

at measures encouraged by hygienic and moral reasoning, playing an important role in the building of the modern sociological and cultural limits of childhood. But they were not built on a rational scientific basis, and that had serious consequences. Both models failed not only by not ending child labour, but also by increasing the precariousness of children's lives. In the long term, families did not find that social reforms rebuilt the economic and biological calamity linked to the unemployment of any of their members, and the reforms increased the supply of their own children's labour.

Borrás Llop treats this problem throughout the last chapter of his edited volume, prioritising the use of sources created by the labour movement over medical-official sources. As he says 'in labour history the general approaches need to be nuanced, contrasted, with *micro*-approaches, to give diversity in a defined context' (p. 447), but he is aware of the small amount of what he calls '*egosources*', and his use of the working-class press seems not only justified, but also clever. Borrás does not seek to analyse the programmatic positions taken by different working groups about child labour, his main interest revolves around identifying the importance that child labour had in the daily life of workers. This question posed to this source gives results very similar to those that Kirby obtains using the personal testimonies of doctors, politicians and workers who criticised the government's labour reforms.

This last piece of research, in Chapter 12, gives greater precision to the subject of study of the whole book and it leads us to reflect on how following in the footsteps of work like Kirby's is becoming the dominant trend in Spanish historiography on child labour in Spain, offering an optimistic picture of its future. Borrás has offered his discipline a more solid ground, and now it is desirable that, taking his example, new researchers become much more aware of simply mimicking of the methods of historiographical traditions such as the English or German ones, driven by the quality and quantity of their sources. Faced with this situation, the Spanish historian must demonstrate a greater methodological versatility.

But, after all, what readers should learn in a historical work about child labour is that although this phenomenon has been virtually eradicated in our immediate environment, it has been a continuous variable throughout the history of human societies. Many of our new living standards are still contrasted by the survival of child labour in more distant places, and that is why beyond rejection and victimisation, the work of the historian should move toward reflection about the complexity of the causes of this persistence. In doing so, Kirby and Borrás have achieved outstanding work.

Mario César Sánchez Villa

The Complutense University of Madrid, Spain

doi:10.1017/mdh.2017.48

Andreas-Holger Maehle, *Contesting Medical Confidentiality, Origins of the Debate in the United States, Britain and Germany* (Chicago, IL, and London: University of Chicago Press, 2016), pp. 168, \$40.00, hardback, ISBN: 978-0-226-40482-0.

Medical confidentiality has long provoked territorial disputes, falling – somewhat uneasily – between medical and legal spheres of influence. These disputes have become more nuanced in modern times with the magnified role of patient autonomy and the emergence of electronic health systems. Nonetheless, there is still much to be gained from scrutinising the discussions of the past, which helped shape contemporary understandings.

In *Contesting Medical Confidentiality*, Professor Andreas-Holger Maehle delves into these discussions, providing a broad account of the seminal arguments over medical

confidentiality in Germany, the United States and Britain. Despite the book's concise length, it provides an illuminating account of the conflicts across all three countries, tackling discussions of doctors' privilege in court, disclosure of venereal disease and debates over medical confidentiality and abortion.

The comparative aspect of the work is novel and well suited to the distinct legal frameworks in each country. It also justifies what would otherwise risk becoming tautological, with extensive work already completed on confidentiality debates in the context of Britain in particular. Maehle states early on that his comparison focuses on the period between the 1890s and the 1920s and he broadly succeeds in meeting this criterion. In doing so, *Contesting Medical Confidentiality* provides a welcome departure from the many dewy-eyed publications that begin with the birth of the Hippocratic Oath before meandering into the present day.

The date range obliges Maehle to toe a delicate line in catering for both the neophyte and the specialist. Undoubtedly, the period from 1890 to 1930 witnessed seismic discussions concerning medical confidentiality and in many ways established the direction of travel for the remainder of the twentieth century and into the twenty-first. However, focusing on this specific period does rely on a degree of foreknowledge and efforts to mitigate this are stifled by the book's abridged nature. That being said, the text does not overly rely on medico-legal terminology and any specialist vocabulary is amply explained.

Maehle successfully avoids a rushed narrative, excising some detailed analysis yet still covering substantial ground. His style is generally accessible and invites continuous reading, favouring a chronological country-by-country examination before pausing for comparison in each chapter, a tactic that avoids the risk of losing the reader in a legislative maelstrom.

Beginning with debates over the introduction of doctors' privilege, Maehle describes the varying levels of reluctance felt by both medical and legal commentators. Lawyers' discomfort at a medical privilege in all three countries stemmed not only from internecine professional rivalry but was motivated by genuine concern that doctors, granted lawyers' secrecy rights, would have the potential to obstruct criminal and civil justice, refusing disclosure of information learnt through clinical practice even when this could be of probative value in court. Maehle includes brief accounts of legal decisions – the landmark *Duchess of Kingston* case in 1776 is understandably included – before his comparative focus, an unavoidable concession given the precedent-heavy sentiments of the common law traditions of Britain and the US. He argues that Germany and the US were amenable to greater protection of doctors' confidential knowledge in court and both enacted defensive legislation. In the US, this occurred on a state-by-state basis, (with consideration also given to English case law) and was not adopted nationally as in Germany. Britain pursued a different line, the judiciary and parliament consistently resisting the imposition of anything approaching privilege, stressing the supremacy of the court in determining disclosure. Maehle contends that this was not only due to Britain's reliance on precedent but also exemplified the greater power imbalance between the two professions, with lawyers' wielding superior authority.

Turning to venereal disease (sexually transmitted diseases, in this case, soft chancre, syphilis and gonorrhoea), Maehle explains how transmission fears drove discussions over confidentiality, with arguments that preserving patients' privacy rights risked mass infection. These arguments would reappear in different guise on the emergence of HIV/AIDS. In the case of VD (STDs), Maehle notes that the US and Germany favoured repressive measures, the former requiring mandatory reporting of cases by 1920 and the

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.

Dominic Reed
University of Glasgow, UK

doi:10.1017/mdh.2017.49

Laurence Monnais, *Médecine(s) et santé: Une petite histoire globale – 19^e et 20^e siècles* (Montreal: Les Presses de l'Université de Montreal, 2016), pp. 258, €31,00, paperback, ISBN: 978-2-7606-3638-5.

In her book *Médecine(s) et santé: Une petite histoire globale – 19^e et 20^e 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 médical'; '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