Une section de cette deuxième partie est dévolue à la réception de la théorie des pouls en Europe jusqu'à la période des Lumières. L'auteur décrit les différents chemine-ments parcourus par ce diagnostic en citant aussi les acteurs qui ont porté un intérêt à la réception de la sphymologie chinoise en Occident.

Enfin, dans la dernière partie de l'ouvrage, l'auteur présente sa comparaison entre les théories sphymologiques en Chine et en Europe. Pour cela, il considère nécessaire de donner une présentation des fondements des deux théories. Les résultats de la comparaison entre les différentes conceptions et théories sur la sphymologie en Chine et en Europe de les premiers siècles de notre ère jusqu'au XVIII^e siècle se concrétisent dans l'analyse de la «formation des pouls» et des «méthodes de la palpation» selon les théories chinoises et les versions occidentales en montrant les différences.

Ce texte extrêmement riche d'informations et s'appuyant sur une quantité de sources assez extraordinaire présente cet art médical par les ouvrages qui ont traversé les siècles et influencé sa diffusion en Chine et en Occident avec un style relevant de l'histoire des sciences avec, à l'occasion, des expériences personnelles de pratique médicale. De façon générale, les auteurs et les ouvrages cités sont présentés en dehors de leur contexte historique et social, ce qui nous empêche souvent de comprendre les relations éventuelles entre l'évolution de ce savoir-faire, de sa théorie et de son transfert et les différentes périodes historiques. De même, la comparaison entre la Chine et l'Europe reste plus liée à la confrontation des différentes pratiques qu'aux enjeux historiques, sociaux et culturels qui peuvent avoir existé.

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Tissot, Samuel Auguste: **De la Médecine civile ou de la Police de la Médecine**. Ed. par Miriam Nicoli; avec une introduction de Danièle Tosato-Rigo et Miriam Nicoli. Lausanne, Editions BHMS, 2009. 159 p. Ill. CHF 39. ISBN 978-2-9700536-9-9

Although the best known publications of Samuel-Auguste Tissot deal mainly with the health of individuals, what we now call public health figured prominently among his concerns. In his *Essai sur les moyens de perfectionner les études de médecine* (Berne, 1785), he stressed the importance in the medical curriculum of *la médecine civile*, which he defined as "l'hygiène du public" (p. 53). He developed his views more fully in a work entitled «De la Médecine civile ou de la police de la médecine» left unfinished at his death in 1797. Tissot's modern biographer, Antoinette Emch-Dériaz, devotes a chapter to a detailed summary of the manuscript (*Tissot: Physician of the Enlightenment* [New York: Peter Lang, 1992], chap. 12, "Physician of the Society"). The text itself, however, was not widely available until the appearance of this edition, which includes a useful introduction by Miriam Nicoli and Danièle Tosato-Rigo.

The title reflects a terminology that was still in flux at the end of the eighteenth century. Tissot treats *la médecine civile* and *la police de la médecine* as interchangeable expressions (10). The first term was rare until the nineteenth century, when it entered into common usage in the very different sense of civilian as opposed to military medicine. Tissot defines it as «la médecine des citoyens pris en gros» (7). *La police de la médecine* most often referred to the regulation of health-related occupations, and *la police médicale* to public hygiene. Tissot does not make this distinction. The key point for him is that *la médecine civile* requires government action, because unlike private

individuals, the *magistrats chargés de la police* have the right to intervene against threats to public health and can use public funds (7). He does distinguish between ordinary police functions at the municipal level and *la haute police*, which belongs to the prince alone and includes, for example, the construction of prisons and the examination and licensing of medical practitioners (79, 119).

The text is divided into two unequal parts. The first and more extensive deals with the preservation of public health, or general hygiene. In keeping with Tissot's view that *la médecine civile* is in many ways an extension of private hygiene, he organizes his discussion around the six Galenic non-naturals: air, food and drink, movement and rest, sleep and wakefulness, evacuation and retention, and the passions. He emphasizes the first two, since he considers the others to be primarily the responsibility of individuals. Brief sections at the end deal with miscellaneous topics: mad dogs, the choice of an occupation, sumptuary laws, *les lieux de débauche*, and prisons. The book's second part, on the means of restoring health, primarily concerns hospital design. Tissot devotes a shorter section to practitioners, focusing on midwives, dentists, apothecaries, and lay caregivers (*gardes-malades*).

Perhaps the most interesting aspect of this work is its discussion of the limits to both freedom and police powers. Only a misguided view of freedom, Tissot argues, would justify allowing everyone to do whatever they want, regardless of possible harm to others. Although generally a proponent of economic freedom, Tissot sees no real threat to liberty in controlling industrial and commercial practices that might imperil public health. During times of food shortage, he accepts authorizing a temporary monopoly for particular merchants who agree to sell grain at a fixed price (45–6). Tissot's position on the limits to government intervention can best be appreciated by reading his *Médecine civile* in conjunction with Johann Peter Frank's *System einer vollständigen medicinischen Polizey*, the first four volumes of which appeared during Tissot's lifetime, between 1779 and 1788. Frank's system, often associated with enlightened absolutism, calls for close government supervision of many aspects of private life, especially marriage. Tissot quotes Frank only once, in support of the basic idea of setting limits to liberty (8–9) and never criticizes his work directly. But his own model allows for a very large private sphere in which government should not intervene unless there is manifest threat health or public order.

The most puzzling feature of this book is the absence of any direct reference to the French Revolution, to which Tissot responded first with hope and then with disillusionment and fear. The Revolution marked an extraordinary epoch in the history of medicine and public health. Some of the key reform proposals at the outset came from the Société Royale de Médecine, which counted Tissot among its foreign corresponding members. Yet all of this is elided in his text. Perhaps the Revolution was simply too hot a subject to raise, even in critical terms, for fear of encouraging radicalism or offending his own government in the canton of Bern. In any case, this book is in some ways as interesting for what it does not say as for what it says.

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