

The Durban Declaration is not accepted by all

Sir — In response to recent action by President Thabo Mbeki of South Africa and in advance of the International Conference on HIV/AIDS held in Durban on 9–14 July, the Durban Declaration¹ was prepared by a committee representing a consensus of “181 scientists and front line physicians”. Before publication in *Nature*, it was circulated: “To get as many names of scientists and doctors to sign on. Names of signatories will appear on the *Nature* website. If you would like to sign on, we would be delighted. Send me an e-mail confirming this. To economize space on the website, we have to name people in a single line. Many of you will say that HIV/AIDS is not your area. However, over the years you have heard enough of the arguments to understand the association. Furthermore, many of you know well infectious diseases and understand Koch’s postulates. If you have colleagues in the laboratory or in the clinic who you feel would like to sign, please ask them. The more the better. However, please note that in order to be authoritative we feel it necessary to restrict the list to those with major university qualifications.” This is an extract from the circular distributed on behalf of the organizing committee which included Luc Montagnier, Catherine Wilfert, David Baltimore, Sir Aaron Klug (as President of the UK Royal Society), and many other well-known names and organizations from developing countries as well as from the West.

Briefly, the authors of the declaration state that AIDS/HIV is spreading as a pandemic now affecting 34 million people, of whom 24 million are in sub-Saharan Africa. They say the disease began there as a viral infection of chimpanzees and monkeys conveyed somehow to humans, and is now spreading worldwide by heterosexual and mother-to-infant transmission. The authors consider that their evidence supporting this hypothesis is “clear-cut, exhaustive and unambiguous”; that most people with these infections will develop AIDS within 5–10 years unless treated; and that “there is no end in sight” until research based on their hypothesis leads to a vaccine to supplement safe sex, health education and other, simpler approaches to avoidance and prevention.

With no end in sight after 17 or more years of intensive research, priorities and incentives, one might think that this consensus would be open to alternative approaches, but the authors of the declaration are emphatic that this is not needed because the evidence that HIV is the cause of AIDS has met or exceeded the “highest standards of science”. By implication, any other evidence is therefore a deception,

even less likely to lead to a successful vaccine, curative drug or hypothesis.

Our objection to the Durban Declaration is factual and verifiable from data published in the early 1980s (refs 2–4). We believe that World Health Organization (WHO) figures produced since then⁵ can be interpreted to say that AIDS first appeared and spread, not in Africa but in US urban clusters of mainly white, affluent, promiscuous homosexual men and drug addicts, and then spread, on a lesser scale, in Europe and Australasia but hardly at all in Asia. Disastrous epidemics due to heterosexual transmission of HIV were confidently predicted in general populations of developed countries⁶ but they never happened. AIDS has diminished in incidence and severity though it is continuing in female partners of bisexual men and some other communities engaging in or subjected to behaviours which carry high risks of infections, various assaults and misuse of drugs.

In sub-Saharan Africa, AIDS was reported later^{7,8}, with an alarming frequency in mothers and infants not seen in the United States or Europe. Sentinel surveillance by the WHO shows correlation between this frequency and the seroprevalence of HIV, but there are unmeasured overlaps with other major diseases and deprivations which, together with anomalies in classification, distribution, transmission and country-specific pathogenesis, and especially cross-reactions in serological tests^{6–9}, raise questions about the accuracy of diagnosis and approaches to control.

In the absence of satisfactory, or of any, answers from the consensus to his specific questions on this matter, President Mbeki invited us to join other experts with differing viewpoints in a panel to explore the way forward to control AIDS in Africa. Unlike the signatories to the Durban Declaration, we claim no exhaustive and unambiguous unanimity. There are differences between ourselves and with other panellists, and we are happy to acknowledge possible convergence with certain priorities favoured by the declaration’s authors. But we reject as outrageous their attempt to outlaw open discussion of alternative viewpoints, because this reveals an intolerance which has no place in any branch of science. Our viewpoints could also explain the failure to prevent the spread of AIDS in high-risk populations in the West, amounting, in the United States now, to almost 700,000 registrations — an unbeaten score in the global tally of this disease.

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2. *Morbidity Mortality Weekly Reports* **30**, 250 (US CDC, Atlanta, 1981).

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Sky was not the limit for music-loving Herschel

Sir — In a review of Ludmilla Jordanova’s *Defining Features: Scientific and Medical Portraits 1660–2000*, Lisa Jardine describes a portrait of the astronomer William Herschel that includes the night sky¹. Commenting on portraits, she writes: “As in Herschel’s case, what distinguishes the scientist from other celebrities ... is that, where the politician might hold a pen and the musician his instrument, the scientist’s portrait is likely to allude to the scientific breakthrough itself”.

From this comment, one might not guess that, before he became a famous astronomer, Herschel was a professional musician of some distinction. He was active as an oboist, a violinist, an organist, an orchestra director and — most interestingly — a composer². Herschel wrote symphonies, concertos, chamber music and vocal works^{2,3}.

In June 1792, Joseph Haydn visited Herschel’s observatory near Slough⁴. By that time, Herschel was a full-time astronomer, and it appears that Haydn’s visit was motivated primarily by an interest in Herschel’s astronomical activities.

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