



Medical libraries and history of medicine libraries

by Philip M. Teigen

In the Janet Doe lecture for 1976, David Bishop wrote that medical libraries are part of "the world of scientific information, not that of the humanist tradition of our great scholarly libraries. If information services in the health sciences develop even roughly in the way I foresee, the gap between medical librarianship and general humanistic librarianship will grow even wider. We may well be seen as too diverse a specialty within librarianship, and find ourselves cut a-drift. Our historical collections and rare book colleagues may keep us attached for a while, but they are a fragile connection."¹

Although Bishop's statement was intended to distinguish medical libraries from the larger world of general academic librarianship, it casts light as well on a problem that is now emerging within the world of medical librarianship. This problem, which is present in varying degrees in different medical libraries, is that history of medicine libraries and their parent medical libraries are becoming separated, even alienated, conceptually and administratively, from each other.² Furthermore, this divergence is happening when their dependence upon each other is increasing. History of medicine libraries, on the one hand, are dependent upon medical libraries for space, staff, and funding, while medical libraries have begun to rely on history of medicine collections to widen their constituency, to increase non-budgetary funding, and to transfer scientifically obsolete medical and scientific materials. In some instances the diverging paths have been taken explicitly, but more often than not they have been taken implicitly.³

Because this change has important implications for medical libraries as well as for history of medicine libraries, there is some value in setting forth research and analysis that bears upon this matter. But I do so without offering precise solutions because they can come only after sufficient knowledge and relevant presupposi-

tions about librarianship have been applied to the particular historical, economic, and structural circumstances of a specific medical library and a specific history of medicine library. In other words, this paper sets out to define a problem as the first step towards its solution.

I

Although it has not always been so in the history of medical librarianship and medical libraries, it is now a truism to say that medical libraries of the 1980's — and no doubt beyond — are scientific ones. In his essay on the state of librarianship at the end of the 1970's, Eric Meyerhoff declared that medical libraries not only disseminate scientific information but that medical librarianship itself has been shifting from an historical mode of inquiry to a scientific one, or at least to a social scientific one.⁴ In reading Meyerhoff's essay, it is important to remember that he is not prophesying but summarizing and describing what has already come to pass.

Because history is one of the humanities, history of medicine libraries are quite different from medical libraries. This is true even though the literature they now hold was read for its scientific or clinical utility at one time. Having fallen into obsolescence, it is now read historically, that is, as a record of past ideas and behaviour. The purpose of reading this literature is the production of historical understanding and knowledge, rather than the production of scientific understanding and knowledge. This is true even when scientists and physicians are reading it.

The conceptual differences between doing history and doing science can be further specified by reference to recent developments in medical librarianship. The critical importance of speed in the dissemination of information by medical libraries has led to major

*Revised version of a paper given to a joint meeting of the Association of Librarians in the History of the Health Sciences and the History of Medicine Special Interest Group of the Medical Library Association held in Montreal on 3 June 1981.

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technological developments that are now essential aids in serving the needs of patient care and the requirements of laboratory research. "Particularly in medicine, information is of value only if it is accurate and can be made available at the right place and time."⁵ The urgency of speedy information delivery is one of the chief presuppositions underlying such major developments in medical librarianship as MEDLARS, MEDLINE, and the more recent clinical librarian. Health and life may depend on this speed, goes the argument.⁶

In the history of medicine, of course, there is not a similar urgency for speed, mainly because decisions about patient care do not rely on historical knowledge and understanding as such. This is not to say that history of medicine is irrelevant to the provision of health and to patient care, but rather that it is brought to bear in quite different ways and at quite different times than is clinical and scientific information. History of medicine assists in the formation of presuppositions, values, and the development of a context within which medical care and practice can take place. In addition, it provides opportunity and a means of reflecting upon oneself, one's practice, and one's research. Consequently, the history of medicine is less instrumentally and technologically immediate, although in the long run it may have as pervasive a part of a physician's resources as does scientific and clinical knowledge and understanding.

To illustrate the way in which the history of medicine contributes to medical culture and practice, let us turn to a statement, chosen for its representativeness rather than for its originality or definitiveness, about the objectives for teaching the history of medicine.

1. To show the development of medicine as a whole by emphasizing its continuity in time and in terms of the recurrent elements which characterize it.
2. To deal with the problem of change in medicine. By analyzing changes in the past, the student may be helped to recognize the forces that have shaped medicine until now (political, economic, social, religious, philosophical, and cultural) and that may reach into the future, so that he may in some degree be prepared for changes which will continue to occur.
3. To lay bare the origins of medical ideals and values, to explain their role and significance, and to show how the translation of medical and other values into policy is historically conditioned.
4. To show how medical and scientific knowledge has evolved, so as to make possible a more correct exposition and understanding of medical theories, doctrines, discoveries and practices. By showing students that knowledge in one medical discipline is of value in comprehending apparently unrelated developments in other branches, one may also tend to counteract somewhat the extreme effects of specialization.
5. To develop a sense of historical perspective, and thus a salutary, critical point of view toward fads and modish trends in medicine.⁷

In short, the history of medicine contributes to the *Weltanschauung* of the physician rather than to the tools of his trade. Both historical knowledge and scientific and medical knowledge are alike in being important to the training and to the work of physicians. But we do need to recognize that they are acquired and used differently and at different times.

Another difference between history of medicine libraries and medical libraries is in the age of the literature which they use and disseminate. Writing about scientific papers, Diana Crane says, "The 'life' of a paper is very short with the exception of a few classics. Papers published five years ago are 'old.' Papers published more than fifteen years ago are almost useless in many scientific fields (the research 'front' has moved too far beyond them)."⁸ Although there is debate over whether this pattern results from the obsolescence of the literature, or from the increasing amount of literature available,⁹ it is not important for my analysis here, since it is concerned with the pattern not its causes.

In contrast to this pattern in scientific research, research in the humanities — and I consider history to be one of the humanities — draws "from the entire previous history of the field,"¹⁰ not just that most recently published. This contrast has been concretely demonstrated by Eugene Garfield in a recent citation study of literature in the sciences and that in the humanities. In the most cited scientific articles published between 1961 and 1976, the oldest person cited was born in 1899, while among the three hundred authors most frequently cited in the humanities during 1977 and 1978, ten percent lived before 1400 and nearly sixty percent were born before 1900.¹¹

Another method of contrasting differences between these two types of literature is with an index devised by Derek J. De Solla Price when he analyzed one hundred and fifty-four journals from a variety of time periods and covering various subjects.¹² In his index he compares the percentage of citations published five years or less before the publication of the citing article. He found that journals of hard science (e.g. *Radiology*, *American Journal of Roentgenology*) had forty-three percent or more of their citations less than five years old, while those in the humanities (e.g., *Isis*, *English Literary History*) had less than ten percent of their citations dated in the five years before publication of the citing article. In other words, the "universe of discourse" between the sciences and the non-sciences is different in that the latter is drawing upon its old as well as upon its recently published literature. Expressing the same thing another way, Price says that the literature of non-science has no clearly defined research front, while that of the hard sciences does.¹³

It must be granted that all studies of citations are tentative because few have been done using journals in the humanities. But in addition to that, the interpretative framework is also just being formed for the scientific literature as well as for that of the humanities. At the same time, however, these con-

siderations should not obscure the fact that what research has been done along these lines has shown that the usage of historical materials and the usage of scientific materials is fundamentally different.¹⁴

Price concludes that "the literature of the scientist differs essentially in its social role from that of the non-scientific scholar — it is not just a matter of a different substantive content."¹⁵ It seems to me that a key aspect of the different social roles of scientific and non-scientific literature lies in the different types of libraries which will mediate between the scientists and their literature and between the historians and theirs. This differing social role will be reflected not only in the nature and relations of the two types of libraries, but also in their organization, their staffing, the particular services offered, and even in their architecture and interior design.

Here I have the space to develop only one example, the provision of subject headings for history of medicine libraries. But it is a vital and characteristic one because it cuts across all of the first four categories just mentioned.

Nearly all medical and hospital libraries in North America now use Medical Subject Headings (MeSH), developed by the National Library of Medicine. This system has been so readily accepted for a number of reasons, ranging from the intrinsic soundness of the terminology and the structure, to the authoritative role that NLM now plays in relation to most areas of medical librarianship, and certainly including the opportunity it provides for shared-cataloguing.

Two important features of MeSH are its continual updating, whereby it remains abreast of the constantly changing research front, and the highly specific nature of the indexing terms used. The first results in the elimination of obsolete terms and the introduction of new ones, as well as the continuous rationalization of the entire headings' structure. The second feature permits the precise retrieval of a small number of bibliographic citations. This is necessitated not only by the extreme specialization of medical research, but also by the inefficiency of having to peruse a large number of references before finding those relevant to one's research.

As we have seen already, history, including the history of medicine, does not have research fronts in the same sense as does scientific research. History of medicine libraries need a system to catalogue not only twenty-five hundred years of written records from the European medical tradition, but also a system able to handle the records of medical science and practice produced by non-European cultures, such as China and India, both of which have medical traditions far different conceptually and historically from the European tradition. Then, in addition to this chronological depth and cultural breadth, the system must be flexible enough to accommodate future, and therefore unknown, developments as they in their turn become obsolete. These are challenging specifications, but they do arise from the nature of the material to be catalogued and from the ways in which it is used. Clearly then, a rapidly changing set of highly

specific subject headings will not satisfy such specifications.]

The terms fever/fevers provide an illustration of this complexity. From the Hippocratic writings until the middle of the nineteenth century, fevers were among the principal disease categories in the European medical tradition. But after the adoption of the germ theory of disease, the development of cellular pathology, and the like, fevers disappeared as a word and as a disease concept without being replaced. At the same time, fever no longer is just the singular of fevers but has come to mean an elevated temperature symptomatic of a number of unrelated diseases or conditions. An appropriate set of subject headings for a history of medicine library must accommodate these changes, whereas a system of subject headings designed exclusively for a research front can, legitimately, limit itself only to the most recent terms and their referents. In other words, a system of history of medicine subject headings needs to be diachronic while a medical science set of subject headings can, and indeed, must be synchronic and contemporary. There are many other sets of terms, including consumption/phthisis/tuberculosis and humour/humours, that demonstrate as well the problem of changing terminology and the need to relate them historically over long periods of time, and perhaps even across cultures.

Preparing a set of subject headings for history of medicine collections is an important desideratum, although the number of collections is not so large that it has as yet attracted resources to carry it out. In the interim, therefore, it is tempting and convenient to use MeSH with history of medicine libraries. However, choosing MeSH as a subject heading system a history of medicine library will be a crucial test of the seriousness with which a medical library approaches the history of medicine because MeSH — a superb invention for serious scientific libraries — is a Procrustean bed for serious history of medicine libraries.

Finding an appropriate system of subject headings is only one consideration arising from the differing nature and relations of scientific libraries and historical libraries. Other problems that arise, but that need fuller treatment than I can provide here, are the organization and structure of history of medicine libraries and their administrative relations to medical libraries, the nature and quantity of reference services, the establishment of separate shelving areas, the provision of non-circulating areas, and two particularly treacherous ones, disposing of duplicates and weeding.

II

So far I have dealt with what might be called the ontology of medical and history of medicine libraries. Now I turn to the symbolic meaning of these libraries, their physical traits, their social forms, and the expectations which all of these raise.¹⁶ Parenthetically I might add that although the meaning of all libraries can and hopefully will be studied, medical

and history of medicine libraries are especially fruitful institutions for examination because of their close connection to the richly symbolic culture of medicine.¹⁷

Before sketching the symbolism of these libraries, however, I need to summarize some themes that characterize modern medical science and practice. On the one hand, twentieth-century medicine manifests a set of interrelated scientific and technological themes. It is impersonal and machine-oriented in the laboratory, in clinical research, and in patient care, relying as well upon quantitative rather than qualitative modes of thinking. Secondly, there is a great reliance on large medical institutions, such as hospitals, health centres, medical faculties, and professional organizations, which leads to an emphasis on institutional values over against personal, individual ones. Thirdly, innovation and the urgency of adopting the newest and latest diagnostic technology, surgical techniques, and therapy, to say nothing of the newest and latest scientific and clinical information, is a firm commitment in modern medicine. Finally, there is an ethos of can-do, hustle-bustle, endless process, and ever-present noise generated by urgency and technology. These themes do not appear accidentally in modern medicine, but are related to the capital that high technology requires, to the competitiveness which is inherent among scientists, and to the urgency of healing the sick and saving the endangered.

In essential tension with this first set of themes is an opposite — but not contradictory — set. The second set consists of the high value placed upon close and personal relations between doctor and individual patient, including the high degree of individual judgment on the part of the physician in relating care to the unique circumstances of specific patients. The second set of themes also includes an enormous stress on medical tradition together with a reverence for the past figures in the history of medicine. This is concretely shown in the undiminishing number of articles by physicians about the history of medicine in scientific and clinical journals, as well as by the widespread existence of history of medicine collections and the many physicians who are rare-book collectors.¹⁸ Finally, the second set of themes includes an ethos of reflection and solitude where a physician can step away from the hustle and bustle, the stresses and competitiveness of medical research and practice, in order to weigh the ultimate meaning of health and life itself. This is currently reflected, for example, in the essays Lewis Thomas writes for the *New England Journal of Medicine* and in many articles published in *Perspectives in Biology and Medicine* and *Pharos*. Of course, these are just two current manifestations of a long tradition of the physician-philosopher that includes Hippocrates, Galen, Avicenna, Maimonides, Thomas Browne, Thomas Sydenham, and Sir William Osler, to mention only a few representative examples.¹⁹

Although these two sets of themes are commonplace to those who have read and thought widely about medicine, or to those who have lived and worked closely with medical institutions, I invoke them to provide a foundation for the study of the symbolic meaning of medical libraries and history of medicine libraries. Success-

ful libraries embody either of these two sets of themes, medical libraries the first and history of medicine libraries the second. Medical libraries are essentially and visibly oriented towards technology and innovative uses of it. Historically, this has included the quick adoption of the card catalogue, the telephone, the microfilm, Xerox machines, audio-visual materials and equipment. But this commitment is most recently shown in the application of automated technology to librarianship. There is no other category of librarianship that can claim to have been so far in the van with this new technology, nor has anyone been so clearly successful in using it. Medical libraries not only have adopted this technology speedily; they even seem to flaunt it. Computer terminals and Xerox machines are placed where they are not only easily accessible, but also where they can advertise themselves. This is an appropriate and legitimate use of this technology. Finally, the atmosphere of the medical library is created by people in a hurry to provide or gather the latest information, jangling telephones, rattling and clanking Xerox machines, and doctors being paged over an intercom system. This, of course, parallels the hustle and bustle atmosphere of a large hospital.

If medical libraries share physical traits and the atmosphere of a hospital, history of medicine libraries aspire to recreate the atmosphere and physical traits of a doctor's private study, or a doctor's office when physicians still maintained them in their home. Oak and walnut shelving, wood panelling, individual study areas defined by incandescent lamps, carpeting, bronze signs and bric-a-brac (recalling Horace's *exegi monumentum aere perennius*), warm subdued colours, stuffed chairs, and a quietness broken, if at all, by human voices but not technology. While this atmosphere is not always achieved in every instance, it frequently is as a visit to the Yale Historical Collection, the College of Physicians in Philadelphia, and the Woodward Biomedical Library, to mention only a few examples, will show. And when it has not been so fully realized, it is still an effect sought after and achieved at least partially, as in the cases of the Middleton Medical Library at the University of Wisconsin and the McMaster Medical Library.

History of medicine libraries also serve through collecting and holding obsolete books and manuscripts. These artifacts provide physicians with an opportunity to engage in dialogue with Hippocrates, Sydenham, Sir Thomas Browne, and many other medical predecessors. But this function has been so thoroughly treated that it need not be handled in detail here. One should remember, however, that in addition to providing a record of the medical past, these artifacts also provide physical, emotional, and intellectual satisfaction. Besides storing medical thought and practice, these manuscripts and books also represent the importance of tradition and continuity in modern medicine, in the same way that their housing and care do. By the same token, the recently published books and serials of the medical library, in addition to recording knowledge and permitting its communication, represent concretely the themes of

innovation, urgency, and competitiveness also central to modern medicine. The manner of their housing and care represents these themes just as does the housing of history of medicine materials.

History of medicine libraries and medical libraries are different, then, insofar as they function differently and insofar as they represent and manifest opposite — but not contradictory — aspects of twentieth-century medical culture. A recognition of their differences administratively, as well as intellectually, will ensure and enhance the success of their respective missions. A failure to recognize these differences will blur and confuse those using the libraries and those working in them.²⁰ Having said all this about differences, I must also add that although the themes the two libraries represent are opposites functionally and symbolically, they are not contradictions but do achieve their complementarity in the wider unity of twentieth-century medical culture.

In writing this paper I have tried to make explicit a problem that many other librarians have sensed. My intent has not been to offer solutions to the administrative problems that arise between medical and historical libraries. For some universities, separate history of medicine libraries are appropriate, for others a department within the medical library will be best, for many a small group of shelves will suffice, and for others no provision for the history of medicine needs to be made at all. But it should be clear that whoever thinks about history of medicine libraries — and in most cases that will be the chief medical librarian — will have to think differently about history of medicine libraries and collections than about medical libraries. Being able to do that is not only the most important step in achieving a solution to the problem of the two libraries, but it will also be a key moment in the development of both history of medicine libraries and medical libraries.

1. Bulletin of the Medical Library Association, 1976, 64: 349.
2. In choosing the phrase, "history of medicine" rather than "history of the health sciences", I do not wish to imply that these thoughts may not apply to the historical libraries of the other health professions. Rather, it indicates that my own experience has been limited to the history of medicine.
I use the words libraries and collections interchangeably in this paper because distinguishing between them is difficult without mentioning specific instances.
3. Watermark, 1980, III(3): 1.
4. "Foundations of Medical Librarianship", Bulletin of the Medical Library Association, 1977, 65: 409-418.
5. Jack D. Key and Thomas E. Keys, "The Ecology of Medical Libraries", p. 275, in Jack D. Key and Thomas E. Keys (eds) Classics and Other Selected Readings in Medical Librarianship (Huntington, N.Y.: Robert E. Krieger, 1980).
6. Lois A. Colaianni, "Clinical Medical Librarians in a Private Teaching-Hospital Setting", Bulletin of the Medical Library Association, 1975, 63: 410-411;
- Augustus A. White, M.E. Kolish Savat, and Marjorie E. McBride, "Clinical Information Coordinator: A New Information Specialist Role for Medical Librarians", Bulletin of the Medical Library Association, 1980, 38:
7. George Rosen, "What Medical History Should be Taught to Medical Students?" pp.21-22 in John B. Blake (ed.) Education in the History of Medicine (New York: Hafner, 1968).
8. Invisible Colleges: Diffusion of Knowledge in Scientific Communities (Chicago: University of Chicago Press, 1972), p.8.
9. A. Sandison, "The Use of Older Literature and Its Obsolescence," Journal of Documentation, 1971, 27: 184-199; Michael V. Sullivan (et al.), "Obsolescence in Biomedical Journals: Not an Artifact of Literature Growth," Library Research, 1980-81, 2: 29-46.
10. Crane, Invisible Colleges, p. 10.
11. Eugene Garfield, "Is Information Retrieval in the Arts and Humanities Inherently Different from That in Science?" Library Quarterly, 1980, 50:40-47.
12. Derek J. De Solla Price, "Citation Measures of Hard Science, Soft Science, Technology, and Non-Science," pp.3-21 in Carnot E. Nelson, Donald K. Pollack (eds.), Communication among Scientists and Engineers (Lexington, Mass.: D.C.Heath, 1970).
13. Price, "Citation Measures," p.15.
14. Lois Bebout, Donald Davis, Jr., Donald Oehlerts, "User Studies in the Humanities: A Survey and a Proposal," Reference Quarterly, 1975, 15: 40-44; Clyde Jones, Michael Chapman, Pamela Carr Woods, "The Characteristics of the Literature Used by Historians," Journal of Librarianship, 1972, 4:137-156.
15. Price, "Citation Measures," p.3.
16. It is odd that librarianship has adopted, generally fruitfully, large tracts of the social sciences but has largely neglected the study of the symbolic aspects of libraries. In this section, I have been helped especially by Raymond Firth, Symbols: Public and Private (Ithaca, N.Y.: Cornell University Press, 1973) and Edmond Leach, Culture and Communication, the Logic by Which Symbols Are Connected: An Introduction to the Use of Structuralist Analysis in Social Anthropology (Cambridge: Cambridge University Press, 1976).
17. Allan Young, "An Anthropological Perspective of Medical Knowledge," Journal of Medicine and Philosophy, 1980, 5: 102-116.
18. "Editor's Corner," AB Bookmans Weekly, 1981, 67: 3650.
19. To my knowledge, the themes set forth in this and the preceding paragraph have not received detailed structuralist analysis, although the isolated themes are frequently encountered. Some of the works that I have drawn upon are Marilyn Ferguson, "The Emerging Paradigm of Health," pp.246-248 in The Aquarian Conspiracy (Los Angeles: J.P.Tarcher, 1980); G. L. Engel's "Biomedicine's Failures to Achieve Flexnerian Standards of Education," Journal of Medical Education, 1978, 53: 387-392; Bernard R. Blis-hen, Doctors and Doctrines: The Ideology of Medical

Care in Canada (Toronto: University of Toronto Press, 1969), especially chapter 10, "The Content of the Ideology of Medical Care"; Martin Shapiro, Getting Doctored: Critical Reflections on Becoming a Physician (Kitchener, Ont.: between the lines, 1978), especially chapter 4, "Doctors, Nurses and Students: the Hospital Hierarchy," and chapter 6, "Medicine on the Assembly Line: Sub-specialization and Technology"; and Pedro Lain Entralgo, Doctor and Patient, trans. Frances Partridge (London: Weidenfeld and Nicolson, 1969).

20. Carleton B. Chapman's plea in "Medical Scholarship: Books versus Computers," AB Bookmans Weekly, 1981, 67:3705-3706, might be dismissed (too easily) by librarians on utilitarian or pragmatic grounds. However, if looked at in terms of the meaning of books, libraries and technology, his distress becomes understandable and serves as a reminder of the confusion that arises when symbolic aspects of books, libraries, and technology are overlooked. For a provocative discussion of the relations between utilitarian, functional, and pragmatic theories and explanations in relation to the symbolic meaning of the world around us, see Marshall Sahlins, Culture and Practical Reason (Chicago: University of Chicago Press, 1976).

President's column

by Doris Thibodeau

Several years ago, at the American Association for the History of Medicine meeting in Charleston, S.C., a few of us wondered how many librarians attended the A.A.H.M. meeting each year (we thought ten or twelve), who they were, where they were, what they were doing, etc. So at the reception on Wedn day night we approached everybody we didn't know, asked if they were librarians and, if they were, invited them to join us for breakfast at the motel across the street the following morning (at 7:30 as I recall). To our pleased surprise, twenty-two librarians showed up. The general consensus was that this was a wonderful idea, that we should do it every year but not at such an ungodly hour.

The following year (1975) in Philadelphia, we held an organization meeting and the Association of Librarians in the History of the Health Sciences was born. We have been meeting annually since then on the Wednesday just before the start of the A.A.H.M. meeting. We now have fifty-nine members (including one institutional member, the Wellcome Foundation), a newsletter, The Watermark, annual meetings which have included speakers, discussions, workshops, tours of libraries, etc.

I still believe that our primary function should be to get to know each other, exchange ideas and share expertise, and be a mutually supportive network. There is a lot of talent and ability among our members which would be of great benefit to the rest of us, especially those librarians who are new in the field. I would encourage members to use The Watermark to disseminate

information about procedures, ideas and announcements about special collections or unusual items you have which others might not know about. (Johns Hopkins has some hair from the cow from which the first cowpox vaccine was taken, if anybody is interested. We also have an extensive collection on inoculation and vaccination, including 120 Jenner letters.) A lot of time could be saved for a lot of people if we exchanged information about exhibits we have done which could easily be duplicated elsewhere.

Please let me know which special projects you would like the A.L.H.H.S. to work on. In November you will receive membership renewal forms. Please be sure to include your institutional affiliation and your work phone number.

Our next meeting will be held on Wednesday, May 4, 1983, at the Bakken Library in Minneapolis. We hope to see all of you there. Details about the program will be available later.

HISTORY OF THE HEALTH SCIENCES SECTION / MLA Minutes of the Annual Meeting and Program

Carolyn Tilley, the Head of MEDLARS Management Section at the National Library of Medicine, presented this year's program on the HISTLINE data base. Her lecture and the materials distributed were from the HISTLINE section of the NLM advanced database searching seminars. Ms. Tilley announced that a guide to the keywords in HISTLINE is available and can be ordered by contacting her at NLM.

The 1982 Business Meeting was called to order on June 14th, by Janet Kubinec, Chairmas of the History of the Health Science (HHS) Section. The first order of business was to ask for approval of the minutes of last year's meeting as printed in the January, 1982, Bulletin of the Medical Library Association. The minutes were approved after such a motion was made by Judith Overmier and seconded by Nancy Zinn.

Old business brought before those present was the fact that although dues had been approved for the Section in 1981, dues have not been collected. The reasons discussed cetered around the fact that an accurate mailing list of Section members from MLA headquarters had only been available since May, 1982, and the fact that a newsletter for this group may not be necessary. Information concerning the HHS Section can and will be submitted to both the MLA News and to the Watermark, the newsletter of the Association of Librarians in the History of the Health Sciences.

Additional old business was handled by an announcement that the By-Laws for the Section have not been completed. Judith Overmier and Janet Kubinec are drafting the By-Laws. Individuals interested in these or in contributing their ideas should contact these individuals.

New business brought before the group involved the elections of a candidate for the Nominating Committee

of MLA and of a representative to Section Council. It was moved, seconded and approved that Nancy Zinn be the candidate from the HHS Section to the Nominating Committee. Judith Overmier was nominated and approved as this Section's Representative to Section Council for a 3-year term to start in 1983. Janet Kubinec, Chairman of the HHS Section, will serve as the alternate to Section Council.

The MLA/NLM Liaison Committee had requested that this Section bring any problems or questions concerning NLM to this meeting. Three items were briefly discussed: the fact that the microfilm purchased from NLM is not of archival quality; -- the fact that HIST-LINE subject terms reflect modern concepts and are not adequate for historical concepts (e.g., the doctrine of signatures); -- the question of the disposition of the history of medicine ephemera being collected by the NLM History of Medicine Division (i.e., the materials requested in the AAHM Newsletter for May, 1982).

Additional new business involved a discussion of sharing exhibits. Mary Ann Hoffman announced that she has borrowed exhibits and traded material for other exhibits. The usual term for these exchanges is about 3 months. After other discussion, Ms. Hoffman agreed to coordinate this Section's exhibit exchange. Information about sharing exhibits and a few questions to find out what is available will appear in the MLA News and the Watermark.

A few announcements closed the business meeting. Anyone needing information about membership in the Association of Librarians in the History of the Health Sciences should contact John Erlen. The dues are ten dollars. This Association will meet next in Minneapolis, May 4, 1983 at the Bakken Library and Museum of Electricity in Life. This meeting is just prior to the American Association for the History of Medicine meeting in the same city.

The Membership List for the HHS Section may not accurately reflect our membership. Members of the Section should check where their primary section membership resides for purposes of voting and conducting Section business.

Elizabeth White will serve as the Program Coordinator for the 1983 meeting in Houston, Texas.

There being no further business or announcements, Lucretia McClure presented a motion that the meeting be adjourned, which was seconded by Nancy Zinn. Janet Kubinec, Chairman, adjourned the meeting, attended by 38 people, at 3:30 P.M.

Submitted by
Elizabeth Borst White,
Secretary

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MEDICINE MEN EXHIBIT "Medicine Men," a traveling exhibit of ten color lithographs by nationally-known artist John L. Doyle, is available on loan from Midwest Medical of Afton, Minnesota. The exhibit period is for one month, and the only expense is that of Air Express from the previous location

(e.g., from Boston to Baltimore \$276). The framed lithographs and explanatory material arrive in a wooden crate measuring 38" x 38" x 50" and weighing 300 pounds. For further information contact: Jane Szmanda, Curator of Exhibits, Midwest Medical, Inc., 3321 St. Croix Trail S., Afton, Minnesota 55001 -- (612) 436-5161.

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The Watermark is issued quarterly to members of the Association of Librarians in the History of the Health Sciences. Doris Thibodeau, President; Jonathon Erlen, Secretary-Treasurer; Lisabeth M. Holloway, Editor. Membership in the Association is open to persons involved in the historico-medical libraries.