

Book Review of *The Great Influenza: The Story of the Deadliest Pandemic in History* by John M. Barry

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Book Review

Title: *The Great Influenza: The Story of the Deadliest Pandemic in History*

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John M. Barry's *The Great Influenza: The Story of the Deadliest Pandemic in History*, published in 2004, just a year after the outbreak of SARS – CoV – 1, goes beyond medical facts and figures to become a compelling rendition of social history. For the world at large, witnessing first hand the First and Second Wave of the COVID – 19/ SARS – COV-2 pandemic, the first pandemic of the 21st century, it has not only been an eyeopener to the lethal nature of this virus but also an unravelling of its manifold social, medical and economic impacts. The Influenza Pandemic of 1918, popularly known as the Spanish Flu of 1918, killed 50-100 million people around the world, more deaths than the two World Wars put together, yet it had been consigned to oblivion, until recently, in the literary and popular imagination despite the magnitude of the loss of human lives. The outbreak of the Asian Flu in 1957, the Hong Kong Flu in 1968, the H₅N₁ Influenza (Avian Flu) in Hong Kong in 1997 have led to renewed interest and publication of historical and medical information regarding Coronaviruses. The emergence of diseases such as SARS - CoV - 1 (Severe Acute Respiratory Syndrome Coronavirus 1), a disease similar to Influenza and also caused by a virus, in Guangdong, China, have led to a number of publications dealing with the history and biology of the Influenza virus.

History of the Flu

Since time immemorial mankind has been besieged by outbreaks of contagious diseases and information regarding this has been transmitted to the succeeding generations through oral, fictional and non-fictional accounts. These outbreaks span across the length and breadth of the globe and have had a huge impact on the demography, culture, politics, economics and biology of humankind. Major pandemics and epidemics that have afflicted humanity are Plague, Smallpox, Flu, Yellow fever, Cholera, Typhoid, Malaria, Tuberculosis, HIV, and Ebola. Currently, advances in diagnostic tools and medical intervention have succeeded in curbing these epidemics to a great extent. Yet, the epidemiology of the Flu has flummoxed scientists and doctors for long as it can easily be confused with other respiratory diseases like the common cold or more serious diseases like typhus and dengue-fever but can assume epidemic proportions as seen throughout history. To go back in time, historians have speculated that it was the Flu that inflicted the lethal blow to the armies of Rome and Syracuse in Sicily in 212 B.C. The first Flu pandemic, according to scientists, is assumed to have begun in Asia in 1580 and spread to Africa and Europe and it spread from north to south across Europe in six months. Rome recorded 8,000 deaths

and in the eighteenth and nineteenth centuries there were more sporadic Flu epidemics. By this time, most people were calling it 'Influenza' as some fourteenth century Italians attributed it to the pull or influence of the stars.

John M. Barry in *The Great Influenza* traces the myriad social, political, ecological, biological and religious interlinks associated with the Influenza outbreak in the USA in 1918. The first part of Barry's book titled 'Warriors' gives us an overview of the development of modern science and medical studies in USA. Chapter 1 opens with vivid details of the launch of the John Hopkins University on 12th September 1876 and its keynote speaker, the English scientist Thomas H. Huxley. This occasion was momentous for the Americans as it was the first American University dedicated solely to the study of life sciences and modern medicine and it was in this field that the Americans lagged behind from the rest of Europe. Part 1 of the book is a homage to the pioneers who established the spirit of scientific enquiry and laid the foundation for modern medical education in America against all odds – William Henry Welch, first Professor of Pathology at the John Hopkins Medical School; Simon Flexner, the first Director of the Rockefeller Institute for Medical Research; Oswald Avery, a dedicated scientist at the Rockefeller Institute; Victor Vaughan, Dean of the University of Michigan Medical School and former President of the American Medical Association; and Rufus Cole, the first Director of the Rockefeller Institute Hospital. These men not only pioneered research on modern medicine but with their vision, dedication and determination also nurtured future generations of equally capable medical scientists and doctors. They were the heroes who would in the words of Barry 'catalyze the creation of an entire generation of scientists who would transform American medicine, scientists who would confront influenza in 1918, scientists whose findings from that epidemic still echo today.' (*The Great Influenza*, 47)

The Tinderbox and Explosion of the Flu Virus

Barry's narrative focuses on the American situation as it played out against the backdrop of World War I with detours to other European nations. He zeroes in on a report published in the *Public Health Reports* of the U.S. Public Health Service during the first six months of 1918, where a local physician named Loring Miner from Haskell County, Kansas, a rural cattle rearing community, reported "influenza of severe type" and was the only

recorded outbreak of influenza anywhere in the world in the early twentieth century. Under normal circumstances the virus infecting the county might have died out there and failed to spread to the outside world but it was wartime and the virus spread. This can be inferred from the fact that a young soldier by the name of Dean Nilson from Haskell County, Kansas, came home on leave from Camp Funston, three hundred miles away in Fort Riley, to meet his girlfriend Jean who was down with the flu. After his leave ended, he returned to camp. Ernest Elliot of Haskell County visited his brother at Camp Funston just as his child was ill with the flu. Men inducted into the army from Haskell County were trained at Camp Funston and there was a small but constant flow of traffic between the two places. Then on 4th March 1918, a cook at Funston reported ill with influenza and within three weeks 1100 soldiers fell ill, 237 developed pneumonia and 38 men died. Camp Funston also supplied a constant stream of soldiers to other American bases and may have been responsible for the virus spreading to other parts of America and probably the world. There are other theories of origin of the virus but Barry hints at the 1918 influenza virus probably originating and mutating in America as concluded by Frank Macfarlane Burnet, a Nobel laureate who had lived during the pandemic and worked extensively on influenza, that the evidence was "strongly suggestive" of the Kansas, USA, origin of the virus which was further exported through war conditions and the American troops arrival in France in early spring.

Modern Medical Studies and the Flu

Barry's book is not only an anecdotal re-telling of the Influenza Pandemic of 1918 but also a narration of the events and characters that laid the foundation of modern medical studies in the USA. The book draws vivid portraits with personal details of these pioneering American medical scientists to emphasise their resilience, sacrifices and industriousness which led to pathbreaking discoveries. Also, it captures a crucial phase of American medical history when it was making a transition from medieval medical practices to modern medical science.

Barry's book describes in detail how during the latter half of the nineteenth century, inspired by the breakthrough experiments and discoveries in European medical institutes and laboratories, a few visionary Americans decided to take the initiative to establish a more modern and scientific medical infrastructure in America. When John Hopkins died in 1873, he left behind

a trust of \$ 3.5 million for founding a university and a hospital. The trustees of Hopkins' estate were Quakers who wanted to model the John Hopkins University after the greatest German universities. In the 1870s European medical schools required and imparted rigorous scientific training which was generally subsidized by the State. Germany and France took the lead. In Germany many excellent laboratories were being established around brilliant medical scientists who actively probed nature with experiments, sometimes creating controlled conditions to probe and even manipulate nature. Many American medical students or practitioners flocked to these universities to get an upgraded medical education or to gain an edge over competitors at home. The condition of medical studies in America was abysmal during the late nineteenth century as students applying for a medical degree in an American medical school did not require any scientific knowledge or a college degree. Faculty salaries and profits were paid by students' fees, so the medical schools did not follow any eligibility criteria other than the criteria of the ability to pay the tuition fees and medical education often consisted of two four-month terms of lectures. Barry notes the changes that were wrought through the opening of the John Hopkins Medical School in 1893 – faculty salaries were paid by the University, it required students to not only have a college degree but also a background in science courses and fluency in French and German. Many of the graduates from Hopkins joined other medical institutions and transformed them radically. People like Councilman and Cushing at Harvard, William MacCallum at Columbia, Eugene Opie at Washington University, Milton Winternitz at Yale, George Whipple at Rochester and numerous others. It inspired other medical schools in the Universities of Michigan, Pennsylvania, Harvard, North Western, Tulane and New York's College of Physicians and Surgeons.

In 1913 a European scientist acknowledged that 'research in the United States in his field rivalled that done in any European country...'. (*TGI*, p.66) The Rockefeller Institute for Medical Research, established on January 2, 1901, by John D. Rockefeller Jr. pioneered medical research through philanthropic private participation. The heart of Barry's book is an analysis of the outbreak of the 1918 Influenza Pandemic in the USA against the backdrop of the World War I and seamlessly weaves into the text the etiology, pathology and epidemiology of influenza. He pinpoints to the fact that

during the pandemic the pathogen causing the outbreak was unknown though many suspected that a bacteria, Pfeiffer's bacillus (*haemophilus influenzae*), may be the suspect. Viruses were unknown agents in 1918 and the technology available then was not adequate enough to detect such a small organism in the laboratory settings. Many medical investigators have long suspected that a filterable microbe might be the pathogen responsible for the influenza outbreak and it was only after the invention of the electron microscope in 1931 by the German engineers Ernst Ruska and Max Knoll that medical scientists had a glimpse of the virus particles and its complex structure and confirmed that a virus was responsible for the influenza pandemic and not a bacterium.

The Denouement

World War I began in 1914 and the world was in turmoil and this turmoil reached American soil once President Woodrow Wilson and the Congress decided to join the war against Germany on April 6, 1917. Barry gives anecdotal details of the ground realities operating at the political, medical and public level. For President Wilson, the war was no less than a crusade and a hardline stance was adopted to compel compliance and intimidate those who opposed the war. The government passed the Espionage Act which gave the Postmaster General the right to refuse to deliver any periodical deemed unpatriotic, a new Sedition Act was passed which stated that to "utter, print, write or publish any disloyal, profane, scurrilous, or abusive language about the government of the United States" was punishable by twenty years in jail, the Federal Bureau of Investigation (FBI) founded a volunteer group called the American Protective League identifying them as "Secret Service", the teaching of German was outlawed, to manage the war propaganda machinery a Committee on Public Information (CPI), with George Creel as its head, was formed. Songs and performances that boosted the morale of the nation and the military were encouraged and anything that hurt the morale of the nation was prohibited. The American Red Cross, a quasi-public institution was mobilised to supply thousands of nurses, organise base hospitals for the military, equip railroad cars as specialized laboratories only for the military. In 1918 the American Red Cross had 30 million active volunteers out of a total population of 105 million. Majority of these volunteers were women who worked like a well-oiled machinery. Each Chapter was given a

quota of products to produce and they fulfilled that quota without fail. This volunteer force produced millions of sweaters, millions of blankets, millions of socks and also manufactured furniture.

Meanwhile, the mobilisation of combat soldiers moved at a fast pace in America and the original age limit for drafting into the army was twenty-one to thirty but soon it was extended to include men between the age of eighteen to forty-five. Greater troop mobilisation, the kind of which was never seen before, touching the continents of America, Asia, Europe and Africa brought large populations into contact with carriers of the virus which, otherwise, might not have happened.

John Barry records in detail how the influenza virus ravaged the city of Philadelphia which had the highest mortality in all of the United States of America. He lays the blame squarely on the civic and political authorities of the city. Despite news of the fatal outbreak of the epidemic in Boston reaching the Philadelphia civic authorities, there were no contingency plans for stockpiling of medical supplies, listing of medical personnel etc. The public health director Wilmer Krusen declared that influenza did not pose any threat to the city. Barry ominously notes, 'the epidemic killed more than one hundred people – 117 – in a single day. That number would double, quadruple, quintuple, sextuple. Soon the daily death toll from influenza alone would exceed the city's average weekly death toll from all causes – all illnesses, all accidents, all criminal acts combined.' (TGI, 220) The situation was further aggravated by the war jingoism and patriotic fervour whipped up by the state machinery as America joined World War I. However, John M. Barry is optimistic in his evaluation of medical science and its possibilities and he rests the blame on

politics and unethical, irresponsible human behaviour for the catastrophe that unfolded in 1918. The concluding lines of his book ends with a warning and advice:

Those in authority must retain the public's trust. The way to do that is to distort nothing, to put the best face on nothing, to try to manipulate no one. Lincoln said that first, and best.

A leader must make whatever horror exists concrete. Only then will people be able to break it apart (461).

Thus, in *The Great Influenza*, the influenza pandemic of 1918-20 is represented as an anecdotal and historical aspect and its effect at the community and individual level. The book examines and analyses the socio-cultural period as represented in the text and the lessons that needed to be imbibed by the contemporary world in dealing with future pandemics. The hysteria and death that resulted during the three waves of the Spanish Flu Pandemic was of a scale unseen or unheard of. The Spanish Flu of 1918-20 is called the "forgotten pandemic". As compared to the Plague and World War I, the Spanish Flu has been consigned to oblivion in the literary imagination despite the magnitude of the loss of human lives. In *Pale Rider*, another pandemic history book, the author Laura Spinney, claims that The Center of Disease Control and Prevention in Atlanta, USA, has brought back to life the H1N1 strain of the influenza virus, which had vanished until 2005. The Center claims that the intent was for a better understanding of its catastrophic effect on the world's population. This claim makes it all the more necessary for people around the world to be vigilant of sinister forces that might unleash deadly pathogens at a great cost to humanity.
