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Librarians in the history of the health sciences:

Challenges & opportunities in the 80's

by W. Bruce Fye

Presented to ALHHS members
at Baltimore, April 28, 1982

Before I begin, I would like to say that I am pleased to have this opportunity to address you and particularly here at Johns Hopkins. From these institutions I received my undergraduate, medical and medical history degrees. Furthermore, my exposure to Janet Koudelka and others at the Institute helped me focus my bibliomania on medical books nearly fifteen years ago. As a medical practitioner, medical historian, and perhaps most importantly, as a book collector and bookseller, I have many reasons to be interested in the activities of and prospects for medical history librarians, a simplified term for your profession.

This will be a very personal and necessarily a subjective assessment of the current state of institutional medical history collections and the individuals who have the responsibility for them. In the short time I have, no themes will be fully developed. Several points will be made, any one of which could be expanded into a much fuller presentation leading to extensive discussion and debate.

I have chosen to begin with the challenges to the history of medicine librarian which I foresee over the next decade. First, it may be appropriate to ask who cares about the history of medicine and more specifically, who cares about medical history collections. Among health science librarians only a small fraction concern themselves either practically or intellectually with the older literature of medicine. Perhaps 1% of physicians are interested in the history of medicine. Many of these, however, are led to their interest in the history of medicine by collecting medical books. The field of medical history is becoming ever more professionalized. Here too, however, a relatively small number of individuals concern themselves with the affairs of the history of medicine librarian. In a given institution there may be one or two faculty members or administrators who are sensitive to the needs of the history of medicine collection and those individuals charged with its care. This is obviously a precarious situation. Should the supportive dean or faculty person retire, move to another institution or expire, the history of medicine collection and its curator may lose a vital friend or patron.

The professionalization of history of medicine librarians which this association represents carries with it certain benefits but carries an equal or perhaps even a greater number of risks. One must always balance the gains made by professionalization against the losses due to isolation which this transition represents. The predecessor of the Bulletin of the Medical Library Association, a journal called The Medical Library and Historical Journal, first appeared in 1903. In an early number I noted articles by physicians and librarians. Since the late nineteenth century when the professional medical librarian first appeared in America there has been a gradual but distinct decline in the involvement of physicians in the affairs of medical libraries. The Medical Library Association's annual meetings were held in conjunction with the American Medical Association and the Congress of Physicians and Surgeons, thereby encouraging physician-participation in the Association. Equally important, physicians were aware of the activities and goals of the health science librarians. This is no longer the case. For two generations the presidents of the Medical Library Association were physicians. Currently, physicians play no significant role in this organization. In the late 1940's the Medical Library Association began meeting in conjunction with the American Association for the History of Medicine. However, there has been a gradual but steady decline in interest of medical librarians in medical history and old books. Noting this trend, Gertrude Annan wrote in 1967, "Recent emphasis is on the demands of medical research and education and on the techniques of an electronic world..."¹ The Medical Library Association no longer meets in conjunction with the American Association for the History of Medicine. Your organization, reflecting progressive specialization in health science librarianship to some degree fills the void created by the departure of the majority of medical librarians from the world of medical history.

The field of medical history itself is not particularly stable. As Genevieve Miller discovered in the course of her survey of medical history in the United States in 1969, instruction in medical history in medical schools throughout the country experienced

a steady drop from 1939 to 1967. She concluded, "... this seems to indicate that interest in and respect for historical studies in medicine are at a lower level, today in the majority of schools."² Her conclusion, I believe, remains valid today. She claimed, "It is undeniable that the extent of competent historiography in medicine has multiplied during the past thirty years. Graduate departments have multiplied and there are more full-time historians supported by medical school budgets. On the other hand, the impact and influence of historians are still slight. Relatively few students graduating from North American medical schools today have a positive attitude toward history."²

As medical school budgets became tighter, it is likely that the medical history department and the medical history collection will suffer disproportionately compared to the biomedical sciences and other segments of the medical school community, widely perceived to be more relevant. Miller noted, "There is an ambivalence in the way many medical educators regard medical history today. In the same interview in which a dean indicates that there is no intention of including medical history as part of the curriculum, he points with pride to the plans for the new library with its rare book room. Although he does not respect and promote the teaching of history, he creates a temple with elegant furnishings and panelled walls lined with handsome bindings, which commemorates the kind of learning which he in his heart feels is obsolete."²

What can be done to shore up the sagging foundation of medical history, and more particularly the medical history collection of a given institution. I am convinced that teamwork is necessary. The professional isolation alluded to earlier carries the risk of a lack of influence within one's own institution at a time when shrinking budgets require not only influence but impact. The history of medicine librarian must nurture a close relationship with the general medical library staff and library and institutional administration. A mutual respect and appreciation of the complimentary roles these individuals play is mandatory. Outside of the library the history of medicine librarian should cultivate relationships with faculty members or administrators who seem the least bit interested in the history of medicine or medical books. If your institution has a department of the history of medicine with a part time or full time faculty who devote themselves to this area, this is a logical place to start. Outside the institution one may find physicians or laymen with a latent interest in medical books or the history of medicine. Book collectors and book dealers who specialize in works relating to medicine and science are a logical group to approach for support and co-operation. The state or local medical society is another potential source of interested individuals who may complement the team outlined above. For a variety of reasons interest among physicians in old and rare medical books is gradually increasing. This is occurring at a time when general interest in the history of medicine is at best stable and probably declining.

How can the history of medicine librarian enlarge his or her influence within his institution and thereby stabilize funding and expand rather than contract the activities and goals of the history of medicine collection. Publicity in a variety of forms is imperative. The history of medicine librarian must function as a catalyst for generating interest in the historical collection, thereby encouraging support for its enlargement and maintenance. Various forms of propaganda and publicity are required to achieve this end. For example, the Moody Medical Library of the University of Texas Medical Branch at Galveston has utilized a variety of means to insure its strong position in the world of medical books and enlarge its role in the field of medical history. Many of you are familiar with its monthly publication, The Bookman. In the words of Inci Bowman it is "aimed at faculty and medical students, the articles summarize a given topic in medical history or discuss notable rare books."³ In addition, this periodical includes a list of faculty publications and a list of new books received. A majority of Galveston faculty members polled expressed a desire to continue receiving this publication.

Exhibits offer an ideal opportunity to attract attention to the materials housed in the medical history collection. Topics should be carefully selected. Ideally, a subject of general or at least local interest should be selected and materials from the collection prominently displayed. Printed booklets, which need not be expensive to produce, extend the impact of an exhibit beyond those who see it in person. A carefully prepared exhibit catalogue may be a significant contribution to the literature on a narrow area of medicine.

Brochures or other publications describing the holdings of the medical history collection may be simple or elegant. In either case, they serve as a useful introduction to the library and its collections for interested individuals within the institution, locally or nationally. Another potential source of support for a medical history collection is the formation of a group of interested individuals, frequently known as "Friends of the Library." These organizations have a substantial impact in a few institutions throughout our country and abroad. The American Philosophical Society and the Osler Library of McGill are the outstanding examples. On a more modest scale similar groups exist in a wide variety of institutions and libraries, for example the P. I. Nixon Library at San Antonio. Charles Isetts, writing in The Watermark in 1980 claimed, "In this period of high inflation and shrinking library budgets, fund-raising is a necessity for the history of health sciences librarian. Adding to the financial woes of the history librarian is the low priority given to historical collections at budget time... however, history librarians should not use the excuse of shrinking budgets and low priorities to stand idly by while their collections disintegrate.... It may be upsetting to some, but a crucial part of the history librarian's job is fund-raising, and it will, in all probability, become even more important in the future."⁴ In this provocative article, Isetts continues "It may be

revolutionary, but the basic purpose of a library, like a business, is the creation of customers for its services. Simply putting books on shelves and waiting for patrons to arrive does not create a successful library, at best it only creates a warehouse for books."

Isetts emphasizes the value of encouraging interest for the historical collection in general. At his institution, the University of Cincinnati, a film was produced in order to encourage local individuals to donate materials relevant to the history of Cincinnati medicine to the institution for preservation. The focus is on the preservation of recent materials, not simply "old" materials. A century ago John Shaw Billings encouraged librarians to make their collections "...as complete as possible in the local medical history of the city and state. It should contain every medical book, pamphlet, etc., published in or relating to the state."⁵ Currently, this is an unreasonable goal for most history of medicine librarians. Nevertheless, we must be fully aware that the materials published today will be primary materials for the historian of tomorrow interested in twentieth century medicine. For institutions with organized archives, these activities are often the responsibility of the history of medicine librarian. This affords another opportunity to enlist the aid of local faculty and administrators who may be more receptive to preserving, organizing and making available items of historical significance dealing with their institution.

Aside from items of local medical history, what types of material should be sought after by the medical history librarian. Most authors agree that medical history collections should be particularly rich in secondary source materials. Histories of medicine, both general and specialized, medical biographies and medical bibliographies form the cornerstone of any significant medical history collection. Annan, speaking of these works, has written, "...their real worth lies in the fact that they serve as a guide to the historian and librarian seeking information about early texts, contributions to knowledge, or the lives of men who were responsible for them. In a small library, at least 50% of the fund allotted to rare books and histories should go for such volumes."⁶ John Blake has written, "The first requisite for a medical historical collection is good reference material;... these are the basic tools that anyone engaged in research should have at his immediate command."⁷ Beyond a strong section of secondary material and reference works in the history of medicine, the librarian should select, in consultation with other interested and responsible individuals, a few subjects in which the historical library should logically specialize. This may be local medical history, one or another of the basic medical sciences or clinical fields, or some other specialized area. Examples of this approach are the emphasis at Wright State University on aviation medicine and the emphasis at the University of Wisconsin on immunology. If one can build upon a strong research or clinical tradition within one's own institution and complement this with an interest in the historical aspects of that specialized field of endeavor, this facilitates cooperation between the history of medicine librarian and those individuals who

are involved in the research or clinical activities in a given specialty.

The acquisition of materials for the library is a subject of great importance, particularly as budgets are becoming ever tighter and old books ever more expensive. The main sources of material for the medical history collection are purchases, gifts and exchanges. Exchanges are widely perceived as cumbersome and as noted by Evert Volkerts in 1980 are "...not a common or terribly effective way of developing special collections."⁸ Purchases require funding from one's institution, an endowment, or individual or corporate donations. By publicizing the collection in the ways mentioned earlier, the librarian stands the best chance of encouraging donations and sustaining institutional support. Roderick Cave in his useful book Rare Book Librarianship has noted "...the librarian in charge of a special collection is not often going to be in the position that he can simply sit back and wait for his stock to come to him, whether from bookshop or auction room."⁹ He continues, "To be good at attracting donations to his library, the rare books librarian must ... combine the erudition of the scholar, the enthusiasm of the lover and the persuasiveness of the con-man."⁹

You are well aware of the pivotal role of the private book collector in the formation of major subject collections in the history of medicine. These collections are occasionally donated to institutions and in several instances have formed a major part of the medical history collection. There are likely medical book collectors in your area of whom you are unaware. Writing a century ago, Billings noted, "During the last ten years, the writer has had occasion to examine many private libraries of physicians in all parts of the country, in country villages as well as large cities, and it has been a matter of surprise and pleasure to find so much interest taken in subjects relating to the history and bibliography of medicine by men remote from large libraries, and without the stimulus of companionship in, and sympathy with, such tastes."¹⁰ By better publicizing the holdings and purpose of your history collection these individuals may come forward to play a significant role in the development of your collection.

Significant medical books may be housed in other libraries or departments within your institution. It may be possible for you to arrange the transfer of historically important materials to the history of medicine collection to insure their safekeeping and facilitate access to interested individuals. Furthermore, libraries of medical practitioners, be they active, retired or deceased, may be the source of important additions to your collection. Volkerts writes, "Let me hasten to assure you that I encourage gifts, because many of the major research collections were assembled by private collectors. In the process of collecting they have often opened up new areas for research and scholarship. The curiosity, persistence and accomplishments of the private collector are, unfortunately, sometimes under-rated by the institutional collector, to his or her own detriment."⁸ Many librarians justly claim that they do not have sufficient

time to visit the collections of practicing physicians who wish to dispose of their books. If the librarian can encourage the owner of the books to prepare a short-title list, this is often sufficient to enable the librarian to select which titles might be a significant contribution to the institutional collection. Furthermore, a list of the books will eventually be necessary if the owner plans to dispose of them in any way whatsoever, whether by donation, at auction or through a dealer.

The potential problems of accepting donations of books or money from benefactors is well known to you all. Isabelle Anderson writing in the Handbook of Medical Library Practice in 1956 claimed, "The librarian must always be alert to possibilities of securing gifts for the library, and must act on them or pass them along to the proper agency.... All gifts should be accepted with an understanding as to their disposition: that gifts of money may be used either for a specific purpose or left to the discretion of the librarian; that books donated may be kept, discarded or sold, according to the needs of the library and shelved where they will do the most good, not necessarily together."¹¹

Other sources of books include medical book dealers and auctions. Pierre Breillat has written in the Unesco publication, The Rare Books Section in the Library, "Far from being opponents, librarians and booksellers are trying increasingly to meet and help one another."¹² David Kronick has written of "...the essential service performed by the book dealers both for the private and the institutional collector. Most of the great medical book collections in the country could not have been built without their help."¹³

Annan has claimed, "A major point to remember is that the value of any item in any collection does not depend upon its market value. It is the value of the particular text within the particular collection."¹⁴ In terms of deciding a fair price for books the library wishes to purchase, Annan continues, "The librarian, however, can be comforted by the fact that he is not expected to be an expert in the prices of rare books. He is not a dealer nor should he assume that prerogative."¹⁴

Most of you are faced with the prospect of shrinking budgets with the serious implications this has both for the expansion of your collection and the preservation of your current holdings. An obvious source of funds for these purchases is the thoughtful disposal of items in your collection which are either duplicates or out of scope. This process serves two important functions — weeding and fund-raising. Writing in the Bulletin of the Medical Library Association Jeff Martin and Steven Manch claimed in 1971, "Weeding a flower garden is generally accepted as a desirable and necessary practice.... A library collection can be compared to a flower garden and much of its old, little-used material compared to weeds. Although it is easier to identify weeds in a flower garden than in a book collection, both types deserve attention and elimination."¹⁵ They continue, "Hoarding tendencies of some librarians prevent the necessary weeding of

library collections. Closely related to the hoarding tendencies could be a fear of making the mistake of weeding a valuable item."¹⁵ The options for weeding include auctions sponsored by the library, sale by lists prepared by the library staff, exchange with other libraries or institutions, private sales to dealers or collectors who may inspect the books personally or receive lists. Jake Zeitlin has written, "Only if libraries with a surplus of duplicates ... do their duty by releasing them to the book world, can we hope to see some of the classics on the market again. They have the obligation not to hoard their multiple copies but to let the book trade put them back into circulation for the pleasure of this and future generations of collectors."¹⁶ Harvey Cushing charged John Fulton, his literary executor, a "I expressly authorize ... Yale University ... to dispose of such items of my said books and papers as my literary executor, if living, may approve. If my literary executor shall decide that it would be better to have said books and papers, or a substantial portion thereof sold at public auction in order that others may share in the pleasure which I have had in the temporary possession thereof, he may authorize and direct said University thus to sell the whole or any part of my said books and papers at public auction...."¹⁷ Anna

Annan has described alternative in disposing of duplicates and undesired titles. She writes, "The usual method for the disposition of special collections is the tried and true one of establishing a relationship with a number of booksellers who know the collections and the library, are likely to want the type of duplicates which may show up in it, and in turn likely to be able to offer, at the time or later, something wanted or needed by the library."¹⁸ She continues, "I cannot emphasize too strongly this point of view. Some medical libraries send price lists of duplicates to libraries and patrons. Financially, this is impractical. The staff must spend in staff time an equivalent of whatever profits accrue. Perhaps more important, however, is the danger of upsetting library-dealer relationships. Every librarian with an historical collection knows the dependence upon a friendly dealer in building a collection."¹⁸ Why are some librarians reluctant to discard duplicates? Cavanaugh has noted "The fear of making a mistake prompts many libraries to cling to many books for which they have no real use...."¹⁹ Many do not feel they can justify the time listing the books of otherwise organizing their duplicates for inspection by potential buyers. Perhaps some feel John Shaw Billings' 1876 assessment is true today. He wrote, "There need be no special haste about the disposal of duplicates as they increase in value with age."²⁰ Although this philosophy may be sound in certain respects it is not particularly realistic in the present state of the economy and higher education. The decision of the Johns Hopkins University to sell a significant number of duplicates and so-called redundancies from their rare coin collection for several million dollars a few years ago reflects these financial realities.

The final subject I would like to address is the

role of the history of medicine librarian in the advancement of knowledge in the history of medicine, medical bibliography and related subjects. Many of you in this room have contributed to these fields in the form of original research and publication. McDaniel reviewed this subject a quarter of a century ago and documented the valuable contributions made by many of your predecessors.²¹ Factors which may motivate the librarian to undertake original research in medical history and bibliography may include job security, enhancing one's potential for advancement in the field, local and national recognition, financial gain through publications, and the desire to contribute to the enlargement of knowledge through scholarship and resultant publications. There are several logical fields of study for the medical history librarian. Institutional collections may provide the material for a subject bibliography such as that of Ellen Gartrell on electricity and magnetism or Dorothy Whitcomb on immunology. Individual bibliographies of Florence Nightingale, William Osler, Edward Jenner, John Dalton, and Ambroise Pare have been prepared by librarians. Lesley Morton has greatly enlarged the value of Garrison's Medical Bibliography. Individual biographies or studies of institutions or organizations have been produced by librarians. If an institution holds an important manuscript collection, the librarian is often in an ideal position to contribute meaningfully to the biographical literature on this subject.

In summary, medical history librarians face a period of great challenge and opportunity. The unique institutional resource you administer must be preserved and its value acknowledged. Administrators within your library or institution may question the relevance of historical materials in this age of financial uncertainty. By forming a coalition among interested individuals of diverse backgrounds and by heightening the awareness of those within your institution and community to the contents of your collection you can most likely survive and perhaps even thrive in this challenging decade. Solidify your relationships with private collectors, booksellers and others who share your commitment to the older literature of medicine. Thoughtfully weed your collection and return the profits to the collection in the form of new acquisitions or restoration of present holdings. Hopefully, some of you will follow your able predecessors in contributing to the literature of medical history and bibliography through scholarly research and publication. Each of you must assess your personal goals and institutional objectives so that you successfully meet the challenges and grasp the opportunities in the eighties.

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LENA AND LOUIS HYMAN COLLECTION IN THE HISTORY OF ANESTHESIA On October 14, 1982, Dr. and Mrs. Allen I. Hyman established the Lena and Louis Hyman Collection in the History of Anesthesia at the Columbia University Health Sciences Library. Dr. Hendrik H. Bendixen, Chairman of the Department of Anesthesiology, presided at the convocation. Dr. Hyman, who is Associate Professor of Anesthesiology at the Columbia-Presbyterian Medical Center, presented a lecture entitled "The History of Anesthesia," and Daniel T. Richards, Acting Health Sciences Librarian, expressed the Library's official thank you. An exhibit and reception followed the presentation.

The collection, which is housed in the Library's Special Collection Section, contains 133 items related to the development of modern anesthesia. Many landmark works, most in original editions with some in facsimile, are complemented by contemporary histories and accounts of twentieth-century advances. Of particular importance are books by Henry J. Bigelow, Gardner Q. Colton, William T. G. Morton, and Horace Wells, all of whom claimed, or have been given by others, the distinction of being the "Father of Anesthesiology."

Two small quarto manuscripts are included in the collection. They are the notebooks of an anonymous medical student at the University of Pennsylvania in 1850-51. One of the manuscripts has a title-page: "Dr. Jackson on Institutes of Medicine." This is from the lectures of Dr. Samuel Jackson, who was appointed to the chair of the Institutes of Medicine in 1835, and served in that position until 1863. The entries are on 98 pages of single spaced writing and date from October 21, 1850 to March 6, 1851.

The second manuscript is a collection of medical prescriptions on over 100 pages, including a complete index and a two-page description of chloroform. Although there is no date nor mention of the professor in this manuscript, it appears to be a companion volume to the manuscript described above. Dr. George Bacon Wood was Professor of Materia Medica at the University of Pennsylvania from October 6, 1835 to 1850, when he was elected Professor of Practice, a position he held until he resigned in 1860. Dr. Joseph Carson was Professor of Materia Medica from June 1850 until he died in 1876. In the 1850-51 session, there were 466 matriculates and 167 graduates at the University of Pennsylvania Medical College. Unfortunately, we have no clues as to the authorship of these notebooks.

Currently there is an annotated list of items in the Hyman Collection, arranged alphabetically by author with a complete bibliographic description. Eventually the collection will be catalogued and added to the RLIN database. For information about the Lena and Louis Hyman Collection in the History of Anesthesia, contact Janet Kubinec, Special Collections Librarian, Health Sciences Library, Columbia University.

Editorial note...

The patient and much-tried readership of this highly irregular periodical will be puzzling over their receipt, in one envelope, of two issues of the Watermark. Why not a double issue? Such was our intention, till we faced up to the problem of paging the running head. Somehow we should have had to end Volume VI and begin Volume VII within a single issue. We were stumped. We saw ourself as ducking brickbats from all sides as our fellow-librarians tried to enter it into their Visi-files.

Hereafter, we propose to aim for sixteen to twenty pages per year — provided we receive appropriate and publishable material in sufficient quantity — in two, three, or four issues as expedient, dating them Winter, Spring, Summer, and Autumn, or whatever.

It has also been pointed out to us that we have not always provided the Watermark with a bindable margin. We are pleased that people think of binding it for posterity; ourself, we merely keep it in a ring notebook. Our margins, and certain other aberrations too, must be laid at the door of our former printers, the Xerox Corporation, which went home to bed, leaving the Watermark to the tender mercies of the night crew, a couple of high school dropouts whose serious interests in life were divided between midnight horror films and setting Pac-Man records.

With the preceding evasions and disclaimers entered into the record, we can say that the Watermark is issued occasionally to members of this Association and subscribers. Editor: Lisabeth M. Holloway, 58 W. Tulpehocken Street, Philadelphia, Pa. 19144 (phone at work 215-629-0300, ext. 215). President: Doris Thibodeau, Institute of the History of Medicine, 1900 E. Monument St., Baltimore, Md. 21205 (301-955-3159). Secretary: Jonathon Erlen (new address): Falk Library of the Health Professions, Scaife Hall, Pittsburgh, Pa., 15261.



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