feeling for veins ahead of a blood draw is similar to the experience of “feeling” during a pelvic exam.

Additionally, the book makes no mention of the male analog, genitourinary teaching associates, who, like female GTAs, use their bodies to teach medical students how to perform sensitive exams including prostate exams and external genitalia exams. Prostate exams and fecal occult blood tests create a similar anxiety for medical trainees, as well as patients. The gendered nature of the practice of medicine has made it such that the pain and discomfort of the pelvic exam is almost seen as “something to live with.” However, male norms still shape men’s negative attitudes towards cancer screenings involving the rectum (digital rectal exams and colonoscopies), often seen as affronts to their masculinity, and with implications for delayed colorectal and prostate cancer diagnoses, which disproportionately affect non-white men.

While a crucial aspect of clinical skills education, the author may thus be overstating the degree to which the advent of GTA programs and pelvic exam teaching reshapes medical education in the 21st century. Still, I am left wanting for much of the historical context discussed, and perspectives from the GTAs interviewed for this book to be part of the introduction to the pelvic exam in medical curricula. In that sense, *Feeling Medicine* has the potential to carry forward the original GTA programs’ mission, to provide a feminist education to medical students about the pelvic exam, which is particularly important as medicine becomes further corporatized.

Max Jordan Nguemeni Tiako, MS
Yale School of Medicine

*Rethinking MSM, Trans* and Other Categories in HIV Prevention. Edited by Amaya G. Perez-Brumer, Richard Parker, and Peter Aggleton. 2019. Routledge: New York, NY. ISBN: (Paperback) 978-0367892074. US $47.95. 296 p.

*Rethinking MSM, Trans* and Other Categories in HIV Prevention compiles chapters which problematize the gender and sex categories often used in global HIV research and policy – gay and bisexual men, men who have sex with men (MSM), and sex categories like “male” and “female,” etc. The second chapter of the volume introduces the unsatisfactory nature of the current categories as they conflate identity with behavior (e.g. “gay men” and “MSM”) or misclassify individuals (e.g. transgender women as MSM). Often, these categorizations muddle scientific findings, as certain hormonal, genetic, gonadal and/or cultural factors influencing health are incorrectly ascribed to individuals or groups.

Other chapters in the volume provide case studies about how unsatisfactory categorizations of sex and gender produce negative outcomes in practice. For example, the chapter and systematic review “A global research synthesis of HIV and STI biobehavioral risks in female-to-male transgender adults,” shows how incorrect assumptions about transgender men’s behavior and biology result in underestimates of their HIV risk profiles, and discourages prophylactic measures.

Drawing from examples from both the global North and the global South, the authors give example after example of how HIV researchers and care providers can be more holistic in their understandings of sex and gender. Calling for more detailed attention to local cultural understandings of sex and gender, one chapter of the volume, for example, presents the case of a community which shares many characteristics with transgender women in Western countries, but also occupies a distinct social role in the Malaysian context. By understanding the unique stigmas that *mak nyah* (vernacular term for trans women in Malaysia) face, providers can, for example, tailor interventions to their unique social and mental health needs.

The volume draws from a long tradition of post-structuralist theory and Foucauldian genealogies (think: *The History of Sexuality* by Michel Foucault) to question how sex and gender categories are constructed, reconstructed, and made meaningful. However, by cutting out much of the jargon, they produce social theory palatable to a wider audience, including those at the front lines of HIV prevention for the communities most affected. In doing so, the book bridges a gap between theory and practice in a way that few others do.

Indeed, the work has influenced epidemiologic research already. Applying the volume’s theoretical lens to their published research, one chapter’s authors revise a previous meta-analysis of HIV among sex workers by critically examining how sex and gender were operationalized in their review’s included studies. More researchers should take up this model of “reflexive epidemiology” and consider how objects and categories that they take for granted are products of their respective histories (“genealogies”) and social conditioning. Without a background in the social sciences, this recommendation presents a daunting task. If anything is missing from this book, it is a roadmap for scientists in how to bridge the gap between epidemiology and social science for themselves. Nevertheless, the volume succeeds remarkably in its stated goals, and is a must-read especially for clinicians and epidemiologists of the HIV epidemic.

Daniel J. Bromberg
Department of Social and Behavioral Sciences
Yale School of Public Health