dying in higher numbers than either the very young or very old—the usual targets of epidemic disease. As Crosby reports, "when a curve is plotted for the incidence of flu and pneumonia deaths according to age . . . the resulting curve is not a U, but a crude W, with its highest point in the middle, where both science and common sense declare it should not be" (see Figure). This is true for every major metropolitan area studied. Why did this flu prefer young, robust victims?

Finally, where did it come from? Crosby reports on several indicated origins of the pandemic, thoroughly documenting the movement of hundreds of thousands of men in World War I, who carried the virus with them across the Atlantic and back. The flu wreaked havoc in the U.S. military divisions preparing to dispatch men to the European front: As of September 1918, almost 30% of the 13th Army Battalion was sick; 17.3% of the 42nd Infantry, and 24.6% of the Trains and Military Police. And the conditions to spread the disease were present: The nation's military barracks were filled to overflowing. At Camp Devens, 30 miles east of Boston, 45,000 men were jammed into a camp constructed for 35,000, and 8,000 of them were sick, being treated by a hospital facility and staff planned for 2,000.

The war itself could have been the major factor in turning Spanish influenza into the killer it became. Crosby writes: "Other medical men associated Spanish influenza directly with the war. Wherever his armies met in Europe, man was creating chemical and biological cesspools in which any kind of disease might spawn. Never before had such quantities of explosives been expended, never before had so many men lived in such filth for so long, never before had so many corpses been left to rot above ground." Crosby also accurately reports the disease-producing effects of the British naval blockade of all goods—including food and medicine—to embattled Germany, which lowered the resistance to disease of the entire German civilian population to disastrous levels.

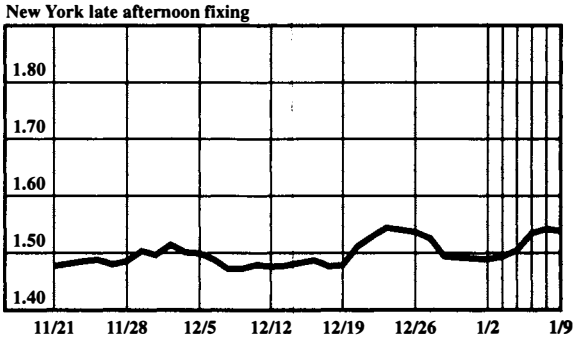
Noted only in passing, however, is the probability that poverty and poor living conditions in the United States itself could also have opened the door to the flu epidemic. Clues are scattered throughout the text: documentation that the pandemic struck particularly hard in the immigrant slums of Philadelphia; 1,500 more of Philadelphia's flu victims were children of immigrant mothers than of mothers born in the United States. In Chicago, which was in the throes of a tuberculosis epidemic among it poorer residents, deaths from flu were three times those in Grand Rapids, Michigan, only 200 miles away. The rich suburban Connecticut towns of Milford and Darien were spared any deaths at all, while New York City, with a well-funded public health system, suffered fewer deaths per capita than either Chicago or San Francisco.

This line of inquiry is particularly important at present, as evidence grows showing the link between the spread of the incurable and 100% deadly epidemic virus which causes AIDS, and spreading conditions of poverty in economic recession.

Currency Rates

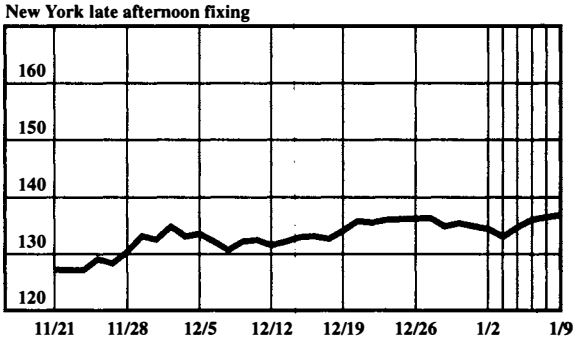
The dollar in deutschemarks

New York late afternoon fixing



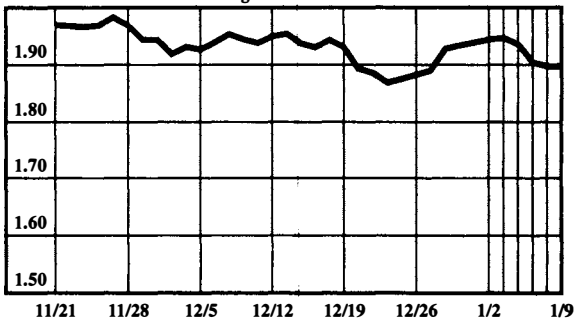
The dollar in yen

New York late afternoon fixing



The British pound in dollars

New York late afternoon fixing



The dollar in Swiss francs

New York late afternoon fixing