

Reviews and reflections

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The American Plague: The Untold Story of Yellow Fever, the Epidemic that Shaped Our History

Molly Caldwell Crosby
Berkley Hardcover, New York, 2006

Reviewed by William Reed, MD

The term “American Plague” was once commonly used to describe an epidemic illness that included a large part of North America and Cuba that was settled by Europeans. The epidemic was actually a series of outbreaks occurring for over a century. An alternate name for the disease was “Yellow Jack,” but neither term is meaningful to most Americans today. In fact, this historically important disease, and its impact on the Americas, is seldom given much attention in the teaching of American history. This series of events is well described by Molly Caldwell Crosby in her well written and absorbing book *The American Plague*, subtitled *The Untold Story of Yellow Fever, the Epidemic that Shaped Our History*.

The first chapters cover the epidemic nature of this disease in the Americas, and focus on the huge epidemic in 1878, especially its effect on Memphis, the city most stricken by the disease. The cause of the disease and its mode of transmission were not known at the time. (It would be four more years before Koch in Germany proved that a bacterium, the tubercle bacillus, could actually cause a disease; but the germ theory was not well understood, even

though the spread of disease by filth was considered the likely cause.) The epidemic was so severe that Memphis was evacuated except for 19,000 persons, of whom 17,000 contracted the disease. The author vividly describes Memphis as a city of corpses, with some of the features reminiscent of the great plagues of Europe. The mortality rate was variable in different outbreaks, but figures of seventy percent in white persons and four percent in black persons are given for one outbreak. The extreme racial discrepancy in susceptibility and mortality is not fully understood, but the fact that the disease was endemic in Africa and probably imported into the Americas by slave trade suggests that a resistant population had evolved in Africa and a highly susceptible population was encountered in the Americas. This story is told by highlighting historical individuals and their experiences as examples, a technique that brings the epidemic vividly to life.

A large portion of the book is devoted to the Yellow Fever Commission, headed by Major Walter Reed, that was assigned to Cuba following the Spanish American War, after the United States occupied Cuba and U.S. soldiers were succumbing in high numbers to the disease. The members of the commission—Walter Reed, Aristides Agramonte, James Carroll, and Jesse Lazear—are described, including their family lives and the effect that this disease had on them. By this time the mosquito had already been identified as the transmitter of malaria, but yellow fever was so commonly considered to be a disease of filth that the initial suggestion that the mosquito might be the transmitter of yellow fever to humans was met with derision. The original proposal was by Carlos Finlay, a Cuban physician who was obsessed by the idea, and raised colonies of the mosquito *Aedes aegypti* for study for twenty years before the Yellow Fever Commission requested samples of the mosquito eggs from him so they could raise mosquitos and test the theory.

The activities of the Yellow Fever Commission are described in considerable detail. Prior to this and with the exception of the discovery of ether as an anesthetic agent, the United States was in the backwater of medical advancement, and indeed its physician training was far inferior to that obtainable in Europe or even in Cuba. The Commission conducted autopsies on persons who died of yellow fever, and conducted carefully devised experiments disproving filth and fomites as transmitters of the disease. They also used human experimentation to demonstrate that mosquitos transmitted the disease between humans.

The use of human volunteers for these experiments is important in the history of the protection of human subjects in medical experimentation. The first volunteers for the mosquito experiments were from the commission itself, but subsequent volunteers were from the ranks of the U.S. Army. The disease had a high fatality rate, but the best medical care was provided to the volunteers, and none died. However, one member of the commission who was a physician, Jesse Lazear, observed a mosquito bite him while on a yellow fever ward, and did not stop the biting. He developed yellow fever and died. All of the volunteers except for commission members signed informed consent papers, a procedure that had never been followed before with any human volunteer experiments. All told, the number of volunteers infected was small, and the results were considered to be conclusive after some initial argument and discussion. After the initial self-experimentation, volunteers were offered a significant monetary incentive, but the first two volunteers declined the money, and indicated that they wanted to do this for the sake of the knowledge to be gained, not for the money.

Other aspects related to yellow fever covered in the book include descriptions of the efforts to eradicate mosquitos in Havana and Panama, and early experiments with immunization. After



the Memphis epidemic, an engineer named George Waring developed and had installed a model sewer system for the city that included separate drainage systems for household wastes and rain water. This Waring System has become a standard feature in the sanitation systems of American cities and worldwide. Mosquito and other insect control, immunization, and sanitation are the current foundations for the prevention of yellow fever and many other infectious diseases. The beginnings of a scholarly approach to medicine in the United States, and the establishment of the first medical school, Johns Hopkins, are also described.

It would be difficult to read this book without developing considerable knowledge about the yellow fever epidemic in the Americas, and, as indicated in the subtitle, how the disease contributed to shaping the Americas. The text is followed by nearly fifty pages of notes in which the author describes her sources of information. The central themes of this book are likely to be of particular interest to infectious disease physicians and those concerned with the ethics of human experimentation, but the book should also be of interest to anyone concerned with the history of medicine or of the Americas.

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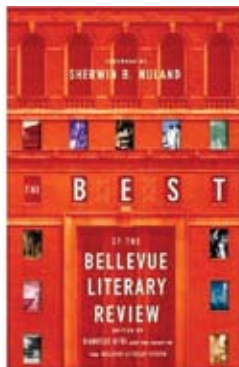
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The Best of the Bellevue Literary Review

Danielle Ofri, editor
Bellevue Literary Press, New York, 2008

Reviewed by Richard Bronson, MD
(AQA, New York University, 1965)

To think that a literary journal would find a publisher in the Chairman of a Department of Internal Medicine! Such a venture must be seen as an



investment of limited funds. And all medical departments are under significant pressures these days, given increased competition for grant funds and falling reimbursement rates for services. Hence, the greater surprise that New York University's Department of Medicine not only sponsored the *Bellevue Literary Review*, but has now kicked off a new literary press with this anthology, *The Best of the Bellevue Literary Review (BLR)*. Of course, my years of training as a medical student and then resident at NYU taught me that Bellevue is a fount of creativity in medicine, but who knew that its creative energy would extend to the world of literature?

I remember my father telling me that he was asked to quote from Shakespeare and Spenser during his interviews for admission to medical school. Son of a Jewish carpenter, he was the first in his family to attend college. He considered the Bard irrelevant, and I cannot repeat what he thought of the *Faerie Queen*. Physicians' knowledge of literature was valued then. However, during the post-World War II era, when science and technology took the fore, the relevance of literature in a medical career was forgotten and familiarity with the written word eroded. But the pendulum has swung again. As Sherwin Nuland notes in his introduction to *The Best of the BLR*,

To write is also to share, so that one is no longer alone with emotions

whose meaning can become clarified by the telling. The process of finding words to express the feeling, and then transcribing those words onto a page is something like seeking advice from a wise friend; elucidating a chaotic thought to readers will often elucidate it to ourselves. . . .

This volume is an anthology of [such] stories. Whatever else may be its lessons, it teaches us the ways in which we are bound up together in the presence of illness.

. . . . The stories in this book guide us toward the paths of understanding.

In all these ways, writing is a means of healing.^{p13-14}

Danielle Ofri, an internist as well as writer of wisdom and humor, has succeeded in establishing this venture and surrounding herself with a highly competent staff. Just look through the contents of *The Best of the BLR*. That poets and writers of high stature have contributed to the *BLR* attests to its credibility within the world of literature. Dr. Ofri and her staff have been given a unique opportunity to establish a literary journal within the walls of the oldest public hospital in the United States, the place of last resort for nearly three hundred years! The name Bellevue evokes images of the homeless, huddled masses, the tempest-toss'd—to paraphrase Emma Lazarus—that have been cared for over the centuries. This noble heritage informs the editorial policy of the journal.

The Best of the BLR consists of three parts (Initiation, Conflict, and Denouement) subdivided into ten sections—Patients, Doctors, Disability, Coping, Connections, Family, Mortality, Death, Loss, Aftermath—which cover the cycle of illness, return to health, or loss that one encounters in the illness experience. The contributors, an eclectic group, for illness knows no boundaries, include recognized writers and others less known, established physicians and those in training, nurses, people

who have experienced illness as former patients or their families, novelists, poets, professors of English, Peace Corps volunteers, a lawyer, and a psychologist. And what of the material that constitutes this anthology, does it succeed? When writing about illness, one must be careful to avoid the topical piece without emotional impact, the personal loss that cannot be generalized. There is a fine line between genre writing and a truer, deeper literature. And given its special purview, has the *BLR* remained true to its origins or has it become just another literary journal? Having read *The Best of the BLR* from cover to cover, I am convinced of its success, although I am surprised at the inconsistency of the material that constitutes “the best.”

I have admired Philip Levine for a long time, read him while a resident and over many subsequent years, and attended his eightieth birthday celebration at the Cooper Union recently. His poem “Above the Angels” does not let me down. Yet James Tate’s “The Long Journey Home” carries no emotional weight and strikes me as a literary artifice of little validity. It cannot compare with “Angina,” written by Alicia Ostriker, who has experienced serious illness herself and written about it in a bold, open manner:

The flat field of my chest
stretches like a drumskin
once there was a seabed here
then a swamp . . . ^{p40}

I particularly enjoyed the matched poems by Linda Pennisi, who captures a mother’s feeling on her daughter’s beginning medical school. “Shobo,” the contribution by physician-poet Dannie Abse, was memorable in its subject matter and cadence. “Prisoner,” John Stone’s multilayered poem, tells a tale of interest, even though it is somewhat didactic in style:

During the past 40 years, I have thought
often

of that prisoner, who volunteered to
breathe
the bad air of this world, who sickened
with the mosquito, but did not die.^{p77}

I found “First Born” by John Grey emotionally intense, yet wondered under what circumstances an expectant father would find himself in an obstetrical waiting room with cancer patients and the elderly. Then, of course, waiting rooms in Australia, the poet’s home, may be different from those in the States. The poignancy of Rachel Hadas’s “Forgettery,” the harsh bitterness in “Sentence” by Barbara Lefcowitz, and the unexpected in David Shine’s “Revelations” all deserve special note. Compare these fine poems with the emotional flatness of Nikki Moustaki’s “Writing Poems on Antidepressants” or David Lehman’s “In the Hospital.” Contrast these with the sad intensity and subtlety of Floyd Skloot’s “Midnight in the the Alzheimer’s Suite”:

Lost in the midnight stillness, my
mother
rises to dress . . .
. . . But the coiling lyric snakes
back on itself . . . ^{p133}

And the powerful imagery and flow in Melisa Cahnmann-Taylor’s “How Suffering Goes” hits you in the gut:

. . . Her chant is a haunt that echoes
from closets of old clothes, old minds
like old monkeys, always moving,
scratching, knocking on glass.^{p131}

I also recommend “The Golden Hour,” the title poem of Sue Ellen Thompson’s most recent book, an emotionally complex, evocative work dealing with the terminal illness of her mother.

Those final weeks, there was an hour
each afternoon when stillness would
conspire
with autumn light. They would embrace
my mother in her sickbed

and my father with his book spread-
eagled
on his chest beside her, dozing.
. . . I’d walk the fields behind
their house, the endless avenues of dry
golden cornstalks leading nowhere and
away,
. . . Pausing mid-field, I’d turn
instinctively
back toward that slowly stirring
maelstrom
of grief. My mother would waken to the
sound
of a November wind quickening around
the corners of the house and the sun
dropping into
its coin box.^{pp215-16}

In “Living Will,” Holly Posner fantasizes a dinner of medical doctors and their wives discussing death and the difficulty of deciding when it’s time to go, if one were given the choice. The poem captures a dark humor, ending on a poignant note.

We ride home in silence,
wondering how we’ll manage not to die
too soon, not to live too long.
Although he loves me I understand
he’ll not be the one to whisper, *It’s time*,
help me load my pockets down with
stone.^{p231}

I found Rafael Campo’s “Silence = Death” blatant and heavy handed. It is not representative of his best writing.

Then, we’re silent, counting moments,
death
counting us in all its infiniteness,
in all we know that words cannot
explain.^{p243}

“A Widow at 93” by Andrew Merton is a spare poem, too spare for my tastes, leaving much out. Yet, done well, a “tight” poem can be very effective, as in Arlene Eager’s “Postoperative Care.”

Gray Jacobick’s poem “The Accident” suffers from being too didactic, to this reviewer’s taste.

The unexpected comes preceded by its
irreversibility
the way a bride comes down the aisle.^{p257}

Lisa Rosen's "In Suicide's Tracks" captures well the complex emotions of loss associated with suicide. Elinor Benedict's "Helicopters" succeeds in merging the exotic with the commonplaces of war and death. I believe the best poem dealing with loss in the collection is Judy Katz's "The Weight of Absence." She achieves a balance of metaphor and constraint.

I had watched you grow smaller and
smaller,
ice chips on your tongue.
And as the morphine took you
here and there . . .
I thought I understood:
lighter and lighter
you would become,
a lightness leading
to nothing.

But the house did not rise that day;
it sank.
No mass no matter
no thing in the bed
in the blankets
in your place.^{p272}

Similarly, the vignettes and short stories are variable in quality, though most succeeded very well. Noteworthy contributions are "What Were the White Things?" by Amy Hempel, "Fissure" by Debra Anne Davis, "MUD" by Thomas McCall, "Love Is Just a Four-Letter Word" by David Watts, "Breathe" by Caroline Leavitt, "If Brains Was Gas" by Abraham Verghese, "Psychotherapist at the Landfill" by Lou Lipsitz, "Surgeon" by Sharon Pretti, "The Liver Nephew" by Susan Ito, and "So Much in the World Is Waiting to be Found Out" by Sariah Dorbin.

Ronna Wineberg, senior fiction editor of the *BLR*, notes in the forward to its Spring 2008 issue, "At some point,

all of us will become patients or will have to cope with the illness or death of someone we love. Stories, poems, and essays allow a reader to live a different life, experience unfamiliar situations and perspectives." Has the *BLR* succeeded in bringing together a literature that "elevates and clarifies ordinary moments of intimacy, crisis, and change"? The answer is unequivocally yes.

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Adventures in Prostate Alley

The PSA was running away,
It's biopsy time we agreed.
I yelped (did it help?) and I bled a bit
But at least I was able to pee.

The bad news was terse (and it could
have been worse).
Now how to get on with my life?
Shall I watch? Shall I wait? Or perhaps
radiate?
Or should I go under the knife?

Seeds radioactive seemed most
attractive,
And were put in the gland in a trice.
The pellets indwelling, and as for the
swelling,
It was solaced by big bags of ice.

If you've ever been curious 'bout being
dysurrious,
Believe me it isn't a hoot.
And "What is the status of your meatus"?
Isn't funny, though perhaps a bit cute.

Was it the "cysto" (devised by Mephisto),
Or iodine one-twenty-five,
Or hormones (aplenty) and prednisone
(twenty)
Which helped me to come out alive?

Anyway, you should know,
I'm happy to go
With the flow!
Henry N. Claman, MD

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