latter demanding selective reporting of recalcitrant treatment defaulters. He contends that
the British approach was more liberal, the state favouring self-reporting and instigating
a nationwide network of confidential treatment centres, supported by the Public Health
(Venereal Disease) Regulations 1916. Emergency wartime legislation is mostly omitted
from consideration.

*Contesting Medical Confidentiality* devotes considerable space to debates involving
abortion. Maehle explains that, despite the different attitudes regarding medical privilege,
broadly speaking, in all three countries doctors erred on the side of non-disclosure in
this context, particularly when discovering a termination had already occurred. Maehle
avoids trying to construct this as a particular case of exceptionalism, as has been done, for
example with HIV/AIDS.

In the German context, Maehle moves beyond his comparative focus to document the
dramatic changes involving abortion and medical confidentiality under Nazi dictatorship.
Following the ascendance of the Third Reich, laws used previously to oppose disclosure
were overridden and replaced with pronatalist legislation in line with ideological goal of
propagating Aryanism. It was sobering to discover that some of these measures persisted
into the 1970s.

The English care.data scandal is used to argue that debates over medical confidentiality
have changed substantially since 1930, with health organisations and third parties
taking over the role of data custodians from individual doctors. Maehle contends that
management of electronic health data now presents the biggest threat to privacy, though
it is unfortunate that he does not also include examples from the US or Germany in
making the point. Despite some omissions, this is an ambitious and illuminating volume,
its comparative focus giving a new perspective on an important topic. Those looking for a
concise account of the development of modern day medical confidentiality will welcome
its publication.

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doi:10.1017/mdh.2017.49

Laurence Monnais, *Médecine(s) et santé: Une petite histoire globale – 19e et 20e siècles*
(Montreal: Les Presses de l’Université de Montreal, 2016), pp. 258, €31,00, paperback,

In her book *Médecine(s) et santé: Une petite histoire globale – 19e et 20e siècles*, Laurence
Monnais draws a very vivid account of the history of ‘modern medicine’ since the
beginning of the nineteenth century. In less than 250 pages, the historian, currently holder
of the Canada Research Chair in pluralism in healthcare at the University of Montreal,
offers readers a particularly timely and well-thought out handbook in tune with the
latest international medical history research. The book fills a gap in the French-speaking
bibliography as it proposes a skilful synthesis at the crossroads of the social history of
medicine, the history of science and technology and a wide range of subaltern studies
chose from both English and French bibliographies.

In three parts (‘La fabrique d’un système medical’; ‘La médecine moderne à la rencontre
des femmes, des fous et… des démunis’; ‘La biomédecine, ses avatars et ses détracteurs’) each
composed of three chapters, Monnais follows both a chronological and thematic
scheme starting at the beginning of the nineteenth century. Three main ideas structure
the story: the construction and transformation of so-called ‘modern medicine’, which became known as bio-medicine after the Second World War; a critical assessment of its global propagation through colonial power since the nineteenth century; and a continuous discussion over the place taken by medicine and science and its representatives in the field of health from an individual and population perspective, which highlights for instance the never-ending chauvinist process of otherness definition (targeting both groups and individuals, for instance emotional women, immature colonial subjects or dangerous mad people; and behaviours, for instance under the categories of risk factors).

The constant discussion of medical and cultural categorisations makes the book very informative and engaging. The strength of the narrative comes from the various actors and scales integrated in the chronological periodisation: it avoids a linear explanation and presents a very sensitive account of acceleration and slowdowns, and focuses on transformations rather than genealogical understanding from the present. Very few factual mistakes can be found (on the European mortality figures for Spanish influenza, p. 163: according to Johnson and Mueller (2002), the overall estimation is more like 2.3 million deaths) or interpretative debate raised (the account of the 1937 Bandoeng’s Conference may be a bit optimistic in comparison to Randall M. Packard’s, p. 154). Perhaps the cryptic title and the subtitle are a bit misleading: rather than a ‘short global history’ the book presents an entangled history (‘histoire croisée’) which mirrors and highlights global trends in specific areas. This is not a book on global health history – even a short one – in the manner of the recently published history of global health by Randall M. Packard.1

The audience targeted by the book is wider than historians and students in the fields of the history of medicine, public health or infectious diseases. According to the author, it aims to reach a medical readership, both readers with established careers and those in training. Monnais’s explicit goal is to offer a historical and thus political understanding of the history of medicine, which often appears through the voice of Monnais in the narrative. In the international context of the recent rise of Medical Humanities in medical faculties and public discourse, often judged to be synonymous with the victory of ethics over medical history, this book is also a plea in favour of medical history. The lively writing and contemporary popular references (e.g. to Downton Abbey on p. 94) serve the purpose of engaging with non-specialists while maintaining a decent level of complexity.

In the francophone context, the scope is almost unique. In comparison to the English-speaking bibliography in which handbooks, companions and introductions to history of medicine are numerous, very few such books are available and accessible in the field of history of medicine in French. The most successful titles only partly tackle the issue of medical history (such as Jean-Paul Gaudillièr’s introduction to history of medical science2 or Patrice Bourdelais’s history of public health in western countries3). In fact, Monnais’s handbook is very similar, in its scope and even its very concise way of writing, to Olivier Faure’s very stimulating social history of medicine in the nineteenth century France.4 But Monnais’s study reaches farther, covering the last two centuries with a transnational scope. Monnais adds her own questions and sensitivities, rooted in her research interests and her professional environment in Canada. Her thesis entitled ‘Colonial medicine, health practices, and society: The medicalization of French

2 Jean-Paul Gaudillièr, La Médecine et les sciences: XIXe–XXe siècles (Paris: La Découverte, 2006).
Indochina’ was devoted to the history of medicine in colonial South-East Asia. On numerous occasions she presents cases taken from non-western contexts. If the core of the argument devoted to modern western medicine gives great importance to transatlantic states and relations, multiple examples are chosen from non-western countries to balance and question medicalization processes through the history of alternative medicine. A very good, short and informative introduction heads each chapter, thanks to a ‘histoire-problème’ often based on sociological and anthropological literature (e.g. in Ch. 6 with Didier Fassin on lead poisoning).

For the English-speaking audience, which has till now often relied on references to Foucault and Latour, the book might well be a way to grasp the reception of Foucauldian studies by French-speaking historians, in the footsteps of Jacques Léonard. Arguably the first historian of medicine in France and the author of one of the best comment on Foucault’s oeuvre, Léonard has directly and indirectly influenced various historians such as Olivier Faure or Alain Corbin (who have developed their different take on his legacy from the history of the medical power to the history of the body and of emotion). Monnais shows herself a worthy successor to these historians in her study of la médecine entre les savoirs et les pouvoirs, in reference to Léonard’s work. This book was long time coming according to the author’s admission in the introduction but it is well worth the wait.

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doi:10.1017/mdh.2017.50


Professional historians today may find the biography something of a strange beast. One of the oldest forms of historical narrative, it details an individual’s life and work, typically from birth to death. But as a genre, biography’s standing declined in the twentieth-century world of Anglo-American academic history, attracting criticisms of being too narrowly focused and too subjectively inclined. The autobiography or memoir suffered similar critique. One the one hand, autobiography gives its authors the agency to tell their own stories and to be a protagonist in their own time, thereby rescuing themselves from, as E.P. Thompson famously described, ‘the enormous condescension of posterity’. Yet, though autobiography enables more intimate narratives from diverse subjects, it too has an ambivalent relationship with the academe.

Outside academia, however, both biography and autobiography continue to be relatively accessible and popular genres of historical writing. They provide ample opportunity to weave a compelling narrative out of an individual’s life and career in any field. Thus,