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Infectious diseases are responsible for millions of deaths worldwide every year. News on outbreaks of infectious diseases like Ebola, Marburg, Lassa fever, which have high death rates, are often the focus of exaggerated press scare stories. 30 years ago the prevailing viewpoint in the USA and Europe was that infectious diseases were conquered and had become a problem of the past. This irresponsible and complacent view changed dramatically after the unexpected emergence and rapid spread of the epidemic of HIV/AIDS in the 1990s. Subsequently AIDS rapidly became a major killer disease worldwide. This was a devastating first example of several new infectious diseases affecting the human race, recent other ones being swine influenza, severe acute respiratory syndrome, and multidrug-resistant tuberculosis. Tragically and concurrently, the time old killer infectious disease, tuberculosis, that was rampant in Europe and America in Victorian times 100 years ago, has resurfaced with a particular vengeance, especially in its new deadly partnership with HIV/AIDS. Tuberculosis today is one of the top three killer infectious diseases in the world, after AIDS and malaria.

Other clinical problems related to infection are on the increase, such as opportunistic infections in patients that are immunosuppressed or have cancer; the persistent problems of so-called superbugs acquired in hospital (meticillin-resistant Staphylococcus aureus and vancomycin-resistant enterococcus); and antibiotic resistance to bacteria and viruses. Of growing concern are imported travel-associated infectious and parasitic diseases and the use of infectious organisms in bioterrorism. Newer and emerging viral lung infections are being seen, including post-transplant viral infections other than cytomegalovirus and Epstein-Barr virus. Resistance to antiviral and antibacterial drugs is thwarting efforts in the management of influenza and pulmonary sepsis. The frequency and diversity of serious fungal infections are increasing. It thus becomes imperative that every health-care provider is kept up to date with the latest developments in infectious diseases.

The first edition of Principles and Practice of Infectious Diseases was published in 1979 and the view at that time was that since infectious diseases had nearly been conquered in the developed world, a second edition would be unlikely. The recently published seventh edition, with its increasing size, reflects that infectious diseases are far from conquered and are imposing enormous financial burdens on health services worldwide. Drs Mandell, Bennett, and Dolin have revised and updated this new edition that after 30 years remains a formidable reference textbook in infectious diseases for guidance on diagnosing and treating infectious diseases in developed countries.

With a massive 4028 pages compacted into two huge volumes with 330 chapters, it is an awesome treatise that is aimed at identifying and treating all infectious diseases one sees in clinical practice. Volume one has two parts: part one, with 49 chapters, covers “the basic principles in the diagnosis and management of infectious diseases” and part two covers “major clinical syndromes” in 82 chapters. Volume two also has two parts: part three details infectious diseases and their aetiological agents” through 167 chapters, and part four covers “special problems” in the final 31 chapters. It also presents current and up-to-date information on the newly recognised and emerging influenza viruses including swine and avian influenza. Disappointingly many chapters are a rehash of the sixth edition and several authors have not used the latest available post-2006 references on their subject, leaving them outdated. Importantly, the purchaser of the volumes is given access to the online version on the website until the next edition is published. The book is well illustrated with more than 1000 colour photographs for enhanced visual guidance and numerous figures, tables, and illustrations. However, the glossy pages reflect light and the small font size used to accommodate the large amount of text makes reading difficult.

The important question is in which areas of the world will this textbook be useful? With over 95% of authors originating from the USA, most chapters are tailored towards the practice of infectious diseases in developed countries, particularly the USA. Thus it is not suitable for use in developing countries where the majority of deaths related to infectious diseases happen. Additionally, the unequal weighting of chapters is disappointing. Whereas tuberculosis and malaria cause nearly 5 million deaths every year, and a large number of patients with tuberculosis in Africa are infected with HIV giving rise to major management problems, this textbook inadequately covers these subject areas. Tuberculosis has only 34 pages of coverage, and malaria a meagre 25 of a total of 4028 pages. Physicians in developing countries will have to look to other reference materials on these subjects. The very high purchase price is another negative feature that restricts its use to high-income countries.

As the editors remark, this text is primarily a reference book for use in the libraries of medical institutions or at reference laboratories. As with other two-volume textbooks of infectious diseases (eg, Infectious Diseases by Cohen and
Film

The Black Death

Films set during the middle ages tend to follow the same rules. First, it was a cruel time—no more so than most other epochs, of course, but medieval torturers were so inventive, all thumb screws, racks, and Judas cradles. Doubtless, manners were coarse and beer came in tankards. People rode horses. Some men wore armour and carried swords. Still, I do wonder whether the clouds loured all the time. Ingmar Bergman might have had his virgins ravished and his knights stalked by Death, but at least he acknowledged that meadows were not always veiled in fog and slashed by rain; the sun occasionally showed its face, and people sometimes lolled around doing nothing.

The characters in Christopher Smith’s The Black Death are in no mood for lolling; the bubonic plague is killing everyone. Early on, we emerge from the solid shadowy interior of the monastery to the streets outside. The camera glances at a rat. There are corpses everywhere. People moan. It is a scene that evokes Giovanni Boccaccio’s (1313–75) description of a benighted Italy: “they sickened by the thousands daily, and died unattended and without help. Many died in the open street, others dying in their houses, made it known by the stench of their rotting bodies.”

Mayhem. Ulric (Sean Bean) wonders whether it is all the work of a displeased God, or a sadistic Satan. He leads a ragtag band of killers charged with seeking out a necromancer—one who can raise the dead—in a neighbouring village. The village has not been touched by the plague, further evidence of nefarious goings-on. To get there, they must navigate sundry marshes and woods—the geography is important for other reasons too—a novice monk, Osmund (the hollow-cheeked Eddie Redmayne), agrees to act as their guide.

Comparisons with Bergman are apt: The Seventh Seal (1957) was also set during the plague years. But whereas the insane religious order that crosses the screen in Bergman’s masterpiece lashed at their own backs, the characters here prefer to visit their vengeance upon others. There is plenty of blood spilt in this film, a man is bound to a pair of horses and ripped asunder, throats are sliced, and bones are broken. It is a workable thesis: that physical chaos will quickly trip into moral chaos, and the director has certainly learnt how to pace a film since his debut feature Creep (2004). I was not convinced by the metaphysical ponderings and his direction is occasionally heavy-handed, but Smith adeptly conjures up an atmosphere and there is an excellent battle scene, a whirl of viscera that sucks in the monk.

Talha Burki

Erratum

Webster DP, Farrar J, Rowland-Jones S. Progress towards a dengue vaccine. Lancet Infect Dis 2009; 9: 678–87. In this Review the table on page 682 should have stated that RepliVax is a Sanofi Pasteur product.