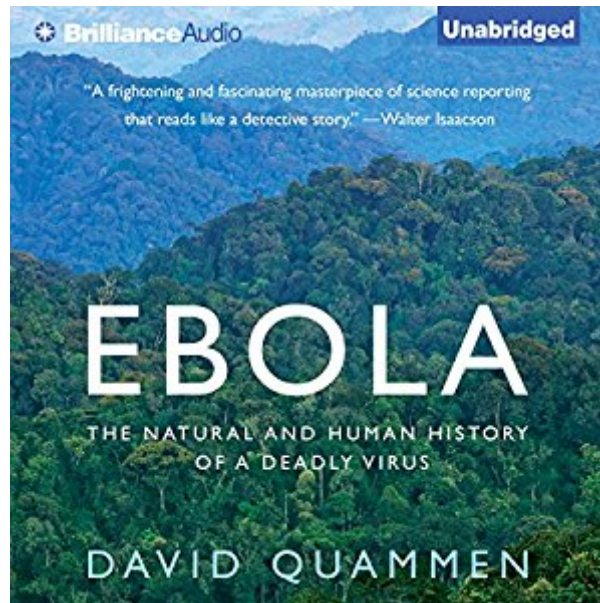


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# Ebola: The Natural And Human History Of A Deadly



## Synopsis

"A frightening and fascinating masterpiece of science reporting that reads like a detective story." - Walter Isaacson  
In 1976 a deadly virus emerged from the Congo forest. As swiftly as it came, it disappeared, leaving no trace. Over the four decades since, Ebola has emerged sporadically, each time to devastating effect. It can kill up to 90 percent of its victims. In between these outbreaks, it is untraceable, hiding deep in the jungle. The search is on to find Ebola's elusive host animal. And until we find it, Ebola will continue to strike. Acclaimed science writer and explorer David Quammen first came near the virus while he was traveling in the jungles of Gabon, accompanied by local men whose village had been devastated by a recent outbreak. Here he tells the story of Ebola - its past, present, and its unknowable future. Extracted from *Spillover* by David Quammen, updated and with additional material.

## Book Information

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## Customer Reviews

Since the publisher called this "material taken from *Spillover*" (*Spillover* is here: [Spillover: Animal Infections and the Next Human Pandemic](#)) I wanted to compare it to that wonderful book. In particular, if it was just a way to capitalize on Ebola news and fears, with little more than *Spillover* reprinting, it would be better for the reader to just GET *Spillover*! First, *Spillover* has over 100 pages on Ebola, including the 13 Gorillas primary chapter (vs. 12 Monkeys?) beginning on page 53. In fact, though, Ebola is peppered throughout all of *Spillover* in fine fashion, and given the little progress that has been made in the last few years (fruit bats, reservoir, etc.) one would assume that this new

book doesn't have much new. Well, one would be wrong, as I was. While chipping away at my PhD in Molecular Biology and supercomputing, I worked on the weaponization, epidemiology and response aspects of Ebola (as you might know, Reston had an airborne component, though not humanly virulent in the sense of Zaire/Congo strains) and am still a contributor to Weapbola dot com, although my primary field is now robotics. Both technically and "story wise" this new book is well worth the investment, even if you have read Spillover. Quammen is one of the best Science writers still publishing today, and his books, blogs and articles are always page turners, with deep science woven flawlessly into the narrative. The book is current and up to date as recently as a couple months ago at this writing. Despite the wonderful detail in Spillover, and even with the lack of progress in Ebola research in the last few years, the "perfect storm" potential of groups like ISIS and the relatively robust Ebola lifecycle make this a topic well worth revisiting with the most up to date information, and although there are many new journal articles and even a couple new books coming out, Quammen has already proven himself to be a five star writer, and this is no exception. If you haven't yet read Spillover, should you read it instead, or both, if you're interested in this topic? IMO that depends on how deep your general interest is, because Spillover goes into detail on much more than just Ebola, but this new book does have more detail on the Filos. If you're in the field in any way, you do need both. Here are a few other classics in the field, from (my) selfish viewpoint on weaponization (Ken Alibek is a MUST from that frame):--  
- Beating Back the Devil--  
- Biohazard: The Chilling True Story of the Largest Covert Biological Weapons Program in the World--Told from Inside by the Man Who Ran It--  
- Rabid: A Cultural History of the World's Most Diabolical Virus--  
- Level 4: Virus Hunters of the CDC--  
- Lab 257: The Disturbing Story of the Government's Secret Germ Laboratory  
For top technical/ molecular- cellular bio detail, expensive but the "bible" is still:  
- Ebola and Marburg Viruses: Molecular and Cellular Biology (Horizon Bioscience)... and of course the classic and now inexpensive "detective" stories of Richard Preston via The Hot Zone and Demon in the Freezer (The Hot Zone: The Terrifying True Story of the Origins of the Ebola Virus--  
- The Demon in the Freezer: A True Story). DO USE the "look inside" if you want to compare this new and outstanding entry by Quammen to Spillover, but my vote is that it's worth the investment even with Spill.

EBOLA is a book you can't put down!!! It is very well written and obviously very well researched. My only problem is the Author's claim that Ebola has a fatality rate that exceeds The Black Plague. No; Ebola's fatality rate is about 70%, more or less. The Black Plague came in three forms: Bubonic, Pneumonic, and Septicemic. The first type, Bubonic Plague, had a death rate of 80% in general; the

other two forms, Pneumonic and . Septicemic Plague (Pneumonic Plague, being mostly in the lungs, was the most contagious and was most easily transmitted via the AIR! Whereas Ebola is mainly contagious via touch/coming in contact with the body, and was air transmissible especially when a victim's cough or airborne particles from blood/body fluids and that means of transmission can be well over 80% fatal; Pnumonic Plague or the Septicemic form is ALWAYS 100% fatal. That explains why entire villages in Europe & England were so commonly completely wiped out; in large cities, the death rate exceeded 60% even when people cut out contact with anyone. Frankly, Ebola looks almost looks like a bad flu, compared to the Black Death epidemic of the 14th Century A.D. Moreover, even in the 21st Century, the Black Death has minor outbreaks in the Southwestern US A; major outbreaks occasionally in India, Mongolia, and remote parts of Communist China & Tibet. The death toll still stands (even with modern medical help today) at 80-90%, due mainly to both misdiagnoses or waiting/taking too long to get proper care) the Death Rate for Black Death is STILL well over 80%+!!! That's not to say Ebola is not incredibly scary, not to mention the fact that Plague is a BACTERIAL infection, whereas Ebola is viral (As in, its official name, "Ebola Virus Disease.") which is harder to effectively treat, thus maintaining a scary death rate of 70%. Never the less, Ebola still remains less scary and contagious compared to Black Death. Again, that's not to say Ebola isn't scary; it's a truly obscene and horrifying way to die. The author does a first-rate job of getting that fact across to the reader. Thus it's well worth worrying about, as the Author of EBOLA makes exceedingly clear. The book is very much a thrilling and often horrifying book. And again, it is fairly well researched, but the Author was obviously unaware of the recent changes and reevaluation among scholars about Black Death (*Yersinia Pestis*) who have upwardly changed opinion about just how deadly it was; it killed much more than half the population of Europe and ended Feudalism in most of Europe. Further, it is still unknown the horrific death toll Yetsinia Pestis caused across both Asia & North Africa. Lucky for us all, Ebola has thusfar remained quite well controlled.

A "must read" book for any layman wanting a contemporary chronicle of this frightening phenomenon. A deeply disturbing work in the matter of fact manner in which it summarizes both how much we know about the history of the spread of Ebola, the current state of our understanding about how it functions, and especially how much more we still need to learn especially about how it is spread. The author has a past record of taking complex scientific issues, and translating them for the non-scientist. In this book, he uses experiences of people who are exposed to the disease and its effects as victims and researchers along with accessible scientific concepts . Unlike some other

recent attempts, the book does not dwell on the symptoms of Ebola for hysterical effect to promote sales, but on the perhaps more sobering analyses of these symptoms in the context of the different strains of the illness, and the high probability for mutation. There is a cautious reassurance of the hopes in fighting this disease, coupled with a broader explanation of why this is not the last of what may be more, and, more frequent, outbreaks of such diseases in the future.

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