

when you've seen three cases, it becomes, 'in case after case after case.'"

At some point we must draw a line and pull back from our instincts and make data-driven recommendations. As difficult as it is, we can try to track our results, do our own private research

projects to challenge other conclusions and say, not "in case after case," but rather, "in my last 10 patients;" maybe even publish our results. That's what clinical journals are for.

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Disclosure of Financial Interests

Joseph Friedman, MD, Consultant: Acadia Pharmacy, Ovation, Transoral; Grant Research Support: Cephalon, Teva, Novartis, Boehringer-Ingelheim, Sepracor, Glaxo; Speakers' Bureau: Astra Zeneca, Teva, Novartis, Boehringer-Ingelheim, GlaxoAcadia, Sepracor, Glaxo Smith Kline, Neurogen, and EMD Serono.

Racism and the Threat of Influenza

We humans have never lived in a bacterially sterile world, a world free of disease-causing germs. Nor dare we envision a future time when infectious disease will have retreated to history books lest we join those past civilizations that relied solely on fanciful illusions.

During the last millennium there have been three lethal pandemics, killing millions of souls. The great bubonic plague commencing in 1346, sometimes called the Black Death, altered the economy of 14th Century Europe, presaging the end of its feudal economy and witnessing the hesitant beginnings of more diversified farming, and in cities, cottage industries. The plague killed perhaps one fourth of the European population.

The second communicable disease tragedy was the awesome influenza pandemic commencing in the summer of 1918 and killing in excess of 50 million people within 18 months. And we are in the midst of a third global pestilence, AIDS.

How, in general terms, do communicable disease threats, such as influenza, arise? Are they merely random phenomena, part of what mathematicians call chaos theory and hence unpredictable? Are they, perhaps, capricious happenings, proof of humanity's maladaptive status in the overall scheme of things and therefore both tragedies and warnings that we repent? Are they, alternatively, manifestations of divine punishment, the predominant belief until the last century? Or, perhaps, are there underlying trends, secular patterns, etiological relationships in these various pestilences which, with more careful scrutiny, serve to clarify the dynamics and origins of pandemics?

And why, parenthetically, do these global perils always seem to take origin in distant, exotic places? We hear of Spanish flu, Asian flu, Hong Kong flu, Ebola fever, Lassa fever, tsutsugamushi, Siberian tick fever. But almost never do we hear of Jersey City influenza, Barrington encephalitis or Woonsocket fever.

And we who are privileged to give geographic names to newly encountered pestilences live under the naïve impression that we Americans prosper in an idyllic, pestilence-free community; and were it not for those alien pathogens from distant, unclean communities such as rain forests with strange names, we would thrive in a contagion-free society. Why, Oh why, said Henry Higgins, can't the rest of the world be just like us?

Hyperbole perhaps, yet our American society truly contends that through clean living – and some marginal help from medical science – we have arrived at what the Pilgrims had called that shining city on the hill, essentially free of nasty pestilences.

Underlying this innocent perception of the contaminated and uncontaminated segments of the world, between the "them" (the teeming masses infested with communicable disease) and the "us", essentially disease-free but now needlessly threatened by the unclean world beyond our borders, rests a subtle form of racism which simplistically divides the world by ethnicity and is prompted by the inchoate fear that the third world is intent on sending both its uneducated young and its threatening pathogens to seek shelter on our pristine shores. It is the 21st Century variant of Hearst's 19th Century Yellow Peril.

It is an old tradition to assign blame before seeking constructive explanations. What person, tradition or institution can we blame for the unrelenting threat of influenza? Epidemiologists, tracing the origins of new pandemics, tell us that China's vast population of humans living in close proximity with two billion swine and ten billion domesticated poultry has generated many of the past influenza pandemics – and will likely do so again in the future. The biological crucible for mixing human, avian and swine influenza genes is there, and for reasons other than malice, China is therefore the likeliest location for a new and communicable influenza virus to be generated, emerging into the neighboring human population and then spreading to the other continents.

In truth, since 1974, this nation has been challenged by 29 new or resurgent human pathogens including HIV infection (AIDS), Lyme disease, legionnaire's disease, cryptosporidiosis, SARS, avian flu, swine flu and more than a score of others; most, but not all, originating from less developed regions of the globe.

But it is well to recall, lest we think that the United States is a virologically privileged territory without its share of inciting world pandemics of influenza, that the tragic 1918 influenza pandemic, inaccurately called the Spanish flu and still the most lethal pestilence in human history, originated in the American prairies of Haskell County, Kansas.

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Disclosure of Financial Interests

Stanley M. Aronson, MD, has no financial interests to disclose.

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