

## A Very Short History Of Lyme Disease

### Lyme Politicians

In November, 1975, Polly Murray met with Dr. Allen Steere, a rheumatology resident at Yale, and told him of 43 cases of children and adults around Old Lyme, Connecticut, who had mysterious, debilitating symptoms. She and others around Lyme, primarily mothers, had been trying to get the attention of public health authorities for a long time. Polly herself, age 42, had been having severe health problems for 19 years.

Steere, having spent some time at the CDC in Atlanta before coming to Yale, was asked to look into what was going on in Lyme partly because of his CDC background and partly because the chief of Rheumatology, Dr. Stephen Malawista, felt Steere wasn't particularly suited to perform laboratory research.

Fevers, swollen glands, body-wide pain, raised welts, eye hemorrhages, severe headache, debilitating stiff neck, persistent severe sore throats, feet too sore to walk on, nausea and diarrhea, swollen painful joints requiring crutches, numb hands, skin rashes and bruises of all sorts, exhaustion, all this Polly Murray told to Steere.

She told him that penicillin seemed to be the only thing that improved some of the symptoms, but usually symptoms returned.

On June 4, 1976, NBC news arrived at Polly Murray's house for the first network report on Lyme disease. Dr. Steere stood in front of some marigolds and said the "new" illness seemed to be self-limiting and that aspirin was helpful—pretty much the standard way rheumatologist handle many conditions they come across. Conveniently, Steere adopted the CDC model of telling the public not to worry and there was nothing to be overly concerned about—standard CDC processing for everything except the most dramatic and acute infectious outbreaks.

The Lyme disease public relations machine was born.

By November, 1976, Drs. William Mast and William Burrows, doctors at the U.S. Navy Submarine Medical Center, 19 miles from Lyme, published the first description of the increasing cases of unusual sickness in southeast Connecticut. They described the history of similar diseases and their successful treatment with antibiotics.

Having been scooped, Steere and Yale associates published their first description in January, 1977, describing a myriad of symptoms. In June, 1977, Steere published a paper emphasizing the EM rash reported by a quarter of the initial patients and their swollen joints: two symptoms that were visually obvious and, conveniently, left the door open for this to be a rheumatologist's disease. While he cited the 80-year history of journal articles on EM rash, he neglected to emphasize the implied bacterial cause and minimized the successful treatments with antibiotics related in some of the same papers—there was still a chance this disease could be owned by the rheumatology department where Steere was trying to make his career.

The medical politics of Lyme disease was born.

In 1981, the spirochetal bacteria causing the disease around Lyme, Connecticut was identified by Willy Burgdorfer, a native of Germany working for the NIH, who had a great deal of experience dissecting ticks, performing microscopic examinations, and, importantly, was knowledgeable of the European medical literature. Burgdorfer was quick to notice the similarity to syphilis, also caused by a spirochete, which also has a diverse set of symptoms and is treated with antibiotics.

The bacteria was named *Borrelia burgdorferi* (*Bb*), in honor of Burgdorfer. There was an unsuccessful campaign to name it *Borrelia steeri*, in honor of Steere, even though his infectious disease contributions were minimal. He initially proposed that Lyme disease was caused by a virus.

Hijacking the name of the bacteria was probably the last campaign the Lyme disease public relations machine lost. Steere, with support from other Lyme politicians, has campaigned unsuccessfully, for the last thirty years to turn Lyme disease into an autoimmune disease rather than sever his rheumatology allegiance. He campaigns tirelessly for the hard-to-catch, easy-to-cure, Lyme disease theory, disregarding and spinning contradictory evidence, censoring when possible work supporting basic realities of the disease.

In 1987, Steere moved to Tufts, where he could work unhindered by the oversight of his former department head Malawista, who being less of a rheumatology ideologue, acknowledged the obvious reality of Lyme disease being a persisting infection.

Steere remains triumphant in the bizarre world of medical politics. Install a cadre of cronies in the federal funding agencies, curry the favor of big Pharma, toss in the support of the medical insurance lobby, curry favor with editors at the New York Times, and you stay at the top of medical politics.

Steere mutually advanced the careers of Gary Wormser, Mark Klempner, Edward Shapiro, Leonard Siegel, Henry Feder, and Lawrence Zemel, all who are regarded Lyme disease experts even though they rarely if ever treat patients. The Infectious Disease Society of America (IDSA) loves Steere, even though he isn't really one of them. His politics work effectively to keep the annoyance and reality of their failures in treating and diagnosing Lyme borreliosis far from their doorstep. While treating Lyme disease should be one of their top priorities, for the Lyme politicians it has always been easier to keep the disease in continual political limbo.

## References

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