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A STETHOSCOPE AMONG THE BOOKS, A SCALPEL IN THE ARCHIVES: CATALOGING ARTIFACTS IN THE HISTORICAL COLLECTION

By Patsy A. Gerstner, Ph.D.

Historical medical artifacts are a familiar presence in the historical collections of medical libraries. Often the librarian or archivist meets with an isolated specimen in the collections, something that arrived with a gift of papers or books. In some cases, the occasional artifact has grown to a much larger collection. So much so is this the case, that estimates suggest that from one-third to one-half of the historical medical artifacts in organized collections in this country are in medical libraries.

This body of material collectively represents a major research and educational resource that has many uses. Historians often study artifacts in order to understand the social and scientific factors important to the development of specific types of instruments. Sociologists, as well as historians, use them to understand changes in hospital care and medical practice, the changing relationship between physician and patient, and the broad interaction between medicine, science, and technology. Medical professionals, from nurse anesthetists, radiologists and endoscopists to technicians, study the historical development of instruments important to their work in order to better understand them. Artifacts also play an ever increasing role in efforts by museums, professional societies, and hospitals to help people understand medicine, medical problems, and the impact of medicine on everyday life. In spite of the many uses of historical medical artifacts, that use has remained limited, a limitation imposed by the simple fact that these items are generally not accessible through an on-line database. Thus the potential user is left to learn of their whereabouts by lucky accident, by chance, or by dedicated detective work.

It has naturally occurred to librarians and archivists that the MARC format might provide a means for the on-line cataloging of artifacts just as it does for

other materials, and there have been isolated attempts to use MARC for artifacts. Challenges have always stood in the way of its extensive use, however. What information is critical to an artifact record? Which MARC fields are the best to use? How should an object be described? What subject name should be assigned to it? Lacking answers to questions like these, caution has prevailed over cataloging. The seven academic health sciences libraries in Ohio* have been at work for the last two years finding answers to these questions. With a grant from the National Library of Medicine, they have initiated a project to catalog 25,000 artifacts from their combined collections, using MARC and OCLC. The artifacts are primarily medical and surgical, and clinical in nature, and they represent a broad spectrum of medicine from 1850 to 1950.

Artifact cataloging utilizes the MARC format for audiovisual materials and AACR2 as implemented in the OCLC union catalog database. The artifacts qualify as "realia" under these standards. Developing a cataloging strategy for artifacts has not been simple, however, and the Ohio group has found it necessary to do several things. Since there is no MARC format for artifacts, MARC fields appropriate for the recording of information about artifacts have been identified. A "standardized" format for the description of the artifacts, including sequencing of information and rules for punctuation separating the elements of the description, has been developed. To the extent possible, standardized terminology for artifact parts that can be used with different types of artifacts is continually being developed. Well-researched descriptions and the verification of all names and dates is an essential and ongoing part of the work. Not only does this provide the kind of information the potential user seeks, it also allows other institutions to use the entry for reference and for copy cataloging. Since there are no authority lists to which one can turn to verify the names of manufacturers or the eponymic names of instruments (e.g. Brown's sphygmomanometer), authority lists are being developed.

Part of the project is the preparation of a cataloging manual that will guide others in cataloging artifacts. It is not possible to give complete information on

cataloging artifacts here, but the following brief summary of the most important MARC fields in use will convey the general scheme of the work:

(245) is the name of the instrument, which is the equivalent of a book title. It must be precise (e.g. Brown's sphygmomanometer) rather than generic (sphygmomanometer) which is far too general to have meaning. The identification of the instrument is often made from an instrument maker's catalog, but when this is not possible, research into other literature is necessary. The eponymic name must also be verified which may require extensive research.

(260) is the manufacturer which is the equivalent of the publisher of a book. This name may appear on the instrument or its case. It may be given in catalogs.

(300) is the physical description of the artifact, e.g. size, materials of which it is made, and the number of physical units present. This corresponds to the pagination, number of illustrations, and size of a book.

(500) is used to describe the perfect artifact. A detailed description is essential to a good record. When coupled with the title, the description creates the record of a unique entity. The following is a typical description:

Sphygmomanometer. Leatherette case with velvet lining has two hinges opening at side, and is integral part of instrument; case houses glass "U" tube mercury column with a glass bulb at each terminal; top bulb is sealed and right bulb has a short glass tube that fits to rubber tubing; a graduated scale from 0 to 300 is aligned with left arm of mercury column. Rubber pressure bag, enclosed in a cotton arm sleeve with ties, has a single rubber tube joining another fitted with a rubber inflating bulb with a set screw air flow control valve; marked on lid interior: "The Brown-Sphygmomanometer--Manufacturer by--Physicians Specialty Co.--Chicago, U.S.A."

(510) is the source of the title or name of the instrument, for example, an instrument maker's catalog.

(541) is available for information on donor, year of acquisition, and former owners of the artifact.

(590) is for local notes and lists any variations of the instrument in hand from the perfect copy described in the 500 field.

(650) contains the MeSH headings for the artifact. Although there has been discussion among medical librarians who deal with historical materials about the viability of MeSH headings, we have found them to be extensively adaptable to the needs of artifacts. Occasionally, an artifact cannot be classified under a MeSH term, but such occurrences are in the minority. The key to the successful use of MeSH for artifacts is to understand the artifact's use and function. Once that is apparent, the appropriate heading becomes obvious. Using MeSH headings for artifacts has great advantages

for the user since he/she can call up a subject and simultaneously become aware of both printed and artifactual materials related to the subject.

The eponymic name is listed in the **700** field and the manufacturer in the **710** field in order to make this critical information searchable. Alternative names for the instruments are given in the **740** field. The latter allows listing of generic names, different spellings of the name, and true alternative names, making them all searchable.

A principal attraction of this work from the users point of view is, indeed, the searchability of the system. In addition to searching by title, by the eponymic name, and by the manufacturer's or distributor's name, accessibility through the medical subject headings now possible with the EPIC service further enhances use. Searches can also be done by date, and the fact that searches can also be limited to media, which retrieves only the records that use the audiovisual format, is helpful at times as well.

This cataloging project is a complex one that involves working through a number of problems. Although it encompasses a defined group of artifacts in one geographic area, an immediately usable and useful body of information will be available to the user.



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By developing standardized ways of describing instruments, by providing a cataloging manual, and by providing verified information, we expect the work to be a basis on which more cataloging can be done in other places. Eventually, a database with a wide representation of artifact holdings will, like book and archival holdings, provide users with a source of information and the access to information that will aid and improve their work.

The office for this Ohio project is in Cleveland at the Dittrick Museum of Medical History; we invite inquiries sent to the attention of the author at: 11000 Euclid Avenue, Cleveland, Oh 44106-1714; (216)368-3648; fax-(216)368-6421; e-mail-pag4@po.cwru.edu

*The Cleveland Health Sciences Library (and its Dittrick Museum of Medical History, the Fordham Health Sciences Library of Wright State University in Dayton, the John A. Pryor Library at Ohio State University in Columbus, the Oliver Ocasek Information Center at the Northeastern Ohio Universities College of Medicine in Rootstown, the Raymond H. Mulford Library at the Medical College of Ohio in Toledo, the Museum of the History of Osteopathic Medicine and the Alden Library at Ohio University in Athens, and the Medical Heritage Center and health sciences library at the University of Cincinnati.

Dr. Gerstner, Chief Curator, Historical Division, Cleveland Health Sciences Library, presented the paper on which this article is based on Wednesday, May 20, 1992 at the annual meeting of the Medical Library Association, Washington, D.C.

ESTABLISHING AN INSTITUTIONAL ARCHIVES AND DISCIPLINE HISTORY CENTER: THE ONS EXPERIENCE

By Stephen C. Wagner



The Oncology Nursing Society (ONS), a professional membership association for cancer nurses, dates its origin back to September 1973. Shortly after the First National Cancer Nursing Conference, an ad hoc committee was formed to explore the need for a specialty organization for oncology nurses. This organization's goals would be to promote networking among these professionals and to advance specialized education for them. The result was the formation of the Oncology Nursing Society, incorporated in 1975. Since then, ONS has grown from its original size of about 500 members to over 22,000 members (mid-year 1992).

Efforts to preserve ONS's history began early, with the appointment of a historian in 1980. The historian created a scrapbook, collected memorabilia, and conducted a number of interviews. To extend archival activities and distinguish them from historical work, ONS formed a standing committee, which first met in 1988. While the Archives Committee continued to collect historical materials, it also began to evaluate the need for other archival programs. As ONS's 15th anniversary approached, both the Archives Committee and the Executive Director became concerned that the histories of the organization and the discipline were vanishing, and that the records were becoming increasingly voluminous and disorganized. They sensed the general problem with contemporary records: too much (volume), yet too little (information). As one historian of medicine has stated, such ore is high-volume but low-yield.

In 1990, ONS hired an archival consultant to study its current records-keeping practices. He identified several problems: duplication of records; uneven decision-making with respect to records disposition; storage of unnecessary records; purchase of filing equipment in lieu of adopting a well-planned disposition schedule; lack of security copies of vital records; and a knowledge deficit regarding which historical records should be retained, as well as how they should be maintained. While noting these difficulties, he also identified several inherent strengths that might enable ONS to establish a respectable archives program: a strong organizational structure; a strong mission statement and sense of mission; good communications among staff members; a well-developed sense of professionalism; early, but promising, stages of office automation; and a recognition of the need for an archives and records management program, along with

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the understanding that such a program requires full support. The consultant then drafted a tentative schedule for records retention and disposition, which was to be implemented when a full-time professional archivist and records manager was hired. In January 1992, the author was hired as Director of the newly created Department of Archives and Records.

Based on the consultant's report, the task seemed straightforward enough: implement a records management and archives program for a well-organized, relatively small association (National Office staff numbers about 50). But what had appeared to be "straightforward enough" quickly proved to be a significant challenge, for the consultant's report examined only the records at the National Office. To understand better the nature of this challenge, we need to examine ONS's structure and activities in some detail.

As mentioned above, the Oncology Nursing Society is a professional membership association representing more than 22,000 cancer nurses; approximately 6000 nurses attended its annual conference in May 1992, and another 1000 attended its specialized conference in October 1992. Members may join any of 161 local chapters, 28 special interest groups (SIGs), or 19 Focus Groups (pre-SIGs). ONS has two closely related ancillary organizations, the Oncology Nursing Certification Corporation (which administers a certification examination and maintains records for over 11,000 certified oncology nurses) and the Oncology Nursing Foundation (which oversees a development program), and a subsidiary, the Oncology Nursing Press, Inc. (which publishes ONS's official journal and

newsletter, in addition to many other ONS publications). Thus there are four governing boards, with a total of eight board subcommittees and 30 standing committees. Additionally, there are several task forces and numerous formal, informal, and information-sharing liaisons. Supporting all of these activities is a National Office with an executive director and 12 departments. ONS's current mission is to promote professional standards, support and conduct research, recruit nurses into the specialty, and foster professional development. Among the activities that support this mission are annual conferences, continuing education courses, lobbying, publications, awards and grants programs, certification, and leadership development programs.

The challenge of documenting these activities is that, with the exception of the National Office departments, none of these organizational units, nor their activities, are localized. (Even local chapters, in 161 different locations, are not centralized, nor do they have permanent offices.) Since the activities are highly dispersed, their resulting documentation is highly dispersed as well. Although the standard tools of developing a records schedule and creating an archival repository work well for the National Office departments, other strategies are needed for the rest of ONS. Only then will the purpose of the ONS archives--to document the organization's activities and be able later to answer questions about who did what, when, and why--be fulfilled.

The key to developing an archives program for this type of organization is to realize that the archivist cannot adopt the role of *curator* of the organization's records as much as he is a *coordinator* of others' activities. In other words, he must assist others with their own records-keeping practices, and, when appropriate, their own archives. In this manner, all organizational units will be well-represented in the archives. So the archivist's job places less emphasis on records surveys, arrangement, description, and other standard archival functions and more emphasis on outreach, training, and developing records-keeping guidelines and standards.

Current Department activities reflect this emphasis. For the National Office departments, a records survey provided the basis for a detailed records retention and



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disposition schedule. This schedule serves as the acquisitions policy, in that whatever is deemed to have permanent value is automatically transferred annually to the ONS Archives. Because the National office maintains copies of important records for committees, chapters, and other ONS units, these transferred materials form the core collection in the ONS Archives. In order to supplement this collection and also to serve the archival needs of these other units, three additional projects are under way.

First, for organizational units that need their own archives (local chapters, SIGs, and Focus Groups), the Department has developed archival guidelines. The first version of *Archival Guidelines for Chapters* was distributed in March 1992, was evaluated by means of a survey, and will be revised by next spring. It includes sections on setting up a basic archives (which records to keep and in what order) and on more advanced archival topics (preservation, indexing, documentation projects). Other sections include writing a chapter history and creating a chapter scrapbook. The Department is also developing a similar set of guidelines for SIGs and Focus Groups, slated for completion in spring 1993. The Department eventually plans to microfilm many of these records, which will provide the Archives with a centralized collection of chapter and SIG documents and also will serve as a security copy for original materials that might be lost.

Second, for organizational units that turn over their membership regularly (governing boards, committees, task forces, liaisons), we are developing a series of records-keeping guidelines based on interviews with board members and committee chairs concerning their patterns of communication and their current records-keeping practices. These guidelines will consist of a filing system and a retention schedule, along with instructions for transferring records to the ONS Archives once the individual's term of office is complete. These records are especially important for supplementing the core documentation. For example, meeting minutes are schematic and provide little sense of the meeting itself; board members' papers provide more detail. Other archives are, at best, sparsely repre-

sented in the core collection.

Third, we are exploring the way of oral history, photography, and videotaping projects for topics that would otherwise be poorly documented in the written record but that are important enough to justify additional documentation.

For the Department itself, policies (e.g., for collecting), procedures (e.g., for vital records), and plans (e.g., for

evaluation) are being drafted. We also serve as an internship site for graduate students from the University of Pittsburgh's School of Library and Information Science (SLIS) archival studies program. Our collecting policy, for example, was first drafted by a SLIS intern.

Finally, we are developing archives, preservation, an historical columns in various ONS newsletters targeted for the leadership (board members, committee chairs, SIG coordinators, chapter presidents) and the general membership. Topics will include problems with and treatment of acidic paper, the preservation of photographs and the role and use of oral history.

Future plans include both short- and long-term evaluation projects. One short-term task is to evaluate the records schedule using the Boles-Young appraisal model. Long-term evaluations include using newly developed documentation planning models for institutions (also sometimes called "institutional functional analysis") to determine how well the overall organization is being documented. Designing and implementing a long-range use and user study is another project. Lastly, we hope to develop an appraisal manual for professional membership associations, similar to Bruemmer and Hochheiser's *The High-Technology Company*.

The Department also supports the activities of the Archives Committee. Since a professional archivist has been hired to develop guidelines and standards (the chapter archives guidelines were first drafted by this Committee), the Archives Committee has begun three historical projects that take full advantage of committee members' knowledge, skills, and long-term involvement in ONS. First is an oral history project focused on the origins and early history of ONS, a topic only sparsely represented in the written record. These interviews will be developed and conducted by members of the Archives Committee. The project will be managed by the Department of Archives and Records, which is writing an oral history program manual. Other topics under consideration include oncology nurses with cancer.

Second is the development of an historical showcase, divided into thematic sections that will also serve as travelling exhibits. These displays will not only reflect the history of ONS and oncology nursing, but also will serve as a recruitment tool. Third is the development of an archives and history booth, along with a series of pre-conference workshops (on archives, records management, and information resources) for the May conference. All of these projects are being developed jointly by the Archives Committee and the Department of Archives and Records. We anticipate that the oral history program and the historical showcase will generate opportunities to collaborate with other ONS units (such as SIG and local chapters), thereby promoting participation by a large number of people with diverse skills and knowledge, and also increasing awareness of archival and historical issues.

The archival consultant's report also recommended that ONS go beyond developing an institutional archives and records management program by initiating a plan to document oncology nursing as a whole. The institutional support for such a plan is a discipline history center, examples of which include the Center for History of Physics and the Charles Babbage Institute.

The purpose of a discipline history center can be summarized by the "Three C's": **cooperation through communication and coordination** of activities. Once again, the role of the archivist is that of coordinator, not curator.

The primary tool guiding this cooperation is a model called the "documentation strategy." Once a topic has been selected and defined, the strategy consists of five steps:

- Understand the phenomena to be documented. This includes gaining a detailed account of the activities of practitioners in the discipline, along with the range of setting where these practitioners work.

- Recognize which documentation is "naturally" produced as a result of these activities. This documentation may be full, selective, sparse, or non-existent.

- Identify a range of questions to which the documentation is expected to provide answers. Also examine the records for other uses (e.g., exhibits).

- Match the documentation to these questions and uses. Evaluate the adequacy of the "naturally produced" documentation.

- If the documentation is inadequate, locate further documentation, create new documentation (e.g., through oral history or photography projects), and/or develop records management guidelines to improve future documentation.

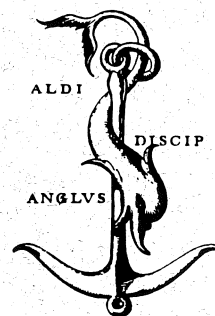
These activities require an advisory group, a staff, and a coordinating site. The advisors form a committee of records creators (e.g., administrators, practitioners), records curators (e.g., archivists, librarians,

records managers), and records users (e.g., historians and sociologists, students of public policy). The coordinating site is the discipline history center, and the staff are drawn from this center. Additional activities include the placement of important records in appropriate repositories (e.g., institutional or university archives) and the development of finding aids for all of these records. Thus, a discipline history center is not a collecting repository; it serves only as a repository of last resort.

Specific activities may include a combination of an oral history program, sources surveys, site work, documentation projects, and collecting projects. Oral history projects may focus on a community, a topic, or a specific site. Sources surveys identify the range of currently available documentation and its location. Site work involves an in-depth study of activities and their documentation at one type of institution, department, or office. Documentation projects focus on specific topics instead of sites, and typically include a number of site visits and oral history interviews as well as background research. Collecting projects are developed so that individuals with no natural repository for their papers, and organizations lacking the resources to develop their own archives program, will still be represented in an available record.

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While presenting on the topic of the ONS archives program at the 1992 Society of American Archivists' Science, Technology, and Health Care Roundtable, the author was asked why ONS decided to carry through with such an ambitious program. The answer begins with the fact that the Oncology Nursing Society was founded because a group of nurses strongly believed that they formed a distinct community with its own special character. The ability to develop a certification examination indicated that a solid intellectual core defined this community. All ONS members--not just the leadership--are proud of their organization and their discipline. The author has encountered no opposition to any of the projects outlined above; in fact, ONS leaders and members have shown a strong interest in, and demonstrated support for, the archives and history of their organization and discipline.

We believe that, in addition to its own archives, a professional association has a strong interest in documenting its own discipline; thus the association is an ideal location for a discipline history center as well as for an institutional archives. The success of the American Institute of Physics' Center for History of Physics has provided an example, as well as a process that can be modified to match the scope of oncology nursing.

We can only speculate about what would have happened had ONS not adopted the archival consultant's recommendations. Active records would be less available for administrative use, and historical records would be lost. Many units and activities would be undocumented and hence ultimately unremembered. And an institution without a memory cannot hope to function well over time. By acting while the organization is still relatively young, ONS has been able to ensure the efficient management of its active records and the preservation of its historical records.

Similarly, nursing in general is not well-documented, so a professional nursing society is a natural home for a discipline history center. By documenting cancer nursing and cancer care, ONS will go beyond its institutional archives to further the knowledge of its own members, their activities, and their work settings.

Stephen C. Wagner is the Director of the Department of Archives and Records, Oncology Nursing Society; the Co-Chair of the Science, Technology, and Health Care Roundtable, Society of American Archivists; and a doctoral student in archival studies at the School of Library and Information Science, University of Pittsburgh.

PARASCANDOLA NAMED PHS HISTORIAN

John L. Parascandola, Ph.D., has been appointed to the newly created position of historian for the U.S. Public Health Service, which will mark its 200th anniversary in 1998.

Dr. Parascandola, 51, was most recently with the National Institutes of Health -- a PHS agency -- where, since 1983, he was chief of the National Library of Medicine's History of Medicine Division.

A native of New York City, he attended the University of Wisconsin at Madison, where in 1968 he received both his master's degree in biochemistry and his doctorate degree in the history of science.

After spending a year on a postdoctoral fellowship at Harvard University, Dr. Parascandola returned to the University of Wisconsin as a faculty member. He became a full professor in 1980.

In his new position, he will provide historical background to PHS managers, promote PHS historical activities and encourage scholarly research on the agency. He will also coordinate PHS historical activities with the National Museum of Health and Medicine as well as numerous PHS bicentennial projects being planned by PHS offices and agencies, including the Office of the Surgeon General, the Centers for Disease Control and the Food and Drug Administration.



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JOHN PARASCANDOLA
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Since Friday, Oct. 2, an unaccustomed silence has fallen over the National Library of Medicine History of Medicine reading room. That day marked the departure of John Parascandola, Chief of the Division since 1983, to become the first Public Health Service historian. He leaves behind him, besides the echo of a voice that paid no homage to the library's traditional hush, a Division to which his contributions have been wide and deep.

On John's arrival at HMD, the blinds that had shielded the Chief's office from the view of the reading room were suddenly drawn up. The blinds stayed up for the nine years of his tenure, and the promise they implied was fulfilled by the openness and accessibility that he brought to the position of Division Chief. John's own sociable and egalitarian nature soon became manifest in his managerial style. He encouraged staff to share ideas and expertise and develop a more collegial atmosphere, and created mechanisms through which this might be achieved. He was also an enthusiastic participant in staff socializing, enlivening HMD coffeebreak gatherings and enriching potluck parties with his lasagna or cannoli.

John is that uncommon combination, a non-librarian scholar who has a real understanding of the functions of librarians and the interlocking interests of librarians and scholars, and a profound appreciation of the skills and knowledge librarians bring to their role. He provided knowledgeable and active support of staff activities, welcoming new ideas and initiatives. However, it was not his nature to act as a remote administrator and his involvement in the details of projects that especially interested him no doubt contributed to the long gestation period of his book on John Abel.

John's pride and pleasure in the collection itself was obvious whenever he talked about a new acquisition or showed a visitor a special treasure. He took an active role in increasing the NLM's visibility in the scholarly world commensurate with the importance of its historical collection. His warm friendships with a wide circle of people in the academic, library, and museum world contributed to this effort on one level, but he was also active in organizing conferences, organizing and giving lectures, and supporting programs that brought researchers to the HMD. During his tenure, the Visiting Scholar program brought senior historical scholars to work with the NLM collection for extended periods, and scholars who regularly used the collection were invited to share their research-in-

progress with staff and local medical historians, in informal monthly seminars.

The computer revolution reached the HMD during John's tenure, growing from a single terminal, rarely used, to a PC on every desk and the expansion of computer applications to every area of HMD. John was committed to the use of automation and developed an impressive amount of expertise.

John's years at HMD coincided with a period of expansion of the Division's functions and responsibilities. The HMD collection's cut-off date was extended from 1870 to 1913, greatly increasing the size of the collection and the demand for services, and introducing the brittle-book dilemma in full force. The HMD's involvement with historical visual materials was greatly increased, as well. John's recognition of the unique qualities that visual material bring to an understanding of the past was evinced by his enthusiastic support for the historic film program, the video disk project, and the AIDS poster collection.

Though John has transferred his enthusiasm, his commitment, his scholarly mind, and his lasagna recipe to the service of the PHS, his stentorian tones are not entirely lost from the NLM. His name on the door of an NLM study carrel promises a transformation from producer to consumer of NLM's services, a role which he is bound to fill with the energy, discernment, and expectation of quality with which he filled his former one.

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PRESIDENT'S MESSAGE

Many of you probably didn't notice, but I failed to provide a President's Message for the Fall 1992 issue of *The Watermark*. I regret this, since it seems a lot of administrative business got taken care last summer, after I had sent my previous message off to Robin. I ask you to pay attention to the points I make below, because they may provide the opportunity for ALHHS members to provide some service to the organization and to our profession.

Our change of name was made official in August, after Edwina Walls confirmed my count of the ballots. I had expected there to be some notice in the Fall 1992 *Watermark*, but found merely a discreet change on the front page, and brief mention by Kathy Donahue under the "New Acquisitions" heading in the "Ex Libris" column which she edits. So . . . our name is now officially "Archivists and Librarians in the History of the Health Sciences." The vote was what the pundits would call a "mandate." Seventy-one people returned their ballots, but I could only count fifty-nine of them, since the remaining twelve had no signature on the envelope. Fifty-two of the "good ballots" were in favor of the name change, and seven were opposed. (The bad ballots, incidentally, broke down to ten in favor and two opposed). Fifty-two to seven constituted a two-thirds majority, so we were able to amend the constitution and thereby change the name.

Our archives are off to a good start at the College of Physicians. Phil Teigen has already sent his and Glen Jenkins's presidential papers, to Jack Eckert, the College's curator of manuscripts. I plan to take a trip up to Philadelphia to look over the acts of my predecessors as soon as I find the time to go. I am not producing too much paper, though, since my presidential term seem to be coinciding with major advances in electronic communications. The entire steering committee is now signed up on nationwide (or world-wide) electronic mail networks, so a lot of what I do is through email or CADUCEUS, the ALHHS's electronic bulletin board. I'm saving all important messages, and plan to print them out for inclusion in the archives at the end of my presidential term.

For a while in September and October, Susan Alon, program chair for our next meeting, used CADUCEUS as the locus of a discussion about the program, and the discussion spread to deal with ALHHS-sponsored luncheons at the AAHM as well. Some CADUCEUS subscribers suggested that the program at our own meeting should attract non-members. Others thought that this should be the function of the luncheons, and that our meetings

should specifically address the concerns of librarians and archivists. What do people think? Do we need to attract non-members to our meetings? And what do people think the purpose of luncheons should be? I think it should be to discuss issues of concern to historians of medicine from the curatorial point of view, and that our program on the day before the AAHM meeting should be of concern to us in our professional capacities. Also, do people think we should have a committee charged with making sure we submit a luncheon proposal to the AAHM?

This year, for the first time in three years, we did submit a luncheon proposal. We have Inci Bowman to thank for organizing a luncheon session on electronic networking, and I hope that Inci has transmitted a copy of her proposal to Robin for inclusion in this issue of *The Watermark*. Inci sent her proposal to Nancy Tomes, chair of the AAHM program committee, and I sent a letter confirming that the proposal had the official sanction of the ALHHS steering committee. Inci will probably have learned before Christmas whether or not the AAHM accepts the proposal (I am writing this message on November 16th). I know it will serve both us and the AAHM well if Inci's proposal is accepted.

Another group of ALHHS members had planned to develop a separate luncheon workshop proposal on recent reference works in medical history. For a variety of reasons, that proposal did not get off the ground this year, but I regard it as an excellent starting point for a future work. Since we, the ALHHS, will be honoring the best recent reference work in our field every other year at our own meeting, I'm thinking it would be good to make use of this award process to prepare for regular biennial AAHM luncheons on new reference tools. As part of the process, the Awards Committee could survey the ALHHS membership, and provide the results to the people preparing the luncheon proposal.

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Alternating with the reference tool award, of course, is the Holloway Award for service to our association or leadership in our profession. The first Holloway Award will be given next May in Louisville. I remind our members to be in contact with Barbara Irwin (at the University of Medicine and Dentistry of New Jersey), Chair of the Awards Committee, if they have any nominations or other thoughts about this.

I'm also counting on our members to provide assistance in finding people to be honored by great responsibilities. Robin Overmier has notified me that she intends to step down as editor of *The Watermark* when her term ends next May. We will miss her. Since the editorship is an office of the Association, it will be up to the Nominating Committee to find a replacement. Please be in touch with Beth White, chair of the Nominating Committee, if you have any thoughts on the matter. In addition we need an editor for our membership directory. In the past, production of the directory was the responsibility of our secretary-treasurer, but we decided last May to separate this important function from the other tasks of that office. I am looking for volunteers.

To close on a personal note, I'd like to express my best wishes to John Parascandola as he leaves the National Library of Medicine to become Historian of the U.S. Public Health Service. Managing a medium-sized collection that is associated with a major graduate program in history of medicine, I have become very conscious of the advantages of having the best history of medicine library in the world just an hour's drive away. For the five years that my job at Hopkins

overlapped with John's stewardship of the History of Medicine Division, I have found him to be as cooperative and helpful as I could have hoped -- and he never even attended library school (the place where many of us learned to be cooperative and helpful)! For now, I wish Phil Teigen and the HMD staff the best for the future, I hope the NLM administration acts wisely in choosing John's successor.

Please, please, be in touch with me by mail, telephone or electronic mail, if you have thoughts on any of the issues raised above.

Ed Morman
Johns Hopkins Institute of the
History of Medicine

THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

The American College of Obstetricians and Gynecologists announces that the recipients of the 1993 ACOG-Ortho Fellowships in the History of American Obstetrics and Gynecology are John Christopher Feudtner, MD/PhD candidate in the School of Medicine and Department of the History and Sociology of Science, University of Pennsylvania, and Regina Morantz-Sanchez, PhD, Professor, Department of History, University of California at Los Angeles. Mr. Feudtner's research proposal is entitled "Sugar Babies: Diabetic Women and Pregnancy, 1922-1968" and Dr. Morantz-Sanchez will be researching the emergency of surgical gynecology as a specialty in the United States, with particular emphasis on

ovariotomist, Mary Dixon-Jones, MD. These awards carry stipends of \$5000 each to be used to defray expenses while spending a month in the ACOG historical collection (and other medical/historical collections in the Washington, DC area) continuing research into some area of American obstetric-gynecologic history. Applications for the 1994 award will be accepted until 1 September 1993. For further information and application forms contact:


Susan Rishworth, History Librarian
American College of Obstetricians and Gynecologists
409 Twelfth Street, SW
Washington, DC 20024
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AMERICAN OBSTETRICS AND GYNECOLOGY

The American College of Obstetricians and Gynecologists and Ortho Pharmaceutical Corporation jointly sponsor two \$5000.00 fellowships in the History of American Obstetrics and Gynecology each year. ACOG members and other qualified individuals are encouraged to apply. The recipients of the fellowships spend one month in the Washington DC area working full-time to complete their specific historical research project.

Although the fellowships will be based in the ACOG History Library, the fellows are encouraged to use other national, historical, and medical collections in the Washington DC area.

The results of this research must be disseminated through either publication or presentation at a professional meeting.

Applications and further information about the fellowship can be obtained by contacting:
The American College of Obstetricians and Gynecologists

Resource Center

Mrs. Susan Rishworth, History Librarian

409 Twelfth Street, SW

Washington, DC 20024-2588

(202) 863-2578 or (202) 863-2518

DEADLINE FOR APPLICATION: 1 SEPTEMBER 1993

Selection will be made and the recipient notified as soon as possible after the deadline so that the fellowship may begin as early as Winter, 1992.

MEDICAL CENTER ARCHIVIST

Exciting opportunity to administer all aspects of a medical center archives at a major metropolitan area health care institution. The Mount Sinai Medical Center offers an excellent salary and benefits and a pleasant work environment. The archivist will work closely with the library staff and report to the Library Director.

Responsibilities include appraising, accessioning, arranging, describing and preserving the archival collection, developing and implementing institutional archival policy in conjunction with the Library Director and institutional administration, providing reference and other services to users, creating MARC records for local online and OCLC catalogs, preparing exhibits and writing about the history of Mount Sinai and the collections.

Requirements for the position include a Master's Degree in History or Library Science with formal training and/or coursework in archives administration, a minimum of three years of archives experience, ability to work effectively with researchers, library and medical staff and excellent verbal and written communication skills. Experience with computer systems a plus.

Send letter of application, resume and names of three references to Lynn Kasner Morgan, Director, Gustave L. and Janet W. Levy Library, Box 1102, Mount Sinai Medical Center, New York, New York 10029. Applications accepted until position filled but those received by December 31 receive first consideration. Position available April 1, 1993. The Mount Sinai Medical Center is an EEO/AA Employer.

REFERENCE BOOK REVIEWS

By Phil Teigen

Samuel A. Davis, a member of ALHHS who recently retired from Scott Memorial Library at Thomas Jefferson University, recently published *Samuel D. Gross, M. D.: A Bibliography 1834-1887*. Gross (1805-1884) was a towering figure in 19th century surgery who also happened to be a prolific author and editor. The bibliography is divided into two parts, "Works by Dr. Gross" and "Works About Dr. Gross." The first is then subdivided into three lists: case reports and articles, books, and biographies and obituaries written by Gross. The second part is subdivided into two lists: reviews of Gross's books and biographical sketches and obituaries about him. About 85% of the work is devoted to the first section of part one, the list of his articles and case reports. I estimate there must be about 1000 entries all together.

Davis has arranged Gross's works in chronological order. This arrangement permits one to browse through the book and get a sense of how Gross's interests and productivity changed over time. This is surely the best arrangement for bibliographies of historical figures, preferable to topical arrangement and vastly superior to alphabetical arrangements.

In design and execution this is a fine bibliography. This is so partly for its choice of an important figure in the history of 19th-century medicine, and partly for its excellent execution, but also because it establishes a model for how to prepare bibliographies of the many other 19th-century physicians and surgeons who deserve such treatment.

To obtain a copy for your library write
Edward Tawyea
University Librarian
Scott Memorial Library
Thomas Jefferson University
1020 Walnut St.
Philadelphia, PA 19107

or call

Claire McCurdy (215) 955-7769

Also worthy of note is Irene Kearsey and Chris Richards, *Bibliography of Monograph Histories of Victorian Public Hospitals*. (Victorian here refers to the southeastern Australian state.) It contains about 300 entries, arranged in alphabetical order by name of hospital. It lists and identifies monographs written about individual hospitals and also other books that are not focussed on one hospital but contain some significant history of specific ones. Consequently, it is a very comprehensive bibliography indeed. For information on ordering write to the authors

Victorian Hospitals Association
464 St. Kilda Road
Melbourne 3000

Although very different in subject matter and form, each of these new books are excellent in similar ways: they have carefully selected and defined topics, thorough coverage, and effective arrangement of entries. They are also produced inexpensively and yet in ways that makes them easy to use, e.g. lots of white space and good use of bold face and italics.

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by Katharine E. S. Donahue

Acquisitions

The papers of John L. Decker, M.D. (35 cu. ft.) have been received by the Houston Academy of Medicine-Texas Medical Center Library. Dr. Decker served as Chief, Arthritis and Rheumatism Branch of the National Institute of Arthritis, Metabolism, and Digestive Diseases from 1965-1983 and then as Director of the Clinical Center for NIH until his retirement. This collection will complement other rheumatology book and manuscript collections in the Library's Historical Research Center.

A library of historic importance to medicine in Southern California has been acquired by the History & Special Collections Division of the Louise Darling Biomedical Library. The library, known as the Barlow Medical Library, was the core collection on which the library of the Los Angeles County Medical Association (LACMA) was based. Begun in 1899, the Barlow Library grew from 50 volumes to 13,000 monographic titles in a period of 30 years through the efforts of many Southern California physicians and institutions. In 1934 the Los Angeles County Medical Association assumed responsibility for the library. It was kept intact, and for another 58 years it was used and preserved by the Association. In 1992 LACMA closed its library and transferred the Barlow Medical Library to UCLA.

Its importance lies in its wealth of late 19th and early 20th century works of medicine. The collection also contains 300 rare books dating for the most part from the early 19th century, but with a few earlier dates present. The collection represents a snapshot of medicine as it was practiced over a period of 30 years.

Main Entries

David J. Rhees, Ph.D. is the new Executive Director of The Bakken, A Library and Museum of Electricity in Life in Minneapolis, Minnesota.

Recommended Reading

Beth White, Historical Research Center, HAM-TMC Library, recommends *Leonardo da Vinci: The Anatomy of Man* by Martin Clayton (Boston: Bulfinch Press Book, 1992). This is the exhibition catalogue for the drawings from Windsor Castle. The Exhibition has left Houston, Texas but will be in Boston, Massachusetts from December 11th to February 21, 1993. Definitely worth seeing!

Calendar Events

All of the following lectures are part of UCLA Programs in Medical Classics. The lectures are held in the UCLA Faculty Center at 6:00 and are open to the

public.

19 January 1993

"The Witches' Hammer" (1487): Handbook of the Inquisition" John C. Nemiah, M.D., Professor of Psychiatry, Dartmouth Medical School; Professor Emeritus, Harvard University. Introduction by M.J.B. Allen, Professor of English, UCLA, and Director UCLA Center for Medieval and Renaissance Studies.

9 February 1993

"From the Devil to Descartes: Changing Concepts of the Body" Patrick Vandermeersch, Ph.D., Professor of the Psychology of Religion, Groningen University, The Netherlands. Introduction by Bernard Towers, M.D., Professor of Anatomy and Psychiatry, Emeritus, UCLA.

9 March 1993

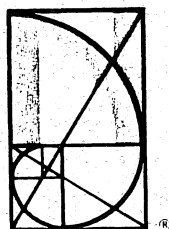
"The Hospital in the Age of Columbus: Dieter Jetter, M.D., Director, Institute of the History of Medicine, University of Cologne, Germany. Introduction by Dora B. Weiner, Ph.D., Professor of the Medical Humanities, UCLA.

Query for our Membership

What is the relationship between *The Watermark* and the list *Caduceus*? Is there a relationship between *Caduceus* and *The Watermark*? Is *Caduceus* making *The Watermark* obsolete?

The Watermark is issued quarterly to members of this association and subscribers. ALHHS officers are President Edward T. Mormon: Johns Hopkins Institute of the History of Medicine, 1900 E. Monument Street, Baltimore, MD, 21205; Secretary-Treasurer: Edwina Walls, 910 N. Martin, Little Rock, Arkansas, 72205-4122; Editor: Judith Overmier, School of Library and Information Studies, 401 West Brooks, Room 123, University of Oklahoma, Norman, OK 73019. Submission deadlines: May 30, August 29, November 30, February 28.

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