

question the basis of their long attachment to the notion that those internal effects were the consequence of toxins released from deep burns. Of some things I'm glad I had no inkling, such as the well-established technique of cutting off the foreskin to use as a skin graft. A xenograph of foetal calf skin I would have welcomed as an alternative to stripping a slice of my skin from elsewhere on my body by means of a "dermatome", a mechanical lancet-like tool available in various forms from the turn of the twentieth century (illustrations pp. 343ff). Of course it was beyond even my nurses' imagination that in twenty years' time synthetic skin would be available (prototyped in Boston in 1981), and I doubt they could have foreseen the extensive use of allografts from viable cadavers, as robustly pursued in China—also since the 1980s. And did my carers know, I wonder, that behind their treatment of my burns was knowledge accumulated from countless scaldings of rabbits' ears, and from the relentless searing by Bunsen burners of the sides of cats, rats, dogs and sheep? Unwitting, too, were the human subjects of burns research, especially those who entered hospital in statistically significant numbers, like the victims of the famous fire at the Cocoanut Grove in November 1942.

Unflinchingly, and in minute technical detail, Professor Klasen records the progress of acute burn care since antiquity, weighting his study to the present and dividing it more or less evenly between research and therapeutics. Chapters on shock, the removal of necrotic tissue, the use of silver nitrate (re-popularized in the 1960s), hydropathic treatment, and mortality data are among his concerns. Despite Klasen's dismissal of historical accounts of body shock from burns "based on present-day views, neglecting the fact that in the past symptoms were often regarded as belonging to other clinical pictures, and were thus placed in a different context" (p. 167), contextualization is singularly lacking in this volume, even of the narrowest clinical sort. Why conceptual paradigms (like toxins) reigned at various times is never explained. Nor is there any accounting for professional interest in the subject of burns at particular places and in

particular times. Instead, page after page of the pioneers, the technician heroes behind the progress of burn treatment, all of whom are presented in the guise of disinterested pursuers of knowledge. We hear nothing of the growth of professional bodies, nor discover the motives behind such specialist institutions as the Shriners Burn Institute in Galveston, Texas. East Grinstead, famous for its work on the burned airmen of the RAF, and the burns unit at the Birmingham Accident Hospital are mentioned only in passing. For the most part, the *History of burns* is no history at all, but an extensive literature search, replete with photographs of, and lavish biographical footnotes on, the great and good. Like the Nazis, whose interventions in this field go unmentioned, so too do patients. Commissioned by the Dutch Burns Foundation on the occasion of its thirtieth anniversary, this is primarily a text by and for burns specialists.

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**Frank Huisman and John Harley Warner**  
(eds), *Locating medical history: the stories and their meanings*, Baltimore and London, Johns Hopkins University Press, 2004, pp. x, 507, £32.00 (hardback 0-8018-7861-6).

Many, shall we say, mature readers of this journal will recall the excitement that surrounded a series of conferences in Cambridge and London in the early and mid-1970s which appeared to herald the stirrings of a sub-discipline. As this ambitious but flawed collection of essays attests, some hopes were fulfilled but others may have diverted practitioners into ill-lit *culs-de-sac*. "Society", however that unhelpfully vague term is defined, certainly began to come in from the cold. But, as several down-beat contributors show, more may have been promised than would be delivered. (One should perhaps remember that the beginnings of sub-disciplinary reshaping coincided with the final era of commitment to the position that there were strong interconnections between historical research and writing and the

creation of a better and less unequal society.) A million miles away, of course, from the new millennium, when “theory” is too often deployed to marginalize rather than engage with social and economic inequality.

Divided into three sections—‘Traditions’, ‘A generation reviewed’ and ‘After the cultural turn’—the volume reaches back to the nineteenth century to trace the deep origins of the modern sub-discipline, its partial transformation in the 1970s and 1980s, and the impact of interdisciplinary theoretical developments during the last twenty-five years. The first group of essays are more solid than those in sections two and three. Most enlighten and inform, others adeptly summarize complex historiographical and ideological issues, a couple may become required reading for teachers and postgraduates. Hans-Uwe Lammel focuses on Johann Moehsen, Kurt Sprengel and the “problem of origins in collective memory”; Danielle Gourevitch provides an overview of French positivist medical history; Heinz-Peter Schmiedebach supplies a solid account of Julius Pagel, Max Neuburger and the cultural approach; and Thomas Rütten anatomizes Karl Sudhoff and the “fall” of German medical history. Vivian Nutton has fashioned an elegant and intensely readable study of “ancient medicine from Berlin to Baltimore”, and Elizabeth Fee and Theodore Brown’s survey of William Osler and Henry Sigerist is in the same class. The contributions here steer clear of the tiresome biographical rumination that mars a number of essays in later sections.

In the second section, Susan Reverby and David Rosner revisit an article on the new social history, originally published in 1979. This is an intermittently revealing contribution. However, following editorial instruction to wear hearts on sleeves, the authors too often break the flow of their argument with unnecessary accounts of academic in-fighting and professional battles won and lost. Roy Porter’s elegant account of developments in the United Kingdom self-admittedly fails to do full justice to the range of developments that reshaped the field. Martin Dinges surveys historiographical developments in France and Germany but tends to be stronger

on trends in the former than the latter culture. In a provocative though at times methodologically problematic contribution, Olga Amsterdamska and Anja Hiddinga present quantitative data in support of the view that post-1980s social history of medicine has remained inward-looking, self-referential, distanced from the historiographical mainstream and unduly skewed towards the needs and interests of professional medicine. This contribution makes for creatively uncomfortable reading. Christiane Sinding presents a solid though over-biographical account of Canguilhem and Foucault. (How astonishing, by the way, to discover that the former outlived the latter by more than a decade!) Warwick Anderson’s summary of post-colonial histories of medicine is an exemplary piece of work.

The third section is the weakest and least consistent. However, it begins with a *tour-de-force* by Roger Cooter on the “end of the social history of medicine”. This contribution engages with the ways in which sub-disciplinary change is shaped by and reflects large-scale political and global transformation, terrain which only Reverby and Rosner, among other contributors, begin to explore. Ludmilla Jordanova’s ‘The social construction of medical knowledge’ is a well known and widely admired survey of the field, which has stimulated the publication of a number of important theoretical responses and spin-offs in *Social History of Medicine*. However, should it have been reprinted in tandem with a gnomic page and a half afterword in which the author can only hint at intriguing afterthoughts and revisions? Mary Fissell presents a succinct summary of interactions between the social and the cultural. However, Alice Domurat Dreger’s engagement with the intersex rights movement seems to belong to a different volume. Alfons Labisch’s compelling exploration of “the history of medicine and history *in* medicine” suggests that a remodeled sub-discipline may one day become central to the education of aspirant health care professionals. In a complementary and self-consciously over-autobiographical piece on “history, clinicians and would-be doctors”, Jacalyn Duffin reflects on the “ultimate privilege” of being “*perceived*

by my students as a lonely, therapeutic humanist in the midst of hundreds of scientific medics, a solo historian waging a solitary campaign against a menacing and self-congratulatory establishment that they nevertheless admire and seek to join" (p. 447). Sherwin B Nuland redundantly pleads with medical historians to write for general audiences. (Some do.) In conclusion, Allan M Brandt knowledgeably engages with the important issue of relationships between past and present in the shaping of health policy.

A cluster of these essays—notably those by Nutton, Fee and Brown, Amsterdamska and Hiddinga, Anderson, Cooter, Labisch and Brandt—are first-rate. Despite its autobiographical longeurs, Reverby and Rosner's contribution says a lot about where we started and where we are now. Too many of the other articles veer towards self-consciously meaningful reminiscence. (Academics are surely just as boring—perhaps more so?—as most other people talking about themselves and their problems.) The final section is particularly weak and fails systematically to engage with many of the major debates that have preoccupied and divided members of the mainstream historical community over the last twenty-five years. The volume is exceptionally well edited and introduced and beautifully produced.

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**Gabrielle Hatfield,** *Encyclopedia of folk medicine: old world and new world traditions*, Santa Barbara, CA, ABC-CLIO, 2004, pp. xx, 392, illus., £56.95 (hardback 1-57607-874-4).

This volume comprises a short introduction and alphabetically arranged entries (abortion to yew, each around a half to two pages) mostly on plants, illnesses and health problems, but with a sprinkling on botanists/folklorists and on general topics.

Hatfield's entries are generally eclectic. Although certain "recurrent themes" in folk medicine are noted in the introduction, they are not pursued consistently in the entries. Perhaps

this reflects Hatfield's debatable view that "generalizations in folk medicine are largely meaningless" (p. xviii). Her reasons include the blurring of traditions, cross-borrowing between folk and official medicine, and that "for every folk remedy that we have today on record, there are many that have been forgotten, as the chain of oral tradition has been snapped". She notes: "The best we can do is to attempt to record for posterity what is left" (p. xviii). Overall, she hopes "that this book will arouse further interest and curiosity in this once undervalued aspect of human culture" (p. xx).

Unfortunately, I feel that, despite the author's documentation from a wide range of sources and a clear historical sense, it is questionable whether the book will arouse any more interest than countless popular books on herbs that have appeared in recent years. This feeling arises because Hatfield has not really overcome the enormous problem of distilling a vast amount of relevant folklore into brief synopses. Thus, entries often tend to become rather disparate lists—virtual potpourris—of remedies or conditions.

Despite her caution over generalizations, Hatfield might have synthesized her material more effectively if she had pursued concepts and themes (e.g., transference of disease) consistently. She might, too, have been more critical in making British–North American comparisons. Unfortunately, by failing to offer a sense of regional differences, her comparisons lack real meaning. The absence of regional recognition is especially unfortunate, in so far as a significant number of relevant studies have been published in recent years. This reviewer is particularly disappointed that, perhaps mindful of her American publisher, Hatfield sees "North America" as virtually synonymous with the United States. The occasional reference to Canadian sources offers no sense of the richness of Canadian medical lore and the opportunities it offers for explorations of transatlantic transmission, of cultural interchange, and the development of novel folk practices. A key element of cultural interchange in North America naturally includes the traditions of First Nations' peoples; Hatfield dutifully notices these in many entries, but again without any sense of regional