The Collection of William G. Myers M.D., Ph.D., the Godfather of the Cyclotron

In 1940, just one year after Ernest O. Lawrence won the Nobel Prize for his invention of the cyclotron, William Myers (1908-1988) attended a lecture by Ernest's brother John Lawrence on the potential uses of the cyclotron in medicine. The cyclotron was one of the earliest subatomic particle accelerators. When accelerated particles in the cyclotron struck ordinary nuclei, radioisotopes were produced. Lawrence pointed out that, at times, these radioisotopes had potential uses for medicine. Lawrence's lecture ignited Myers's interest in what was to become his lifelong research pursuit: using the cyclotron to develop radioactive isotopes for medical use.

The William G. Myers, M.D., Ph.D. Collection at the Medical Heritage Center (MHC) of the Ohio State University documents the personal life and professional career of this pioneer in nuclear medicine. At approximately 150 linear feet, it is one of the MHC's flagship collections. Myers made many contributions to nuclear medicine and was instrumental in bringing a cyclotron to the Physics Department at Ohio State in 1941. In 1948, he introduced cobalt-60 as a substitute for radium in cancer treatment, and in 1952, he and Benjamin H. Colmery introduced gold-198 as a replacement for radon-222 in permanent seed implantation for cancer therapy (Figure 1). Myers was also instrumental to the development of radioisotopes for diagnostic and investigative medicine. He introduced more radioisotopes into nuclear medicine than any other individual — eleven in all.

### Radionuclides Introduced into Medicine by Myers

<table>
<thead>
<tr>
<th>Radionuclide</th>
<th>Date</th>
<th>Half-Life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cobalt-60</td>
<td>1948</td>
<td>5.3 year</td>
</tr>
<tr>
<td>Gold-198</td>
<td>1952</td>
<td>2.7 day</td>
</tr>
<tr>
<td>Chromium-51</td>
<td>1958</td>
<td>27.8 day</td>
</tr>
<tr>
<td>Iodine-125</td>
<td>1960</td>
<td>60.0 day</td>
</tr>
<tr>
<td>Strontium-87m</td>
<td>1960</td>
<td>2.3 hr</td>
</tr>
<tr>
<td>Iodine-123</td>
<td>1962</td>
<td>13.3 hr</td>
</tr>
<tr>
<td>Iodine-121</td>
<td>1966</td>
<td>2.1 hr</td>
</tr>
<tr>
<td>Strontium-85m</td>
<td>1966</td>
<td>70.0 min</td>
</tr>
<tr>
<td>Carbon-11</td>
<td>1967</td>
<td>20.3 min</td>
</tr>
<tr>
<td>Potassium-38</td>
<td>1973</td>
<td>7.7 min</td>
</tr>
<tr>
<td>Krypton-79m</td>
<td>1986</td>
<td>50.0 sec</td>
</tr>
</tbody>
</table>

The Myers Collection contains photographs, correspondence, news clippings, report cards, and other ephemera that document Myers's early life. Born in Toledo, Ohio, Myers was the son of a farmer and a factory worker. His parents divorced when he was very young, and as a result, he lived in an orphanage for a number of years. After remarrying, his father reunited the family and moved them to a homestead in Alberta, Canada. As a boy, Myers helped build the family log cabin and support the family by hunting and fishing (Figure 2). He rode ten miles by horse to attend the local school. However, he left home and school as a teenager to support himself as a photographer and waiter. He eventually returned to his family, and to school. A decent student whose grades were not always stellar, he excelled in the sciences, particularly in chemistry. Myers graduated from Wauseon High School and won a competitive tuition scholarship to Ohio State. The Myers Collection contains his master’s
thesis, dissertation, and course work that document his years at Ohio State, where he supported himself as a barber and a teaching assistant in chemistry. Attending 39 consecutive quarters, Myers earned his Ph.D. in physical chemistry in 1939 and his M.D. in 1941.

A highlight of the Myers Collection are the letters he wrote in 1946 to Florence Lenahan, his new bride, describing his experience as a radiation security officer and radiation monitor during Operation Crossroads (Figure 3). This joint Army and Navy nuclear weapons test series took place on Bikini Atoll in the Marshall Islands and comprised the first post-WWII nuclear bombing tests. The series consisted of two tests, Able and Baker, each using the same type of MK 3A fission bomb that was dropped on Nagasaki. Able was the first test designed to study the effects of the atomic bomb on naval vessels, planes, and animals. Utilizing an airburst-type detonation, Able produced radiation contamination that quickly dissipated. Baker, on the other hand, employed a sub-surface burst and yielded very different results: an explosion that bathed the fleet in radioactive mist and debris and required close to a year of decontamination efforts. All personnel were exposed to unhealthy levels of radiation, but in his job as monitor, Myers had the greatest risk of harmful exposure. This experience cemented his interest in what he called "atoms for peace."

Containing approximately 16,000 letters, memos, and postcards, the Correspondence Series of the Myers Collection is especially strong. Myers cultivated professional and personal relationships with Nobel Prize winners and other important figures in the fields of chemistry, physics, and nuclear medicine at hospitals and research centers throughout the world. The collection includes letters from many important figures in the field of nuclear medicine and physics, including Paul Aebersold, John Lawrence, Rosalyn S. Yalow, Hal Anger, Irene Curie, and Glenn T. Seaborg. Myers made copies of the letters he sent, and consequently, there is a complete record of his written communications. The topics of his correspondence include his teaching, research, students and colleagues, civic and administrative activities, and professional and publishing activities.

The correspondence also provides information about Myers’s interest in the history of nuclear medicine. A founding member of the Society of Nuclear Medicine, Myers remained active in the organization throughout his career and served as the society’s historian for thirteen years from 1973 to 1986. During this time, he published many articles documenting the history of nuclear medicine in the society’s journal, The Journal of Nuclear Medicine. Correspondence with various United States government agencies is also represented, including the U.S. Atomic Energy Commission.
The Photographs Series of the Myers Collection is particularly rich and includes approximately 3,840 photographic prints, 4,508 negatives, and 18,400 slides. Myers was an avid photographer and an active member of the faculty photography club. His photographic subjects include nuclear medicine pioneers, historical Ohio State Medical Center events, and nuclear medicine equipment. Myers was among the first researchers employing radiation in medical studies and counted among his friends many of the early innovators mentioned above as recipients of his letters. Myers was especially proud of the photograph he took of Madame Marie Curie’s daughter Irene Joliot-Curie, which he donated to the Institut du Radium at the University of Paris.

Notable images include those of one distinctive piece of experimental equipment: the Anger scintillation camera (Figure 4). The scintillation camera, also known as the gamma camera or the Anger camera, was one of the earliest radionuclide imaging cameras, and was invented by Hal O. Anger in 1958. Although Ben Cassen developed the first imaging camera in 1950, Anger’s had the advantages of simultaneously recording emissions from a large area at once and recording the motion of organs and fluid in the body. The Anger camera is still in common use and paved the way for today’s more sophisticated imaging systems. Through Myers’s determination, Ohio State purchased the first commercial version of it in 1962. Other important images include photographs of Michel Ter-Pogossian with the first in-hospital cyclotron, the gamma ray positron camera, and the Gammicon. The collection contains photographs of cyclotrons around the world. Photographs of remarkable equipment with colorful names, such as the “Monster” and the “Head Shrinker” (Figure 5) are also included in the collection.

Perhaps the most fascinating photographs in the collection are those shot during the early days of nuclear equipment production when changes occurred rapidly and the previous year’s innovations were quickly dated and discarded. The images include early, experimental models of which very few images exist today. To better identify this equipment, the MHC is working on a photograph identification project with specialists in nuclear medicine who are still familiar with this early equipment.

Other series, such as Associations and Conferences; Publications; Research, Speeches and Exhibits; Teaching; and Equipment, Laboratories, and Supplies in the Myers Collection document Myers’s long career in the burgeoning field of nuclear medicine. The Association
and Conferences Series contains over three linear feet of civil-defense-related materials. Myers pioneered safety standards for nuclear waste as well as the use of radioisotopes for medical use. As a faculty member at the Ohio State College of Medicine, Myers researched and taught for more than forty years. He taught the university’s first radiation biology course (the first such course in the world to be taught by a physician), held faculty positions in the departments of Medicine, Physiology, and Radiology, and earned emeritus professor status in 1979. Additionally, he served as visiting professor of biophysics at the University of California, Berkeley in the 1970s and at Cornell University in the 1980s. Myers also spent considerable time researching with larger cyclotrons at the Lawrence Berkeley National Laboratory and the Memorial Sloan-Kettering Cancer Center. Myers was a prolific author, publishing over 200 articles.

Throughout his career, Myers championed the cyclotron. With Myers as its backer, Ohio State acquired one of the first cyclotrons in the world and was one of the first universities to make short-lived radionuclides for medical use. However, the development of the nuclear reactor, which could produce larger quantities of radioisotopes than the cyclotron, began to put cyclotrons on the back burner. As Myers’s career progressed, he studied radionuclides with progressively shorter half-lives. Many of these shorter-lived radionuclides could not remain radioactive in transit from a large nuclear reactor and could be better produced in a cyclotron. Myers argued that every hospital should have its own cyclotron. Through continuing research with cyclotrons, Myers played a large role in their resurgence in the 1990s. For his continuing role as proponent of the cyclotron, Henry Wagner, present historian of the Society of Nuclear Medicine and co-author of the soon-to-be-published book Atoms for Life: A Personal History of Nuclear Medicine, called Myers the “godfather of the cyclotron.” This is a title he greatly deserves.

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*Pioneer Doctor: The Story of a Woman’s Work.*

Although this is not a scholarly work, there is much of value in this biography of Mary (Mollie) Babcock Atwater, M.D. (1858-1941). Researched and written by her granddaughter Mari Graña, it is clearly a labor of love, not an academic tome, but that does not necessarily negate its value. We do not know nearly as much as we should about early women physicians, the ones who graduated from medical school and practiced medicine in the late nineteenth and early twentieth centuries. Most of what has been written is about those rare individuals who made their mark in the field of medicine in some extraordinary way, as these notable women were more likely to have left a paper trail for use in researching their lives, and there is more likely an interest in writing and reading their biographies. They are also more likely to have been located in the eastern United States or in major cities.

This book tells the story of Mollie Babcock Moore, a young Iowan, married to a doctor, who decided she really wanted to be a physician as well. Her husband was supportive, moving with her to Chicago so she could attend the Woman’s Hospital Medical College of Chicago. When they returned to Iowa to practice medicine together in 1887, she discovered that he really considered her an assistant, not a partner, in their practice. The longer this went on the less she was able to cope with his attitude, or with his severe and judgmental mother. At a time when such behavior was considered scandalous, Dr. Moore left her husband. She moved to Salt Lake City simply because a female classmate was practicing there, but discovered that as a non-Mormon, she would have difficulty establishing a practice in that city.

By a fluke she was hired as the doctor for a company mining town in Montana, soon transferring to another town in the same position. Here, as in Helena, where she later lived, she was active in two important causes — women’s suffrage and public health work. Along the way, she also met journalist Ben Atwater, a man truly supportive of her work and undeterred by her former marital status. Finally convinced that this marriage would not interfere with her career, she wed Atwater.

Marriage did not hinder Dr. Atwater, but a surprise pregnancy did change her direction. While she was a strong proponent of contraception and non-judgmental about those women who felt that abortion was their only option, she could not terminate her own pregnancy, nor leave her child in the full-time care of someone else. Thus began the phase of her life in which she did civic and other volunteer work, becoming very active in Montana’s suffrage movement, as well as working tirelessly in the area of public health.
Writing biography is very difficult, especially if one tries to recreate thoughts and conversations. The writer cannot really know what the subject was thinking, nor retell a conversation with complete accuracy, and it is easy to fall into the trap of using today’s context to explain past events and behaviors. In this particular case, it appears that too many modern-day motivations and thoughts have been attributed to Dr. Atwater and that the author had a particular agenda in the writing of this book. With that said, this is still a valuable study of the life of a fairly ordinary late nineteenth- and early twentieth-century woman, who in reality did extraordinary things for her time. This book does show the reader how a young woman was hindered by her gender; how her roles as wife and mother affected her career and life decisions; and minimally, the effects of her attitudes on at least the next two generations of women in her family. Mary Babcock Atwater, M.D. was a pioneer in the field of medicine, practicing in a pioneer setting, which in itself is worthy of a story.

Katherine Burger Johnson, Associate Professor Archivist for Manuscript Collections University Archives and Records Center Archivist/Curator Kornhauser Health Sciences Library University of Louisville


Most institutional histories of medical schools tell the narrow story of the creation and growth of that specific school and fail to put this story into the broader context of American medical educational change. Fortunately Eric Luft avoids this typical shortcoming and places the history of his medical school, SUNY Upstate Medical University, within the broader context of American medical history, from the school’s early nineteenth-century beginnings in Geneva, New York, into the first decade of the twenty-first century in Syracuse. This informally written text covers the emergence of medical education, hospitals, and medical science in central New York state and how it related to major events such as the Flexner Report, the two world wars, and women and minorities’ gradual acceptance into the medical profession.

Making very effective use of extensive archival material Luft traces the creation of what became Geneva Medical College, emphasizing the education and career of its first woman medical graduate, Elizabeth Blackwell. Because of the lack of clinical facilities and its isolated geographic location the medical school moved to Syracuse and was absorbed by the recently founded Syracuse University in 1871. From the beginning this medical school had to contend with drastic underfunding that threatened the high educational aims of the medical school’s leadership. Overcoming this major obstacle, a series of innovative deans were able to create a graded four-year medical school curriculum by 1896 and to survive the 1910 Flexner Report that would lead to the closure of many of America’s weaker medical schools over the following decade. Under the lengthy deanship of Herman G. Weiskotten, 1922 to 1951, Syracuse University College of Medicine greatly expanded its facilities, faculty, and medical science infrastructure while maintaining high qua-
lity medical education. Finally in the 1950s the medical school was transferred to the newly created State University of New York (SUNY) system, giving it the financial and administrative support it had never received as part of Syracuse University.

Throughout this book Luft introduces the reader to a series of fascinating individuals. Andrew Boardman was a Geneva Medical College graduate whose M.D. thesis embarrassed the school’s faculty by pointing out the lack of appropriate clinical facilities. The author discusses the careers of a number of local alternative medicine practitioners, including Cyrus Thompson, the son of the noted herbalist, Samuel Thompson, and Stephen Hollister Potter, who created the Syracuse Medical College, the world’s first co-educational medical school that taught eclecticism. Sarah Marinda Loguen Fraser was an early African-American woman physician whose education and career is chronicled by Luft.

Two of this volume’s main strengths are the extensive use of lengthy quotes and the numerous images and photographs that clearly show the institution’s history. The author takes every opportunity to highlight the successes of the women and African-American medical graduates and faculty affiliated with his medical school. The major bias in this work is an obvious disdain for how Syracuse University failed for the better part of a century to adequately fund its medical school. Overall this volume provides a readable account of the evolution of medical education in the central New York region.

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*The Rise and Fall of HMOs* relates the history of the U.S. health maintenance organization (HMO) movement concurrently with the story of one clinic and its innovative health care plan. The Marshfield Clinic is in Marshfield, Wisconsin, a city of 18,000 in the center of the state. Author and former Marshfield resident Jan Gregoire Coombs has written articles on late nineteenth-century medicine in Wisconsin, and in 1988, she was asked to write a history of the Greater Marshfield Clinic Health Plan (GMCHP) by one of its founders. After finally gaining access to archival materials in 1992, she began work on what became *The Rise and Fall of HMOs.*

In the 1940s, private, employer-sponsored health insurance emerged, and when such plans were made tax-deductible in 1953, they became the dominant form of health coverage in the United States. Medicare and Medicaid were established in 1965 to provide care for those excluded by traditional insurance plans.

As medical costs spiraled out of control in the early 1970s, the concept of managed care gained currency. The American Medical Association and other groups opposed the idea of non-medical professionals dictating appropriate care and reimbursement rates. Despite the passage of the Health Maintenance Organization Act in 1973, HMOs failed to take off on a large scale until the early 1980s, when a recession forced employers to contain health care costs. Studies soon found that care within prepaid plans was equal to or better than that under fee-for-service plans.

Coombs describes the ascendancy of for-profit HMOs, which are geared toward driving down costs for the benefit of shareholders rather than for plan members. Many HMOs now spend an inordinate amount of
funds on administrative costs, and put up bureaucratic barriers to members seeking medical care. Coombs argues that employer-based coverage leads to unfair tax deductions for highly paid workers and their employers, and a lack of health security for all.

Currently, only about a quarter of Americans belong to HMOs. Coombs considers the merger of the American Association of Health Plans and the Health Insurance Association of America — forming America’s Health Insurance Plans (AHIP) — to be the last nail in the coffin of the HMO movement. The AAHP originally represented prepaid care, while the HIAA represented traditional insurance; now, there is little or no difference between the two. The promise that HMOs initially showed in making health care more affordable and accessible has disappeared.

Throughout the book, Coombs entwines the broader story of HMOs with that of the Greater Marshfield Clinic Health Plan, established in 1971, two years before the federal HMO Act. The GMCHP covered services at the Marshfield Clinic and affiliated health care providers in central, northern, and western Wisconsin. The plan was a partnership between Clinic leaders and Blue Cross Associated Health Plan of Milwaukee for many years. The founders of the plan aimed to make it available to all people in rural central Wisconsin, often resulting in large financial losses and clashes with Blue Cross. When the partnership with Blue Cross ended in 1986, GMCHP became the Security Health Plan (SHP), which still exists today. Blue Cross later filed an antitrust suit against Marshfield Clinic, which dragged on for five years but ended in Marshfield’s favor.

Coombs writes glowingly about the Clinic and its plans, with good reason. The GMCHP was one of the first rural HMOs to contract with Medicaid. The GMCHP/SHP outperformed some public programs in serving high-risk patients, and it steadfastly served its community despite financial struggles and competition from other insurers. The National Committee for Quality Assurance named SHP the number one health plan in the nation in 1997 and 1999.

One shortcoming of The Rise and Fall of HMOs is the lack of visual content. The book would be enlivened by maps of changes in the GMCHP/SHP plan coverage areas over the years; photographs of the Clinic and of key figures such as Dr. Russell Lewis, a founder of the GMCHP; and chronologies of major events for both the general HMO movement and the GMCHP/SHP.

The endnotes for the book are extensive. Coombs also provides a separate bibliography of background reading in U.S. health policy. One appendix decodes some acronyms frequently used in the text, while the other outlines clinical, public and mental health, and research activities of the Marshfield Clinic.

Overall, The Rise and Fall of HMOs provides an excellent overview of the HMO movement and one model plan’s triumphs and trials. Coombs has a Web site for her book at: <webpages.charter.net/coombs/>. Basic information about Marshfield Clinic’s history is available at: <www.marshfieldclinic.org> under “About Us.”

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The story of food and drug regulation is a familiar one. The development and enactment of the first national legislation on the subject (the so-called Pure Food and Drugs Act of 1906) has been well told in the collected essays edited by James Harvey Young, The Early Years of Federal Food and Drug Control (1982) and that same author’s definitive monograph, Pure Food: Securing the Federal Food and Drugs Act of 1908 (1989). Additionally, this review appears concurrently in Pharmacy in History.
overall drug policy legislation and enactment, including the watershed Food, Drug, and Cosmetic Act of 1938 (FDCA), has been adequately covered in Peter Temin’s Taking Your Medicine: Drug Regulation in the United States (1980). In this book, Gwen Kay, assistant professor of history at SUNY Oswego, tackles the regulation of cosmetics culminating in the 1938 law.

Kay’s central thesis is that “some well-publicized incidents caused by unregulated products, particularly cosmetics, spurred consumer activism in the years from 1900 to 1945” (p. 8). Indeed she asserts that it was grass roots activism, especially through the Women’s Christian Temperance Union, the General Federation of Women’s Clubs and the National Consumers’ League (open to men but dominated by women), that caused a national policy shift regarding the protection of the public against fraudulent and unsafe cosmetic products.

As the author points out, every major piece of food, drug, or cosmetic legislation has stood on the ugly shoulders of deception and death: The 1906 act followed on the heels of Upton Sinclair’s The Jungle, a gripping and grisly exposé of the meat packing industry, as well as Samuel Hopkins Adams’ series, “The Great American Fraud,” in Colliers that revealed a Pandora’s box of unregulated patent medicines. The need for sweeping revisions to the loopholes and inadequacies of that original law became painfully obvious with the sulfanilamide tragedy of 1937, when several children died after taking Massengill’s deceptively tasty, raspberry-flavored Elixir of Sulfanilamide, an otherwise effective sulfa drug unfortunately dissolved in a suspension of toxic diethylene glycol. The lesson that government seems to need a jump start—a causé célèbre—to move toward needed consumer protection comes through loud and clear.

Cosmetic regulation was no different. As Kay tells it, the villainous catalyst to cosmetic regulation came in the form of “Lash Lure,” an eyelash dye that contained paraphenylenediamine (PPD) and could cause serious injury and even blindness in those with a PPD allergy. For Mrs. Musser it did. The specific spark to legislative action was ignited by the woman’s 10-year-old daughter, Hazel Faye Musser, who wrote a poignant letter to President Roosevelt on January 2, 1934, “because I don’t want anything to happen to other ladies like it has happened to my mother” (p. 72). As is routine, the letter was forwarded to the appropriate agency, in this case Ruth Lamb with the FDA, where she was so taken with the little girl’s plea that she returned the letter to the President’s office for a personal response.

While groups largely led by women and working independently of one another had been pushing for some kind of consumer protection in regards to cosmetics for some time, Kay indicates that this letter “pulled these disparate groups together, forcing government response to a medical injury that was receiving national attention” (p. 54). Victory for the cosmetic provisions of the FDCA was achieved with the passage of Bill S5, doggedly promoted by Senator Royal S. Copeland on May 5, 1938. The complete act was signed into law by President Roosevelt on June 25 of that year.

The details of the long, hard road to final passage are well told here by Gwen Kay. Amply supported by primary documentation, readers interested in federal food, drug, and cosmetic legislation will want this book on their shelves. Moreover, those interested in the larger landscape of consumer activism and women’s roles in influencing and directing public policy will find Dying to Be Beautiful an indispensable addition to the literature.

That said, this is not a comprehensive treatment of the subject. Kay ends her narrative largely with the passage of the 1938 FDCA. Her brief epilogue indicates some subsequent regulation, citing amendments to the 1938 act such as the Miller Pesticide Amendment (1954), the Color Additive Amendment (1960), and the Thalidomide debacle that prompted the Kefauver-Harris Amendment (1962), but curiously leaves off any mention of the Cosmetic Safety Act of 1974 or its amendment one year later. This should not suggest that the book is deficient, only that a complete history of cosmetic regulation in the United States remains to be written. Whoever takes on this challenge will be well served by Kay’s thorough and highly readable account of this seminal event in protecting Americans from useless and dangerous beauty enhancers that exact an unexpected price.

Although well indexed and referenced, this reader felt the book would have been enhanced by more illustrations. While the four that are included are appropriate, where are the pictures of the major players in this drama? Senator Copeland, Walter Campbell, Ruth Lamb, and the women’s groups so crucial to Kay’s
story remain somewhat hidden in the anonymity of the printed page. But this is a comparatively minor matter. Overall, this is a good book; it is highly recommended for all health sciences libraries and readers interested in this important chapter in American public health policy.

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Howard Markel. *When Germs Travel: Six Major Epidemics That Have Invaded America and the Fears They Have Unleashed.*


Germs and the diseases they cause are a timely topic. Current news reports abound with stories of the avian flu, the West Nile virus, and SARS. Public health officials periodically inform us that a major pandemic is overdue, with reports that the influenza vaccine is in short supply. Since the events of September 11, 2001, there have been varying levels of concern in the collective consciousness regarding bioterrorism, heightened during the anthrax outbreak in the latter part of 2001. Viruses have captured the attention of the populace in recent years and attention to infectious disease and its proliferation is growing. Factor in the increasingly global economy that allows travel unencumbered by restrictive borders, finances, or discrimination, and Howard Markel’s book is timely indeed.

Markel, author of *Quarantine!* (1999), presents a compelling narrative of epidemics that have impacted the United States during the last 150 years or so, as immigration increased and public health policy was defined and redefined with each new outbreak and discovery. He handles the issue of epidemic disease by putting a face to the story of the individuals he profiles. This effective method garners the attention of layperson and physician alike; enabling a better understanding of the social, political, and physiological ways disease affects the population.

As a practicing physician and professor of history and medicine at the University of Michigan, Markel brings both a clinician’s knowledge and a historian’s perspective to epidemic disease, viewed from the standpoint of the twenty-first century with its own threats of biological terrorism, and a distinctive view of examining the past in light of the present. Markel writes that the book “represents an attempt to bring together the practices of medicine and medical history” (p. 10). This he does extremely well by using case histories, clinical expertise, and a distinctive grasp of how the role that epidemiology and medicine play have affected the history of epidemics. Interwoven with clinical descriptions of the effects of tuberculosis, bubonic plague, trachoma, typhus, AIDS, and cholera are stories of the individuals affected by these diseases. Heartwrenching at times, the six diseases examined take the reader inside the story, as Markel deftly weaves the clinical and personal stories together in a seamless fashion. Each chapter is devoted to one particular outbreak. This format facilitates addressing one topic exclusively and thoroughly. The arrangement serves the reader who is looking for a particular epidemic disease, its causes, treatment, and ultimately the impact it had on the population. His engaging narrative provides not only an informative history of the pioneers of medicine at the time but also documents the growth of the United States Public Health Service (USPHS).

Focusing on specific epidemics, the book covers the decades of burgeoning medical discoveries and changing social attitudes toward disease. The choice of singling out these particular six diseases demonstrates the sociological impact and affect they had upon the public health authorities during a time that the United States was confronting an increased population of immigrants. Markel provides the reader with an understanding of the varying personal conflicts of the hopeful immigrant colliding with the resistance of the existing population.
Encompassing the two “great waves” of immigration into the United States beginning in 1880 up to the present day (p. 8), the stories reveal a pathos and ambivalence along with tales of courage and persistence on the part of those who persevered in spite of the USPHS restrictions and the resistance of the local population. The use of primary and secondary resources includes images that illustrate the daily, common lives that were shaped by these devastating diseases.

Markel’s thesis is that, although the United States is primarily a nation of immigrants, when epidemics arise in cities and towns, both the local population and the health authorities blame the “outsiders,” newcomers, and immigrants. The draconian measures taken in San Francisco in 1900 when a small number of cases of bubonic plague were reported is a typical example of the conflict between the local population and the Chinese immigrants.

Markel’s first chapter addresses tuberculosis. The tone is set with the reminder that many of the diseases in the past are ever-present today and just as prevalent. Noting that the World Health Organization has classified TB as a “global health emergency,” he mentions that despite anthrax scares on the subway, tuberculosis is the disease that is uppermost in his thoughts of contagious concerns (p. 18). Thus, a disease that seems out of the public consciousness is making a dramatic comeback with the rise of immunocompromised individuals with HIV/AIDS. Throughout the book, the reader is conscious of the fact of how easy it is for a person unknowingly to carry germs while traveling and perhaps to spread contagion. Markel stresses that this is a public health concern that continues to affect the global community.

Recommended for readers interested in history, history of medicine, or epidemics, When Germs Travel addresses the sociopolitical dimensions of disease, including discussion of the American “self-help” culture, and relates interesting first-person accounts of immigrants to the United States confronting disease on a personal level.

Endnotes and a thorough index round out this work and make it one that will fit nicely in both academic and health sciences libraries as well as any reader’s collection of history of medicine and public health.

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Collections, Exhibits, and Access

The Medical World of Benjamin Franklin

This year marks the tricentennial of Benjamin Franklin’s birth in Boston on January 17, 1706. More than any of the other Founding Fathers, Franklin epitomized the best aspirations of the new America: courageous, practical, evenhanded, intellectual, witty, self-reliant, prosperous, ingenious, bold — and just a bit randy. Of course, Philadelphia, Franklin’s adopted hometown, is going gaga this year with celebrations.

Among the most interesting of these celebrations is a joint exhibit by the Royal Society of Medicine (RSM) and the College of Physicians of Philadelphia (CPP), “The Medical World of Benjamin Franklin.” It was on display at the RSM from October 31, 2005, to January 27, 2006, and opens at CPP on April 8, 2006.

Accompanying the exhibit at CPP is a lecture series sponsored by the Francis Clark Wood Institute for the History of Medicine and funded by the Barra Foundation. On April 11, Lisa Rosner of Stockton State College speaks on “Franklin and the Medical World of Philadelphia”; on May 11, Toby Gelfand of the Uni-
University of Ottawa discusses “Franklin and the Medical World of Paris”; and on June 6, Andrew Cunningham of the University of Cambridge presents “Franklin and the Medical World of London and Great Britain.”


Profiles in Science at NLM: The Luria Papers

What can a slot machine teach a scientist about mutations in bacteria? Quite a lot, if the scientist is Salvador E. Luria (1912-1991). He is the latest scientist to be added to the Profiles in Science Web site <profiles.nlm.nih.gov/>, created by the National Library of Medicine.

Early in 1943, Luria, an Italian-born bacteriologist, was trying to determine how bacteria become resistant to specific viruses following infection. Was the mutation to a resistant form provoked by exposure to the virus? Or was it spontaneous and random? The answer struck him one evening as he watched a friend playing a slot machine.

Bacterial mutations, he realized, might occur in a pattern analogous to payouts from slots. Slot machines return about 90 percent of money put into them, but distributed very unevenly — most yield nothing, some very small amounts, and a few jackpots. If random mutation was occurring in twenty different bacteria cultures exposed to a virus, there would be resistant colonies in some of the cultures, none in others, and very large ones in a few. This is exactly what Luria found.

The discovery, made with Max Delbrück (who devised a mathematical proof that calculated mutation rates from the number of mutants observed), marked the birth of bacterial genetics and demonstrated the utility of bacteria for genetics research. Luria shared the 1969 Nobel Prize in Physiology or Medicine with Delbrück and Alfred Hershey for their “discoveries concerning the replication mechanism and the genetic structure of viruses.”

“Luria’s work with Max Delbrück brought bacterial viruses to the center stage of genetics research in the 1940s, and he helped develop bacterial genetics into one of the roots of molecular biology as we know it today,” said Donald A.B. Lindberg, M.D., Director of the National Library of Medicine.

Born in Turin, Italy, on August 13, 1912, Luria graduated in 1935 from the University of Turin Medical School. By 1938, Luria, as a Jew, was barred from academic research fellowships in Italy as that nation increasingly aligned itself with Nazi Germany. He moved to Paris to continue his work. When the Nazi
army invaded in 1940, he fled to the United States, where he met Delbrück. Recognizing their common research interests, they planned experiments to conduct over the summer of 1941 at Cold Spring Harbor Laboratory on Long Island.

During the 1940s Luria taught at Indiana University. There he mentored graduate student James Watson, who went on to discover the structure of DNA with Francis Crick. In 1959 Luria joined the faculty at the Massachusetts Institute of Technology as the chair of its new microbiology program. At MIT his research focus shifted to cell membranes and their enzymes.

Although not involved in resistance activities in Europe in the 1930s and 1940s, Luria became politically active after moving to the United States. He joined Linus Pauling and many other scientists in protesting nuclear weapons and nuclear power and was an outspoken critic of American intervention in Vietnam.

NLM prepared the Salvador Luria Profiles in Science Web site <profiles.nlm.nih.gov/QL/> in collaboration with the American Philosophical Society, which holds Luria’s papers. The online exhibit features correspondence, published and unpublished articles and monographs, photographs, lectures, speeches, and laboratory notebooks from Luria’s files. An introductory section places Luria’s achievements in historical context.

Celebrating Medical Women
Where It All Began

“Changing the Face of Medicine: Celebrating America’s Women Physicians,” the jointly sponsored National Library of Medicine/American Library Association travelling exhibit that was described in the Fall 2005 Watermark, pp. 70-71, came to Elizabeth Blackwell’s alma mater from January 11 to February 23, 2006. Blackwell (1821-1910) was the Englishwoman who broke the gender barrier in medicine by graduating at the head of her class on January 23, 1849, at Geneva Medical College, Geneva, New York, thus becoming the first undisguised woman in the world to earn a regular M.D. at an accredited medical school by successfully completing the full course of required study. As the direct successor of Geneva Medical College, Upstate Medical University claims this important milestone in the history of world medicine.

In a special ceremony in the Alumni Auditorium of Upstate Medical University on January 23, the 157th anniversary of Blackwell’s medical graduation, Patricia J. Numann, M.D., Upstate Class of 1965, received the Congressional “Local Legend” award, which “honors the remarkable, deeply caring women doctors who are transforming medical practice and improving health care for all across America.” Pat Numann became the first woman surgeon at Upstate in 1970, founded the Association of Women Surgeons in 1981, and recently became the first woman elected to high office in the American College of Surgeons and the first woman to chair the American Board of Surgery.

Among the other events connected with “Changing the Face” at Upstate was the Sarah Loguen Fraser Dinner, January 17, where Eric Luft, Upstate’s Curator of Historical Collections, spoke about Upstate’s earliest medical alumnae, including Fraser, Blackwell, and Millie Dann. Fraser (1850-1933), daughter of famed abolitionist Rev. Jermain Wesley Loguen, earned her M.D. as a member of the Class of 1876, thus becoming the College of Medicine’s first African-American graduate of either gender, America’s fourth African-American woman physician, and the first African-American woman physician to be educated at a coeducational medical school.

The Second Annual Sarah Loguen Fraser Day, January 18, featured Sharon H. Jackson, M.D., Head of the Monocyte Trafficking Unit of the Laboratory of Host
Defenses (LHD) at the National Institutes of Health (NIH), who spoke about “M.D. Women Scientists: Imagining the Possibilities.” She told of her personal struggle and her circuitous career path toward her present position as a leader in research on chronic granulomatous disorder (CGD).

Anastasia Rowland-Seymour, M.D., Assistant Professor of Ambulatory Care, Upstate Department of Medicine, gave a lunchtime lecture on January 30 about “Integrating Complementary and Alternative Medicine into an Effective Treatment Plan.” Also as a lunchtime lecture, Mary Jumbelic, M.D., Onondaga County Medical Examiner, spoke on February 10 about “The Importance of Forensic Pathology in Mass Disasters.”

Other women practiced medicine before Blackwell, Some even had M.D. degrees — but either unearned or acquired by deception. Upstate’s 21st Annual Elizabeth Blackwell Day Lecture on February 15 focused on one of these women. Brian Hurwitz, M.D., D’Oyly Carte Professor of Medicine and the Arts, School of Humanities, King’s College, London, and his wife, prominent interdisciplinary historian of science and medicine Ruth Richardson, D.Phil., together presented a talk about Margaret Bulkeley, who disguised herself permanently as a man, “James Barry” (right), earned her M.D. in 1812 at the University of Edinburgh, one of the best medical schools of the time, then enjoyed a successful 43-year career as a British military surgeon. Her actual gender was discovered only at her death.

Institute of Pennsylvania Hospital Collection Project Complete

Thanks to generous funding provided by the National Historical Publications and Records Commission (NHPRC), the Pennsylvania Hospital’s Historical Collections is pleased to announce the completion of a twelve-month project to process and make accessible the materials in the Institute of Pennsylvania Hospital Collection. Providing a unique perspective on the treatment of psychological disorders and mental illness, the Institute of Pennsylvania Hospital Collection is already one of the Historical Collections’ most widely used resources.

The Institute of Pennsylvania Hospital operated in West Philadelphia on a 101-acre farm from 1841 until 1997, when the building was sold and the Institute’s psychiatric services were returned to their original home at the Pennsylvania Hospital. This collection documents the long history of the Institute, its prominence as a provider of humane psychiatric treatment, and the work of many prominent physicians who affiliated themselves with the Institute. In addition to its work with psychiatric patients on an inpatient and outpatient basis, the Institute was a leader in educating and training both male and female nurses.

Comprised primarily of administrative materials, the records of the Institute of Pennsylvania Hospital document early advances in the treatment of patients with mental illness. In addition to ledger books dating from the 1840s and modern files that detail the daily operations of the Institute, this collection contains student files from the School of Nursing and physicians’ office files that reveal the professional and personal lives of influential psychiatrists such as Thomas Story Kirkbride, a pioneer in the design and construction of humane asylums, and Edward Strecker, a leading figure in the early recognition of alcoholism as an illness.

This extensive collection is valuable to researchers in the history and development of psychiatry, the design and operation of modern institutions, the education of nurses, and the humane treatment of psychiatric patients. Student files contain records that would be extremely interesting to genealogists.

This Institute of Pennsylvania Hospital Collection finding aid is available online at <http://www.uphs.upenn.edu/paharc/collections/finding/arrangement.html>.
Background information is available at <www.uphs.upenn.edu/paharc/collections/>. Questions may be directed to the Hospital Archivist, Stacey Peeples, at 215-829-5434 or <peepless@pahosp.com>

St. Louis News

Things have been “busily bubbling” in Archives and Rare Books at Becker Library. We had our “Historia Medica Lecture” in November with success (about 55 people in the audience). Mike Flannery gave a great talk about Civil War pharmacy followed by witty discussion and smooth, deep-red wine. As I write this in mid-January, we are working on two online exhibits. One features selected rare books from all our nine collections and the other is titled “Manuscript or Print?” and discusses the incunabula era. My colleague, Philip Skroska, is mounting the next “non-virtual” exhibit in our gallery with the title “The 21st General Hospital Goes to War.”

The second week of January we started a grant proposal about digitization and the Paracelsus Collection. My book chapter came out recently as well: in *Textual Healing: Essays on Medieval and Early Modern Medicine*, edited by Elizabeth Lane Furdell (Leiden; Boston: Brill, 2005). Our medical school History of Medicine course is running in its fifth year, now with a record number of students.

I also am working on some intriguing small projects with professors from our School of Arts and Sciences of Washington University. One involves the anatomy of Christoph von Hellwig (1663-1721), a lesser known work (1720) in the style of Johann Remmelin. It includes those quaint overlaid movable flaps illustrating various “layers” of the male and female bodies. (A challenge to photograph!)

But what my mind is really occupied with at this moment on January 19 is a ski trip I am planning with my brother and his family in February. Cannot wait!

Lilla Vekerdy
ALHHS President
Rare Book Librarian
Becker Medical Library
Washington University in St. Louis
Columbia University Health Sciences Library Acquires Records of the Maternity Center Association

The Columbia University Health Sciences Library’s Archives and Special Collections has acquired the records of the Maternity Center Association, which for almost a century has been among the nation’s leading advocates for better prenatal and maternity care.

The records date from 1917 to the 1990s and are about 250 cubic feet in size. Included are annual reports; board minutes; administrative correspondence; educational materials; newspaper and magazine clippings; scrapbooks; publications; midwifery school and childbearing center records; fundraising materials; photographs; and film.

The Maternity Center Association, which recently changed its name to Childbirth Connection, was founded in 1918. It was a pioneer in the establishment of prenatal clinics, founded the nation’s first nurse-midwifery school, led innovative publicity campaigns to reduce maternal and infant mortality, and founded the nation’s first urban free-standing birth center.

Today, it continues to promote safe, effective, and satisfying maternity care for all women and their families through research, education, and advocacy.

Maureen P. Corry, Executive Director of Childbirth Connection, said, “We’re very pleased that Maternity Center Association’s extensive records that tell the fascinating story of childbirth in the U.S. will be going to Columbia and available to interested parties.”

David Rosner, professor of history and sociomedical sciences and director of the Center for the History and Ethics of Public Health at the Mailman School of Public Health, said, “The Maternity Center is an extraordinary institution, one whose history encompasses and exemplifies some of the most important issues that have dominated American health care over the last century. Its records will be of importance to scholars in a wide variety of disciplines.”

Columbia will soon hire a project archivist to process these records over an 18-month period.

Major New Exhibit on Forensic Medicine

“Visible Proofs: Forensic Views of the Body” opened to the public without charge on February 16, 2006, in the National Library of Medicine rotunda. Exploring scientific methods that translate bodies and body parts into visible proofs, it tells stories of the people, sciences, and technologies that make visible the cause and manner of individual deaths.

Visitors can observe, analyze, and decipher different forensic views of the body. Through objects, graphics, and multimedia presentations, they can examine important historical and contemporary cases and forensic
techniques — and encounter forensic experts whose contributions and discoveries have changed the field of forensic medicine.

For more information, or to schedule a guided tour of the exhibition, please contact the exhibition program at 301-594-1947 or < NLMExhibition@nlm.nih.gov>.

**New Exhibit on Comparative Anatomy**

“The Horse, a Mirror of Man: Parallels in Early Human and Horse Medicine,” a mini-exhibit prepared by Michael North, opened on December 5, 2005. Located in the foyer of the History of Medicine Division and in two cases inside the Division’s Reading Room, the exhibit will remain on view until April 28, 2006.

**“Global Health Histories” Symposium**

“Global Health Histories,” an international symposium on November 3-4, 2005, brought together scholars, scientists, administrators, and activists to examine global public health crises in historical and contemporary perspectives. Co-sponsored by the History of Medicine Division, the Johns Hopkins University Institute of the History of Medicine, and the Fogarty International Center, it was presented in association with the Global Health Histories Initiative of the World Health Organization. Twenty-seven speakers and moderators from six countries spoke before 250 registrants.

**“Changing the Face of Medicine” Ends its Run**

“Changing the Face of Medicine: Celebrating America’s Women Physicians” closed at NLM on November 18, 2005, after a twenty-five month run. Widely and wildly popular, it resonated generally with physicians, scientists, the general public, and with Girl Scout troops in particular. Visitors during the present quarter included 275 Girl Scouts, docents from the National Museum of American History, and mothers from the Linkages-to-Learning community group.

**Visiting Scholar Program**

Hans Pols of the University of Sydney, Australia, Janet Golden of Rutgers University, Hilary Marland of the University of Warwick, United Kingdom, and Christian Bonah of Université Louis Pasteur, France, will visit the History of Medicine Division this year to develop curriculum material.

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**Good Listening**

**Benjamin Franklin as Medical Scientist**

On January 23, 2006, the Library of the College of Physicians of Philadelphia and the Free Library of Philadelphia presented Stuart A. Green, M.D., speaking on “Benjamin Franklin: Scientist and Medical Investigator” at the College of Physicians building at 19 South 22nd Street. Green’s illustrated lecture featured items from his personal collection of Frankliniana.

Many people know that Franklin showed lightning to be an electrical discharge, but few realize that he also tried to cure paralysis with electricity. In the realm of medicine, Franklin was also interested in typhus, gout, malaria, yellow fever, smallpox, lead poisoning, and kidney stones. He spent time in the laboratories of some of the most important American, British, and French chemists and physicians of his day. Topics of his writings include microscopy, physiology, astronomy, ecology, and foresees of steamboats, military aeronautics, and even space travel. His works influenced many subsequent thinkers, including Malthus, Darwin, and Marx.

Green is Professor of Orthopedic Surgery at the University of California, Irvine, School of Medicine. The abstract of his article, “The Origins of Modern Clinical Research,” published in *Clinical Orthopaedics and Related Research* 405 (December 2002): 311-319, is: “The single-blind or double-blind, placebo-controlled randomized clinical trial is considered the gold standard for evaluating the potential efficacy of pharmaceuticals, medical devices, and treatment protocols. The characteristic features of placebo-controlled clinical evaluations include two essential elements: a sham intervention and subject ignorance about the bogus nature of that intervention. Although it commonly is assumed that such clinical trials were developed in the 1930s, the first published report that used intentional subject ignorance and sham intervention was the result of a 1784 French royal commission investigation into mesmerism, headed by Benjamin Franklin. The strategy the Franklin commission used to debunk Franz Mesmer’s assertions about health and illness served as a model for subsequent inquiries that use placebo controls and blinded assessment to arrive at their conclusions.”

Dr. Green also serves on the Advisory Board of the College’s upcoming exhibit, “The Medical World of
Benjamin Franklin,” which opens on April 8, 2006. (More on that exhibit is above on pages 35-36.)

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**Biomedical Research History Interest Group Presents Talks**

On January 24, 2006, in Lipsett Amphitheater at the National Institutes of Health (NIH), Claudia Wassmann, M.D., Ph.D., DeWitt Stetten, Jr., Memorial Fellow in the History of Biomedical Sciences and Technology of the National Institute of Biomedical Imaging and Bioengineering, spoke on “Imaging the Brain, Finding Emotion: A History of Brain Imaging and Research in Emotion at the NIH.”

On February 7, 2006, in NIH Building 31, Room 6C8, Michele Lyons, Curator of the Stetten Museum, spoke about the production of a new digital project documenting the early history of the Bethesda campus, in a presentation entitled “Seventy Acres of Science: The NIH Moves to Bethesda.”

Both Wassman’s and Lyons’s presentations were sponsored by the NIH Biomedical Research History Interest Group (BRHIG). For more information about the BRHIG and its upcoming events, please visit its Web site at <www.nih.gov/sigs/brhig>.

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**NLM History of Medicine Seminars**

The National Library of Medicine History of Medicine Division continues its series of seminars.

On January 17, 2006, in the Lister Hill Visitors Center, Carol Benedict, Ph.D., spoke on “Chinese Medical Uses of Tobacco, 1600-1800.” Benedict is Associate Professor of History at Georgetown University and a core faculty member in Georgetown’s School of Foreign Service. She received the College Dean’s Award for Excellence in Teaching in 2005. The author of several articles on the history of China, she studies tobacco consumption and other health issues in China from a historical perspective. Her current project is to look at the social and cultural history of tobacco use in China from its introduction in the mid-sixteenth century to the present, seeking to analyze most fundamentally the deep and enduring reasons behind China’s current smoking epidemic.

On February 1, 2006, Susan Strasser, Ph.D., Professor of History at the University of Delaware and Senior Resident Scholar at the Hagley Museum and Library’s Center for the History of Business, Technology, and Society, spoke on “Commodifying Lydia Pinkham: The Woman, the Medicine, the Company.”

Lydia Pinkham’s Vegetable Compound, the leading proprietary medicine for menstrual and menopausal symptoms in the nineteenth century, was one of the most popular medicines in the world. The medicine and the company that made it, founded in 1875, provide an ideal example of a commodification process: Pinkham gave her remedy away before her children incorporated and developed the company that manufactured and sold it worldwide. Strasser described that process, which involved many elements of production, distribution, and marketing.

On February 23, 2006, Kirby Randolph, Ph.D., Assistant Professor of the History and Philosophy of Medicine and Director of Cultural Enhancement and Diversity at the University of Kansas School of Medicine, made a special presentation in celebration of African-American History Month, “Race and Health: New Directions for the History of Medicine.”

Future lectures will include Marcos Cueto’s “The Origins of the World Health Organization” on March 10 and Christian Bonah’s “From Collecting Plants to International Standardization: the Strophantin Case, 1900-1935” on June 14.

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**Cambridge History of Medicine Seminars, Lent Term 2006**

In addition to the well-established Tuesday seminars on History of Early Medicine and Natural Philosophy and on History of Modern Medicine and Biology, this term the University of Cambridge Department of History and Philosophy of Science introduces a new seminar series called “From Generation to Reproduction.” This series, funded by Cambridge’s Wellcome Trust enhancement award in the history of medicine, is in-
tended as a forum for discussion of how, since 1500, our world of reproductive practices and controversy was created. It is organized by Dr. Lauren Kassell, Fellow of Pembroke College, Cambridge, and Assistant Director of Studies in Natural Sciences in the Department of History and Philosophy of Science.

The first speakers, topics, and dates are:
Bernardino Fantini of the University of Geneva and the University of Lausanne, “The Germ is the Life and the Life is the Germ: Louis Pasteur’s Explanation of Infectious Diseases and his Biological Philosophy,” February 14.

Dr. Kassell also organizes the “History of Early Medicine and Natural Philosophy” seminar series, whose speakers, topics, and dates include:

Two other members of the department, Senior Research Associate and Affiliated Lecturer Soraya de Chadarevian and Research Fellow Tatjana Buklijas, organize the “History of Modern Medicine and Biology” series, which features:

If you wish to receive regular announcements of history of medicine events at Cambridge, please subscribe to the electronic discussion list <ucam-histmed> by writing to <ucam-histmed-request@lists.cam.ac.uk>. For additional information on studying and researching history of medicine at Cambridge, please visit <www.hps.cam.ac.uk/medicine/index.html>.

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Anatomy of Gender Symposium

On January 28, 2006, at the Mary and Leigh Block Museum of Art, Northwestern University, art historians, science historians, and cultural theorists gathered for a daylong symposium organized by Northwestern Professor of Art History Lyle Massey. The topic was the impact of anatomical images across disciplines and other issues raised by the exhibit, “The Anatomy of Gender: Arts of the Body in Early Modern Europe,” on view at the museum through March 12.

Participants and topics included:
Monica H. Green, Ph.D., Professor of History at Arizona State University, “Gynecology Without Women: On Traditions of Non-Representation in Medieval Women’s Medicine.”
Katharine Park, Ph.D, Samuel Zemurray, Jr. and Doris Zemurray Stone Radcliffe Professor of the History of Science and of Women’s Studies at Har-
The symposium was funded by the Department of Art History, the Myers Foundations, the Alice Berline Kaplan Center for the Humanities, the Department of English, the Gender Studies Program, the Judd A. and Marjorie Weinberg College of Arts and Sciences, the Program in the Study of Imagination, and the Science in Human Culture Program.

Lectures at the New York Academy of Medicine

The New York Academy of Medicine Section on the History of Medicine and Public Health presented the John K. Lattimer Lecture for 2006. On February 23, James H. Jones, Ph.D., spoke on “The Decision to Put David into ‘The Bubble’: Treatment or Research?”

In 1971 a team of pediatricians at Texas Children’s Hospital in Houston went to extraordinary lengths to achieve the sterile delivery of an infant. Moments after his birth, they placed David Vetter, who later became known to the world as “David the Bubble Boy,” in a carefully designed isolator that they hoped would protect him from germs and viruses. The reason for these heroic precautions was that David’s parents and doctors had reason to believe that he might be born with Severe Combined Immune Deficiency (SCID), a genetic disorder that leaves its victims with problems ranging from compromised immunity to the total absence of an immune system. Neither his parents nor the doctors had any way of knowing it at the time, but David was destined to spend all but a few weeks of his twelve years of life in isolation. No other child in medical history survived this long in an isolator.

This talk examined the decision to place David in the isolator, reconstructing the complex set of issues raised by this particular case and the options that were available. This decision offered a case study for examining the nature of decision-making in medicine when doctors and parents confront a deadly childhood disease and new technology comes to the rescue.

Jones is an independent scholar living in San Francisco. A leading historian of American social and intellectual history, he is the author of Bad Blood: The Tuskegee Syphilis Experiment, A Tragedy of Race and Medicine, which won academic prizes, was a New York Times Book Review “Best Book,” and played an important role in the national dialogue on the Tuskegee Syphilis Experiment. He was invited to the White House when President William J. Clinton delivered the nation’s formal apology for the Tuskegee Study, and provided the historical overview for CNN on that occasion. His most recent book is Alfred C. Kinsey: A Public/Private Life, which was a finalist for the Pulitzer Prize in biography, a New York Times Book Review “Notable Book,” and was serialized in part in the London Times. His essays and reviews have appeared in the Washington-
ton Post Book World, the New York Times Book Review and the op/ed section of the Los Angeles Times. He is currently writing a book on Vetter and a full-length biography of Clinton.

Other lectures at the New York Academy of Medicine this spring include:

The Iago Galdston Lecture, March 23, Janet Golden, Associate Professor of History at Rutgers University - Camden, speaking on “The Making of Fetal Alcohol Syndrome.”


The Lilianna Sauter Lecture, May 17, Amy L. Fairchild, Assistant Professor of Sociomedical Sciences at the Mailman School of Public Health, Columbia University, and Ronald Bayer, Professor of Public Health at Mailman, speaking together on “The Searching Eyes of Government: Public Health Surveillance in Twentieth-Century America.”

For more information about NYAM lectures, programs, and exhibits in the history of medicine, please visit <www.nyam.org/initiatives/im-histe.shtml>, write <history@nyam.org>, or call Christian Warren at 212-822-7314.

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Jewish Medicine at Countway

The Countway Library of Medicine at Harvard Medical School, an alliance of the Boston Medical Library and Harvard Medical Library, hosted a unique event on March 1, 2006, of great interest to those involved with Jewish history and the history of medicine. Internationally renowned scholars in medieval history and Jewish studies came to the Countway for a special one-day symposium that highlighted the rare Hyams collection, a world-class collection of Jewish medical texts that includes the earliest of their kind, including one of the first printings of the works of Maimonides. The Hyams exhibit was featured along with this exciting symposium.

Isaac Kohane, M.D., Ph.D.
Director, Countway Library of Medicine

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Miscellanea

Something to Ponder

Is there a way of gauging which medical libraries have budgets to purchase rare books, manuscripts, etc.? It seems odd to me that most of the medical special collections libraries claim to have almost a non-existent budget for purchase of old and rare books.

It seems odd that they cannot spend $200, $100 or even $50 a year on an old book. They must have some kind of budget for the purchase of reference books, which are published during the year, journals related to the history of medicine, etc. A very few that I know of are occasionally able to buy books for hundreds or many thousands of dollars. Some have bought from me since I established my antiquarian book business in June 1980. However, I didn’t meet most of the members of ALHHS until I attended my first meeting of the AAHM in Minneapolis in 1983.

As with clothing, furniture, jewelry, hardware, automobile, and other commodities, some have their favorite dealers with whom they hobnob at the ALHHS and AAHM meetings. I am friends with as many as possible. But, I never try to “hard sell,” because I’ve
known most of them for decades now, and enjoy the interchange with them. The ALHHS members have different personalities, interests, wants, and desires, as anyone else, and that is what makes them fun to be around. I look forward to the dinner before the annual ALHHS meeting, and hanging out with some after the day of meetings of ALHHS and AAHM.

However, I still find it hard to accept the “we don’t have any money” line. As the late great dealer Emil Offenbacher (my mentor) told me, another late great dealer, Lucien Goldschmidt (a Frenchman, who came over to New York in the period after World War II, to represent the important Parisian dealer Pierre Béres), used to say about his customers, some have “expandable” wallets, or budgets, depending on how much they want the item you have for sale. I guess I have to work on my charm, schmoozing ability, etc., etc., and so forth, as the King of Siam said in the Rogers and Hammerstein musical, “The King and I.”

It seems like there are a handful that have budgets of any sizable amount, and with the changes of staff, and allotments to libraries by medical schools, some that used to purchase don’t anymore. With Bush, I guess the well has dried up at many institutions.

One thing I just can’t understand is how the collection development people at the medical school libraries can’t get the physicians connected with the medical schools, and especially those who have benefited from the use of the medical library’s collections, to give sizable donations to the special collections program. Why not just lock the physicians who are alumni, or who work at hospitals attached to the medical schools, in a dark room in the library, and only let them out when they have given a percentage of their earnings to the special collections fund to buy old and rare books and manuscripts, etc., just as the Church of Scientology, the Mormon Church, and other religious organizations get their members to tithe.

Something to ponder for 2006!

The analysis of one librarian member of ALHHS bears out just what I was thinking. It seems like the library administrators are beholden to certain faculty who want journals, or “e-journals,” and all kinds of computer-based materials, such as “database licenses.” This librarian went on to say that the purchases of historical materials, such as rare books, manuscripts, photographs, ephemera, etc., are pushed to the back burner.

One thing I alluded to in my e-mails to this librarian is that the physicians are not encouraged enough to support the “special collections.” If they were taught more about the history of medicine in undergraduate and medical school they might be inclined to use the collections more, or at least understand the need to add to and preserve the special collections.

A number of years ago, the New York Academy of Medicine had a meeting one afternoon in a room, which I think they call “The President’s Room,” on the main floor near the entrance on East 103rd Street. This was in the mid-1990s, when Hope Mayo was working at the Academy, after the Grolier Club exhibit and publication of “One Hundred Books Famous in Medicine,” which was curated by Haskell Norman, M.D., a psychiatrist and a great collector of rare books and manuscripts on the history of science and medicine. These books were sold by his heirs at Christie’s in the late 1990s. Haskell was the father of Jeremy Norman, the bookdealer, a member of both ALHHS and AAHM, with whom you all must be familiar, al-
though he doesn’t attend ALHHS or AAHM meetings anymore (but does place an ad in each issue of The Watermark).

This meeting was held at a long table, and there were physicians, members of the “Friends of the Rare Book Room,” librarians, Ed Morman, who was then the Director of the Library, or Librarian (I forget the exact title), another rare book dealer, Jonathan Hill, and me. The main purpose of the meeting was to make members of “The Friends of the Rare Book Room” aware of the needs of the Rare Book Room, and a big portion of the discussion involved the need for hiring someone to catalogue the huge backlog of acquisitions over the past years, and the salary they would pay, which was something like $40,000 per year, and maybe a little more. One old doctor asked why they needed to hire someone else to do this type of work. Ed (I know he’ll correct me if I’m wrong) explained the amount of work involved in cataloguing a 16th-century book in Latin, and the doctors around the table were a bit surprised at how much work was entailed. Almost none of them, with the exception of another old physician, William D. Sharpe, M.D., who was in his seventies at that time and who had been editor of the Bulletin of the New York Academy of Medicine, had probably taken Latin or Greek when they were in school.

Since I have to catalogue these types of books, and make my living from being quite knowledgeable in that area of early printed books, I found it easy to understand why they needed to pay someone a good salary if they wanted to get a qualified person.

Hope stayed at the Academy for only a short time, and was also occupied for several years in the early 1990s with preparing the Grolier Club catalogue for the 1994 exhibit entitled “One Hundred Books Famous in Science, which was also curated by Haskell Norman. She now has an important position in The Houghton Library, Harvard University, as the Philip Hofer Curator of Printing and Graphic Arts. That’s what happens when you can’t afford to pay a person what they deserve, and don’t make the conditions enticing enough to keep a highly qualified person. They go where they are either appreciated more, or where the pay and conditions are better.

Most, if not all, of our ALHHS members are highly qualified, but are overworked, underpaid, and have to work in conditions which are not the most pleasant.

The physicians must be taught that in order to keep such people, they must be compensated. Also, they must learn that good librarians and curators like to have budgets which allow them to purchase items which will stimulate them, add to the collections, and that they do not enjoy working in what I call “dead collections,” where there is no, or very little funding to add to them.

Maybe former librarian Laura Bush can be encouraged to help. I don’t think we can count on Hillary or Bill Clinton. I once sent them a Wellcome Institute for the History of Medicine catalogue of an exhibition on “Women in Medicine,” when Chelsea was in high school and considering her future. I never heard from them about it, except to receive a photograph of them, with a fake signature, which was made to look real. Politicians don’t understand the problems of libraries. However, Bill and Hillary met in the Law Library at Yale University when they were both students there in the 1970s. She had been a Goldwater Girl, when she was living near Chicago, and only changed her politics during the late 1960s while at Wellesley. Bill gave an interview at the New York Public Library recently in the “NYPL Live” series, which features authors and celebrities who have written books as either speakers or in an interview format.

Bruce J. Ramer
Antiquarian Bookseller
New York City
A Few Words from the Editor
(With a Few Also From Oliver Wendell Holmes)

I sympathize with Bruce’s plight and am in general agreement with his comments above. We librarians, archivists, and booksellers have all been hit hard by the economic realities of the current era, which values video and audio above print media.

Bruce sent me his essay on January 31. Ed Morman posted the following to ALHHS-L just before noon on Monday, February 13: “I’m sorry to report that due to severe financial difficulties, management of the College of Physicians has decided, as of today, to eliminate my position as well as that of Richard Fraser, our archivist and chief reference librarian. Richard has already left the building. I have been asked to clean out my office by Wednesday.”

The descriptors in our immediate online responses to Ed’s post included “appalling,” “terrible,” “stunning,” “dreadful,” and “draconian.” Bruce wrote to ALHHS-L: “Incredible is a mild word for this horrible news, and a very bleak day for the ALHHS, and the history of medicine indeed. I hope you will rally to support Ed, Richard, and any others, help them get positions soon.”

Then Bruce added, in a private e-mail to me about his above essay: “... the horrible news from Ed Morman is even more on target, with relation to my theme. The medical profession is not supporting the rare book libraries at their institutions, and if you all in ALHHS and ALA don’t begin to fight back, you will all be in the same position as Ed and Richard are now.”

Bruce is absolutely right that the new generation of physicians and other powers-that-be need to be educated about the basic cultural necessity of collecting, preserving, cataloging, and making accessible a wide range of rare medical books. On the enduring value of the printed medical word, no one speaks more eloquently or timelessly than Oliver Wendell Holmes, Sr., M.D. (1809-1894), who included the following passage in his 1878 essay, “Medical Libraries”:

“The physician, some may say, is a practical man and has little use for all this book-learning. Every student has heard Sydenham’s reply to Sir Richard Blackmore’s question as to what books he should read, — meaning medical books. “Read Don Quixote,” was his famous answer. But Sydenham himself made medical books and may be presumed to have thought those at least worth reading. Descartes was asked where was his library, and in reply held up the dissected body of an animal. But Descartes made books, great books, and a great many of them. A physician of common sense without erudition is better than a learned one without common sense, but the thorough master of his profession must have learning added to his natural gifts.

“It is not necessary to maintain the direct practical utility of all kinds of learning. Our shelves contain many books which only a certain class of medical scholars will be likely to consult. There is a dead medical literature, and there is a live one. The dead is not all ancient, the live is not all modern. There is none, modern or ancient, which, if it has no living value for the student, will not teach him something by its autopsy. But it is with the live literature of his profession that the medical practitioner is first of all concerned.

“Now there has come a great change in our time over the form in which living thought presents itself. The first printed books, — the incunabula, — were inclosed in boards of solid oak, with brazen clasps and corners; the boards by and by were replaced by paste-board covered with calf or sheepskin; then cloth came in and took the place of leather; then the pasteboard was covered with paper instead of cloth; and at this day the quarterly, the monthly, the weekly periodical in its flimsy unsupported dress of paper, and the daily journal, naked as it came from the womb of the press, hold the larger part of the fresh reading we live upon. We must have the latest thought in its latest expression; the page must be newly turned like the morning bannock; the pamphlet must be newly opened like the ante-prandial oyster.

“Thus a library, to meet the need of our time, must take, and must spread out in a convenient form, a great array of periodicals. Our active practitioners read these by preference over almost everything else. Our specialists, more particularly, depend on the month’s product, on the yearly crop of new facts, new suggestions, new contrivances, as much as the farmer on the annual yield of his acres. One of the first wants, then, of the profession is supplied by our library in its great array of periodicals from many lands, in many languages. Such a number of medical periodicals no private library would have room for, no private person would pay for, or flood his tables with if they were sent him for nothing. These, I think, with the reports of medical societies and the papers contributed to them, will form
the most attractive part of our accumulated medical treasures. They will be also one of our chief expenses, for these journals must be bound in volumes and they require a great amount of shelf-room; all this, in addition to the cost of subscription for those which are not furnished us gratuitously.

“It is true that the value of old scientific periodicals is, other things being equal, in the inverse ratio of their age, for the obvious reason that what is most valuable in the earlier volumes of a series is drained off into the standard works with which the intelligent practitioner is supposed to be familiar. But no extended record of facts grows too old to be useful, provided only that we have a ready and sure way of getting at the particular fact or facts we are in search of.”

In my own library, the acquisitions budget has steadily gone down for about the past ten or twelve years. We now buy database licences and e-journals rather than print copies, and our monograph buying budget is practically nil. I used to have a budget of $5000/year to buy rare books at my own discretion — and I think I even bought a few from Bruce — but now I have to beg the library director on a case-by-case basis when a title germane to the history of medicine in Central New York appears on the market. She usually says yes, but I am careful what I ask for and I do not ask for much.

I prefer the 1980s.

Quiz Question

Which of the two famous surgeon-anatomist Hunter brothers, William (1718-1783) or John (1728-1793), is the namesake of the Hunterian Museum in Glasgow and which of the Hunterian Museum in London? (Answer below on page 55.)

New Home for Baker-Cederberg

In November 2005, the Baker-Cederberg Museum and Archives of the Rochester General Hospital moved to larger quarters. Our new 6,000+ square feet of area is located at 333 Humboldt Street, Rochester, New York. This new site is called the ViaHealth Archives Consortium, which more accurately represents Baker-Cederberg’s overall mission of preserving our local medical history.

The new space allows us to combine all our collections, including those of the Genesee Hospital, Myers Community Hospital, and Behavioral Health (Rochester Mental Health Center), plus several tenant collections including those of the New York State and Genesee Dietetic Associations and the Society for Total Emergency Programs (STEP), representing the vast array of Rochester’s health care systems — some nineteen collections in all.

Enter the museum through the second floor lobby. The area is fully compliant with the Americans with Disabilities Act (ADA). First there is a small reception gallery and gift shop. The gallery was designed with temporary exhibits of photos, art and historical vignettes in mind. Our “store” has gifts, e.g., histories, etc., that are sold to support the archives programs. Next is an exhibit/conference room which gives a venue for hospital employees and staff to show off their artistic talents. Archives, departmental, and historical community meetings may utilize this area.

The large gallery houses semi-permanent exhibits, traveling exhibits, and a meeting/education space. We hope to host several commercial exhibits as well as those created by our Visual Communications Department, plus educational programs and workshops for our membership, the historical community, and school classes. Subjects will include preservation of family heirlooms, archives and photos. The new storage area consists of a large, secure, climate-controlled area, special collections rooms, costume storage, and a research library.

The grand opening is March 15, 2006. Come take a look!

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ALHHS in Halifax, Nova Scotia, May 3-4, 2006

Who’s excited to go to Halifax! It’s time to schmooze, learn, dine, sightsee, relax, network, and catch up with friends and colleagues. The 31st Annual Meeting of the ALHHS is being held in Halifax, Nova Scotia, from Wednesday, May 3, through Thursday, May 4, in conjunction with the American Association for the History of Medicine (AAHM), which runs through Sunday, May 7.

Our Wednesday evening begins with a fabulous culinary opportunity at the Five Fishermen’s private new Chef’s Room <www.fivefishermen.com>. Plan to be spoiled by the lovely urbane setting, our own chef, tasty hors d’oeuvres, seafood or chicken entrée (there is a vegetarian choice as well), and undivided attention. The Medical Museums Association (MeMA) and the Coalition of Canadian Healthcare Museums and Archives (CCHMA) will be invited to accompany us at dinner and will be joining us for part of our Thursday program as well.

Our program on Thursday promises to incite discussion, revelations, “aha” moments, debate, and programmatic ideas to take back home. Our multiple panelists will discuss new buildings, lack of space, innovative use of space, new technology, digitization and preservation initiatives, collection management, marketing ideas; anything and everything that can help us all increase our relevancy to our parent institutions.

Wednesday, May 3, 2006
4:00 p.m. — Steering Committee meeting
6:30 p.m. — Annual dinner: The Five Fishermen

Thursday, May 4, 2006
7:30 a.m. - 8:30 a.m. — Continental breakfast at hotel
8:30 a.m. — Bus departs hotel for Tupper Building, Dalhousie University
9:00 -10:00 a.m. — “What’s New at our Place,” Part 1 of a panel discussion representing ten member institutions
10:00 - 11:00 a.m. — “Space: The Final Frontier.” Panelists: Micaela Sullivan-Fowler of the University of Wisconsin, Walter Cybulski of the National Library of Medicine, and Arlene Shaner of the New York Academy of Medicine.

If you have any questions, please contact me at 608-262-2402 or <msullivan@library.wisc.edu>. Please send registration forms and payment directly to our Secretary/Treasurer, Pat Gallagher.

I’d like to thank Elaine Challacombe for initiating the local arrangements with AAHM’s Peter Twohig before handing it off to me when she had to undergo a second foot surgery and a long rehabilitation on quite short notice. Thanks also to our officers and members who have helped in this Not-So-Terribly-Local Arranging. Can’t wait to see you all.

Micaela Sullivan-Fowler
ALHHS President-Elect
Local Arrangements Chair 2006

“The Hospital Dog”: A Query from London

A rather unusual enquiry came winging its way to my Inbox recently. A welcome change from the dozens of “my ancestor may have been a doctor” type, a reader was trying to track down the history of a toy dog!
At a complete loss here at the Wellcome, I posted a message on the ALHHS-L. I had a response from Kathleen Washy of the Archives Department in Pittsburgh’s Mercy Hospital, who tells me her mother had a very similar memento of her high school or college graduation. The dates seemed to match with the overall design on my dog (the 1950s/1960s). A sort of tactile yearbook, if you like.

But back to the dog! Nancy Ackerman, from Indianapolis’ Ruth Lilly Medical Library helped me out with the nomenclature of the pooch, so I now started looking for an “autograph dog.” She helpfully suggested I check on eBay. If anyone knows me, they’re aware that I’m usually on there — purely for research purposes, of course … No luck though.

A quick bit of surfing took me to Cincinnati’s Children’s Hospital, where you can still buy the dogs. The 21st-century versions look very similar to the character from my enquiry, so I’ll check with them about the manufacturer.

Answer to Quiz Question: In 1783 William Hunter willed to the University of Glasgow his entire collection plus £8000 to build a museum for it. The museum <www.hunterian.gla.ac.uk/> opened in 1807 and remains the oldest museum in Scotland. The British government bought John Hunter’s massive collection from his heirs in 1799 and donated it to the Company of Surgeons, which in 1800 became the Royal College of Surgeons. The museum opened in 1813 as the Hunterian Museum of the Royal College of Surgeons of England <www.rcseng.ac.uk/about/virtual_tours/museum.html>. John, by the way, is also the focus of the Hunterian Society <www.hunteriansociety.org.uk/>.

Thanks to everyone who helped me out with this one. My enquirer is thrilled to bits. These pooches aren’t too common on this side of the pond!

Phoebe Harkins
Assistant Librarian, Reader Services
Wellcome Library for the History and Understanding of Medicine
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*The Watermark* encourages submissions of news and stories about events, collections, catalogues, people, awards, grants, publications, and anything else of professional interest to the members of ALHHS. Please submit your contributions in a timely way to Eric Luft, preferably as e-mail attachments.

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