transplantation. All are written by authors who have in some way or other participated in that history. Since organ transplantation is a multidisciplinary endeavour, the authors’ professional affiliations range from immunology to paediatrics. Historians or social scientists are absent.

Topics covered vary from the transplantation of specific organs and tissues, like the kidney or pancreatic islets, to overarching themes such as the history of HLA and transplantation immunity and the history of ethical issues in transplantation. The individual papers have the character of survey papers on the existing scientific literature about their respective topics (though most not extending further back than the 1950s). Some of them contain respectable numbers of references, up to several hundred. There is no mention of any secondary literature from history or social science in any of the articles. The papers in many respects much resemble the introductory passages of scientific papers. They survey all the previous efforts at a procedure, for example, kidney transplantation or the identification of HLA tissue types, and interpret the literature on the background to the present state of the art on kidney transplants and HLA typing. There is not much information that has not been published elsewhere, either in other books of the same character or in articles (except maybe the chapter on the history of arm transplants, which is a very recent innovation). Some of the articles seem to be recycled. The advantage for the reader is having all the contributions conveniently gathered in one volume.

For historians of medicine the present book is less a contribution to the history of transplantation than a collection of sources. Because of their technical character the articles come in handy for the purpose of establishing a time-line of what was done when. The multitude of references alone is a goldmine for further research. Some articles also contain snippets of personal recollections, which could be useful starting points of oral history accounts. Some of the contributions, for example the one on brain death, are also interesting since they reflect the ideological commitments of leading transplant experts today. As a whole, the volume gives a good picture of how surgeons and scientists currently view the technical history of transplantation. A point of criticism is that there is no instruction as to the origin and possible interpretation of the intriguing title picture. It shows a crouched female figure in black metal. She seems to be offering her internal organs, in red, taken from her hollow abdomen, to the heavens. In the background are six drawings of different personalities, one of them probably Peter Medawar, another seems to depict Alexis Carrel. Here some more information would have been useful.

This book is an interesting starting point for anybody who wants to do research on the history of organ and cell transplantation.

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My only real encounter with modern medicine was in 1962 when, after reinventing the Molotov cocktail, I spent a month in hospital with a badly burnt leg. Eventually, with a degree of insouciance, I was able to munch my morning toast as the nurses ripped off the foul-smelling pus-encrusted bandages, inspected for granulation, applied ointments, and re-wrapped me in gauze. Except for the antibiotics to counter the gangrene, the experience might have been medieval. How could I have guessed that my burnt leg was the repository of advanced pathological and molecular biomedical wisdom? Precisely around this time, apparently, the complex physiology of burns was becoming a subject of laboratory investigation. Although the strange effects of my burns on my internal organs had been the subject of intermittent debate since antiquity, it was also only in the 1960s that burns experts began to
question the basis of their long attachment to the
tonotion 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),
hydrophatic 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.

Roger Cooter,
The Wellcome Trust Centre for
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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