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Newsletter of the Archivists and Librarians in the History of the Health Sciences

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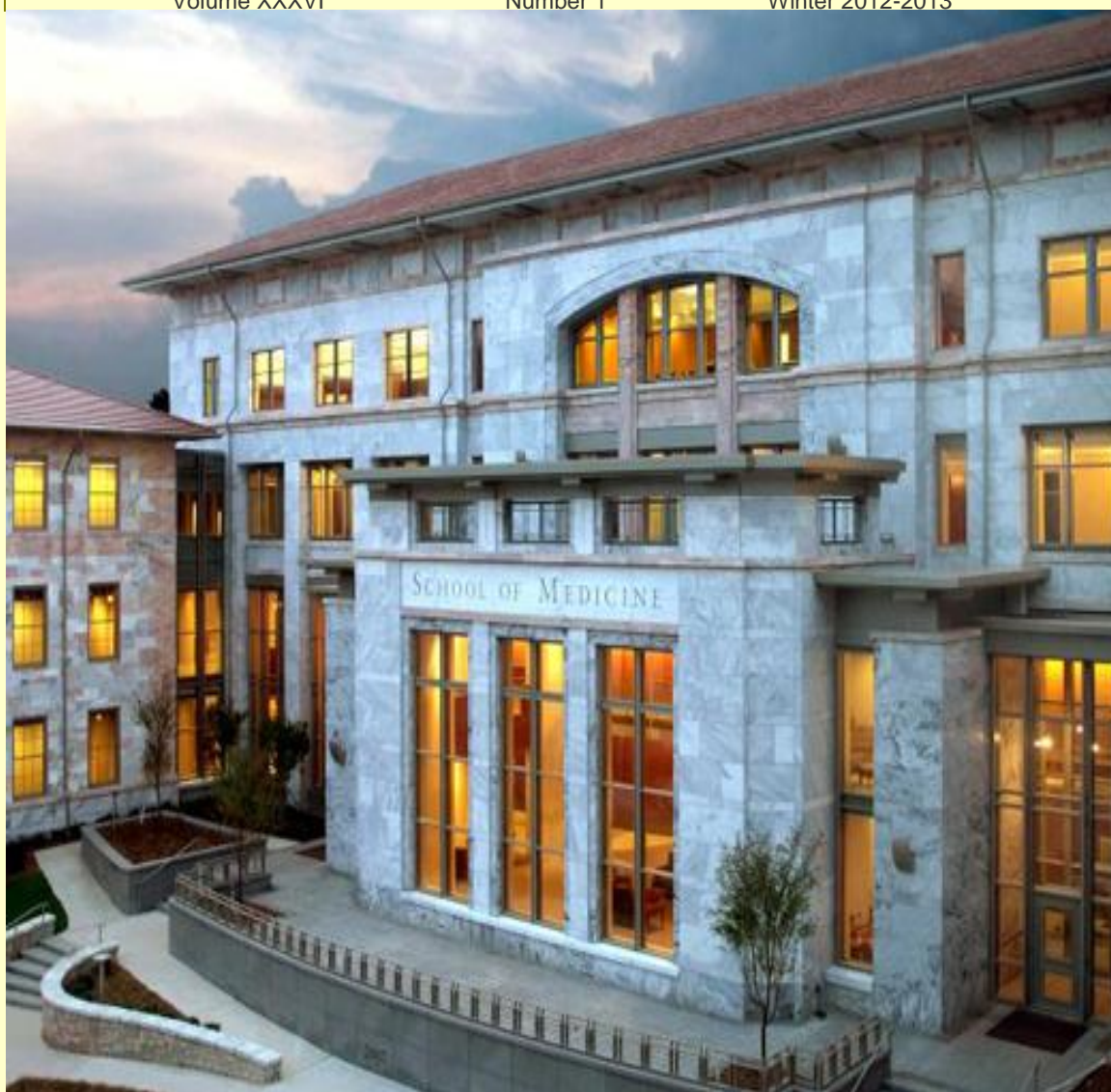


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Submissions for the Watermark:

The Watermark encourages submissions of news and stories about events, collections, catalogues, people, awards, grants, publications, and anything else of professional interest to the members of ALHHS. Please submit your contributions in a timely way to Stephen Novak, as e-mail attachments. Visuals should be submitted as jpegs with a resolution of 100 dpi if possible. Copyright clearance for content and visuals are the responsibility of the author.

EDITOR'S MESSAGE

While you're reading this issue in frigid mid-winter (unless, of course, you work in southern Florida or LA), it's not too soon to start thinking about the ALHHS annual meeting held this year in Atlanta, May 15-16th. You'll find details about the program, the hotel, and our host city inside. I urge you to attend what is always a stimulating and enjoyable gathering.

Besides our usual reports from the History of Medicine Division at the NLM and the Wellcome Library in London, I'm particularly pleased that we have two new writers, Stephanie L. Bricking and Emily Novak Gustainis, giving us accounts of important archival processing projects at the University of Cincinnati and Harvard University, respectively. The issues they raise of privacy v. accessibility, the importance of documenting workflow, and the importance of outreach can benefit anyone working with manuscript collections. We're sure you'll find them interesting.

Have you opened a collection, mounted an exhibit, published a book, or completed some other project? Consider sharing your experiences with your fellow ALHHS members by writing an article for *The Watermark*. So many of us work in one-person shops that we have no one to bounce ideas off or even to toot our own horn to. *The Watermark* can serve that purpose if you let it. Feel free to contact me with article ideas if you have questions.

Best wishes,

Stephen E. Novak, Head
Archives & Special Collections
A C Long Health Sciences Library
Columbia University Medical Center

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FROM THE PRESIDENT

I am particularly excited about this issue of *The Watermark* because it contains detailed information about the upcoming Annual Meeting in Atlanta this May 15th and 16th. This programme was shaped by your direct input about the issues you wanted to learn about. As a result, there will be a panel discussion on promoting history in a scientific environment. No doubt this is a critical issue for many of us in this time of shrinking budgets and greater pressure to be visible and prove our worth to our parent institutions. This will be a chance to learn valuable lessons from your colleagues. Another important topic identified by you was the effective use of the web, so there will also be a presentation about using crowdsourcing and mobile technologies for special collections. As well, you will be given a chance to present updates about the fascinating work you are doing at your shops.

I also want to highlight the visits to the Center for Disease Control. I always enjoy our site visits to an archive, library or museum. I have vivid memories of these not only because it's always fun to see new history of medicine locales, but also because I find them great learning opportunities. Sometimes a simple observation or answer to a question can help one make improvements back home. Finally, there is the camaraderie of the annual meetings. It is always great to catch up with old and new friends. My father-in-law, an emeritus professor in experimental psychology, once told me that what went on in the halls of conferences was more important than the presentations. Although not willing to go quite that far myself, I think that the social aspect of our meeting has tremendous professional benefits as well. Besides, the meeting's fun!

One other thing. I want to take a few minutes during our business meeting to discuss possible new activities for the organisation. I think that we should be able to come up with at least one new initiative that could be of great service to us. One possibility which I feel strongly about is the idea of setting up a programme to mentor newer professionals, which could be a great service to new professionals and those who work in small operations who perhaps don't have colleagues to talk to on site. I am sure there

are many other potential ones. Please feel free to post ideas on the listserv or bring them up at the meeting.

I must thank Michael North of the Program Committee, Local Arrangements Coordinators Rachel Ingold and Brooke Fox and Arlene Shaner for all their hard work in putting this meeting together. Without you, there'd be no meeting.

See you in Atlanta!

Chris Lyons, Head Librarian

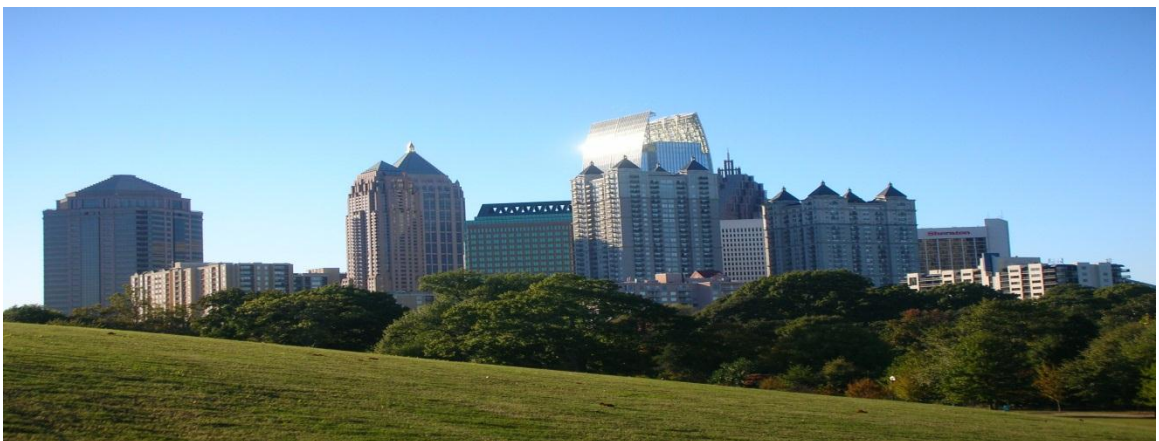
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THE ALHHS ANNUAL MEETING, MAY 15-16, ATLANTA



ALHHS Annual Meeting: Atlanta, Georgia, May 15-16, 2013

I've got Georgia on my mind...

Planning for the 2013 annual meeting is in full swing and it's shaping up to be an exciting program. Hope to see y'all in Hotlanta!!

Before I give you the 411 on the 404 (Atlanta area code), I would like to recognize Rachel Ingold at Duke University for serving as the original Local Arrangements Chair.

She recently welcomed her first child into the world and asked me to step in as the LAC chair. Due to her great efforts, most of the details were in place by the time I came aboard. So many, many thanks to Rachel for her time and effort! She really deserves all of the credit!

Be on the lookout! Registration forms and additional conference information (such as meeting room numbers) will be sent out via the ALHHS listserv and posted on the website as soon as AAHM's registration page is up.

Conference Venue and Hotel

This year's annual meeting and associated events will take place on the campus of [Emory University](#). A block of rooms have been reserved at the Emory Conference Center Hotel. It is only 15 miles from Hartsfield International Airport and 6 miles from downtown Atlanta. Reservation information, including room rates, will be available on the [AAHM website](#) in a few weeks.

[Emory Conference Center Hotel](#)

1615 Clifton Rd, Atlanta, GA 30329, 404-712-6000

Steering Committee Meeting

The Steering Committee will meet Wednesday, May 15th, in the Claudia Nance Rollins Public Health Building on the campus of Emory University. The meeting begins at 4:00 PM.

Wednesday Dinner

Wednesday evening, May 15th, ALHHS and Medical Museum Association members will meet at 7:00 PM for dinner in [Le Giverny Bistro](#) at the Emory Inn. Located in the Emory Conference Center, it is a short elevator ride away.

Thursday Meeting

The meeting starts bright and early Thursday morning, May 16th! We will meet at the Claudia Nance Rollins Public Health Building on the campus of Emory University starting at 8:30 AM to enjoy a light continental breakfast. The Rollins Building is 0.2 miles (or a 5 minute walk according to Google Maps) from the hotel.

Tours

Optional tours of the [David J. Sencer Centers for Disease Control and Prevention Museum](#) are scheduled for Wednesday at 3:00 PM and Thursday at 3:45 PM. The museum is conveniently located across the road from the conference center and hotel.

Space is limited (40 person maximum per tour). Advance registration is required.

Special notes:

For security reasons, the CDC requires in advance the names of all individuals planning to attend a tour.

To gain admittance, you must bring a valid government issued ID (driver's license) or a passport (international visitors).

About Emory

Located in the Atlanta suburb of Druid Hills, Emory is internationally recognized for its outstanding undergraduate and graduate colleges and schools as well as being one of the nation's leading research universities. Its [breakthrough research](#) programs have garnered \$518.6 million in total research funding awards; \$481.7 million in health sciences research funding awards; and \$349 million in federal research funding awards, led by the National Institutes of Health with \$299 million. A leader in HIV research, Emory scientists have created such lifesaving therapies as Emtriva (emtricitabine) and 3TC (lamivudine). One of the leading vaccine candidates against HIV was developed at the [Emory Vaccine Center](#) and the [Yerkes National Primate Research Center](#). Emory University offers healthcare related degrees through the [School of Medicine](#), the [Nell Hodgson Woodruff School of Nursing](#), and the [Rollins School of Public Health](#)

Atlanta in May is gorgeous! Temperatures typically range anywhere from 58 and 79 degrees but average 69 degrees Fahrenheit. Several inches of precipitation may be expected. Check the local forecast before packing!

I look forward to seeing you in Atlanta this Spring!

Brooke Fox, Local Arrangements Chair

University Archivist, Medical University of South Carolina

Alternate Hotel Options

Emory Inn

1641 Clifton Rd, Atlanta, GA 30329

A 107-room inn adjacent to the Emory Conference Center Hotel. Features include express grab and go breakfast with coffee, orange juice and a breakfast bread. Government rates start at \$115 and corporate rates at \$129. For reservations call 404-712-6000.

Holiday Inn Express Atlanta-Emory University Area

2183 North Decatur Rd, Decatur, GA 30333

Reservations: 877-865-6578

1.6 miles to the Emory Conference Center

1.3 miles to the Rollins School of Public Health

Courtyard by Marriot Atlanta Decatur Downtown/Emory

130 Clairemont Ave, Decatur, GA 30030

Reservations: 404-371-0204

2.3 miles to the Emory Conference Center

2.0 miles to the Rollins School of Public Health

La Quinta Inn Atlanta Midtown/Buckhead

2535 Chantilly Dr, NE, Atlanta, GA 30324

Reservations: 1-404-321-0999

2.2 miles to the Emory Conference Center

1.9 miles to the Rollins School of Public Health

Hotel Transportation

The Emory Conference Center Hotel provides a free shuttle service within a mile radius of the hotel so if you do not wish to walk to the Rollins Public Health Building, you may use this service. Contact the hotel for availability.

Airport Shuttle

Airport Transportation is available from Atlanta Superior Shuttle. Please visit the [Atlanta Superior Shuttle](#) website for rate information and reservations. Shuttle service from Airport departs from [Ground Transportation Center](#).

Public Transportation

MARTA serves the Emory Conference Center Hotel. From Hartsfield International Airport take MARTA to the Lindbergh Station. From Lindbergh take the #6 bus directly to the hotel. Visit [MARTA](#).

Emory [Cliff Busses](#) serve the University Monday through Friday from 5:30 AM until 7 PM. This transportation is complimentary.

Things to Do / Area Guides:

<http://www.emoryconferencecenter.com/things-to-do/index.cfm>

Emory Conference Center amenities:**Restaurants & Dining**

The Emory Conference Center Hotel Atlanta and Emory Inn offers three restaurants, and two bar areas for an appealing range of cuisines and venues for your special event dining experience: (1) The Dining Room, (2) The Club Room, and (3) Le Giverny Bistro.

Exercise Opportunities

Fitness Center: Available 24 hours a day, an all in one weight training station allows for a full workout. Free weights and cardio equipment also compliment this area, along with indoor pool and whirlpool to finish off the workout.

Hiking & Biking: A 1.5 mile walking trail known as Hahn Woods is located just behind the conference center and offers a spectacular view of the natural surroundings. Lullwater Park, the grounds to the Emory University President's home, is another setting that is not to be missed, and it's just a few steps from the Conference Center. Walking trails surround the lake and wind amongst the shade trees.

Area Restaurants

Special Note: The Emory Conference Center is located in an isolated area on the outer edge of campus. There are no bars or restaurants along this part of the campus; transportation is needed to partake of area restaurants.

Floataway Café

1123 Zonolite Rd, Atlanta, GA 30306

404-892-1414

The menu features fresh seasonal cuisine created with country French, Mediterranean and Italian influences. Changing daily, the menu reflects seasonal influences and the finest local ingredients.

Kitsch'n 155

1788 Clairmont Rd

Decatur, GA 30033

678-973-0606

Real food made from scratch every day. Classic items include: daily blue-plate specials, fresh vegetables, all natural burgers, fresh cut fries, big salads, hand-dipped shakes, malts & floats and the coldest bottled sodas around.

Saba

Emory Village, 1451 Oxford Rd

404-377-7786

Homemade pastas, creative and delicious salads, and delectable sandwiches made with fresh-baked cibatta bread.

Petite Auberge

2935 North Druid Hills Rd NE, Atlanta, GA 30329

404-634-6268

Fine French cuisine and Continental classics.

Thaicoon & Sushi Bar

1799 Briarcliff Rd NE, Atlanta, GA 30306

404-817-9805

Japanese and Thai cuisine

A Few Area Attractions

Manuscript, Archives, & Rare Book Library (MARBL)

Located on the 10th floor of the Robert W. Woodruff Library on Emory's main campus.

The Michael C. Carlos Museum

571 S Kilgo Cr, Emory University, Atlanta, GA 30322
404-727-4282

Founded in 1919, the Carlos is Atlanta's oldest art museum. Its permanent collection features awe-inspiring holdings; many prized items, in fact, were discovered by Emory faculty members. Inside a modern interior designed by Michael Graves, you'll find archeological gems from ancient Europe, South America and sub-Saharan Africa. Must-see collections feature Egyptian art and Bronze Age artifacts. The gallery's Greek and Roman art section includes an exceptional portrait of Emperor Tiberius.

David J. Sencer Centers for Disease Control and Prevention Museum

1600 Clifton Rd NE, Atlanta, GA 30333

Atlanta History Center

130 West Paces Ferry Rd, Atlanta, GA 30305
404-814-4000

This center, located on 33 acres wooded and landscaped grounds, offers many opportunities to learn about Georgia's unique history, both indoors and out. On the property is the 1928 Swan House, one of Atlanta's most elegant landmarks, and the Tullie Smith Farm, which survived Sherman's march through the city in 1864. Leave time to explore the museum, which chronicles the development of the area since pioneer times.

World of Coca-Cola

121 Baker St NW, Atlanta, GA 30313
404-676-5151

The new World of Coca-Cola shares the story of the legendary American beverage via state-of-the-art interactive exhibits, a 4-D multi-sensory movie and even a working bottling line. While you learn about the company's development, innovative advertising (now part of international culture) and plans for the future, chance are good you'll work up a thirst. Fortunately, the tasting experience allows visitors to sample some 70 different Coca-Cola products from all over the world.

Martin Luther King, Jr. National Historic Site

450 Auburn Ave NE, Atlanta, GA 30312

404-331-5190

The birth and death of civil rights activist Martin Luther King Jr. resonate at this site. A museum and visitor center detail King's participation in the civil rights struggle and his peaceful yet effective tactics for educating the populace. The headquarters for the King Center for Non-Violent Change is also located here. In addition, guests can view MLK's birthplace (by park ranger guided tours only) and visit Ebenezer Baptist Church where Dr. King preached and which has been transformed into a museum of his life. MARTA: King Memorial

Margaret Mitchell House and Museum

990 Peachtree St NE, Atlanta, GA 30309

404-249-7015

This three-story Tudor Revival mansion was the home of Margaret Mitchell from 1925 to 1932, and it was here that she wrote *Gone With the Wind*, still one of the world's most beloved books. The home is listed on the National Register of Historic Places. See Scarlett's portrait and the famous doorway from Tara.

Herndon House

587 University Pl NW, Between Vine
and Walnut Sts, Atlanta, GA 30314

404-581-9813

Tour this 1910 home to learn more about Alonzo Herndon, who made his way into the history books by becoming the first African American millionaire in Atlanta. A former slave, Herndon founded Atlanta Life Insurance Company in 1905 and went on to encourage and assist thousands of black business people during his lifetime.

Emory's Rollins School of Public Health



ALHHS Annual Meeting Program-at-a-Glance

The Program Committee is pleased to announce the schedule for the ALHHS Annual Meeting, Wednesday-Thursday, May 15-16, 2013, Atlanta, Ga.

Wednesday, May 15

3:00-4:00	Visit to CDC Museum (Group 1)
4:00-6:00	ALHHS Steering Committee
7:00-8:30	Annual Dinner, Le Giverny Bistro, Emory Conference Center Hotel

Thursday, May 16, Claudia Nance Rollins Building, Rollins School of Public Health

8:30 – 9:00	Continental breakfast
9:00 – 9:10	Introduction by ALHHS President Christopher Lyons
9:10 – 10:10	Keynote address on using crowdsourcing and mobile technologies for special collections (Speaker TBA)
10:10-10:30	Break
10:30-11:30	Brief Presentations by ALHHS Members
11:30-1:00	Lunch and Business Meeting
1:00-2:15	Panel Discussion: “Promoting History in a Scientific Environment”
2:15-3:15	Brief Presentations by ALHHS Members
3:15-5:00	Visit to CDC Museum (Group 2)

Michael North

Chair, Program Committee

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FEATURED ARTICLES

A Balancing Act: The Digitization of the Albert B. Sabin Papers

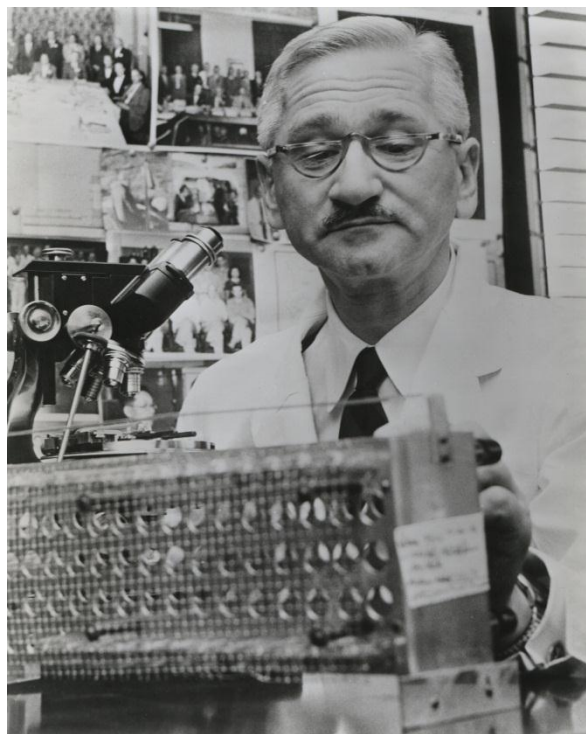
In 2010, the Henry R. Winkler Center for the History of the Health Professions at the University of Cincinnati received a grant from the National Endowment for the Humanities to digitize a significant portion of Albert B. Sabin’s 400 linear feet of papers.

A designated “We the People” project, our goal is to provide access to researchers all over the world by digitizing over 50,000 pages of correspondence, photographs and other supporting documents from the Sabin collection and making them freely and publicly accessible on the web.

Dr. Albert Sabin and His Collection

According to the Centers for Disease Control and Prevention, polio crippled around 35,000 people in the United States each year during the mid-twentieth century.(1) However, many young people today don’t know about this dreaded disease that caused paralysis and sometimes death. Because of the work of Dr. Albert B. Sabin, the developer of the oral poliovirus vaccine, many people are unaware of the devastation caused by this crippling disease. Between 1939 and 1969, much of the research and development of this important vaccine occurred at the Children’s Hospital Research Foundation and the University of Cincinnati in Cincinnati, Ohio. The use of the oral vaccine, along with Dr. Jonas Salk’s inactivated vaccine, has helped to virtually eradicate the disease from the globe. As of right now, polio remains endemic in only three countries – Afghanistan, Nigeria and Pakistan.(2)

After Dr. Sabin passed away in 1993, his papers were donated to the university. His collection contains a wealth of information on not only poliomyelitis, but other diseases that he researched during his career, such as cancer, Japanese B encephalitis, dengue, and sandfly fever. An extensive portion of the papers is devoted to his career in the military and as a military consultant. The donor agreement stated that the university is obligated to display his collection for the benefit of the general public. When the Winkler Center received this NEH grant, it presented the perfect opportunity to display this collection in a way that would fulfill this obligation.



Albert Sabin

With a collection of this size, we wanted to build a digital collection which would present a clear picture of Dr. Sabin and his career to those who might use the materials. To do so, our scanning vendor created basic metadata, which we used to form the Dublin Core metadata records associated with each digital document. We are in the process of enhancing each record by adding more descriptive metadata to each record using LCSH and MeSH controlled access headings.

However, many documents contained personal health information and potentially classified government information. We understood the necessity to protect the privacy of those mentioned in Dr. Sabin's medical research and correspondence, as well as comply with national security classification guidelines. But it was also important to provide our users access to these documents, if at all possible. In order to do so, we had to tackle two different issues.

Working with Classified Documents

Throughout the "Military Service" series of the Sabin collection are documents with the classification stamps "Restricted" "Confidential" and "Secret." Even though these documents were created during World War II and shortly afterward, their age does not indicate that they are no longer classified. Instead, project staff communicated with the National Archives and Records Administration's Information Security Oversight Office (ISOO) to determine if they were still considered classified.

The documents in the Sabin collection can be divided into two categories:

1. Restricted – This classification is no longer in use. Therefore, documents marked "Restricted" are no longer considered classified. We have indicated this in the digitized collection by striking through the classification stamp on the digitized document using Adobe Photoshop CS5.1, as well as adding a note in the metadata (dc.description field) indicating that it is no longer considered classified.
2. Confidential/Secret – For documents labeled either "Confidential" or "Secret," project staff contacted the ISOO, so they could determine if the contents of the documents were still considered classified. To do this, we sent materials to the ISOO by mail or fax (not email), for review. The ISOO determined that these documents, mostly related to epidemiology during World War II, were no longer classified. We have indicated their status the same way as the "Restricted" documents.

Balancing Privacy and Access with Health Information

In order to include documents that contained personal health information, we worked with UC's General Counsel to develop specific policies and procedures for this collection. To provide online access to documents that contained sensitive health information, we needed to conduct what we called a "pre-publication review," wherein we examined documents to "ensure that privacy and confidentiality are maintained, particularly for individuals and groups who have no voice or role in [the] collection's creation, retention or public use."⁽³⁾ Certain series within the digitized collection were selected for review due to the subject matter, particularly if the series contained medical records, research studies, or letters requesting medical advice. We also developed a [redaction policy](#) for the digital collection, which will appear in the metadata (dc.description field) of every digital document that has had health information removed. We have also indicated the specific date the document was redacted in a dc.description.notes field.

The Winkler Center is also maintaining unredacted physical and digital copies of the documents, which researchers can request to view by contacting the Winkler Center. At that time, the Director determines if unredacted copies can be used based on research need and topic.

For the redaction process, Sabin project staff are using identifiers from the Health Insurance Portability and Accountability Act (HIPAA)⁽⁴⁾ as guidelines as to what should be removed from documents that contain personal health information. In the Sabin collection, the identifiers most likely found are:

- Names
- Geographic subdivisions
- Telephone numbers
- Social Security numbers
- Medical record numbers

To remove this information from each document, we used the redaction tool available in Adobe Acrobat X Pro. During our pre-publication review, we redacted personal health information from over 1000 documents.

In order to maintain links between the Sabin collection and previously published research, it has been necessary to keep some personal health information intact in the

digital collection. For example, throughout the collection there are multiple references to the “Mahoney strain” of poliovirus. This virus strain, taken from the Mahoney family in 1941,(5) is referred to throughout literature about the development of poliovirus vaccines. It is important for researchers to see the how the Sabin collection connects to outside research.

The Freely Accessible Digital Collection

Dr. Sabin once said, “A scientist who is also a human being cannot rest while knowledge which might be used to reduce suffering rests on the shelf.”(6) By reviewing documents for classified and private health information and adding detailed metadata to each document, including links between related materials, we have balanced privacy, restrictions, and access in order to make these materials freely accessible for researchers. Through the University of Cincinnati’s [Digital Resource Commons](#), anyone around the world can understand the man behind those words, as well as open new avenues in historical medical research.

For more information about the Sabin digitization project, please read [our blog](#).

Stephanie L. Bricking, MA, MLS

Albert B. Sabin Archivist

Henry R. Winkler Center for the History of the Health Professions

University of Cincinnati Libraries

1. Centers for Disease Control and Prevention, “What is Polio?” accessed December 4, 2012.
<http://www.cdc.gov/polio/about/>

2. The Global Polio Eradication Initiative, “Infected Countries,” accessed December 4, 2012.
<http://www.polioeradication.org/Infectedcountries.aspx>

3. Society of American Archivists, “Code of Ethics for Archivists,” accessed 31 December 2012.
<http://www2.archivists.org/statements/saa-core-values-statement-and-code-of-ethics>

4. See the “Summary of the HIPAA Privacy Rule”
<http://www.hhs.gov/ocr/privacy/hipaa/understanding/summary/privacysummary.pdf> for more information.

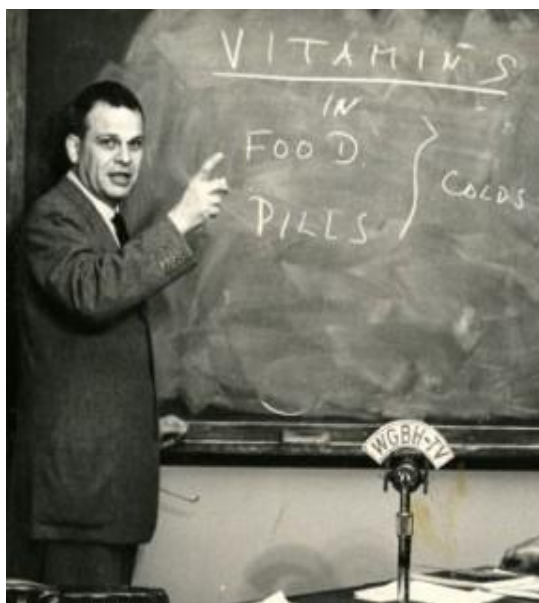
5. David M. Oshinsky, *Polio: An American Story* (New York: Oxford University Press, 2005): 118.

6. Lawrence D. Grouse, “Albert Bruce Sabin” *JAMA: Journal of the American Medical Association* 269, no. 16 (1993): 2140.

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Leaders in Public Health: Collections of Policy Makers and Practitioners at the Center for the History of Medicine, Francis A. Countway Library of Medicine, Harvard Medical School

In mid-2011, the Center for the History of Medicine at Harvard's Countway Library of Medicine successfully concluded its two-year Council on Library and Information Resources (CLIR)-funded project, *Foundations of Public Health Policy* (FPHP). With this funding, the Center opened eleven public health collections to researchers, including those of Leona Baumgartner (New York City's first woman commissioner of public health and a pioneer in public health communications and outreach), Allan Macy Butler (physician, activist, and early advocate for reform in healthcare delivery), Howard Hiatt (Dean of the Harvard School of Public Health, 1972-1984, and catalyst for initiatives relating to access to health care for all in the developed and developing world), and David Rutstein, seen above c.1953, (Chair of the Harvard Medical School Department of Preventive Medicine, 1947-1971, and leader in the measurement of medical outcomes).



This spring, the Center will embark on a second CLIR-funded public health processing project in partnership with the Alan Mason Chesney Medical Archives of Johns Hopkins and the Open Knowledge Commons (OKC): *Private Practices, Public Health: Privacy-Aware Processing to Maximize Access to Health Collections* (PPPH). The PPPH processing initiative seeks to open seven public health collections by Spring 2014, three of which are Center collections embodying the research and professional activities of major public health figures: Stephen Lagakos, known for his AIDS research and studies linking poor water conditions to public health problems; Erich Lindemann, a specialist in social and disaster psychiatry and community mental health who, most notably, worked with grieving individuals who had lost family members in Boston's 1942 Cocoanut Grove nightclub fire and former residents of Boston's West End after half of the area was demolished in the late 1950s to build Government Center; and Arnold Relman, a former

editor of the *New England Journal of Medicine* who has written on the economic, ethical, legal, and social aspects of health care. With this award, the Center is revisiting the work of the FPHP initiative, hoping to apply lessons learned from the previous grant while creating a new research focus with Hopkins on the differences faced by HIPAA-compliant and non-HIPAA covered entities processing health collections.

Examining descriptive practices and documenting workflow

As part of FPHP, the Center agreed to document and evaluate its descriptive practices, explore appropriate-level processing and alternate delivery of descriptive products (box and folder lists grouped by series published by the Center in advance of full finding aids), seek consultation with researchers on processing levels and review of finding aids, revise workflow, and disseminate documentation on improvements so that project workflow, metrics, and evaluation could inform future refinement and implementation of new approaches. To meet these objectives, we created the Metrics Database (MD) in which we recorded collection-by-collection and series-by-series documentation regarding processing decisions (such as levels of processing, preservation approaches, etc.) and implementation (task, processor, and time). This data has allowed us to test improvements in workflow and calculate their impacts. It has also increased the cost-effectiveness of processing by supporting group processing, allowing a division of labor that reserves the highest level work for experienced archivists. Originally a tool for tracking the progress of processing the FPHP collections, the Metrics Database (MD) has been incorporated into the workflow of all Center processing staff, as the benefits of capturing such management data became immediately apparent. Use of MD for collection-level time and labor tracking will be an important part of monitoring PPPH progress. For in-depth information, see [our publicly-accessible wiki](#).

During the two-year project, the Center met and exceeded the objectives it set in its request for funding. Due to the efficiency of the workflow and techniques developed during the project, we were able to process the four collections we proposed and an additional seven collections totaling, for a total of 318 cubic feet of unique resources in the development of public health opened to research. For each of these collections, we have generated a revised MARC record in Harvard's online catalog, HOLLIS (uploaded to OCLC); delivered a folder list in spreadsheet format via our web-accessible digital repository; and published an encoded finding aid in Harvard's web-accessible OASIS finding aids catalog. Links to [finding aids](#) are also available on the Center's website.

Outreach: scholarly engagement, community-building, publicity

With FPHP, the Center committed to building a community of interested individuals, historians, archivists, public health practitioners, and scholars to support the acquisition and use of public health collections and to advise us on description and outreach. We proposed additional activities, including the creation of a website, mailing list, exhibition, and public program on the history of public health.

We took three routes to involving stakeholders in our work. First, we created an active Advisory Committee comprised of senior faculty members. The committee, which met four times during the course of the project, also consulted with us individually regarding communications with the community, acquisitions, and advocating for archives to the administration. The committee has become a permanent advisor to the Center. Second, we added 111 people, organizations, and publications to our contacts management database to increase communications with the public health community. Each contact receives an eNewsletter twice annually as well as special mailings such as invitations to events. News of collection openings and other FPHP news is also sent to the Center's broader contacts database, including researchers and humanities listservs. Third, we recruited fifty-two public health professionals, students, information professionals, and historical researchers to evaluate the spreadsheets we released in advance of finding aids to determine their utility to researchers. The scholarly engagement interviews were helpful in assessing the obstacles More Product, Less Process (MPLP) and other innovations may present to users. These one to two hour consultations included a 'take-home' exercise on using spreadsheets and a subsequent interview. Most researchers thought spreadsheets enabled them to make decisions about whether or not there was something useful to them in the collection, particularly in conjunction with some basic "top level" information made available through HOLLIS. Folder lists without contextual information (such as series and subseries groupings) are not very useful, as folder titles can be "deceptive" on their own, per comments from participants.

At the close of the project in February 2011, an exhibition and celebratory event, *[Dissolving Boundaries: Extending the Reach of Medicine and Public Health](#)*, drew more than 150 participants from across the Harvard-Longwood and regional public health community. This unusual event featured three deans: Allan Brandt, Dean of the graduate school of Arts and Sciences; Julio Frenk, Dean of the Harvard School of Public Health; and Jeffrey Flier, Dean of the Harvard Medical School. The deans discussed the past and future of medicine and public health, touching particularly upon the relations between the fields and the need for collaboration.

Additional outcomes

The greater visibility of the Center and its public health collections among researchers and in the public health community increased both use and acquisitions. In the two years prior to the FPHP project the Center received twenty-one accessions of archival series and two manuscripts collections in public health. During the two years of the project, we received thirty-six accessions of archival series and seven manuscripts collections, doubling the volume acquired. With FPHP, we addressed six of the Center's priority hidden collections and measurably decreased our backlog and paved the way for opening new collections.

We invite you to explore the collections and visit the [FPHP website](#).

Emily R. Novak Gustainis, Collections Services Archivist

Center for the History of Medicine

Francis A. Countway Library of Medicine

Harvard Medical School

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NEWS FROM THE HISTORY OF MEDICINE DIVISION OF THE NATIONAL LIBRARY OF MEDICINE

Joyce Backus Named NLM Associate Director for Library Operations

National Library of Medicine Director Dr. Donald A.B. Lindberg has announced that, effective December 16, 2012, Joyce Backus will become the NLM Associate Director for Library Operations and a member of the Senior Executive Service. NLM is the world's largest medical library and a component of the National Institutes of Health (NIH).

Ms. Backus began her NLM service in 1985, as a member of the 1985-1986 class of Associate Fellows. Since then, she has served in a number of key positions of increasing importance and responsibility, culminating most recently with her appointment as the Deputy Associate Director of Library Operations in June 2011. "With every new challenge, she has demonstrated extraordinary qualities of leadership, analytical ability

and management skill that have contributed immeasurably to the successes of NLM and Library Operations," Dr. Lindberg noted.



Among many other achievements, Ms. Backus was a key player in the development of the Library's primary consumer health Web site, [MedlinePlus](#). She also led the creation and implementation of [MedlinePlus Connect](#), the free service that allows health organizations and health IT providers to link patient portals and electronic health record systems to MedlinePlus. In her past NLM positions, Ms. Backus has represented NLM and NIH in many contexts and in collaborations with other federal agencies, libraries and professional associations.

Joyce Backus holds a Master's of Science degree in library science from Catholic University of America and a Bachelor of Arts degree in sociology and English from Duke University.

National Library of Medicine Partner in Two IMLS Laura Bush 21st Century Librarian Program Grants -- Students will work on Cultural Heritage and Digitization Projects

The Institute of Museum and Library Services has announced that NLM is a partner with two institutions in supporting the hands-on education of library science students in leadership development and in the management and preservation of 21st century cultural heritage institutions.

With the Association of Research Libraries, NLM is a partner in providing a host site for library school students to complete a fellowship that offers exposure to the management and operations of a research library. The fellowship, available to graduate students from traditionally underrepresented ethnic and racial minority groups, supports six-week internships where students are provided hands-on projects, introduction to the issues facing libraries, and extensive mentoring and leadership development, priming them for careers in research libraries. Two fellows will be joining NLM in the summer of 2013.

The partnership with Catholic University of America will support internships for students in its Cultural Heritage Information Management concentration. Students will be educated in the organization, management, and preservation of materials. The

internship at NLM will provide the hands-on education needed to develop skills in selection of materials for preservation; choices in the arena of digitization; and decisions to be made in accessibility and presentation of objects both physically and in the online environment. Students are expected to join NLM for internships beginning summer 2014.

Additional information can be found at the [IMLS site](#).

Finding Aid Consortium Expanded

In December 2012, the Archives and Modern Manuscripts Program added finding aids from 15 additional repositories to its finding aids consortium, bringing the number of manuscript finding aids indexed to over 3600. The new repositories, and the number of finding aids contributed, are:

- American Philosophical Society (80)
- Bellevue Alumnae Center for Nursing History (12)
- Boston Children's Hospital Archives (36)
- Duke Medical Center Archives (147)
- George Washington University (20)
- Rockefeller Archive Center (69)
- Sophia Smith Collection at Smith College (82)
- State Historical Society of Missouri Research Center (22)
- University of Maryland, Baltimore County Center for Biological Sciences Archives (8)
- University of Mississippi Archives and Special Collections (69)
- University of Texas Health Science Center at San Antonio (20)
- University of Texas Medical Branch, Galveston (148)
- Eskind Biomedical Library Vanderbilt University (87)
- DeWitt Wallace Institute for the History of Psychiatry Weill Cornell Medical College (22)
- Wright State University Special Collections and Archives (59)

Through the [consortium website](#), researchers may search finding aids from over 35 repositories, in such diverse formats as EAD, PDF, and HTML.

Bernadine Healy Papers Acquired

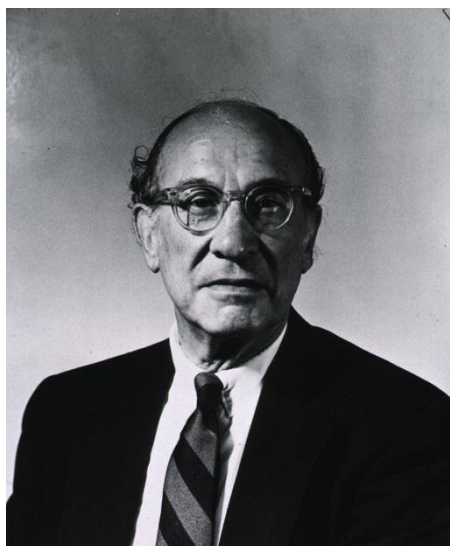
The Modern Manuscripts collection has received the papers of Dr. Bernadine Healy, the first woman Director of the National Institutes of Health, a former president of the American Red Cross, and a prominent commenter on medical and health issues. Dr. Healy passed away in 2011; the papers are a gift from her husband, Dr. Floyd Loop, and comprise over 100 linear feet of materials. The papers are as yet unprocessed.

Guide to Mental Health Motion Pictures

The Historical Audiovisuals program has updated its online [Guide to Mental Health Motion Pictures](#). The guide provides information on over 200 films and video recordings produced from the 1930s through 1970, including links from each title to NLM's catalog record. The films show the diagnosis and treatment of mental disorders as defined at the time they were made. The productions range from ideological, documentary, educational, and training films to military-produced titles explaining the psychological impact of war.

The Guide to Mental Health Motion Pictures joins previous NLM subject guides to films, notably the [Guide to Tropical Disease Motion Pictures and Audiovisuals](#) (2009), and the [National Library of Medicine's Motion Pictures and Videocassettes about the Public Health Service and Its Agencies](#) (1998).

Louis Sokoloff Papers Released



The Modern Manuscripts Program has completed the processing of the papers of Louis Sokoloff (b. 1921), a noted neurochemical researcher at the National Institute of Mental Health (NIMH), a component of the National Institutes of Health. From 1957 until his retirement more than 40 years later, Sokoloff served as Chief of Cerebral Metabolism. In 1981 he won the Albert Lasker Award for Clinical Research for developing methods of measuring metabolic activity that led to development of positron-emission tomography (PET) for the brain. The collection, MS C 591, comprises 93.75 linear feet of materials, with records predominantly from

1953 to 2004. It was donated as a gift from Dr. Sokoloff. In addition to laboratory notebooks and drafts of articles, the collection is particularly noteworthy for the radiographs that Dr. Sokoloff used as part of the development of his imaging techniques. The finding aid to his papers can be found [here](#).

Web Harvesting Health and Medicine Blogs

As a joint effort of its History of Medicine Division, the Technical Services Division and the National Information Center on Health Services Research and Health Care Technology, the National Library of Medicine has launched a Web content collecting initiative. The inaugural collection is "Health and Medicine Blogs," presenting the perspectives of physicians, nurses, hospital administrators and other individuals in health care fields. The collection also includes patients chronicling their experiences with conditions such as cancer, diabetes and arthritis. The site currently contains 12 blogs, including KevinMD.com, "social media's leading physician voice;" Not Running a Hospital, a blog by a former CEO of a large Boston hospital; e-patient Dave, a cancer survivor and leader in the participatory medicine movement; and Wheelchair Kamikaze, who writes about his personal experience living with multiple sclerosis (MS).

The NLM has already been archiving portions of its own Web domain of enduring value. With this new effort, the Library is now collecting Web content that others have created. In launching this initiative, NLM now joins many other national, state and public libraries and archives that have acknowledged the importance of preserving Web content for future generations. [Go](#) here for more information and access to the collection.

George Washington Traveling Banner Exhibit

As head of a household, plantation owner, businessman, Revolutionary War general, and president, George Washington had many different concerns and responsibilities, from running his estate to ensuring the stability of a new nation. Alongside the traditional demands of political life and military leadership, he focused considerable attention on the health and safety of his family, staff, slaves, and troops, including inoculation against smallpox. The National Library of Medicine and George Washington's Mount Vernon have collaborated to produce a new traveling banner exhibition, *"Every necessary care and attention": George Washington and Medicine*, which explores how the first president called upon a growing class of medical experts and new knowledge about the spread and prevention of disease, as well as home remedies and traditional practices, to ensure

well-being on the plantation and on the battlefield. *"Every necessary care and attention"* will be on display at the History of Medicine Division Reading Room, National Library of Medicine, on the NIH campus in Bethesda Maryland, January 30, 2013 to March 1, 2013 and later at host venues throughout the country.

This project features images of items drawn from the collections of the National Library of Medicine and the collections at the Mount Vernon Ladies' Association of Alexandria, VA, the oldest national historic preservation organization in the country. The banner display incorporates the use of QR codes allowing visitors to access transcripts and audio recordings of some key documents. The online exhibition features educational resources for K-12 teachers and students and a higher education module for professors and undergraduates. In addition, the online exhibition showcases a "Digital Gallery," a collection of digitized books, pamphlets, and illustrations about Colonial-era medicine, healing practices, and medical practitioners from the NLM collections.



The traveling banner exhibition is available to host venues that are able to make the show available to the public free of charge. Refer to the website or contact nlmtravelingexhibits@mail.nlm.nih.gov for details.

New Acquisitions

The Library recently acquired a rare anatomical handbook by Johann Guenther von Andernach entitled *Institutionum Anatomicarum Secundum Galeni sententiam ad*

candidatos Medicine Libri Quatuor...ab Andrea Vesalio Bruxellensi, auctiores & emendatiores edditi. [Venice: Melchior Sessa, ca. 1538-1540]. This book is the second edition of Vesalius' extensively revised pocket edition of his teacher's anatomical handbook. Vesalius had assisted Guenther in preparing the first edition which was printed in Basel in 1536. Small pocket manuals such as this were heavily used, especially by medical students, and copies are rare.

Another recent and significant acquisition by the Library was an early treatise on gunshot wounds, the rare second edition of Alfonso Ferri's *De sclopetorum sive archibvsorum vulneribus libri tres* (Lyon, M. Bonhomme, 1553). The first edition was printed at Rome in 1552. The author covers the complications of gunshot wounds such as infection, and compound fractures. Although Ferri believed correctly that imbedded pieces of clothing and armor left in the wound would lead to infection, he mistakenly believed that gunshot wounds were poisonous. Ferri also developed a special instrument for removing bullets called an 'alphonsinum'.

History of Medicine Division Lectures

Please visit the [lecture website](#) for current details.

Tuesday, March 12, 2013

2:00-3:00 ~ NLM Lister Hill Auditorium, Building 38A

"Dr. Sarah Loguen Fraser's Legacy of Social Justice in Medicine"

Sarah Berry, PhD

Hobart & William Smith College

This presentation will address Dr. Fraser's entrance to medicine as the daughter of abolitionists, her career emphasis on providing healthcare for under-served African Americans, Native Americans, and Dominican women and children. It also discusses how the efforts to recover the lives and importance of forgotten female physicians in "Changing the Face of Medicine" can teach students about historical and present intersections among health, medicine, and justice.

Tuesday, April 30, 2013

2:00-3:00 ~ NLM Visitor Center, Building 38A

“An Epidemiology of Information: Data Mining the 1918 Influenza Pandemic”

E. Thomas Ewing, PhD, Virginia Tech

This lecture will describe how a team of researchers is harnessing the power of data mining techniques with the interpretive analytics of the humanities and social sciences to understand how newspapers shaped public opinion and represented authoritative knowledge during the deadly pandemic that struck the United States in 1918. The research methods developed through this project promise new insights into understanding the spread of information and the flow of disease in other societies facing the threat of pandemics.

This lecture will be held in cooperation with the National Endowment for the Humanities, based on [NLM's June 2012 Memorandum of Understanding](#) and ongoing engagement with that agency.

Wednesday, May 29, 2013

2:00-3:00 ~ NLM Lister Hill Auditorium, Building 38A

Stephen Greenberg, MSLS, PhD

Coordinator of Public Services

National Library of Medicine, History of Medicine Division

“Ink and Silver: Medicine, Photography, and the Printed Book, 1845-1880”

Medical photography has long attracted the interest of historians and archivists, with the result that there are many significant collections of material both in public and private hands. However, far too often, individual images have been made to stand alone, removed from their original context, and mysterious to the viewer. This paper will address the use of photography in 19th-century printed medical books, both from technological and aesthetic viewpoints, using the vast photographic resources of NLM to highlight milestones in the history of medical photography, and how they were presented to the viewer.

Wednesday, 10 July 2013

2-3pm, Lister Hill Auditorium, Building 38A

Mary Fissell, PhD,
The Johns Hopkins University

“Aristotle’s Masterpiece: Consumer Health Publishing in Early Modern England”

Aristotle’s Masterpiece was an oft-reprinted, widely-circulated self-help health manual in Tudor-Stuart England, during a period where publishing ANYTHING was rigidly controlled by the Crown and Parliament. This presentation will examine its history and influence, focusing on NLM’s holdings of many variant editions produced over more than a century.

Based on her recent NLM/GS13 grant-funded research, Dr. Fissell’s lecture will mark the 2013 Cassedy Memorial Lecture.

Tuesday, September 3, 2013

2-3pm, Lister Hill Auditorium, Building 38A

Shauna Devine, PhD
Duke University

“The Civil War, The Army Medical Museum, and the Surgeon General’s Library: Medical Practice and the Science of American Medicine”

This lecture will coincide with the publication of Dr. Devine’s new book by Duke University Press, which draws substantially on NLM’s collections and features the early history of our institution.

Jeffrey S. Reznick

Deputy Chief, History of Medicine Division
National Library of Medicine

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NEWS FROM THE WELLCOME LIBRARY

Wellcome Collection is Growing

When Wellcome Collection opened in 2007, we anticipated attracting around 100,000 visits each year. This figure has increased year-on-year to almost half a million this year. In order to cope with unprecedented visitor demand, Wellcome Collection will be transformed over the coming two years. Our spaces will be redefined, bringing new areas into public use, while building on the unique qualities that have made Wellcome Collection and the Wellcome Library such a success.

Opening up the Reading Room

Central to the project, the Wellcome Library's Reading Room will become an innovative public space, bridging the gap between the Library's research community and Wellcome Collection's exhibitions and events programmes and opening our extraordinarily rich collections to new audiences. The Reading Room will be an inviting salon where visitors are free to relax, linger and indulge their curiosity – a blend of the very best curatorial and library practice, in a setting that encourages sociability and the sharing of ideas. This new space will sit at the heart of the building, curated with events and displays of books and objects from the collections, alongside state-of-the-art technology to fully exploit our ambitious digitisation programme.

Enhancing the Research Library

Our Research Library will also be renovated, offering our members an outstanding environment in which to study and work. With an expanded Rare Materials Room, a new Viewing Room, and with improved space configuration – including new desk spaces and areas for group work, private study, and conversation – the Library will be an inviting and stimulating place that will cater to the needs of all our audiences. We will continue to provide a significant proportion of our collections via open access together with greater access to digital resources, and offer better facilities and easier circulation via a new internal lift and staircase. We will continue to offer users a quiet and relaxing working environment in which to enjoy and use our outstanding collections, fostering understanding of the place of human and animal health in all periods and cultures.

Elsewhere in Wellcome Collection

The development will open up 30 per cent more gallery space and double our capacity for public events. A major new thematic gallery will hold in-depth exhibitions over a year-long period, with a mixture of semi-permanent displays and exhibits. There will also be a dedicated youth events studio for 14-to-19-year-olds to engage with and produce work that contributes to the Wellcome Collection programme. An interdisciplinary research Hub will catalyse research and public engagement collaborations between the brightest minds across specialisms, with grants being made available for group residencies. A Spotlight events series will offer a forum for experts from different disciplines to come together and debate key topics and policy issues affecting medicine, science and society. And a new restaurant, in addition to the current café, will significantly increase the catering offer within Wellcome Collection.

Keeping in touch

Major work on the development will begin in summer 2013, with completion scheduled for summer 2014. We will keep Library users informed throughout the project, alerting them to key dates throughout construction. If you are planning on visiting the Library during summer 2013, please contact us and we can keep you updated on projected dates for building work, and access to the various collections.

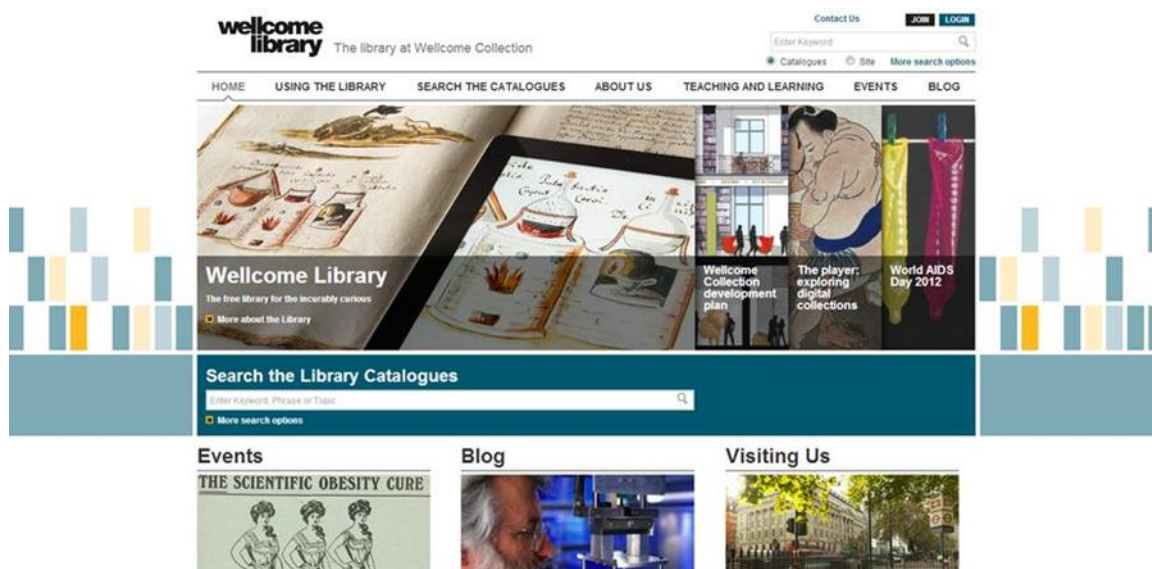
Wellcome Library Website

On Wednesday, 21st November, visitors to the Wellcome Library website noticed that we had made some changes. We've given the whole site an overhaul, with new branding, a streamlined new design and a lot of new functionality. The Library blog will be fully integrated with the site, and we've made the site responsive so that it should display clearly regardless of whether you're looking at it from a desktop PC, a tablet or a phone.

We've also taken the opportunity to cut out a lot of out-of-date content. We're focusing on making it easier to search everything from one place, using the search box that appears on the home page and in the top right hand corner throughout the site. But if you prefer them, you can still use the old library and archive catalogues.

Why the change? Well, over the past two years we've been working on a project to digitise our holdings, starting with some of our key collections relating to the history of genetics. We'll be launching this pilot project, called Foundations of Modern Genetics, in

March 2013. There will be about a million pages of archives and over a thousand books available to view online. We hope this will be the start of an on-going programme that will add about 30 million pages of archives, manuscripts, books and ephemera to our website by 2020.



In order to make it easy to view, read, save and download this material we've built a new player, which displays all of the different content types we've digitised (books, archives, artworks and moving image and sound files). All of this has been done by our in-house team, with the support of three companies: [Clearleft](#), who've led the user experience and design; [Digirati](#), who actually built the site and the player for us; and [Innovative Interfaces Inc.](#), who supply our library management and search systems.

We hope that you like what we've done, and that you find it easy to use (and do tell us if this is the case). And despite all of our best efforts, we are sure that there will be some things that you don't like, or which don't work quite as they should, or which could just be improved a bit: tell us about these too, so that we can keep on improving the site for you.

Author: Dr Simon Chaplin

The Player: A New Way of Viewing Digital Collections

Since 2010, the Wellcome Library has been digitising a significant amount of material related to the history of genetics. As part of this project, we've been working with [Digirati](#),

our software partners, to develop a tool to display all of our digitised content, including cover-to-cover books, archives, works of art, videos and audio. The outcome of this work is a player which can display digital material from the Library's collections. We're delighted with how it has turned out.

How do I find the digitised stuff?

At present there are two ways to open the player: by browsing the website and by searching the catalogues.

Throughout the Library website, you'll see artwork from the Library collections which we've digitised, like the two gentlemen in top hats shown on [this page](#). You can use the caption link to open up the player.

The second way in to the digital content is through a catalogue search. Wherever there is a digitised book, archive or artwork attached, you'll see a 'View Online' button. This will open up that item in the player. If you want to try it out now, do a search for the book [Teach Yourself Genetics](#).

What can I do with the player?

The player responds to the type of item you're viewing. For example, if you've opened a digital book, you'll be able to navigate by a thumbnail image of each page, or you can select a chapter or section of the book, and sometimes even multiple volumes, from the Contents menu.

You can also zoom in on images — this works especially well on paintings, posters and other pieces of art. The full-screen option also lets you see more of the image, book or video. Zooming and full-screen work on touchscreen tablet PCs as well as your standard desktop computer.

And that's not all...

Another key element of the Player is the ability to download items, bookmark images for later and even embed the player on your own website.

Downloads

Wherever possible we have made our digitised content available to download for free.

Depending on what kind of item it is, you have the option to download high-resolution and low-resolution images, parts of zoomed-in images, or PDFs.

Bookmarking

In addition to downloading material, you may wish to add selected images to your bookmarks. You will need to login to do this, so that your images can be stored and you can come back for them at a later time. The first time you login you will be asked to agree to our Terms and Conditions. Once you have accepted these, you can add any item to your bookmarks.

To login either enter your Wellcome Library membership details or login with your Twitter, Facebook, Google or Open ID account.

Embedding

Another option is to embed the player, along with your selected object, on your own website or blog. To embed a digital item, select the 'Embed' option, choose what size (in pixels) you want the Player to appear, and then copy and paste the code into your HTML

We hope this has given you a flavour of what the player can do, but the best thing to do is try for yourself. If you're interested in some of the technical details of our digitisation programme, you can read about it on the [Wellcome Digital Library blog](#). More information about the [digitization programme](#) can also be found on our website.

Author: Robert Kiley

For regular updates on the work of the Wellcome Library, see [our Blog](#) or follow us [on Twitter](#).

Ross MacFarlane

Research Engagement Officer

Wellcome Library

r.macfarlane@wellcome.ac.uk

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MEMBER PROFILES

Name: Tim L. Pennycuff

Member of ALHHS since: 1998

Hometown: Tennessean by birth but an Alabama resident for much of my adult life

Current Employer and Position:
University Archivist & Assistant Professor, Lister Hill Library of the Health Sciences, University of Alabama at Birmingham

Education: BS, Tennessee Technological University; MLS, University of Alabama



Professional interests: UAB and all its components; reference, outreach and promoting our collections; sadly with much experience, the relocation of archival facilities; healthcare issues before and during the Civil Rights movement; football playing physicians – I have spoken several times on collegiate football players who received professional health degrees and were either Alabama natives or later practiced in this state – you might be surprised at the number of physicians, dentists, optometrists, researchers, etc.

Other facts, interests, or hobbies: Travel and exploring different parts of the country; local brew pubs and/or independent breweries; the usual suspects: reading, music and the arts; genealogy when I can find the time; and collegiate football and the Alabama Crimson Tide – ROLL TIDE!!



Name: Micaela Sullivan-Fowler

Member of ALHHS since: 2001

Hometown: Madison, Wisconsin

Current Employer and Position: Curator and History of the Health Sciences Librarian and Head of Marketing & Communications, Ebling Library for the Health Sciences, University of Wisconsin-Madison.

Education: BS, English, Southern Illinois University, Edwardsville, 1975; Master's Degree in Library Science, University of Illinois, 1979; Master's Degree in Public History, Loyola University of Chicago, 1990. Focus on the history of the health sciences.

Professional Interests: Sharing and inclusion! I am the library liaison to UW's Department of Medical History & Bioethics, for whom I work with graduate and undergraduates who produce history papers using primary and secondary resources. Our book, journal and ephemera collections go back to the late 15th century, with the strongest holdings in the 18th-early 20th centuries. I am incorporated in the professor's syllabus; the students have one of their classes at Ebling and I show them how to navigate all of the online databases (and old school...books!) They are then invited to have a one-on-one session with me, in which we fine tune search strategies, find evidence online or in the catalog, and discuss how to use the primary material evidentially within their papers. It's the best part of my job. I also install one or two historical exhibitions a year, the primary one being in conjunction with the UW's Common Book Reading Program, Go Big Read. This year we are reading Lauren Redniss's book, *Radioactive*, and Ebling's exhibition is called *Fallout: The Mixed Blessing of Radiation & the Public Health*. It incorporates material from our collections, as well as the collections of four other libraries on campus. It is perhaps the most ambitious installation to date, especially in terms of wrestling with the public perceptions of a conflation of huge technical ideas and applications connected with x-rays, radiation and radioactivity. I am especially proud of its reception on campus and in the community. Under my marketing hat is responsibility for images, graphics and news on the [Ebling](#)

[homepage](#) and Ebling's other social media outlets. I envision vibrant potential for sharing historical stories, narratives, content and resources through those various avenues.

Other facts, interests or hobbies: I am also responsible for the art galleries at Ebling. Begun in 2004 when we moved into our new building, our first installation was the accomplished artwork from the Guild of Natural Science Illustrators (GNSI). Not only did it start Ebling on a course which included art work, but those artists encouraged *me* to start taking art classes, which I began that same year. In addition to independent artist shows, 2013 will include our 7th Annual Health Sciences Student Art Show! In 2012, I curated the 1st Annual Health Sciences Faculty & Staff Art Show called, "In Our Spare Time," and it included some of my oil paintings and photographs. Perhaps one day I will have my very own show...hey, *I'm* the curator... And in my spare time? My husband, Pete, and I bicycle, snow shoe, garden, visit our children and grandson, and enjoy Madison. And finally, I count the blessing of having one of the most affirming jobs, *ever*.

[Editor's note: the painting shown in the photo, *First Thursday*, is by Micaela]

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REPOSITORY NEWS

Hidden Treasures of the University at Buffalo's South Campus – Walk into History!

On the evening of October 24th, 2012, The Robert L. Brown History of Medicine Collection at the University at Buffalo's Health Sciences Library joined forces with several other special collections from across the University's health sciences campus to host a "walk into history." For the event, members of the University and the general community were invited to visit and learn more about our campus-wide historical repositories and their oft-hidden resources. Open for the event were: The George W. Ferry Dental Museum of the School of Dental Medicine, the School of Pharmacy and Pharmaceutical Sciences' Apothecary and Historical Exhibits, the School of Medicine and Biomedical Sciences' Museum of Neuroanatomy (Brain Museum), and the Health Sciences Library's Museum of Radiology and Medical Physics and the Robert L. Brown History of Medicine Collection. At each site there was a curator available to give tours and/or talk about the collection. Across campus, student guides were available to provide directions and offer additional assistance to visitors. Maps and informational

brochures with a schedule of events were made available online before the event. During the walk, printed copies of all materials were also available at each collection. The evening ended in the library with an informal panel discussion, led by three faculty members from the University's Department of History. Professors James Bono, David Herzberg, and Michael Rembis addressed topics including the importance of the history of medicine in medical humanities, changing trends in the history of psychiatry, and the history of prescription and non-prescription drugs. The speakers engaged the audience in thinking about important aspects of medicine, health care, patients, society, culture, and communication. Light refreshments were served.

The event was a great success, generating much positive feedback from participants and raising the profiles of these remarkable collections. Participating curators reported a steady stream of visitors. Promotion for the event was provided through the University Libraries Communications Committee, the University's News Bureau, email, and direct mail. A reporter from *The Spectrum*, the University's student newspaper, wrote a wonderful article about the entire event which we hope will encourage future use of and visits to each of the participating collections. In all, the Brown Collection looks forward to future collaborations with these repositories, their curators, and with the University's History Department.

Keith Mages, Assistant Librarian

Linda Lohr, Manager

Robert L. Brown History of Medicine Collection

Health Sciences Library

University at Buffalo

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Center for the History of Family Medicine's Fellowship Winners Pay Visit

The joint winners of the 2012 Center for the History of Family Medicine's (CHFM) annual fellowship award recently paid separate visits to the Center to complete research on their respective fellowship projects. The Center for the History of Family Medicine serves as the principal resource center for the collection, conservation, exhibition and study of materials relating to the history of Family Medicine in the United States.

Dr. Rick Flinders of Santa Rosa, California visited CHFM in Leawood, KS, on November 5-8 to conduct research in the Center's collections for his project, entitled "The Santa Rosa Story: A Local Chapter in the Nation's History of Family Medicine." His fellow awardee, Ms. Robin Gotler of Richfield, Minnesota, visited the Center from November 13-15 to research her project, entitled "The Roots of Family Practice Research."

Dr. Flinders is a practicing family physician and serves as the Inpatient Director of the Santa Rosa Family Medicine Residency Program in Santa Rosa and as Chair of the Editorial Board of the Sonoma County Medical Association. Ms. Gotler is the Reflections Editor and Editorial Coordinator of the *Annals of Family Medicine*, a peer-reviewed, multidisciplinary research journal based at Case Western Reserve University.

Dr. Flinders' project is a study of the history and development of the Santa Rosa Residency Program within the larger context of the history and evolution of the specialty itself. According to Dr. Flinders, the study "traces my own route into family medicine, and speaks to the historical and cultural roots that drew many of us into family medicine in the 60s and 70s, and continues to do so into this century."

Robin Gotler's fellowship award funded research on a study, which according to Ms. Gotler, "aims to further our understanding of what shaped the priority given to research as the specialty of family practice was established and in its early years. Examining the history of research in family practice sheds light not only on the specialty's knowledge base but also on a range of issues that continue to challenge the field today."

On his visit to the Center, Dr. Flinders remarked, "I've been in practice and FM leadership for 35 years and never dreamed of the depth and extent of our tradition... It was humbling to sit among many of our forgotten ancestors." Ms. Gotler also affirmed the value of the Center's holding in helping to further her own research, stating, "I can't imagine how I could have done this project without the resources of the Center. The materials have added much depth and subtlety to my research . . . Thank you for this opportunity. It was worthwhile and fun!"

Both Dr. Flinders and Ms. Gotler plan to submit their works for eventual publication within the next 12 to 18 months.

The CHFM presently sponsors one \$1,500 Fellowship in the History of Family Medicine each year. Interested family physicians, other health professionals, historians, scholars, educators, scientists and others are invited to apply for the 2013 Fellowship.

The successful applicant will be awarded a fellowship grant in an amount of up to \$1,500 to support travel, lodging and incidental expenses relating to conducting research on a project of their choosing dealing with any aspect of the history of General Practice, Family Practice or Family Medicine in the United States.

The deadline to apply is 5:00 p.m. central time, Friday, March 29, 2013. All applications will be reviewed in April, with the Fellowship award announced by May 31, 2013.

For complete fellowship rules, application [forms and instructions](#), please go [here](#).

Or, for more information, please contact:

Don Ivey, MPA

Manager

Center for the History of Family Medicine

11400 Tomahawk Creek Parkway

Leawood, KS 66211

Telephone: (800) 274-2237, ext. 4420

Fax: (913) 906-6095

E-mail: chfm@aafp.org

www.aafpfoundation.org/chfm

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Porcher Medicinal Garden: Cultivating Our History – New Online Exhibit at the Waring

The Waring Historical Library at the Medical University of South Carolina is pleased to announce a [new online exhibit](#), *The Porcher Medicinal Garden: Cultivating Our History*. The Porcher Medicinal Garden is a living tribute to MUSC alumnus and professor Dr. Francis Peyre Porcher. The actual garden, located in the heart of MUSC's campus, is planted with more than forty species of plants selected from those cataloged in Dr. Porcher's *Resources of the Southern Fields and Forests* (1863). This online exhibit provides detailed information about Dr. Porcher, his work, and the therapeutic value of

the plants in the garden. Of particular note are the external links to both the *Resources of the Southern Fields and Forests* and the Natural Medicines Comprehensive database, where visitors can learn about nineteenth-century understanding of the plants in the garden or explore twenty-first century knowledge about the same plants. For those who want to explore more about Dr. Porcher and his work, links to the recently digitized F. P. Porcher papers in MEDICA, the Waring's digital library, provide access to over 1,400 individual pages of his manuscript collection, his 1848 Medical College thesis, "A Medico-Botanical Catalogue of the Plants and Ferns of St. John's Berkeley," and his 1849 book, *A Sketch of the Medical Botany of South Carolina*.

For more information about the web exhibit, please contact Susan Hoffius, Curator, Waring Historical Library. Hoffius@musc.edu

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The Waring Historical Library Completes its National Film Preservation Foundation Preservation Grant

The Waring Historical Library at the Medical University of South Carolina is pleased to announce the completion of a National Film Preservation Foundation (NFPF) basic preservation grant that preserved a film of early heart research experiments. Filmed in 1948 by Dr. Robert P. Walton, professor and chairman of the Department of Pharmacology from 1942 to 1971, it depicts an "open chest preparation" conducted using a dog. Two metal rods are shown placed in the heart muscle and measuring both the force of contraction and the heart rate. Three drugs were tested; epinephrine, digitalis and EA-83. All three drugs increased the force of contraction of the heart while epinephrine and EA-83 also increased the heart rate.

During his 29-year career at the Medical College of the State of South Carolina (as it was then known), Dr. Walton coordinated research programs and was among the first faculty to receive federal funding for research. At the time of his death in 1971, Dr. Walton was the principal investigator of one of the oldest continuous research grants of the then National Heart and Lung Institute, National Institutes of Health.

Under the 24-year-old grant, Dr. Walton and his colleagues in the Department of Pharmacology conducted extensive cardiovascular research and developed methods for quantitatively measuring the contractile force of the heart as well as testing the effects of

various drugs on the heart. This research and work lead to improvements in the use of drugs during open-heart surgery.

The NFPF basic preservation grant supported the creation of a film preservation master and two access copies of Contractile Force. The film is now available to the public for on-site research and can be seen widely through online exhibits, DVDs, and the Internet. For more information about this announcement, please contact Ms. Brooke Fox, MUSC University Archivist at 843-792-6477 or foxeb@musc.edu.

Brooke Fox, University Archivist
Medical University of South Carolina

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New Exhibits Highlight MUSC's Contributions to Improving Healthcare – Innovative Healthcare: MUSC's Legacy of Progress & The Charleston Heart Study

The Waring Historical Library is pleased to announce the installation of two new exhibits highlighting the Medical University of South Carolina's extensive contributions toward improving healthcare through basic research and technological advancements.

The online exhibit, [*Innovative Healthcare: MUSC's Legacy of Progress*](#), explores the innovation and innovators of MUSC, beginning in the mid-nineteenth century and stretching into the twenty-first. From the observational experimentation of country physicians, to the almost constant battle for resources in the post-Civil War South, all the way to the rapidly evolving science of the twenty-first century, innovators associated with MUSC have consistently contributed to the field of medicine. Some of these innovations revolutionized the way medicine was practiced. Some created ethical dilemmas that are still being discussed today. Certain innovations were not revolutionary in and of themselves, but led to later important discoveries. All have contributed to the history of American medicine. From its early beginnings as the first medical college in the Deep South, MUSC has continuously strived towards significant advances in the field of medicine. This tradition of innovation is one that shows no signs of slowing.

At the time of the 1960 U.S. Census, Charleston County was one of the largest counties in South Carolina in both population and physical size. The population totaled 216,382 consisting of 70,775 white males, 66,674 white females, 37,284 black males and 41,204

black women. The state also ranked highest in the nation for heart disease related deaths. White men in Charleston had death rates 40% higher than white men in the rest of the United States. The younger white women's death rate was 50-100% higher, and for older black women ages 55-64 the death rate was 70% higher. Black men in the range of 45-54 years had a 40% higher death rate than the national rate.

Curious as to the reasons for this, Dr. Edwin Boyle Jr. initiated the Charleston Heart Study in cooperation with the Charleston County Medical Society, local and state health departments, the South Carolina Heart Association, and the U.S. Public Health Service. Suspecting the influence of racial and socioeconomic differences in the development of heart diseases, Dr. Boyle designed the study to identify risk factors for heart disease in black and white men and women, and to question the belief that white men had a much higher rate of heart disease than black men. A physical exhibit, *The Charleston Heart*


Origins of the Charleston Heart Study

On February 1, 1950, the Charleston Heart Study began under the direction of Dr. Edwin Boyce Jr. It marked the beginning of a forty-year survey of heart disease and atherosclerosis in a hardening of the arteries among Charleston County, South Carolina residents that was known as the Charleston Heart Study (hereafter CHS).

CHARLESTON COUNTY IN 1960

At the time of the 1960 U.S. Census, Charleston County was one of the largest counties in South Carolina in population and physical size. The population totaled 17,632 consisting of 70,775 males, 64,874 white females, 37,266 black males and 41,204 black females.

Based on the census for heart disease related deaths, White men in Charleston had death rates 40% higher than white men in the rest of the state. For black men, the Charleston death rate was 400% higher than the rest of the state. The age-adjusted death rate for black men in Charleston was 55.64 the death rate was 70.46 higher. Black men in the range of 45-54 years had a 40% higher death rate than the national rate.



Edwin Boyce Jr., MD was born in Charleston, South Carolina, on September 27, 1923. Dr. Boyce earned his Bachelor of Science degree from the University of South Carolina in 1945. He received his medical degree from the University of South Carolina in 1950. He completed his medical degree from the Jefferson Medical College in Philadelphia in 1952. Between the years 1947 and 1951, Dr. Boyce was an assistant professor of medicine while completing his residencies at the University of Pennsylvania, Philadelphia General Hospital, Johns Hopkins Hospital, Durham, North Carolina, and the University of Virginia. From 1951 to 1953 he worked as an assistant professor in the Department of Medicine at the National Heart Institute's Section on Metabolism and the National Center for Health. Prior to joining the MUSC, Dr. Boyce worked as an investigator for the American Heart Association.

Dr. Boyce first joined MUSC in 1956 as director of the Lipid Metabolism Laboratory and instructor in medicine. He was promoted to associate professor in 1959 and was later appointed assistant professor of research medicine in 1964. Dr. Boyce became director of research for the Miami Heart Institute, a position he held until returning to MUSC in 1971. Upon joining MUSC, Dr. Boyce was appointed as professor of medicine in the Department of Medicine and directed a research program in atherosclerosis.

His early research centered on the study of cardiovascular disease and the prevention of heart attacks, coronary heart failure, and hypertension. Dr. Boyce was intentionally recruited for developing a method of measuring cholesterol and breaking it down into different types known as lipoproteins. He hopes as a form of therapy for certain types of cholesterol related diseases. He was an expert in the field of lipid metabolism and atherosclerosis, serving his attention to aging and the problems dealing with lifestyle and coronary loss. He maintained a strong interest in the sociological, cultural and psychological as well as the physiological and biochemical aspects of aging.

Dr. Boyce's lifelong commitment was for the establishment of the CHS that began in 1960 in an automobile accident was by the residents of


The Charleston Heart Study

IN SEARCH OF THE CAUSES OF HEART DISEASE


Dr. Edwin Boyce Jr. joined the faculty of the Medical College of South Carolina in 1956 after completing three years studying atherosclerosis at the University of National Heart Institute. Based on his research, he believed that cholesterol was the most cause of atherosclerosis and atherosclerosis followed. That coronary heart disease – mainly heart attacks – was a white man's disease while stroke was the primary disease of black men.

Supporting his findings of race and socioeconomic differences in the development of atherosclerosis, coronary heart disease, hypertension, and related coronary problems, Dr. Boyce began his death rate study. The study's goals were to identify risk factors for heart disease in black and white men and women, and to quantify the racial bias that white men had a much higher rate of heart disease than black men.

The study was a cooperative effort between the Charleston County Medical, Social, and state health departments, the South Carolina Heart Association, and the U.S. Public Health Service.



THE CHS: A REPORT ON THE CHS
South Carolina Heart Association
1960



SOUTH CAROLINA HEART ASSOCIATION
RESEARCH CENTER

HYPOTHESIS


"Atherosclerotic and hypertensive cardiovascular diseases occur in Charleston County South Carolina in certain characteristic patterns related to age, race and sex. The variables. These patterns are further controlled by ethnic, genetic, social and other environmental factors. There are demonstrable statistical relationships between many of these factors and the occurrence of clinically manifest cardiovascular disease."

In other words, researchers believed that race, social and economic conditions played an important part in the development of heart disease.

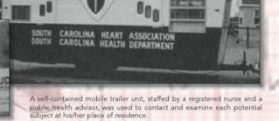
REPRESENTING CHARLESTON: THE STUDY PLAN

The study was a detailed cross-sectional sample of the occurrence of heart disease in Charleston County residents. It was designed to produce a 3,825% sampling of residents 35 years of age and older or 2,500 individuals of all races and gender groups. The study was designed to take part in the study in the 1960-1961 period, 653 white men, 333 black men, 741 white women, and 653 black women. The study was designed to include a representative sample of high socioeconomic status were added to the study early in order to determine if certain variables such as education, occupation affected the outcome of the study.


All participants were physically examined, had their weight, height, and blood pressure measured, had blood drawn for testing, and were interviewed about their smoking habits, educational level and occupation.




CHARLESTON HEART STUDY
Consent Form
I, a white female of 45 years old, residing at 1234 Main Street, Charleston, South Carolina, have been selected for the Charleston Heart Study. I have read and understand the purpose of the study and have given my informed consent to participate in the study. I have signed this form in the presence of the investigator and the physician. I have signed this form in the presence of the investigator and the physician. I have signed this form in the presence of the investigator and the physician.




SOUTH CAROLINA HEART ASSOCIATION
RESEARCH CENTER



MUSC
MEDICAL UNIVERSITY OF SOUTH CAROLINA





CHARLESTON HEART STUDY
Consent Form
I, a white female of 45 years old, residing at 1234 Main Street, Charleston, South Carolina, have been selected for the Charleston Heart Study. I have read and understand the purpose of the study and have given my informed consent to participate in the study. I have signed this form in the presence of the investigator and the physician. I have signed this form in the presence of the investigator and the physician. I have signed this form in the presence of the investigator and the physician.

Using population data from the 1950 census, researchers designed a sampling method to select participants for the Charleston Heart Study. Selected blocks were visited and households prepared according to the location of all dwellings in each block. The block was then subdivided into appropriate sampling grids and one of those sampling grids was selected and sampled for the sample group. Sixty-four blocks were sampled.

INITIAL RESULTS

The first findings of physical examination in 1962, it was found that white men had over twice as many coronary heart disease in black men while the occurrence rates of heart disease in black and white women were identical.

- One half of the black participants had hypertension.
- One fourth of the white participants had hypertension.
- Almost 13% of black participants had stroke or past stroke.
- A fifth of white men, 36% of black men, 40% of the women, and 23% of black and white women had diabetes.
- Average cholesterol for all sampled men and women ranged from 219 to 242 milligrams per deciliter (mg/dl).

Study, provides an overview of the 40+ year study and its impact on the diagnosis and treatment of heart disease as well as highlighting the early researchers and physicians involved in the groundbreaking survey.

The exhibit is on display outside the University Archives, Room 300, 3rd floor of the Colbert Education Center and Library. An online version will be available in early February 2013.

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Dr. W. Curtis Worthington Jr. Celebrates Thirty Years as Director of the Waring Historical Library



From left: Drs. Charles S. Bryan, Thomas G. Basler, Charlie Strange, Ray S. Greenberg, W. Curtis Worthington Jr., and H. Biemann Othersen Jr.

On Wednesday, November 28, 2012, family, friends, and colleagues gathered to celebrate the 30th anniversary of Dr. W. Curtis Worthington Jr.'s appointment as director of the Waring Historical Library at the Medical University of South Carolina. Dr. Worthington became the library's second director, succeeding its namesake Dr. Joseph I. Waring Jr., in November 1982 when the three-member committee which had held oversight since Dr. Waring's death was dissolved. At that point forward Dr. Worthington transitioned to the Waring from his nearly seven-year stint as vice-president for academic affairs.

The dinner was held in Charleston and featured remarks by MUSC President Ray Greenberg, MUSC Library Director Thomas G. Basler, and Columbia, S.C. physician Charles S. Bryan. Dr. Worthington was honored with a "shooting sherry" toast and the presentation of a certificate of appreciation signed by Drs. Greenberg and Basler as well as Waring Library Society president Dr. Charlie Strange.

The evening was a chance for attendees to honor Dr. Worthington, celebrate his work at the Waring Library, and reconnect with friends and colleagues committed to preserving the history of the health sciences in South Carolina.

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US Navy Historical Office's Medical Books Transferred to National Library of Medicine

As part of its move from the historic campus on 23rd Street, NW in Washington, DC, the US Navy's Bureau of Medicine and Surgery (BUMED)'s Office of Medical History has recently transferred over 100 boxes of books to the National Library of Medicine. These books made up the Stitt Library, originally collected for the Navy Medical School around 1900 and considered the Navy Surgeon General's Library. When the school moved to the National Naval Medical Center in Bethesda, MD, the library eventually named for Surgeon General Edward Stitt, went with it. Within the past few years, space pressures at the Medical Center led them to transfer the library to the History Office, which was able to preserve them long enough to arrange the transfer to NLM.

Among the books included in the transfer are *An Inquiry into the Causes and Effects of the Variolæ Vaccinæ*, Edward Jenner's self-published 1798 monograph on smallpox vaccination; Marcello Malpighi's *Opera Omnia* of 1686; a 2-volume set of Captain Cook's second voyage to the South Seas; *Dispensatorium Medico-Pharmaceuticum Pragense*, 1739; *A New System of Geography* by Fenning and Collyer, 1780; *Reports of the Medical Officers of the Chinese Imperial Maritime Customs Service*, 1884; *Medical and Surgical History of the British Army which served in Turkey and the Crimea*, vol. 2, 1858; *Pomona* by Langely, 1729; *De Medicina Methodica* by Alpini, 1611; Ambroise Paré's *Opera Chirurgica* of 1594; *Opera Omnia Anatomica & Physiologica* by Fabricius, 1687; and J. B. Montani's *Medicina Universa*, 1587.

A small amount of the journal collection was sent as well, including *Lancet*, vol. 8, 1825; *Lancet*, 1869; and *Aesculapian Register*, 1824. Books related to Navy medicine have been retained in the History Office. Hand-written catalogue cards of the collection were also kept. In regards to the transfer, NLM librarian Margaret Kaiser states, "I have almost completed processing the books and this transfer has provided a very large number of new titles for the Library's collection as well as providing second copies of many important titles. 459 new pre-1914 titles have been added; 98 new post-1914 titles have

been added; 322 second copies have been added.” As of this writing, a total of 879 books from the Stitt Library have been added to NLM’s collection, 557 of which the NLM did not have at all.

The History Office’s audiovisual collection was transferred at the same time, and included historic 16mm films, U-matic and VHS videotapes as well as DVD copies of lectures and documentaries produced by the Office. Two medallions given to the Stitt by visiting dignitaries were transferred to the National Museum of Health & Medicine for its numismatics collections (as was an unrelated Viet Cong medical kit and two anesthesia machines).

Archival collections still remain with the History Office; please contact [the Office](#) for details.

Michael Rhode

Archivist/Curator, Office of Medical History
Bureau of Medicine and Surgery
U.S. Navy

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World War II Medical Diary Scanned for Online Use

Dr. Melvin Robert Link, Lieutenant, (MC), US Navy, served from 1942-1947 during World War II and beyond. He was a medical officer on the USS Walke (DD 723) destroyer from 1944-1945, and wrote his impressions of the war on a semi-daily basis. This Doctor’s Order Book journal covers the American invasions of Japanese-held islands including the Philippines and Okinawa. Link also records the dropping of the first atomic bomb and the reaction on board the ship to that and the Japanese surrender. Printed items have been tipped-in. For this document, the page was scanned first with the tipped-in item, and then scanned again with it removed so the writing underneath is revealed. The journal has been scanned and is on the [Internet Archive](#).

It was donated to the Bureau of Medicine and Surgery (BUMED)’s Office of Medical History by the Link family. Other material related to Dr. Link and the reunion of the Walke’s crew is available at the Office of Medical History. After the war, Link transferred

to the US Naval Hospital in Philadelphia, and ended his naval career at the US Naval Hospital in Brooklyn.

Michael Rhode

Archivist/Curator, Office of Medical History
Bureau of Medicine and Surgery
United States Navy

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New York Academy of Medicine Reading Room Temporarily Closed Due to Renovations

Due to a planned renovation project to improve the environmental conditions in the space, the Coller Rare Book Reading Room at The New York Academy of Medicine will be closed to readers beginning February 1, 2013. We anticipate that the room will reopen for use on June 1, 2013.

While some materials will continue to be accessible for use, portions of the rare book collection will not be available during the renovation period, and readers will be relocated to another space in the building. We will do our best to accommodate readers and reference requests, but please note that response times will be slower and appointment times may be limited.

If you are hoping to use the collections this spring, please contact Acting Curator and Reference Librarian for Historical Collections Arlene Shaner at history@nyam.org or 212-822-7313 as soon as you have information about your plans to verify whether the materials you would like to see will be available for use.

We are looking forward to welcoming readers back to a much-improved space in the early summer and thank you in advance for your patience during our renovations. Updates on the project and reopening will be made on [our blog](#).

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NEWS OF MEMBERS

Brooke Fox Named South Carolina Archival Association's 2012 Archivist of the Year

Brooke Fox, Archivist of the Medical University of South Carolina, has been named the 2012 Archivist of the Year by the South Carolina Archival Association (SCAA). This award recognizes Ms. Fox's years of exceptional service to the profession, particularly in South Carolina, and to forwarding the mission and goals of the South Carolina Archival Association.

This award was presented to Ms. Fox on the basis of her various projects both at the MUSC and the South Carolina Archival Association. SCAA Vice President Beth Bilderback read from the successful nomination entry, "After joining the Medical University of South Carolina in August 2007, Ms. Fox established a solid oral history program, developed both traditional and web based exhibits, and has been involved in internal institutional endeavors to collect and preserve the history of the university. In addition, she has served on the SCAA Board of Directors and was instrumental in organizing speakers, programming, and session themes for annual meetings in Georgia, North Carolina, and Columbia. Ms. Fox also helped bring a workshop on electronic records to South Carolina this year which was well attended by archivists from across the state and Georgia. Ms. Fox has served consistently and is willing to help out when other board members have had to relocate for jobs or school."

This award was presented to Ms. Fox on October 4, 2012 at the SCAA annual meeting in Columbia.

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ANNOUNCEMENTS

ALHHS Wants You!

The ALHHS 2013 election is coming up soon. At this time, the Nominating Committee is soliciting nominations for officers.

In 2013 ALHHS will elect:

- Vice-President/President-Elect
- Treasurer

- 2 Members-at-Large

To nominate a colleague or yourself, please contact Lisa Mix, Nominating Committee Chair, by email at either lisamix516@gmail.com or lim2026@med.cornell.edu, or by telephone at 212-746-6072. You may also contact one of the Nominating Committee members, Arlene Shaner and Judith Wiener. Self-nominations are welcome. Please note that nominees must be members in good standing.

Please send nominations no later than **Friday, February 8, 2013**.

Please consider nominating a colleague (or yourself!) for one of these important positions. Help to shape the future of ALHHS!

Thank you, on behalf of the Nominating Committee:

Lisa Mix, Chair

Arlene Shaner

Judith Wiener

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The Francis A. Countway Library Fellowships in the History of Medicine, 2013-2014

Harvard University's Francis A. Countway Library of Medicine will offer two annual fellowships to support research in the history of medicine. The Countway Library is the largest academic medical library in the United States, and its Center for the History of Medicine holds 250,000 books and journals published before 1920, and is strong in virtually every medical discipline. The Countway's archives and manuscripts include the personal and professional papers of prominent American physicians, many of whom were associated with Harvard Medical School. The printed, manuscript, and archival holdings are complemented by prints, photographs, and the collections of the Warren Anatomical Museum.

The Francis A. Countway Library Fellowships in the History of Medicine provide stipends of up to \$5,000 to support travel, lodging, and incidental expenses for a flexible period between June 1, 2013 and May 31, 2014. Besides conducting research, the fellow will submit a report on the results of his/her residency and may be asked to present a seminar or lecture at the Countway Library. The fellowship proposal should demonstrate that the Countway Library has resources central to the research topic. Preference will be given to applicants who live beyond commuting distance of the Countway. The application, outlining the proposed project (proposal should not exceed five pages),

length of residence, materials to be consulted, and a budget with specific information on travel, lodging, and research expenses, should be submitted, along with a curriculum vitae and two letters of recommendation, by **February 15, 2013**. Applications should be sent to: Countway Fellowships, Center for the History of Medicine, Francis A. Countway Library of Medicine, 10 Shattuck Street, Boston, MA 02115. Electronic submissions of applications and supporting materials may be sent to: chm@hms.harvard.edu.

The appointment will be announced by March 15, 2013.

The Boston Medical Library's Abel Lawrence Peirson Fund provides support for the fellowship program.

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NYAM 2013-2014 Klemperer and Helfand Fellowships Applications Open

The Center for the History of Medicine and Public Health at the New York Academy of Medicine is accepting applications for its two fellowships in the history of medicine for the 2013-2014 cycle. Fellows receive \$5000 for a month of work in residence at the NYAM library any time between June 1, 2013 and May 31, 2014. The deadline for receipt of applications is Friday, March 1, 2013.

Fellowship information and application forms for the Audrey and William H. Helfand Fellowship in the History of Medicine and Public Health are now available on the [NYAM website](#).

Fellowship information and application forms for the Paul Klemperer Fellowship in the History of Medicine are available on the [NYAM website](#).

Questions about the fellowships and the application process may be directed to Arlene Shaner, Acting Curator and Reference Librarian for Historical Collections by email at history@nyam.org or by phone at 212-822-7313.

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BOOK REVIEWS

Susan Dick Hoffius & E. Brooke Fox. *The Medical University of South Carolina*. Arcadia Publishing (Campus History Series), 2011. 128 p. \$21.99. ISBN: 9780738579962

The Medical University of South Carolina (MUSC) was founded in Charleston, South Carolina in 1824 by the Medical Society of South Carolina. This photographic history gives the reader a quick visual tour of the institution's historic beginnings as the Medical College of South Carolina, and details the growth and change that has occurred in the past two centuries. Authors Susan Dick Hoffius, curator, and E. Brooke Fox, university archivist, have chosen 200 photos from the Waring Historical Library at MUSC and other sources to visually relate the history of the University.

The College of Medicine was the tenth medical school in the country and the first in the Deep South. After recovering from the disruption of the Civil War, and a brief suspension of classes, the college grew and expanded to become the Medical University of South Carolina.

The additional Colleges of Pharmacy, Nursing, Graduate Studies, Dental Medicine, and Health Professions are each covered in separate chapters. Additional chapters illustrate MUSC's Student Life, response to local disasters, involvement in community health, and advancement of military medicine.

The photographic record of student life and study during the post-Civil War era is quite interesting. The history of the early years of the College of Nursing and illustrations of their social life and training are of particular interest. Nurse training was not only tuition-free, but all students were housed and fed, and all expenses for uniforms, books and training materials were covered. Students also received a small monthly allowance to cover other living expenses. Several photos depicting social events for women students over the years are included. Also informative is the chapter on community health and outreach. Because Charleston is geographically prone to hurricanes and earthquakes, disasters have occurred on site over the years, and have involved students and staff of the University.

The authors have done an admirable job of finding and captioning photographs which detail MUSC's organizational history, and evoke the social eras and situations that have shaped the University. This title is recommended as a good addition for historical

collections and for readers interested in the history of medical education, Charleston history, or general pictorial histories of the 1800's.

Christine Whitaker

Collection Development Librarian

School of Medicine Library, University of South Carolina

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Barron H. Lerner. *One for the Road: Drunk Driving Since 1900*. Baltimore: The Johns Hopkins University Press, 2011. xvii, 218 p. \$24.95. ISBN: 978-1421401904

It is estimated that despite decades of anti-drunk driving messages, millions of arrests, and countless horror stories, there are still more than 80 million car trips taken annually by impaired drivers in the US. Lerner's book delves into the subject not because he has personally suffered at the hands of a drunk driver but because he is the parent of teenagers who are already driving or will be driving in the near future.

The history of drunk driving in the US began at the turn of the 20th century with the growing use of the automobile. It wasn't until the 1930s that there was actual scientific evidence showing that even small amounts of alcohol caused impairment behind the wheel of a vehicle. The first machine that could measure blood alcohol levels (BAC) using exhaled air, called the Drunkometer, was invented in 1931 by Rolla N. Harger, a professor of biochemistry and toxicology at Indiana University. It became available for use in 1937 and replaced guesswork with science. In 1954 Robert F. Borkenstein, a professor at Indiana University's Department of Forensic Studies, invented the Breathalyzer, a smaller, easy-to-use device, which made it possible to know just how much impairment was related to alcohol. But it wasn't until the victims and survivors of drunk drivers began telling their stories that the anti-drunk driving movement began with groups such as Remove Intoxicated Drivers (RID), Mothers Against Drunk Driving (MADD) and later Students Against Drunk Driving (SADD) and the Alliance Against Intoxicated Motorists (AAIM)

These groups focused on victims' rights and became adept at capturing the media's and the public's attention. The alcohol industry also stepped in and promoted responsible drinking with slogans such as "Know Your Limits," and in 1982 Ronald Reagan created the Presidential Commission on Drunk Driving. But there was more than one way to fight drunk driving and in the mid-1980s renewed effort caused the problem to be viewed

as a public health rather than as a law and order issue. Preventive measures such as restricted alcohol sales and public service advertising were also promoted.

The alcohol industry and its allies fought back citing personal choice and individual responsibility when it came to using alcohol. In 1988 US Surgeon-General C. Everett Koop held a workshop on drunk driving which was boycotted by some industry groups. By the 1990s opposition to anti-drunk driving activists was in full swing. Researchers questioned how much actual harm drunk driving really caused. Even the death of Princess, Diana of Wales in 1997 in a drunk driving crash became an issue of how MADD used propaganda to further its cause. However, progress did continue, most notably in 2004 when all 50 states lowered their legal BACs to 0.08%, close to, but not at, the 0.05% level at which impairment generally begins.

There is still a long way to go and it seems strange there has been such a powerful emphasis on anti-smoking laws such as banning smoking in restaurants and other public places when alcohol is still considered socially acceptable at ball games and other sporting events where, at the conclusion of the game, most if not all the partakers will be getting into their cars and driving home.

Chapter six of this book titled "More (and More) Tragedies" was difficult to read. It told of a 36 year old mother driving her minivan 1.7 miles on the wrong side of the road before crashing into an oncoming SUV killing herself, her 2 year old daughter and three young nieces, as well as the three occupants in the SUV. Her BAC was 0.19%. Three friends, all under the age of 25 and all of whom had been drinking beer, got into a vehicle and drove at speeds reaching almost 110 mph before crashing into a light pole; all were killed, leaving three young children without parents.

In his preface Lerner challenges readers over 21 years to an experiment. He suggests buying a Breathalyzer from Amazon.com, even suggesting a not-too-expensive model by the name of the AlcoHAWK Slim model, reading the instructions on use carefully, then selecting your alcoholic drink of choice, be it hard liquor, wine or beer. If you drink liquor your portion will be one shot which is equivalent to 1.5 ounces. If you choose wine you will need to drink five ounces at a time. Beer drinkers should drink by the bottle. Have a friend help you with this experiment and make sure this person does not drink with you. They may need to stop the experiment if you become too intoxicated. Lerner then goes on to say how many drinks you should consume over the course of one hour. Men are to consume three, women two. At the end of the hour you are to describe to

your sober friend how you feel while both sitting down and walking. You should engage in a discussion with that friend on current events and see how well you do. People will react differently to this experiment based on weight, metabolism and personal tolerance; however, Lerner suggests that most will feel mildly euphoric, “buzzed” or “tipsy.” They will show slower reaction times and impaired concentration and judgment. At present it is legal for people who have drunk this much alcohol to drive. The vast majority of people will have a blood alcohol level (BAC) of less than 0.08%, the current upper legal level limit for driving.

Lerner suggests we look at other countries such as Norway, Sweden and Australia where the attitude towards drunk driving is very different. Hosts at parties in Sweden ask guests upon arrival who their designated driver is, and offer nonalcoholic drinks to that person. To be arrested and convicted of drunk driving in these countries is considered a social and personal catastrophe. It’s sad that in the United States, such an attitude does not seem to be the norm.

Hilary J. Lane

History of Medicine Library Coordinator, Mayo Clinic Libraries

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Sarah F. Liebschutz. *Communities and Health Care: The Rochester, New York, Experiment*. Rochester, NY: University of Rochester Press, 2011. Part of the Rochester Studies in Medical History Series. 255 pages. \$29.95, paperback. ISBN: 978-1-58046-385-0

Sarah F. Liebschutz has written a brief, very readable account of a successful experimental prospective payment program that took place in three phases in Rochester, N.Y. from 1980-1990. The Rochester area had been the site of several hospital collaborative projects over the years. The Hospital Experimental Program (HEP I through HEP III) as described here was a unique venture in cost containment that has not been repeated. Rochester’s history of collaboration in health care planning is actually an important element of the story. One clear lesson is that planning works best when members of the business community are involved. They not only pay for insurance for their employees, but they also serve on hospital boards and understand the institutional needs. Still, while Rochester’s history of cooperation helped this particular project succeed, it also complicates the applicability of the lessons learned to other locations and projects.

The larger point that Liebschutz makes is that the health care system has many moving parts and actors and that none can succeed on their own. The federal government is the only body with the ability to extend health care to all (p. 184) and yet only an individual community can ultimately determine what combination of resources divided along which specific lines will succeed in that environment. As she puts it: "Patient needs are local and communities respond to them at ground level" (p. 181). Liebschutz also makes a somewhat obvious but necessary point about collaboration among the health care players: "When self-interest dictated collaborative decision making, cooperation was ascendant. When self-interest dictated competitive behavior, competition ruled the day" (p. 13).

In light of today's efforts by the federal government to tie reimbursement rates to specific quality measures, it is interesting to see Liebschutz's comment that one of the positive results of HEP was to initiate the gathering and sharing of quality data measures. She notes that during the 1980s the health care system's ability to reward or punish based on these quality measures was "neither fully developed nor applied" (p.134). There is obviously still much discussion today on whether current health care metrics are ready to carry that burden.

Liebschutz has used many primary sources in researching this book, most especially the Ernest W. Saward Archives at the University of Rochester Medical Center's Miner Library. She also recorded oral history interviews with many of the participants in the various health care planning projects and agencies over the 20th century in Rochester. Interestingly, in 2008 Liebschutz convened a roundtable discussion of 14 members of the HEP projects to discuss their thoughts on the programs. There was agreement that while the first two phases of HEP were successful in controlling costs and managing resources, this approach would not work today (p. 136-137).

This book would be of value to anyone studying community health planning efforts and the interaction of local, federal and state programs. This is an accessible book on why some efforts succeeded and others failed, and contains important insights into the environment needed for health care planning to succeed.

Barbara J. Niss

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Heather Munro Prescott. *The Morning After: A History of Emergency Contraception in the United States*. New Brunswick, NJ: Rutgers University Press, 2011. xi, 163 pages with notes. Paperback, \$22.95; Hardcover, \$69. ISBN 978-0-8135-5163-0

Heather Munro Prescott has tackled a complicated subject in her book *The Morning After*. As she points out in her introduction, emergency, or back-up, contraception seemed to be a scientific breakthrough of the 1990s, but in reality its history dates back several decades – to Margaret Sanger in the 1920s and 1930s. Prescott goes back to that time period to examine what was known about contraception and how that information was disseminated (or not) to the medical community and the public.

Prescott refers to the 1960s as the “second revolution in birth control,” following the first one led by Sanger. Prescott explains that research in the 1960s was based on earlier research funded by philanthropist Katherine McCormick at the urging of Margaret Sanger. At that time, the researchers were more concerned with finding help for infertile women than for finding a way to prevent or terminate a pregnancy. Somewhere along the way, the researchers discovered that an increased dose of the medication being tested was effective for stopping conception after the fact.

Next, Prescott examines the way this new use of contraception was tested. Since many of the drugs were already FDA approved, many clinics, especially on college campuses, created their own (known as Do-It-Yourself or DIY) kits to hand out to those women who came in worried about an unwanted pregnancy. Some of the drugs also had unwanted side effects, thus while feminists for the most part supported open access to contraception, some feminist health groups opposed what they called the sexism and paternalism of the medical profession in prescribing drugs for a purpose for which there had been no testing. The question remains: were the women who took these drugs being victimized or knowingly participating in their own healthcare decisions? Prescott has an entire chapter on the balancing of safety and choice in the area of emergency contraception.

By the late 1970s, feminist, consumer, and health groups began to recognize the common issues around which they could gather. They met to discuss the ethical issues of reproductive technology in humans. There was agreement on the need for emergency contraception but also the need for it to be a safe option. The topic became

mainstream, but no less controversial, in the 1990s as more information was made available and it was discussed more openly.

Prescott looks at the use of the various drugs employed, including Ovral, DES and RU-486; she reports on the responses and reactions of the lay and medical people involved in these trials, without inserting her own opinions. Her sources are wide and varied, ranging from newspaper and popular magazine articles to academic journal articles in the social sciences, humanities, and medicine, as well as government agency minutes and reports and congressional proceedings. Because this topic is so recent, she was also able to speak directly with some of those involved. Her writing style makes this complicated subject matter understandable to the reader who has some knowledge of women's health issues.

This is a valuable addition to the literature on women's reproductive health and fills in many blanks in the history of the search for effective birth control in the United States. Prescott does a good job of explaining the advancement of science and medicine in the area of contraception, along with the difficulties encountered by physicians, their patients, and healthcare policy makers during this (still ongoing) controversial journey.

Katherine Burger Johnson

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***Caesarean Birth: The Work of François Rousset in Renaissance France: A New Treatise on Hysterotomotokie or Caesarian Childbirth.* Translated from the original French by Ronald M. Cyr; edited and with a commentary by Thomas F. Baskett. London: RCOG Press, 2010. 144 p. £25.00. ISBN 978-1-906985-34-9**

Caesarean birth, a controversial practice for centuries, today is the delivery method for one-quarter to one-third of women. Rousset (c.1530-1603), in this seminal work, defines the procedure: "By Caesarean, we mean the skilful extraction of a child through a sufficiently large incision performed in the mother's anterior abdominal wall and uterus: this is accomplished without jeopardizing the life of either mother or child (unless they have already suffered harm from some other cause), or even compromising the mother's

ability to bear children in the future. We speak here of a child still alive in the mother's womb."

Rousset was educated in France as a physician, not as a surgeon. Physicians during that time were, in general, well-educated, embraced the theories of Hippocrates and Galen, and acted as consultants and diagnosticians. However, they did not perform surgery; surgeons of the day were usually barbers, who had mastered those surgical skills in battlefield or farm settings. Surgeons were the technicians, setting bones, removing bladder stones, and trephining skulls; they conducted caesarean sections only under the supervision of a midwife or a physician.

Rousset was awarded a Bachelor of Medicine degree, and granted a medical license after studying under Guillaume Rondelet, an early practitioner of dissection. An outbreak of plague cut short Rousset's doctoral efforts in Montpellier, and he moved to Avignon, teaching and practicing medicine there before travelling throughout the country to learn from other physicians. Returning to his birthplace of Pithiviers, France, he eventually attended to area's nobility. The translation includes three appendices, the two latter detailing Rousset's association as physician to the Duchess of Ferrara, and to the Duke of Nemours, respectively.

Rousset refers to the teachings of Galen and Hippocrates throughout his treatise. Mention is made in the Talmud of caesarean section being practiced on living women in the first millennium. Rousset advocated the procedure for living women, under specified circumstances, but the general thinking of the day, which would prevail for over 300 years, was that only moribund women should undergo the procedure. In the 1500s, religious and inheritance issues were such that the live infant, once removed, could be baptized, saving his/her soul. As was customary in many countries then, if an infant survived its mother, the father would inherit her estate through the infant. However, if the infant expired before the mother, her relatives became the heirs of the estate.

The original work, a copy of which was found in the library of the Royal College of Obstetricians and Gynaecologists in London, consists of 228 pages, 12 pages of which are definitions and indications for the operation. Numerous case studies are detailed on 18 pages, and a surgical clinical guide comprises 16 pages. Rousset's justification that living women, in need of this assistance to deliver, is based on three types of evidence: "Documented experience, logical reasoning by analogy, and sufficient authority, if such can be found."

Rousset tends to minimize the risks of this procedure, feeling that many veterinary procedures were potentially more risky. Not surprisingly, he had numerous critics; it was reported that there was a 100% mortality rate for living mothers undergoing the procedure. His thinking that blood loss was not relevant, that it was menstrual blood which was no longer required to nourish the fetus, and that it was of no use to the mother, has certainly been disproved over time. He claimed pain was of no concern as “there are no nerves within the uterus that are important, or particularly sensitive.” Numerous clarifying footnotes elaborate upon further upon long-held beliefs, such as one in which the uterus consists of two cavities, the male fetus contained on the right, and the female on the left.

Many of the case studies reported earn footnotes, which provide a more learned explanation of the patient's likely condition. Abscesses, tumors, urinary tract infections, prior surgeries, prolapses, and other maladies often compromised the patient, yet some apparently survived to conceive again.

Rousset wrote this treatise in Latin, the *lingua franca* of the day for scholarly work and for the Church. However, surgeons and midwives were not proficient in Latin and to reach these practitioners, a French version was published in 1581. In 1853, a German translation appeared, but this 2010 publication is the first complete version in English. Rousset tends to ramble into topics not directly related to caesarean section in the early part of the book but the editor, Ronald Cyr, has skillfully boiled down the treatise. Along with the copious footnotes, the introduction makes the translation much easier to grasp. What is not hard at all to grasp is that obstetrics and the instruments and techniques during the time of Rousset left much to be desired.

Sharon Lee Butcher, MLS, MSO

Reference Librarian/Inter-Library Loan Coordinator, AEDC Technical Library

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Holly Tucker. *Blood Work: A Tale of Medicine and Murder in the Scientific Revolution*. New York and London: W.W. Norton and Co., 2011. xxix, 304 pp. \$25.95. ISBN: 9780393070552

This vividly written and highly engaging book focuses primarily on blood transfusion experiments in France in the 1660s, how such activities were viewed, and how elements

of the medical establishment successfully quashed them. The author's colorful prose is supplemented by a well-chosen assortment of contemporary illustrations.

William Harvey's demonstration of the circulation of blood (published in 1628 as *De Motu Cordis*) raised issues among members of the scientific and medical community about the possibilities of blood transfusion, whether it would work, and what the various implications might be. Members of the British Royal Society injected a bizarre assortment of fluids into the veins of animals, including beer and wine, milk, opium, and mercury, and demonstrated blood transfusions between dogs of different breeds (using goose quills and string to connect the vessels). The French Academy of Sciences attempted to replicate English experiments without much success. But in 1667 a young, relatively unknown French physician named Jean-Baptiste Denis surprised the scientific community by performing the first animal-to-human blood transfusion, channeling lamb's blood into the veins of a 15-year-old boy, who survived the ordeal. Emboldened by acclaim, Denis repeated the experiment on a 34-year-old, deranged man, Antoine Mauroy. Denis transfused 10 ounces of calf's blood into Mauroy, who suffered no apparent ill effects, endured more transfusions over the next few days, and then died.

Denis was accused of murder. Although cleared by a Parisian judge of all such charges in 1668, his career as a transfusionist was over. The court mandated that no future human transfusions could occur without prior approval from the Paris Faculty of Medicine, which was a bastion of opposition to the practice (pp. 67-68). The stipulation effectively put an end to transfusion experiments in France and had a chilling effect in England and the rest of Europe as well. In 1669 the French *parlements* [courts] banned transfusion altogether. Such experiments would not be resumed for another 150 years. Tucker conjectures that Mauroy was probably poisoned by Denis's enemy, Henri-Martin de la Martinière, a virulent opponent of transfusion (pp. 193-210).

Tucker uses the story of Denis's brief rise and precipitous fall to consider history "through two different lenses" (p. xix). The first lens showcases the little-known story of an obscure physician, the sabotage of his efforts, and a five-year (ca. 1665-1669) account of experimental blood transfusion as microhistory. The second or macrohistorical lens "traces the confluence of ideas, discoveries, and cultural, political, and religious forces that made blood transfusion even thinkable in this era before anesthesia, antisepsis, and knowledge of blood groups" (p. xx). The book also offers a succinct summary of later developments in transfusion: James Blundell's successful human-to-human transfusion, 1818; Karl Landsteiner's discovery of the ABO groups,

1901, and blood type AB, 1902; the acceptance of blood transfusion as a clinical practice in the wake of blood typing, ca. 1907; the discovery that sodium citrate could prevent clotting, 1914; transfusion networks and blood storage in the late 1930s; and the emergence of “blood banks” in the United States, ca. 1937-1939.

Essential context is judiciously furnished, e.g., explanations of the four humors and how such theories related to bleeding and other aspects of clinical practice (pp. 159-164); the status of “contrarian outsiders” (p. 170) within the French medical hierarchy (pp. 208-210); social reactions to interspecies transfusions (p. 126), as exemplified by widespread terrors about hybrid monsters and objections based on Biblical grounds (pp. 209, 215); and international tensions between France and England, as reflected in rivalries between professional societies (pp. 151-153, 163). The book is also replete with less essential, but nevertheless engaging digressions, such as Christopher Wren’s thwarted plans to rebuild London as an organism with “arteries” after the Great Fire of 1666 (p. 56); the lucrative trade in counterfeit “mummy” medications (p. 176); and intrigues at the court of Louis XIV, reminiscent of novels by Alexandre Dumas. The real-life musketeer, D’Artagnan, makes a brief appearance (pp. 93, 99).

The book’s careful research is supported by thorough notes and a well-chosen bibliography. This is a solid, entertainingly written, and highly accessible book of popular history.

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Keith Wailoo, Alondra Nelson and Catherine Lee, eds. *Genetics and the Unsettled Past: The Collision of DNA, Race, and History*. New Brunswick: Rutgers University Press, 2012. 370 p. \$29.95 (paperback). ISBN: 978-0813552552

Jefferson and Hemings. Henry Louis Gates’s PBS genealogy series. Home DNA ancestry testing kits. Pharmacogenomics. Crime scene DNA in both real-life courtrooms and crime dramas. With the authority of science and the appearance of precision, DNA analysis claims to reveal the oldest (and perhaps ultimate) genealogical record: the truth about who we are. However, despite a longstanding scholarly consensus that race is

socially constructed, at times DNA analysis also represents the latest return of the popular idea that race is biologically based.

This collection of 19 essays emerging from a 2007 conference on "Race, DNA, and History" offers a critical view of this subject. This volume ranges widely by discipline ("history, sociology, anthropology, molecular biology, law, medicine, cultural studies, ethnic studies, and other fields") and by region (the United States, Canada, Europe, and South Africa). The collection's best essays argue that genetic genealogy is as open to interpretation as any other form of evidence.

In "A Biologist's Perspective on DNA and Race in the Genomics Era," Abram Gabriel presents a clear overview of the historical rise of genetic analysis. He explores the competing interests of academics, commercial enterprises, and the government in their use of DNA analysis and racial identifications, and offers a skeptical view of the validity of racial genetics as the category of race -- a function of geography (continent of origin), ancestry, and history -- becomes increasingly interpreted through biology.

Law professor Jonathan Kahn in "Forensic DNA and the Inertial Power of Race" provides a thorough history and critique of forensic DNA racial analysis. Kahn contrasts the detailed technical protocols for DNA analysis against "woefully under-conceptualized" assumptions regarding race. He also notes the troubling role of United States Census categories in supporting racial classifications, where self-identified social categories are treated by scientists as markers of genetic similarity. In the essay as a whole, Kahn convincingly argues that in presenting forensic evidence to juries, "race is simply a concept whose time has passed."

In "French Families, Paper Facts," Nina Kohli-Laven discusses a major Quebec databank, BALSAC, which used historical records to investigate ancestral disease histories. Researchers entered data distinguishing between French Canadians and aboriginal natives using church records and other sources, but Kohli-Laven demonstrates that these records suggest a far more intermixed world in early Canada. This remarkable essay only implicitly makes its damning conclusion: that a major genetic data source is compromised, and research using this resource is suspect.

As with most anthologies, some essays are stronger than others. Although the back cover copy states that this book is "written for a general audience," it is not. Written by academics for academic readers, several essays are marred by jargon, excessive

theorizing, and tired academic verbiage. The compelling story of Henrietta Lacks is less so when used as a springboard to discussing Arendt, Fanon, Foucault, and science fiction writer Octavia Butler. The book's biggest limitation is unavoidable: rapid developments in genetics mean that the subjects this collection addresses will undoubtedly be superseded by new techniques, new data, and newer controversies. Perhaps a future edition will keep the content as relevant as possible.

For archivists and librarians in the history of the health sciences, *Genetics and the Unsettled Past* reminds us that paper documents are not the only genealogical evidence, that future genealogical patrons may have different perspectives on their research, and that we should bear in mind assumptions about race and ancestry within our own collections and cataloguing practices.

Robert Vietrogoski,

Head, Special Collections

University of Medicine and Dentistry of New Jersey

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Paul J. Weindling. *John W. Thompson: Psychiatrist in the Shadow of the Holocaust*. Rochester, New York: University of Rochester Press, 2010. 440 p. \$39.95. ISBN-13: 978-1-58046289-1

This is one very readable book, about a remarkable, sometimes troubled, man who, among other things, played an important role in shaping development of the Nuremberg War Crimes Trials. The concept of "informed consent" was also based largely on his own professional experiences. Written as spoken, extensive background information is provided which becomes quite enlightening preparation for the "main course" to follow.

Dr. John Thompson's (1906-1965) Scottish medical education (M.B., Ch.B. Edin.) was clearly solid; he increased its utility and value as he connected with extremely productive individuals, varied experiences, and quality opportunities.

A few factors in Thompson's makeup gradually take shape, initially helping to define, and later explaining this man's interests and career choices. The terms "sensitive" and "selective" come to mind early on, and by that I do not imply "delicate." He seems

constantly to need to be “equipped” and visibly *helpful*. However, practical frustrations were many; long-term, his early years glow but dimly.

Authors often skip lightly over, or omit references to, well-known contemporary events and personalities. Here, however, through the 1930s, both are important parts of this fabric. Personal exposure to Alexander, Banting, Bock, Cannon, Cobb, Freud, Fulton, Haldane, Heath, Hooton, Lennox, Adolph Meyer, Murray, Pavlov, Seltzer, Sherrington, Wells (and many more) seem almost to have been too many. Each of these was a real, live, scientifically active (and surely demanding) teacher and example. Thompson seems an energetic observer, student, investigator, and in some instances, a disciple. It is hardly surprising to learn that he also served as his own experimental subject from time to time. Personal identification with victims seems “a natural” for this man.

Nazi anti-Semitism is discussed somewhat briefly in the context of Harvard and Cambridge in the ‘thirties. One also learns more about Dr. Thompson’s personal life: his disappointments, vulnerabilities and very significant accomplishments.

In 1940, he moved to Toronto, and shifted into aviation medical research, which at the time was also of interest to the Nazis, much to their later shame (or lack thereof). By 1943 he was in Canadian uniform, and had also been diagnosed with inactive TB. A period of self-evaluation ensued, including religious conversion (Church of England to Roman Catholicism). This section of the book provides useful preparation toward understanding this unusual man’s achievements in life.

“Redemption” details Thompson’s military work in Britain toward the end of the war, and leads to his duties in Belsen afterward. His opportunities and sense of duty were both immense here: dealing first-hand with medical and ethical issues amplified by post-surrender discoveries. War crimes, ethics (or lack thereof), and the human consequences are discussed in appropriate detail. In the description of the depth of Thompson’s daily experience, one senses his personal burden, and the guilt (which reached proportions of torment) growing in the mind of this now obviously extraordinarily sensitive researcher turned *physician*. It was this, in particular, and discussions with sympathetic colleagues which seem to have focused his promotion of the concepts of *medical war crimes* and of *informed consent*, which were undoubtedly significantly influential in the planning, preparation, and development of the Nuremberg War Crimes Trials.

The text shifts into the post-trial period, aftermath, and consequences, including controversies related to the development and direction of UNESCO, and concludes very readably with information and detail on the subject's later life.

A remarkably detailed hundred pages of notes, sources, and a very serviceable index make up the final *quarter* of the volume. This book will be especially useful for scholars and historians of Naziism, "The Jewish question," psychiatrists, and workers with issues of abuse and terrorism, and indeed veterans of all wars. Sadly, much of what concerned Dr. Thompson seventy years ago, would worry him today.

A fairly recent Nazi-related book which certainly warrants mentioning here is Ulf Schmidt's *Justice at Nuremberg: Leo Alexander and the Nazi Doctors' Trial* (New York: Palgrave Macmillan, 2006). Dr. Alexander, an émigré, spent most of his professional life as a psychiatrist in Boston. He and his work are referred to frequently in Professor Weindling's book.

A quicker read, about European WWII refugees who reached this side of the Atlantic, is Ellen Miller's *The Window Shop: Safe Harbor for Refugees, 1939-1972* (New York: IUniverse, 2006)

Miller, Ilse Heyman, and Dorothy Dahl have edited numerous first-hand accounts of this typically Cambridge project which altruistically, sensitively, and energetically addressed needs of European refugees arriving in their midst from Europe early in the war.

Readers may be interested to know that the author of this book, Paul J. Weindling, will be in London, participating in a seminar planned for 19 January, 2014, "Existential Pioneers 17: John Thompson." [Info at <http://anthonystadlen.blogspot.com>]

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