Doctors Beyond Borders. The Transnational Migration of Physicians in the Twentieth Century. Edited by Laurence Monnais and David Wright. Toronto; Buffalo; London, University of Toronto Press, 2016. viii+284 p. \$ 55.–. ISBN 978-1-4426-2961-5

Laurence Monnais and David Wright have produced a pioneering basis for the examination of the transnational migration of physicians and re-examination of global medical structure in the twentieth century. They put the major focus on the English speaking regions such as the United Kingdom (Julian M. Simpson, Stephanie J. Snow and Aneez Esmail), the United States, and Canada (Alex Ketchum and Gregory Marks) as the recipient of the medical migrants from mainly English speaking countries and their former colonies such as Ireland (Greta Jones), the Caribbean (Juanita de Barros), Australia (John Weaver), New Zealand (Joan Weaver and John Armstrong), and South Asia (Magret Frenz, Joanna Bornat, Paravati Raghuram, Leroi Henry, and Sasha Mullally). Only one chapter by Annika Berg examines the Swedish reactions to migrants of Jewish physicians from Nazi Germany. Other than that, the volume does not look at issues of migration related with the empires such as France, USSR, and Japan. Another major element that has been omitted might be the examination of official institutions of WHO or League of Nations or non-official institutions such as the Rockefeller Foundation, Pasteur Institute, and the Wellcome Foundation. This volume is not about international organizations, but about the situations of migrating doctors of English-speaking world.

The United States, Canada and the United Kingdom had their own local situations and problems, and their colonies and districts had respective political and cultural trends. One of the major strengths of this volume is that the papers are very good at incorporating the local situations, rather than the central concerns of institutions and ideals. The USA started to become the major attractor of trained doctors after the Second World War. The American Medical Association issued a list of approved foreign medical schools. The United States had also one crucial thing which was the Vietnam War. The War influenced the directions of physicians' migration in the 1960s and 1970s and American physicians were encouraged to migrate north of the border and alien doctors in the States moved to migrate to Canada. The political and ideological importance of the United States and the subtle but crucial difference of Canada was important for the migration of doctors in the capitalist world.

The United Kingdom was a very different world with other colonies and districts which had their own concerns. Imperial officials were enthusiastic about training local people as subordinate health workers such as dispensers, medical assistants, nurses and midwives. On the other hand, white doctors went back to the mainland when any proper job was available, and the trained non-white doctors were able to have the proper medical positions. South African doctors in East Africa inhabited an ambivalent position of marginalized professional medical elite and the leaders of subaltern group. The creation of many migrant Jewish doctors after Nazi's Nuremberg Laws in 1935 created intense situation for foreign countries such as the United Kingdom, Australia, and Sweden. The anti-Semitism and the medical license of Jews in Germany had thus interesting developments. The National Health Service system,

which was comprehensive and free medical service, presented very different dynamics. As for New Zealand women doctors, three quarters of doctors and about ninety per cent of specialists spend a period of years overseas in Britain, where they established informal professional relationships. The NHS depended on recruiting staff from overseas and a part of a long-standing tradition of movement between South Asia and UK. Without racism there would be no geriatrics tells the story from the perspective of those doctors. In geriatric medicine about fifty per cent of specialists were non-white and trained in overseas areas. The British pride of NHS actually helped the creation of racial structure of British doctors in the late twentieth century.

The work edited by Monnais and Wright has opened up fruitful routes for new global history of doctors. The papers in this volume have highlighted the importance of politics, medical policies, networking, and racism in the making of migration of physicians in the English speaking world. The further pursuit of the problems in the English world will make the history of medicine more powerful. Researches into other major powers will allow us to understand the making of the new medical globe in the twentieth century. The drastic disruptions experienced by these countries in the twentieth century will also show the structure of the making of the global medical world. The volume by Monnais and Wright will be a major starting point for such a large project.

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