[PDF] The Great Influenza: The Story Of The Deadliest Pandemic In History

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Description:

From Publishers Weekly In 1918, a plague swept across the world virtually without warning, killing healthy young adults as well as vulnerable infants and the elderly. Hospitals and morgues were quickly overwhelmed; in Philadelphia, 4,597 people died in one week alone and bodies piled up on the streets to be carted off to mass graves. But this was not the dreaded Black Death-it was "only influenza." In this sweeping history, Barry (Rising Tide) explores how the deadly confluence of biology (a swiftly mutating flu virus that can pass between animals and humans) and politics (President Wilson's all-out war effort in WWI) created conditions in which the virus thrived, killing more than 50 million worldwide and perhaps as many as 100 million in just a year. Overcrowded military camps and wide-ranging troop deployments allowed the highly contagious flu to spread

quickly; transport ships became "floating caskets." Yet the U.S. government refused to shift priorities away from the war and, in effect, ignored the crisis. Shortages of doctors and nurses hurt military and civilian populations alike, and the ineptitude of public health officials exacerbated the death toll. In Philadelphia, the hardest-hit municipality in the U.S., "the entire city government had done nothing" to either contain the disease or assist afflicted families. Instead, official lies and misinformation, Barry argues, created a climate of "fear... [that] threatened to break the society apart." Barry captures the sense of panic and despair that overwhelmed stricken communities and hits hard at those who failed to use their power to protect the public good. He also describes the work of the dedicated researchers who rushed to find the cause of the disease and create vaccines. Flu shots are widely available today because of their heroic efforts, yet we remain vulnerable to a virus that can mutate to a deadly strain without warning. Society's ability to survive another devastating flu pandemic, Barry argues, is as much a political question as a medical one. Copyright © Reed Business Information, a division of Reed Elsevier Inc. All rights reserved. --This text refers to an out of print or unavailable edition of this title.

From The New England Journal of Medicine The connection among public health, epidemic disease, and politics can be seen throughout history, from the responses to the Black Death in Italian cities in 1348 to the response -- or lack thereof -- to the resurgence of tuberculosis on the part of the New York City Department of Health in the 1980s. John M. Barry spells out this connection in fascinating detail in The Great Influenza. In his meticulous description of the dire consequences that resulted when short-term political expediency trumped the health of the public during the 1918 influenza pandemic, Barry reminds his readers that the government response to an epidemic is all too often colored by the politics of the moment. Barry is neither a scientist nor a professional historian, and some of the details he gives on virology and immunology are clearly targeted at a nonmedical audience, but physicians and scientists will find this book engrossing nonetheless. The influenza pandemic of 1918, the worst pandemic in history, killed more people than died in World War I and more than the tens of millions who have died, to date, in the AIDS pandemic. Barry focuses only on what was occurring in the United States at the time, and he tries to place this unprecedented human disaster both against the background of American history and within the context of the history of medicine. He is right to try to acquaint the reader with the state of American medicine at the turn of the last century, focusing on the dismal status of medical education and laboratory research, particularly as compared with that in Europe at the same time. Much of his discussion centers on "great men" (and an occasional great woman), however, and the picture given of their lives and professional careers is superficial and occasionally repetitious, and it distracts from the main events. His point, presumably, is to convey the futility of all the efforts of these brilliant minds, and he begins and ends the book with anecdotes about Paul Lewis, a scientist who had helped to prove that poliomyelitis is caused by a virus and then developed a highly effective simian vaccine. Lewis is the symbol of the best and the brightest of the scientific establishment, and we follow him as he weaves in and out of the story. He, like all scientists of his time, failed to grasp the fact that influenza was caused by a virus, believing it to be caused by Pfeiffer's bacillus, and he was therefore unable to develop a successful vaccine or to halt the devastation. The book becomes riveting once Barry begins to describe the origins and early weeks of the epidemic. The fact that it was wartime and that hundreds of thousands of men were being called up, placed in overcrowded camps, and packed like sardines into ships to be delivered as efficiently as possible to Europe enabled influenza to spread rapidly among recruits. From the military camps, the virus spread into the civilian population in the United States and from the United States to France. Barry describes the first catastrophe at Camp Devens, in Massachusetts, in the late summer of 1918, where thousands of previously healthy men in their prime suddenly became critically ill, overwhelming the inadequate camp hospital, infecting the medical staff, and dving by the hundreds, apparently with acute respiratory distress syndrome. The smartest and most hardworking scientists, physicians, and nurses, both military and civilian, were stunned by the rapidity of the disease progression and the

inexplicable death toll among the youngest and strongest. (Figure) Barry provides a fascinating picture of the response of the government -- both federal and local. The former was sluggish at best and secretive and dishonest at worst, desperate to keep the war effort going and the public calm and to minimize the severity of the disease. In one of the more gripping chapters, Barry focuses on Philadelphia and tells us of the backwardness of its social infrastructure, the lack of a functioning health department, and the power of the local political machine. Dr. Wilmer Krusen, a political appointee who was the director of the Philadelphia Department of Public Health and Charities, deliberately ignored warnings against allowing a Liberty Loan parade to proceed, even though influenza had devastated the local Navy Yard and begun to spread into the civilian population. Within 72 hours of the parade, every bed in Philadelphia's 31 hospitals was filled. Within 10 days the epidemic exploded from a few hundred civilian cases to hundreds of thousands and from a daily rate of one or two deaths to hundreds. The horror is most vivid in the dilemma surrounding the disposal of bodies. The city morgue had hundreds of bodies stacked up, which produced an unbearable stench, and undertakers rapidly ran out of coffins. Hundreds of bodies lay in homes exactly where they had been at the time of death; burial quickly became impossible, since there were not enough people to dig graves. Whether anything might have been done differently, and if it had, whether this would have made a difference, are guestions that Barry leaves unanswered. His tone is often irritatingly and unnecessarily sensationalist. But his indictment of the public authorities for their dishonesty and deliberate minimization of the damage and dangers is particularly chilling in today's climate of bioterrorism, in the midst of a war whose damages and dangers have been similarly minimized. Barry makes it all too easy to imagine a similarly devastating epidemic with a similarly inadequate response. I highly recommend this book to all. Karen Brudney, M.D. Copyright © 2004 Massachusetts Medical Society. All rights reserved. The New England Journal of Medicine is a registered trademark of the MMS. --This text refers to an out of print or unavailable edition of this title.

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