

A Note on Terminology

THE ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS) is caused by a retrovirus that is most commonly referred to as HTLV-III/LAV. Other designations of both AIDS and its causative agent abound. Indeed, the disease itself is variously known as “acquired immune deficiency syndrome” (preferred usage in, e.g., *Science*, and by the Institute of Medicine, National Academy of Sciences) and “acquired immunodeficiency syndrome” (more frequently used in, e.g., the *New England Journal of Medicine*, and by the United States Public Health Service).

Disputes over the viral nomenclature are not yet resolved. LAV (lymphadenopathy-associated virus) was proposed by Luc Montagnier, of the Pasteur Institute, Paris; HTLV-III (human T-lymphotropic virus III) was chosen by Robert Gallo, of the National Cancer Institute; and more recently, Jay Levy, of the University of California, San Francisco, has offered ARV (AIDS-associated retrovirus). Scientific communication, in the United States at least, has generally adopted the accommodative HTLV-III/LAV.

In May 1986 the International Committee on the Taxonomy of Viruses proposed adoption of an appropriate name that is clear, precise, descriptive, and nonprejudicial: HIV (human immunodeficiency virus). The fate of this new nomenclature is as yet uncertain.

In order to ensure a more perfect union within this volume, the

editors have had to impose some arbitrary designations. These were chosen to facilitate communication across the scholarly, scientific, and public policy communities, and to an informed readership. Not every author, or even every reader, will agree with our choices. "Acquired immune deficiency syndrome" (AIDS) has the simple advantage of defining the eponymous acronym. As the causative retrovirus, "HTLV-III/LAV" has been selected, without prejudice, for its all-but-exclusive use in the American scientific literature.

Other terms used to describe aspects of the AIDS epidemic may also lack precision and universal acceptance. References to "groups" and "communities" at varying degrees of risk certainly do not meet the rigorous standards of description and analysis that sociological, anthropological, psychological, and political sciences mandate. This is not a matter of mere semantic quibbling, for our understanding of the causes, course, control, and consequences of the epidemic will be profoundly advanced as we are clearer. More precise and descriptive terminology regarding human vectors and human hosts is no less important than that regarding viral pathogens. But the social sciences have yet to parallel the sustained and cooperative efforts of the biomedical sciences. Until they do, terminological and epidemiological obfuscation will prevail.

The two populations (or "groups," if you will) said to be at greatest risk of AIDS are themselves variously and imprecisely defined. At best, they are metonymic metaphors for imputing a probability of specific behaviors that transmit HTLV-III/LAV. At worst, they may deflect singular attention from the virus and how, and by whom, it actually is transmitted.

Use of "gay" or "homosexual" to categorize one of the populations at risk is left to the individual author. Neither term gets us beyond the metaphor and each will justifiably offend a point of view. Similarly, the use of "IV drug abusers" may be more emotive than rational action requires. But a more precise alternative, "users of illicit intravenous drugs by means of contaminated needles and syringes," appears not to have gained much favor.