

# PUBLIC HEALTH MATTERS

A NEWSLETTER OF THE  
PUBLIC HEALTH MUSEUM



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## The 1918-1919 Influenza Epidemic in New England: Quarantine and Restrictions of Public Movement

Starting in August 1918, doctors in the Boston area confronted a mysterious disease killing the young—quickly and agonizingly.

Soldiers and sailors at military and naval bases around Boston were the first to suffer from the disease and thus were the first to implement control measures. Several cases of pneumonia at Camp Devens, northwest of Boston, alerted authorities to the epidemic in early September. Acting Army Surgeon General Charles Richard ordered medical officials to quarantine the sick, prevent civilians from contacting encamped soldiers, and ban troop movement among bases. Nonetheless, flu began to spread to other New England bases, prompting similar initiatives. At the same time, several cases among navy trainees based at Harvard

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**Celebrate Public Health Week at the Museum!**

**Free admission. Extended hours, open**

**Wednesday April 4, 10 am to 4:30 pm :: Thursday April 5, 10 am to 2 pm :: Saturday April 7, 10 am to 2 pm**

# 1918-1919 Influenza Epidemic in New England cont.

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University prompted a ten-day quarantine of the school; soon thereafter, the ill were banned from entering Cambridge's public spaces and were required to undergo regular inspections by supervised medical students.

Yet despite efforts like these, civilians were soon struck. Local boards of health long had the authority to institute widespread public health initiatives. Public health authorities were quick to issue quarantine orders and other limits on public movement similar to previous measures on military bases. The most common restrictions across New England were temporary school closures in Boston, Worcester, Providence, and many other municipalities. As requested by the Massachusetts Emergency Public Health Committee, authorities also restricted access to public places, such as theaters, saloons and even funerals. Cambridge's board of health requested that only family attended funerals, while Fall River banned public funerals completely.

These measures resulted in much pushback. While some official groups called for restricting public movement early, others took their time to decide. Boston's conflict was perhaps most severe, as school closure was stymied by the city's non-interventionist health commissioner, Dr. William C Woodward, arguing that the epidemic would simply burn itself out naturally without a closure. Likewise, Worcester's board of health recommended only that the ill be kept at home; requiring school closures following the urging of state officials. Conflict also reigned among New England residents. In Worcester, churchgoers spoke out against their institutions' eventual closures while the town's less salubrious saloons remained open. For other residents, restrictions hurt community social life. As one New Haven resident observed, "nobody would bring food in, nobody came to visit."

Overall, New England health officials' restrictions on public movement were successful. As published in JAMA, a comparison of non-pharmaceutical interventions and mortality rates in US cities during the epidemic showed that if these interventions were



Boston Red Cross volunteers assemble gauze influenza masks for use at Fort Devens, MA. (From the National Archives and Records Administration.)

instituted early and consistently the impact of the epidemic was reduced. This may have been reflected in New England towns' variety of experiences with the flu. For instance, Boston had the highest flu death rate in Massachusetts at 710 per 100,000 residents, attributed partly to its resistance to closing public spaces. On the other hand, neighboring Cambridge fared better at 541 deaths per 100,000, because the city was quick to quarantine troops and close recreational areas. The panicked response to a terrifying disease prompted these restrictions, but they may have reduced the flu's ravages. Nonetheless, by the time the flu exhausted itself, an estimated 650,000 Americans had perished.

*Naomi Elliott, McGill University, volunteer*

References:

Barry, John M. *The Great Influenza: The Epic Story of the Deadliest Plague in History*. New York: Viking, 2005. PDF eBook.

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## “This Girl’s Got Moxie!”

Did anyone ever tell you that you had Moxie? If so, chances are they were not referring to a bottle of soda in your refrigerator, but rather to your spunk, spirit, and strength. At the turn of the century, when Moxie was branded as a distinctive bitter soda at a cost of 40 cents per quart, it conjured up an image of a drink which promised to pass along an increased energy level. According to the advertising campaign, “it cured drunkards by the thousands, effectively too; made more homes happy; cured more nervous, prostrated, overworked people; and prevented more crime and suffering in New England than all other agencies combined.”

Created by Maine native Dr. Augustin Thompson in the late 1800’s in Lowell, Massachusetts, it was first promoted as a patent medicine called “Moxie Nerve Food” with the words “Nerve Food” removed in 1906 after the Food and Drug Act began regulating food labels. Moxie became one of the earliest widely produced carbonated beverages in the United States – outselling Coca-Cola in the early 1900’s – and still appears on grocery shelves today mostly in New England, but it is also available online. In the 1920’s, it was even referred to as pure and wholesome for children as a harmless milk without any medicine, poison, stimulant or alcohol, although in reality it contained cocaine, a powerful addictive stimulant drug, and sassafras, now a known carcinogen.



It is a mystery as to how the label was coined. Dr. Thompson claimed that he named the beverage after his friend, US Army Lieutenant Moxie, who traveled to various regions of the world in search of a cure for tubercular consumption, which he acquired from his mother. In the mountains of South America, he discovered a medicinal plant, later known to be gentian root, being used by natives, to cure various ailments. Finding that it elicited a positive reaction on his own nervous system, Thompson claims the Lieutenant shipped a supply of the medicinal root, with the history of its use, to him in Lowell. Most likely, the name originates from the Native American word Abenaki that means “dark water” found in Moxie Falls and Moxie Pond in Maine where Dr. Thompson was born and bred.

Moxie is part of our mass culture seen in politics, sports, and literature. President Calvin Coolidge enjoyed the beverage while Boston Red Sox star player Ted Williams endorsed it in the media as “Ted’s Root Beer.” Author of *Charlotte’s Web* and the *Elements of Style* E.B. White proclaimed that “Moxie contains gentian root, which is the path to the good life.” As for novels, Stephen King’s *11/22/63* mentioned Moxie and the Moxie Festival and one chapter in his *Salem’s Lot* novel includes the sentence: “Carl Smith, a widower since 1957, has one boiled potato and a bottle of Moxie.”

Through the decades, the taste for Coca-Cola and Pepsi has become more popular from coast to coast while the demand for the bitter and lower sugar Moxie waned nationally. However, New England continues to hang onto their beloved and sentimental soda. Each year during the month of July in Maine devoted fans celebrate their beloved and sentimental soda with a festival that includes a clambake, fireworks, and a parade.

by Linda DiPersio

# A Day at the Public Health Museum

## Getting to Know the Volunteers - Emy Thomas

We managed to take Emy away from cataloging archives for a few moments to delve into her efforts with the Public Health Museum since becoming a volunteer eight years ago.

In 2010, when Emy arrived at the museum with a collection to donate from the Northeast Branch of the American Society for Microbiology, where she had been the archivist there for many years, the museum asked if she would be willing to catalog the items that she brought with her. Prior to that time, the museum had purchased Past Perfect, a very useful software cataloging system for small museums which would replace the paper system and keep the museum up to date, but the software was never utilized due to a shortage of volunteers who were knowledgeable in this area. Fortunately for the Museum, Emy is well versed in Past Perfect software since she learned it during her past and present volunteer activities with the Dorchester Historical Society. Now that she is working on this project, she is finding that many items have been FIC (Found in Collection), meaning they never before have been cataloged and the donor is unknown. With Emy's efforts, the museum can now easily use the computer to search object identification numbers or keywords to find archival items that have been entered into the software.



The museum is fortunate to have Emy on the team as she brings to the museum a not only a multitude of experience, passion and museum but also a keen interest in history. Emy worked in the field of microbiology for more than 50 years. Most of her career involved management in hospital laboratories in the area of microbiology. She is a graduate of Northeastern University and UMass Dartmouth (formerly Southeastern Massachusetts University), holding degrees in biology and medical laboratory science.

Emy is now retired and lives in Dorchester. She volunteers at the museum two to three times per month. She especially enjoys cataloging and receiving collections but is more than happy to help out in any way she can. Researching public health topics and working with other volunteers is also something that interests her. In addition to museum work, Emy enjoys reading, traveling and genealogy.

Over almost a decade that Emy has been involved with the museum, Emy has witnessed an expanded growth and interest in its happenings. She would like to see the museum teach all volunteers the process of collection procedures early so that cataloging will be easier and can be kept current.

Would you like to volunteer at the Museum? Give us a call or send an email to tell us about your interests. We look forward to meeting you.

**Outbreak 2018! will be held August 6-10 at the Museum**

**Open to all Fall '18 High School Juniors and Seniors**

Outbreak is a FREE five-day interactive program that offers high school students the opportunity to learn the history and impact of public health while also introducing students to diverse public health careers.

**[Apply now on the Museum website.](#)**

# 2018 Calendar of Events

## March 24, 2018 is World Tuberculosis Day

Tuberculosis (TB) is a bacterial disease that most commonly affects the lungs and is spread from person to person through the air when an infected person coughs, sneezes or spits. TB is curable and preventable but is one of the top 10 causes of death worldwide with over 95% of TB deaths occurring in low- or middle-income countries. Resistance to the most effective first-line drugs, rifampicin and isoniazid, has increased making treatment of multidrug resistant TB (MDR TB) more challenging. The World Health Organization (WHO) estimates that in 2016 there were 600,000 new cases of MDR TB with most cases in India, China and the Russian Federation. However, TB resistant to one or more medicines has been documented in every country surveyed by the WHO. For more information about TB, MDR TB, public health efforts to combat TB, and World TB Day see the [WHO web site](#), [CDC web site](#), and the [Stop TB Partnership website](#).



## April 23-29, 2018 is World Immunization Week

Vaccines save and improve lives.

Immunization is estimated to save 2-3 million lives every year – equivalent to the entire population of city Chicago. Yet, too many people still aren't reached with these life-saving tools - globally, one in seven children are excluded from the full benefits of vaccines.

And vaccines protect people from more than deadly diseases. If we increase vaccine coverage in low- and middle-income countries by 2030, we could prevent 24 million people from falling into poverty due to health expenses.

For more information on vaccines and World Immunization Day visit the [WHO website](#).



## May is National Stroke Awareness Month

Strokes are the fifth leading cause of death in the United States with a person dying from stroke approximately every four minutes. Strokes are preventable and largely treatable but time is critical. National Stroke Awareness month highlights the importance of knowing the signs and symptoms on stroke and encourages **FAST** action if someone is experiencing symptoms of stroke.



Learn the warning signs of stroke and take action to reduce your risk. Some ways to help to lower your risk for a stroke include a healthy lifestyle (e.g., being physically active, eating more fruits and vegetables and foods low in sodium and salt, maintaining a healthy weight, and avoiding smoking) and proper management of certain medical conditions (e.g., high blood pressure, high cholesterol, heart disease, and diabetes). Talk to your medical provider about your risk and ways to prevent a stroke. For general information about stroke, see the [CDC website](#), the [National Stroke Association website](#), or the [American Stroke Association website](#).

# THE PUBLIC HEALTH MUSEUM IN MASSACHUSETTS

## Our Mission

The Public Health Museum is a non-profit educational and cultural museum. The Museum strives to preserve records and artifacts from our nation's public health history; educate the public about the achievements and contributions of public health; and inspire people to build upon the past and continue to advance the future of public health. Our Museum provides a space to explore public health artifacts, inspire future public health professionals, and foster community involvement.

## Our History

Incorporated in 1990 and open to the public since 1994, the Museum has the distinction of being the first of its kind in the nation. Massachusetts has a rich history of leadership and notable firsts in the birth of our nation. In the field of public health, Massachusetts was the first to record vital statistics; the first to implement a sustained board of health; and the first to implement a communicable disease surveillance system, among many others.

## MUSEUM HOURS

Wednesdays, Thursdays and the first Saturday of each month 10 AM to 2 PM  
OR by appointment

## NEW SUMMER HOURS

May through September, Wednesday 4-8 PM;  
Thursday 10 AM - 2 PM; first Saturday of the month 10 AM - 2 PM OR by appointment

## WALKING TOURS

Seasonal (May through October, weather permitting), advanced registration required.  
Third Wednesday at 6 PM and first Saturday at 10 AM OR by appointment

## ADMISSION

\$5.00 per person for museum  
\$10.00 per person for walking tour

Please feel free to forward this newsletter to others who may be interested in the Public Health Museum.

To subscribe to this newsletter, please reply with **SUBSCRIBE** to Newsletter in the subject line.

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