AN INTER-DISCIPLINARY APPROACH TO AFRICAN-AMERICAN MEDICINAL AND HEALTH PRACTICES IN COLONIAL AMERICA

As enslaved Africans and African Americans established and changed their lifeways within the American South, many of them promoted health and well-being. Materials of formal and folk medicine drew on New and Old World cultural traditions and practices. African Americans vitalized common and uncommon materials in both apparent order and perceived disorder in medicinal and health practices (Gundaker 1993). The socio-material world of the American South was creatively manipulated in this process of cultural adaptation and change. African-American medicinal and healing practices "incorporated relations to the spiritual world, attitudes to nature and its power" and a myriad of relationships with material objects and people. (Sobel 1987; Escott 1979) These practices rested on beliefs in the power of faith and a knowledge of the medicinal value of plants, animals, objects, and the landscape.

Over the years, studies of slave rituals, medicine, and healing practices have proliferated. Scholars from several disciplines have illuminated these significant dimensions of the African-American past. Increasingly, more researchers are using multiple lines of evidence to describe and interpret slave lifeways. Although I am writing from the vantage point of archaeological research, I emphasize the interdisciplinary approach to the study of African-American medicinal and healing practices. The interdisciplinary approach encourages researchers to use various concepts, methodologies, and sources including documents, oral testimonies, folklore, and material culture in their studies.

Archaeologists value the interdisciplinary approach and promote material culture studies in their work. In fact, the analysis of material objects, including the environment, is central to archaeological analysis and to reconstructions of past societies. Although anthropological methods and theories still remain the guiding force of archaeological research, many of its practitioners have broadened their outlook to include relevant themes and concepts from other disciplines and areas of African-American studies. For example, studies of African-American art, gardens, yards, and literature are influencing archaeological interpretations. Archaeologists have become cognizant of the diverse roles of objects and other material evidence in their studies of African-American healing and medicinal rituals.

One way to further comprehension of African-American medicinal and healing practices is to study how cultures are formed and changed. African-American cultures were formed and transformed through a process that priori-
tized tradition, adaptation, resistance, and cultural interactions and exchanges between African American themselves and with other racial and ethnic groups. Slave practices and perspectives of healing and medicine both persisted and changed. Some practices remained significant because they were nurtured by Africans, and the elderly and other African Americans who were taught or influenced by Africans. (Abrahams and Szwed 1983; Escott 1979) Knowledge and practices of healing, however, were not simply “passed down” but were part of a creative process wherein the changing material world of the American South was utilized. For example, remains of animal bones, considered “trash” by European Americans and African Americans alike, were reused in slave food and for other medicinal and healing needs. (Atkins 1994; Abrahams and Szwed 1983)

Slaves acknowledged that environmental and cultural factors influenced healing practices and material culture in different times and places. Their beliefs and practices helped them to sustain their individual and group cultural and social identities. Slaves used common objects of shells, beads, clay tobacco pipes, and ceramic vessels in uncommon ways. These objects have been found with the burial remains of slaves. Other everyday objects were part of culinary practices, personal adornment, dressing in yards and graves, and inclusions in many rituals. Medicinal and healing practices were part of a coherent system of knowledge that created meanings and relationships between material culture and human beings.

Knowledge about healing and medicine was part of the fabric of social relationships between different social and cultural groups during slavery. In her valuable publication, “The World They Made Together: Black and White Values in Eighteenth-Century Virginia”, historian Mechal Sobel discussed the similarities between European American and African Americans’ beliefs in magic, witchcraft, and folk medicine. (Sobel, 1987) In the various social and cultural interactions and exchanges between these different groups, this knowledge was nurtured, censored, transmitted, and transformed. European Americans both rewarded and punished slaves who had knowledge of medicine. In some cases, African Americans were punished for the alleged or actual uses of substances to harm European Americans. Some slaves were rewarded with their freedom for their knowledge of medicine. (Sobel 1987; Wood 1974) For many enslaved African Americans, engaging in medicinal practices provided access to material goods. These practices helped many slaves to assert their humanity for their spiritual development and spiritual practices rested on ideals of justice, individuality, cooperation, and separation. (Ferguson 1992; Levine 1977)

Some enslaved African Americans did not share their medical knowledge during interactions and exchanges. Many slaves engaged in separatist

<table>
<thead>
<tr>
<th>TABLE OF CONTENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>An Inter-disciplinary Approach to African-American Medicinal...</td>
</tr>
<tr>
<td>AAHSLD Special Collections Survey</td>
</tr>
<tr>
<td>From the Editors</td>
</tr>
<tr>
<td>“Life and Death in Berkeley”</td>
</tr>
<tr>
<td>Citation for the 1997 Lisabeth M. Holloway Award</td>
</tr>
<tr>
<td>ALHHS Steering Committee Minutes</td>
</tr>
<tr>
<td>ALHHS Business Meeting</td>
</tr>
<tr>
<td>New Members</td>
</tr>
<tr>
<td>Tuskegee Study Apology</td>
</tr>
<tr>
<td>CADUCEUS-L Moves</td>
</tr>
<tr>
<td>On the Web</td>
</tr>
<tr>
<td>From the ‘Net</td>
</tr>
<tr>
<td>Ex Libris</td>
</tr>
</tbody>
</table>
practices that gave them some cultural autonomy from European Americans. For instance, some slaves preferred to rely on self-treatment or cures prescribed by “knowledgeable” African-American individuals or healers. (Savitt 1989) Self-treatment and the introspective approach to healing have been the main characteristics of African-American medicinal and healing practices. Slaves considered the individual as a social actor effecting causes and cures of illness.

Our understanding of African-American medicinal and healing practices has been influenced by our perceptions of Africa and events in the African diaspora. Over the centuries, diverse African cultures have coalesced with New World and European cultures. One result has been the creation of dynamic African-American cultures exhibiting connections with African cultural forms and characteristics of different social, cultural, and environmental settings in the New World. Several scholars have stressed parallels between different African and African-American cultures. (Thompson 1993; Ferguson 1992; Sobel 1987; Abrahams and Szwed 1983) Oftentimes, it has been reiterated that enslaved Africans in the New World originated from different ethnic and cultural groups. However, amidst the dissimilarities of African cultural groups there is evidence of similarities in their practices and beliefs.

Many Africans who were enslaved in the New World came from societies where efforts were directed toward understanding connections between the living and the dead and finding ways to mediate between the sacred and the secular world. Many Africans believed that spiritual forces were involved in their everyday life and these forces could be influenced for good or evil. Particular focus was on the magical and symbolic importance of places such as rivers and graveyards. African spirituality and rituals involved the symbolic use of objects, plants, and colors. Scholars have linked these practices and beliefs to several ethnic groups including the Yoruba, Bakongo, Ashanti, Mande, and the Ibo, all people from West and Central Africa. (Thompson 1993; Raboteau 1978) These beliefs and their concomitant practices have influenced African Americans’ perceptions and use of the material world in medicine and healing.

The medicine and healing practices of the Bokongo People of the traditional “Congo-Angolan region” is believed to have influenced slave medicinal practices. Through sacred medicine, the Bakongo and other Bakongo-influenced people in Africa had sought to control the power of superior beings to influence the work of spirits and people. Their nskisi (plural minkisi) charm was made from “spirit-embodying materials” including grave dirt, chalks, bones, and shells and, at times, these were wrapped or placed in containers of clothes, leaves, ceramic vessels, and wooden objects (Thompson 1993; Ferguson 1992). One popular representation of their belief systems took the shape of a cross within a circle, signifying the link between life, death, and rebirth.

Evidence from the fields of history, folklore, and archaeology substantiates that in their magical and other various rituals, African Americans enclosed materials thereby endowing them with the power to harm or aid. Many things used to harm were usually buried in the path of the one who was to be harmed. Healing and ritual specialists spent considerable time searching for and unearthing bundles of charms that were identified as contributing to illness and misfortune. In preparing counter-charms specialists wrapped things together in bundles or enclosed them in bottles and gave them to their patients (Thompson 1993; Waters 1983; Raboteau 1978).

The African-American practice of pulling together disparate and seemingly unconnected materials, enclosing, and burying them, has influenced archaeological interpretations of the African-American past. Some materials used in vari-
ous rituals are similar to artifacts that are recovered from archaeological sites. These include nails, pins, animal remains, bottles, coins, pottery, shells, beads, and various culturally-modified objects. Archaeologists have also used evidence of ritualized spaces such as human burials and slave living areas to cultivate meaningful interpretations about the African-American past. An often-cited example of an African-derived practice revealed through archaeology is the ritual kit that was unearthed at the Charles Carroll House in Annapolis, Maryland (Thompson 1993). Various items including quartz crystals, polished stones, bone disks, and pierced coins, were found covered by a bowl. The bowl has a marking similar to an asterisk on its interior surface. The symbol itself suggests affinity to ritual markings of the Bakongo people. The collection is associated with eighteenth-century African Americans at the Annapolis residence and it is similar to medicinal kits in nineteenth-century Africa (Thompson 1993).

Archaeologist Leland Ferguson finds that by “combining historical, folkloristic, and archaeological data we may even learn the symbolic meanings...” in the material and social world of the African-American past (Ferguson 1992: xlv). Ferguson builds on this viewpoint in his analysis of Colonoware, a coarse earthenware made by African Americans and other New World people. He believes that examples of coarse Colonoware sherds with foot rings and “x” marks recovered from rivers in South Carolina likely functioned as part of African-American rituals. These clay vessels may have served as containers for medicine; this practice has been identified among the Bokongo people. The locations where the vessels were found are considered as important as the markings found on them. Ferguson’s interpretations rested on the multiple meanings and uses of material culture and the resilience of African-derived cultural practices. He supports his conclusions with examples of New World and Old World magical and religious practices that have been linked to Africans and their descendants.

Drawing on a transformed African heritage, African Americans approached medicine as a double-sided process. They believed that causes and cures were conceptual pairs and spiritual forces had the potential to harm or heal; an aggression could be turned against the aggressor. Studies of healing rituals, including conjuration revealed that African American...
ing charms was one way of doing so (Fontenot 1994; Waters 1983; Raboteau 1978). Charms were made from shells, beads, and other objects. Archaeologists have interpreted several pierced and modified objects of pewter spoons, coins, cowrie shells used as currency and for various rites in Africa, and colored beads as ritual-related (Singleton 1991). Many of these objects have been recovered from African-American burials, suggesting their connections to rituals. Historical documents show Africans and African Americans wearing beaded objects (Singleton 1991; Sobel 1987). While many of these objects may have been used for decorations, they may have served for protection as well. Blue beads are common finds on many African-American archaeological sites. Their presence at these sites has been interpreted as possibly connected to a Muslim belief that they had the power to ward off "the evil eye" (Singleton 1991). Slave rituals included beliefs and practices of Christianity and Islam. Some slaves may have been introduced to these religions in Africa before their enslavement in the New World (Raboteau 1978).

African Americans believed that the intake of food could either enhance health or cause illness. Some health problems were caused by poor diet and working and living conditions. The need to maintain a reliable work force was important to slaveholders and their concern for slave health were mainly related to this need. Some slaveowners, however, were genuinely moved by slave living conditions and sought measures to improve slave life. Archaeologists have contributed to studies of African-American diet. Their studies show the variability of slave diets and the importance of hunting, trapping, and fishing. Apparently, slaves were supplementing plantation rations of corn, pork, beef, and salt herring with a variety of wild food sources (Bowen 1995; Atkins 1994). Slaves supplied themselves and others with cultivated foods and livestock and these practices, most likely, improved slave nutritional intake and health.

At George Washington's Mount Vernon plantation, some slaves probably used animal bones symbolically in fertility rites. Studies of the eighteenth-century faunal assemblage from The House for Families, a major structure accommodating slaves on the plantation, have located modified animal bones. Included in the collection is the lower foot bone from a great horned owl, a nocturnal bird of prey. A number of parallel cut marks below the proximal end of the bone probably are associated with the removal of the talon (claw) from the leg; "the talon was then used as an object either to be worn around an individual's neck, or suspended as a symbol of fertility...or possibly for some other purpose of spiritual significance." (Atkins 1994: 84–85). Presumably, objects that constituted bodily adornments functioned for healing or inciting protection.

Archaeologists and associated researchers at The Colonial Williamsburg Foundation in Williamsburg, Virginia are using material data and other information recovered from various sites to address African-American health and rituals. They have found that an inter-disciplinary approach to the study of the African-American past promotes culturally meaningful interpretations. For example, the analysis of a profusion of evidence from a recently excavated Rich Neck slave quarter site near the Foundation, is helping to achieve this goal. The slave quarter, a duplex structure, was occupied in the eighteenth century and was probably home to about twenty-one slaves belonging to the Ludwells, a prominent white Virginia family.

Archaeobotanical studies of Rich Neck identify cultivated and wild species of plant remains and explore their connections to slave health and well-being. Several plants that have been documented as important to slave diets and health have been identified. The cultivated species include the remains of corn, beans, and squash, and fruits including melon, cherry, and blackberry. Honey locusts, black walnuts, and acorns are counted among the wild species in the collection (Mrozowski and Driscoll 1997).

It is likely that the Rich Neck slaves used plants for medicinal practices. Concocting "teas" from the bark, leaves, and roots of plants such as cherry and red oak, for example, have been documented as practiced by slaves. Several former slaves described tea drinking as part of medicine rituals (Perdue et al. 1976; Grime 1979; Waters 1983). Tea wares have been recovered from a number of slave sites in Virginia. These objects were likely equipages of formal tea drinking associated with elite behavior, but they may have been important to African-American cultural practices as well. At the Rich Neck slave quarter, plants and other substances were probably used in healing baths. Other objects of shells, beads, nails, animal bones, coins, pierced spoon fragments, and broken pottery from the slave quarter may have functioned in medicinal rites. Similar objects have been associated with medicine and power materials in Africa and the Americas (Thompson 1983).

African Americans participated in local networks of power and knowledge. Some slaves were
known for their medical knowledge which included more than the magical aspects of healing. Their skills were used to help both European Americans and African Americans (Savitt 1989; Sobel 1987; Wood 1974). Some medical knowledge probably was gained when slaves overheard the conversations and observed the activities of European Americans. Historian Robert Brown explains in his book, Knowledge is Power: The Diffusion of Information in Early Virginia, 1700-1865, that:

At the table of Robert Carter of Nomini Hall in the 1770s, illness and health were probably the most frequently discussed subjects as neighbors and visitors exchanged information on which diseases were circulating in the colony and how best to treat them. Such talk...furnished practical guidance respecting travel plans, plantation management, and medical treatment. Since the great planters, from Byrd to Washington, all functioned as medical practitioners... these conversations could include discussion of the most advanced medicine of the day. (Brown 1989: 50)

It is interesting to note that Robert Carter's coachman, a slave known as “Brother Tom” had considerable fame as a doctor and was borrowed by neighboring planters to treat their slaves (Blanton 1931: 173). A letter requesting Brother Tom's service for a sick child stated that, “the black people at this place hath more faith in him as a doctor than any white doctor; ...I cannot expect you to lose your man's time, etc., for nothing, but am quite willing to pay for same.” (Reprinted in Blanton 1931: 173). Brother Tom may have acquired some of his medical knowledge from his proximity to, and interactions with, European Americans.

Several states legislated against slave medicinal practices. However, the unsatisfactory condition of medical care on some plantations probably helped the survival of these slave medicine practices (Fontenot 1994; Savitt 1989). Several objects associated with formal medicine, including pharmaceutical bottles and ceramic salve pots (ointments jars) have been recovered from slave sites. These remains are frequent finds in Virginia but archaeologists have found similar evidence in other areas of the American South. For example, archaeological studies indicate that slaves along the Georgia coast consumed alcoholic patent medicine (Singleton 1991). These items may have been used by European-American doctors and slaveholders for slave medical needs. It is also likely that slaves acquired these items by their own means.

Archaeologists and other researchers are becoming increasingly aware of the multiple uses of things and places. African-American medicinal and health practices were enacted and mediated through various materials and spaces. Rituals of medicine and healing embodied aspects of tradition, adaptation, resistance, and cooperation. Also they incorporated approaches to the secular and the spiritual world. Medicinal and healing practices provided avenues for African Americans to become knowledgeable about African, European, and American cultures. Slaves were not passive sufferers but through illness and medications of healing, both healers and patients were culturally and socially empowered.

Ywone D. Edwards-Ingram
The Colonial Williamsburg Foundation

BIBLIOGRAPHY


---

**RARE BOOKS & MANUSCRIPTS**

15th-20th Century

Science, Medicine, Technology, Natural History, Early Printed & Illustrated Books. Catalogues Issued.

**B & L Rootenberg**

Post Office Box 5049 - Sherman Oaks, California 91403

Telephone: [818] 788-7785

Telefax: [818] 788-8839

blroot@pacifier.net
AAHSLD SPECIAL COLLECTIONS SURVEY

In the autumn of 1995, Daniel Richards, Director of Biomedical Libraries at Dartmouth College, contacted half a dozen members of ALHHS to solicit input for a survey that would measure special collections in American medical libraries. Dan hoped that this survey would eventually become part of the annual statistical survey published by the Association of Academic Health Sciences Library Directors (AAHSLD). With input from Barbara Irwin, Suzanne Porter, Lilli Sentz and others, Dan began to devise measures that would poll the size and scope of historical collections in AAHSLD member libraries.

Soon after Dan’s unexpected death, I was asked to continue this project by Valerie Florance, Director of the Edward G. Miner Library and editor of AAHSLD’s Annual Statistics of Medical School Libraries in the United States and Canada. Over the course of the next year, I reviewed Dan’s files, and revised and expanded the measures. Rather than issue the survey to the AAHSLD membership at large, it was decided to limit participation to a control group of volunteers. In September 1996, a five-page survey was mailed to librarians at twenty-one medical historical collections who had volunteered to participate in a trial effort. Through their participation and feedback, it was hoped that the survey would be further refined before presentation to the general AAHSLD membership.

The survey queried five categories or measures:

I. Collection measures; i.e., the size and scope of rare book holdings, rare serials, ephemera, archive and manuscript collections, prints, realia, oral histories, and secondary/reference titles.

II. Service measures; i.e., use of special collections by user groups (e.g., medical center or non-medical center; faculty, medical students, residents, etc.); use by material types (i.e., number of requests for access to rare books, photographic prints, etc.); and number of reference/research assistance transactions.

III. Financial measures; i.e., funding for special collections from library budgets, endowments, gifts, grants, etc.

IV. Personnel measures; i.e., the number of FTE librarians, curators, conservators, library assistants, etc. within special collections.

V. Programs managed or sponsored; e.g., friends groups, lecture series, publications, exhibits, etc.

Of the twenty-one libraries that agreed to participate in the survey, fifteen returned completed forms. Three libraries withdrew before the November 1996 deadline (citing inability to provide suffi-

<table>
<thead>
<tr>
<th>Library</th>
<th>pre-15th Cent.</th>
<th>15th Cent.</th>
<th>16th Cent.</th>
<th>17th Cent.</th>
<th>18th Cent.</th>
<th>19th Cent.</th>
<th>20th Cent.</th>
<th>Total Titles</th>
<th>Total Vols.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brown University**</td>
<td>n/a</td>
<td>100*</td>
<td>200*</td>
<td>300*</td>
<td>2000*</td>
<td>5350*</td>
<td>5350*</td>
<td>13300*</td>
<td>n/a</td>
</tr>
<tr>
<td>Indiana University</td>
<td>0</td>
<td>0</td>
<td>10</td>
<td>21</td>
<td>40</td>
<td>1,192</td>
<td>1,300</td>
<td>2563</td>
<td>2782</td>
</tr>
<tr>
<td>Med. Coll. of Ga.</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>1500*</td>
<td>375*</td>
<td>1,875*</td>
<td>2000*</td>
</tr>
<tr>
<td>Med. Coll. of Va.</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>11,868</td>
</tr>
<tr>
<td>Northwestern</td>
<td>4</td>
<td>274</td>
<td>1073</td>
<td>3591*</td>
<td>600*</td>
<td>n/a</td>
<td>n/a</td>
<td>5538*</td>
<td>n/a</td>
</tr>
<tr>
<td>Stanford University</td>
<td>n/a</td>
<td>21</td>
<td>403</td>
<td>613</td>
<td>1,635</td>
<td>3,500</td>
<td>1,100</td>
<td>7272</td>
<td>n/a</td>
</tr>
<tr>
<td>U. of Alabama-Bhm.</td>
<td>4</td>
<td>28*</td>
<td>200*</td>
<td>350*</td>
<td>560*</td>
<td>4100*</td>
<td>1922*</td>
<td>7164*</td>
<td>7276*</td>
</tr>
<tr>
<td>UCLA</td>
<td>n/a</td>
<td>34</td>
<td>1300*</td>
<td>1200*</td>
<td>3300*</td>
<td>10699*</td>
<td>7337*</td>
<td>23,840*</td>
<td>24,382</td>
</tr>
<tr>
<td>UM&amp;D of NJ</td>
<td>n/a</td>
<td>27</td>
<td>49</td>
<td>138</td>
<td>600*</td>
<td>4</td>
<td>818*</td>
<td>979</td>
<td></td>
</tr>
<tr>
<td>U. of Nebraska</td>
<td>132</td>
<td>n/a</td>
<td>72</td>
<td>273</td>
<td>539</td>
<td>63</td>
<td>6116</td>
<td>7159</td>
<td>7159</td>
</tr>
<tr>
<td>U. of Pittsburgh</td>
<td>0</td>
<td>1</td>
<td>80*</td>
<td>500*</td>
<td>1000*</td>
<td>2500*</td>
<td>100*</td>
<td>4181*</td>
<td>4181*</td>
</tr>
<tr>
<td>U. of Rochester</td>
<td>1</td>
<td>12</td>
<td>186</td>
<td>287</td>
<td>964</td>
<td>7500*</td>
<td>1000*</td>
<td>9950*</td>
<td>10,275*</td>
</tr>
<tr>
<td>UT Med. Br.-Galv.</td>
<td>n/a</td>
<td>33</td>
<td>600*</td>
<td>1000*</td>
<td>2800*</td>
<td>9780*</td>
<td>3800*</td>
<td>18000*</td>
<td>n/a</td>
</tr>
<tr>
<td>Washington U.</td>
<td>n/a</td>
<td>9</td>
<td>334</td>
<td>455</td>
<td>1052</td>
<td>5434</td>
<td>1644</td>
<td>8975</td>
<td>9866</td>
</tr>
<tr>
<td>Yale U.</td>
<td>n/a</td>
<td>300*</td>
<td>3500*</td>
<td>5000*</td>
<td>9000*</td>
<td>25000*</td>
<td>2000*</td>
<td>44,800*</td>
<td>n/a</td>
</tr>
</tbody>
</table>

* represents an estimated rather than an exact figure

74
cient data); and three failed to respond at all. Some months after the last survey was returned, I was able to compile the data into tables, and to mail the results (nine pages containing seventeen tables) to participants. The arrangement and level of detail is represented in Table 1 for rare book holdings.

The level of response in all categories varied from the provision of firm figures for virtually every measure queried, to the provision of totals in the final column only. It became obvious that a statistical survey of this kind can be successful only if participants agree not only on the importance of collecting this data, but agree to keep the same kinds of statistics in the same way; agree on definitions for the categories measured; and agree to provide as complete data as currently available.

I was initially worried that the survey demanded too much detail. Having tabulated the responses, however, I think that the level of detail was entirely appropriate. The "not available" responses in many of the tables are less indicative of too great detail than of the fact that many libraries do not keep statistics in certain categories or do not presently have the ability to gauge these measures.

It also became obvious that some elements of the survey were ill-conceived. For example, the section on printed ephemera should have queried genres (e.g., postcards, broadsides, class cards, etc.) rather than chronology, as in the rare books table above. The section on realia also should have queried types of instruments or objects, rather than period of manufacture.

Some of the participating libraries have materials that qualify for special collections in their general stacks, such as late nineteenth and early twentieth-century books and nineteenth-century periodicals. The respondents who pointed this out were disturbed that the overall quality of their historical collections would not be represented in comparison with other libraries in the survey. One of the positive benefits of such gaps in the survey might be to persuade reluctant library directors to transfer historically significant portions of their holdings to special collections.

No area of the survey brought out the disparities in statistical gathering among the fifteen participants more than the service measures (see Table 2 below). It was obvious from both the numbers submitted and accompanying comments that few libraries are agreed on what kinds of usage to record and how to do so. The spottiness of the tabulated data in the four usage tables is the best argument for coordination in this crucial area of statistical measurement. We are not alone in struggling with use statistics. The AAHSLD Editorial Board has also found reference transactions one of the most difficult measures to track. What became apparent is that most medical historical collections do not track use by non-medical center

<table>
<thead>
<tr>
<th>Library</th>
<th>Faculty</th>
<th>Resident</th>
<th>Staff</th>
<th>Med. Student</th>
<th>Nursing Student</th>
<th>Grad.</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brown University **</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Indiana University</td>
<td>36</td>
<td>10</td>
<td>8</td>
<td>8</td>
<td>2</td>
<td>10</td>
<td>n/a</td>
<td>74</td>
</tr>
<tr>
<td>Med. Coll. of Georgia</td>
<td>18*</td>
<td>2*</td>
<td>8*</td>
<td>5*</td>
<td>3*</td>
<td>2*</td>
<td>2*</td>
<td>40*</td>
</tr>
<tr>
<td>Med. Coll. of Va.</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Northwestern</td>
<td>986</td>
<td>****</td>
<td>1000*</td>
<td>1051</td>
<td>0</td>
<td>259</td>
<td>n/a</td>
<td>3296</td>
</tr>
<tr>
<td>Stanford University</td>
<td>4</td>
<td>n/a</td>
<td>11</td>
<td>3</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>18</td>
</tr>
<tr>
<td>U. of Alabama-Bhm.</td>
<td>n/a</td>
<td>n/a</td>
<td>11</td>
<td>3</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>228</td>
</tr>
<tr>
<td>UCLA</td>
<td>242</td>
<td>19</td>
<td>77</td>
<td>62</td>
<td>n/a</td>
<td>59</td>
<td>177</td>
<td>636</td>
</tr>
<tr>
<td>U&amp;M&amp;D of NJ</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>343</td>
</tr>
<tr>
<td>U. of Nebraska</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>U. of Pittsburgh</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>U. of Rochester</td>
<td>151</td>
<td>55</td>
<td>168</td>
<td>47</td>
<td>8</td>
<td>9</td>
<td>7</td>
<td>445</td>
</tr>
<tr>
<td>UT Med. Br.-Galv.</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Washington U.</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>1202</td>
</tr>
<tr>
<td>Yale U.</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>1500</td>
</tr>
</tbody>
</table>

** Brown has no separate medical library
*** Materials checked out from circulating hist. collection cannot be tracked in special collections
**** Resident transactions included in med. stud. category
TABLE 3: Personnel

<table>
<thead>
<tr>
<th>Library</th>
<th>Librarians/ Curators</th>
<th>Archivists</th>
<th>Conservators</th>
<th>Library Assistants</th>
<th>Volunteers</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brown University</td>
<td>10</td>
<td>0</td>
<td>1</td>
<td>8</td>
<td>2</td>
<td>21.0 **</td>
</tr>
<tr>
<td>Indiana University</td>
<td>.5</td>
<td>.05</td>
<td>0</td>
<td>.30</td>
<td>0</td>
<td>.85</td>
</tr>
<tr>
<td>Med. Coll. of Georgia</td>
<td>.30</td>
<td>0</td>
<td>0</td>
<td>.20</td>
<td>0</td>
<td>.50</td>
</tr>
<tr>
<td>Med. Coll. of Va.</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1.0</td>
</tr>
<tr>
<td>Northwestern</td>
<td>.25</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>.15</td>
<td>.40</td>
</tr>
<tr>
<td>Stanford University</td>
<td>.25</td>
<td>n/a</td>
<td>n/a</td>
<td>1.05</td>
<td>1.50</td>
<td>2.80</td>
</tr>
<tr>
<td>U. of Alabama-Bhm.</td>
<td>1</td>
<td>1</td>
<td>n/a</td>
<td>1</td>
<td>n/a</td>
<td>3.0</td>
</tr>
<tr>
<td>UCLA</td>
<td>1.20</td>
<td>n/a</td>
<td>n/a</td>
<td>1</td>
<td>1</td>
<td>3.20</td>
</tr>
<tr>
<td>UM&amp;D of NJ</td>
<td>1</td>
<td>1</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>2.0</td>
</tr>
<tr>
<td>U. of Nebraska</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>U. of Pittsburgh</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1.0</td>
</tr>
<tr>
<td>U. of Rochester</td>
<td>.5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>.50</td>
</tr>
<tr>
<td>UT Med. Br.-Galv.</td>
<td>1</td>
<td>n/a</td>
<td>n/a</td>
<td>1.25</td>
<td>n/a</td>
<td>2.25</td>
</tr>
<tr>
<td>Washington U.</td>
<td>2</td>
<td>.50</td>
<td>n/a</td>
<td>1</td>
<td>.50</td>
<td>4.0</td>
</tr>
<tr>
<td>Yale U.</td>
<td>1.2</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>2.95</td>
</tr>
</tbody>
</table>

** Represents entire staff for special collections, not just medical history

users (who in many collections constitute 30-40% of clientele); four libraries do not track use by material type (i.e., rare books, serials, ephemera, etc.); and none share uniform definitions of user groups, materials, or reference services.

Personnel was one of the few measures that all participants were able to answer fully. Table 3 provides a fascinating portrait of current staffing in medical historical collections. In the broader perspective, it would have been interesting to compare the data below with staffing in many collections five years ago (my own included). As we continue to face budget cuts and split responsibilities, it would also be interesting to compare this to data gathered five years hence.

TABLE 4: Programs

<table>
<thead>
<tr>
<th>Library</th>
<th>Friends Group</th>
<th>Lecture Series</th>
<th>Scholarly Publication</th>
<th>Exhibits</th>
<th>Oral History</th>
<th>Other (specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brown University</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>no</td>
<td></td>
</tr>
<tr>
<td>Indiana University</td>
<td>no</td>
<td>yes</td>
<td>no</td>
<td>yes</td>
<td>no</td>
<td>Speaker services</td>
</tr>
<tr>
<td>Med. Coll. of Ga.</td>
<td>no</td>
<td>no</td>
<td>no</td>
<td>yes</td>
<td>yes</td>
<td></td>
</tr>
<tr>
<td>Med. Coll. of Va.</td>
<td>no</td>
<td>yes</td>
<td>no</td>
<td>yes</td>
<td>yes</td>
<td></td>
</tr>
<tr>
<td>Northwestern</td>
<td>no</td>
<td>no</td>
<td>no</td>
<td>yes</td>
<td>no</td>
<td></td>
</tr>
<tr>
<td>Stanford University</td>
<td>no</td>
<td>no</td>
<td>no</td>
<td>yes</td>
<td>no</td>
<td></td>
</tr>
<tr>
<td>U. of Alabama-Bhm.</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>Affil. w/State Historical Society; pub. newsletter; host/conduct meetings</td>
</tr>
<tr>
<td>UCLA</td>
<td>no</td>
<td>yes</td>
<td>no</td>
<td>yes</td>
<td>no</td>
<td></td>
</tr>
<tr>
<td>UM&amp;D of NJ</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td></td>
</tr>
<tr>
<td>U. of Nebraska</td>
<td>no</td>
<td>no</td>
<td>no</td>
<td>no</td>
<td>no</td>
<td></td>
</tr>
<tr>
<td>U. of Pittsburgh</td>
<td>no</td>
<td>yes</td>
<td>no</td>
<td>yes</td>
<td>no</td>
<td>Courses taught based on med. hist. collection</td>
</tr>
<tr>
<td>U. of Rochester</td>
<td>no</td>
<td>no</td>
<td>yes</td>
<td>no</td>
<td>no</td>
<td>Course taught based on med. hist. coll; Web site</td>
</tr>
<tr>
<td>UT Med. Br.-Galv.</td>
<td>no</td>
<td>no</td>
<td>no</td>
<td>yes</td>
<td>yes</td>
<td>Maintains Caduceus listserv</td>
</tr>
<tr>
<td>Washington U.</td>
<td>no</td>
<td>no</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>Customized exhibits for visiting prof. groups</td>
</tr>
<tr>
<td>Yale U.</td>
<td>yes</td>
<td>yes</td>
<td>no</td>
<td>yes</td>
<td>no</td>
<td>Web site</td>
</tr>
</tbody>
</table>

76
One of the measures that most interested the AAHSLD Editorial Board was Table 4 recording programs managed or sponsored by special collections.

The special collections survey was examined and discussed at a meeting of the AAHSLD Editorial Board held on 22 April 1997. The Board was impressed by the scope and detail of the survey. After long discussion, however, the Board concluded that AAHSLD membership would probably not see this as a high priority. In the end, there was simply not sufficient support on the Board to continue this project, even with a volunteer editor in place. However, three questions from the special collections survey are under consideration for addition to AAHSLD’s quinquennial descriptive survey: expenditures, programs sponsored, and FTE devoted to special collections. A fourth question, special collections as a percentage of total collections, has also been suggested as a new measure.

When Dan Richards proposed a survey of special collections to the AAHSLD Board, he argued that it was important for directors to have an accurate picture of historical collections in their libraries. I agree with Dan that the data made available by a survey of this kind is to our benefit. Some of the ALHHS membership may worry that in the rankings that would inevitably occur, their collections might be unfairly compared to those in longer established or better endowed libraries. The same data can be used to our membership’s advantage, however. The survey would have stressed the ubiquity of historical collections in medical libraries (90 of approximately 130 American medical libraries claim to have special collections), as well as their importance. Comparisons of FTEs or financial support that initially might seem to cast a negative light on this collection or that, might actually be used to advance further support from previously uninformed or reluctant library administrators.

When I accepted responsibility for the special collections survey, I did so under the aegis of AAHSLD, and without discussion or sanction from the ALHHS Steering Committee. In agreeing to coordinate the survey, however, I had hoped that once it was beyond its trial stages, the survey would provide ALHHS the opportunity to work closely with an organization the calibre of AAHSLD. Obviously, this is no longer possible. Perhaps I was presumptuous in projecting ALHHS into this scenario. Having done so, however, I feel that based on the experience of this experiment, our membership needs to consider whether to adopt such a project or abandon the idea. If the former, do we continue with the survey in its present form, or devise a different format altogether? Many of our members may feel that the National Library of Medicine’s A Directory of History of Medicine Collections meets our needs, and that detailed statistical analyses of our collections are unnecessary. I would argue that this statistical data is essential for making arguments for the future support of our collections, many of which are tenuously supported by their institutions.

Christopher Hoolihan
University of Rochester
FROM THE EDITORS

This is the Summer issue and we think that spring has finally arrived. The best weather in Virginia came the week we hosted the annual Archivists and Librarians in the History of the Health Sciences meeting in Williamsburg. Since then it’s been nothing but cool weather and rain. The sun is shining today, however, in Philadelphia and we are assuming the same holds true for Virginia. We have finally recovered enough from our hectic spring and have taken to the road again, mixing business and pleasure.

The reason for the JKs’ journey to the City of Brotherly Love, other than to visit our good friends ALHHS colleagues at the College of Physicians of Philadelphia, was to view the exhibit, “When the President is the Patient,” curated by Tom Horrocks, and currently on display at the College. The exhibit takes a provocative look at several Presidents of the United States, in sickness and in health (and sometimes in death). The text is clear and written at a level easily accessible to medical historians and school groups alike; indeed, the day we were there one local college student was coming for her umpteenth time and bringing an out-of-town guest to see the exhibit she found fascinating. The “props” are also very intriguing and include a pair of Franklin Delano Roosevelt’s braces, with shoes attached and the section of Grover Cleveland’s jaw excised during the secret surgery on a yacht in New York’s East River. The exhibit is complete with a voting booth, polling viewers on their beliefs about Presidents’ access to medical care, and health awareness handouts prepared by the C. Everett Koop Community Health Information Center (CHIC), on topics such as Addison’s Disease from which John Fitzgerald Kennedy suffered. We encourage anyone living near or visiting Philadelphia to go see “When the President is the Patient.” A brief overview of the exhibit is available at http://www.colphysphil.org/prespg.htmlx.

Some of you may have noticed the late arrival of the Spring issue of The Watermark. While we had every intention of having the issue in your hands before departing for Williamsburg, the responsibilities of hosting the annual meeting and serving on the American Association for the History of Medicine Local Arrangements Committee proved all-consuming. Over 500 people attended the AAHM meeting, making it the largest in recent memory. We were pleased that so many of you came to Williamsburg. You will find the minutes from the Steering Committee and Business meeting elsewhere in this issue. The cover story is one of the presentations from the joint ALHHS/Medical Museums Association (MeMA) Meeting entitled “Material Culture, Books, and Archives:

![William Penn, sporting a Philadelphia Flyers jersey after the Flyers’ loss in the Stanley Cup Championship](image)

![The JKs at the entrance to the College of Physicians of Philadelphia’s exhibit “When the President is the Patient.”](image)
Hidden Treasures in the History of the Health Sciences” held on 3 April 1997.

The joint ALHHS/MeMA meeting appears to have been a successful undertaking. The program was constructed to emphasize the fact that so many of us have multiple responsibilities and care for and exhibit the books, realia, and archives in our collections. MeMA members have increasingly begun to join ALHHS and gather with us at our traditional Wednesday evening dinners. We were recently asked if the two groups would plan a joint meeting for 1998. This decision rests with the ALHHS Program Committee but we hope that they, along with other future Program Committees, will consider having joint functions and coordinating schedules so that those of us who have responsibilities in both areas can take advantage of program options and tours sponsored by both organizations.

In this issue is a contribution by Chris Hoolihan. Last fall he undertook a survey of medical libraries to collect statistics on historical collections. The results have been distributed to participants and shared with the Association of Academic Health Sciences Library Directors (AAHSLD). We believe this is a step in the right direction to include a very important aspect of the medical libraries across the county and encourage ALHHS members to read Chris’ article and request copies of the compiled statistics. Perhaps this is a first measure in gaining further recognition for our collections among medical library directors. We hope an ALHHS task force might be formed to review this work and make suggestions for the regular gathering of statistics related to historical collections and services.

Many of us missed seeing Kathy Donahue at the annual meeting in Williamsburg. Kathy, fresh off an extended trip to India, was unable to join us. We were fortunate enough to catch up with her at the end of April when she came to Charlottesville for an international conference on natural history. We were able to sandwich in a dinner with Kathy before assuming our responsibilities as members of the Local Arrangements Committee for the Mid-Atlantic Regional Archives Conference (MARAC). While we are experienced meetings hosts, we hope we do not have to use our skills any time in the near future. Our reserves are depleted and we have learned the hard way that it is best to host only one meeting a season. Nevertheless, we enjoyed showing off the beautiful Commonwealth of Virginia and hoped all of you enjoyed your taste of spring in April. We are looking forward to enjoying other people's labors on our behalf at the Fall MARAC meeting in Wilmington, Delaware, and at the Toronto ALHHS meeting in 1998!

Have a safe and relaxing summer. We are looking forward to visiting with some of our ALHHS colleagues this summer during Rare Book School. Last night we enjoyed a dinner al fresco with Tom Horrocks, Beth Carroll-Horrocks, and Gretchen Worden. Trucks rumbling across the ancient cobblestone streets of Philadelphia punctuated our animated conversation and non-stop laughter.

Joan Echtenkamp Klein
Jodi Koste

**MURRAY GOTTLIEB PRIZE**

The Murray Gottlieb prize is awarded annually by the Medical Library Association for the best unpublished essay on the history of medicine and allied sciences written by a health sciences librarian. The Gottlieb Prize was established in 1956 by Ralph and Jo Grimes of the Old Hickory Bookshop, Brinklow, Maryland in order to recognize and stimulate the health science librarian's interest in the history of medicine. The author of the winning essay receives a cash award of $100 and a certificate at the Association's Annual Meeting. Deadline for submissions of papers is 1 November 1997 and should be submitted to: Thomas Williams, Director, Biomedical Library and Learning Resources, University of South Alabama, College of Medicine, BML 323B, Mobile, AL 36688.
LIFE AND DEATH IN BERKELEY: THE 12TH ANNUAL INTERDISCIPLINARY NINETEENTH CENTURY STUDIES CONFERENCE

"Life and Death" was the theme of the Twelfth Annual Interdisciplinary Nineteenth Century Studies (INCS) Conference held at the University of California at Berkeley on 4-5 April 1997. It is unfortunate for the medical history community that this excellent conference conflicted with the AAHM/ALHHS meeting in Williamsburg.

The INCS conference was divided into 33 panels of between two and four papers each, with four or five concurrent panels in each of seven sessions. Papers were predistributed to allow more time for discussion. Six of the panels dealt directly with medical history and most of the rest touched upon it in some way. The opening plenary address too, "The Places of the Dead in Modern Europe" by Berkeley Professor of History Thomas W. Laqueur, made significant contribution to medical history through its analysis of the miasma theory of contagion.

The panel called "Dracula: Blood, Dread, and the Undead" comprised three papers, all by professors of English: "The Blood is the Life": Life, Death, and the Undead" by Theresa Mangum of the University of Iowa explored issues of aging, gerontophobia, and rejuvenation. "Draining Bodies: Blood Transfusion and Vampirism in Braddon's 'Good Lady Ducayne' and Stoker's Dracula" by Ann Louise Kibbie of Bowdoin College considered contemporary medical knowledge of various kinds of transfusion, especially as this knowledge was used by Braddon and Stoker. "Life's Walking Shadow: Victorian D(r)ead in Bram Stoker's Dracula" by Leila Silvana May of North Carolina State University showed how Stoker's concept of disease could express metaphorically the aristocrats' exploitation of the body politic, men's abuse of women, or the bourgeoisie's draining of the proletariat.

As part of the "Medico-Science at the Gates of Life and Death" panel, "Things in Jars: On the Private and Public Exhibition of Peculiar Anatomies" by Alice Domurat Dreger of Michigan State University included a view of the earliest collection policies of the Mutter Museum. In the same panel, "Scientists' Deteriorating Bodies and the Nineteenth-Century Study of Vision" by Elizabeth Green of Indiana University explored the question of how rigor in scientific method can be affected by the health of the scientist.

The papers by Eric v. d. Luft of the SUNY Health Science Center at Syracuse and W. R. Albury of the University of New South Wales, respectively entitled "The Search for Miracle Cures in the Nineteenth Century" and "Death and Therapeutics in Nineteenth Century Medicine," complemented each other very well in the "Curing Death in the Nineteenth Century" panel. Luft focused on Cullen and Rush; Albury on Cuvier, Corvisart, Bernard, and Pasteur; and both speakers referred to Brunonianism and Broussais. Another paper in that panel, Cianne B. Delaney's "Life vs. Death: Pasteur's 'Despicable Principles' and the British Anti-Vivisectionists," investigated reasons why Britain resisted Pasteur's rabies research. This paper is part of Delaney's doctoral dissertation in history, "Mad Dogs and Englishmen," now being written at Berkeley.

The "Public Health in Urban Centers" panel also included two complementary papers: "Death and Epidemics: Medical Etiologies and Nineteenth-Century Urban Landscape" and "Airs, Waters, Places: The Miasma Theory of Disease and its Impact on Urban Design" by Robert R. Hewitt and Bonj Szczypi, respectively, both of the Landscape Architecture Department of the Pennsylvania State University. Hewitt discussed the influence of the physician Daniel Drake on the architect Frederick Law Olmsted, while Szczypi identified various medical influences on the plans for the rebuilding of Chicago after the great fire of 1871, especially the influence of John Henry Rauch, M.D. Also in that panel was the paper of historian Dorothee Delaney's "Medico-Science at the Gates of Life and Death," which showed how the reform and construction of large municipal slaughterhouses in Europe was motivated by concerns for sanitation and public health and was carried out by municipal authorities, in contrast to America, where the motive was profit and the control was private.

The four papers in the panel called "The Body Politic: Race, Nation, and Medicine" all dealt with the political aspects of dead bodies and their dissection, display, preservation, burial, or public use: "The Blood of Millions: Resurrection, Dissection, and the Martyred Body" by Franny Nudelman of Yale University; "Middle-Aged Man with a Skull: Samuel George Morton and the Quest for Cranial Contents" by Samuel Otter of the Berkeley English Department; "The Life and Death of the Royal Body:
Embodying Dynasty in Restoration France" by art historian Elizabeth Fraser of the University of South Florida; and "Picking up the Pieces: A Reliquary to Abraham Lincoln" by art historian Erika Schneider of the University of Delaware.

The last of the six panels to be mentioned in this report was called "Death and the Professions." One paper, "A Quarrel Over the Counterpane: Oliver Wendell Holmes, Childbed Fever, Elsie Venner, and Medico-Legal Authority" by Stephen Rachman of the English Department of Michigan State University claimed that Holmes used his literary work as a vehicle for his medical propaganda. Another paper, "In the Witches' Kitchen: Thomas Eakins's Gross Clinic Re Considered" by art historian Sarah Burns of Indiana University re-examined Eakins's painting from the contemporary popular point of view of surgeons as ghouls, butchers, and sadists.

The program committee and the local arrangements staff are both to be congratulated for creating a congenial atmosphere of vigorous discussion. The accommodations, facilities, organization, and ambiance were ideal. About a hundred people attended, and a splendid time was had by all.

Eric v. d. Luft
SUNY Health Science Center,
Syracuse

Nancy Zinn, Holloway Award recipient and Phil Teigen, Chair of the ALHHS Honors and Awards Committee.

CITATION FOR 1997 LISABETH M. HOLLOWAY AWARD TO NANCY W. ZINN

The 1997 Lisabeth M. Holloway Award goes to Nancy W. Zinn of San Francisco for her distinguished and varied contributions to the Archivists and Librarians in the History of the Health Sciences.

Nancy was there at the founding of the association in 1975, serving on the first Steering Committee. She was then elected the association's first President, and served in that office for four years until 1979. By so doing, she became not only our first President but also our longest serving one. In noting these two facts, it is only a slight exaggeration to say that Nancy is, therefore, both our George Washington and our Franklin Delano Roosevelt.

Serving many years as an officer of this association is only the most obvious contribution she has made to the ALHHS. Less visible but no less lasting has been her early awareness of new developments in our field, her quick mastery of them, and her ability to communicate them to
our membership. She was early into oral history, genre terms, bibliographical control of medical illustrations, and new directions in collection development. Most notable in this last category were her efforts to integrate institutional archives into collections that were primarily devoted to printed sources and her development of documentation strategies for the AIDS epidemic. Some of us develop an interest and facility in one or two areas, but Nancy mastered more than a handful and was usually the first with the mostest.

In each case Nancy converted her newly developed capacity into programs and publications which brought these innovations to librarians and archivists generally and to our membership in particular. What we have in mind here are workshops she organized and chaired, or participated in, at our annual meetings in Rochester, New Orleans, Seattle, and New York. But we also have in mind her articles synthesizing and/or disseminating new developments in the field. Among these are the chapter on “Special Collections, Archives, Manuscripts and Oral History,” in the fourth edition of the Handbook of Medical Library Practice, her essay “Documenting AIDS: The Role of the University and Other Agencies,” in the collection of essays entitled AIDS and the Historian, and her two part survey of rare-book librarianship in the Watermark. Speaking of The Watermark we should add that, aside from the editors themselves, there is no member who has had a larger impact on this vade mecum than Nancy. Her entry in The Watermark’s latest index runs to 4.25 inches, longer than that devoted to any other member.

In reviewing Nancy contributions to the ALHHS, we are struck by her cosmopolitanism. On the one hand, she is a master of the whole of modern librarianship as it relates to the history of the health sciences. On the other, she is effective and at ease working with the entire universe of differing and often contending characters who inhabit this microcosm. This includes, but is in no way limited to: medical librarians, physicians, rare book librarians, professors, archivists, historians, departmental chairmen, homeopaths, book collectors, museologists, conservators, and bookbinders. With her deft interpersonal skill and her mildly ironic approach to history, life, and librarianship, Nancy sails the sea of heteroglossia we call the history of the health sciences. One of the first things we learn in our profession is that it is necessary to deal with the Babel of differing and sometimes conflicting historical voices. Thankfully for us Nancy has demonstrated how to turn this necessity into a virtue.

We are, therefore, honored to present the second Lisabeth M. Holloway award to Nancy W. Zinn.

Phil Teigen
National Library of Medicine

[Editors’ note: The 1997 ALHHS Honors Committee included: Phil Teigen (Chair), Lilli Sentz, and Mary Teloh.]

Beth White, Nancy Zinn, and Phil Teigen

ALHHS STEERING COMMITTEE MINUTES
The Corner Room, The Cascades Meeting Center, Williamsburg, VA
Wednesday, 2 April 1997

The meeting was called to order at 3:00 P.M. by President Beth White with nine others present. They were: Toby Appel, Inci Bowman, Elaine Challacombe, Elizabeth Ihrig, Joan Echtenkamp Klein, Jodi Koste, Suzanne Porter, Phil Teigen, and Barbara VanBrimmer. Beth introduced the newly elected officers, who were President-Elect Elaine Challacombe, and two Members-at-Large, Barbara VanBrimmer and Toby Appel.

OLD BUSINESS

Jodi Koste and Joan Echtenkamp Klein, editors of The Watermark, presented their report. They announced that they will be retiring from this position a year from now, after publication of the Spring issue for 1998. A new editor has not yet been appointed; Jodi and Joan are willing to work during the next year with the incoming editor(s) to
provide for a smoother transition. Anyone interested should contact Jodi, Joan, or Beth. There was discussion of possibly contracting out part of the work of publication and distribution of the newsletter. Beth thanked and praised Jodi and Joan for all they've done to make The Watermark what it is today.

Next, Phil Teigen, Chairman of the Honors and Awards Committee, which also included Mary Teloh and Lilli Sentz, reported that after considering several nominees for the Lisabeth Holloway Award, Nancy Zinn was chosen to receive it. Presentation of the award will take place at the annual business meeting on 3 April. In the second part of his report, Phil recommended that an ad hoc committee be assembled to evaluate the type of awards the committee makes and its methods of choosing recipients. He also suggested that the business of ordering and acquiring the award be centralized in the office of the Secretary-Treasurer, after the Committee has made its selection. This suggestion was accepted.

Beth then introduced the issue of raising ALHHS annual dues, which have remained at $10 since the organization began (plus, for the past two years, an added $6 for overseas members to help defray the costs of postage). Discussion of raising dues covered several points: according to background information prepared by the Treasurer, the costs of printing and mailing the newsletter and the member directory alone run to about $16 per year per North American member; it is higher for overseas members; current dues plus income from bookdealers’ advertisements in the newsletter enable us to break about even on these and our other expenses, but leave little for new programs, projects, or professional activities. Further, costs of printing and postage are most likely to increase as time goes by. Suggestions included adding an extra fee to annual meeting registration; putting newsletter editors on a budget; raising dues to $15; raising dues to $20; doing some long-range program and financial planning to determine reasonable and fair dues, as well as projects to pay for. Toby Appel made a motion that annual dues be raised to $15 (plus $6 to overseas members to help cover postage costs). More discussion ensued; Barbara VanBrimmer called for the vote and the motion passed unanimously. The resolution will be presented at tomorrow's business meeting and a ballot containing the resolution will be mailed out this summer to the entire membership. To pass, it must be approved by majority vote.

Inci Bowman introduced the CADUCEUS report with the announcement that she is retiring this July and will be retiring from management of CADUCEUS as well at that time. It will be necessary to find a person and an institution to support CADUCEUS, if it is to continue. Currently it has 750 members. Discussion revolved around whether or not CADUCEUS should be continued, searching for a new manager and host institution, and the role it has played in the rise of the ALHHS membership. There was much praise for Inci's role in developing and maintaining CADUCEUS at a high level of civility and usefulness. We concluded that the information about CADUCEUS's uncertain future needs to be publicized, beginning at tomorrow's business meeting, and that anyone interested and able to take on this responsibility be encouraged to contact Inci or Beth White.

Beth summed up the status of the Oral History Project. Its current phase is completed; all tapes have been transcribed and are deposited in the ALHHS archives at the College of Physicians of Philadelphia, under the care of Kevin Crawford. Thought must be given to another group of people to be interviewed. The rationale for this project is to establish the history of our organization, as well as to provide biographical information on its officers, shakers, and movers.

NEW BUSINESS

Next year's annual meeting will take place in Toronto on 6-7 May 1998. Lilli Sentz of the University at Buffalo is Local Arrangements Chair for ALHHS. Discussion focused on the necessity to appoint a Program Committee and to solicit proposals for the AAHM luncheon session(s).

Beth White reviewed the agenda for tomorrow's annual business meeting. Jodi Koste made a motion that the minutes of the 1996 annual Steering Committee meeting, as reported in the summer 1996 issue of The Watermark be accepted, and also that the 1996-97 financial report distributed at today's meeting and audited in March by Elaine Challacombe, be accepted. Elaine Challacombe seconded the motion.

The steering committee meeting was adjourned at 4:30 p.m.

Elizabeth Ihrig
Secretary/Treasurer, ALHHS
The annual business meeting of the ALHHS was opened by President Beth White at 8:30 A.M., who welcomed everyone to Williamsburg. She introduced and thanked the members of the Nominations Committee, Mary Teloh, Billie Broadus, and Katharine Donahue; the new President-Elect, Elaine Challacombe; the two new Members-at-Large, Barbara VanBrimmer and Toby Appel; current Member-at-Large Suzanne Porter; Secretary-Treasurer Elizabeth Ihrig; and ALHHS Local Arrangements Committee, Jodi Koste and Joan Echtenkamp Klein, also the editors of The Watermark. Beth announced the JKs retirement in 1998 from editing the newsletter and encouraged any person(s) interested in the job to volunteer. Jodi and Joan are interested in working with their successor(s) during the rest of this year in order to provide a smooth transition next year.

Next Beth recognized Inci Bowman, manager of CADUCEUS, who is retiring this summer. Beth encouraged anyone who could provide institution support and management for CADUCEUS to contact her, Inci, or any member of the Steering Committee. Finally, new members Kay Carter and Nonnie Klein were introduced.

Beth thanked Honors and Awards committee, Phil Teigen (chair), Mary Teloh, and Lilli Sentz. Phil presented this year’s Lisabeth M. Holloway award to Nancy W. Zinn.

Beth read the Steering Committee’s resolution to raise membership dues to $15 per year (plus $6 for overseas members to help pay for postage). This change requires a mail ballot to the entire membership and must be passed by a majority vote. Beth then asked the Secretary-Treasurer to present the 1996-1997 financial report (which follows these minutes) and to summarize the rationale for raising dues. Briefly put, ALHHS breaks about even; however, the cost of publishing and distributing the newsletter and the member directory may reasonably be expected to increase; as our group continues to grow slowly but steadily, we may also wish to increase our professional activities and special projects, for which at our current break-even status there is little or no money; coupled with these reasons for raising dues is a concern for keeping them attractively priced.

Discussion of the Steering Committee’s resolution followed and it included suggestions to raise dues to $20 or $25 per year. Lucretia McClure made a motion that dues be increased to $15 for 1998 and to $20 for 1999. Billie Broaddus seconded the motion. Discussion ensued and included the concern that the ballot may not pass if $20 or more were proposed; that raising dues beyond the amount proposed by the Steering Committee’s resolution should be preceded by some longer-range planning on how to use these monies.

The vote was called on Lucretia’s motion and it did not carry. The Steering Committee’s resolution was approved and ballots will be mailed out to the members this summer.

Following the financial discussion, Elizabeth Fee presented her report on the state of the History of Medicine Division of the National Library of Medicine. She summarized progress on various projects: HISTLINE on the Internet, Images in the History of Medicine, an on-line catalogue of manuscripts, digitizing the Index Catalog, establishing order in the microfilms backlog, improving the interlibrary loan systems, and current and future exhibitions, which include Emotions and Disease, So What’s New in the Past, which will open in July, and an exhibition on Frankenstein that will open this fall. In general, she concluded, the HMD of the NLM is doing quite well, with its budget increasing and lots of activity taking place.

David Pearson, the new librarian at The Wellcome Institute, was introduced. He reported that a main on-going concern is collections’ development and providing good access thereunto. Particular attention is being paid to collecting Twentieth century materials. Julia Sheppard, archivist at The Wellcome, reported on her section’s work in collecting and organizing recent materials.

Lilli Sentz, Local Arrangements Chair for next year’s ALHHS meeting in Toronto on 6-7 May was introduced. Anyone interested in working on the Program Committee should contact Lilli or Beth White; proposals for luncheon meetings should be summarized in a paragraph or two and submitted to Beth or Lilli.

Joan Echtenkamp Klein made announcements for the rest of the day’s program and the annual business meeting concluded at 9:30 A.M.

Elizabeth Ihrig
Secretary/Treasurer, ALHHS
ALHHS
FINANCIAL STATEMENT
30 April 1996-31 March 1997

Beginning Balance: $6,830.55

Deposits:
- 1996 Dues: 180.00
- 1997 Dues: 2,136.00
- 1996 Annual Mtg Reg.: 678.00
- 1997 Annual Mtg Reg.: 2,664.00
- Watermark Ads: 1,665.00
- Misc. Income: 10.00
- Honors & Awards Fund: 220.00
- Interest Income: 51.85

Total deposits: 7,604.85

TOTAL INCOME $14,435.40

EXPENSES
- 1996 Annual Meeting: 1,981.92
- 1997 Awards: 141.50
- Watermark print & mail: 2,263.04
- Oral History Project: 223.25
- Directory print & mail: 1,385.70
- Misc. expense (mtg. refunds): 105.00
- Postage (dues, overdues, ann. mtg., office corresp.): 203.18
- Office supplies (mailing labels, envelopes): 56.52
- Bank Charges: 58.50

Total expenses: 6,418.61

BALANCE $8,016.79

NEW MEMBERS

ALHHS welcomes:

Maria Astifidis
Acting Director
Seymour J. Phillips Health Sciences Library
Beth Israel Medical Center
First Avenue at 16th Street
New York, NY 10003
(212) 420-2855
FAX (212) 420-4640
mastifidis@bethisraelny.org

Helen Ballew
Hospital Archivist
Yale-New Haven Hospital Archives
012 DCB
20 York Street
New Haven, CT 06504
(203) 737-5450
helen.ballew@snet.net

Ximena Chrisagis
Library Resident
Fordham Health Sciences Library
125A Medical Sciences Building
Wright State University
Dayton, OH 45435
(937) 775-2004
xchrisagis@library.wright.edu
Norman Gevitz
Professor and Head
Department of Social Medicine
Ohio University
College of Osteopathic Medicine
Grosvenor Hall
Athens, OH 45701

Virginia Gregory
503 S Boundary Street
Williamsburg, VA 23185
(757) 259-0261

Dr. John M. Hyson, Jr.
Director of Curatorial Services
National Museum of Dentistry
31 South Greene Street
Baltimore, MD 21201-1504
(410) 706-8314
Fax: 410-706-8313

Layne Klein
Cataloguing & Collection Services Librarian
Health Sciences Library
University of Cincinnati Medical Center
231 Bethesda Avenue
Cincinnati, OH 45267-0574
(513) 558-0767
FAX (513) 558-1709
layne.klein@uc.edu

Robert C. Ray
Archivist & Special Coll. Librarian
Northeastern Ohio Universities
College of Medicine
4209 State Route 44
PO Box 95
Rootstown, OH 44272
(330) 325-2511 x531
FAX (330) 325-0522
rcr@neoucom.edu

Gul A. Russell
Associate Professor
Texas A&M University Health Sciences Ctr.
164 Reynolds Medical Building
Department of Humanities in Medicine
College Station, TX 77843-1114
(409) 845-6462
FAX 409-845-8634
gar6669@tamu.edu

Heidi Thiessen Sandstrom
Network Coordinator
Pacific Southwest Regional Medical Library
Biomedical Library, UCLA
12-077 CHS
Box 951798
Los Angeles, CA 90095-1798
(310) 825-1200
FAX 310-825-5889
heidits@library.ucla.edu

Jeff Wehmeyer
Science Outreach Librarian
Wright State University
Fordham Health Sciences Library
Dayton, OH 45435
(937) 775-3564
FAX (937) 775-2232
jwehmeyer@library.wright.edu

DIRECTORY CHANGES

Charlotte G. Borst
Executive Director, Historical Collections
Univ. Ala at Birmingham
FAX (205) 975-8476
cborst@uab.edu

Barbara Irwin
883 Fearrington Post
Pittsboro, NC 27312

Jodi Koste
jlkoste@vcu.edu

Constance J. Moore
834B Ginger Court
Fort Gordon, GA 30905-5040

Linda Ordogh
54 Baldwin St
Charlestown, MA 02129
(617) 242-5335

Stephen C. Wagner
401 West Brooks Street
Room 521
Norman, OK
swagner@harikari.ucs.ou.edu
TUSKEGEE STUDY APOLOGY

For forty years, from 1932 to 1972, 399 African-American males were denied treatment for syphilis and deceived by officials of the United States Public Health Service. As part of a study conducted in Macon County, Alabama, poor sharecroppers were told they were being treated for "bad blood." In fact, the physicians in charge of the study ensured that these men went untreated. In the twenty-five years since a front-page story in The New York Times first revealed its details, The Tuskegee Study of Untreated Syphilis in the Negro Male has become a powerful metaphor for racism in medicine, ethical misconduct in human research, and government abuse of the vulnerable.

The 1990s has been a time of reflection upon this episode and its troubling social and moral implications. In February 1994, the intersection of scientific research and human rights was addressed in a symposium entitled "Doing Bad in the Name of Good?: The Tuskegee Syphilis Study and Its Legacy," convened at The Claude Moore Health Sciences Library. The discussion at this gathering led to the formation of the Tuskegee Syphilis Study Legacy Committee. The members of the Legacy Committee met in Tuskegee in January 1996. The Committee's final report of May 1996 urged President Clinton to apologize for the wrongs of the Tuskegee Study. The Committee's work bore fruit on 16 May 1997 when the President formally apologized on behalf of the United States government to the surviving Study participants. Members of the Legacy Committee were invited to the White House to witness the apology, in which President Clinton said, "We can look at you in the eye and finally say on behalf of the American people: What the United States government did was shameful, and I am sorry."

Although the President's apology formally closed this ignoble chapter in the history of American public health, the Study's repercussions are still felt in African-American communities and the biomedical professions. Not only did President Clinton apologize on behalf of the American people, he announced a series of government-sponsored health research and biomedical reforms and initiatives, all recommended by the Legacy Committee in its final report, to begin rebuilding the trust shattered by the Tuskegee Study.

Joan Echtenkamp Klein
University of Virginia

NOTE: Additional information on the "Doing Bad in the Name of Good?: The Tuskegee Syphilis Study and Its Legacy" symposium, the final report of the Tuskegee Syphilis Study Legacy Committee, and the White House ceremony in recognition of the survivors of the Study at Tuskegee may be obtained by visiting http://www.med.virginia.edu/hs-library/historical/

Joan Echtenkamp Klein, who organized the "Doing Bad in the Name of Good?: The Tuskegee Syphilis Study and Its Legacy" symposium in February 1994 and who is a member of the Tuskegee Syphilis Study Legacy Committee, was invited to the White House for the ceremony in recognition of the survivors of the Study at Tuskegee on 16 May 1997. Joan Echtenkamp Klein is the Assistant Director for Historical Collections and Services at The Claude Moore Health Sciences Library at the University of Virginia Health Sciences Center. Photo courtesy of The White House.
CADUCEUS-L MOVES

We are pleased to announce that CADUCEUS-L has moved to The University of Maryland at Baltimore. The new CADUCEUS-L will be managed by ListProc, version 8.1, and you need to resubscribe by sending an e-mail message to: ListProc@list.ab.umd.edu. Leave the Subject line blank and type in the message line: SUB CADUCEUS-L Your First Name and Your Last Name (Example: SUB CADUCEUS-L Inci Bowman) The system will respond with a message requesting the confirmation of your e-mail address. Simply reply to this message after reading the instructions. If you have more than one e-mail address, please remember that you need to send your postings from the same e-mail address from which you subscribed to CADUCEUS-L.

Short Title: CADUCEUS-L Descriptive Title: History of the Health Sciences Forum Last Update: July 1, 1997 List Owners: Richard Behles (rbehles@hsll.ab.umd.edu) and Miriam Jaffe (mjaffe@umabnet.ab.umd.edu) Server Type: ListProc, version 8.1.

To subscribe: Send e-mail to: ListProc@list.ab.umd.edu and in the body of the message, type: SUB CADUCEUS-L Your First Name Your Last Name.

To unsubscribe: Send e-mail to: ListProc@list.ab.umd.edu and type: UNSUB CADUCEUS-L Posting Information: Send all messages to: CADUCEUS-L@list.ab.umd.edu; Optional Digest Available: Yes; Moderated: Yes; Edited (Posts by Approval): No; Usenet Echo: None; Language: English.

Current Description: CADUCEUS-L is an open, moderated discussion list that provides a forum for exchanging information on any aspect of the history of the health sciences. It includes announcements, inquiries, and discussion on access to historical resources. CADUCEUS-L: History of the Health Sciences Forum is supported by the Health Sciences Library and Computing and Technology Services, The University of Maryland at Baltimore.

Archives: To obtain a list of available file archives, send the command INDEX CADUCEUS-L to: ListProc@list.ab.umd.edu.

Rich Behles
University of Maryland
at Baltimore
Inci Bowman
University of Texas
Medical Branch at Galveston

ON THE WEB

by Lisa A. Mix

EAD EXTRAVAGANZA!

This edition of "On the Web" explores Web sites devoted to Encoded Archival Description (EAD) projects. EAD, an SGML document type definition, is a new standard for presenting archival finding aids on the World Wide Web. The standard is maintained in the Network Development and MARC Standards Office of the Library of Congress, in partnership with the Society of American Archivists. EAD is gaining widespread use as more repositories around the country (mostly large university archives) have begun to encode their finding aids and place them on the Web.

Some advantages of using EAD are that it provides a standard for presenting information about archival collections; EAD finding aids are also very easy to navigate, much more so than their paper, gopher, and HTML counterparts. The disadvantages to EAD are not to be taken lightly, however. Currently, common Web browsers (such as Netscape) will not display SGML documents, so that users must have a spe-
cial browser (such as SoftQuad’s Panorama) in order to view EAD finding aids. Another problem is that it can be difficult for those who use EAD to get it to work properly with existing software. We expect that technology will soon march on and solve these problems, but in the meantime, it can be a rocky road.

The good news is that there’s a lot of help out there on the Web. There isn’t space here to review every EAD-related web site. The following sites represent some of the major EAD projects, and/or provide particularly useful information. Some present instructions, guidelines, or templates. Some display encoded finding aids. Some share the pitfalls that they encountered, allowing us to benefit from their experiences. All of these sites will be helpful to anyone planning an EAD project. I should note that, in order to view the EAD finding aids on the following sites, you will need a viewer capable of handling SGML documents. (Panorama Free will enable you to view the finding aids, but won’t do much more than that.)

LIBRARY OF CONGRESS - ENCODED ARCHIVAL DESCRIPTION
lcweb.loc.gov/loc/standards/ead/

This is the “official” EAD site, maintained by the Library of Congress (LC). It’s a good place to get started with basic EAD information. It provides background information, such as a definition of an archival finding aid and a report on the history and development of EAD, as well as up-to-date news and announcements, documentation, and sample finding aids. The link for the “Beta test version of the EAD document type definition (DTD) provides detailed instructions for obtaining the EAD via ftp. This is the official version of EAD (as opposed to some modified versions that can be downloaded from some of the other sites). The “EAD Listserv” link provides information about how to join the Listserv (which you should do if you’re going to use EAD). The “EAD Overview” link goes to the Berkeley Sunsite (discussed below). Lastly, the LC site provides samples of encoded finding aids. This is the most helpful page on the site. The finding aids demonstrate the power of EAD and the ease of using an EAD finding aid. There is also a link from this page to LC’s “SGML Help Page,” which provides instructions for downloading Panorama Free.

THE UNIVERSITY OF CALIFORNIA EAD PROJECT
sunsite.berkeley.edu/FindingAids/uc~ead/

EAD originated at the University of California (UC), with the Berkeley Finding Aids Project, so it is appropriate that one of the leading EAD projects is based at UC. The UC EAD Project encompasses all of the University of California campuses, plus the Scripps Institution of Oceanography. The goals are to develop an implementation toolkit and a “prototype union database... providing integrated access to archival holdings from all UC Special Collections and University Archives units.”

This site provides some of the same background information found at the Library of Congress site, as well as links to LC and to the original Berkeley Sunsite. The page of sample finding aids links to four sites: UC Berkeley, UC San Diego, Yale University, and LC. (This page also links to SoftQuad’s Panorama.) Of these, I found the UC San Diego finding aids most useful. San Diego shows finding aids from a broad range of collections; furthermore, the finding aids are available in HTML as well as in EAD, enabling one to compare the utility of the two versions. (This also allows those without SGML-enabled viewers to access the finding aids.)

The “UC EAD Toolkit” links to the SGML Web Page, a bibliography, and lists of SGML software. The most impressive part of the Toolkit is the “Custom EAD Template Generator”, which allows a user to download different templates from the UC system. Templates are available from nine campuses of UC plus the Scripps Institution.

THE AMERICAN HERITAGE VIRTUAL ARCHIVE PROJECT
sunsite.berkeley.edu/amher/

This collaborative project involves the UC Berkeley, Stanford University, Duke University, and the University of Virginia. The goal is to integrate resources from several institutions into a comprehensive database. In addition to the usual background information and links to encoded finding aids, this site provides an array of essential resources. The “Papers and Documents” page links to the EAD Tag Library and Guidelines (maintained at Duke University), and to the EAD Retrospective Conversion Guidelines, a document which explains how to convert existing finding guides into EAD. The “Tools and Resources” page contains lists of links in the following categories: EAD Related Projects; EAD Template Generator (from the UC site discussed above); ISO Standards; and SGML Related Links (a
nice mix of links that cover everything you need to know about SGML). There is also a short list of SGML Publications. The “Browse Finding Aids” page links to finding aids from UC Berkeley, UC San Diego, Duke University, Yale University, and the Library of Congress.

**EAD AT DUKE UNIVERSITY**

scriptorium.lib.duke.edu/findaids/ead/index.html

I'm tempted to call Duke's site "your one-stop EAD shop", because it links to several key sites, and provides precise instructions and thorough documentation. If you're serious about embarking on an EAD project, I strongly advise reading Stephen Miller's "Notes on Panorama," Miller and his colleagues at Duke have clearly expended a great deal of effort in getting EAD to work, and they kindly share their experiences, resulting in several pages of technical instructions. (In other words, they've done the dirty work and now we don't have to!) The Duke site also provides an EAD template, both an SGML version (which displays as an EAD finding aid), and a text version with actual codes and tags.

The "Information and Links" section is divided into four lists. "General Information" links to LC and to the Research Libraries Group. "Documentation" links to the EAD Tag Library and to the Retrospective Conversion Guidelines. "Projects" links to the American Heritage Project, the UC project, the Berkeley Finding Aids Project, and projects at Yale and Harvard. "SGML" links to the American Heritage Project's "Tools and Resources" page, and to the SGML Web Page.

**OTHER EAD SITES**

EAD projects are also underway at the University of Virginia (www.lib.virginia.edu/specoll/ead/), Yale University (webtext.library.yale.edu/), and Harvard/Radcliffe (hul.harvard.edu/dfap/). All three of these Web sites display examples of finding aids and provide links to other resources. Virginia and Yale are both part of the American Heritage Project, while the Harvard/Radcliffe project is an ambitious attempt to integrate finding aids at nine institutions.

**SITES IN THE HEALTH SCIENCES - CALL FOR URRLS**

As always, this column closes with a listing of Web sites in the History of the Health Sciences. Once again, I urge you to E-mail me the URL of your institution's Web site, and I'll list it in a future edition of "On the Web". Send your URLs to <lmix@welchgate.welch.jhu.edu>.

**REPOSITORIES**

- **AANS Archives**
  www.neurosurgery.org/library/history/summary.html

- **Archives for Family Practice**
  www.aafp.org/family/archives/

- **Bowdoin College Archives**
  www.bowdoin.edu/dept/library/arch/

- **Brandeis University Archive and Special Collections**
  www.library.brandeis.edu/spcoll/spcintro.html

- **California State Archives**
  www.ss.ca.gov/archives/archives_home.htm

- **HYTELNET: USA Medical Libraries**
  library.usask.ca/hyetelnet/us0/us000med.html

- **Michigan State University Archives and Historical Collections**
  pilot.msu.edu/unit/msuarhc/

- **National Library of Medicine, Images from the History of Medicine**
  wwwihm.nlm.nih.gov

- **Rockefeller Archive Center**
  wwww.rockefeller.edu/archive.ctr/

- **University of California, Los Angeles, University Archives**
  www.library.ucla.edu/libraries/special/scweb/archives.htm

- **University of Colorado at Boulder Archives**
  www-libraries.colorado.edu/ps/arv/frontpage.htm

- **University of Iowa Hospitals and Clinics Medical Museum**
  www.vh.org/Welcome/UIHC/MedMuseum.html

- **University of Virginia, Claude Moore Health Sciences Library Historical Collections**
  www.med.virginia.edu/hs-library/historical/
Anesthesia History Association
umdas.med.miami.edu/aha/aha

Bibliography on History of Speech Pathology
www.mankato.msus.edu/dept/comdis/kuster2/historybib.html

Clavis Pharmaceutica
www.anf.pt/histfar/index.htm

Health Heritage Research Services
www.hookup.net/~crutty

History of Genetics
pubweb.ucdavis.edu/Documents/hps/Historygen.html

Howard Hughes Medical Institute
www.hhmi.org/

International Society for the History of the Neurosciences
www.mednet.ucla.edu/som/ddo/bri/nha/ishnhome.htm

Medsite Navigator
www.medsitenavigator.com/

MedWeb: History
www.gen.emory.edu/medweb/medweb.history.html

National Network of Libraries of Medicine
www.nnlm.nlm.nih.gov/

Nobel Prize Internet Archive
www.almaz.com/nobel.html

Physicians’ Biographies and Necrologies
www.uni-heidelberg.de/institute/fak5/igm/g47/bauerbio.htm

Virtual Museum of Anesthesiology
umdas.med.miami.edu/aha/vma

FROM THE ‘NET
compiled by Eric v. d. Luft

Processing of Nurse Refugee Files Completed!
The Center for the Study of the History of Nursing at the University of Pennsylvania is pleased to announce the completion of the Nurse Refugee Files Processing Project. The collection, 16.5 linear feet in all, has been placed in acid-neutral containers, arranged and described, and catalogued in RLIN, a national bibliographic database. This project has been made possible by funding from the Pennsylvania Historical and Museum Commission. Acquired by the Center in 1995, these files document the professional paths of over three thousand nurses who fled their homelands and were assisted by the United Nations Relief and Rehabilitation Administration (UNRRA) and, later, the International Council of Nurses (ICN). The majority of these refugee nurses eventually settled in the United States and Canada.
In the early 1940s UNRRA undertook the responsibility of establishing and verifying credentials for refugee nurses who, in most cases, were fleeing their war-stricken homelands. Any documentation these nurses might have possessed was often left behind. Many of the educational institutions they attended were either destroyed or their records lost amid the upheavals of the Second World War. After 1947, the International Refugee Organization (IRO) assumed responsibility for this task of credentializing. IRO continued this operation until 1950 when the ICN, then headquartered in London, took over the Displaced Persons (Nurses) Professional Register and all associated correspondence. The ICN's role was extended to verify credentials and to aid refugees to communicate with their home schools. This work continued after the ICN moved its headquarters to Geneva, but requests for help dwindled rapidly as the effects of the Second World War diminished. The files finally were closed in 1983.

This collection contains the correspondence between UNRRA/IRO/ICN and individual nurses seeking credentials required to become practicing nurses in their new homes, mostly in the U.S. and Canada. The collection would be of interest for anyone examining displaced persons of the post World War II era. A descriptive finding aid to the collection is available at the Center. For more information please contact the Center's Curator, Margo Szabunia, at nhistory@pobox.upenn.edu or (215) 898-4502.

A short history of medicine
[Author unknown]
I have an earache...
2000 B.C. Here, eat this root.
1000 A.D. That root is heathen. Here, say this prayer.
1850 A.D. That prayer is superstition. Here, drink this potion.
1940 A.D. That potion is snake oil. Here, swallow this pill.
1985 A.D. That pill is ineffective. Here, take this antibiotic.
2000 A.D. That antibiotic is artificial. Here, eat this root.

Health Heritage Research Services (HHRS) is now online at: http://www.hookup.net/~crutty HHRS is a unique approach to the preservation and promotion of medical history. HHRS offers professional medical history, or health heritage research, consulting, information and creative services, applicable to: historians; health care professionals; institutions and companies; media organizations and filmmakers; government health departments, etc. The HHRS Website provides more details about the background of HHRS and the services it offers. The HHRS home page also includes a broad collection of useful health heritage Internet resources that highlight a wide range of medical history Websites, including image resources, virtual museums and general heritage sites, as well as other resources that reflect the specialty areas of HHRS and its founder, Christopher J. Rutty, Ph.D. Such HHRS specialties include: the history of poliomyelitis, public health and vaccines, and the history of 20th century healthcare in Canada. The HHRS Website will evolve and grow over time, with the addition of more graphics, including archival photos and historical articles, and the addition of more useful health heritage Internet links. Please direct all inquiries, feedback and suggestions for useful links to: Christopher J. Rutty, Ph.D., crutty@tor.hookup.net or HHRS, 35 High Park Ave, Suite #1006, Toronto, Ontario, Canada, M6P 2R6; Phone: 416-769-7948; Voice-Fax: 416-769-7632.

SWANN GALLERIES
Rare Book Auctioneers
conduct 35 sales annually
including regularly scheduled sales of
Books on
SCIENCE • MEDICINE
NATURAL HISTORY

For further information and to discuss consignments, please call Tobias Abeloff at (212) 254-4710.

Quarterly newsletter with full auction schedule and brochure, Selling and Buying at Swann Auctions, on request.

SWANN GALLERIES
104 East 25th Street, New York, N. Y. • (212) 254-4710
The World Wide Web site for the International Society for the History of the Neurosciences (ISHN) is now available. Point your browser to: http://www.mednet.ucla.edu/som/ddo/bri/nha/ishnhome.htm Features include: How to join the ISHN; Officers; 1997 Annual Meeting (Leiden, The Netherlands); Preliminary Program - 1998 Annual Meeting (Annapolis, Maryland); Announcement - "Journal of the History of the Neurosciences" link; "HISTNEUR-L: The History of Neuroscience Internet Forum" link; List of services and/or links which are coming soon, including a Guide to Internet Resources for Neuroscience History. (HISTNEUR-L 22 April 1997)

Texas Medical Association Library recently received the Mitchell A. Wilder Award for excellence in publication and media design for the first edition of a 1997 History of Medicine Calendar. The calendar was selected for the Gold Citation from among over 280 entries submitted to the Texas Association of Museums competition. Designed by Debbie Celusniak, TMA Communications Services, the calendar was produced in conjunction with the TMA History of Medicine Committee. Each month featured scenes from past association events and photographs of artifacts from the historical collection housed in the TMA Library including photographs of George Cupples, one of the first TMA Presidents; a turn-of-the-century pharmacy in Big Spring, Texas; the "visiting ladies" during the 1911 Annual meeting on an excursion to Palo Duro Canyon; and the 1543 edition of Vesalius' anatomy book. The calendar was initiated by the Committee to serve as a fundraiser to support various historical programs including the exhibits and preservation of items in the collection. Items are displayed in the first floor gallery of the TMA Headquarters Building and changed three times a year. Past exhibits have included military medicine, folk medicine, tuberculosis, medicine in stamps, cancer, and technology in medicine. (CADUCEUS-L 5:123 25 April 1997)

History of Medicine Days in Calgary. At the University of Calgary (Alberta, Canada), for the last six years, Dr. Peter Cruse and other members of the faculty interested in History of medicine have organized highly successful meetings for medical students to present papers and discuss various topics of medical history. The students come mainly from Canada, but the "History of Medicine Days" may become an international affair. This year (the meeting took place the 20-21 March) five Japanese students participated. Next year students from the US are also expected to participate.

To give an idea of the variety of subjects discussed, here are a few among the many titles: "The Medicine of Herophilus of Alexandria," "The Hippocratic Management of Bone and Joint Injury," "The Rising Popularity of Herbal Medicine," "Ramon y Cajal and the Central Nervous System." We will announce in due time, of course, the precise date of the next meeting (sometime in March-April 1998). (CADUCEUS-L 5:123 25 April 1997)

History of Medicine in Mexico. An upcoming issue of Contemporary Medical History, my free online history of medicine newsletter, will feature the history of medicine in Mexico. I would welcome any contributions on any aspect of medical history in Mexico. I also welcome continuing contributions on Texas medical history. Marilyn M. Baker, P.O. B. 26352, Austin, TX 78755-0352; mmbaker@Prodigy.com; Web: http://pages.Prodigy.com/mmbaker/news.htm (CADUCEUS-L 5:124 30 April 1997)

The deadline for entering the Texas Heart Institute's competition for a $1,000 award for a winning essay in the history of cardio-vascular medicine and surgery is 15 August 1997. Writing this paper would be a good summer project. All medical students in the United States and elsewhere are eligible. All essays will be considered for publication, whether they win or not. For details, see the Texas Heart Institute's home page: http://www.tmc.edu/thi/whatsnew.html or write to: Executive Editor, Texas Heart Institute Journal, P.O. Box 20345, Houston, TX 77225-0345 (CADUCEUS-L 5:124 30 April 1997)

A.J. Wright's useful list, "Medical History on the Internet," has been updated once again. As it was announced earlier, the most recent version of the list is accessible on World Wide Web:http://www.anes.uab.edu/medhist.htm. The "Medical History on the Internet," updated on 1 May is also available from our <Mailserv@Beach. UTMB.Edu> by e-mail (by sending the command SEND RESOURCES.M96). A.J. updates the Web version of the List frequently, but the version on the Mailserv is updated on a monthly basis. (CADUCEUS-L 5:125 2 May 1997)

The latest exhibition at the Thomas Fisher Rare Book Library, University of Toronto, is entitled: "Tending the Young: From the T.G.H. Drake Collection on the History of Paediatrics." The T.G.H. Drake Collection is one of the most comprehensive libraries on the history of paediatrics in the world. Consisting of approximately 1500...
The library's History of Medicine Division at NLM is happy to announce that the new Images from the History of Medicine Website is now available. All recent AAHM meeting in Williamsburg. The new IHM Reference Desk, 301-496-5405, or via e-mail hmdref@nlm.nih.gov. Your comments are welcome! The History of Nursing (AAHN) Nursing History Conference co-sponsored by the Society for the History of Science, Technology and Medicine.
EX LIBRIS

by Elaine Challecombe

MAIN ENTRIES

Joan Echtenkamp Klein reports that she saw ALHHS member Ray Kondratas on The Travel Channel in April, serving as the “tour guide” for the National Museum of American History in a segment on must-see places to visit in Washington, D.C. Although he was representing the entire NMAH, he did manage to get a good bit of the history of medicine included in his tour, from electrotherapy devices to the Salk vaccine. Ray paid tribute to the whole host of services provided not only by the NMAH but by many ALHHS members in their home repositories including donor relations; authentication of donation; and the need to both provide access to the materials for study as well as save the items for posterity.

Making Medical History: The Life and Times of Henry E. Sigerist, edited by ALHHS member Elizabeth Fee and Theodore M. Brown was just published (1997) by The Johns Hopkins University Press.

“There is a history in all men’s lives” but what a surprise to learn of the special friends and experiences of John Parascandola, that tomato of a guy we all thought we knew so well. A new side to John’s past was revealed in the autobiography of New York Yankees Manager Joe Torre entitled Chasing the Dream: My Lifelong Journey to the World Series. John is mentioned throughout the book as Joe’s companion and confidant from childhood through adulthood. A new side to John emerges as one reads through the text. Perhaps most revealing is the following passage from the book:

But usually we played in Johnny’s basement with its low-hung ceiling. We spent hours upon hours down there, including a good chunk of our winters. We established a league and kept statistics. Even then I enjoyed the decision making involved in managing and always maintained my cool in tight games. Now, Johnny -- he was another story. Once he became so enraged at his starting pitcher that he took the player’s card and stuck it under a faucet of running water. “I’m sending you to the showers!” he yelled. Johnny would get so furious after losing a hotly contested game
that he'd fling the whole game off a table, sending pieces scattering across the basement floor. I'd just pick up the pieces, place them back on the table, and quietly ask, "Are you ready for the next game?"

There are even pictures! It seems Joe and John went to the senior prom together and a picture of the gang at the Copacabana is included in the book. (What, no Lola?!) Gee, John. Is there anything else we should know before it appears in print?

Barbara Irwin, past ALHHS president and managing librarian of Special Collections, University of Medicine and Dentistry of New Jersey, has retired. Barbara is dividing her time between travel and temporary quarters until her new home is completed near Chapel Hill, North Carolina.

Inci Bowman, CADUCEUS editor and curator in the Moody Medical Library, University of Texas Medical Branch, Galveston, Texas, is retiring on 10 July. Inci will be relocating to Washington, D.C. and plans to travel to Istanbul, where she grew up, to visit friends and relatives.

Phyllis Kauffman, ALHHS archivist and history of medicine librarian at the University of Wisconsin, will be retiring the end of June. More news will follow about Phyllis' plans at a later date.

ANALYTICS

Brenda Sutton, Head of Reader Services at the Wellcome Institute since 1988, retired on 22 November 1996 after 37 years of service. She joined the staff as a cataloguer in November, 1959, after a very brief period at Birmingham Public Library, and over the years has carried out a variety of tasks, including the oversight of much of the retrospective conversion of the catalogue during the 1980s. She was absent for two years from 1970 to 1972, when she was seconded to the Woodward Library at the University of British Columbia. This period led to many contacts in North America. Her successor is Wendy Fish, formerly at the National Art Library, Victoria and Albert Museum. Wendy's e-mail address is w.fish@wellcome.ac.uk for those of you who may wish to contact her.

Eric Freeman retired on 7 March 1997. He joined the staff at the Wellcome Institute in 1961 to succeed Richard Durling as early printed books cataloguer and is the last serving staff member to have experienced the ramshackle state of the Library before its 1962 refitting. He was promoted to Deputy Librarian in 1964 and to Librarian in 1973. For nine months in 1980 he was Acting Head of the Institute, following Edwin Clarke's retirement, but then stepped down to serve as deputy to a succession of part-time directors. Since 1988 he has been Director (History of Medicine) to the Wellcome Trust, but resisted attempts to turn him into a full-time administrator and held onto the title of Librarian until February 1997, when he finally handed over to David Pearson. For nearly a quarter of a century he has occupied a pivotal position among librarians concerned with medical history throughout the world, and will be much missed. After a lifetime spent in London he and his wife Diane intend to retire to the West of England.

Nigel Phillips is offering for sale the psychiatric library of Dr. Denis Leigh. Formed over a period of some fifty years, this collection consists of more than 2,000 titles from 1563 to the present day, approximately one half of which were published before 1900. The library's greatest strength is in English psychiatry, particularly of the nineteenth century, but it also contains a large number of first editions published elsewhere and in other languages. There are sub-collections of works on mesmerism and its related subjects, and on drugs. Dr. Leigh was consultant physician to the Maudsley Hospital, London, for over thirty years, and a prominent figure in international psychiatry. Full detail can be obtained from Nigel Phillips, 5 Burleigh Place, London SW15 6ES, England. Fax: +44-181-780-1989.

ACQUISITIONS

The American Association of Nurse Anesthetists announces the following:

John C. Lundy, son of the late pioneer anesthesiologist, John S. Lundy, MD, has donated his father's rare anesthesia book collection to the AANA Archives. Throughout his career, John S. Lundy was known as a proponent of the profession of nurse anesthesia.

Dr Lundy, anesthesia pioneer, was born in 1894. He graduated at an early age from medical school and began practicing medicine in Seattle, Washington at the age of twenty. He was drafted by the Mayo brothers to develop an anesthesia section at the Mayo Clinic, Rochester, Minnesota, four years later. He served in that position for twenty-eight years. In 1959, he became Senior Consultant at the Mayo Foundation Graduate School at the University of Minnesota.
In the course of his career, Dr. Lundy was responsible for designing or developing drugs and equipment used in anesthesia and respiration. He was also a prolific author, his major work being *Clinical Anesthesia* which was first published in 1942. Dr. Lundy served as president of the American Society of Anesthesiologists. Dr. Lundy died in 1973 at the age of 79.

Dr. Lundy was a great friend and advocate of nurse anesthetists during the middle decades of the twentieth century. In the 1930s Dr. Lundy elevated Florence A. McQuillen, CRNA, and ultimately sent her to guide and direct the AANA through the challenges following World War II. Together they published *Anesthesia Abstracts*.

John C. Lundy is the owner of Lundy Medical Supply, Inc., in Orange, California, and is a longtime friend of AANA member Joyce Kelly, CRNA, Ph.D. Mr. Lundy met with Evan Koch, CRNA, MSN, AANA Archives Liaison on 8 May 1997 in Orange, CA, to discuss the transfer of this generous donation.

The collection donated by Dr. Lundy’s son, John, comprises 65 volumes of anesthesia texts and related books inherited by John C. Lundy from his father. Most of the books are in good condition and are first editions. Most are personally inscribed by the author to Dr. Lundy. The books are important additions to the AANA Archives rare book collection because they represent the very special relationship that John S. Lundy had with nurse anesthesia.

In addition to the book collection, John C. Lundy has offered the AANA four pieces of anesthesia machinery as follows:

Foregger F-300, circa 1970. A machine designed and used by Mr. Lundy for teaching nurse anesthesia students and residents. The top of the machine and the side of the vaporizer are cut away and replaced with Plexiglas. Inner workings are revealed and labeled.

Foregger “Eiffel”, circa 1960. This unique machine delivered three gasses: O2, N2O, and C6H6, and held a copper kettle vaporizer. It was termed “Eiffel” because its supporting legs resemble the tower.

McKesson Narograf, Model J, McKesson Appliance Co., Toledo, OHIO, ca. 1950.

American Anesthesia, Lundy Phoenix, ca. 1985. Designed by Mr. Lundy, this machine is unique because it has the only known digitally displayed copper kettle vaporizers. It is called Phoenix, because, like the mythical bird that rises from its own ashes, the copper kettle is reemployed with modern controls.

The AANA Archives will house the collections at the AANA headquarters and will make them available to researchers and for exhibit purposes.
The Watermark is issued quarterly to members of Archivists and Librarians in the History of the Health Sciences and is edited by Joan Echtenkamp Klein and Jodi Koste.

Membership information may be obtained from Elizabeth Ihrig, ALHHS Secretary/Treasurer, Bakken Library and Museum, 3537 Zenith Avenue, South, Minneapolis, MN 55416; (612) 927-6508; FAX (612) 927-7265; E-MAIL eihrig@aol.com.

Production deadlines are 1 September, 1 December, 1 March, and 1 June.

Submissions may be sent to: Joan Echtenkamp Klein, Historical Collections, The Claude Moore Health Sciences Library, Box 234, University of Virginia Health Sciences Center, Charlottesville, VA 22908; (804) 924-0052; FAX (804) 924-0379; E-MAIL jre@virginia.edu or Jodi Koste, Special Collections and Archives, Tompkins-McCaw Library, Box 980582, Richmond, VA 23298-0582; (804) 828-9898; FAX (804) 828-6089; E-MAIL jlkoste@vcu.edu.

Submissions for Ex Libris should be sent to: Elaine M. Challacombe, Wangensteen Historical Library, Bio-Medical Library--Diehl Hall, 505 Essex Street, SE, Minneapolis, MN 55455; (612) 626-6881; FAX (612) 626-2454; E-MAIL e-chal@maroon.tc.umn.edu.