

RETURNED, THEN BURNT: IOWA LIBRARIES, CONTAGION, AND THE 1918 INFLUENZA PANDEMIC

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Libraries provide fruitful avenues for research into historical reactions to outbreaks of disease. The 1918 influenza pandemic coincided with a shift in approaches to library materials that were thought to be contaminated. Earlier in the century, objects kept in the homes of affected persons were destroyed in order to prevent the spread of disease, but around the time of the pandemic, the threat posed by these materials was increasingly considered inconsequential. Using the records created by five eastern Iowa public libraries, this paper explores this telling shift in library procedure and situates it within the broader context of changing approaches to contagion and disease.

“Many times the books have done good service before destruction overtakes them, at other times it is the new books which are the victims.”

-E. Joanna Hagey, Cedar Rapids Public Library²

The 1918 Influenza pandemic spread across Iowa with the same ferocity as elsewhere in the country.³ Public libraries served the state as community centers, entertainment venues, and sources of information to residents from a variety of backgrounds. For this reason, they became contested spaces during epidemics. Many public institutions (including some libraries) quickly closed in order to protect employees and community members from the spread of disease.⁴ However, some Iowa libraries stayed open and sought to provide services to their patrons despite being increasingly short-staffed.

These drastically different approaches to controlling disease in public spaces took place in a relatively small geographic area (the Eastern portion of the state), and coincided with changes in the understanding of disease transmission. Library records from this period, such as those left by librarian E. Joanna Hagey of the Cedar Rapids Public Library, suggest a possible turning point in the handling of and approach to contaminated library materials. In earlier years, many libraries followed the directions of local health officials and burnt or otherwise destroyed materials that were found in quarantined homes.⁵ The policies adopted at these libraries provide an excellent example of how attempts to lessen contamination may have manifested. In this regard, exploration into library materials can shed light on broader questions regarding shifting theories of infection in the early twentieth century.

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² Cedar Rapids Public Library, “Minute Book January 1915 thru December 1919,” Cedar Rapids Public Library, Cedar Rapids, Iowa, 204-205.

³ US Department of Health and Human Services, “Iowa”. In *The Great Pandemic*, retrieved from http://1918.pandemicflu.gov/your_state/iowa.htm

⁴ Ibid.

⁵ Cedar Rapids Public Library, “Minute Book, October 1911 thru December 1914,” 61; Iowa City Public Library, “Report of the Iowa City Public Library for the year 1911,” 2-3.

The impact of the Spanish influenza outbreak in the U.S. is well documented. Less attention, however, has been directed to telling shifts in library policy and practice in the same period. Using the records created by libraries in Dubuque, Davenport, Burlington, Iowa City, and Cedar Rapids, this article outlines what challenges were faced and what solutions were reached as library staff witnessed the outbreak of disease in their communities. Each of these towns battled Spanish influenza, and each of the five libraries studied for this paper employed a variety of policies and procedures to curtail the pandemic's effect on library staff and collections. While other authors have addressed influenza outbreaks in larger discussions of wartime libraries,⁶ these works are either quite broad in scope or focus specifically on the pandemic's impact on one part of the patron population.⁷ This paper builds on such research by providing an account of several small to mid-sized libraries and tying the experiences of these libraries to the changing concerns of the early twentieth century's public health movement.

Libraries are an important, but often overlooked, component in the history of public health.⁸ The early twentieth century was a particularly pivotal period as education became more central to public health activities. The healthcare community was beginning to understand how germs were transmitted, and that this transmission could take place in a variety of ways. In the early 1900s, scientists increasingly recognized that diseases such as influenza were caused by viruses, and that these were potentially as deadly to infected persons as bacteria.⁹ Awareness of germ theory was largely a preserve of affluent, well-educated Americans and many worried that the broader public—particularly immigrants, minorities, and the poor—did not understand the role of microbes in disease transmission. There were both real and perceived rural/non-rural and immigrant/non-immigrant divides in healthcare knowledge. Communities with fewer opportunities for education and with lower incomes were less-versed in germ theory and were often stigmatized because of it.¹⁰

Particularly after the 1916 Polio epidemic, healthcare professionals concerned about the lack of widespread knowledge began to argue for the importance of public education.¹¹ They emphasized sanitation in the home, with a particular focus on inhibiting microbe growth through careful food preparation and storage practices.¹² Advertisers for corporations like Lehn and Fink Company (makers of Lysol) also emphasized the dangers of microbes. Using military metaphors, they encouraged potential consumers to join the fight against “invisible disease germs [that]

⁶ For a more sustained discussion on these issues see: Julia Skinner, “Censorship in the Heartland: Eastern Iowa libraries during World War One,” in C. Pawley & L. Robbins, eds., *Libraries and the reading public in twentieth century America* (Madison, WI: University of Wisconsin Press, forthcoming); Wayne A. Wiegand, *An active instrument for propaganda: the American public library during World War I* (New York: Greenwood Press, 1989); Anne Cipriano Venzon, ed., *The United States in the First World War: An encyclopedia* (New York: Taylor and Francis, 1999).

⁷ Wiegand, *An active instrument for propaganda*; Melanie A. Kimball, “From Refuge to Risk: Public Libraries and Children in World War I,” *Library Trends* 55, no. 3 (2007), 454-463.

⁸ For a complete discussion of the role of libraries in small communities see: Wayne A. Wiegand, *Main Street Public Library* (Iowa City, Iowa: University of Iowa Press, 2011).

⁹ Nancy Tomes, *The Gospel of Germs: Men, Women, and the Microbe in American Life* (Cambridge: Harvard University Press, 1998), 245.

¹⁰ Tomes, 183.

¹¹ Judith Walzer Leavitt and Ronald L. Numbers, eds, *Sickness & Health in America* (Madison, WI: The University of Wisconsin Press, 1997), 544.

¹² Leavitt and Numbers, *Sickness & Health in America*, 405.

swarm forth to spread contagion.”¹³ Greater awareness of how diseases spread spurred attention to less-threatening activities and objects. In the early 1900s, paper-based materials were seen as carriers of disease, and it was implied that any stranger who touched such an object would contaminate it—and potentially anyone else who came in contact with it—for an undetermined amount of time.¹⁴ Such beliefs affected the libraries discussed below, and were reflected in the transition from burning library materials held in contaminated homes to preserving them.

Shifts in library health policies were interwoven with broader transitions in thought and approach among medical communities. In the early twentieth-century, mortality rates for many infectious diseases were lowering. This was due, in part, to economic development and differences in standards of living, although as Judith Leavitt and Ronald Numbers argue, these two facets are only a small part of a much larger story in which additional changes (such as those in immigration patterns, environment, and medical technology) impacted public health.¹⁵ The libraries studied here also played a role, for the ways in which they coped with disease and contaminated materials influenced patrons’ understanding of the level of risk associated with engaging with others, and with materials, in that physical space. Additionally, the libraries served their communities as places to research alternative treatments for influenza, an interest that climbed during the years of the pandemic.¹⁶ Libraries were public spaces which, in some cases, provided information and entertainment through the entirety of the pandemic. As such, their histories encourage consideration of how people interacted within public spaces during periods of epidemic, and how the use of those spaces changed over time.

The Influenza pandemic of 1918 was preceded by smaller outbreaks of disease (such as diphtheria), which prompted some libraries to create policies addressing how to handle potentially contaminated items or respond to quarantined patrons. Cedar Rapids Public Library (CRPL)’s board of trustees maintained extensive notes on the library’s responses to a number of outbreaks. The first came from a meeting in September 1896, in which the library established a policy of disposing of library books checked out by households that received a contagious disease notice.¹⁷ This policy was still in use years later. A quarantine of the Polk School in 1913, for instance, prevented the library from providing books to certain school rooms, and caused the destruction of sixteen books by the local health officer “for fear of contagion.”¹⁸ A diphtheria epidemic the following year closed another Cedar Rapids school (the Harrison School), and all its books were recalled to the library. Some books were destroyed, the majority of which were relatively inexpensive children’s books. Since the Harrison School had the largest school circulation in CRPL’s service area, its closure resulted in “big inroads on [sic] the library circulation” for that month.¹⁹ In both of these cases, CRPL’s contaminated materials were

¹³ JoAnne Brown, “Crime, Commerce, and Contagionism: The Political Languages of Public Health and the Popularization of Germ Theory in the United States, 1870-1950,” in Ronald G. Walters, ed., *Scientific Authority & Twentieth Century America* (Baltimore: The Johns Hopkins University Press, 1997), 73.

¹⁴ Brown, 68.

¹⁵ Leavitt and Numbers, 456.

¹⁶ Nancy K. Bristow, *American Pandemic: The Lost Worlds of the 1918 Influenza Pandemic* (New York: Oxford University Press, 2012), 9.

¹⁷ “If a health officer shall place a contagious disease notice upon any house in which there is at that time a library book prompt notice must be given the librarian and his instructions followed as to disposal.” Cedar Rapids Public Library, “Minute Book, June 11 1896 thru October 12, 1911”, Cedar Rapids Public Library, Cedar Rapids, Iowa.

¹⁸ Cedar Rapids Public Library, “Minute Book, October 1911 thru December 1914,” Cedar Rapids Public Library, Cedar Rapids, Iowa, 61.

¹⁹ Cedar Rapids Public Library, “Minute Book, October 1911 thru December 1914,” 99.

destroyed by the local health officer, not by library staff. A similar approach to books deemed contaminated was adopted by the Iowa City Public Library (ICPL). In 1911, an ICPL librarian reported, "The city clerk notifies the library when a quarantine is established on any home in the city, so that books at these places may be watched for. 10 books were burned this year for that reason."²⁰ This policy was utilized in response to quarantine orders in the years that followed. As with CRPL, the local health officer located the books in quarantined homes and ordered their destruction.²¹ Local health officials, and not library staff, had authority over the fate of library materials. The fact that health officers were making these decisions in multiple towns suggests that it might have been standard practice statewide.

In addition to co-operating with health officials in destroying materials, CRPL curtailed interactions with library patrons during outbreaks of disease. Librarian E. Joanna Hagey's report during the 1914 diphtheria outbreak notes the following:

At the library we adopted the totally unprofessional system of not recommending or suggesting additional titles that the patrons might be interested in. This was bad as usually non-fiction books are suggested. We gave borrowers only the books they asked for or substituted in case the books were out.²²

It is worth noting that patrons were still allowed in the library and still withdrew books, two activities that potentially exposed staff and patrons to disease. Why the decision was made to cease recommendations for patrons is unclear, although perhaps the motivation was to move patrons through the library quickly, thus reducing the amount of time they were in contact with staff members and with each other. Hagey and other librarians like her remained committed to providing materials to patrons during an outbreak. There was a commitment shaped in part by the procedural difficulties of their institutions in times of illness outbreaks and by contemporary concerns and understandings regarding contagion.

While CRPL's policies were strict about keeping contaminated materials away from the library, the staff still hoped to assist the ailing, as long as the books sent to ill patrons went on a one-way trip. In 1912, the library sent two boxes of discarded books and magazines to the Tuberculosis sanitarium at Oakdale (near Iowa City, about 30 miles south of Cedar Rapids). The superintendent of the facility offered to pay for the transport of additional book shipments, but there are no surviving records of whether these shipments occurred.²³ ICPL also participated in efforts to share books with hospital patients by sending them worn books in 1911.²⁴ Procedural difficulties regarding contamination are further indicated by the fact that materials handled by ill staff members were not given the same treatment as those potentially contaminated by patrons. In 1912, Miss Mannings of Burlington Public Library (BPL) was granted extended sick leave.²⁵ Although she had come in contact with library materials, there was no talk of quarantining, cleaning, or destroying those materials. The probable reasons for this were both practical and

²⁰ Iowa City Public Library, "Report of the Iowa City Public Library for the year 1911," Iowa City Public Library, Iowa City, Iowa, 2.

²¹ Iowa City Public Library, "Report of the Iowa City Public Library for the year 1914," Iowa City Public Library, Iowa City, Iowa, 2-3.

²² Cedar Rapids Public Library, "Minute Book, October 1911 thru December 1914," 99.

²³ Cedar Rapids Public Library, "Minute Book, October 1911 thru December 1914," 33.

²⁴ Iowa City Public Library, "Report of the Iowa City Public Library for the year 1911," 2.

²⁵ Burlington Public Library, "Burlington Public Library minutes of board meetings, 1885-1927," Burlington Public Library, Burlington, Iowa, 367.

financial: staff members shelved, un-shelved, and otherwise handled so many books in a given day that it was impossible to know of, and expensive to replace, every book that had been touched. Concerns regarding contagion extended beyond book circulation and affected other aspects of library life. Cramped quarters, for instance, were understood to speed the spread of disease, making the period's lack of physical resources a particularly pressing issue.²⁶

In 1913, staff at Dubuque's Carnegie-Stout Public Library (CSPL) were faced with cramped quarters and tough decisions about which services to put limited funds towards.²⁷ In that same year, the CSPL board of trustees adopted a resolution for dealing with tuberculosis outbreaks:

For the protection of the health of the patrons of the Library, the use of the rooms and corridors of the Library building is forbidden for persons afflicted with tuberculosis, or other contagious or infectious diseases. The enforcement of this rule is committed to the Librarian and Building Committee.²⁸

This was the first time a resolution explicitly kept the ill away from the library facility. Similarly, Davenport Public Library (DPL)'s 1917 annual report included an urgent plea to the city to provide a less-cramped space: "Please allow us to remind you again of the crowded condition of the library building. Our city cannot much longer postpone making plan[s] for serving the people more adequately."²⁹ Even though the library's staff would still have to interact with ill persons when asking them to leave, these changes in procedure may have been among the most effective of the pre-influenza epidemic policies for controlling the spread of disease in the library.

Another influenza outbreak began spreading worldwide in the autumn of 1918. By the time it was over, roughly 40 million people had died, many of whom were healthy young adults at the time they became ill. It is generally agreed that the initial wave of infections in the U.S. happened during the spring and summer of 1918, although it caused few deaths at this time. The vast majority of deaths came later that year, particularly in the month of October.³⁰ Iowa, like the rest of the country, was deeply impacted by the influenza outbreak and many of the state's communities suffered severe losses.³¹ In October, the town of Davenport reported 140 cases of influenza over a four-day period, a number that grew in the days that followed.³² On 14 November 1918, *The Davenport Daily Times* reported that 1603 residents had become sick and sixty-one had died during the outbreak. Those numbers were conservative, since they did not include those who died from secondary infections such as pneumonia.³³

²⁶ Libraries had been facing funding shortages for some time, and these were exacerbated by wartime efforts engaged in by libraries, including fundraising efforts by national organizations that cut into library budgets. For further discussion see: Skinner, "Censorship in the Heartland."

²⁷ Dubuque Carnegie-Stout Public Library, "Eleventh Annual Report, 1913," Dubuque, Iowa: Hardie, 1913.

²⁸ Dubuque Carnegie-Stout Public Library, "Carnegie-Stout Library Minutes of Board February 9, 1901-September 10, 1917," Dubuque Carnegie-Stout Public Library, Dubuque, Iowa, 212.

²⁹ Davenport Public Library, "1917 Annual Report," in *Annual Reports 1911-1920*, Davenport Public Library, Davenport, Iowa, 5.

³⁰ Jeffery K. Taubenberger, "Genetic characterisation of the 1918 'Spanish' influenza virus," in Howard Phillips and David Killingray, eds., *The Spanish Influenza pandemic of 1918-1919* (New York: Routledge, 2003), 39-40.

³¹ US Department of Health and Human Services, "Iowa," In *The Great Pandemic*, retrieved from http://1918.pandemicflu.gov/your_state/iowa.htm

³² Davenport Public Library, "A Frightful Anniversary."

³³ Ibid.

Concerns over the spread of disease prompted state health commissioner Dr. Guilford Sumner to ban all indoor funerals for influenza victims, and caused many public meeting places, including libraries, schools and entertainment venues, to close.³⁴ Some towns cancelled events and initiated awareness campaigns to educate residents about how to prevent the spread of disease. In some cases, such as in Davenport, there were so many cases of infection that large public buildings were converted into makeshift hospitals to handle the overflow of patients.³⁵ The illness impacted state industries as well. Burlington and other railroad towns saw a decrease in passenger travel.³⁶ Life insurance companies, including those in Davenport and Cedar Rapids, experienced financial strain.³⁷ The disease took the lives of soldiers as well as civilians: 702 Camp Dodge soldiers died by November 1 and the camp was quarantined because of the high number of cases.³⁸ Even as citizens celebrated Armistice in November, many were still ill, and it was speculated that the large gatherings and victory parades only helped the disease spread further. Spanish influenza finally began to disappear from the state in the summer of 1919.³⁹

On October 12, the Davenport Board of Health closed all schools, public gathering spaces and city meetings “for the foreseeable future.”⁴⁰ In Davenport, the number of influenza cases began to decline in November, and the library, along with some other public buildings, were allowed to reopen with limited hours.⁴¹ DPL’s 1918 annual report notes the war work performed by library staff and mentions that “The work of the year was curtailed by the epidemic of Spanish influenza in the city during which the library was closed for 34 days.” Even after the library reopened, access to the children’s room was still restricted, most likely out of fear over another outbreak.⁴² Dubuque Public Library also closed for an extended period: “Owing to the epidemics of infantile paralysis and influenza which visited Dubuque this last year, and caused the closing of the library for many weeks, the circulation has decreased.”⁴³

The Iowa Library Commission reported that closures and added restrictions were the new norm as libraries around the state responded to the spread of disease: “Public Libraries in many places have been entirely closed by the quarantine of the town. In many others, reading rooms have been closed and crowds at the desk prohibited.”⁴⁴ This latter approach was employed in Burlington and Cedar Rapids, where patrons were allowed to use the collections, provided they did not linger in the library. Although library closures were common, CRPL remained open

³⁴ US Department of Health and Human Services, 2012; Davenport Public Library, “A Frightful Anniversary,” in *Primary Selections from Special Collections* <http://blogs.davenportlibrary.com/sc/2008/10/20/a-frightful-anniversary/>

³⁵ Davenport Public Library, “A Frightful Anniversary.”

³⁶ “Weekly Traffic Report” in *Railway Review*, Vol. 63. November 9, 1918. Freight and passenger rail may have experienced delays as well, as the Chicago, Burlington, and Quincy railroad discontinued service farther west between the towns of Omaha and Lincoln.

³⁷ A.C. Savage, “Commissioner’s Report,” in *Report of the Insurance Department of Iowa: Life Insurance* 50, no. 2 (1919).

³⁸ US Department of Health and Human Services, 2012; Edward T. Edgerly et al., “The Influenza-Pneumonia epidemic at Camp Dodge, Iowa, 1918,” *The American journal of the medical sciences* 158 (1919).

³⁹ US Department of Health and Human Services, 2012.

⁴⁰ Davenport Public Library, “A Frightful Anniversary.”

⁴¹ Ibid.

⁴² Davenport Public Library, “1918 Annual Report,” in *Annual Reports 1911-1920*, Davenport Public Library, Davenport. Iowa, 8-9.

⁴³ Dubuque Carnegie-Stout Public Library, “Annual Report, 1918,” Dubuque Carnegie-Stout Public Library, Dubuque, Iowa, 11.

⁴⁴ Iowa Library Commission, 126.

during the pandemic and its staff were particularly plagued by infection.⁴⁵ Miss Dawley, who had just resigned from her job, became ill and was unable to come in for her last week of work. Her replacement was Miss Cox, the new children's librarian, who had to start her job four to six weeks after her initial start date due to falling ill. Other staff members also contracted influenza. One was away from work for an undocumented period of time, another was incapacitated for two weeks, and a third was hospitalized.⁴⁶ The difficulty in running a library under increasingly difficult conditions is evident in the librarian's report from December, 1918:

Never before did we run with such a short staff. The circulation is larger than last December's. All but the most pressing business had to be left undone, but when there are not people enough to cover all duties the less important must be dropped. For a time Miss Taylor, Miss Wolfe and I were the only full time people here. All members of the staff have shared the extra duties and have worked with a will. Let us hope that such a succession of resignations and absences on account of sickness will never recur.⁴⁷

The Cedar Rapids Public Library's decision to remain open preceded a dramatic increase in circulation for the understaffed institution.⁴⁸ The library's minutes document the closure of all area schools and "houses of amusement," leaving the library as the community's primary source of entertainment. The corresponding circulation rates surprised E. Joanna Hagey, who noted that "more books were circulated from the library than in any other month this year. March 1917 is the only month when a larger issue was recorded." These increases led to additional strain on the institution. Extra employee hours, worked by a part-time staffer and a local school librarian, were the only solution to the increased demand for library services.⁴⁹

The library's smaller branches were closed during "the quarantine period" (which lasted for an unspecified period), although the patrons who used those stations called frequently to ask when they would reopen.⁵⁰ The librarian found it gratifying "that they appreciated the library opportunities," but was unsure how the library could manage to operate those branches with their reduced staff.⁵¹ The library also brought books to workers in local factories: "The books at the Packing House are in an unused room, yet the men come for reading matter. On Friday Miss Taylor was ill and someone telephoned to enquire if we are not to have library day. That evening two men came to the library for books."⁵² Despite illness and staff shortages, libraries continued to work to bring materials to patrons, and patrons, despite threats of contagion, continued to regularly visit the library. This suggests that fear of, or warnings against, infection were not enough to completely alter the habits of the greater populace.

⁴⁵ CRPL's records do not indicate why the library remained open when others closed, nor do they indicate if this was the decision of the librarian, the Board of Trustees, or another party. The library's records do show that the librarian consistently pushed to provide improved services to patrons more aggressively (and successfully) than the librarians in the other libraries, so it is possible she was influential in this decision.

⁴⁶ Cedar Rapids Public Library, "Minute Book January 1915 thru December 1919," Cedar Rapids Public Library, Cedar Rapids, Iowa, 195.

⁴⁷ Cedar Rapids Public Library, "Minute Book January 1915 thru December 1919," 199.

⁴⁸ *Ibid.*, 195.

⁴⁹ *Ibid.*, 195; Table 1.

⁵⁰ The quarantine period is mentioned in the records, but they do not specify how long it lasted.

⁵¹ Cedar Rapids Public Library, "Minute Book January 1915 thru December 1919," 195.

⁵² *Ibid.*, 199.

Many of the discussions about controlling contagion in the library after the buildings reopened centered on children in the library.⁵³ Since CRPL remained open, children continued to visit the library throughout the year, although their presence in the library for long periods was discouraged: "The closing of the schools brought many children to the library but we asked them to select their books and leave as soon as possible."⁵⁴ CSPL took a more severe stance toward the presence of children, after the town of Dubuque experienced an outbreak of infantile paralysis that coincided with the influenza epidemic. The board of trustees decided: "Owing to the epidemic of infantile paralysis in the city, a motion was made that the Children's Room be closed and that no child under 14 years of age be permitted to take books from the adult department until further notice."⁵⁵ The restrictions on children's access to materials were further exacerbated by the resolution to destroy all books held within influenza-contaminated homes or used by infected persons.⁵⁶ This meant that parents of ill children may have been prevented from bringing books home, and that the number of books available for those children would have dropped significantly. Since this was also a time when libraries were encouraging the reading of "good books,"⁵⁷ it meant library staff could not guide children toward reading materials that were considered suitable.

In most cases, and probably because they had to close hastily, library records do not reveal the adoption of policies prior to the libraries' closure. In most instances, the librarians and board members of the libraries studied here shared insights about what policies they adopted after the library reopened, although ICPL, for its part, simply reported that it had been closed.⁵⁸ 1918 was the year ICPL's librarian began filling in pre-printed "Monthly Report" forms and compiling them in lieu of a typed annual report. The form for September and October shows the usual expenditures, accessions, and circulation numbers, with only a note scrawled in the margin stating, "closed Oct 6-31 because of epidemic."⁵⁹ While circulation numbers were lower here than usual, there are no other direct indications of how the epidemic impacted the library.

While CRPL materials kept in quarantined homes had been destroyed in previous outbreaks of disease,⁶⁰ there is no recorded discussion of the destruction of books during this time. Perhaps the local health officer and the library were both so overwhelmed with reports of books in quarantined homes that it became impossible to keep track of and collect contaminated books. Or, perhaps the library (or health officer) destroyed so many books that it became impossible to document which books were destroyed. More convincing is the possibility that

⁵³ This is similar to what Kimball (2007) found in her research, that children saw the library as a place of refuge before the outbreak of Influenza made it a place where illness could be spread, which made the library a dangerous to spend time.

⁵⁴ Cedar Rapids Public Library, "Minute Book January 1915 thru December 1919," 195.

⁵⁵ Dubuque Carnegie-Stout Public Library, "C-SPL Board Minutes 1917-1933," Dubuque Carnegie-Stout Public Library, Dubuque, Iowa, 12.

⁵⁶ Dubuque Carnegie-Stout Public Library, "C-SPL Board Minutes 1917-1933," 13.

⁵⁷ Wayne A. Wiegand, *Main Street Public Library: Community Places and Reading Spaces in the Rural Heartland, 1876-1956* (Iowa City, Iowa: University of Iowa Press, 2011), 57 and 89. "Good books" is a term commonly used when describing libraries' collection focuses during this time, and refers to "improving" materials that would help the reader better him/herself in some way, rather than simply provide entertainment. Fiction, except for that considered to be classic fiction, was discouraged in favor of nonfiction materials.

⁵⁸ Davenport Public Library, "1918 Annual Report," 8-9. The children's room remained closed after the library reopened.

⁵⁹ Iowa City Public Library, "Annual Report 1918," Iowa City Public Library, Iowa City, Iowa.

⁶⁰ Cedar Rapids Public Library, "Minute Book, June 11 1896 thru October 12, 1911," Cedar Rapids Public Library, Cedar Rapids, Iowa. n.p.

library policies were shifting in response to medical theories of contagion. Even though records from only a few years preceding the pandemic show that libraries did burn books that came from quarantined homes, other sources suggest that this was becoming less common. In the Iowa Library Commission's report from 1918, it is suggested that keeping libraries open "would seem to be the wiser procedure as books are not considered germ carriers and care can be taken to disinfect those known to come from homes where the influenza exists."⁶¹

In response to outbreak of influenza in Dubuque, the CSPL board of trustees continued dealing with contaminated materials in much the same way as with earlier outbreaks: "books used by persons afflicted with contagious diseases or exposes in premises [sic] in quarantine for contagious disease shall be returned to the Library, for destruction."⁶² The CSPL response was broader than those of other libraries because it encompassed all materials used by ill persons, potentially including items within the library (if someone with a contagious disease entered undetected) as well as those borrowed and kept within quarantined houses. Only the latter scenario was the focus of destruction efforts by other libraries. E. Joanna Hagey of Cedar Rapids Public Library decided that the established approach to contaminated books may not be fruitful, and began to explore other options. Her detailed records are a unique and rare look into library life during the 1918 pandemic, a period when the majority of libraries were closed.

It is possible that Hagey was first inspired by a professional association meeting she attended in Nebraska. Her notes on a physician's talk on the fumigation of books are a clear example of the changes taking place in library approaches to contagion during this time. The speaker urged libraries to only burn books exposed to smallpox, scarlet fever, and diphtheria, and insisted that otherwise "the dosage of germs that a book would hold was too small to carry disease." Instead of burning, he suggested that "A dry, light, airy room to keep the books in was the best disinfectant." Hagey found comfort in the talk, and in the physician's belief that "There was not nearly the danger of contagion through books that there was on street cars, in stores or theaters."⁶³

Table 1 depicts typewritten circulation statistics at CRPL over an eight year period, and also shows the number of items destroyed due to contagion. The statistics for 1918 are very telling. Hagey's report shows record circulation numbers, but the destruction of books, while somewhat high, is not the highest for that period. This suggests that either the local official who typically decided when books would be destroyed was no longer overseeing that process, or that Hagey had found a way to protect her library's materials from destruction. Hagey lamented the loss of materials, saying that "Of course there would be no loss from contagion and few books would be worn out if books could be used in the library only." Restricting access to library materials, she felt, "would be to defeat the very purpose of the institution." Nevertheless, the institutional integrity of the library, the necessity of health procedures and the complications of infection were difficult to reconcile. "If we know of sickness in a family," Hagey noted, "books are not issued to the children but of course the fact is not always stated and sickness comes after the books are in the house."⁶⁴ It may have been this tension between her desire to conserve

⁶¹ While the ILC recommended that libraries remain open, it was only to check out books, and not to host any events. Iowa Library Commission, "Bulletin of the Iowa Library Commission, Volumes 5-8," Des Moines: Iowa Library Commission, 1918, 126.

⁶² Dubuque Carnegie-Stout Public Library, "C-SPL Board Minutes 1917-1933," 13.

⁶³ Cedar Rapids Public Library. "Minute Book, October 1911 thru December 1914," 73.

⁶⁴ Cedar Rapids Public Library, "Minute Book January 1915 thru December 1919," 204-205.

library materials and to provide service to patrons that provided Hagey with the motivation to keep her library open and her materials circulating at a time when few others would.

Table 1 – Circulation Statistics at Cedar Rapids Public Library, 1911-1918⁶⁵

Year	Circulation	Loss (from contagion)
1911	149,193	46
1912	163,653	41
1913	175,016	78
1914	192,782	150
1915	208,712	106
1916	216,722	59
1917	242,284	19
1918	256,146	109
Total	1,604,509	608

After 1918, none of the libraries' records include any mention of contagion or its impact on collections. In fact, from 1918 through 1920, none of the libraries record the destruction of books. Even prior to the outbreak of influenza, the records of book destruction were becoming less common in meeting minutes and annual reports, suggesting that the practice was carried out less frequently in the case of smaller outbreaks of disease. As Hagey's comments suggest, the potential threat posed by contaminated library materials was in dispute. In 1919, she listened to a talk about disinfecting library books and learnt that "Some libraries have disinfecting machines where all suspected books are placed." Apparently, the efficacy of such machinery was up for debate, but "Doctors seem to be agreed that germs cannot live in a book unless the patient cough and some phlegm lodges on the page. Even then the germ would soon die as no moisture not [sic] heat is present."⁶⁶

The insights provided by Hagey's records are corroborated by the actions of the Iowa Library Commission, a statewide professional authority. During the outbreak, The Iowa Library Commission argued that libraries should remain open, but with reading rooms and other gathering spaces closed. This decision can be understood as a concrete, physical manifestation of broad, shifting ideas regarding disease transmission. It marks a shift in focus from books and library materials as disease carriers to the types of conditions in which people were liable to infect each other.⁶⁷

The changes in policy discussed above, along with other discoveries (such as modern antibiotics) made in the following years, further reduced concerns over disease transmission via library materials and saved many "contaminated" books from the furnace. Even in Dubuque, where the local board of trustees had been firm about the destruction of library materials, the tide shifted. Newspaper clippings from the library scrapbook document the library's response to a smaller influenza outbreak in 1920. To get people to return the books, the library had what they called "bargain book week," during which people were not charged the overdue fines they would

⁶⁵ Adapted from Cedar Rapids Public Library, "Minute Book January 1915 thru December 1919," 205.

⁶⁶ Cedar Rapids Public Library. "Minute Book January 1915 thru December 1919," 204-205.

⁶⁷ Iowa Library Commission, 126.

normally accrue if the books were returned late. The library enlisted the assistance of local Boy Scouts, who canvassed neighborhoods to find and collect library books from the houses of residents.⁶⁸ While this push to retrieve library materials during an outbreak indicates lingering fears about the role of such objects in spreading disease, the fact that such fears were not met with the burning piles of earlier outbreaks is telling. CSPL's approach was a departure from previous policy: in this case, the outbreak of disease was not thought to be exacerbated by circulating materials, and the books were treated as any others in the collection.

The first-hand accounts found in the board of trustees meeting minutes from five Iowa libraries provide valuable information and add depth to our understanding of how libraries' responses to contagion changed over time. The notes left behind show that some libraries were turning away from one model of thinking (avoiding contamination through destruction of books) and welcoming another (recognizing the miniscule role books play in disease transmission). Many libraries had to close during the worst of the outbreak, either by an internal decision or by demand of the city, while those that stayed open faced increased demand for materials and services. The increased demand for materials was likely due, in part, to the fact that fewer libraries were open, but also suggests that fears regarding contaminated books had lessened among the public, and not just among health and library officials. Delving into the records of libraries reveals the importance of libraries to broader historical discussions. These five libraries were not only providers of information, but also served as important community centers. Because they are so deeply intertwined with the communities they serve, libraries can both create and reflect broad social and cultural shifts.

⁶⁸ Dubuque Carnegie-Stout Public Library, "Scrapbook, 1901-1924," Dubuque Public Library, Dubuque, Iowa, n.p.