Surviving the Danger Period:
Collection Development in Medical Special Collections

What makes books “rare” is problematic and endlessly debatable.¹ But we all know one of the main causes of books becoming “scarce.” People throw them away. In library parlance this process is politely called “weeding,” “deaccessioning,” “discarding,” “deselecting,” “withdrawing,” and the like. But to call a spade a spade, it is no more than dumping the books. They are left on carts in library vestibules to be taken for free or sold in grocery bags for 10¢ each, and thus are dispatched to uncertain fates and probably eventual demise. Only if we are lucky are they traded to other repositories or advertised on listservs as “Free to a Good Home.”

I have argued elsewhere that weeding is almost always an offense against civilization.² It may be justified when a library has insufficient shelf space, when editions are duplicated, when a title lies outside the scope of a library’s collection policy, or when a volume is in such terrible condition that it can barely be read and is not worth restoring.³ These all should be unusual circumstances — but they are much too common. Books and other items in library collections are the artifacts of civilization. Librarians are the guardians of civilization. We are not doing our duty! Some of us are no better than fifth columnists for the forces of barbarism, ignorance, and cultural illiteracy.⁴ Even worse are those who make light of the weeding process.⁵ The destruction of historical materials is not a fit subject for jokes.

If the libraries that endure from the eighteenth century had weeded their collections in the nineteenth century with the same degree of zeal with which many libraries today are weeding their collections of twentieth-century books, then these magnificent eighteenth-century collections would no longer exist. Many titles or editions that were perceived in the nineteenth century as relatively valueless are of tremendous importance to scholars today. Similarly, twentieth-century titles or editions, which may have seem to have little value now, may be in great demand in the twenty-second century and beyond. Therefore, because no one, not even librarians, can predict what future readers will want to read or what future researchers will want to consult, libraries are obligated to hold on to all their books, erring — if it is error — on the side of preservation.

The Library Company of Philadelphia is an excellent case in point. Founded by Benjamin Franklin in 1731, one priority in its mission has always been to protect and preserve intact rather than weed its collection. It sought mostly to acquire common rather than “rare” books. It accepted as gifts or bought popular works on American history, geography, travel, culture, and biography. It had the good sense or good luck to acquire American history, geography, travel, culture, and bio-


Libraries are supposed to be storehouses of culture, and special libraries are each supposed to be storehouses of their particular aspects of culture. Medical special collections are supposed to collect, preserve, and protect books, manuscripts, photographs, ephemera, and other items that either already are or eventually will be important to the study of the history of medicine.

There is a “danger period,” which lasts from about twenty to about one hundred years after the publication of a medical book, when its clinical or bioscientific importance has diminished and it has not yet been recognized as having historical research value. During that time it is likely to be thrown away from private collections or weeded from libraries. Thus it becomes scarce. The tragedy is that, all too often, once its historical research value has been recognized, the book is gone.

Just as the value or importance of a public library book is not — or ought not to be — determined by how often it is checked out, but by the intrinsic appeal of its content, so the value or importance of a medical special collection is not — or ought not to be — determined by either the monetary value or the “rare”-ness of its volumes, but by its research value. This is true despite the fact that the medical sector includes some of the most prized volumes in the rare book world.9

Researchers into the history of medicine in a given era typically want to know, among other things, what precisely was the state of medical progress at that time. Sources that these researchers prefer to consult for such


For example, a famous private medical collection was sold in 1998 for almost $19 million. Cf. The Haskell F. Norman Library of Science and Medicine, 3 vols. (New York: Christie’s, 1998).
information include the contemporary medical and bio-scientific textbooks. Tracking specific changes from edition to edition of a medical textbook is an excellent, perhaps the best, way of discovering and classifying historical developments in a particular aspect of medicine. Some of these textbooks exist under the same title for over a hundred years and go into ten, fifteen, twenty or more editions, which makes them gold mines for historians. But if the library keeps only the first, the most recent, and few intervening editions of the textbook, while withdrawing all the rest of the intervening editions, then this important resource for researchers is lost.10

Two hundred years from now, researchers in the history of medical ethics would surely be delighted to find, for example, a clean, complete copy of Bernard Lo’s Resolving Ethical Dilemmas: A Guide for Clinicians, a common paperback textbook, just as researchers in that field nowadays are delighted to find clean copies of common eighteenth-century treatises in medical ethics. Reading between Lo’s lines (as historians must do with any textbook) provides an accurate depiction of the state of American medical ethical issues and emphases today; so, even though it is neither rare nor scarce, any medical school collection would be wise to acquire and safeguard a copy of each of the three editions (so far) of Lo in anticipation of future researchers’ needs.

Research into the evolution of medical terminology is greatly facilitated by being able to consult a complete set of all the editions of a single prominent medical dictionary, such as Stedman’s, Dorland’s, or Dunglison’s (which evolved into Stedman’s).

Despite recent trends toward emphasizing the social history of medicine, the history of medicine remains largely biographical. When I was the Historical Collections Assistant at the College of Philadelphia in the early 1980s, one of the most useful reference tools at our fingertips — and not only for genealogical questions — was the complete set of the American Medical Directory, which the American Medical Association began publishing in 1906. When I arrived at Upstate Medical University in 1987, I was horrified to learn that it had discarded every edition of the AMD prior to the 26th (1973). In my nineteen years there I was only lucky enough to reacquire two of them, the first (1906) and the sixth (1916), both in poor condition but still useable. My patrons and I used them too. They were especially valuable when I was writing my book on the history of Upstate.11

Because of their unique research value for genealogists, fact-checkers, and biographically inclined historians, all medical directories, once they have outlived their usefulness in current reference collections, should be routinely and immediately transferred to special collections, regardless of their condition. Like savings bonds, family photo albums, or fine wines, their merit only appreciates as they age — if they are well cared for.

Several standard bibliographical reference works provide respectable lists of antiquarian and rare medical books. American medical rare book librarians know to acquire titles listed in Austin,12 Cordasco,13 Garrison-
Morton,14 and *Heirs of Hippocrates.*15 But they should be acquiring titles in Doody’s16 and the Brandon/Hill lists17 also, to squirrel away in their vaults to protect them during the danger period so that, two hundred years from now, when a historian wants to see them, they will be available, in good condition, and will not have cost the library any reacquisition money.18 Creative solutions are possible — with a little work.19 Evans and Saponaro say that librarians who do not weed are “lazy,”20 but this is not true. Finding ways to keep books often takes quite a bit more effort, imagination, and sweat than just tossing them.21

Medical special collections should always make acquiring items of local importance a priority. This means that each medical special collections librarian, in order to do the best job possible with such acquisitions, should become an expert on local medical history. This learning is not hard, and it is often fun, or at least it should be fun for anyone in our profession. A good way to start, if your library is part of a medical school, is by getting to know some of the senior faculty at your institution. Most of them are fascinating people with a wealth of stories, leads, and hidden treasures. Regard them also as potential donors.

At my own institution, Upstate Medical University, a savage weeding project occurred in 1954, with many prime titles from the 1897-1901 accession book discarded. Looking at the titles that were then selected for withdrawal, there seems to have been no rhyme...

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16 *Doody’s Core Titles in the Health Sciences,* available only online at <www.doody.com/dct/>. Cf. Karen S. Fischer’s review in the *Journal of the Medical Library Association* 93, 3 (July 2005): 409.

17 Alfred Brandon, Dorothy R. Hill, Henry Stickell, Suzanne J. Crow, and others, mostly at the Gustave L. and Janet W. Levy Library at the Mount Sinai School of Medicine of New York University, created under various titles biennially updated lists of core texts in current medicine for hospital libraries, e.g., “Selected List of Books and Journals for the Small Medical Library,” 1965-2004; “Selected List of Nursing Books and Journals,” 1979-2004; “Selected List of Books and Journals in Allied Health Sciences,” 1984-2004. These were all published in the *Bulletin* [later the *Journal*] of the *Medical Library Association* until they were discontinued with Hill’s retirement in 2004.


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nor reason to the process. Granted, this library was strapped for space in those days, but the scythe-like barbarity of whatever criteria they employed to choose titles for deaccessioning will forever astound me. This 1954 cull was the second internally caused (and completely avoidable) disaster to lessen the research value of Upstate’s collection. The first was a sustained neglect from the early 1870s to the mid-1890s, which gradually eroded both the quantity and the quality of the holdings. The Syracuse University College of Medicine (SUCM), which then owned this library, saw it as not essential to medical education, research, or patient care:

The collection was regarded as a quaint curiosity from a bygone era. The 1875-1876 medical college catalog was the first in Syracuse to mention the library, and described it as comprising “the entire collection of the Geneva School, with some additions made by contribution and purchase. It is especially rich in the medical literature of an earlier day.”

Beginning with the great medical revolutions of the nineteenth century — anesthesia in the 1840s, antisepsis in the 1860s, germ theory in the 1880s, and control of surgical shock in the 1890s — medical professionals and students lost their interest in consulting “old” medical texts for useful information. “The generation of physicians and surgeons who came of age during the Civil War or shortly thereafter had little interest in preserving the records of past medical eras and believed that the typical contents of institutional medical libraries were of little or no clinical importance.”

I have written elsewhere of the two heroes, Frank William Marlow and Elizabeth Latimer Shrimpton, who, riding the crest of the Medical Library Movement in the 1890s that led directly to the founding of the Medical Library Association (MLA) in 1898, rescued the SUCM Library and built it into a collection that would impress Flexner only a decade later. Marlow hired Shrimpton to organize the existing holdings and engineered a 2500-volume purchase in 1897 from George Milbry Gould, the first president of the MLA, and major donations from Stephen Smith in 1905 and the estate of Scott Owen in 1899. Marlow paid only 24¢ for Hugh Lenox Hodge’s plated copy of a first edition (1813) of John Syng Dorsey’s two-volume Elements of Surgery, the first reputable surgical textbook written by an American. A comparable copy — aside from its inestimable research value — would today be worth over $1200 in the rare book market.

Among the projects that I hoped my successor at Upstate would continue was to build a collection of primary materials in twentieth-century medicine. My erstwhile colleagues would ask, “Why are you collecting that book? It’s not rare.” I would reply, “You’re right, it’s not rare. But it’s a classic text in otolaryngology from the personal library of a prominent local otolaryngologist. It will eventually have historical research value. We at Upstate have been strong in otolaryngology, psychiatry, neurosurgery, orthopedics, pathology, and a few other fields. I collect actively and prolifically in all of them, mainly because of the local connections, and without regard to rarity — whatever that is.” They would respond, “OK, so your mission is to create a core collection for the history of medicine in Central New York. Why do that?” I would reply, “Because, like the history of medicine in London, Edinburgh, Paris, Philadelphia, or Boston, the history of medicine in Central New York has major ramifications for the entire history of medicine, nationwide and even worldwide. This fact is not generally known. My job is primarily to document it and secondarily to publicize it. Besides, who am I to second-guess the needs of future historians and other legitimate future users of the collection? I would rather keep something they won’t need than fail to keep something they will need.” Their skepticism grew: “So you keep everything you are given?” “Far from it,” I would say, “but I do have a tendency to keep what many other medical special collections librarians would reject. In fact, I grab their weeded volumes whenever I notice them.”

I regard this special collection,
not as a haven for rare books, but as a haven for books, *simpliciter*, ordinary books that may eventually become rare or scarce or of high research value.”

For librarians to publish good advice on weeding policies and practices is honorable,\(^27\) as long as all such books and articles emphasize that weeding serviceable, in-scope, non-duplicates for space is to be done only as a last resort, and as long as they insist that libraries should offer the weeded volumes to patrons, the public, or other libraries, rather than just packing them off to a landfill.\(^28\) Debating the issue is also healthy.\(^29\) Librarians are anathema who urge other librarians simply to throw away underused titles or who assume uncritically that there is a need for weeding.\(^30\) Even worse is teaching students that throwing books away is reasonable.\(^31\) The very idea of calling books “weeds” should disgust any civilized person!


The bottom line is that when anyone contacted my department with a medical historical reference question, I wanted to be able to answer it. Moreover, I wanted the resources readily available to answer it thoroughly, accurately, and quickly. The weeder among my colleagues, both at my own institution and elsewhere, precluded — and continue to preclude — achieving this goal at the best level possible. Not the best possible level, which is utopian, but the best level possible, which, with a little circumspection, is achievable within the particular facticity of any library.

Librarians cannot foretell future research needs. They have no idea what library users will want to read, consult, or analyze a hundred, or fifty, or ten, or even two years from now. Therefore, they must err on the side of preservation and retention, even at the cost of overflowing shelves and budgets, rather than on the side of discarding. Be true to your profession. Be a “hoarder,” not a “chucker.”\(^32\) Invest in remote storage or compact shelving if you can. Double-shelve if you have to. Stack books on the floor if you have to. Just keep ‘em!

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**Book Review**

Gordon Dammann, D.D.S., and Alfred Jay Bollet, M.D.  

There are moments in history (and military history in particular) where politics and technology collide to create an entirely new stage upon which the fortunes of civilization will be played out. The First World War was one of those moments: The technologies of the machine gun, the submarine, the airplane, and poison gas were all available at the beginning of the war, but the effect of their coordinated use mystified the military staffs of all the combatant nations, leading to the vast casualty lists that still have the power to shock as we approach the centennial of 1914. The war was fought with a complete mismatch of tactics and technology. Vimy Ridge and Passchendaele owe more to Waterloo and even Blenheim than to any appreciation of the “modern” battlefield on the part of the general staffs. In contrast, the Second World War was fought as a virtual continuation of the tactics that ended the First: Hitler’s *Blitzkrieg* of 1939-1940 was Britain’s tactics at Cambrai and Amiens writ large, with bigger and better (and more!) tanks and planes. The great battlefield innovations of the war — jet engines, ballistic missiles, nuclear weapons — were all introduced late in the war and had little tactical effect on its outcome. (This may seem an odd thing to say about the atomic bomb, but it should be remembered that the bomb was available too late for use in the European Theater, and most historians now agree that the war in the Pacific would have ended in 1945 even without the bombing of Hiroshima and Nagasaki or the planned invasion of the Japanese home islands. Of course, this was not at all clear to the military or political planners at the time).

The American Civil War was another of these mismatch moments. It was not just that the introduction of the Minié ball, rifled artillery, or even primitive automatic weapons that confounded tacticians brought up on smoothbore muskets and cannon; it was the utilization of civilian innovations in the name of modern warfare. The Civil War was fought with the telegraph, the steamship, and railroads. It was also the first major conflict extensively recorded by the camera. To be sure, some photographs had been made of the Crimean War, and the clumsy wet-plate technology of the 1860s was ill-suited to any kind of action photography, making all Civil War photographs look, to a greater or lesser degree, artificial or perhaps staged, even when they were not. Long exposures made spontaneity impossible, and the ubiquitous tintypes and *cartes de visite* share a deadened facial expression that varies little whether the portrait is of a young drummer boy of 1861 on his way to Bull Run or a survivor of Petersburg showing the scar of a ghastly wound. In any case, there are thousands of images of the war, mostly unknown at the time they were produced (since there was no practical or inexpensive way of directly publishing a photograph until the introduction of the halftone process in the 1880s), and any guide through them is likely to be a resource of considerable value.

Therefore, I must admit to a certain excitement when I first saw the title of this book. A photographic history of Civil War medicine is certainly a useful addition to the vast literature on the subject, and a single-volume paperback clearly will fill a void.

In the event, this book is both more and less than the title promises. There is a great deal of useful information and many, many images (photographs, paintings, wood engravings, etc.) packed into a relatively slender volume. There is an introductory chapter on the history of photographic processes, and chapters on medical education, hospitals, nursing, diseases, and surgery. The writing style is clear and straightforward, and the illustrations are well chosen to support and amplify the text. It is a book worth keeping handy for quick answers to common questions.

It would be pleasant to recommend this book whole-
heartedly, but, unfortunately, there are several serious flaws that will limit its use. There is documentation provided, but it is inconsistent in style and detail. No one system of documentation was used. (Perhaps the two authors wrote their contributions separately with different style sheets, and no one thought to correlate them?) Many of the notes are vague or incomplete. In the introduction there is a tantalizing quotation attributed to none other than John Shaw Billings himself: “We taught Europe how to build, organize and run hospitals,” but the endnote simply directs the reader to the massive *Medical and Surgical History of the War of the Rebellion* (the Army Medical Department’s official history), with no further details. A search through this set and the exhaustive index provided in the Broadfoot reprint did not reveal the location of the quotation (and to be frank, it does not sound much like Billings discussing his Civil War hospital experience, though he might well have believed it later).

The book is also strangely vague about the actual provenance of the individual images. Some, but very few, are attributed to individual private collectors such as the well-known Civil War scholar Terry Hambrecht, but most have only a sparse caption and no attribution at all. The introduction discusses Dammann’s activities as a long-time collector of Civil War images and memorabilia, and his role in the establishment of the National Museum of Civil War Medicine in Frederick, Maryland (near where the legendary confrontation between Barbara Frietchie and Stonewall Jackson took place), but even a phone call to this museum could not confirm that all the unattributed images are from either Dammann’s or the museum’s collections.

Sadly, there is one more serious shortcoming to report. For a book set on providing an introduction to Civil War medicine in pictures, the quality of the images themselves is often very poor. It is difficult to understand why. Certainly there are conservation issues here. The photo processes of the time, especially the cheaper processes, such as tintype, were incapable of producing stable images, and much deterioration must be expected. I am sure some images were selected because their visual power took precedence over their physical condition. But many of the images are simply blurry in a way that points more to poor modern reproduction standards, not to an inherently flawed original artifact. The pictures of Dr. Mary Edwards Walker (pp. 32-33) are a case in point. I have seen them before in much clearer versions, easily available from other sources.

This is just a matter of poor modern reproduction, and it seriously diminishes the power and usefulness of this book.

Nevertheless, one should not dismiss this book out of hand. There is a great deal of useful information, conveniently collected in one place. It may not be a work of groundbreaking scholarship nor one of breathtaking yet terrible beauty, but it will provide the lay reader with a glimpse (however clouded) of what Civil War medicine looked like. That is, in itself, of great value.

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NLM Online Record Enhancement Project

The History of Medicine Division (HMD) of the National Library of Medicine (NLM) has undertaken a project to upgrade the minimal level catalog records of its early printed books (pre 1801) collection. Initiated in 2001, this project targets initially a vast and intensively used portion of the collection, eighteenth-century monographs. HMD’s ongoing efforts will result in improved and variable access for researchers and library staff and a clearer picture of the library’s hand-press period books represented in NLM’s online catalog, LocatorPlus <locatorplus.gov> or <locatorplusv2.nlm.nih.gov/>.

To researchers in various related fields across the world, HMD’s printed books collection yields a cornucopia of riches, encompassing many subjects in many languages and growing by the year: about 600 incunabula (books printed before 1501); some 57,000 sixteenth to eighteenth-century books; and approximately 300,000 items published between 1801 and 1913. There are monographs, serials, pamphlets, medical school dissertations and catalogs, and hospital, health department, and other government reports. The collection covers every area of the history of medicine and the health sciences in the United States and Europe, and substantial collections of Latin American and Asian publications. As a federal institution, NLM is open to the public, on-site registration first in the main reading room and then in HMD’s reading room being the only requirements for viewing materials in the Bethesda, Maryland, based library <www.nlm.nih.gov/>.

Ensuring the accessibility of its materials is among NLM’s mandates. To that end, as part of the initial phase of this record enhancement project, HMD rare book cataloguers have been systematically working through what will amount to approximately 12,000 eighteenth-century book records (NLM classifications WZ 260 and WZ 270), bringing minimal level records in LocatorPlus up to national rare books cataloguing standards and, when necessary, creating new records in the database for heretofore unrecorded titles or for variants. In addition to recording all the standard bibliographic descriptive entries and access points, cataloguers have been constructing NLM classification call numbers for improved access and reference, establishing and submitting name authority records (NARs) to the Name Authority Cooperative Project (NACO), supplying all applicable Medical Subject Headings (MeSH®) and adding standard reference citations, including Austin, Blake, Wellcome, and the fifth edition of Garrison-Morton. Notations in these records of imperfections, manuscript annotations, evidence of provenance (e.g., inscriptions, bookplates, shelf-marks), and descriptions of contemporary bindings shed a different light on books and open up the collection to, among others, students of early modern book history.

To date, HMD’s record enhancement project has provided marked improvements to over 5000 eighteenth-century monograph records in LocatorPlus, these upgrades facilitating both remote and onsite research and also staff retrieval, processing, and storage of the books. HMD is committed to this long-term project, which it expects to continue well into the future, beyond the completion of the eighteenth-century collection records, as all other segments of the collection of early printed monographs are targeted for eventual record upgrading.

HMD is pleased to present the following summary of work completed over the past several years. Included are examples of cataloguing and of recorded copy specific information. Periodic progress updates on this project and noteworthy finds will be presented in future issues of The Watermark.

ESTC Project (NLM Classifications WZ 260 and WZ 270)

HMD staff recently completed upgrading the records of approximately 2800 eighteenth-century monographs printed in England, Ireland, and Scotland (NLM classification WZ 260). In ongoing collaboration with the ESTC (Eighteenth-Century Short Title Catalogue) project in Riverside, California, HMD staff is ensuring that all HMD pre-1801 holdings are represented and described accurately in the ESTC database <estc.bl.uk>.

An example from the eighteenth-century English collection is Pringle’s Observations. Sir John Pringle (1707-1782), the military physician who recognized hospitals as among the chief causes of sickness and death in the army, first published his landmark Observations on the Diseases of the Army in 1752. HMD’s copy of the third London edition has long found a home in the state of Maryland. On the title page appear two
eighteenth-century inscriptions: William Aikman (1751?-1784) was a bookseller in Annapolis, Maryland, and William Beanes (1749-1828) was a physician in Upper Marlboro, Maryland.

Staff also completed upgrading approximately 725 records representing monographs in HMD’s eighteenth-century Americana collection (NLM classification WZ 270), which also falls into the ESTC category. In this subset of records, cataloguers added entries for all printers, enabling researchers now to limit searches in LocatorPlus to a particular printer of the period (e.g., searching “Franklin, Benjamin” now also yields a list of the eight Franklin imprints in HMD’s eighteenth-century Americana collection). Here is an example from that collection:

Nicolas Culpeper’s *Pharmacopoeia Londinensis, or the London Dispensatory* is the first herbal printed in North America, and the first full-length medical book published in North America. HMD’s copy, complete and bound in its original blind-tooled sprinkled calf binding, contains the following previously unrecorded contemporary inscription on its front free endpaper, now noted and searchable in the LocatorPlus record: “Rhoad Island Currency 8/ 1725 Bought of Frankline the Printer by Rich[ar]d Gill.” [N.B.: “Frankline the
Printer” possibly represents either a young Benjamin Franklin or his brother James, also a printer.]

Eighteenth Century Continental and Asian Imprints (NLM Classification WZ 260)

Approximately 1400 previously minimum level records of eighteenth-century books in the HMD collection have been upgraded. This number represents imprints from the European continent, and Russia, India, and other Asian countries. Initial targets of this aspect of the project have been the records representing Scandinavian, French, Spanish, and Portuguese imprints. Here are several examples from the collection of eighteenth-century continental imprints.

Bound in contemporary mottled calf skin, HMD’s copy
of this 1751 edition of Denis Diderot’s (1713-1784) Lettre sur les sourds et muets has the reset cancel title leaf (sig.*1r). This edition does not appear in the standard Diderot bibliography: David Adams, Bibliographie des œuvres de Denis Diderot 1739-1900 (Ferney-Voltaire: Centre internationale d’étude du XVIIIe siècle, 2000). HMD’s copy also retains the cancellandum title leaf, which should have been removed but is still bound following the cancel title leaf. The following MARC description of this Diderot edition in Locator-Plus provides a detailed analysis of a unique copy not previously recorded:

000 02002cam a2200373 a 450
001 272960
005 20071003152956.0
008 841201s1751 fr fag |||| 001 0 fre
035 _|a 2661910R
040 _|a DNLM |c DNLM |e dcrmb
041 09 |a fre
060 00 |a WZ 260 |b D558Ls 1751
100 1_ |a Diderot, Denis, |d 1713-1784.
245 10 |a Lettre sur les sourds et muets : |b a l’usage de ceux qui entendent & qui parlent ; avec des additions.
260 _|a [Paris? : |b s.n.], |c MDCCLI [1751]
500 _|a Anonymous. By Denis Diderot.
500 _|a Sigs. A2, D4, and L5 are cancels, each signed "*".
500 _|a Pp. 130, 372, and 381 mis-numbered 140, 371, and 380 respectively.
500 _|a Includes index (sig. [superscript chi]X).
500 _|a Not in Adams.
500 _|a NLM copy: cancellandum title leaf survives; sig. E1 not a cancel (cf. Adams LH1 et seq.); sig. [superscript chi]chi1, half-title ("Additions pour servir d’eclaircissements à quelques endroits de la Lettre sur les sourds & muets"), possibly intended to be bound elsewhere (half-title not found in Adams).
500 _|a NLM copy bound in contemporary mottled calfskin. [5 DNLM

Antoine-François Petit, a French physician who also wrote several medical works in the mid-eighteenth century, died in 1794. Two years after his death, his magnificent collection of books, numbering close to 4000 volumes, was put on sale. Petit’s library encompassed a range of subject matter in the arts and sciences, including medical books. A copy of the published sale catalogue is in the HMD collection:
Each of the entries in this heavily annotated copy has the sale price entered in the margin in a contemporary hand. This opening shows the beginning of the Petit library’s history of medicine section.

HMD’s copy (shown below on p. 42) of Joseph de la Charrière’s *Anatomie nouvelle de la tête de l’homme*, an early eighteenth-century treatise on the anatomy of virtually every aspect of the human head, is bound in contemporary vellum over boards. Of especial note is the inscription on the front pastedown of this copy. The signer, Johann Albrecht Bengel (1687-1752), was a German theologian and Biblical scholar who published, among other critical works, an edition of the Greek New Testament in 1734.

Isaac Garrelon’s *Essais physio-pathologiques, sur la nature les qualités et les effets des bains, des boues de Barbotan* is a mid-eighteenth-century treatise on the hot springs at Barbotan. HMD’s copy (shown below on p. 42) is bound in the original mottled calf and has several contemporary manuscript annotations and markings throughout the leaves of the printed text. Note also the indication of provenance on the title page: “Ex Lib. Dni J.B. de Secondat.” Jean Baptiste de Secondat (1716-1796), the French agronomist, was the son of Montesquieu (1689-1755). Secondat’s own treatise on mineral waters, *Observations de physique et d’histoire naturelle sur les eaux minerales de Dax, de Bagneres, & de Barege ...,* was published in Paris five years before Garrelon’s work on Barbotan.

This article presents a snapshot of the work completed on HMD’s ongoing record enhancement project.
HMD’s early printed collection, renowned for its scope and breadth in the field of the history of medicine, is a veritable treasure trove for researchers across the world. Books tell many stories, not only in the printed text and subject matter, but also in the manner of their production and the evidence they contain of their use and ownership. By committing to this project, HMD staff continues to work to shed new and various light on a rich and expansive resource.

E. Dever Powell
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Kornberg Papers Added to Profiles in Science

The National Library of Medicine, in collaboration with the Stanford University Archives, announces the release of an extensive selection from the papers of biochemist Arthur Kornberg (1918-2007), the 1959 Nobel Prize winner for his synthesis of DNA, on the Library’s Profiles in Science Web site <profiles.nlm.nih.gov>. With this addition, the number of prominent researchers, public health officials, and promoters of medical research whose personal and professional records are presented on Profiles has grown to 24.

“Starting in 1950, Arthur Kornberg elucidated the biochemistry of the gene, enzyme by enzyme. He was the first to synthesize DNA *in vitro*, the first to synthesize an infective virus DNA, and he discovered many related enzymes that were essential for the development of recombinant DNA technology,” said NLM Director Donald A.B. Lindberg, M.D.

Born and raised in New York City, Kornberg entered City College of New York in 1933, at fifteen. Though he had no special interest in science, he did well in chemistry and chose to pursue a medical career. He received his M.D. from the University of Rochester in 1941, planning to practice internal medicine. He began his World War II military service as a Coast Guard ship’s doctor. However, his career took an unexpected turn in 1942, after the director of the National Institutes of Health, then desperately seeking new information on jaundice, due to an outbreak of the disease caused by yellow fever vaccine, read a paper Kornberg had written on the subject. Impressed by Kornberg’s careful research, the director reassigned him to a post in the NIH Nutrition Laboratory.

At NIH Kornberg studied vitamin deficiency diseases and became intrigued by the central role of enzymes, the large specialized proteins that catalyze all living processes by assembling or breaking down larger molecules. He established an enzyme research laboratory at NIH and discovered the synthesis pathways for many enzymes essential to cell metabolism. Several years later, he turned his attention to finding the enzymes that assemble various chemical components first into individual nucleotides, then into DNA and RNA.

In 1953, Kornberg accepted a post at Washington University in St. Louis, and continued his work on nucleotide and nucleic acid synthesis. By 1956 he had found and purified the DNA-assembling enzyme, DNA polymerase, and within a year was using it to synthesize DNA from a wide variety of sources.

In 1959 Kornberg became chairman of the new department of biochemistry at the Stanford University School of Medicine. At Stanford, Kornberg and his colleagues continued to identify and delineate the workings of various enzymes involved in DNA replication. In 1967 they synthesized an infective virus DNA, an achievement lauded by the press as the “creation of life in a test tube.” During the next twenty years they found enzymes responsible for DNA repair and rearrangement, and others responsible for the start and elongation of DNA chains. These enzymes, by allowing the manipulation of DNA, helped make possible the development of recombinant DNA technology and the engineering of genes and chromosomes.

In the early 1990s, Kornberg shifted his research focus to inorganic polyphosphate, a cell constituent that had piqued his curiosity decades earlier when he discovered the enzyme that made it. More recently, he joined the ranks of Nobel Prize families, when his eldest son Roger won the 2006 Nobel Prize in Chemistry. Korn-
berg was still working in his lab until a few days before his death on October 26, 2007.

Profiles in Science features correspondence, published articles, lab notebook excerpts, and photographs from the Arthur Kornberg Papers at the Stanford University Archives. Visitors to the Web site can view, for example, lab notebooks detailing DNA synthesis work and letters exchanged between Kornberg and Joshua Lederberg, Francis Crick, Gobind Khorana, and other pioneers in genetics and molecular biology.

Carden tells the story beautifully in her own words: “In 1998 the Art Academy of Cincinnati hosted an exhibit of my work — a roomful of huge, blown-up depictions of the tiny working parts of flowers. Outrageous as they were, the story of how they came to be is a tale of quiet inquiry at another of Cincinnati’s cultural institutions, the Lloyd Library.

“During the preceding winter, when my garden lay under a blanket of snow, I put down my brushes to do some research. For years I’d been drawing and painting botanical matter as still life, landscape, and more recently as the subject of botanical illustration. But I knew little about this last genre. I certainly was not a scientist as the early illustrators had been. They dissected their lilies and orchids; they studied the botany. So what could I learn from the work they left behind? I needed to find out. And that is what drew me to the Lloyd.

“At first I didn’t know whether the library would tolerate an artist working in its midst. But the staff cheerfully brought me book after book from its stacks, offered me white gloves to use while handling their precious antiquities and moved furniture so that I could work.

“In this quiet and friendly space, I leafed through page after page of colorful depictions of the world’s flora. But what fascinated me were the line drawings that accompanied the flamboyant flowers, the tiny ones that defined the flowers’ reproductive parts. Their infinite variety and sensuality amazed me. Using a magnifying glass and chalk, I sketched their intricate shapes, enlarging them many fold until I had enough of them to cover the walls of my studio. And from these studies, I made the eye of a pansy into a six foot sculptural shape on canvas, the throat of an iris into a venus-like statue.

“Since that time, those little drawings from the archives of the Lloyd have continued to be a source of inspiration for my newer work which I am also displaying at the show in the library’s beautiful new gallery space.”

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OLDMEDLINE is Expanding!

Via the OLD MEDLINE project, the National Library of Medicine has been gradually adding citations to the MEDLINE/PubMed database for medical articles that were published prior to the beginning of MEDLINE with 1966 data. Some 55,000+ citations from 1949 were added to PubMed in December 2007. The Web address for OLD MEDLINE (1949-1965) is <www.nlm.nih.gov/databases/databases_oldmedline.html>.

OLDMEDLINE represents journal citations from two printed indexes: Cumulated Index Medicus (CIM) and the Current List of Medical Literature (CLML). Created by NLM, these approximately 1,816,000 citations to articles from international biomedical journals cover the medicine, preclinical sciences, and allied health sciences from 1949 to 1965. OLD MEDLINE records, most of which are included in the MEDLINE database, can be searched via PubMed or the NLM gateway.

NLM began using computerized MEDLARS (Medical Literature Analysis and Retrieval System) in 1964 to produce Index Medicus (IM). In 1971, MEDLARS went online with the introduction of MEDLINE, the interactive searchable database of data from the 1966 IM forward. The 1964-1965 IM, while available in electronic form, were not included in MEDLINE because of format differences. In the mid-1990s, the Deutsches Institut für Medizinische Dokumentation und Information (DIMDI), the International MEDLARS Center in Germany, helped NLM to provide online access to these older citations. DIMDI converted its tapes of original data from the 1964-1965 CIM, then supplied it to NLM to create OLD MEDLINE in 1996. The citations from the 1960-1963 CIM and the 1949-1959 CLML were converted from print copy into machine-readable form.

Enjoy the historical medical goodies you can now find in PubMed!

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Digitization at the National Museum of Health and Medicine

The Otis Historical Archives of the National Museum of Health and Medicine (NMHM) of the Armed Forces Institute of Pathology <www.nmhm.washingtondc.museum/collections/archives/archives.html> has recently digitized several texts of historical significance, including:

*The Medical and Surgical History of the War of the Rebellion*, a six-volume, in-depth study of Civil War wounds and diseases, based on specimens collected from the battlefield.
*A History of the United States Army Medical Museum, 1862-1917*, a formerly unpublished manuscript.
*A Catalogue of Surgeons’ Instruments, Air and Water Beds, Pillows, and Cushions, Bandages, Trusses, Elastic Stockings, Inhalers, Galvanic Apparatus, and Other Appliances Used by the Medical Profession* (1866).
*The Medical Department of the United States Army in the World War*, 15 volumes recording “the permanent written record of the accomplishments of the Medical Department in [World War I].”

NMHM is uploading these and other texts to the Web as rapidly as possible. Some of them may be found online by going to <www.archive.org/> then doing a keyword search in the search box at the upper left of the screen, restricting the search to “American Libraries” in the dropdown “Media Types” menu. For example, the first volume of the World War I medical history is at <www.archive.org/details/WW1ArmyMedDeptHistV1>.

NMHM has been digitizing mostly photographs, working with Information Manufacturing Corporation (IMC) to scan the Medical Illustration Service (MIS) Library, one of NMHM’s largest collections, with 4500 boxes of medical photographs. This library was transferred to the museum in late 2004. It houses millions of photographs from World War II through the 1990s, representing diseases such as smallpox and Asian flu and their effects on humans and animals. Over 191,000 images have already been scanned and are being catalogued and indexed, including the Army Medical Museum collection of pictures of the Spanish-American War, the Museum and Medical Arts Service (MAMAS) photographs taken by museum staff during World War II in Europe and Asia, images from the Atlas of Tropical and Extraordinary Diseases, historical portraits, medical pictures from American involvement in World War I through World War II, the Medical Museum’s nineteenth-century logbooks, Korean War pictures from the Walter Reed Army Institute of Research (WRAIR), Allied Expeditionary Force autopsy photographs, Anita McGee’s pictures of the Russo-Japanese War, Signal Corps medical images (a subset of those held by the National Archives), Vietnam War images (especially of surgery) from the Swan and Hansen collections, and thousands of photographs from the Civil War.

Otis Historical Archives has just begun to digitize a collection of about 8,000 combat casualty cases from the Vietnam War, known as WDMET (Wounds Data Munitions Effectiveness Team), comprised of approximately 200,000 pages of original documents, 120,000 slides, and several filing cabinets of bullets and shrapnel, collected from 1967 to 1969. The project is expected to take somewhat over one year.

NMHM is working on solutions to provide access to these images on the Internet, including a plan to load the museum’s entire catalog for online use. For slightly over a year, NMHM has been uploading selected images on Flickr, which has dramatically increased viewership of the museum’s photographs. Links to these three Flickr sites are <www.flickr.com/photos/99129398@N00>, <www.flickr.com/photos/7438870@N04>, and <www.flickr.com/photos/22719239@N04>.

Also, please visit the unofficial museum blog: <bottledmonsters.blogspot.com>.

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Murder in the National Library of Medicine

The History of Medicine Division (HMD) of the National Library of Medicine (NLM) is pleased to announce a new exhibit, “Most Horrible and Shocking Murders: True Crime Murder Pamphlets in the Collection of the National Library of Medicine,” in the HMD reading room through June 15, 2008.

Ever since the mid-1400s, the public’s appetite for tales of shocking murders — “true crime” — has been one of the most durable facts of the market for printed material. Murder pamphlets were hawked on street corners, in taverns, in coffeehouses, at newsstands, and in bookshops. Typically, a pamphlet claimed to be a true account of a murder, consisting of a narrative, trial transcript, or written confession of the murderer before his or her execution. Sometimes they featured medical commentary. HMD’s displayed pamphlets were printed between 1692 and 1881. Some deal with cases of interest to the emerging field of forensic medicine; others with cases in which doctors were accused of — or were victims of — heinous crimes. Still others have no medical connection whatsoever. Today, murder pamphlets are a rich source for historians and crime novelists, who mine them to study the history of medicine, class, gender, the law, the city, religion, and other topics.

The exhibit was curated by HMD historian Michael Sappol, Ph.D. For further information on the exhibit, please contact Stephen Greenberg <greenbes@mail.nih.gov> or 301-435-4995.

Good Listening

Countway Symposium on Complementary Medicine

The Countway Library Center for the History of Medicine presented a symposium, “Sectarian (to Unorthodox to Alternative to) to Complementary Medicine: What Historical Perspectives Can Tell Modern Medicine,” on March 26, 2008. The speakers were:

Ted Kaptchuk, Associate Professor of Medicine, Osher Center, Harvard Medical School, “From Divination to Evidence-Based Medicine via Unorthodox Medicine and the Countway Library.”

Anne Taylor Kirschmann, Lecturer, Department of History, University of Massachusetts - Dartmouth, “Beyond Therapeutics: Homeopathy, Women, and Social Change.”

Naomi Rogers, Associate Professor of History of Medicine and of Women’s and Gender Studies, Yale University: “Homeopathic Hospitals and the Contingency of Institutional Care.”

John S. Haller, Jr., Vice President for Academic Affairs, Southern Illinois University, Carbondale, “Modern Homeopathy: the Power and Influence of its Laity.”

In conjunction with the event, an exhibit of materials from the rare book and manuscript collections of the Center for the History of Medicine highlighted the history of homeopathy in Boston, botanical medicine, acupuncture, and Chinese medicine.

For more information on events at the Countway Library of Medicine, please visit https://www.countway.harvard.edu/lenya/countway/live/menuNavigation/historicalResources/chmPrograms/eventsList.html.

Tenth Annual Meeting of the Southern Association for the History of Medicine and Science (SAHMS)

The Southern Association for the History of Medicine and Science (SAHMS) celebrated its tenth annual meeting on February 29 and March 1, 2008, at the University of Florida, Gainesville. The program was:
1. “Tireless Devotion and Bravery among Medical Personnel,” Chair: Richard Nollan, University of Tennessee:

“Splendid Cooperation and Almost Perfect Coordination: Physicians, Nurses, the USPHS, and the American Red Cross During the Influenza Epidemic, 1918-1919,” Arlene W. Keeling, University of Virginia.

“A Flawed Investigation of an Unknown Disease: Human Experimentation and the St. Louis Encephalitis Epidemic of 1933,” Eric Jarvis, King’s University College.


2. “Modern, Medieval, and Ancient Understandings and Treatments for Mental Afflictions,” Chair: Michael A. Flannery, University of Alabama at Birmingham:

“Medical Attempts at Mental Health in the Fourteenth-Century Medical Tract: Royal ms. 12B xxv,” Wendy J. Turner, Augusta State University.

“Neuro-Psychiatry in the Hippocratic Cases,” Bruce H. Kraut, University of Florida.

Special talk by C. Craig Tisher, M.D., Dean Emeritus, on the History of Dialysis at the University of Florida College of Medicine, sponsored by the College of Medicine’s Deans Office.

3. “New Research and Contemporary Issues in the History of Medicine,” Chair: Gail Schneider Mitchell, University of Florida:

“New Primary Resources for History of Medicine and Science: The EU Archives at the University of Pittsburgh,” Jonathon Erlen, University of Pittsburgh.

“New Challenges in Dental Education,” Richard W. Rubin, University of Pittsburgh.


4. “Victorian Ideas of Health and Science,” Chair: Charlotte M. Porter, University of Florida:

“William Gull on Diabetes Mellitus: A Victorian Diet for Health,” Elizabeth Lane Furdell, University of North Florida.

“That Which is Above is Like to That Which is Below: The Persistence of the Hermetic Tradition in Medicine and Science,” Michael A. Flannery, University of Alabama at Birmingham.

“Dissecting the Created Life in Anna Seward’s 1804 Biography of Dr. Erasmus Darwin,” Philip K. Wilson, Pennsylvania State College of Medicine.

5. “Race and Privilege in Healthcare,” Chair: Steven Weiss, Augusta State University:


6. Governmental and Public Responses to Health Crises,” Chair: Arlene W. Keeling, University of Virginia:


“Two Surges of Care for Crippled Children: The Framing of Disease Conditions and Influences on Development of Care 1900-1935,” Mary E. Gibson, University of Virginia.

“Yellow Fever in Virginia: The Ben Franklin and the ‘Death Storm’,” Richard Eimas, University of Iowa.

Dinner talk by Mark Barrow, M.D., Ph.D., member of the first graduating class, University of Florida College of Medicine, on early medical practices in Alachua County.

Keynote speech by Vassiliki Betty Smocovitis, Ph.D., Professor of Zoology and History, University of Florida, “Quinine Fever: American Botanists and the Cinchona Missions in Latin America, 1943-1945.”


“Digest This: The Stomach as Philosopher in Nietzsche’s Thought,” Steven Weiss, Augusta State University.

“The National Stomach, c. 1790-1850: Abdominal
Illness in the Early Nineteenth Century,” Ian Miller, University of Sheffield.

8. “Do No Harm,” Chair: Robert R. Nesbit, Medical College of Georgia:


9. “History of the Media’s Favorite Medical Topics: Cancer, Tobacco, and STDs,” Chair: Charles Bender, Magee Women’s Hospital, Pittsburgh:

“Constructing Cervical Cancer,” Lynne Wells Graziano, Georgia Institute of Technology.
“Keeley Tobacco Cure or Chamomile Flowers: Tobacco Cessation in the Eighteenth and Nineteenth Century,” Aukje Kluge, Emory University.
“VD Is for Everybody, or Is It?” Adina Joy Stone, University of Florida.

10. Ancient Medical Concepts That Still May Have Application Today,” Chair: Wendy J. Turner, Augusta State University:

“Drama and Healing, Ancient and Modern,” Karelisa Hartingan, University of Florida.

Additional information on each speaker and talk is available at <www.has.vcu.edu/sts/>.

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Virginia Commonwealth University Lecture Series on Science, Technology, and Society

The Virginia Commonwealth University College of Humanities and Sciences presents the 2007-2008 Science, Technology, and Society (STS) Lecture Series, “Race, Ethnicity, and Medicine.” The Spring 2008 speakers and topics are:

February 29, Charlene Gilbert, Ph.D., Professor of Women and Gender Studies, Professor of Film, and Director, Catharine S. Eberly Center for Women, University of Toledo, on “Colored Bodies: Ethical Considerations in the Case of Henrietta Lacks.”
March 28, Vanessa Northington Gamble, M.D., Ph.D., University Professor of Medical Humanities, George Washington University, on “The Desegregation of Southern Medical Education: Edith Irby Goes to Medical School.”
April 10, Troy Duster, Ph.D., Professor of Sociology, New York University, and Chancellor’s Professor, University of California - Berkeley, on “A Post-Genomic Surprise: The Molecular Reinscription of Race in Clinical Medicine and Forensic Science.”

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“Medicine in Wartime” and Other Talks at the New York Academy of Medicine

The New York Academy of Medicine’s Section on the History of Medicine and Public Health is proud to announce the Spring talks in its 2007-2008 series of public lectures.

War and medicine share an intimate relationship as ancient as humankind itself, and the history of military medicine is a lively meeting-place for scholars from many fields. This year, the NYAM Section on the History of Medicine and Public Health has dedicated four public lectures to the topic of “Medicine in Wartime” — specifically, the interplay among war, medicine and society. This series explores the poisonous ideologies that fester into wars and the development and testing of deadly new weapons; the social and infrastructural stresses and fractures that war brings; and the challenges of helping war’s maimed and damaged soldiers to find peaceful occupations when the fighting is over.

On February 21, 2008, Bertrand Taithe, Professor of Cultural History at the University of Manchester, presented “Medicine in Wartime, Part II: The Giant Hospital: Besieged Paris in the Modern War Era, 1870-1871.” Paris was besieged in 1870 for the first time since the sixteenth century. Two million soldiers and civilians had to survive within the walls of the French capital city. Paris was then one of the main centers of medical learning and its public hospital system was the most comprehensive in France. Soon, however, private hospitals, “ambulances,” and evacuation systems multiplied under the newly established Red Cross. Paris turned into a giant hospital. Taithe related how this mass medicalization took place and what it entailed for the war and for the idea of modern war. The siege of Paris was a key event on the international stage as medical staff from many nations participated for the first time in the humanitarian work of the Red Cross. Using equipment and methods developed during the American Civil War, the American ambulance was of particular importance in Paris during the Franco-Prussian War.

On March 27, 2008, Arleen Marcia Tuchman, Ph.D., Professor of History and Director of the Center for Medicine, Health, and Society at Vanderbilt University, gave the Iago Galdston Lecture, “Diabetes: A Cultural History.” Government sources inform us that Native Americans, African-Americans, and Hispanics/Latinos run the greatest risk of developing type 2 diabetes. But a hundred years ago, however, Jews were thought to be the most likely population to develop this disease. Tuchman’s talk, which is part of a larger study of the interplay among culture, diet, and medicine in the making of today’s diabetes epidemic, explored how and why this shift may have occurred.

Tuchman’s research interests include the cultural history of health and disease, the rise of scientific medicine, and scientific and medical constructions of gender and sexuality. She wrote Science, Medicine, and the State in Germany (1993) and Science Has No Sex: The Life of Marie Zakrzewska, M.D. (2006). Her article, “Situating Gender: Marie E. Zakrzewska and the Place of Science in Women’s Medical Education,” Isis (2004) won the 2006 History of Science Society’s Margaret W. Rossiter Prize for the best article on the history of women in science in the previous three years.

On April 24, 2008, Beth Linker, Assistant Professor of the History and Sociology of Science, University of Pennsylvania, presents “Medicine in Wartime, Part III: Limb Lab: Getting Amputee Soldiers Back to Work in World War I America.”


For more information about NYAM programs in the history of medicine, please visit <www.nyam.org/histmed>, write to <history@nyam.org>, or call 212-822-7310.

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NLM History of Medicine Division Seminars

The History of Medicine Division (HMD) Seminar at the National Library of Medicine on January 7, 2008 was a joint session with the Washington Society for the History of Medicine: “The Birth of a New Profession: Nurse-Midwifery in America,” by Laura E. Ettinger, Ph.D., Associate Professor of History at Clarkson University and author of Nurse-Midwifery: The Birth of a New American Profession (Columbus: Ohio State University Press, 2006) in that publisher’s Women, Gender, and Health Series. She discussed how and why American nurse-midwifery developed in the early twentieth century, as well as the compromises that nurse-midwives had to make from the outset in order to survive. She also explained the extent to which these female professional birth attendants made inroads into a field which had come to be dominated by male physicians, and proposed lessons that current nurse-midwives, and those interested in women’s health and in the health professions, can learn from the past.

On January 31, 2008, Mark Dimunation, Chief, Rare Book and Special Collections Division, Library of Congress, spoke on “Forged in Fire: Reconstructing Thomas Jefferson’s Library.”

The nucleus of the Library of Congress was forged in fire. In 1815 Congress purchased Thomas Jefferson’s personal library, which was then the largest private book collection in North America, to replace the congressional library that was destroyed when the British burned the U.S. Capitol the previous year. When Jefferson’s books arrived in Washington, D.C. by horse-drawn wagons, the Library of Congress found its center and impetus. Reconstructing this landmark collection provides fresh insights into the mind of Jefferson and the world from which he drew his revolutionary ideas.

On February 5, 2008, to celebrate African-American History Month, Samuel Roberts, Assistant Professor of History at Columbia University and of Sociomedical Sciences at the Mailman School of Public Health, spoke on “New Histories for New Politics: Making African-American Health History Matter.” His lecture examined the current state of this field, and suggested new strategies for promoting research and making that research a useful tool for social change.

On March 19, 2008, “Contributions to Bowen Family Systems Theory from the National Institute of Mental Health Research Project, 1954-1959” was the topic of Catherine M. Rakow, M.S.W., A.C.S.W., from the Western Pennsylvania Family Center (WPFC).

Bowen family systems theory is now an established model of the human family and its influence on human behavior. Its concepts, first published in 1966, came from research done at the National Institute of Mental Health from 1954 to 1959. Rakow’s presentation included examples of the observations of research families that later were packaged into the original six concepts of Bowen family systems theory: differentiation of self, nuclear family process, family projection process, multi-generational family process, triangles, and sibling position.

On March 31, 2008, in celebration of Woman’s History Month, Susan Wells, Ph.D., Department of English, Temple University, spoke on “Reading the Written Body: Our Bodies, Ourselves.”
Wellcome Library Workshops

The Wellcome Library in London held a series of free, practical, one-hour workshops in February and March 2008. Details about these workshops can be found at <library.wellcome.ac.uk/node32.html>. Attendees discovered more about using the library’s online catalogues, databases, and full-text digital resources. The brief descriptions of the workshops were:

February 5 and 28, “PubMed and PubMed Central: An Introduction.” Are you looking for the latest findings on diabetes or for historical research on radiology? Take a closer look at PubMed, one of the leading databases for locating research articles in the fields of health, medicine, and dentistry. With over 15 million references back to the 1950s, it is freely available to anyone with access to the Internet, and is linked to PubMed Central, a free archive of life sciences journals.

February 7 and March 18, “Finding References (Using Web of Science and Scopus).” Do you need to find references in the scientific, medical, or social sciences journal literature? Discover how easy it is to search for citations on a particular theme or by a specific author. Stay informed and find the best way to save and develop your searches.

February 12, “The Key to the Medicine Cabinet: Unlocking Resources in Archives and Manuscripts.” Have you ever thought about using archives and manuscripts in your research? We hold the most important history of medicine collection in Britain, and whatever your topic we are likely to hold an unexpected archival gem for you. By the end of the workshop you will know how to browse our Archive and Manuscripts catalogue with confidence, refine your searches, navigate between the Library catalogue and Archive and Manuscripts, and order up materials.

February 14 and March 6, “Finding Full-Text Journals Online.” A guide to finding the full text of online journals in the Wellcome Library and beyond.

February 19 and March 13, “Making the Most of My Library: The Wellcome Library Catalogue and How to Personalize It.” Perplexed by the Library catalogue? Find what you’re really looking for! In this workshop you will learn the most effective way of searching the Wellcome Library catalogue and the best strategies for finding the resources you need. You’ll also discover what you can do with your Library Account, and what it can do for you.

February 21, “Wellcome Images.” Do you need a picture? Find what you need from Wellcome Images: search 160,000 pictures online, covering the history of medicine and the history of human culture from the earliest periods of civilisation to the present day.

February 26, “Free for All: History of Medicine on the Web.” Where can you access over 600,000 free full-text journal articles? What online resource includes access to over 3600 digitized medical resources? What is the WWW-Virtual Library for the History of Medicine? Find the best places to start if you are looking for reliable, accessible history of medicine resources on the Internet.

March 4, “Hunt the Ancestor: Resources for (Medical) Family History.” Was someone in your family a doctor, nurse, or patient? Find out about the wealth of resources available to the family historian.

March 11, “Finding Early Printed Books: Full-Text Resources Online.” Did you know that you can view digitized images of many rare historic books? The Wellcome Library subscribes to two rich sources of digitized books: ECCO (Eighteenth Century Collections Online) and EEBO (Early English Books Online). Learn how to search and browse these databases, and find out about other sources.

Spring Seminars at Cambridge

The Department of History and Philosophy of Science at the University of Cambridge announces its History of Medicine Seminars for the Lent Term 2008:

“Early Medicine and Natural Philosophy,” organized by Lauren Kassell, Rob Ralley, and Laurence Totelin:

January 15, Cathy McClive (Durham University), “Negotiating Masculinity: Hermaphrodites and Sexual Difference in Early Modern France.”

February 5, Natacha Massar (Free University of Brussels), “Serving Men, Serving Gods: Doctors and Musicians in the Ancient Greek World.”

February 26, Sasha Handley (University of Manchester), “Thomas Willis and the Pathology of Sleep Disorders.”
“History of Modern Medicine and Biology,” organized by Ayesha Nathoo and Vanessa Heggie:

February 12, Sarah Hodges (University of Warwick), “Biotrash: Medical Garbage in India.”

“From Generation to Reproduction,” organized by Jim Secord, funded by the Wellcome Enhancement Award in the History of Medicine, a forum for discussing how, since 1500, the world of reproductive practices and controversy was created:

January 29, Lynn M. Morgan (Department of Sociology and Anthropology, Mount Holyoke College), “Embryo Genesis: How a Handful of Scientists Produced an American Origin Story.”
February 19, William MacLehose (Wellcome Trust Centre for the History of Medicine), “Reproduction and Religion: Paediatrics and Devotion to the Christ Child in the Central Middle Ages.”

Special seminar: January 28, Lynn M. Morgan (Department of Sociology and Anthropology, Mount Holyoke College), “The Embryography of Alice B. Toklas.”

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Miscellanea

Quiz Question

Where was the world’s first medical library?

A. China  E. Greece  
B. Babylonia  F. France  
C. Egypt  G. The United States  
D. England  H. Italy

(Answer below on page 55.)

O’Malley Fellowships at UCLA

The David Geffen School of Medicine at UCLA and the Louise M. Darling Biomedical Library Department of History and Special Collections announce the availability of the 2008-2009 Charles Donald O’Malley Short-Term Research Fellowships for Research in the History of Medicine and Allied Fields. These fellowships further investigation into the history of medical thought, healing practice, and art from the earliest times to the recent past. Two fellowships will be awarded, each carrying up to $1500 to defray travel and residence costs for research conducted at UCLA special collections libraries between July 1, 2008, and June 30, 2009.

The award commemorates the Charles D. O’Malley, Ph.D. (1907-1970), the Vesalian scholar and first full-time chair of the Department of Medical History at UCLA. O’Malley pioneered the study of the history of medicine at UCLA and facilitated its growth.

American citizens, or permanent residents with a legal right to work in the United States, who are engaged in graduate level, postdoctoral, or independent research are eligible to apply. The fellowships are available to graduate students and independent scholars primarily interested in using the special collections of the Biomedical Library. Other special collections on the UCLA campus also may be used, including the William Andrews Memorial Clark Library, the Charles E. Young Research Library Department of Special Collections, and the University Archives.
For this year, applications must be received on or before May 15, 2008, and must include a cover letter; a curriculum vitae; an outline of research and special collections to be used (two pages maximum); a brief budget for travel, living, and research expenses; the dates to be spent in residence; and two letters of recommendation from faculty or other scholars familiar with the research project. A committee will evaluate the research proposals. Applicants will be notified of the selection committee’s decision by letter or e-mail by June 15, 2008. Mail applications to:

O’Malley Short-Term Research Fellowships
c/o Katharine E.S. Donahue
History and Special Collections
Louise M. Darling Biomedical Library, UCLA
12-077 Center for the Health Sciences, Box 951798
Los Angeles, CA 90095-1798

Questions about the fellowships may be directed to Katharine E.S. Donahue by e-mail at <kdonahue@library.ucla.edu>, phone at 310-825-6940, or fax at 310-825-0465. A flyer is at <www.library.ucla.edu/libraries/biomed/his/omalleyfellowship2008.pdf>.

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**Preservation Help from the National Endowment for the Humanities and the Northeast Document Conservation Center**

The National Endowment for the Humanities (NEH) Division of Preservation and Access offers Preservation Assistance Grants (PAGs) for 2008. PAGs for Smaller Institutions (PAGSIs) help small and mid-sized institutions, such as libraries, museums, historical societies, archival repositories, town and county records offices, and colleges to improve their abilities to preserve and care for their humanities collections. A focus of this program is to promote preservation planning and training within the country’s smaller institutions. PAGSIs support preserving materials in collections-holding organizations, preservation-related collection assessments; digitization training and consultations; general preservation and conservation surveys conducted by preservation professionals; attendance at preservation workshops and training programs, including training in best practices for digitizing collections; consultations with preservation professionals to develop plans to address specific preservation problems, including digital preservation issues; and institutional and collaborative disaster and emergency planning. They cover consultant fees, workshop registration fees, related travel and per diem expenses, and the costs of purchasing and shipping preservation supplies and equipment. In 2008, the maximum award amount has been increased to $6000 on a non-matching basis and projects may include a wider variety of education and training activities.

The 2008 PAGSI guidelines are available at <www.neh.gov/grants/guidelines/pag.html>. You will also find sample project descriptions, sample narratives, and a list of frequently asked questions. The deadline for receipt of applications is May 15, 2008. Small and mid-sized institutions that have never received an NEH grant are especially encouraged to apply. Last year 50 per cent of proposals in this category were funded. Don’t miss this opportunity!

The Northeast Document Conservation Center (NEDCC) <www.nedcc.org/> can help.

NEDCC is the premier center for consultation and training on preservation and digitization of paper-based collections and photographs. NEDCC staff is available to support you in planning your grant applications and in carrying the work out. NEDCC conducts general preservation surveys and digital preservation surveys; offers on-site consultations regarding specific collections or concerns; and gives preservation and digitization workshops and conferences throughout the year. Visit <www.nedcc.org/> for a calendar of upcoming workshops and conferences.

If you are interested in working with NEDCC to develop a proposal, please call the Center at 978-470-1010 or e-mail Angelina Altobellis <aaltobellis@nedcc.org>.

NEDCC takes particular interest in the Save America’s Treasures grants program. These grants are available for preservation and/or conservation work on nationally significant intellectual and cultural artifacts and nationally significant historic structures and sites. Grants are administered by the National Park Service (NPS) in partnership with the National Endowment for the Humanities (NEH), the National Endowment for the Arts (NEA), and the Institute of Museum and Library Services (IMLS). Eligible collections include documents, photographs, books, and works of art on paper, but must be of national significance. See the guidelines at <www.nps.gov/history/hps/treasures/>. Award levels are $25,000 to $700,000 on a 1:1 matching basis.
NEDCC urges you to take advantage of this opportunity to preserve these important collections. NEDCC can generate estimates and help with descriptions of conditions of your collections. To discuss a grant project, please contact Walter Newman at <waltern@nedcc.org> or 978-470-1010. Also, please discuss your project ideas with the staff of one of the partner agencies:

NEH: <www.neh.gov>, phone 202-606-8475, e-mail <rcanevali@neh.gov>.
NEA: <www.arts.gov>, phone 202-682-5457, e-mail <mclaughm@arts.gov>.
IMLS: <www.imls.gov>, phone 202-606-4641, e-mail <sshwartzman@imls.gov>.

The Save America’s Treasures grants deadline is May 20, 2008.

Grant application and guidelines are available at the NEH Web site: <www.neh.gov/>. Applicants will be asked to describe in detail the nature and significance of their collections. Call NEH at 202-606-8570 to discuss your projects and to receive helpful tips for writing successful applications. All applications must be submitted through <grants.gov>, the federal government grant Web site. Paper applications will not be accepted. Be sure to register early with <grants.gov>. The registration process can take up to three weeks. Further, all applications to the NEH must be submitted using new Acrobat forms. This requires the use of Adobe Acrobat Reader 8.1.1 or 8.1.2. See the application guidelines for details.

For more information, please contact the staff of the NEH Division of Preservation and Access at 202-606-8570 or <preservation@neh.gov> or go to <www.neh.gov/grants/grantsgov/about.html>.

A Few Words from the Editor

For an editor to publish his/her own major article in the publication she/he edits is indeed tacky. So why did I do it in this issue? In a nutshell, because the problem is important. A discussion of the weeding question goes to the heart of what we do.

I have been on the anti-weeding soapbox for over thirty years, ever since I first discovered that a title I wanted to use for my scholarly work was once, but no longer, owned by my school’s library. I will probably never climb down from this soapbox, but now that I am at the end of my career as a librarian, in the restoration of my career as a philosopher, and at the beginning of my career as a publisher, my bully pulpit for this issue is collapsing. Gotta strike now!

Answer to Quiz Question: F. France: The Library of Hôtel Dieu in Paris dates from the thirteenth century. Partisans of the medieval medical school in Salerno, Italy, might challenge Hôtel Dieu’s right to first place.

Although libraries as early as the second millennium B.C.E. contained medical literature, libraries set apart to collect only medical literature are a relatively modern development. Until the nineteenth century individual physicians owned most of world’s significant medical book collections. These collections, as gifts, formed the core of the world’s great medical libraries founded from the late eighteenth to the early twentieth centuries.

The oldest medical library in the United States is in Philadelphia, the Library of the Pennsylvania Hospital, whose founding in 1762 was negotiated by Benjamin Franklin with donations from two of his friends, British physicians John Fothergill and John Coakley Lettsom.
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