AIDS as a frightening pandemic associated with sex, blood and death, AIDS was bound to evoke a rich mythology, Nicoli Nattrass’s *The AIDS Conspiracy* deals with those myths and how scientific arguments counteract them. Jacques Pépin’s *The Origins of AIDS* looks back at the emergence of HIV in the era before the syndrome was recognized, and Victoria Harden’s *AIDS at 30* covers the period after its identification in 1981.

*The AIDS Conspiracy* is essential reading for anyone who is curious about why some people will not accept scientific facts about the nature, origin and lethality of HIV. As an HIV researcher, I used to divide people’s strange beliefs about AIDS into myths of denial, and of blame and conspiracy. But Nattrass, who directs the AIDS and Society Research Unit at the University of Cape Town in South Africa, explains how HIV denialism has also become a conspiratorial attack on science and medicine — one that aims to convince people that antiretroviral therapy is more harmful than the ‘blameless’ virus.

Even when HIV is accepted as the cause of AIDS, Africa is blamed for its origin. Yet new diseases can arise anywhere: BSE or ‘mad cow disease’ in the United Kingdom, SARS in China and the 2009 H1N1 influenza pandemic in Mexico. Some AIDS creation myths continue to have an allure — for example, that HIV came out of oral polio vaccines, or that the virus is a man-made germ-warfare agent that was deliberately released.

Nattrass identifies four types of HIV denialist: the dissident scientist who lends credibility; the ‘cultropreneur’ who peddles quack therapies; the living icon or journalist who sows doubt about HIV causing AIDS. The dissidents are a tiny group, yet their campaign against antiretroviral therapy in South Africa has been estimated as leading to more than 300,000 preventable AIDS-related deaths. Science can respond through mechanisms such as the Durban Declaration on the link between HIV and AIDS, which was signed by more than 5,000 scientists and physicians (*Nature* 406, 15–16, 2000). Nattrass also points out that social-media activists have often been more effective at tackling HIV denialism than official bodies.

In the superb *The Origins of AIDS*, Pépin — a Canadian epidemiologist who has worked across Africa — delves into the early phases of HIV emergence. After the ancestor of the pandemic HIV-1 group M passed from a chimpanzee to a human in southeast Cameroon about 100 years ago, a few infected people travelled down the River Congo. AIDS became a community disease in Léopoldville (now Kinshasa), the capital of the Belgian Congo depicted in Joseph Conrad’s 1903 novella *Heart of Darkness*. HIV began to thrive in its new host, with the appearance of AIDS in the United States. Harden, the retired doyenne of medical history at the US National Institutes of Health, draws extensively on that agency’s archives for her narrative of the scientific advances in understanding HIV/AIDS, its treatment and prevention. She is particularly strong on the challenges of formulating US public-health policies for AIDS.

With 34 million people living with HIV, besides the 30 million it has already killed, seeking to understand the myths and the history of AIDS is surely important — although not as pressing as developing a safe and efficacious HIV vaccine.

*Where a virus first enters the human population isn’t necessarily where it blooms; roots are not shoots.*

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