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Books
Denying AIDS

Incredible though it may sound, “AIDS rethinkers really, truly believe that HIV does not cause AIDS”, explains Seth Kalichman in the preface to Denying AIDS. Instead, they argue that “the propagation of the HIV equals AIDS myth is the product of a government conspiracy in cahoots with a multibillion dollar pharmaceutical scam...that antiretroviral medications are toxic poison”. “In their minds”, the author concludes, “they have not been duped like everyone else... and one day the AIDS orthodoxy will crumble on its own lies.”

Deny the Holocaust or the September 11 attacks and people that do not hiss loopy theories in corners of the internet look at you like you have a screw loose. A fantasist, they would probably conclude, and one with some rather shabby prejudices. But AIDS denialism is not always seen as dishonesty of the same order. The enigmatic figurehead of the denialist movement, Peter Duesberg, even received an award during a whistleblower week in 2008.

In Denying AIDS, Seth Kalichman offers “a psychological perspective on what is essentially a psychological and social phenomenon”. “I do not regard myself as an antidenialist waging war on denialism”, he adds, “I am trying to understand what the denialists are saying and why anyone would believe them.”

It’s a slender and punchy book, engagingly written and sharply observed, a fascinating insight into what the author describes as a “wacky and destructive world”. And it is certainly destructive: former South African President Thabo Mbeki and his health minister Manto Tshabalala-Msimang fell under the influence of the denialist movement. Mbeki convened a Presidential AIDS Advisory Panel, in which denialists were amply represented. Meanwhile, Tshabalala-Msimang stated that “in my heart, I believe it is not right to hand [antiretrovirals] out to my people”, she advocated instead beetroot, garlic, lemons, and African potatoes.

Kalichman is generous and thoughtful company, he assiduously attends to the denialist creed, thoroughly debunking their theories without bitterness or rage. An epilogue posits that all forms of medical denialism—whether cancer, AIDS, or autism—could be “part of one movement to promote public mistrust in science and medicine”. “Now that would be something worth blogging about”, Kalichman writes.

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Networked disease: emerging infections in the global city

Written by a score of experts from sociology through medical humanities to geography, this book discusses how the interconnected fluid network formed by the flow of cash, commodities, people, and vectors helps spread infectious diseases among cities worldwide, and what the social and political reactions are to disease spread. Although the book primarily focuses on the role of this worldwide network on the spread of severe acute respiratory syndrome (SARS), a few other diseases such as avian influenza, AIDS, and tuberculosis are discussed. A meticulous social autopsy was done on SARS in the context of the Hong Kong, Singapore, and Toronto outbreaks to explore the vulnerability of cities worldwide, and to examine the effect of the epidemic on the social and cultural aspects of urban life. The authors, who were resident in those cities at the time of SARS, have shown the vulnerability of the cities due to pre-existing defects in health governance and infrastructure.

The authors have established that the public reaction to the SARS outbreaks in those multicultural conurbations was very disappointing. Subsequent to the epidemic various social ills followed, for example, medical professionals became victims of stigmatisation and health scares pervaded throughout the cities, Chinese expatriates were marginalised in Toronto and Singapore, and Hong Kong turned into a masked city because “mask-wearing became the quickly improvised, if obligatory, social ritual; failing to do one was met with righteous indignation, a clear sign of ritual violation”.

Although the authors have tried to substantiate that SARS spread through a network of culturally and commercially important cities like Hong Kong, Singapore, and Toronto they have not explained why more dominant cities worldwide like New York, London, Paris, and Tokyo were essentially spared despite having similar health risks. We hope the authors will include this discussion in future editions.

Overall, this is a unique book that examines emerging infectious diseases through the lens of sociologists and would be an interesting reference for public-health practitioners, travel-health experts, infectious disease physicians, sociologists, and political scientists.

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