

WATERMARK

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the History of the Health Sciences

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The Following are the presentations from the ALHHS Annual Meeting program entitled “HIPAA and History – The Health Insurance Portability and Accountability Act – and its Impact on Medical History Research and Collections.”

**The Health Insurance Portability and
Accountability Act of 1996:
Its Implications for History of Medicine Collections**

**by Stephen E. Novak, Head, Archives & Special
Collections, Augustus C. Long Health Sciences Library,
Columbia University**

[Readers should be aware that the author is not a lawyer; in addition, lawyers at different institutions are interpreting HIPAA in various and sometimes contradictory ways. Any procedures you establish at your library or archives regarding HIPAA must be discussed first with your institution’s lawyers.]

HIPAA, the Health Insurance Portability and Accountability Act of 1996, is – to simplify a bit – a law designed to make it easier for Americans to obtain and retain health insurance. Among other things, HIPAA created for the first time federal guidelines for the protection of “personally identifiable health information” or as it is generally called “Protected Health Information” or PHI.

As a consequence of this, a provision of the Act required the Secretary of the Department of Health & Human Services to issue regulations governing the use of “individually identifiable health information” if Congress did not enact such a privacy rule within 3 years of the passage of HIPAA. Congress did not, so HHS published the first draft of the HIPAA “Privacy Rule” in Nov. 1999; it was issued in a “final” form in Dec. 2000; however, HHS proposed further modifications to the Rule in March 2002. These were published in their final form in August of that year. Date for compliance for most institutions was April 14, 2003. The regulations allow the Secretary of HHS to amend the Privacy Rule, though not more than

once every 12 months – so that the Rule is not locked away in its present form forever and we will need to be aware of any changes that occur over the years.

The HIPAA Privacy Rule has led to significant changes in the way in which patient information is dealt with in hospitals, clinics, doctor’s offices, insurance companies and laboratories. Academic medical centers, in particular, with their large patient populations, extensive research involving human subjects, and dependence on federal dollars, have devoted significant resources in tight fiscal times to prepare for the compliance date. At Columbia, we’ve hired an experienced health care lawyer to be “Associate Vice President for HIPAA Compliance” to train all University employees who normally handle patient information. Anxiety about the Rule has led to overreaction, leading some hospitals to refuse to give out information about patients’ conditions - or even if they’ve been admitted! Both disclosures, by the way, are permitted under the HIPAA Privacy Rule.

HHS says it received over 63,000 public comments on the Privacy Rule while it was being formulated. It’s clear from reading the legislation that none of these comments were from archivists, librarians, manuscript curators or historians. While grappling with the Privacy Rule, it should be remembered that its underlying rationale appears to have been to protect personal health information from being improperly disclosed to insurance companies or employers. It is not a plot to bedevil archivists or to deny tenure to junior members of history departments. But because its basic orientation is the use of health care information in the world of hospitals and biomedical research, the Privacy Rule of HIPAA is not an exact fit for the types of research we deal with on a daily basis.

Nevertheless, while those of us who have patient information in our collections need to be aware of the implications of the HIPAA privacy regulations, we should not be unduly intimidated by them. We have, in fact, been dealing with these questions of access to patient information for many years. We’re sensitive to the

issues of balancing the individual's right to privacy with the need to make these records accessible for scholarly research. The difference now is that instead of policing ourselves, we must comply with specific legislation that specifies both civil and criminal penalties if our institutions are found in violation. Still, to paraphrase Mark Twain's comments about the music of Wagner, HIPAA is "not as bad as it sounds."

First, some definitions. What, or who, does the Privacy Rule cover? Well, mostly something called a "covered entity" which is defined as "health plans, health care clearinghouses and any health care provider (which can mean an individual, as well as an institution) who transmits health information in electronic form in connection with a transaction which HHS has adopted a standard." An HHS publication is very clear about this:

"The Privacy Rule applies only to covered entities. Many organizations that use, collect, access, and disclose individually identifiable health information will not be covered entities, and thus, will not have to comply with

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the Privacy Rule."

Ah, you think, I'm off the hook. I work for a University, not a health care provider. Not so fast. While the main mission of X University is education, it may be, in part, a health care provider. It may operate a hospital, or, like Columbia – which does not actually own the hospital at Columbia-Presbyterian Medical Center, it may be responsible for the faculty practice plan.

If this is so, you are probably part of a "hybrid entity" defined as "a single legal entity that...performs business activities that include both covered and noncovered functions." HHS goes on to say that the Privacy Rule generally only applies to those components of the hybrid entity that have been designated as "covered" (that is, those that have health care responsibilities), but that non-covered components of the institutions may be affected because the health care component is limited in how it can share patient information with the "non-covered" components. Columbia, for instance, considers itself a "hybrid entity."

Micaela Sullivan-Fowler, M.S., M.A.
 Secretary/Treasurer ALHHS
 University of Wisconsin-Madison
 Health Sciences Library
 1305 Linden Dr.
 Madison, WI 53706
 Work: (608) 262-2402
 micaela@library.wisc.edu

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TABLE OF CONTENTS

The Health Insurance Portability and Accountability Act of 1996: Its Implications for History of Medicine Collections	45
From the President	53
Editor's Comments	54
ALHHS Steering Committee Meeting, Minutes	54
ALHHS Business Meeting, Minutes	56
ALHHS Financial Report	61
Proposed Bylaws Revision	61
Ex Libris	62
News From HMD	68

OK, so you're neither a covered entity nor a hybrid one, can you happily ignore the HIPAA privacy rule? Well, maybe not. There is a third category affected by the Rule. These are defined as "business associates." They are defined as "a person or entity who, on behalf of a covered entity, performs or assists in the performance of a function or activity involving the use or disclosure of individually identifiable health information." The HHS definition then goes on to identify some of those activities which are unlikely to be functions any of us here are performing - or at least I hope your fiscal situation hasn't gotten so bad that your institution has you in "claims processing, utilization review, and quality assurance," to quote the HHS definition. But just when you think you are home free, HHS then goes on to say that business associates are ALSO persons or entities performing "legal, actuarial, ... management, administrative or financial services to or for a covered entity where performing these services involves disclosure of individually identifiable health information ..."


So, say your organization has no health care functions, but you've acquired the patient records of a hospital in your city, does that make you a business associate? - after all you're storing them and administering them. You might be. Whether the HIPAA Privacy Rule applies retroactively to records created before it came into effect is unclear. At Columbia, our lawyers are assuming the Rule does apply retroactively and that, therefore, Archives & Special Collections functions as a business associate for those covered entities whose records we acquired in the past.

Beyond this, just before I left for Boston, I was told the University was thinking of designating the *entire* Library as having "covered" functions even though we have no health care responsibilities simply because Archives & Special Collections holds records with PHI. And you thought you were confused by HIPAA

However your lawyers rule on the "retroactivity" of the Privacy Rule, it does appear certain that future acquisition of records containing PHI that were created by a covered institution will have to be regulated by a business associate agreement.

What records does the Privacy Rule apply to? It covers records containing "protected health information" better known as PHI, and defined as "individually identifiable health information, held or maintained by a covered entity or its business associates ... that is transmitted or maintained in any form or medium." Again, be aware that the Privacy Rule only applies to PHI held by a covered entity or its business associates. But also

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Remember that a "covered entity" can be an individual physician whose PHI-laden records may be part of his or her papers that you now have.

Once you've determined that yes, your institution falls into one of the 3 categories regulated by the Privacy Rule, are you allowed to "disclose" PHI to researchers? Yes, research is a permitted use under the Rule and the Rule outlines when and how it is allowed.

There are several ways records containing PHI can be disclosed for research purposes. Let's first consider access to records containing PHI of individuals who are alive or can be presumed to be alive.

The Privacy Rule allows use and disclosure of PHI of living individuals for research purposes by several methods of which I will discuss the three that will be most likely encountered in an archival setting. First, the covered entity may disclose PHI without restriction if it is de-identified. This requires the elimination of 18 elements from all the records to be used by a researcher. Some of the information to be removed is obvious: name, telephone number, social security number, etc. But also to be eliminated under the Privacy Rule are "all geographic subdivisions smaller than a state" including street or city, and date elements (except year) relating to admission and discharge, date of death and for PHI of those age 89 or over, even their birth year.

The incredible amount of labor needed to de-identify records - especially considering that much historical research involves large numbers of these records - makes this an unlikely option for most archival repositories holding PHI. Of course, if you receive records already de-identified you can be secure in the knowledge that they can be used for research purposes without any

restrictions. But such denuded records will be such thin gruel for historical research I can't imagine why anyone would want to.

The Privacy Rule also allows individuals to authorize a covered entity to disclose or use their PHI for research purposes. This provision may not be of much help to archivists and manuscript curators depending on how your institution reads the Rule. If you consider, as we do at Columbia, that the Privacy Rule applies retroactively to records created before the Rule went into effect there is a fairly obvious problem. First, these authorizations were only established as part of HIPAA (they are *not* the same things as Informed Consent agreements) so none of our records - all created before HIPAA - will have any such authorizations.

But even if they did, we'd still have difficulties because the Rule is clear that authorizations are valid only for a specific research study, not "to nonspecific research or to future, unspecified projects." So, even if our successors 50 years from now receive the research records of a faculty member who did his research under the HIPAA Privacy Rule in 2005 and who at that time obtained individual authorizations, any researcher wanting to reuse those records for his or her own research would have to obtain another authorization from the individuals involved. This is unlikely to happen.

A third method of allowing use of PHI is by obtaining a waiver of authorization. A waiver allows PHI to be disclosed or used in a specific research project without authorization from the individuals whose PHI is involved. It may be a "full" or "partial" waiver. Waivers must be obtained from Institutional Review Boards (IRB) or Privacy Boards, the latter a new entity created in response to the HIPAA Privacy Rule. To issue a waiver the IRB or Privacy Board determines that the use or disclosure of PHI involves no more than "minimal risk" to the privacy of individuals because:

- there is an adequate plan to protect health information identifiers from "improper use or disclosure";
- there is an adequate plan to destroy health information identifiers at the earliest opportunity;
- there are written assurances that the PHI will not be reused, disclosed to or shared with any other person or entity;
- the research could not practicably be conducted without the waiver;
- the research could not practicably be conducted without access to and use of PHI.

I should note that the HHS says that the waiver should satisfy the criteria I've just listed "in whole or in part" so it appears the researcher would not have to address all of them. This appears to give us some wiggle room for allowing research use of records in our collections containing PHI.

But this route is not without its difficulties. While some archival repositories have always required researchers desiring to use patient records to go through the IRB, my impression has been that general practice up to now has been for the archivist to directly deal with researcher requests under an access policy devised by the archives. Having IRBs or Privacy Boards decide which archival research projects are allowable may significantly reduce access to and use of our collections. Remember, IRBs and Privacy Boards deal with biomedical research. Will they be able to judge the merits of research by historians and other humanistic scholars? At this point it's impossible to tell, but it's certainly a matter for concern. At the very least, we must educate ourselves as to how these Boards work as well as educating the members of the Boards about the use of archival materials in historical research.

At Columbia, fortunately, our HIPAA lawyer hopes to have me join the University's new Privacy Board as a "member for archival requests" or if that's not possible, make sure one of our physician-historians is appointed to the Board. Whoever it is, the Board will have someone who can explain and elucidate to the other Board members what historical research is and why it might in some cases need access to records containing PHI.

Requests for waivers of authorization for research in archival records with PHI held by Archives & Special Collections at Columbia will originate with the researcher coming to the Archives. The researcher can then complete the waiver request on-line and submit it electronically to the Privacy Board. How quickly the Board will pass on such requests is impossible to say at this point. It may depend on the volume of requests the Board receives, but in any case I suspect it will be slower than the procedure we have in place now.

Compared to research using the PHI of living individuals, the rules for research on PHI of decedents are simplicity itself. The Rule states that "to use or disclose PHI of the deceased for research, covered entities are not required to obtain Authorizations from the personal representative or next of kin, a waiver or an alteration of the Authorization or a data set agreement." However, the covered entity must obtain from the researcher three things:

- 1) oral or written representation that the use and disclosure is solely for research on the PHI of decedents,
- 2) oral or written representation that the PHI for which use or disclosure is sought is necessary for the research purposes, and
- 3) documentation, at the request of the covered entity, of the death of the individuals whose PHI is sought by the researcher.

This is not very different from the access policies to patient records that many of us already have in place. The chief obstacle would seem to be documentation of the death of the individual. However, note the wording of that last clause: documentation of the death of the individual is "at the request of the covered entity." If this is saying what I think it's saying, it's up to us to define "documentation of death." This would eliminate the impossible task of having the researcher prove the death of each individual whose PHI is included in a hospital case book or a physician's correspondence and allow us to define a date before which all individuals will be presumed dead.

And in fact, this is exactly what we at Columbia will be doing: for access to records containing PHI, "individuals will be presumed to be deceased 100 years after date of birth or date of record creation, whichever occurs first." In practical terms this means that access to records in our possession that were created in 1902 or earlier will be permitted after applying to the Archives. For records less than 100 years old, the researcher will have to apply to the Privacy Board at Columbia for access - unless the researcher can provide proof of death of all the individuals whose records might be used in the course of research.

Unfortunately, I wasn't able to have our form for Access to Protected Health Information approved by our lawyer before this meeting, so you should be aware that the sample I've distributed is still a draft. However, I don't imagine it will be all that much different. I should note that it is closely modeled on the form in place at the archives of our sister institution, New York Weill Cornell Medical Center and I'd like to thank Jim Gehrlich, the Cornell Medical Archivist, for allowing me to use his form as a model.

One question about the Privacy Rule and records of decedents on which I have yet to get a clear answer is, does it allow us to let researchers use the names of decedents in published works? Will any historian ever again be able to write a book like Laurel Ulrich's *Midwife's Tale*? From my reading, the Privacy Rule may be, paradoxically, more lenient on this point than many of us are now, since it uses the death of the individual, not a

fixed date, as the determinant for access to records. However, as of now I have not been able to get a ruling from our lawyer on whether my interpretation is correct.

Another aspect of the HIPAA Privacy Rule that should inform our thinking about access to PHI is that the enforcement mechanism will be complaint-driven. That is, someone who believes his or her privacy has been violated has to initiate a complaint with the HHS's Office of Civil Rights. While we shouldn't be planning our HIPAA compliance on the assumption we won't be caught if we violate it, it does appear unlikely that HHS will audit covered entities for evidence of Privacy Rule violations. In short, we shouldn't worry about HHS investigators swooping down on us and demanding to see our reference requests. We can be a little more relaxed about research use of PHI in our collections than might seem at first to be the case.

So what may be the effect of the HIPAA Privacy Rule on archives in practical terms? It's too early to tell how all the ramifications will play out, but my feeling is that we may be witnessing the emergence of a two-tier system of access to records containing PHI: older records where we can presume the individuals are deceased and access is regulated pretty much the way we've always done it; and more recent records where the presence of a substantial number of individuals who can be presumed to be living will take access decisions out of the hands of archivists and turn them over to IRBs or Privacy Boards.

There is another two-tier system that I'm concerned may emerge in the wake of HIPAA: between the major academic medical centers that have the resources to hire experts to deal with the complications of HIPAA, have IRBs or Privacy Boards, and have a commitment to research, and smaller medical institutions or non-medical institutions that have limited or no resources to deal with these issues and are not primarily research institutions or not primarily research institutions with a focus on the history of medicine (historical societies and government archives, for instance). For these, the solution to the question of historical research using records containing PHI may be to ban it altogether: it's not part of their mission, it's too complicated, they don't have the legal or archival staff to deal with it.

More ominous still, I worry that the implications of the Privacy Rule will encourage institutions creating records with PHI to simply destroy them as soon as possible. Patient records in particular have always been vulnerable to destruction: they take up space and money - two things medical institutions never seem to have enough of - and after they are no longer being actively used for health care or biomedical research, administrators may find in

HIPAA yet another reason to trash them. Whether the transition of the patient record from the traditional manila folder to digital form will retard or speed this destruction is too early to tell.

For the same reason, collecting institutions may think twice before accepting records with PHI. On the donor side, physicians donating records may purge them of everything - even correspondence existing outside patient records - that they think are covered by the Privacy Rule. Those records with PHI now held by archival repositories are no doubt safe, but a century from now I fear the raw data needed to document the history of health care in this country may end in the 1990s.

And finally, a modest proposal. To paraphrase Twain again: everybody talks about HIPAA but nobody does anything about it. The anxiety and uncertainty this legislation has raised in the historical and archival communities is in large part because we never made our concerns known to HHS. Perhaps it's time we did. The Secretary of HHS, as I mentioned earlier, can amend HIPAA on an annual basis. This organization, the AAHM and the Society of American Archivists could - no, should - persuade the National Coordinating Committee for the Promotion of History that this is something on which they need to lobby HHS. At the very least, we might be able to obtain clarification of some of the murkier parts of HIPAA; at best, we might be able to alter or streamline some of the more burdensome parts of the legislation.

HIPAA and Medical Research Libraries

Diane E. Lopez, Harvard University General Counsel

Diane Lopez began with a Power Point presentation, which gave an overview of HIPAA. The most revealing aspect was that "we" were not included in the verbiage of the Act, as professionals that might be impacted by its dictates. She suggested that there is much ambiguity in the Act about how it would apply to current records, much less archival or older patient records. She advised that the first important step is to determine whether your library is part of a "covered entity," as HIPAA defines that term. Covered entities have specific responsibilities under HIPAA that are not shared by the general public, so the answer to this question will impact how libraries can treat existing records that contain personally identifiable medical information. As to the acquisition of new materials containing this sort of information, it may be useful to provide donors who are "covered entities" a way to donate their records while also meeting their HIPAA obligations. To that end, Diane distributed a model agreement that could be used to do this, but she

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urged each library to consult with its legal counsel before putting the model to use so that it can be modified to fit your institution's policies and state privacy law requirements.

HIPAA and Clinically-Oriented Historical Research

Joel Braslow, MD, Ph.D

**Associate Professor, UCLA Department of Psychiatry
and History
Director, UCLA Neuroscience History Archives**

Joel Braslow spoke on how HIPAA might affect the use of older patient records. In looking at the clinical history of psychopharmaceutical use from 1950-1999, he uses records from state, university, and VA hospitals. Prior to HIPAA he submitted his proposal to the Institutional Review Board (IRB) and was given an exemption from full review. Exemptions are given when a researcher uses pre-existing data and does not record information that could identify an individual patient. With HIPAA, exemptions are no longer given, even for the use of de-identified pre-existing patient data. In order to continue his research, he has had to resubmit his research to the IRB and has been given an expedited review. An expedited review usually entails the chairperson of the IRB determining that patient consent is not necessary or

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possible and approving the project without full IRB review. Unlike exempt projects prior to HIPAA which required no additional reviews, projects approved by an expedited review are reviewed each year.

Editor's Note: The following is a revised version of the presentation submitted by Nancy McCall and read by Joan Klein at the Annual Meeting.

**Introductory remarks by Nancy McCall
Archivist, The Alan Chesney Medical Archives
Johns Hopkins Medical Institutions**

**Revising the Program of the Alan Mason Chesney
Medical Archives to Comply with the Primary
Rule of HIPAA**

The Alan Chesney Medical Archives, designated as part of a "covered entity" under HIPAA legislation, must limit access to and use of protected health information (PHI) in its holdings. HIPAA is one of the first laws of its kind to deal with protection of information. To date, the organizing principle of archives has been based upon management of documents and records and not upon management of information embedded in documents.

Most laws affecting access to archival holdings have

dealt with types of records such as records of students, patients, and personnel. In such instances, records with legal restrictions are segregated from open parts of collections. Having to re-assess holdings which had been designated as open prior to 14 April 2003 for presence of "protected health information" in documents presents extraordinary challenges to archivists managing collections in covered entities.

HIPAA is one of the first laws of its kind to protect the health information of the deceased in perpetuity. There is no principle for the passage of time in the current legislation. This means that information pertaining to the health of long-deceased individuals which appears in the correspondence files of previously open collections is now designated as PHI. An initial review of our repository's holdings indicates that PHI of the deceased is ubiquitous.

HIPAA does not contain provisions for assessing the sensitivity of PHI. A review of PHI in the Medical Archives indicates that there is a great range in the severity of sensitivity in the information. For instance, personally identifiable diagnostic information about a fracture of the toe may not be regarded as sensitive as personally identifiable diagnostic information about a sexually transmitted disease. However, under HIPAA all types of personally identifiable diagnostic information, regardless of severity, are regarded as "protected health information". As archivists and historians lobby for amendments to HIPAA, it is critical that they argue for a passage-of-time principle and a severity-of-sensitivity index.

In the meantime, our staff is having to grapple with the realities of current HIPAA legislation. We are conferring with Joanne E. Pollak, Vice President and General Counsel of Johns Hopkins Medicine, who has studied the Privacy Rule for the implications it holds for archives at covered entities. She is working with us to develop new policies and procedures for the archival program. Our mutual objective is to promote open intellectual inquiry within the scope of the legal requirements of HIPAA. The following statement by Joanne Pollack defines how the Medical Archives is to operate under the privacy regulations of HIPAA. We hope that this statement will serve as a useful guide to other archival programs at covered entities.

**The Health Insurance Portability and Accountability
Act**

**The Alan Mason Chesney Medical Archives and
HIPAA**

Joanne E. Pollack
Vice President & General Counsel
Johns Hopkins Medicine
June 26, 2003

What is HIPAA?

- "HIPAA" is a federal law adopted in 1996.
- Privacy Regulations adopted under HIPAA (the "Privacy Rule") require covered entities to protect identifiable health information or "protected health information" ("PHI") they create or receive.
- HIPAA applies to the Archives because the Archives is part of the School of Medicine, which is a part of the covered entity portion of the Johns Hopkins University. HIPAA also applies to the Archives because it receives PHI from other schools within the University that are parts of the covered entity portion of the University.

What is PHI?

- PHI is information that is created or received by a covered entity that
 - Relates to the health of an individual or the provision of or payment for health care to an individual, and
 - Identifies the individual or reasonably may be used to identify the individual.

What information is covered under HIPAA?

- PHI about living persons
- PHI about deceased persons

What must the Archives do to protect PHI?

- Staff must assure, to the extent possible, that only those authorized to see PHI have access to PHI.
- Both the Open and Closed Collections contain PHI.
- If a person is authorized to access PHI, staff does not need to block or remove PHI from the material.
- If a person is not authorized to access PHI, staff must block or remove PHI from the material to the extent reasonably possible.

How can a person be authorized to have access to PHI?

- Access for Johns Hopkins "health care operations" purposes (quality assurance, safety, etc.)
- Access for research on information on decedents (much of the Archives materials will fall into this category)
- Access for reviews preparatory to research (testing out a theory or idea)
- Access for Research
 - with an individual's authorization or their

- representative's authorization
- with a waiver of authorization

What is a Waiver of Authorization and why is the Privacy Board needed?

When an individual or his/her representative is not available to consent to access, a Privacy Board may waive the individual's consent if certain criteria are met. Under the Privacy Rule, only a Privacy Board or Institutional Review Board may grant the waiver. Waivers are only needed if the PHI relates to a living person or to a mixture of living and deceased persons.

What is the role of the Privacy Board?

- Oversee the HIPAA policies of the Archives.
- In cases where access to PHI of living persons is sought, but it is not possible or practical to obtain consent for access, the Privacy Board may review and approve requests for a waiver of authorization.
 - many requests will be for access to information about only deceased individuals, in which case only certain research representations are required and a waiver of authorization is not required.
 - some requests will be for access to information about about a mixture of deceased and live individuals or all live individuals, and in these cases, a waiver of authorization is required.

What are the criteria for Waiver of Authorization?

- The use or disclosure of PHI involves no more than a minimal risk to the privacy of individuals, based on, at least, the following elements:

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- The requestor has an adequate plan to protect the identifiers from improper use and disclosure.
- The requestor has a plan to destroy the PHI at the earliest opportunity appropriate to the research, subject to any health or research justification for retaining the PHI or unless the retention is required by law.
- The requestor has provided written assurance that the PHI will not be reused or disclosed to any other person or entity, except as required by law or for authorized oversight of the research study.
- The research could not practicably be conducted without the waiver; and
- The research could not practicably be conducted without access to and use of the described PHI.

What is Research?

- Research* means a systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge.
- The Privacy Rule and Common Rule definitions are the same.

What are the requirements for the Privacy Board?

- Must have at least two members.
- Members should have varying professional backgrounds and collectively have competency to review the effect of a research protocol on an individual's privacy rights and interests.
- Must have one independent member who has no affiliation with Johns Hopkins.
 - If the independent member has an affiliation with any entity applying for a specific waiver of authorization, another independent member must be added to the Board for review of that request.

FROM THE PRESIDENT

As always it was good to see old friends and make new acquaintances at our annual meeting held this year in Boston. I would like to thank Jack Eckert, Ginny Hunt, and Tom Horrocks for their wonderful hospitality and all their efforts to make the 2003 meeting a success. Having such access to the Countway Library of Medicine, particularly the tour of the Special Collections stacks, was a highlight for many of us. This year we made several format changes in our annual meeting and I would be interested in hearing your reaction to these changes. We are always looking for ways to improve the quality of our programs and activities. This year we opted to start our day by meeting with the Medical Museum Association for introductions and award presentations. We also held our business meeting during lunch so that we might have additional time for tours and

still have a substantial morning program. For the coming year Micaela Sullivan-Fowler will be handling local arrangements for our meeting to be held in Madison, Wisconsin while Susan Rishworth is developing our program. Please feel free to share your comments or ideas for the ALHHS annual meeting with any of us.

In this issue of *The Watermark* you will find minutes from the annual meeting of the Steering Committee as well as our annual business meeting. Please take a few minutes to review them so you can learn about ALHHS's current activities. You will note that the members approved some bylaw changes at the business meeting to establish several standing committees. These committees will be working over the coming year to carry out ALHHS business. In particular the Publications Committee will be undertaking the production of the ALHHS membership directory. If you are interested in serving on the Publications Committee or any of the other ALHHS committees, please contact me.

In Boston, the Steering Committee endorsed a proposal to create a new officer for ALHHS, namely the Past President. The purpose of this position is to provide for continuity, to offer support for the incoming president and to maintain a consistent number of members on the ALHHS Steering Committee. You will find the new bylaw changes to create the office of past president elsewhere in this issue. In the fall you will be asked to vote on this change when you receive your 2004 renewal notice. If you have any questions about this new office, please contact me or any other member of the Steering Committee.

The Steering Committee discussed the importance of the ALHHS listserv at our meeting in Boston. This list, created in 1999 and managed by Eric v.d. Luft at SUNY Upstate Medical University, currently has 112 of our 136 members. The Steering Committee believes this list will become even more important to the association as it attempts to streamline operations and contain costs. We would like all members with Internet access to be subscribers. To subscribe send an e-mail message to Eric v.d. Luft <luft@upstate.edu> and identify yourself as a member of ALHHS so that he can sign you up for the list.

In closing, I would like to thank outgoing Steering Committee members Lucretia McClure and Stephen Greenberg, who completed their terms of office at the end of the Boston Meeting, for their hard work and dedication to ALHHS. While both will no longer be serving on the Steering Committee each has volunteered to serve or continue serving ALHHS in other capacities. If you ask either Lucretia or Steve about their work with ALHHS,

they will tell you how rewarding it can be. I urge you to follow their example and get involved with us.

Jodi Koste

EDITOR'S COMMENTS

It is with great enthusiasm and a little trepidation that I take on the role of editor of *The Watermark*. Being very much aware of the exceptionally high standards established by the former editors for this newsletter, I will make every effort to maintain those standards. I wish to thank Lilli Sentz for the outstanding job she did during her five years as editor and for the opportunity she gave me to work with her on *The Watermark*. Thanks also to Lucretia McClure for graciously agreeing to continue as editor of Ex Libris.

I look forward to working with Jodi, Micaela and Lilla, the members of the Steering Committee and all the individuals who have contributed and will continue to contribute the articles and columns that make *The Watermark* the fine publication that it is.

Linda Lohr

ALHHS STEERING COMMITTEE MEETING, MINUTES

April 30, 2003

Westin Copley Place (Lobby), Boston, MA

Attendance: Jodi Koste (President), Micaela Sullivan-Fowler (recorder, Sec./Treasurer), Elaine Challecombe, Linda Lohr, Jack Eckert, Patricia Gallagher, Russell Johnson, Paul Theerman, Ed Morman, Lilli Sentz, Eric v.d. Luft, Stephen Greenberg, Lucretia McClure, and Stephen Novak

Convened: 4:00pm

Old Business

Minutes from Kansas City 2002 Meeting on April 24th were approved. (Published in *The Watermark* v.25 #3 Summer, 2002: 44-46)

President, Jodi Koste, suggested that she would comment throughout our meeting on various agenda items. There was no President's Report per se.

Treasurer's report was submitted and highlighted by Micaela Sullivan-Fowler. (See accompanying document.)

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ALHHS opening balance as of 4/19/03 was \$17,653.29. Income (4/02-4/03) was \$7,931.00. Expenditures (4/02-4/03) were \$3,245.22. Other assets are an \$8,000 CD now earning 1.98%. Cash on hand was \$14,339.07. Total assets as of 4/11/03 are \$22,339.07. The Treasurer's report was accepted.

The Auditor's Report was submitted by Elaine Challecombe. Elaine reviewed the financial records given to her by Micaela Sullivan-Fowler in early April, 2003. In her opinion there were no irregularities or discrepancies in the financial records. A copy of the report and of the attached invoices and bank statements will be placed in the ALHHS Archives at the College of Physicians, Philadelphia.

2003 Local Arrangements Committee (LAC) representative, Jack Eckert, gave his report early in the meeting, so that he could attend to LAC duties. There were 46 people registered for this year's meeting. Nearly 60 were expected for dinner at the Barking Crab restaurant, so we hired a larger bus, which slightly increased our expenses. Acknowledging that we traditionally try to break even with our registrants paying for our expenses; with the breakfast, lunch, and buses, Jack anticipated that we would be slightly in "the red," (with a deficit of a little over \$300) at the end of our meeting.

The *Watermark* report was given by Linda Lohr, who is taking the helm of editor with our next issue. Linda and Jodi both emphasized the role that her predecessor, Lilli Sentz has played in publishing a vibrant, timely newsletter - Lilli was enthusiastically thanked for her work. Linda said that she had the support of her department head, and would have some help from students in terms of editing our Newsletter. She is looking into using a local printer which might bring the cost of production down slightly. Lucretia McClure has

agreed to stay on as the editor for the Ex Libris portion of the *Watermark*. It was mentioned that we have three outstanding accounts for the *Watermark* advertisers.

Lilli mentioned that we should reexamine, via a survey, what the needs are of our membership regarding the *Watermark*. Since we have a decrease in membership of ALHHS, and the *Watermark* is our biggest expense, we should be certain we are providing our audience with what they need. Do they read the *Watermark*? Which sections are most useful? Eric Luft noted that there are approximately 112 subscribers on our listserv (out of 136 members) and that we could put a survey there. Subscribers could print a hard copy and send a completed copy to Linda. (Or complete online and send as an attachment.) The survey could also be published in a future *Watermark*. It would be useful to have our Publications Committee (if formalized at Business Meeting 4/31) handle this project.

The Nominating Committee Report was given by Ed Morman. The Committee consisted of Richard Behles, Susan Rishworth and Ed. The slate consisted of Lilla Vekerdy for President, Charlie Greifenstein and Eric v.d. Luft for members-at-large, and Micaela Sullivan-Fowler for two more years as Secretary-Treasurer. The slate was elected. Ed received 48 ballots. We discussed the possibility of conducting the next election electronically, since the vote reflected only 1/3 of our membership and there were some mailing label problems. Concerns about an electronic ballot included the possibility of ALHHS members "stuffing the ballot box", not being able to sign an envelope containing the ballot for authenticity, etc. Eric suggested that as ALHHS listserv moderator, he could identify those members subscribed to the list, compare that information to the membership list and send reminders about the listserv to those individuals not subscribed. We could also remind members about the listserv in the *Watermark*. Then if we chose to conduct an electronic election, we might elicit a greater response. Jodi mentioned that Lilla was concerned that there would be no one to mentor her during her first year as President. Jodi will be suggesting that a bylaw change be instituted to create the office of Immediate Past President.

The Ad Hoc Awards and Recognition report was given by Paul Theerman. Deliberations with the other committee members, Jonathan Erlen and Jeff Wehmeyer, regarding the awards were conducted by e-mail. The winners of the Lisabeth Holloway Award and the Recognition of Merit Award will be honored with Tiffany paperweights at Thursday's Business Meeting. Information about the recipients will be published in *The Watermark*. It would also be a good idea to send the American Association for the History of Medicine

(AAHM) and the Medical Library Association (MLA) the information about the winners for inclusion in their print publications and on their websites.

The ALHHS website report was given by Russell Johnson. The website prominently displayed the annual meeting information. *Watermark* Tables of Contents dating back to 2001 are now available. Russell also mounted two full-text articles as well as descriptions of awards and award winners. A nice list of internet resources relating to special collections, book dealers, the history of the health sciences, etc. is now up. Many thanks to Russell for all his diligent work.

Pending projects:

- Cold fusion server so that the site will be searchable
- Index to the *Watermark* up in a PDF or database form
- Keeping the index current (Carol Clausen was mentioned in this regard).
- Possible online directory
- Photos of annual meetings, etc. online
- Full text articles from past *Watermarks*

The question of whether the AAHM website has a link to the ALHHS site will be investigated. If there is not, we will ask them to add one. We do have a link to AAHM.

A discussion about having the directory online included privacy issues, whether or not it should be password protected, that people perceive it as a perk of membership and if it's "available" to the world over the web, that perk would be lost. It might be easier to keep it current if it's "online." As for privacy, we could ask in the 2004 Membership renewal form if there is any information that people might want left out of the online version. The online version would augment and be an up-to-date version of the print Directory which would continue. It's still a nice reference source to have "in hand."

Jodi reported on a proposed budget that would be in place during our fiscal year (from Annual Meeting to Annual Meeting). The purpose of such a plan would be to enable the Steering Committee to be accountable to the membership for projected expenditures for routine items such as *The Watermark* and large programs like the Annual Meeting. We currently have a CD worth over \$8,000. We would budget an amount for estimated expenses and another amount to provide some liquidity. Jodi dubbed these two items our Reserve Fund. The Committee recommended that we institute a "Spending Plan," rather than a budget which would eliminate the need for bylaws changes or voting on the proposed plan.

These are guidelines, not restrictive amounts. So moved and carried.

- Recommended that we transfer \$1,600 of our liquidity into the CD.
- Recommended that we find an interest bearing checking account.

We need to vote on accepting the Bylaws revisions proposed by the Steering Committee regarding standing committees. This will be taken to the membership Thursday. The suggested revisions were printed in the *Watermark* and will become part of our new Directory this summer.

The ALHHS Procedure Manual should be reviewed by the President Elect, as it is helpful in doing committee work. It was recommended that the Procedures Manual be put on the ALHHS web site.

New Business

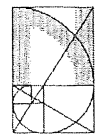
Discussion on membership development was initiated by Micaela. We have not done any formal recruiting. Micaela has invited a few people to become members at Jodi's suggestion and there are a number of delinquent members from the past three years, many of whom have left the health sciences field. Micaela thought it was more critical to pinpoint likely candidates for membership, rather than trying to court those who are in arrears. We will work on membership development and will try to reach people in hospital archives, drug company libraries, etc., whom we have not previously reached. Patricia, Stephen, Eric and Micaela (as well as other Committee members) will try various avenues such as looking through NLM's Directory of Historical Librarians/Curators for potential new members.

Discussion on adding a member to the Steering Committee followed. Jodi recommended the creation of the office of Immediate Past President, which would provide support to the incoming President. Currently an individual serves one year as President-Elect, then two years as President. During their two years as President there is no President-Elect who is responsible for fulfilling the duties of the office in their absence. They also do not have anyone with organizational knowledge to "mentor" them. An Immediate Past President would hold that position for one year. So moved and carried. We will include a ballot with the membership renewal in November. Two-thirds of our membership must approve such a Bylaws change. If the change is approved we would have 7 steering committee members at all times. In odd years we would have President,

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Secretary/Treasurer, 4 at large members and the new Past-President. In even years we'd have President, Secretary/Treasurer, 4 at large members and a President-Elect.

Discussion on Publications Committee and Membership Directory. *The Watermark* and web site are being successfully provided. Steven Novak will be preparing an updated Directory which will be published in 2003. We asked that the new Directory have a list at the end organized by institutional name.

Adjourned: 6:02 pm

ALHHS BUSINESS MEETING, MINUTES

May 1, 2003

Harvard's Countway Library, Boston, MA

8:15am

Following a Continental breakfast, President, Jodi Koste, welcomed ALHHS participants as well as Medical Museums Association, (MeMa) participants. We had a joint meeting with MeMa for the first half of our Business Meeting. We all introduced ourselves to one another.

Awards Presentations

Career Service Award

Jim Edmonson, Chief Curator of the Dittrick Medical History Center presented a Career Service Award to Pat Gerstner, who recently retired from the same institution. Using words and slides, her life-long long achievements were chronicled in the following lively, heartfelt tribute.

On May 1, the Medical Museum Association (MeMA) honored Patsy Gerstner with its first ever award for distinguished career service to the medical museum field at the joint meeting of MeMA and the Archivists and Librarians in the History of the Health Sciences. MeMA President Ray Kondratas (Smithsonian) announced the award, which he and Judy Chelnick (Smithsonian) had proposed at the previous MeMA meeting in Kansas City, Missouri. Jim Edmonson then presented the award, highlighting Pat's many achievements. As a token of their appreciation, MeMA members presented Pat with a lovely brass clock and engraved plaque. Here is a transcript of Jim's remarks:

I have been asked to present the Medical Museums Association's distinguished service award to Patsy Gerstner. I suppose it's most fitting that I do so, since I have worked with Pat for over twenty-two years. When Ray Kondratas asked me to make this presentation, I welcomed the opportunity. Pat has been a great friend and colleague and has done so much for our field during her career. It gives me the chance to thank her for all she has done for me and for so many of you that are gathered here this morning.

The hallmarks of Pat's personality, as have been reflected in her work, include the following: a thorough professionalism (to Pat, being professional means being capable and willing to do what needs to be done to get the job done); a strong sense of propriety and ethical judgment; always kind, fair, and helpful to others, especially her staff; and a willingness to stay the course, through thick or thin.

For undergraduate school, Pat attended the University of Michigan - not an especially popular thing in Ohio - and majored in geology. She then went to work at the West Texas Museum as Curator of Collections, but returned to Cleveland a year later to pursue graduate studies at Case Institute of Technology. Ultimately, she received an MA and PhD in the history of science, under historian of science Robert Scofield. Her field of study was the history of geology, with particular focus upon James Hutton and Scottish geologists of the early 19th century. While a graduate student, Pat catalogued the geology

department's collection of minerals and worked at the Cleveland Museum of Natural History as an instructor in natural science in their school program. By 1961 Pat became Registrar at the CMNH and this position really suited her temperament and personality (and I always have believed that registrars are born, not made!), and confirmed for her that she wanted a museum career.

Pat's association with the Dittrick began in 1965, while still in graduate school. She became Museum Assistant (1965-67) and then, upon graduation from CWRU, Curator (1967-79) at the Dittrick under Genevieve Miller. Pat focused her attention upon care of collections, developed a school program, and taught the history of science at Cleveland State University and the Cleveland Institute of Art. Upon Genevieve's retirement in 1979, Pat became Chief Curator of the Dittrick. During her tenure in that position, Pat directed CWRU's museum studies program (c.1978-87), which trained many students in the practical aspects of museum work in the Dittrick and other area museums and historical societies. She also started the Zverina lecture (on medicine and technology), which began with Stan Reiser, and has included John Parascandola, Tom Horrocks, Roy Porter, Jackie Duffin, and many others. She took a chance on hiring me in 1981 and together we undertook a major renovation of the Dittrick Museum exhibits in 1983-1984. Following that endeavor, Pat and I formed the Medical Museums Association which met for the first time in 1985 in Chapel Hill, N.C. She served as first President of MeMA (1985-87) and was on the Board of Advisors of *Caduceus*, the late lamented journal that was so kind to the medical museum community.

Being responsible for a museum "embedded" in a medical library, Pat reasoned that it made sense to take a closer look at the concept of using existing library cataloguing programs, with the notion of adapting them for museum use. She learned more about initiatives in online cataloguing and this led her to undertake a pilot program using OCLC for online cataloguing of artifacts. She first directed the adaptation of MeSH for artifacts, as existing subject heading for artifacts (like Chenhall) were too general in nature. She then moved on to composing descriptions of objects, and working out with CWRU medical librarians Ginger Saha and Karen Burt the details of cataloguing artifacts on OCLC. This demonstrated the feasibility of adapting library systems for management of museum artifacts and we subsequently worked with a consortium of Ohio medical libraries to catalogue collections using this library-generated approach. In the process of cataloguing and record generation, the project spawned considerable research and documentation on

medical instrumentation, much of which is to be found in the online records for each object.¹

In the early 1990s as the cataloguing project wound down, Pat commenced research upon Battle Creek Sanitarium, a topic of longstanding interest. This culminated in *The temple of health : a pictorial history of the Battle Creek Sanitarium* (SIU, 1996). She also co-curated an exhibit entitled "Cures and Curiosities: Health Challenges in Cleveland 1810-1960," at the Western Reserve Historical Society October 1998-May 1999. For this she authored a companion work, *Looking for a healthy Cleveland, 1810-1960* (Western Reserve Historical Society, 1998).

During her active career and beyond, Pat has played an important role as museum consultant, making available her extensive expertise and plain, good old common sense. Pat has been especially active as a MAP (Museum Assessment Program) site visitor and has been a consultant to museums, including but not limited to the New York Academy of Medicine, the Cleveland Health Education Museum, the Crawford Long Museum, the Michigan State Museum, the Warren Museum (Harvard), and the Still National Osteopathic Museum.

Always anxious to share the insights derived from her work, Pat has published extensively. Notable publications include *The care and exhibition of medical history museum objects* (1974) and *Henry Darwin Rogers, 1808-1866 : American geologist* (University of Alabama Press, c1994).

Throughout her career Pat always found ways to "pay back" via serving on committees in professional bodies, but few of you probably appreciate how extensive her contribution in this area was, since much of it took place on a local level. She was a co-founder of the Northeastern Ohio Intermuseum Council in 1965 that now represents 35+ museums and historical societies in our region. Pat also has virtually kept alive the Ohio Academy of Medical History, serving as Secretary-Treasurer since 1976. She co-founded the Ohio Network of Medical History Collections (1983+), which brings together the seven medical schools in Ohio. And of course, she was Local arrangements Chairperson of the 1991 AAHM meeting in Cleveland.

So, from all that I have recounted you can see how fitting it was to honor Pat with the first distinguished career

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service award from the Medical Museums Association. Please join me in congratulating her.

Lisabeth M. Holloway and Recognition of Merit Awards Presentation

Ad Hoc Awards and Recognitions Committee member, Paul Theerman, presented the The Lisabeth M. Holloway Award for distinguished service to Lucretia McClure. The Recognition of Merit Award was presented to William Helfand of New York City. Paul's presentation follows.

The 2003 Ad Hoc Committee on Awards and Recognitions of the ALHHS consisted of Jonathon Erlen, Jeff Wehmeyer, and myself (Paul Theerman) as chair. We had two awards to give at this year's meeting. The first was the Lisabeth M. Holloway Award, in honor of Lisabeth M. Holloway, a founder of the ALHHS, for many years editor of *The Watermark*, and president pro tem of ALHHS in 1975. The award honors service by members of ALHHS to the organization and to the profession. The award alternates with the Publication award; previous recipients have been Estelle Brodman, Nancy Zinn, and Judith Overmier. This year's recipient of the Lisabeth M. Holloway Award is Lucretia McClure.

In 1979 Lucretia McClure was made director of the Edward G. Miner Library at the University of Rochester, and in this capacity she not only appreciated the history of medicine but also turned that appreciation into active support for rare book and archival departments. Lucretia endorsed these department events during times when support for such collections dwindled due to budgetary restriction in the 1980s and 1990s, and in a variety of forums, most notably in the Medical Library Association, including on its Board of Directors. She has served in leadership positions in the ALHHS, AAHM, MLA, and the AAHSL (Association of Academic Health Sciences Libraries). From the MLA, she has received the Marcia

¹ See for example:

<http://catalog.cwru.edu/search/jstethoscope/jstethoscope/1,3,146,B/frameset&FF=jstethoscope+auscultation+binaural&33,,90>

C. Noyes Award, recognizing distinguished service to the profession.

Since retirement in 1993, Lucretia has been active here at Harvard's Countway Library, commuting between Rochester and Boston, assisting in collection assessment. Most notably, she has served as a mentor to many in the field. These and a multitude of accomplishments make me happy, on behalf of the organization, to present the ALHHS's 2003 Lisabeth M. Holloway Award to Lucretia McClure.

The second award is the Recognition of Merit Award. This award is made on either of two counts. It honors donors of gifts of extraordinary nature to health sciences libraries, or service by a non-librarian to ALHHS or the profession. This is the first time that this award has been presented. I am happy to announce that this year's recipient of the Recognition of Merit award is William H. Helfand.

Bill is deserving of this award in both categories: donation and service. As a noted collector and generous donor, he has enriched the collections of many notable institutions, including the Philadelphia Museum of Art, the Library Company of Philadelphia, the Smithsonian Institution, the College of Physicians of Philadelphia, and the National Library of Medicine, among others. His donations have been in the areas of fine arts, ephemera, posters, post cards, satire and caricature related to medicine, public health, and the healing arts, all the fruit of forty years spent in collection and donation. Bill has also taken on the role of exhibit curator, mounting shows at the Philadelphia Museum of Art on medicine, nursing, and pharmacy; at the Grolier Club on quackery, and at the National Library of Medicine on ephemera. Not least, Bill has given freely of his time and often of his treasure, serving the New York Academy of Medicine in various capacities, including endowing a historical lectureship; serving as a director of the Library Company of Philadelphia, and as a consultant to the National Library of Medicine.

The program for the ALHHS meeting was entitled "HIPAA and History - The Health Insurance Portability and Accountability Act - and Its Impact on Medical History Research and Collections." This act is generally geared towards mainstreaming the administration and collection of health care information, but also has a strong emphasis on protecting patients' privacy - so it has potential impact on doing historical research in patient records, having access to public health information, etc., all conditions that could affect an archivist, historian, librarian or curator. Attendees agreed that this was a very

useful and timely program - so kudos to the Program Committee.

Speakers were Diane E. Lopez, Harvard University General Counsel, Stephen Novak, Head, Archives & Special Collections, Augustus C. Long Health Sciences Library, Columbia University, and Joel Braslow, Associate Professor UCLA Departments of Psychiatry and History and Director of the UCLA Neuroscience History Archives. (See presentations beginning on page 45.)

Following the presentations, Joan Klein from the University of Virginia fielded questions from the audience and mentioned two salient points: 1) Whether or not HIPAA will affect what is currently or eventually on the web in terms of full text older documents? For example, correspondence between doctors about patients, historical cases reports and the like; and 2) That there are already state laws that govern confidentiality of patient records, and that those need to be heeded regardless of any HIPAA governances.

Some of the questions and answers that arose from the audience included:

- Whether our institutions are liable if there's a complaint from a family member/patron resulting from our giving access to sensitive material. There can be hefty fines, but generally only if the Act was willfully violated. All that will be open to interpretation.
- Whether publishers can be held responsible for publishing historical interpretations which use patient records/case reports as their primary evidence. Each publisher, whether or not a covered entity, might institute an IRB-like process to ensure that the historian/writer/researcher did the proper procedures before submitting the work for publication. All this may be open to interpretation of the Act and how it applies to older material.
- Whether HIPAA will affect various institutions' Deeds of Gift procedures. Receiving a "gift" of old hospital records might become quite problematic. What about correspondence between a doctor and a family regarding a patient. Does HIPAA affect access beyond a state's Statute of Limitations? All are questions that no one had a specific answer to. Additionally, now there are as many different practices in our institutions regarding access as there are institutions - this will likely remain true in terms of how HIPAA affects our practices and procedures.

At 12:37 we broke for lunch. After lunch the Business Meeting resumed. MeMa members went to another room for their Business meeting.

Jodi chaired the business meeting. She thanked Suzanne Porter (previous year's ALHHS president) for her help with Jodi's initial presidential year.

Old Business

The Minutes from the 2002 Annual Meeting in Kansas City, Kansas, were accepted and approved.

The Treasurer's Report was introduced and summarized by Micaela Sullivan-Fowler, and accepted. (See Steering Committee minutes for report.)

Elaine Challembe presented the Auditor's Report which confirmed that the Treasurer's records were in order.

The Nominating Committee Report was given by Ed Morman. The Nominating Committee consisted of Richard Behles, Susan Rishworth, and Ed. The slate consisted of Lilla Vekerdy for President, Charlie Greifenstein for Archivist, Eric v.d. Luft for member-at-large, and Micaela for two more years as Secretary-Treasurer. The slate was elected. Ed received 48 ballots.

As a member of the Ad Hoc Awards and Recognitions Committee, Paul Theerman reiterated the news about Lucretia McClure and William Helfand and thanked Elizabeth Ihrig and Micaela for their help in obtaining and transporting the Tiffany paperweights. thanked Elizabeth Ihrig and Micaela for their help in obtaining and transporting the Tiffany paperweights.

Linda Lohr gave the report on *The Watermark*, suggesting that it pays for itself, and reiterating her report to the Steering Committee. (See those minutes for report.) Members thought that another survey, probably to be put on the listserv or on the web, but also included in *The Watermark* itself (since not everyone is on the listserv) would be a timely idea. Lilli Sentz was enthusiastically thanked for her tenure as editor, and Linda was thanked for taking on this important duty.

Following the *Watermark* report, Joan Klein read the following resolution:

Whereas Lilli Sentz has served as editor of *The Watermark* from 1998 to 2003;

Whereas she has edited 20 issues during these five years;

Whereas she has navigated the bureaucracies of the New York Academy of Medicine and Yale University to produce *The Watermark*;

Therefore be it resolved that the members of the Archivists and Librarians in the History of the Health Sciences assembled in Boston for the 2003 annual meeting extend their heartfelt thanks to Lilli Sentz for her service as editor of *The Watermark*.

The ALHHS web site report was given by Russell Johnson. In addition to an update given at the Steering Committee meeting, (see those minutes for report,) Russell thanked Catherine Donahue for her role in hosting the ALHHS web site. Russell emphasized the importance of the American Association of the History of Medicine (AAHM) linking to the ALHHS site.

Jodi reported on the Steering Committee's intention to adopt a "Spending Plan," which would result in the transfer of some more of our Reserve Fund into our CD, leaving one year's budget amount in our remaining Reserve. (See Steering Committee minutes for full report.)

The proposed bylaws revisions regarding the creation of standing committees for awards and publications were voted on and passed. The revisions will appear in the new Directory this summer.

New Business

Jodi brought the concept of Immediate Past-President to the members' attention. They agreed with the concept. We will take a vote on the membership renewal form in November. If approved, it will become a bylaws change. (See Steering Committee minutes for full report.)

As discussed in our Steering Committee meeting, Eric and Stephen Greenberg are going to try their hand at recruiting some new members

A Report was made by the new standing committee, the Publications Committee. Steven Novak will be preparing an updated Membership Directory for publication in 2003. We asked that the new Directory include a list at the end organized by institutional name. Micaela will add a section on the membership renewal form where members can decide if there is any information they *do not* want included if we put the Directory online.

As Local Arrangements Committee chair/member, Micaela welcomed everyone to Madison, Wisconsin for

next year's ALHHS meeting. She mentioned the hotel accommodations, some ideas about our dinner, and that expenses would likely be less than the Boston meeting. We may also have to pay for some meeting room rentals, as AAHM may not pay those fees in years to come. Micaela also gave the unofficial, but increasingly coveted, "ALHHS Most Creatively Decorated Return Envelope Award" to Betsy Johnson, (1st place), Ed Morman (2nd), Adam Moore (2nd), and Elizabeth Borst White and Jane Brown (Honorable Mentions). Their Paris-themed collages were meant to imaginatively "spirit" them away on a getaway excursion. Ed was the only one present to accept the award. Members will hopefully look forward to next year's membership renewal drive, with a heightened sense of creative output.

Adjourned at 1:30 p.m.

**Financial Report for
ALHHS 2003 Annual Meeting**

Micaela Sullivan-Fowler (Sec/Treasurer)

Opening Balance April 19, 2003	\$17,653.29
Income (since 4/2002)	
Advertisements in Watermark 2002	\$1,980.00
Advertisements in Watermark 2003	\$2,160.00
Registration 2002 Annual Meeting	\$1,110.00
Delinquent Dues for 2002	\$450.00
Dues Received for 2003	<u>\$2,231.00</u>
Total income 2002/2003:	\$7, 931.00
Expenditures (since 4/02)	
Annual Meeting 2002	\$586.43
Awards	\$304.00
Domain name	\$24.00
Watermark Production & Postage	\$2309.29
Bank fee	<u>\$21.50</u>
Total expenses 2002/2003	\$3245.22
Cash on Hand:	\$14,339.07
Other Assets: CD-now earning 1.98%	<u>\$8,000.00</u>
Total Assets as of 4/11/03	\$22,339.07

PROPOSED BYLAWS REVISION

The ALHHS Steering Committee recommends the creation of the office of Past President. The purpose of this office is to provide for continuity, to offer support for the incoming president and to maintain a consistent number of members on the ALHHS Steering Committee. Below are the bylaw changes that are needed to create this new office. Additions or changes to existing bylaws are underscored. The ALHHS membership will vote on these bylaw changes this fall during the annual membership renewal process. Please contact any ALHHS officer or Steering Committee member if you have questions.

Article II. Officers

Section 1. Officers

A. Officers of the Association shall be President, President-Elect, Immediate Past-President, Secretary-Treasurer, and four Members-at-Large.

C. The term of office of the President shall be one year as President-Elect and two years as President and one year as Immediate Past-President. President-Elect shall be elected in odd numbered years, at the beginning of the second year of the sitting President's term of office. The term of office shall begin at the end of the annual business meeting. The Immediate Past-President must wait two years from the completion of a presidential term of office before being eligible to serve as President-Elect.

Section 2. Vacancies

A. A vacancy arising in the office of President shall be filled by the Immediate Past- President, if during Year One of the President's term, or by the President-Elect, if during Year Two. The President-Elect shall serve out the unexpired term of the President and continue as President for the full term as elected.

Delete the following:

B. In the event that the office of President becomes vacant during the year when there is no President-Elect, a President shall be chosen by the Steering Committee from among its members. This President shall serve until an elected President assumes office after the next election.

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Substitute:

B. All other vacancies shall be filled by the Steering Committee.

Section 3. Duties

Renumber existing statements and add a new statement to cover the duties of the Immediate Past-President.

B. The President-Elect shall perform the duties and exercise the functions of the President during the President's absence or inability to act during the second year of the President's term of office.

C. The Immediate Past-President shall assist in the orientation of the President perform the duties and exercise the functions of the President during the President's absence or inability to act during the first year of the President's term of office.

EX LIBRIS

by Lucretia W. McClure

Congratulations

To Martha Riley who has joined the staff of the Archives and Rare Books Section of the Bernard Becker Medical Library at Washington University as Rare Book Cataloger and Archivist,

And To

Kosha Thakore, a senior medical student at the University at Pennsylvania mentored by Ed Morman, has

won the University of Pennsylvania Medical History Prize.

Good Reading

Recent gifts to the Edward G. Miner Library of the University of Rochester Medical Center have enriched the collections. Mrs. Lucille Anderson of Pittsburgh donated the papers of her late father Willard Allen, M.D. Trained as a chemist, he studied medicine at Rochester and supported himself by working as an assistant in the embryology laboratory of George W. Corner, M.D., chairman of the Department of Anatomy. Corner and Allen are credited with the isolation of progesterone in 1929. After his graduation in 1932, Allen had a prominent career at Washington University, St. Louis. The papers include extensive correspondence, laboratory notebooks, and other research materials.

From Mrs. Ruth Hamburger, widow of University of Rochester psychiatrist Walter W. Hamburger came many titles from her husband's personal library, including the second edition of Walter Bruel's *Praxis Medicinae, or the Physician's Practice*, 1639; John Bulkeley's *A Voyage to the South Seas in the Years 1740-41, 1757*; and Charles Jackson's scarce *A Manual of Etherization*, 1861.

Mrs. Ernesta R. Lacey of Keen, NH, presented books from the library of her late husband, Thomas Lacey II, M.D. Included were Job van Meekren's *Observationes Medico-chirurgicae*, 1682; Gabrielle Fallopio's folio *Omnia quae extant omnia*, 1584; and Rochester graduate George Ellwanger's *Meditations on Gout*, 1897, a delightful treatise on the therapeutic value of vintage wines.

Nigel Phillips

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The College of Physicians of Philadelphia recently acquired a copy of *The Gentleman's Magazine* from April 1794 that contains an article on the Philadelphia yellow fever epidemic of 1793. The article discusses the efficacy of Benjamin Rush's purges, which, according to the article, followed the practice of Benjamin Moseley, a noted British physician.

Also acquired was the July 21, 1832 issue of *The Philadelphia Album and Ladies' Literary Port Folio*. The interesting piece in this publication devoted to travel, literature, books, poetry, etc., is a short extract from a College of Physicians' report on cholera. It is called *The Classes of People, and the Mode of Living of Those Who Have Died in the Greatest Numbers* and reports on cholera from places such as Russia and India. People who lived intemperately are seen as much more susceptible than others - comforting advice to proper Philadelphia ladies. The reprinting itself indicates how the College of Physicians' report was disseminated.

A third acquisition is an album of *cartes de visite* of Philadelphia physicians, dating from the late 1860s. The album is labeled the Southern Medical Society of Philadelphia, "Southern" referring to south of Market Street in the city. The Society was essentially a trade organization, set up to promote professional practice and uniformity in fees. A number of famous physicians have

cards in the book: Hugh Lenox Hodge, Samuel Jackson, Joseph Leidy, David Hayes Agnew, and William Pepper. A brief survey of the College's collection found no duplicates of the album's images.

Several important manuscripts were presented to the University of Alabama at Birmingham Archives by the daughter and son-in-law of the late Lister Hill, Alabama's long-serving member of Congress who was often called the "Statesman of Health" for his work on health-related issues. The donation includes a letter from Dr. Benjamin Rush to Elisha Boudinot, written in Philadelphia in January of 1797 and three letters of Sir Joseph Lister, written in 1887, 1901, and 1904. The four letters had been presented to Senator Hill over the course of his long career in Congress.

In addition, the gift includes five volumes of the letter books of Senator Hill's father, Dr. Luther L. Hill, a pioneering American surgeon. The volumes contain correspondence dated 1880 through 1936.

Recently published books include *The Ladies Dispensatory* by Jonathon Erlen, Carey Balaban and Richard Siderits published by Routledge and the fifth volume of Plinio Pioreschi's *History of Medicine*, the volume on *Medieval Medicine*, with coverage of the history of medicine in the Latin West from the fifth to the end of the fifteenth century.

Fellowships

The American College of Obstetricians and Gynecologists and Ortho-McNeil Pharmaceutical Corporation jointly sponsor one \$5,000 fellowship in the History of American Obstetrics and Gynecology each year. The recipient of the fellowship spends one month in the Washington, DC area working full-time to complete a historical research project. The Fellow is encouraged to use other national, historical, and medical collections in the Washington area. The results of the research must be disseminated through either publication or presentation at a national meeting.

Applications must be received by October 1, 2003. Full information is available from ACOG, Ms. Debra Scarborough, History Librarian/Archivist, 409 Twelfth Street, SW, Washington, DC 20024-2588 or dscarborough@acog.org.



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The Countway Library of Medicine is pleased to announce that Ben Mutschler is the first Countway Fellow in the History of Medicine. Dr. Mutschler, who is currently a post-doctoral fellow at the Omohundro Institute for Early American History and Culture at Williamsburg, Virginia, will spend two months in residence at the Countway conducting research for his forthcoming book on illness in 18th-century New England.

The Countway has also awarded a partial fellowship to Barbara Baumgartner, Assistant Director for the Women's Studies Program at Washington University at St. Louis, for her study of 19th-century anatomy and physiology textbooks that were used in American high schools and colleges. These fellowships are supported by the Boston Medical Library's Abel Lawrence Peirson Fund.

The Countway, through its membership in the New England Regional Fellowship Consortium, will also be hosting a Consortium fellow this coming year. John Wood Sweet, Assistant Professor of History at Catholic University of America, will be spending several weeks at the Library conducting research relating to his study of *American Dreams: Communities of Interpretation in the Atlantic World, 1620-1850*.

Two research fellowships for 2003-04 have been announced by the Historical Collections Department of the New York Academy of Medicine. The Audrey and William H. Helfand Fellow in the Medical Humanities is Angus Fletcher, a graduate fellow in the Department of

English at Yale University. His proposal is entitled *Paracelsian Medicine and the Experience of Bodily Consciousness in Seventeenth-Century English Literature*. The Paul Klemperer Fellow in the History of Medicine is Sarah Tracy, Ph.D., of the University of Oklahoma. Dr. Tracy's proposed study is *From Vice to Disease: Alcoholism in America, 1870-1920*.

Visual Delights

A new Web exhibit entitled *Bring Back Your Party Safe: Medicine and Health on the Lewis and Clark Expedition* is now on view at <http://www.med.virginia.edu/hs-library/historical/lewis-clark/>. It is the counterpart of a physical exhibit of the same title that will be displayed in the Claude Moore Health Sciences Library foyer through June. Another new Web exhibit is entitled *Illuminating a Different Civil War: Walter Reed and Typhoid Fever, 1897-1911*. It may be viewed at <http://www.med.virginia.edu/hs-library/historical/typhoid/>.

Two physical exhibits are mounted in three exhibit cases in the University of Virginia Hospital lobby: *The Trail of Invisible Light: Early Accounts of X-Rays and 19th Century: Diagnosis Through Instrumentation*. The exhibits contain artifacts from the Historical Collections with accompanying text.

In addition, staff members are currently adding about 4,000 pages of primary documents to the existing Philip S. Hench Walter Reed Yellow Fever Collection Website, <http://yellowfever.lib.virginia.edu>, which already contains 5,500 original documents. The new additions are not only from the Hench Collection and others owned by the Health Sciences Library, but also represent complementary Walter Reed and yellow fever materials found in other repositories. The supplementary materials, like the initial documents, will be digitized, identified, described, transcribed, and marked up using XML. The expanded version will be available to the public in December of 2003. All exhibits were created by Historical Collections and Services Staff.

In progress at the Bernard Becker Medical Library at Washington University are two projects. Paul Anderson, Chief Archivist, and Philip Skroska, Manager of the Visual Collections, are participating in the planning of Washington University's sesquicentennial exhibit to open later this year. A special digitization project, financed by a grant from the State of Missouri, will include documents representing the involvement of Washington University faculty in the two 20th-century world wars.

Inspired by the College of Physician's Benjamin Rush Medicinal Herb Garden in full bloom, the Historical Library has cultivated its own display of medicinal flora. *Identifying Medicinal Plants in the Old and New World* showcases the College's extensive treasure trove of herbals from the late medieval period to the beginning of American Botany. Beautiful in their simplicity and delightfully hand-colored, *Gart der Gesundheit* (Augsburg, 1493), *Herbarius* (Louvain, 1486), and *Hortus Sanitatus* (Mainz, 1491) represent the incunable period. The works of Otto Brunfels and Leonhart Fuchs usher in the modern botanical period, with emphasis on artistic accuracy. Rempert Dodoens and William Turner mark the rise of the national vernacular herbarium in Belgium and England, respectively. Lastly, Native American remedies and the colorful drawings of the father of American botany, William P. C. Barton, and his contemporary John Bartram complete the exhibit curated by Laura Guelle.

Gilt By Association, the exhibit mounted by Jack Eckert at the Countway Library of Medicine as one of the special events during the meeting of the Archivists and Librarians in the History of the Health Sciences and the American Association for the History of Medicine meetings held in Boston May 1-4, is now available for viewing on the Rare Books and Special Collections page of the Countway Website, www.countway.harvard.edu. Full description of the exhibit was published in the Spring edition of *The Watermark*.

The Hardin Library for the Health Sciences at the University of Iowa announces that the only known set of medical illustrations by noted Italian artist and architect Pietro de Cortona is now on its Website, <http://www.uiowa.edu%7Eournews/2003/may/images/050103cortona-exhibit-lorez.jpg>.

Cortona, who would later find fame as a leading Italian Baroque artist, was unknown around 1618 when he drew the illustrations, which were lost soon after completion and not rediscovered until after his death in 1669. Owing to Cortona's fame, his illustrations were collected in the book, *Tabulae Anatomicae*, and published in 1741, more than 120 years after they were drawn.

In the illustrations, the corpses are drawn in elaborate poses while pulling off their own skin or lifting up their rib cages to reveal the organs beneath, or holding their

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own internal organs in their hands. Anatomical details are shown in brooches or mirrors that the corpses hold. Each illustration also shows a village landscape in the background, as if the models are posing in the public square of a small Italian town.

The National Museum of Health and Medicine will receive more than \$300,000 from the National Science Foundation over the next three years to continue to acquire mammalian brain collections and make them accessible to the public on the Internet and by CD-ROM. The funds will be used to transfer to the museum the remainder of the Johnson Collection at Michigan State University and the Welker Collections at the University of Wisconsin at Madison not already located at the museum, and to create text and images of specimens in those collections and the museum's Yakovlev-Haleem Collection. For more information, please visit the Museum's Website at www.natmedmuse.afip.org.

Learning

The College of Physicians' Section on Medical History and the Wood Institute for the History of Medicine inaugurated an experimental workshop series for health professionals interested in improving their skills as historians early this spring. The first session included presentations on historical sources and how to use them by Edward Morman and Charles Greifenstein of the College Library and Gretchen Worden of the Mutter Museum. Participants were asked to read in advance two selected published articles written by physicians with no advanced degree in history, and all discussed what they found as positive or negative features of the articles. Students chose mentors from among the College staff and

several more experienced physicians-historians, and are now involved in research using primary sources available at the College and elsewhere. It is hoped that the products of this work will be suitable for presentation and publication.

Formal instruction on methods of using special collections will be presented by Lila Vekerdy to the students in the Ferring Scholarship Program this summer at Washington University.

Call for Papers

The Southern Association for the History of Medicine and Science (SAHMS) announces a call for papers for its sixth annual meeting to be held February 27-28, 2004 in Augusta, Georgia. Hosts for the meeting will be the Medical College of Georgia School of Medicine, Augusta State University and the Center for the Study of Georgia History. The meeting will be held at Augusta State University, within walking distance of the Partridge Inn (conference hotel) located in the Summerville Historic District. The conference fee will include a dinner on Friday evening in a private home in the historic district, a tour of the Morris Museum of Southern Art, continental breakfasts and lunches.

Papers on the history of medicine and science, broadly defined to include historical, literary, anthropological, philosophical, and sociological approaches to the history of health care and science are welcome. The meeting does not focus solely on Southern history of medicine and science, but is international in scope. Those interested are asked to submit a one-page abstract along with a one-page resume with phone/fax and e-mail addresses by September 15, 2003 to Arlene W. Keeling, Ph.D., RN, Chair, 2004 Program Committee, SAHMS, McLeod Hall, The University of Virginia School of Nursing, Charlottesville, VA 22908 or e-mail at awk2z@virginia.edu. For additional information about the meeting, please contact Jonathon Erlen at erlen+@pitt.edu.

Good Listening

The C. F. Reynolds Medical History Society announces two lectures for the fall:

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David Courtwright, Ph.D., Professor, Department of History, University of North Florida, speaking on *Forces of Habit: Why We Make War on Some Drugs But Not on Others?*

November 6

Ninth Annual Sylvan E. Stool History of Medicine Lecture

Walton Schalick, III, M.D., Ph.D., Assistant Professor, Department of Pediatrics, Washington University School of Medicine, speaking on *On the Shoulders of Giants: The Medieval Origins of 'Professional' Medicine*.

The lectures are held in Scaife Hall, University of Pittsburgh at 6:00 p.m. A dinner precedes the lecture.

The History Special Interest Group of the J. Bay Jacobs, MD, Library for the History of Obstetrics and Gynecology in America sponsored three programs at the ACOG Annual Clinical Meeting in New Orleans April 27-May 1, 2003.

Roy M. Pitkin, M.D., former editor of *Obstetrics and Gynecology*, spoke on obstetric gynecologic research

during the last half of the 20th century at the History Annual Clinical Seminar. He discussed how research evolved, along with certain specific milestones such as the first published randomized clinical trial. He presented a list of research trends, based on the frequency of articles addressing the particular subject, by decade in obstetrics and gynecology. He concluded by identifying twelve articles deemed to have been particularly influential in the subspecialty. The articles were recently republished by the "Green Journal" for distribution at the meeting.

L. Lewis Wall, M.D., enthralled the audience at the History SIG Annual Breakfast with his talk on J. Marion Sims, vesicovaginal fistulas, and the ethics of surgical innovation. Dr. Wall was the recipient of the 2002 ACOG/Ortho History Fellowship and the results of his research will be published in a book later this year.

The Oral History Videotaping Project is a collection of more than forty videotaped interviews with the "movers and shakers" in obstetrics and gynecology and the College. This year Drs. Frederic D. Frigoletto, Jr., and Vicki L. Seltzer, both former Presidents of the College, were interviewed. Due to last minute illness, Warren Pearse, M.D., the former Executive Vice President and the usual interviewer, was unable to attend. The current Executive Vice President Ralph W. Hale, M.D., stepped in to save the day.

The History Office of the National Institutes of Health announces that the Office will host the first NIH History Day on September 22. Special guest lecturer will be Alan Krause who will discuss his book on Dr. Joseph Goldberger.

Lilla Vekerdy spoke on *The Great Wound Surgery of Paracelsus* at the Southern Association for the History of Medicine meeting on February 21, 2003 and on *Gems of Italian Medical History* at the Italian Club of St. Louis.

Paul Anderson, Ph.D., Chief Archivist of the Becker Medical Library, gave an illustrated presentation on Edmund V. Cowdry, a prominent 20th-century cell biologist, at Washington University on May 20.

Prize Announced

The Wood Institute, with the cooperation of the Section on Medical History of the College of Physicians of Philadelphia, has revived the Edward B. Krumbhaar prize

for the best medical history essay written by a medical student in the Philadelphia area. The region includes students at any medical or osteopathic school between the Susquehanna and the Hudson, thus including all of New Jersey and eastern Pennsylvania. Dr. Krumbhaar was a founder of the AAHM and a former President of the College of Physicians. Entries are due early in 2004. Please spread the word to any medical students who qualify geographically and provide this Website for further information: www.collphyphil.org.

Cataloging News

The incunabula cataloging project at the College of Physicians of Philadelphia has surpassed the halfway mark. More than 200 incunabula in the collection have high quality copy-specific records in CPPSource, the Library's online catalog. "High quality" means that the records include transcriptions of "incipits" and colophons, paper size, printing details, known variant settings, citations to standard references, LCSH, and MeSH tracings, as well as copy-specific information such as manuscript annotations and acquisition, binding, and provenance information. When a minimal level record for the copy in hand is found, it is replaced by a full-level record. With the third largest collection of medical incunabula in the country, it is hoped that other libraries will benefit from this endeavor being carried out by Laura Guelle.

"Monuments of Medicine" is a collection of 19th-century works at the Bernard Becker Medical Library at Washington University. Marysue Schaffer is cataloger of this heavily-used collection that now has 5,000 volumes.

Items of Note

Archives and Special Collections at the Augustus C. Long Health Sciences Library at Columbia University announces the addition of the College of Physicians and Surgeons Obituary Database to its Website. The database contains some 5,700 death notices that have appeared in *P & S*, the medical school's alumni magazine, as well as in the *Columbia Alumni Bulletin* (1911-1957). Obituaries dating from 1911 to the present are included, with 1850 being the earliest class represented. Also included are some faculty members, recipients of Columbia's Doctor of Medical Science degree (MSD), Doctor of Philosophy degree (Ph.D), and Certificates in Psychoanalytical Medicine (PSY).

The database was designed by Theresa Collins, Ph.D., Archival Consultant, with the information being entered by Thomas Leiner, Archives Technician. It will be updated quarterly. The Website is <http://cpmnet.columbia.edu/library/archives/archdbs.html>.

Editor's Note: I wish to express my appreciation to Lilli Sentz for her dedicated service as Editor of *The Watermark*. It has been a joy to work with her these past five years.

It is a pleasure to welcome Linda Lohr of Buffalo as the new Editor with this issue.

NEWS FROM HMD

By Philip Teigen

Michael North has been appointed Head, Book Collections in the History of Medicine Division at the National Library of Medicine. Before filling this newly created position, he was a rare book cataloger in HMD for two and a half years. He has also worked at the Grolier Club, the New York Academy of Medicine, and Georgetown University Library. Trained in Latin, Greek, and linguistics, as well as library science, Mr. North has published frequently on the holdings of libraries he has worked in. His *French Book Sale Catalogues in the Grolier Club Library, 1643-1830* will be published shortly.

Six new finding aids now appear on the History of Medicine Division website, all pertaining to oral history collections: Edward Shorter's *The Health Century* (OH 136); Stephen Strickland's project on NIH extramural programs (OH 137); National Institute of Mental Health (OH 144); Primary care (OH 146); Study of the Sick Conference (OH 148); and Wyndham Miles NIH Oral History Collection (OH 149). The HMD website address is www.nlm.nih.gov/hmd/hmd.html.

Recent Public Lectures at NLM:

January 15: Esther M. Sternberg, "Emotions and Disease: From Balance of Humors to Balance of Molecules."

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February 12: Jennifer J. Connor, "George Gould and American Medical Publishing Around 1900."

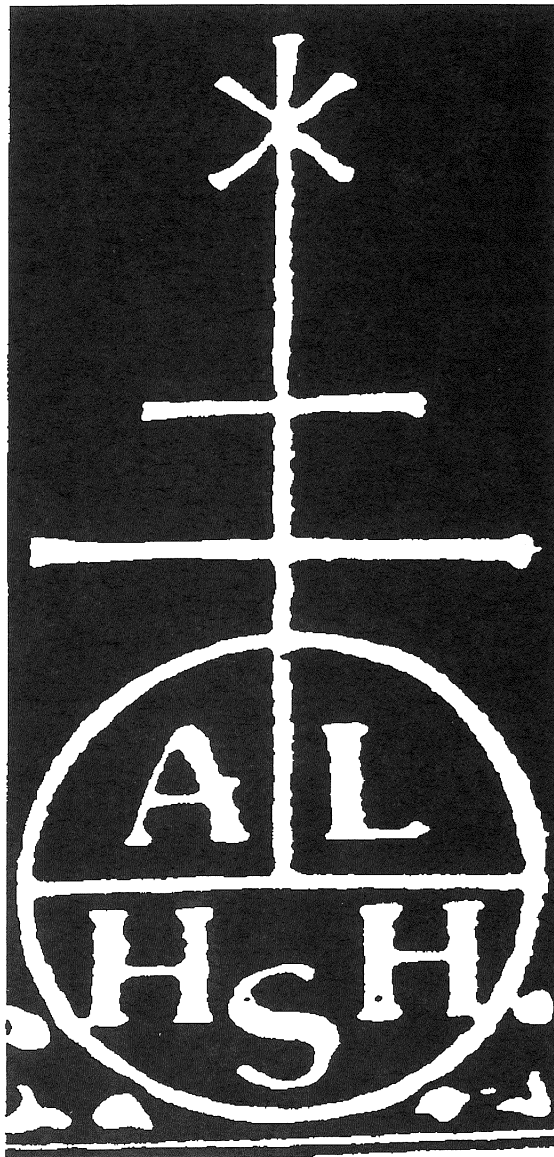
March 12: Victoria Harden, "NIH History in Images."

May 7: David M. Morens, "The 1832 Cholera Epidemic in Paris."

On October 14, 2003, the National Library of Medicine will open a major new exhibit, *Changing the Face of Medicine: Celebrating America's Women Physicians*. There is a preview at www.nlm.nih.gov/hmd/hmd.html

The popular National Library of Medicine exhibit, *Dream Anatomy*, curated by Michael Sappol, closes on July 31, 2003.

More information: pteigen@nih.gov



The Watermark is issued quarterly to the members of Archivists and Librarians in the History of the Health Sciences and is edited by Linda Lohr.

Membership information may be obtained from Micaela Sullivan-Fowler, Historical Collections, W.S. Middleton Health Sciences Library, University of Wisconsin-Madison, 1305 Linden Drive, Madison Wisconsin 53706-1593; (608) 262-2402; FAX (608) 262-4732; E-MAIL micaela@library.wisc.edu

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

Submissions may be sent to: Linda Lohr, History of Medicine Collection, Health Sciences Library, University at Buffalo, B5 Abbott Hall, 3435 Main Street, Buffalo, NY 14214-3002; (716) 829-3900 ext. 136; FAX (716) 829-2211; E-MAIL lalohr@buffalo.edu

Submissions for Ex Libris should be sent to: Lucretia W. McClure, 164 Elmore Road, Rochester, NY 14618-3651; (525)244-8703; E-MAIL lucretiaru@earthlink.com