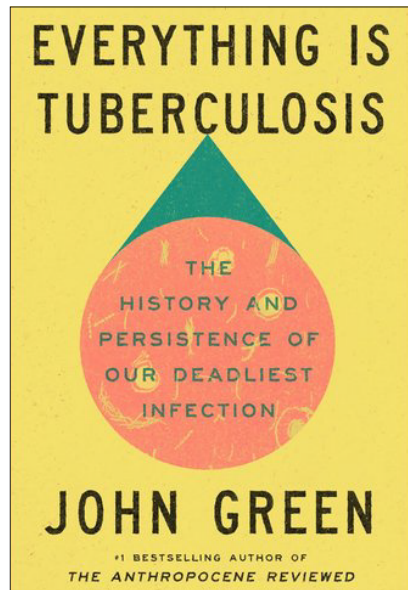


BOOK REVIEW

Everything is Tuberculosis: The History and Persistence of Our Deadliest Infection

By John Green J. London: Ebury Press, 2025. ISBN 978-1-5299-6142-3



John Green's *Everything is Tuberculosis* is about the history of tuberculosis (TB): how it ravaged the now developed world, and how mentalities shifted from perceptions

of a disease of moral failing to a disease of the poets and the intelligentsia. Interwoven with the interesting history is the modern day real-life story of Henry, a young man in Sierra Leone, and his almost lifelong battle with TB.

As Green moves through history we meet Keats, Sir Arthur Conan Doyle and even Archduke Franz Ferdinand, illustrating how deeply TB shaped society, politics and even urban development. We learn how certain cities and even US states would not necessarily exist if it wasn't for TB, and also see how TB was used to manipulate narratives and to exert control.

Rather than being only a historical reflection, we are faced with the serious and very real truth that, even after 60 years of having a cure, TB remains a leading cause of morbidity and mortality in the developing world. Green points out that, despite everything we know about human beings, global management of TB in many of these nations still focuses on control rather than care. Without blaming any particular industry or individual, the author offers a sober and realistic reflection on the human toll of TB, and on the possible future of this disease if we fail to change our collective mindset toward it.

When reading Henry's story, the focus shifts to Africa and to treatment protocols in

which drugs are not always readily supplied, transport is restricted and the DOTS (directly observed treatment, short-course) programme forced many patients to travel hours to clinics every day, despite evidence showing little impact on outcomes. From there, attention turns outward to examine systems that appear almost doomed to fail. Authoritarian methods, loss of patient autonomy and identity, long treatment regimens and historical underdosing of drugs such as rifampicin are explored as major contributors to the emergence of drug-resistant TB. Pharmaceutical companies attempting to sell second-line drugs at prices no African country could afford, and the legal battles fought to challenge this, are depicted as the timeless David v. Goliath struggle – developing v. developed – in an effort to save even a fraction of the millions who die from this disease.

This book is a powerful yet deeply emotional reflection on one of the most consequential diseases on earth, and will leave the reader thinking about TB far more than they otherwise might.

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