite the importance of the laundry problem, an article entitled "'Flu Patients Get Laundry Work Done" informed readers that "the laundry work in connection with the patients and nurses who have been affected by the influenza epidemic has been a rather hard problem to solve." It went on to explain that city commissioners, Captain Atkin of the Salvation Army, and Dr. Thomas of Alberta College, had organized a citywide laundry system for the needs of nurses and patients.[82] But almost two weeks before it was announced, women volunteers had already taken initiative and established a laundry in the basement of Wesley Church. The first bag of clean laundry was said to be "a welcome sight to the

family on 116 street, where the mother is in bed and the little eleven-year-old girl is doing the work."[83]

The differences between the city laundry scheme and the practical laundry established by the women of Wesley Church demonstrate distinctly contrasting approaches to a common problem: administrative decision-making on the part of the city commissioners and practical work on the part of the women of one church congregation. This pattern of high-level administration by men and practical work done by women is commonly attested in other flu relief work.[84] The city commissioner-organized laundry solution was hailed as a "systematic effort," an acknowledgement lacking in the reporting of the Wesley Church women's laundry service, which was run by those who lacked the positions and political power to command a citywide solution. The reporter, however, failed to note that it took city commissioners a month of influenza cases to develop a laundry plan. Though the women of Wesley Church could not solve the entire city's flu laundry woes, their early start would have appeared much more efficient to overworked relief volunteers of that district than the city's belated "systematic effort."

Flu Volunteers as Soldiers

As private households' independent coping abilities decreased during the epidemic, and community household organizations developed, the boundaries separating formerly public and private spaces were also lowered. This phenomenon heightened Edmontonians' understanding of the epidemic as a fight that could only be won through joint efforts. When flu relief work became a community effort, volunteer work in community households became an act of citizenship. The temporary public nature of household labour in Edmonton facilitated a rhetorical connection between flu relief efforts and public discourse surrounding the other large-scale communal struggle: the war.

Throughout the epidemic, militaristic language was used to describe the fight against the flu. The *Bulletin* regularly characterized the epidemic as a battle: their writers referred to people being "attacked" by flu germs;[85] the phrase "the fight against the 'flu" was almost ubiquitous[86] with other militaristic terms (including "battle" and "combat") sprinkled liberally throughout.[87] Volunteer workers were said to "patrol" their districts for new cases.[88] Mrs. Long, from the Calder School nursing centre, was described as "managing her

campaign," where she "generalled her staff of assistants," and a "nursing brigade" was issued from the Victoria School nursing centre.[89] No example is more obvious than that employed in a 21 November article entitled "Mayor Suggests Closing of the Relief Stations." The article read, "We hope shortly to be able to arrange for the demobilization of our forces that have been marshalled for the fight against the epidemic."[90] Coming at the close of the Great War, the common usage of language with warlike connotations is hardly surprising, but it is significant because it equates women's domestic flu relief labour as an act of citizenship parallel to that of men as citizen-soldiers.

Just as the city's encounter with the influenza scourge was discussed in the language of warfare, so, logically, were flu relief workers themselves often described in a manner reminiscent of soldiers. Even calls for volunteers mirrored ongoing military recruitment. Every day, the *Bulletin* printed numerous requests for help, with headlines such as "The Call to Service."[91] Much as military recruitment posters often featured helpless women in need of defence, calls for flu volunteers used tragic and pitiful stories as emotional calls to action.[92]

Some articles made the connection between masculine participation in the war effort and the predominately feminine involvement in the flu relief efforts even more overt. In a newspaper that almost never indicated the identities of its writers, the *Bulletin* article "What the 'Flu is Doing to Us," attributed to "a volunteer nurse," used the authority vested in nurses to reinforce its message: "[Flu volunteer work] is dangerous-undoubtedly. So is overseas service; yet that did not hinder enlisting to any large extent… If ever you intended to do a heroic thing — do it now!"[93] This article made clear that citizens were expected to make public contributions to society, men as defenders of empire in war and women against the domestic impact of flu germs.[94] Women's volunteer work was often discussed as being "heroic," a commendation that both acknowledged the dangers involved in flu relief work and clearly demonstrated the new-found publicity afforded to women's everyday labours. As Fahrni has pointed out, the chores that women were lauded as heroes for doing were the same as those expected of them in everyday life. However, as Jones has argued, the difference was that during the epidemic, women's actions served as "a female embodiment of social order amidst chaos."[95] Relief work jingoism expressed a high degree of confidence in the efficacy of domestic work as a potent weapon against the effects of the flu and as essential to stopping the epidemic from getting more out of control.[96] Thus,

men's role as citizen-soldiers in the "Great War for Civilisation," as the Victory Medal described it,[97] and women's role as healthcare civilian volunteers were both intrinsically part of national survival.[98]

Despite the empowering militaristic language attributed to volunteer effort, such analogies often had the effect of characterizing the predominantly female volunteers as foot soldiers in the war against the flu while implying that the city's mayor and male relief committee leaders were the commanding officers. In the context of the Great War, a conflict in which the individual citizen-soldier was celebrated and memorialized, understanding flu volunteers as foot soldiers is not necessarily derogatory. Indeed, praises and thanks to flu-time volunteers of all kinds were offered liberally by (generally male) administrators and reporters. In keeping with the affirmation of a typically gendered division of labour, the language of praise was also highly gendered. Women were frequently lauded as selfless, unselfish, or self-sacrificing, as the headline "Warm Tribute Paid to Devotion and Self-Sacrifice of Edmonton Teachers During Epidemic" demonstrates. Certainly, women's flu volunteerism communicates the truth in this tribute: flu volunteer work *was* selfless and highly dangerous, and these commendations were intended as high praise. However, many such commendations centre their praise for women around how well they embodied society's idealized womanly behaviour rather than highlighting specific personal actions, the latter more common in praises given to men. Such focus on general praise-worthy feminine behaviour instead of particular actions attenuated women's agency as individual citizens.[99]

When women's caring labour during the epidemic is viewed through this militaristic lens, it opens another analytical angle. By examining scholarship about women's caring labour during the rest of World War I, we are better able to understand the thought processes underpinning the rhetorical representations of flu-time domestic labour force mobilization in Edmonton neighbourhoods. This literature comparison allows a better understanding of how contemporary society generally, and women involved in caring work specifically, conceptualized stereotypically feminine work in the context of battles with enemies, be they humans or germs. Scholarly enquiry into the work of military nurses, both professional and volunteer, during World War I is robust and suggests several fruitful angles of study. Christine Hallett, historian of British Great War nursing, has put forward the phrase "containing trauma" to describe wartime nursing work.

She has suggested that nurses saw their role as a battle to contain their patients' bodily disintegration and restore health in the face of wounds, adverse conditions, and microbes.[100] This approach is in line with the way the *Bulletin* described flu volunteers' work as a defensive weapon in the fight against the epidemic. Dire warnings echoed from the *Bulletin* that unless sufficient volunteers could be mustered the epidemic would rage out of control. Volunteer nurses and relief workers of all types formed the line of defense protecting Edmonton from the impacts of the epidemic which threatened its corporate integrity. Volunteers could not stop the flu itself, but they could 'contain the trauma' of its damaging effects.

Canadian military nursing historian Cynthia Toman has likewise pointed out the battle aspect inherent in the identity of the professional nurses employed by the Canadian Army Medical Corps. These nursing sisters, she has argued, developed an identity as "sister soldiers."[101] They viewed themselves as soldiers every bit as much as they accepted the soldier identity of their patients. But where their patients fought battles using guns, bayonets, and shovels, the nursing sisters fought against germs and wounds to care for and sustain their patients. Nurses' "sister soldier" identity was bolstered by enduring physical hardships and being part of what they viewed as "real campaigning" hospitals, which were located in places so insalubrious and poorly supplied that the sisters felt they were also fighting against inept and uncaring masculine military administrators.[102] Despite the dreadful conditions, military nursing sisters expressed a determination to remain at their posts in order to alleviate as much as possible the suffering of their patients. Influenza volunteers demonstrated elements of a similar "soldiering" mindset, including accepting physical hardship in order to continue offering vital service. Many volunteers were described as being determined to continue their work until the end of the crisis, despite exhaustion and, in some cases, illness.[103] Illness and death were, however, very real potential outcomes for Edmonton's flu carers, just as they were for military nurses.[104]

The fall 1918 flu crisis necessitated a temporary suspension of usual boundaries between private and public spaces. In Edmonton, women's work in the public domain was legitimized through activities and accoutrements of the private sphere, and through the creation of public space relief centre households as acceptable places for this work. Although cities contained many spaces considered dangerous for women, and during the epidemic a great many more spaces

became hazardous as sites of contagion, public-facing volunteer work made respectable middle-class women's presence in these places not only allowable, but laudable.[105] Likewise, military nurses were permitted within the decidedly masculine ranks of the military by laying claim to specifically feminine skills of nursing. Both gained leadership, authority, and new-found importance for their labour in the public sphere through the gendered nature of their actions and knowledge.

Crisis Aftermath

The cognitive link between women's caring work as acts of citizenship, either as literal members of the military, or as symbolic members of the "forces that have been marshalled for the fight against the epidemic," provides insight into the absence of permanent memorials acknowledging women's role in flu relief efforts. The experiences of military nurses after the war demonstrated that women's citizenship work was not always acknowledged with the same set of public symbolic vocabulary as were masculine contributions. During the war, images of military nurses were commonly used to demonstrate the civilization and humanity of the British Empire (as opposed to the supposed barbarism of German forces), and to encourage recruitment and patriotism. Despite their visual and symbolic prominence during the conflict, military nurses struggled to have a memorial built that specifically commemorated their contributions. Monuments to male soldiers, however, appeared in great numbers across the country.

A similar phenomenon can be seen in post-crisis Edmonton. One permanent memorial related to the flu was put up in Edmonton, but it had as its primary subject neither the epidemic nor the relief centre care. The plaque in the University of Alberta's Convocation Hall commemorates engineering professor William Muir Edwards who contracted the flu and died as a result of his volunteer service at the Pembina Hall emergency hospital. Professor Edwards was a beloved, young, and very active community member whose sudden death in the service of the suffering understandably moved both the university and local Edmonton community to raise funds for a plaque to his memory. The remainder of the flu relief workers were thanked profusely in the newspaper. Indeed, the *Bulletin*, so vocal about women's work during the crisis, published many thanks, including the mayor's lengthy resolution praising the efforts of all those involved in flu

relief, from those, "who undeterred by the arduous toil and the risk to themselves served as nurses," to laundry workers, hotel owners, and automobile drivers, to newspapers for alerting Edmontonians to the need for relief workers. The resolution concluded with a heartfelt note highlighting both the variety of apparently ordinary tasks that were needed to support the relief efforts and the importance of this work to the Edmonton as a whole:

> To those others who have worked cheerfully and unceasingly at the tasks assigned, whether managing a department, doing clerical work, washing dishes, running errands, or stoking fires, and generally to all generous citizens and good neighbors, who, whether through the organization or independently have come forward in such numbers as to make a record of civic spirit of which the city of Edmonton may well be proud.[106]

However, no initiative to permanently memorialize the crisis as a whole or its female heroes appears to have been considered. This absence can be understood by considering rhetorical conventions which defined what was considered appropriate subject matter for permanent recognition, the social disruption caused by the epidemic, and the imagined aftermath of the crisis.

In studying the efforts of Canadian military nurses to have a memorial to nursing work erected, Canadian nursing historian Kathryn McPherson has noted that where memorials or statues celebrating women were erected, they adhered to "perceptions of appropriate femininity. … when high-profile women such as Queen Victoria met the masculine standards of political greatness and were rewarded with statues in their honour, their presence in the public domain was legitimized by maternal and domestic signifiers."[107] Women's active leadership during the flu crisis was legitimized through the creation of relief work households headquartered out of schools, spaces which themselves carried significant maternal connotations. As the crisis passed, the need to legitimize "private sphere" work in public-facing spaces and discourse diminished. Indeed, permanent public reminders of the flu relief work would serve to disrupt public space during non-crisis times, a disruption that was not necessarily desired. This reflects what Jones noted in Winnipeg: the epidemic caused social upheavals and that after the crisis, there was a push to return to pre-epidemic social conditions and societal boundaries, boundaries

which would include the differentiation between private and public spaces.[108] In other words, the "public" work of healthcare civilians wasn't quite public enough, or of long enough duration, to merit a public memorial. This should not come as a surprise given the tremendous difficulties that Canadian Army Medical Corps nursing sisters — members of the military who had performed similar labour in the public eye for almost five years — had in generating political will to build a memorial honouring their contributions.[109]

The quotidian, even mundane, type of work deployed in flu relief efforts also made for unlikely subject matter for long-term public commemoration. As Fahrni noted, the labour for which women were praised during the epidemic was the same as what was expected of them during ordinary times. Although the *Bulletin* touted relief centre work as vital defensive labour during the crisis, public acknowledgement of the key role of domestic labour appears to have waned alongside decreasing influenza cases.

The lack of impulse toward memorialization was likely also influenced by the somewhat intangible nature of the work. Unlike Great War soldiers who defended "civilisation" directly from the threat of German militarism personified as the German soldier — a visible and easily quantifiable enemy — the flu relief workers fought a secondary battle against germs. Rather than mounting direct campaigns against influenza through such extraordinary scientific means as vaccination development or forceful public health measures, such as quarantine regulations and nuisance removal from shared spaces, flu relief workers sought to "contain the trauma" of the germs' effects using everyday domestic chores. They worked to contain the damage but could not vanquish the flu itself. The very ordinariness of the substance of relief work, be it caring for children without healthy caregivers, providing food, or obtaining clean linens, would have placed commemoration well outside the established rhetorical commonplace. For a society that demonstrated little inclination to maintain the flu-time shift in social boundaries, preserving the memory of relief work served no useful purpose.

The imagined aftermath of the epidemic provides one final insight into the lack of permanent commemoration. In the midst of the flu crisis, newspaper reports reflected an openness about middle-class household domestic arrangements. This discourse created space for women's leadership, both influencing and reflecting the city's responses to the epidemic.[110] However, as those middle-class volun-

teers looked to the future, they saw a time when their own households would once again be self-sufficient. With this self-sufficiency came less public discourse devoted to domestic arrangements and less visible space for female leadership, thus lessening any potential impulse toward memorialization.

Conclusion

In Edmonton's response to the 1918 influenza crisis, we see a fascinating pattern of households, large and small. As private households struggled to cope with the ravages of the flu, previously invisible domestic labour became a part of public discourse in the *Bulletin* and gendered domestic work came to be viewed as a vital act of citizenship. The labour implications of having an invalid within a household transitioned from being unacknowledged to occupying prominent space in public life. With that shift came a recognition of the domestic labour required to care for invalids. Women were sought after and praised for these necessary skills, afforded leadership opportunities in the public eye, and, in some cases, women's authority came to supersede that of men. The wartime rhetoric surrounding flu relief contributed to bolstering the heroic status of Edmonton's women volunteers by acknowledging the dangers of flu volunteerism and praising their perseverance.

The newspaper's use of the household to quantify and conceptualize the help rendered by the relief system reinforced the basic importance of domestic caring work. An early November 1918 editorial commented that the flu crisis was having the positive effect of "reviving the idea of neighborliness, to a degree not known to the present generation."[111] What the editorialist described as "neighborliness" might instead have been termed "caring work." The care offered by hundreds of Edmontonians to their fellows — whether as nursing, laundry, chores, food provision, childcare, or any other necessary task — enabled the city's households to weather the epidemic. And for a time after the crisis passed, the value of that care (or neighbourliness) was acknowledged and praised. No permanent monument to either the epidemic or the scores of women volunteers was ever erected in the city. Perhaps statuary would not be appropriate anyway. The most fitting memorial would be to reignite that late-1918 acknowledgment of domestic and caring work's value.

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Les recherches de **SUZANNA WAGNER** portent sur les soins infirmiers militaires canadiens de la Première Guerre mondiale et sur l'histoire de la santé au début du XXe siècle, notamment l'expérience de la grippe épidémique de 1918. Elle a obtenu une bourse du CRSH pour sa maîtrise, qu'elle a terminée à l'Université de l'Alberta en mars 2020, moins de deux jours avant la fermeture de l'université causée par la COVID. Suzanna possède également une longue expérience professionnelle en histoire publique canadienne.

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Endnotes

1 With thanks to Professor Sarah Carter who generously supported the first stages of this research.
2 President Kerr to Miss Russell November 23, 1918, acc 68-9, box 5, items 41-53, University of Alberta Archives (hereafter UAA).
3 Edmonton Health Department fonds, G.P. 283 1918, Health Department Report 1918, p. 7, City of Edmonton Archives (hereafter CoE), Edmonton, Alberta.
4 "The 'Flu Epidemic," *Edmonton Bulletin* (11 January 1919), 11.
5 Henderson's Edmonton City Directory. Winnipeg: Henderson Directories, 1906-1978, 1917, p. 43, CoE.
6 Though the city continued to report cases of epidemic influenza into 1919, I have chosen to focus on the three month crisis in the fall of 1918.
7 Edmonton Health Department fonds, G.P. 283 1918, Health Department Report 1918, p. 7, CoE.
8 Magda Fahrni, "« Elles sont partout… » : les femmes et la ville en temps d'épidémie, Montréal, 1918–1920," *Revue d'histoire de l'Amérique française* 58, no. 1 (2004): 67–85.
9 David J. Hall, "Oliver, Frank (Francis Robert Bowsfield, Bossfield, or Bousfield)," in Dictionary of Canadian Biography, vol. 16, University of Toronto/Université Laval, 2003–, http://www.biographi.ca/en/bio/oliver_frank_16E.html , < accessed April 12, 2022 >.
10 Alberta's minister of health, A. G. MacKay, and Edmonton's medical health officer, Dr. Thomas Whitelaw, both acknowledged the limitations of their statistical information. Until 25 October, physician reporting of influenza cases was not mandatory, and even after that reports could be sporadic. Both men suspected that a great many cases were never reported at all.
11 Patricia Thompson, "A Dismantling of the Master's House: A Hestian/Hermean Deconstruction of Classic Texts," *Hypatia* 9, no. 4 (Fall 1994): 38–56.
12 "Isolation Hospital," *Bulletin* (22 October 1918), 7.
13 Magda Fahrni's study of the epidemic in Montreal noted that mothers and daughters were generally the front-line carers, underlining the general contemporary importance of household-based, female-led sick care. See "Elles sont partout," 78.
14 The use of the imagery of a large-scale household as a means of characterizing a healthcare institution is not novel to Edmonton's 1918 flu experience. Erin Spinney, historian of British naval nursing, has also found this conceptualization at play in eighteenth-century British naval hospitals. See Erin Spinney, "Servants to the hospital and the state:

nurses in Plymouth and Haslar Naval Hospitals, 1775–1815," *Journal for Maritime Research* 20, no. 1-2 (2018): 3–19.

15 "Medical Men of City," *Bulletin* (18 October 1918), 3.

16 "Forty-One Cases of Spanish Influenza," *Bulletin* (19 October 1918), 3.

17 "Cases of 'Flu Reported up to Saturday, 695," *Bulletin* (29 October 1918), 3. On 14 October 1918, Alberta's Provincial Board of Health made influenza a "quarantinable disease," but it was not until 25 October that they designated influenza as a "reportable disease." See Mark Humphries, "War, Public Health, and the 1918 'Spanish' Influenza Pandemic in Alberta," in *Alberta and the Great War*, ed. Jeffrey Keshen and Adriana Davies (Calgary: University of Calgary Press, 2014).

18 "How Nurses and Relief Workers Fought the Epidemic in Calder," *Bulletin* (15 November 1918), 3.

19 Twenty-Five Homes," *Bulletin* (13 November 13 1918), 3.

20 "Social Side of the City," *Bulletin* (14 November 1918), 4.

21 "City Divided into Districts For Care of Those Who Are Ill," *Bulletin* (28 October 1918), 1.

22 "Father and Mother Victims of 'Flu," *Bulletin* (26 November 1918), 3.

23 "City Divided into Districts For Care of Those Who Are Ill," *Bulletin* (28 October 1918), 1.

24 "City Divided into Districts For Care of Those Who Are Ill," *Bulletin* (28 October 1918), 1.

25 "City Divided into Districts For Care of Those Who Are Ill," *Bulletin* (28 October 1918), 3.

26 "District Nursing System to Care for 'Flu Cases Organized by City and Medical Officers," *Bulletin* (26 October 1918), 1.

27 "The Oliver School Headquarters," *Bulletin* (4 November 1918), 3; "How Nurses and Relief Workers Fought the Epidemic in Calder," *Bulletin* (15 November 1918), 3.

28 This conversation is informed by scholarship discussing the perceived role of "correct" forms of domesticity for maintaining and supporting physical health and moral uprightness as defined by the middle-classes. The *Bulletin* occasionally mentioned middle-class flu volunteers discovering homes they viewed as unfit for habitation (a feature of Edmonton's housing crisis discussed in annual Board of Health reports well before the epidemic). See, for example, Pamela Gilbert, "Producing the Public: Public Medicine in Private Spaces," in *Medicine, Health, and the Public Space in Britain, 1600–2000,*" ed. Steve Sturdy (London: Routledge, 2002); for the Canadian 1918 influenza experience, see Esyllt Jones, *Influenza 1918: Disease, Death and Struggle In Winnipeg* (Toronto: University of Toronto Press, 2007).

29 "Relief Work … at the McKay Avenue," *Bulletin* (15 November 1918), 4.

30 "Many Cases but Few Deaths in Rutherford," *Bulletin* (20 November 1918), 3.
31 "Many Cases but Few Deaths in Rutherford," *Bulletin* (20 November 1918), 3.
32 "Men Needed to Help in Fighting 'Flu," *Bulletin* (4 November 1918), 3.
33 Esyllt Jones, "Politicizing the Laboring Body: Working Families, Death, and Burial in Winnipeg's Influenza Epidemic, 1918–1919," *Labor* 3, Issue 3 (Fall 2006): 57–75, provides an in-depth examination of different types of community support networks among working-class Winnipeggers, many facilitated through unions.
34 Fahrni, "Elles sont partout," 85.
35 "'Flu Epidemic Handled Thoroughly at Highlands," *Bulletin* (18 November 1918), 4.
36 "Splendid Work Done at Queen's Avenue," *Bulletin* (16 November 1918), 3.
37 "Fighting the 'Flu at the McCauley School," *Bulletin* (14 November 1918), 3.
38 "Fighting the 'Flu at the McCauley School," *Bulletin* (14 November 1918), 3.
39 "Fighting the 'Flu at the McCauley School," *Bulletin* (14 November 1918), 3.
40 Edmonton Health Department fonds, G.P. 283 1918, Health Department Report 1918, p. 10, CoE.
41 Peter Ward, *A History of Domestic Space: Privacy and the Canadian Home* (Vancouver: UBC Press, 1999).
42 Humphries, "War, Public Health," 501. The importance of the community during the epidemic is also reflected by the number of studies about the influenza pandemic that take the community as their unit of study. See Mark Humphries, *The Last Plague: Spanish Influenza and the Politics of Public Health In Canada* (Toronto: University of Toronto Press, 2013), 6.
43 Nursing centres, as locations that provided sleeping and living arrangements for nurses, bore many similarities to the nurses' homes attached to hospital training schools.
44 "Flu Relief Work At King Edward School," *Bulletin* (13 November 1918), 3.
45 "More Cases of Influenza Are Reported: From 175 to 180 New Patients Added to List Friday," *Bulletin* (26 October 1918), 1.
46 "Dr. Malcolmson To Act in Place of Dr. Jessie Allyn," *Bulletin* (8 November 1918), 3.
47 "Pembina Hall Emergency Hospital," *Bulletin* (25 November 1918), 4.
48 See Quiney, "Rendering Valuable Service," 49, for an excellent discussion on the push towards nursing professionalization and contention

over the use of volunteer nurses during the Great War and the influenza pandemic.

49 "Volunteer Workers Urgently Needed," *Bulletin* (23 October 1918), 1.

50 Esyllt Jones's work also speaks to the question of women's qualification for volunteer work, arguing that expectations of training may have reflected a desire to ensure volunteers were of similar socio-economic background and habituated to similar cultural expectations surrounding health and domesticity.

51 "More Workers are Urgently Needed," *Bulletin* (12 November 1918), 3.

52 "An Appeal For More Help," *Bulletin* (12 November 1918), 3.

53 "S.O.S.," *Bulletin* (4 November 1918), 4.

54 "Work of Caring for Flu Patients Not So Exacting or Dangerous As Supposed," *Bulletin* (2 November 1918), 4.

55 "Men Needed to Help in Fighting 'Flu," *Bulletin* (4 November 1918), 3.

56 "Men Needed to Help in Fighting 'Flu," *Bulletin* (4 November 1918), 3.

57 "Nurses and Relief Workers in Calder," *Bulletin* (15 November 1918), 3.

58 "Efficient Work at Victoria High School Nursing Centre," *Bulletin* (14 November 1918), 4.

59 "How Influenza Is Fought At Queen Alexandra School," *Bulletin* (18 November 1918), 3.

60 RG3 10-4, acc 68–9, President Kerr to Chancellor Stuart, October 22, 1918, UAA.

61 "Oliver Relief Centre Committee Returns Thanks," *Bulletin* (25 November 1918), 4. Teachers in general, not just domestic science teachers, across Canada were strongly encouraged to volunteer in influenza relief efforts. In addition to being available for work as classes had been cancelled, teachers were often thought to be ideal volunteers having quasi-maternal experience, familiarity with public health protocols, and reputations for respectability. Initial research suggests that there was somewhat less fervour invested in encouraging teachers in Edmonton to volunteer than in other cities. For more on the role of teachers, see Jones, *Influenza 1918.*

62 "University Of Alberta Giving Excellent Service," *Bulletin* (7 November 1918), 4.

63 This time, it was Athabasca Hall that was chosen as the location for the new hospital. Sometimes there were as many as five new cases per day in a ward with only 30 beds. See Minutes of General Faculty Council, Book A, Report by Prof. Gaetz, acc 70-91 items 12-18 box 5, item 17, UAA.

64 "Efficient Work at Victoria High," *Bulletin* (14 November 1918), 4.

65 "Fighting the 'Flu at the McCauley," *Bulletin* (14 November 1918), 3.

66 "Relief Work … at the McKay Avenue," *Bulletin* (15 November 1918), 4.

67 "Spanish 'Flu Regulations," *Bulletin* (18 October 1918), 1.

68 For discussions of the role of food in patient care and in nurses' perception of the relationship between proper diet and patient care, see Kirsty Harris, "Health, Healing and Harmony: Invalid Cookery and Feeding by Australian Nurses in the Middle East in the First World War," in *One Hundred Years of Wartime Nursing Practices 1854–1953*, eds. Jane Brooks and Christine Hallett (Manchester, UK: Manchester University Press, 2015), 101–21; Debbie Marshall, *Give Your Other Vote to the Sister: A Woman's Journey Into the Great War* (Calgary: University of Calgary Press, 2007), addresses the role of a dietician in a Canadian military hospital.

69 "The Oliver School Headquarters," *Bulletin* (4 November 1918), 3; "Edmonton Red Cross Doing Effective Work in Epidemic," *Bulletin* (18 November 1918), 2.

70 "Edmonton Red Cross Doing Effective Work in Epidemic," *Bulletin* (18 November 1918), 2.

71 Among scholars to make this observation are Fahrni, Quiney, Jones, and Nancy Bristow.

72 "Living Conditions in parts of this City," *Bulletin* (26 November 1918), 7.

73 "Southside Organized … ," *Bulletin* (9 November 1918), 3; "The Oliver School Headquarters," *Bulletin* (4 November 1918), 3.

74 "Minutes of Special Meeting of the Edmonton Board of Public Welfare," (29 October, 1918), MS 213, file 6, CoE.

75 "The Oliver School Headquarters," *Bulletin* (4 November 1918), 3.

76 Isabel Stewart quoted in Cynthia Toman, "Trained Brains are Better than Trained Muscles': Scientific Management and Canadian Nurses, 1910–1939," *Nursing History Review* 11 (2003): 103.

77 "Splendid Work Done at Queen's Avenue," *Bulletin* (16 November 1918), 3; "Norwood Relief Centre," *Bulletin* (21 November 1918), 4.

78 Edmonton's Jewish and Muslim communities are not mentioned in the *Bulletin*'s influenza reporting.

79 "The Civil Organization," *Bulletin* (15 November 1918), 3.

80 "Wearing of Masks Is Made Compulsory in Alberta," *Bulletin* (26 October 1918), 1; "Be Careful As to How Masks Used," *Bulletin* (4 November 1918), 3.

81 "Epidemic Influenza: Instructions," *Bulletin* (12 November 1918), 5. Fear of flu germs was significant enough that many Chinese laundries were reported to have refused to take in laundry from homes with influenza patients. See "The Civil Organization," *Bulletin* (15 November 1918), 3.

82 "'Flu Patients Get Laundry Work Done," *Bulletin* (18 November 1918), 3.

83 "The Oliver School Headquarters," *Bulletin* (4 November 1918), 3.

84 "Relief Work … McKay Avenue," *Bulletin* (15 November 1918), 4.

85 See "Many Cases But Few Deaths in Rutherford," *Bulletin* (20 November 1918), 3.
86 See "Fighting the 'Flu at the McCauley School," *Bulletin* (14 November 1918), 3.
87 "Many Cases But Few Deaths in Rutherford," *Bulletin* (20 November 1918), 3.
88 "'Flu Epidemic Handled Thoroughly at Highlands," *Bulletin* (18 November 1918), 4.
89 "Efficient Work at Victoria High," *Bulletin* (14 November 1918), 4.
90 "Mayor Suggests Closing of the Relief Stations," *Bulletin* (21 November 1918), 3.
91 "The Call to Service," *Bulletin* (14 November 1918), 9.
92 See propaganda posters such as "Victory Bonds Will Help Stop This", Canadian War Museum, 19850475-034, https://www.warmuseum.ca/cwm/exhibitions/navy/print_description-e.aspx@source=explore&section=2-C-9&h_number=4-E-1-n&img_file=19850475-034.html, < accessed 15 April 2022 >, which depicts a drowned nurse, supposedly from the torpedoed hospital ship *Llandovery Castle*.
93 "What the 'Flu is Doing to Us," *Bulletin* (2 November 1918), 3.
94 As the article, "Think Golfers Spend Too Much Time on Links: Should Devote Some of It To Doing Chores for the Sick, Say City Officials," *Bulletin* (9 November 1918), 3, indicates, even men who were not in the military were still expected to contribute to flu relief efforts, although the activities expected of them were characterized as masculine, once again highlighting the gendered nature of flu volunteer labour.
95 Fahrni, "Elles sont partout," 78; Jones, *Influenza 1918*, 64.
96 While most explicit messages about the role of volunteer work in curbing the epidemic focus on sick care, the importance of domestic chores like cleaning is supported by the thread of miasmatic thought running through the newspaper reporting, which demonstrates that at least some of Edmonton's citizens continued to believe disease could be spread through bad air. These references reinforce the link between the domestic work of cleaning and success in the "fight against the 'flu." See, for example, "Dust and 'Flu," *Bulletin* (25 October 1918), 7; "Typhoid," *Bulletin* (12 October 1918), 3.
97 The Victory Medal, awarded to all Canadian military service personnel was inscribed with the words "The Great War for Civilisation" on the verso.
98 Jones also has highlighted the contemporary perception that women's work was essential to maintaining society, stating: "In contrast to what I perceive as the complexity and socially destabilizing aspects of women's volunteer experience, public discourse framed women's contributions as the glue that held together the social order." *Influenza 1918*, 9.

99 Praising women for their self-sacrificing labour during the flu underlines the social expectation that women would put themselves into harm's way to care for others. See Quiney, "Rendering Valuable Service," 48.
100 Christine Hallett, *Containing Trauma: Nursing Work in the First World War* (Manchester, UK: Manchester University Press, 2009).
101 Cynthia Toman, *Sister Soldiers of the Great War* (Vancouver: UBC Press, 2016).
102 See Andrea McKenzie, "'Our common colonial voices': Canadian Nurses, Patient Relationships and Nation on Lemnos," in *Other Fronts, Other Wars?: First World War Studies On the Eve of the Centennial*, eds. Joachim Bürgschwentner, Matthias Egger, and Gunda Barth-Scalmani (Leiden: Brill, 2014); Suzanna Wagner, "Many Places, Many Problems: Canadian First World War Military Nursing Sisters in the Mediterranean," (Master's thesis, University of Alberta, 2020).
103 While continuing to work or quitting were choices available to volunteers in the district and nursing relief households, it should be acknowledged that in their own homes, women had much less opportunity to relinquish the responsibilities of caring work.
104 Fahrni, in "Elles sont partout," has also linked battlefield deaths and volunteer deaths, calling them "morts sur un « champ de bataille » féminin," 76–7.
105 See Quiney, "Rendering Valuable Service," 54, on "sites of contagion." For a discussion of how the epidemic changed women's interactions with city spaces, see Fahrni, "Elles sont partout."
106 "City Council Passes Resolution," *Bulletin* (27 November 1918), 3.
107 Kathryn McPherson, "Carving Out a Past: The Canadian Nurses' Association War Memorial," *Histoire sociale / Social History* 29, no. 58 (November 1996), 418.
108 Jones, *Influenza 1918*, 64.
109 McPherson, "Carving Out a Past."
110 Women's leadership and shaping of civic reactions was also seen in Winnipeg. See Jones, *Influenza 1918,* 78–84.
111 "Neighborliness," *Bulletin* (4 November 1918), 7.