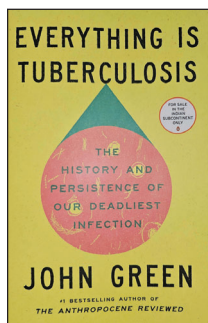


Book Review

Everything is Tuberculosis. The History and Persistence of our Deadliest Infection. John Green. Penguin Random House, UK. 198pp, 899. ISBN 978-1-52996-143-0.



The book 'Everything is Tuberculosis' caught my attention. With a certain amount of misgiving, I picked up the paperback, half expecting a rant against the system for a perceived lack of healthcare delivery. To my pleasant surprise, it turned out to be a well-researched volume on how tuberculosis (TB) shaped much of human history. In addition, as the author notes, it reveals the folly, brilliance, cruelty, and compassion of human beings through the lens of TB.

The narrative begins with the author's visit to the Lakka government hospital in Sierra Leone, and his fortuitous meeting with Henry, a young boy afflicted with multidrug-resistant (MDR) TB. This book is as much a chronicle of Henry's impact on the author as it is a story of Henry's tryst with TB. A much-loved and cheerful teenager, Henry was a self-appointed guide to visitors at Lakka Hospital. Poignant contrasts between the lives of the author's son, also named Henry, and Henry in Lakka hospital highlight the inequities in access to resources.

Shifting the narrative to the western world, the author describes the creation of cities and a state in the western USA, specifically for consumptives (as patients with TB were called) and their families as an attempt to deal with the rapidly spreading disease. There is a curious detail about how TB was involved in the creation of the cowboy hat (and perhaps the Stetson as well). An interesting intersection of TB with the assassination of the Austro-Hungarian Archduke Franz Ferdinand, which triggered World War I, makes one wonder about the insidious ways that TB may have shaped world history.

A reflection on the role of colonialism in the plunder of mineral wealth and the development of infrastructure to facilitate that plunder in Sierra Leone brings home some harsh truths. The lopsided goals of railroad planning, the slave trade, the civil war and relocation of populations in the name of emancipation all form the backdrop of an economy struggling to provide equitable healthcare for its people.

Considering that human history tends to focus so little on disease, the author wonders whether this is because we would like to imagine that we captain the ships of our lives. He brings attention to the fact that TB does not discriminate between the rich and the poor and has a very unpredictable course during the lifetime of a patient. A description of the disease and the various (sometimes bizarre) 'cures' that have been tried are described.

The struggles of Henry and his family are detailed, underlining the inequities in resource distribution between the high-income and low-income countries. The chapter describes the tendency to romanticize TB, and associate it with genius, artistry, gifted poetry and a melancholic outlook on life. There is also a mention

of 'consumptive chic'. Morbid as it may sound, it reflects the shifting standards of beauty that suit the times.

The discovery of the bacillus, *Mycobacterium tuberculosis*, by Robert Koch, is, as always, a fascinating study in scientific rigour. Quoting Thomas Goetz, the author informs that the audience was 'simply, utterly, absolutely speechless' when Koch presented his discovery. Chapter 9 describes the nature of stigma against people with TB, and the holier-than-thou insinuation that they, somehow, deserved it. The isolation and marginalization of such patients are movingly described in a poem by Henry.

The tenth chapter brings forth some thought-provoking geopolitical undertones following Koch's discovery of the tubercle bacillus. Dr Arthur Conan Doyle's categorical rebuttal of Koch's claim of tuberculin being a cure for TB makes for an interesting read. The next chapter discusses trepidation, hope, and the concept of sanatoria. First-person experiences showcase harsh realities.

The advent of streptomycin as a cure and the Bacillus Calmette–Guérin vaccine as a preventive measure are depicted with clarity. The limitations of both, as well as the successes and challenges of directly observed treatment, short-course (DOTS), are also highlighted. The dangers of rapidly spreading MDR-TB and extensively drug-resistant TB are discussed in detail, along with Henry's struggle with drug-resistant TB. The perverse actions of multinational pharmaceutical companies towards the evergreening of patents for lifesaving antitubercular drugs are highlighted in stark detail. The monopoly over the manufacture of bedaquiline, the ensuing loss of life and the successful patent challenge in court by Phumeza Tisile and Nandita Venkatesan, both survivors of TB, are described in detail.

Talking about vicious and virtuous cycles, the author emphasizes that despair never tells the whole story, much as despair would like to insist otherwise. Henry recovered with the support of a dedicated physician, Dr Girum, and his mother, Isatu. He now openly identifies as a survivor, to fight the stigma against the illness and works towards raising money and attention towards the Lakka hospital, which gave him life and hope.

The book concludes with recommendations for further reading on TB, offering an interesting mix of memoirs, databases, and public health perspectives. It has a total of 6 illustrations include 2 photographs of Henry. The warmth in his eyes is unmistakable. The book is an easy read. A factual error, however, that could take refuge under literary licence, is the mention of the TB bacilli 'squirming' under a microscope. Commonly used methods visualize dead, stained bacilli that definitely do not squirm!

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