



## History of the health sciences

### special procedures questionnaire

by Nancy Zinn

Copyright by the Association

Very little research has been done on most of the aspects of health sciences rare book librarianship. The little writing available is on general rare book librarianship, not specific to the health sciences. Until ALHHS was organized the problem was compounded by the lack of a common vehicle of communication, and lack of knowledge about individuals engaged in history of health sciences library work.

After futilely searching the literature for information about current rare book practices in health science libraries, in preparation for the chapter in Handbook of Medical Library Practice, 4th ed, I decided that a questionnaire or survey of the ALHHS membership might elicit the information I needed. Conceiving the project at first as one requiring simply answers to questions about cataloging practices, I felt I might as well take advantage of the opportunity to expand into other areas. I regret now that I didn't expand it far enough and cover a great many other topics, such as acquisitions, budgets, personnel (I was fortunate enough to get some information on this from Doris Thibodeau), archives and oral history, security and insurance — one respondent specified "collection, publicity, exhibits" — I'm sure everyone has at least one topic of interest which could profitably be added to the list. A "quick and dirty" survey — such as this was, admittedly — leaves a lot to be desired; in many respects it raises unrealizable expectations. I would like to see ALHHS undertake a full-scale survey of not only our membership, but all health science libraries, to determine the extent of possible membership, and especially to reach more non-medical collections (as nursing, pharmacy, veterinary sciences, etc). Such a survey would be quite distinct from the Directory survey, and might even promote more responses from hitherto recalcitrant correspondents. Anyone out there interested?

To get back to the survey in hand, I'd like to report on the responses received following the format of the July 1980 questionnaire — some of you may have kept copies of your answers, and may want to compare them. After presenting the responses I'd like to see what, if any, conclusions can be drawn from the results, which may tell us if another broader, more comprehensive survey is

called for.

In July 1980 a questionnaire accompanied Number 1 of this volume of The Watermark. A notice in that issue identified the concern of the questionnaire as the "cataloging of special collections as conducted by or for members of this Association." The questionnaires went out to approximately 60 members — it was also been distributed in Washington, DC at the Association meeting at NLM in June. About 23 members of the Association were not expected to return questionnaires, as they are not directly responsible for history of health sciences collections.<sup>1</sup> I received 32 responses (the response rate was 86.4%). Some respondents were kind enough to identify their collections, as I had inadvertently omitted identification from the questionnaire — I asked for it in the Watermark notice — and appended some remarks about specific questions. These will be incorporated anonymously where appropriate.

As indicated above, this questionnaire was originally conceived as a means of providing information on cataloging; consequently the bulk of the questions deal with that subject. However, since I have some information about the size of the staffs of sixteen of these libraries, gathered by Doris Thibodeau at the Boston meeting, it might be useful to begin with that — it may make some of my figures more graphic. Of the sixteen librarians queried by Doris, the library with the largest professional staff has three members; four libraries have two professionals, and the others (eleven) have one professional. The non-professional staffs range from a high of 3 1/2 to a low of no non-professional assistants (two libraries). The average among all the libraries except the one with 3 1/2 is .87 FTE support staff per library. It is clear that if these figures are typical of all history of health sciences collections, we as a group are accomplishing a great deal with very little more than moral support. This bears closer examination.

To move on to the section on cataloging: as indicated above, 32 respondents answered the questionnaire. Out of 31 usable responses to question #1: Is the cataloging for your rare materials done in your

department? 24 (77.41%) answered that the cataloging of rare materials was done in their department; 16 (62.5%) do the cataloging themselves; in seven libraries it's done by another professional, and in one library, by a library assistant. Among those libraries where the cataloging is done outside the special collections department, all indicated that it was done by the cataloging section. Unfortunately, it cannot be determined from this question and responses if they mean the cataloging division in the health sciences library or perhaps one in a general university library. Still, these responses tell us that most of us do our own cataloging.

Of 29 usable responses to question #3: Do you classify your rare materials? 18 (62%) indicated that they do classify their materials; 11 that they do not. This was a higher figure than I expected. Since most rare collections are not browsable, classification would seem to serve little purpose (Cavanagh, 1790)<sup>2</sup>. Age and size of some collections, however, would presumably preclude abandoning classification systems, even where desirable.

NLM clearly wins the classification race, but there is still much room for individuality in health science libraries. In their general collections seven libraries (21.87%) use the Library of Congress classification; 15 (46.87%) use NLM; three libraries (9.37%) use Dewey; four (12.5%) use some combination of LC and NLM; and three use one of their own devising, the Boston classification or the Black Dental classification. All respondents who classified their materials use the same classification as the general collection. One library classes the general collection according to Boston, and the rare collections are classed differently for each of several subjects: Freud according to NLM, Darwin according to LC, history of biology according to Dewey, and the remaining rare books are not classed at all. This must be unique! As it was not part of the question, no one remarked on any difficulties encountered in classifying early printed works, though that may well be extrapolated from the problems of applying classification to the modern books for which the systems were originally devised.

Those who do not classify their books use a number of different methods of shelf arrangement: alphabetical by author, sub-arranged by printing dates; by size, i.e., 2<sup>o</sup>, 4<sup>o</sup>, etc., and then alphabetical by main entry. Some collections keep certain subject or author collections together, rather than integrating them with other publications, perhaps due to restrictions placed on them by donors, or simply from a wish to observe the integrity of the relationship.

The next question, #6, Which system of headings do you use? brought responses almost identical to those on classification: ten libraries (33.3%) use LC subject headings, 16 (53%) use MeSH, three (10%) use a combination of the two, two (6%) take their headings from the Index Catalogue of the Surgeon General's Library, and one library (NLM) uses no subject headings for pre-19th century works. You may recall that John Blake, Chief of the

History of Medicine Division at NLM, noted in the July, 1980 issue of Watermark that "it is . . . virtually impossible to do intelligent subject cataloging of early books using NLM's standard Medical Subject Headings," a complaint which I have heard voiced also about Library of Congress subject headings. In fact, I fully expected to find that the answer of the majority of respondents to the seventh question, Are you satisfied with these subject headings? would be a resounding negative. However, the replies were split almost straight down the middle: 14 libraries (46.66%) indicated that they were satisfied, or at least "fairly so," "generally," or "90%." On the other hand, 15 libraries (50%) were not satisfied, or "not too," or "not always." Two (6%) could not come down on either side, giving a "yes and no" response.

The questionnaire went on to ask: If not [satisfied with these subject headings], do you make adaptations for your collection? A variety of replies ensued: 16 (53.33%) do make changes — "a very small number." Six libraries don't make alterations in headings even though they are not satisfied with them.

The next segment of the survey raises the issue of special access to rare and early printed materials. The presumption made here was that history of health science collections would follow what is a common practice among general rare book collections and keep files of information which would allow users to approach these collections from a variety of aspects not covered by ordinary subject cataloging. For example, LC's sub-heading "Early works to \_\_\_\_\_" is much too broad to be of help to anyone seeking a chronological approach to printed materials. It is sometimes very useful to be able to have access to materials by genre, i.e., bleeding calendars, publisher's catalogs, etc. These indexes of special information of course appeal to the devotee of early printing, its history and development, but are also of interest to those tracing the transmission of medical knowledge as well.

Several files were singled out in the questionnaire: date of printing, place of printing, printer, association, illustrator, binding and binder; space was left for the respondent to list other local files developed for her/his own collection.

Surprisingly enough, nine librarians (28.;2%) responded that they kept none of these special files. The reasons for this are undetermined, but perhaps age or size of collection, nature of collection, or lack of staff/time might be responsible. Table 1 [see p.4] summarizes in descending order the number of files kept by respondents:

In addition to the files specifically named in the questionnaire, the following other files were listed by respondents: illustrations/portraits (1 library); bookplates (3); publishers' lists or catalogs (2); donors (2); provenance (2); autographs (7); advertisements

(1); and dedications (1). Table 2 summarizes the distribution of special files reported by respondents (see p 4).

Clearly, date of printing and association are the most important to the majority of the respondents — the other files account for less than half the frequency of these two.

For purposes of relevance, the following question will be taken out of order: #10 Is your library participating in OCLC? RLN? Neither? Overwhelmingly the respondents replied that their libraries were in OCLC (23 libraries, 71.87%), as opposed to RLN (1 library, 3.12%), but one replied that the library was in both data systems. Twenty-one (65.62%) of the history librarians indicated that their materials were being cataloged in OCLC, though one said only the circulating publications were being included. The history of health sciences collections of three libraries are not being included, and eight librarians made no response to this question.

Participation in these data systems may be expected to have a major effect on those collections contributing to them. Depending on the quality of cataloging retrieved, it could considerably speed up the cataloging process, even allowing for special notes on situations unique to the locally held items. The contributions of NLM in CATLINE and LC in the MARC tapes give ready access to current cataloging. However, NLM will not be doing any retrospective cataloging on materials published prior to 1801. All newly received acquisitions prior to 1801 will be added to CATLINE, however.<sup>4</sup>

The primary issue which remains to be solved is the production and maintenance of the special files discussed above, by those members of the on-line cataloging systems. Until this time, cards for these files, as was customary, were made manually. The card-generating capabilities of such systems as OCLC and RLN must be made to respond to the special needs outlined above, both in the current hard-copy and the future on-line format. They must be included in the archive tapes which will save information currently cataloged against the appearance of the on-line format. The Independent Research Libraries Association has already presented LC with a list of proposed changes to the MARC format<sup>5</sup> which would ensure standardization of such entries. We will be watching for LC's response and, it is hoped, the speedy implementation of such changes.

Question # 9: Will your collection be included in the ESTC (Eighteenth Century Short Title Catalogue) designed to extend to 1800 coverage of English-language publications begun with Pollard and Redgrave (1475-1640) and continued by Wing (1641-1700). Responses were 10 yeses, 16 noes; 7 did not answer. Austin's list and Blake's catalogue of 18th-century imprints held by the National Library of Medicine represent our only published records of English and American health-science-imprints from the 18th century, and the latter, of course, represent only holdings of the National Library of Medicine. It must be noted that among

other rare book collections in this country and Canada there are doubtless many other titles which should be represented in the STC, and some of us may wish to reconsider being represented in it.

A cut-off date is one of the handiest ways to deal with materials in general collections which are initially unidentified, but are potentially valuable enough to warrant protecting: i.e., it can provide the protection of non-circulation before the librarian has had a chance to choose them for inclusion among rarities. It also protects a large number of materials whose fate is hastened by their own nature, indiscriminate handling, or hostile physical environments outside the library. Question #11: Do you have a cut-off date for lending in your library's general collection? elicited 10 positive answers and 19 negative answers. The oldest date given was 1800; the most contemporary, 1940. The range of dates in between included 1850, 1870, 1880, 1900 (three respondents) and 1913.

The second major segment of the questionnaire dealt with teaching. The first question was: Do you offer instruction in the bibliography of the literature of the history of the health sciences?

Fifteen librarians answered that they did teach, thirteen of them on an individual ad hoc basis. Fourteen said that they did not offer such instruction. Four responded that they taught formally organized courses, one in a history of medicine/technology course, another a course on the history of health sciences and early literature. Two taught a section or lectured in a medical bibliography/literature course in a library school. The courses were offered once a year, or irregularly, most recently in 1980. The average number of students in these courses ranged from four to twelve and the class hours three per week. Credits for the courses were two to three, and student requirements included term papers and examinations, weekly reports and class presentations. Seventeen respondents indicated that if they were asked they would provide formal courses in the subject. Other courses taught by librarians included: one on the nature, collection and handling of historical materials; others on the preservation of library materials, book collecting and scholarship; the history of women in medicine, and book conservation (independent study).

The reference section of the questionnaire attempts to determine briefly some of the range of reference activities among the respondents. The initial question, Do you prepare bibliographies? brought 17 yes replies and eleven noes. The breakdown of groups for whom the bibliographies were prepared was:

For students	11 librarians
For faculty	15 "
For others	12 "

Presumably most of us still feel that the student should do his/her own bibliographical research as part of the learning process. But we still have the occasional indi-

vidual who comes to us to learn the location of the journal *Ibid*. Twenty respondents indicated that they did bibliographical research; one did "sometimes," and four never do.

The advent of HISTLINE in 1978 added a new dimension to history of health sciences research. Even though this data base has not been available for very long, 20 respondents said that they had used it as a consumer, and 16 as a searcher. Fourteen indicated that they had used it less than five times; eight said more than five times. The results of the search were satisfactory (15 yes, 7 no) most of the time, in terms of the number of citations found (15 yes, 7 no) and in the precision/correlation with search statement (14 yes, 6 no). Nine said they routinely suggest its use to their users; 16 said they didn't.

The following comments were added by the respondents: "I prefer to search MEDLINE by subject + history subheading"; "We haven't had a terminal long enough"; "Still too young a data base — not enough entries"; "Historians either wouldn't try or were disappointed, so I gave it up"; "Most are looking for early books, not historical books." Other comments included statements that HISTLINE was not usually needed; that the librarian has no access to a terminal, that too many irrelevant citations were retrieved; that a manual search of the new Wellcome catalogue was more rewarding. "I'm not trained and our searcher is not familiar with the vocabulary."

Conclusion. As indicated in the opening paragraphs, I feel strongly that another, more comprehensive questionnaire is called for — pace the universal impatience with the methodology. There are still many areas about which we are in total ignorance of our customary procedures, goals and achievements. The basis for progress lies in discovering what we are doing, why we are doing it, how we are doing it — all in aid of doing it better in the

future, if we decide that we should continue to do it!

I would like to propose some serious discussion of this topic at the annual meeting in Toronto in May, in hopes that many of you feel the same, to the extent that you will be willing to contribute time and energy to the construction of a questionnaire, answering it, and analyzing the responses. I wish us all good luck!

#### References

1. Based on my interpretation of the current list of ALHHS members, *Watermark* 4(1): 5-6, July 1980.
2. Cavanagh, G. S. T. "Rare books, archives and the history of medicine," in *Handbook of Medical Library Practice*, Gertrude Annan, Jacqueline Felter, eds. 3d ed. (Chicago, MLA, 1970), pp.254-283. In this chapter, Cavanagh doesn't even mention classification.
3. Blake, J. "Cataloging in the History of Medicine Division, at the National Library of Medicine," *Watermark*, 4(1): 2, July 1980.
4. *Ibid*.
5. Independent Research Libraries Association. *Proposal for Establishing Standards for Cataloging of Rare Books*. (Worcester, MA, IRLA, 1979; 45 p.) See also ACRL Rare Books and Manuscripts Standards Committee, "Relator terms for rare book, manuscripts and special collections cataloging," *CRL News*, 41(8): 238-239, Sept 1980.

Ed. note: Nancy Zinn's idea of a full-scale survey has the Watermark's hearty endorsement. We shall be most happy to provide space, mailings, and such.

TABLE 1

No. of Special Files	No. of Libraries Keeping Files
7	2
6	1
4	4
3	3
2	6
1	7

TABLE 2

Name of File	Number of Libraries	Percentage of Respondents
Date of Printing	19	59.37
Association	12	37.57
Printer	6	18.75
Place of Printing	5	15.62
Illustrator	3	9.37
Binding	3	9.37
Binder	3	9.37

## The care and handling of glass negatives

by Kenneth Finkel\*

### Historical background

The photographic negative was invented in the mid-1830's by William Henry Fox Talbot. At Lacock Abbey, his family estate near Bath, England, Talbot sensitized writing paper with silver salts, long known for their reactions to light. Placed in the back of a camera (related to the camera obscura, a sketching guide) and focused upon a still scene, light reflected onto the prepared writing paper would, after a time, create dark areas. Talbot devised an unstable chemical means for "fixing" this image. Sir John Herschel, a chemist and friend of Talbot, suggested the use of sodium thiosulphate for fixing more permanently. Both Talbot and Louis Jacques Mande Daguerre, the Parisian experimenter, found this improvement necessary in the process of imagemaking. This same chemical, called "hypo," is still used for the same purpose today. It was Herschel who applied the word "negative" to Talbot's reversed light image. To make a "positive," a second sheet of sensitive paper was placed directly below the waxed negative and exposed to direct sunlight. The clear areas in the somewhat transparent template transmitted light in the pattern once before the camera. Unlike the daguerreotype, which results in a unique image, a negative was capable of producing an infinite number of prints.

Talbot sold licenses for his patented process; Daguerre received a pension from the French government which made his process public as of August 19, 1839. For this and other reasons, the daguerreotype had too competitive an edge over the talbotype. The French process' silver mirrors of reality were far more astonishing than the somewhat rough and faint images on paper. While the daguerreotype swept the western world in the 1840's, the talbotype was popular among only a few dedicated lensmen: David Octavius Hill and Robert Adamson of Edinburgh, Louis Desire Blanquart-Evrard in France, and the brothers William and Frederick Langenheim in Philadelphia, among others.

In 1851, Frederick Scott Archer succeeded in making a light-sensitive emulsion for a glass-plate base. The advantage for this was two-fold: glass would pass

light more cleanly than would paper, and it was thought at first that the emulsions could be rolled up and stored. Archer's application of collodion, a sticky solution of guncotton dissolved in ether and alcohol, proved better than albumen, which had been experimented with by many. Collodion had to be exposed and developed while still wet, and the "wet-plate" process had replaced the relatively more expensive daguerreotype before the decade's end. The gelatine emulsion, which was a dry process factory-produced in the early 1880's, was replaced in phases by film-based negatives. The flammable cellulose nitrate was introduced in 1889 and cellulose acetate or "safety" film took its place in the 1930's. A collodion negative can be identified by the light brown color of its emulsion; a dry-plate negative has a black emulsion.

### Dangers facing glass negatives

More glass negatives, bearing a vast quantity of valuable historical information, have been destroyed than survive. Often their demise was purposeful: a studio discarded files to make room, or the plates were scraped of emulsion to salvage the glass. Many more have been destroyed by careless storage and handling. Garages, attics, basements and barns are considered adequate temporary storage space by well-meaning owners. But whiskey cartons filled with negatives stacked horizontally in their original crumbling envelopes in hot, damp places lead to nothing but more loss. Even well-educated curators manage to contribute to the wanton mistreatment of these awkward artifacts by storing, handling and printing them improperly.

A few rules strictly followed would make a great difference. Glass negatives should be taken out of their old acid-laden envelopes and placed in new ones of acid-free material (Hollinger Permalife or the like). All of the written material should be transcribed in pencil or carbon-based ink. Plastic sleeves may be used (see appendix to this paper for manufacturers) but they tend to prevent the transmission of air, attract dust, cannot be written on directly, and can cause ferrotyping — shiny spots — on the negative's emulsion. Also, storage in transparent sleeves will invite rifling through the stored negatives, increasing the likelihood of breakage.

While transferring negatives to new housings, old bits of paper stuck to the glass side (shinier than the emulsion side) can be carefully removed with a single-edged razor. If present, dust can be removed with a

\*Dr. Finkel is Curator of Prints at the Library Company of Philadelphia. This paper was written for the use of the Germantown Historical Society; he has graciously given permission for its publication in The Watermark.

very light camel hair brush.

If possible, each negative should be printed. This can be done inexpensively and is very conducive to the negative's future safety. A contact print, archivally prepared (fixed in two baths, washed thoroughly and air dried) is ideal, but expensive. From a top-quality contact print a modern copy negative (at least 4" by 5") can be made. This would virtually eliminate handling of the negative. A precaution to the printer: old glass may be uneven and the pressure from some printing frames may crack vintage negatives. Also, resin-coated paper is not considered archival.

Often, the quantity of printing requires an alternate, less expensive procedure. One such alternative is to photograph the negatives with a 35mm camera using a light box from behind. In the manner of black and white slide production, using Kodak Panatomic-X and altered developing procedures, modern negatives could be had in one step from the glass originals. Printed on enlarged contact sheets, a quick and harmless way to survey quantities of material is had.

The re-housed negatives should be stored individually in folders, envelopes or sleeves, in groups of no more than ten or so of like size, vertically in enameled metal cabinets. To store glass in cardboard boxes can be very risky. Within each drawer there should be vertical dividers of metal. These will insure that pressure will not build up on any one plate. Wooden material, even painted, should never be used: chemical used in bleaching can stain negatives. Ventilation is desirable where collodion negatives are stored. It is necessary to maintain good atmospheric conditions around the negatives: no higher than 80°F and 60% humidity. Most emulsions will soften if these figures are surpassed. Beware of storing volatile material in the vicinity of the negatives.

### Conclusion

Glass negatives are awkward, cumbersome, and unique historical documents. The information they bear is not readily accessible. If printing is not feasible, the negatives should be given the respect of any historic artifact in storage. If printing is possible, negatives should be kept out of danger as much as possible for use by future historians. Glass negatives are harmless products of past technology. We owe the extant ones intelligent care.

### Appendix

Suitable housing materials can be obtained from the following manufacturers:

Eastman Kodak Co  
343 State Street  
Rochester, NY 14650

triacetate sleeves

The Hollinger Corporation  
PO Box 6185  
3810 So Four Mile Run Drive  
Arlington, Va 22206

Hollinger International  
7015 Duncraig Court  
McLean, Va 22101

Light Impressions Corp  
Box 3012  
Rochester, NY 14650

Photofile  
2000 Lewis Avenue  
Zion, Ill 60099

Permalife paper,  
negative envelopes

Polyester folders  
paper negative  
envelopes

seamless paper  
envelopes  
polyester folders

polyester envelopes  
with roughened  
writing area

### Bibliography

Eaton, George T. "Preservation, Deterioration, Restoration of Photographic Images," The Library Quarterly, v. 40, no.1, January 1970.

Orraca, Jose. "The Preservation and Restoration of Glass Plate Negatives," Image, v.16, no.2, June 1973.

Weinstein, Robert A. and Larry Booth. Collection, Use, and Care of Historical Photographs. (Nashville, The American Association for State and Local History, 1977).

Gemsheim, Helmut and Alison. The History of Photography. (New York, McGraw-Hill, 1969.)

### Dues!

Our Treasurer, Jon Erlen, reminds us that we must pay 1980-1981 dues, unless, of course, we have already done so. His address appears on page 9.

### New ALHHS members

Ms Nancy G. Bruce  
Rare Books Librarian  
University of North Carolina at Chapel Hill  
Health Sciences Library 223H  
Chapel Hill, NC 27514

Mary H. Teloh  
Special Collections Librarian  
Vanderbilt Medical Center Library  
Nashville, TN 37232

Claire Still  
440 Ravenswood, # 8  
Menlo Park, Calif 94025



## ALHHS doings

### MEETINGS OF THE ASSOCIATION

Toronto, May 13, 1981

Academy of Medicine of Toronto, 288 Bloor Street West,  
1000 - 1230 hours.

John E. Senior, Curator, Museum of the History of  
Medicine

Mrs. Sheila Swanson, Librarian

Tour and discussions focusing on cataloguing surgical instruments and on the Rare Book Collection and general history of medicine sources in Toronto.

Lunch at the Academy of Medicine of Toronto, 1230 -  
1330 hours.

Business Meeting, 1330 - 1400 hours.

Thomas Fisher Rare Book Library, University of Toronto, 1415 - 1600 hours.

Richard G. Landon, Head, Thomas Fisher

Ian Crellin, Librarian

Montreal, June 3, 1981

The ALHHS in conjunction with the History of Medicine Special Interest Group of MLA has planned a stimulating evening of activities for all members attending the MLA annual meeting in Montreal. At 7:30 P.M. on Wednesday, June 3, Philip Teigen will host these two groups in the Osler Library at McGill University. Phil will present a lecture addressing the issues involved in the relationships, or lack of them, between history of medicine libraries and collections and their parent medical libraries. Following his talk, Phil will guide us through the fascinating holdings of the Osler Library.

Transportation to this event is being left up to everyone's individual taste: taxi, bus, or a brisk twenty-minute stroll. Directions from the hotel to the Osler Library will be passed out at the History of Medicine Special Interest Group session meeting Wednesday at 12:30, or can be obtained at the meeting from any ALHHS officers.

We hope that if you are planning to attend MLA, you will join us for an enjoyable evening at the Osler Library.

-- Jon Erlen

Another note, from Philip Teigen, adds a general invitation to visit the Library on weekdays from 9 to 5. During the week of June 1 - 5, brief guided tours will be provided every hour on the half hour.

## History of medicine collections in Toronto

by Ian Crellin

There are two major collections in Toronto of interest to medical historians — that of the Thomas Fisher Rare Book Library, University of Toronto, and that of the Academy of Medicine.

The Jason A. Hannah Collection in the History of Medical and Related Sciences was established at the Fisher Rare Book Library in 1974, shortly after the founding of the Hannah Institute by Associated Medical Services, Inc. This organization has funded five chairs in the history of medicine at those universities in Ontario having a medical school, and has further undertaken to develop the necessary library resources to support such a program. The Fisher Rare Book Library did, of course, have a small but significant collection in the history of medicine before the advent of the Hannah Institute. For this and other reasons, the Fisher Rare Book Library was selected to be the main beneficiary of the Institute's plans to develop a rare book collection, and since that time, the growth of the collection has been remarkable.

The books added to the library's original collection have come from three main sources. The dispersal of the rare book collections of the Medical Society of London in the early 1970's provided an opportunity to make a very sizable acquisition consisting of a general selection of standard and classic works in the history of medical and related sciences. The Medical Society of London was established in 1773 and had by 1970 established a collection of considerable extent and depth with emphasis on British material of the 18th and 19th centuries. Many of the choice items from this library went to enrich the collection of the Wellcome Institute in London, but the bulk came to Toronto, where it formed a 'basic' working historical collection.

The second addition consisted of a number of distinct purchases from the extensive library of Dr. T. A. Lambo, presently Assistant Director of the World Health Organization in Geneva. An astute and ambitious collector, Dr. Lambo had acquired considerable French and German material of the 19th century, especially in his areas of interest: psychiatry, medical psychology and physiology. Some long runs of important medical periodicals were also acquired.

The third major addition consisted of the obstetrical and gynecological library of Dr. M. P. Rucker (1881-1953), a prominent Virginia obstetrician and collector. Many of the volumes were acquired by Rucker from Dr. J. L. Miller, another Virginia collector. A considerable amount of 19th century American material from Seaman and Bard onward is present. The Hannah Collection is now quite strong in obstetrical and gynecological material and these holdings will, in fact,

form the basis for an exhibition in the history of obstetrics at the Fisher Rare Book Library, mounted to coincide with the May meetings of the ALHHS and the AAHM.

Several minor components of the collection should be noted: approximately 200 books in the history of dentistry recently transferred to the Fisher Rare Book Library from the Dental Library of the University of Toronto; a collection of theses from German medical schools, chiefly of the 19th century; a very large number of reprints relating to insulin research and a small but growing collection of Canadian proprietary medicine material. The Hannah Collection now includes about 6000 volumes; additional purchases are being made with the assistance of the Hannah Institute with special emphasis on Canadian material. Considerable use is made of the collection by local faculty and students and visiting scholars. An agreement exists whereby Hannah Professors at other Universities may borrow from the collection, and occasional use is made of the collection by the public, to whom all the library's holdings are accessible. The Fisher Rare Book Library possesses one manuscript collection of interest to medical historians — the Banting Papers. This collection consists of the research notes, correspondence, etc., relating to Dr. Banting's work in the discovery of insulin and to his post-insulin research.

The Academy of Medicine, Toronto maintains a library of current material for the use of physician members of the Academy. The Academy also has a number of important rare book collections which serve the same clientele as the Fisher Library. The historical collection consists essentially of three parts: a general section including standard and classic works covering the whole spectrum of the medical sciences, and the separate libraries of Dr. Oskar Klotz, relating to the history of pathology, and of Dr. T. G. H. Drake, relating to the history of paediatrics. The Drake Collection contains a large number of works relating to foundlings and wet nurses. Dr. Drake was also interested in medical caricature and so the works of Gillray and Rowlandson, among others, are to be found in the collection. The Academy owns two manuscript collections of local interest: the papers of Joseph Workman, who was the superintendent of the Toronto Asylum for the Insane from 1854 to 1875, and a collection of obstetrical records relating to the Toronto area.

## MLA connections with Montreal

by Marilyn Fransiszyn

It is fitting that the Medical Library Association should meet in Montreal, where two of its prime movers, Margaret Charlton and William Osler, began their careers. Miss Margaret Charlton, who was born

in Laprairie, Quebec and who obtained her library training at Amherst College, Mass., became librarian of the McGill Medical Library in 1895. She soon spoke to Osler of the need she felt for contact with other librarians of medical libraries and of what a "fine thing" it would be "if the Medical Libraries could do the same sort of thing the American Library Association was doing.<sup>1</sup> In 1898 she was one of eight who met with Dr. G. M. Gould in Philadelphia to launch the association and became its first secretary.

William Osler needs little introduction to History of Medicine librarians, but it is still astonishing, many years later, to review his extensive involvement with librarianship and medical libraries. He was at one time President of the short-lived Medical Library Association of Great Britain and Ireland. Besides the part he played in forming the American Medical Library Association, he served as its second President from 1901 to 1904. He donated books, time and money to a number of medical libraries in Britain, the U.S. and Canada.

The most tangible result of his universal benefaction, the Osler Library of McGill University, is a rather fine example of his dictum that "the library of a great medical school should contain the original works of all the great masters of medicine."<sup>2</sup> It does indeed: the works of Vesalius, Harvey, Boerhaave and many others of equal stature, as well as the works of less well-known figures. It is particularly well endowed with eighteenth and nineteenth-century medical publications from Canada, Great Britain, and the U.S. Its physical setting alone has proved to be an enduring attraction for its many visitors over the last fifty-two years. The Osler Room of the Library is considered to be one of the most beautiful on the McGill campus.

Dr. W. W. Francis, the first Osler Librarian, presided over this room for thirty years. In 1936 he served as MLA President. He was laconic in accepting the honour. "I cannot boast that I have worked my way up to this position," he said.<sup>3</sup> "In fact I began near the top of the ladder when you made me an honorary vice-president a few years ago, apparently on account of my enviable connection with Osler and his Library."

1. M. Noyes [after-dinner remarks, 36th annual meeting, Baltimore]. MLA Bulletin 23: 33, 1934.

2. Osler, "On the library of a medical school," JHH Bulletin 18: , 1907.

3. "President's address," MLA Bulletin 25: 58, 1936. The information regarding Miss Charlton, supra, was taken largely from this address.



## A plea for assistance from Jon Erlen

During the past year, and through the next eighteen months, I shall be working on a large-scale bibliographic project in which I hope to enlist the assistance of members of the Association.

Working with two editors from the Smithsonian, I am writing an annotated bibliography of English-language secondary sources which cover the history of health care (medicine, dentistry, pharmacy, nursing, allied health sciences) from 1700 up to the present. Obviously in such a massive undertaking I am not being comprehensive. I have chosen to exclude all pure biographies and most of the journal literature which has already been amply indexed, though I am including articles of historiographical value or those of particular value because of their size and scope. I am concentrating on the monographic literature in the history of health, emphasizing those studies which illustrate the highest scholarly standards.

It is in this regard that I ask for your help to make this bibliography as useful as possible for librarians and scholars. I have found that the most consistent source of high scholarship in the history of health care can be found in the unpublished Ph.D. dissertations produced at American, Canadian and British universities.

As you know, there is no single source for these citations, as Dissertation Abstracts does not receive titles from all universities and does not organize the titles it does receive in a manner which allows the researcher to locate works in any but the broadest subject areas. Because of this problem I am requesting your assistance in locating the titles of all Ph.D. dissertations which can be considered part of the history of health care. Because of the difficulty of obtaining Ph.D. dissertations on interlibrary loan, my editors have allowed me to list the titles of these works without annotations.

To enable this bibliography to be as complete in this area as possible, I am requesting you to send me the following information: the full title of the dissertations completed at your institution or in your collection, the author's full names, the year the dissertations were accepted for the Ph.D. degree, and the institutions granting the degrees. I am interested in any dissertations that relate to the history of any area of health care and which cover any part of the period 1700 to the present.


Please send this information to: Jonathon Erlen, Ph.D., History of Medicine Librarian, U.T.H.S.C.D., 5323 Harry Hines, Dallas, Texas 75235.

I will much appreciate any and all help you can send me. Because of my time restrictions, I ask you please to send information before June, 1981. If you have questions or suggestions about the overall scope or any part of the project, please write to me.

The Watermark is issued quarterly to members of this Association and subscribers. President, ALHHS, Janet Kubinec, Curator, Historical Collection, Falk Library of the Health Professions, Scaife Hall, University of Pittsburgh, Pittsburgh, Pa 15261. Secretary - Treasurer, Jonathon Erlen, 14247 Shoredale Lane, Farmers Branch, Texas 75234. Editor, Lisabeth M. Holloway, 58 W. Tulpehocken Street, Philadelphia, Pa., 19144.

The purpose of this Association shall be to serve the professional interests of librarians, archivists and other specialists actively engaged in the librarianship of the history of the health sciences by promoting an exchange of information and by improving standards of service.

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