

## Book Reviews/Comptes rendus

ALEX PREDA, *AIDS, Rhetoric, and Medical Knowledge*. Cambridge: Cambridge University Press, 2005, 268 p., index.

Preda's main research interests have been cultures of financial markets from a sociology of science perspective. His two previous books are *The Sociology of Financial Markets*, an edited collection with Karin Knorr Cetina, and the forthcoming *The Financial Imaginary of Modern Capitalism*. It is in part due to this perspective that his book, *AIDS, Rhetoric, and Medical Knowledge*, is so intriguing; for in it, Preda joins an analytic eye with a particularly wily detachment.

At the heart of this book is a sociological exploration of the initial formation of scientific knowledge about AIDS, the relationship between rhetoric and this knowledge, and the relation of this knowledge to broader cultural assumptions. Preda's main argument is that rhetoric and its use has concrete and important consequences for how research, care, prevention and support are conceived and enacted. The implication is the direct relationship between the role of rhetorical risk categories and social stigmatization and discrimination, as well as the bridging role such rhetorical practices play when linking science and the general public.

Preda moves beyond AIDS as a purely medical and/or cultural phenomenon to examine the entanglement of several distinct spheres at the core of scientific knowledge. To do so, Preda focuses on a single site of knowledge production: peer-reviewed articles on AIDS in prominent medical journals, a field which encompasses the first report of pneumocystis pneumonia in June of 1981 to the 5,354 recorded articles in 1989.

Starting from the vantage of a sociological inquiry of scientific texts, Preda examines the appearance and development of the medical knowledge of AIDS throughout the 1980s. Yet, rather than "setting out to write another history of the medical advances in the field of AIDS," Preda chooses instead to operate on several levels: the first being that which is medically asserted about AIDS – "its causes, means of transmission, risk factors, and risk populations"; and the second, "how these complex medical assertions are performed and how they come to express what they express" (37).

The analysis considers the rhetorical devices by which new classifications of existing diseases produced this new and unusual syndrome known as

AIDS, and how a surprisingly paradoxical and often hypothetical system of risk categorization came to be considered as social fact. Preda considers how risk emerged in different contexts, and in doing so, demonstrates how the meaning of AIDS as a collection of seemingly intertwined yet distinct relations, is dependent largely on conceptions of risk. This includes the ways in which risk is presented as causal agent, the role of a single human retrovirus in defining and contextualizing such risk, the definite and finite means of transmission from epidemiological origins through social practices, and how AIDS-risk came to be seen as a form of math science, able to be computed as probability. His goal is to show the ways in which risk rhetoric is transformed from heterogeneous qualities to quantities and then reproduced as absolute and socially-meaningful types of risk, successively reproduced from journal to journal and author to author in a process where quantification is in fact rooted in qualification, and subsequently replicated, legitimated and accepted as science.

Defining risk in the context of AIDS as “the consequence of biomedical knowledge about natural facts such as the infectious agent and the corresponding means of transmission” (24), Preda delves within medical texts in order to consider a variety of subthemes, such as the distinctions between what science considers AIDS knowledge and how such knowledge is culturally represented by science as risk, the effect and workings of such representations, and the practical consequences of knowledge production influenced by cultural representations of risk. Rather than argue any one narrative of AIDS-risk or resulting medical knowledge, Preda explores aberrations to such narratives within these forms of medical discourse.

In what he describes as “the rules of seeing,” Preda shows how certain classification schemes came to relate cause to effect, and to build complex rhetorical constructions which mixed identity and behaviour (110). For Preda, rather than specific risk categories appearing as determined by new and unusual diseases, the practice of classification is seen to have produced categories into which social phenomena were made to fit. By considering how such classification schemes function as boundary lines allowing practitioners from different disciplines to communicate with one another and to work together, Preda is able to reflect on some of the functional aspects of such practice; that is, how actors as conveyors of scientific belief about risk, present the natural world in terms of the social world. For Preda, the definitions and characterizations of particular groups within this system represent a veritable functioning “economy of AIDS-risk categories” (111).

At a certain level Preda is enumerating what he sees as some of the balancing mechanisms inherent within three codependent narratives. The first narrative relates a story of how a virus becomes an immune deficiency. The second, about how environmental factors such as lifestyle and sexual behaviour coupled with bodily fluids weaken the immune system. The third is a tale of origins; how an existing but unknown or remote viral agent manages to cross species and then evolve to present as a

sudden and new immune deficiency. Conjoined, these ideal tales reflect a cognitive framework whereby viral-inducing immune deficiencies of a specified viral origin are contextualized by narratives of environmental and personal factors. Framed largely as a case of who and what is how much, the analysis cleverly considers how the quantification of biomedical-influenced social life was turned *pars pro toto* into specific classifications. In other words how rhetoric came to symbolize a form of acquired metonymical syndrome.

While AIDS is not the only disease to which such an analysis might be applied (leprosy, syphilis, diabetes and SARS are others that come to mind), the case of AIDS reflects a particularly developed context where “categories and quantities were first introduced separately; then, quantity was transformed into a risk category, which in turn took the place of quantitative presentation. This was by no means a single, occurring rhetorical device, but a strategy constantly used for transforming quality into quantity and vice versa” (212).

Preda indicates that the aim of his book is to explore the relationship between the rhetoric of risk and subsequent medical knowledge pertaining to AIDS, where risk is analyzed as a social practice determining what does and does not pass as medical knowledge. As such, AIDS-risk is seen to function as a mechanism to communicate shared knowledge within a biomedical community, and across other communities and institutions as well – social services, the media, professional organizations, and those themselves infected or affected by the syndrome’s etiologic agent. Together such collectivities are seen to share a certain rule of accord, one which “would appear to be both negligible and crucial at once...negligible because it does not actually determine the production of (medical) knowledge.” Crucial because “it only determines how things ought to be presented if they are to be accepted as ‘knowledge’ in the community” (227). For Preda, rhetoric is not simply something actors append to their communications, but rather something very much structured by social norms.

Beyond its purely academic utility, Preda’s analysis does have important applied implications. As he suggests, rhetorical practices do have consequences for how AIDS prevention policies are conceived and organized – in terms of the social groups targeted by prevention policies, yes, but also in terms of how such groups perceive themselves with respect to rhetorically-defined risk; in terms of the potential tools and techniques for addressing and promoting behaviour change; and, the potential interactions between medical practitioners and at-risk individuals and communities. In particular the analysis leads the reader to reflect on the frequently-held view that certain forms of human “risk” behaviour may favour certain diseases, and how such biases are often built upon a kind of rhetorical reification whereby idealized categories of behaviour can be ascribed *carte blanche* to specific social groups. The danger being that knowledge of relative safety built upon rhetorical as opposed to medical classification very much risks being misconstrued, misinterpreted, ignored

or simplified in those instances where the concordance of behaviour and identity deviate from any rhetorical (and hence medical) agreed-upon norm. The implication suggests contexts where the operation of classifying and generating risk relative to social categories may lead to differential and misleading understandings of social position with respect to well-being.

One of Preda's conclusions is that how social actors position themselves with respect to a biosocial construct like AIDS depends largely on the techniques of defining risk, and then self-identifying as members of a category with a clear and locatable position with respect to such risk. A second conclusion is that such rhetorical practice frequently affects the ways in which AIDS research is organized and funded – as risk conceptions built upon rhetoric are reflected and manifest in the writing of grant proposals as well as how such research is or is not funded. This is because arguments about risk based upon reified hypothetical scientific rhetoric create a legitimating and self-justifying frame for funding decisions. The argument being, “that rhetorical practices do have consequences for how research money is distributed, for which research topics are seen as legitimate and worth funding, and for the organization of scientific research” (241).

To this reviewer, the limitations of the book are few. While much of the focus is on American science, this is where much of the 1980s-related medical journals and medical experts either were physically based or where their work was published. While as sole author Preda is unable to reflect on the reliability of his analysis in the way that involving multiple researchers might have allowed, overall it would seem such minor critiques of such a useful work are middling.

In the Canadian context, where a federal government through its National AIDS Strategy arguably retains and enacts some of the same rhetorical practices as the international medical discourses considered here, it may be that Preda's analysis has particular salience. Indeed, the question one might pose of the Canadian context, is how national, provincial and territorial understandings of AIDS-risk and knowledge came to be – and arguably continue to be – experienced and reproduced in a country where AIDS research, prevention, treatment and care strategies are often defined and disseminated by large rhetorically-powerful, reifying institutions.

At less than two generations old, the Acquired Immunodeficiency Syndrome is – in human and social terms – a very young disease. Its relative youth has meant there simply has not been the temporal luxury with which to produce many good analyses of the impact of the disease on social structure and social life. Even were there a wealth of such texts, one can only imagine that Alex Preda's work on AIDS, rhetoric, and medical knowledge would remain to occupy a unique and valuable place as an extremely well-thumbed addition at the very forefront of this literature.

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