attested. Remarkably overlooked for purposes of national reconciliation, this history still remains deeply present to many South Africans and explains much of the mistrust towards Western science, medicine, and public health.

An understandable defiance is thus an important element of what is usually termed denial.[21] In fact, denial—a common response among people facing an intolerable situation—has two facets.[22] One is a denial of reality: a reaction that something can't be true, that it is not possible. The other is a denial of the unacceptable: a reaction that something is not normal, that although it exists it should not. Both facets are involved in the denial of the reality of HIV/AIDS. It is difficult for anybody—even a state leader—to fully comprehend the magnitude of the epidemic and its demographic consequences, such as the loss of 20 years of life expectancy within two decades. Also, it is seen as morally unacceptable that a plague can affect the population so massively and so unequally precisely at the point when democracy has at last been achieved—in what seems a remorseless prolongation of the suffering of the weakest people in society.

Conclusions

Change occurs rapidly in South Africa, but history continues to show through the surface of present events. The marks of apartheid are still deeply inscribed in the bodies and minds of the people who had to suffer under it, a decade after its end, and the country's AIDS crisis manifests the legacy of the politics of the past.[23] To limit the explanation of HIV infection to poverty is certainly an oversimplification: public health policies need to take into consideration the interdependence of inequality, mobility, and violence. Conversely, to focus attention solely on behaviour change or on treatment is to overlook the powerful social determinants of HIV in South Africa.

Clarifying the objective and subjective dimensions of the reality of the epidemic can help people understand otherwise incomprehensible issues and thus ease the dialogue between apparently irreconcilable positions. For instance, understanding people's suspicion and denial is vital in the management of the HIV epidemic. An effective politics of AIDS entails a "politics of recognition": contrary points of view should be understood rather than discredited.[24]

But a better understanding rooted in history does not mean indulgence of errors or acceptance of conservatism. On the contrary, recent events have shown that the HIV/AIDS debate has increased people's awareness of health inequalities and has advanced the battle for social rights. In South Africa, AIDS is not just a tragic and dramatic phenomenon: through the mobilisation of activists as well as lay people and through the fight for social justice it has also come to be a resource for democracy.

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Correction

Distinguishing between salt poisoning and hypernatraemic dehydration in children

Errors occurred in this article by Malcolm G Coulthard and George B Haycock (18 January, p 157). The conclusion of case 2 says that the court found the mother not guilty of manslaughter. In fact the case referred to was not the subject of a criminal trial, but a family court hearing concerning the continuation of care orders. This error was partly caused by miscommunication in the *BMJ* editorial office, for which we apologise. Also, in the description of case 2, the statement that "the odds of a second innocent death were suggested (incorrectly) to be 73 million to 1" could be misread as indicating that this opinion was stated during that court hearing, which was not the case. Two of case 2's siblings had died in infancy and his parents made a complaint about the care that they had received from their general practitioner. As a result of this the medical records of all the children were reviewed by expert witnesses. A paediatrician argued that two infant deaths within the family made infanticide statistically almost certain, and that the episodes of hypernatraemia indicated salt poisoning. As a result of these concerns care orders were obtained on the three surviving children; case 2 was fostered. The subsequent family court hearing determined that the children had not been salt poisoned. The care orders were revoked on two children and sustained in case 2. All the children were returned to the family home, where they remain. In addition the authors wish to declare that they were expert witnesses in the cases referred to in their article and in other cases.