

WATERMARK

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

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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.

Cover Image: Quinces from Elizabeth Blackwell's *A Curious Herbal* (1737-1739). See p. 22.

EDITOR'S MESSAGE

As we all try to do more with less these days, collaboration has become almost a cliché in library and archival circles. While it can sometimes be hard to subordinate your institution's interests to those of a larger group, collaboration with our colleagues pays dividends. Having been a member of the [Medical Heritage Library](#) since its inception in 2009, I've seen how meshing together many institutions' skills, finances, and collections has resulted in a much richer product than any of us could have created singly.

The Watermark is also a product of collaboration among the members of ALHHS: our different skill sets, perceptions, and talents create a quarterly journal that highlights the strengths of the profession in general. In this issue, for instance, Phoebe Evans Letocha from Johns Hopkins explains possible effects of the recent changes in the HIPAA Privacy Rule on history of medicine libraries and archives – a subject on which most of us may lack expertise.

Another example of professional collaboration is the program of the upcoming ALHHS Annual Meeting, held this year in Atlanta on May 15-16. Besides what sounds like a fascinating keynote speaker, a dozen ALHHS members will be sharing their knowledge and insights on topics as varied as outreach and collecting vibrators.

I hope to see many of you there and learn more of what you've been doing since we last met.

Good reading!

Stephen Novak, Editor

Head, Archives & Special Collections

Columbia University Health Sciences Library

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FROM THE PRESIDENT**Drinking the Assessment Kool-Aid**

In 2011 I attended the 52nd Annual Preconference of the Rare Books and Manuscripts Section of the Association of College and Research Libraries in Baton Rouge, Louisiana. The meeting's theme was *In the Hurricane's Eye: Challenges of Collecting in the 21st Century*. The storm analogy was a nod to Katrina, but was also meant to dramatize the problem of dealing with the increased demands placed on special collections as a result of their increased prominence at a time when there are considerable impediments to fulfilling this mission, not least of which is reduced finances.

Not surprisingly given its current popularity in the library and archives world, assessment was one of the major themes at the conference. One plenary was largely devoted to it, as was one of the sessions. The take home message was that assessment was critical for a number of reasons, such as demonstrating impact, which is critical in times of financial restraint. Another is determining activities and priorities, and resource allocation. The Fall 2012 issue of *RBM: A Journal of Rare Books, Manuscripts, and Cultural Heritage* was dedicated to the theme and featured articles by several of the presenters and others, including ALHHS member Emily R. Novak Gustainis of Harvard.

A colleague of mine accused me of "drinking the assessment Kool-Aid" as I trundled off to the aforementioned session. It is natural to be wary, if not outright cynical, of trends. The sound and fury, however, is sometimes significant. Having recently been appointed to head a library I want to really understand our current situation, what we could be doing, and why. We are now in the process of developing the terms of reference for an internal review, and the assessment of our collections and services is a significant aspect of this. I have had the good fortune to talk to a couple of colleagues about similar efforts in their libraries which has been very helpful. I will repeat again what I have asserted before: one of the great strengths of ALHHS is its network of people one can call upon. In this spirit of mutual assistance, I would like to offer to share our experience with the membership either in *The Watermark* or at a future meeting. It would be great if others who are also involved in assessment would be willing to do so as well.

Speaking of sharing – this is a reminder to consider coming to Atlanta to the Annual Meeting and enjoy sharing ideas and laughs with your colleagues. The final programme has been published and should be very stimulating. It will be great to see you. I would like to thank once again Michael North of the Program Committee, Local Arrangements Coordinators Rachel Ingold and Brooke Fox, and Arlene Shaner for their hard work in putting this. Next Month in Atlanta!

Chris Lyons

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THE ALHHS ANNUAL MEETING, MAY 15-16, ATLANTA



ALHHS Program Focuses on Digital History

This year's program for our Annual Meeting in Atlanta – to be held at the Emory Conference Center and on the campus of Emory University on May 15 and 16 – features varied offerings that should tempt those of you who are still “sitting on the fence” to make your reservations at once.

Our keynote speaker will be Brandy Schillace, PhD, Assistant Professor in the Department of English, Winona State University, and Managing Editor of the international journal of cross-cultural health research, *Culture, Medicine and Psychiatry*. She's the author of the blog "[Literary Medicine's Daily Dose](#)" whose mission is "to honor, support, and share perspectives about medicine and humanities across cultures and disciplines."



Prof. Schillace will speak on "Virtual Memory: Medical History and Public Engagement in the Digital Age." She describes her talk as: "Social networks, blogs and other online platforms have increasingly far-reaching effects – from the expansion of audiences to the possibility of participatory research. Having used digital collections for my own writing, I have recently begun to use the same tools to share my work – and the fascinating history of medicine – with a broad and inter-disciplinary audience. This presentation will discuss the creation and promotion of historical content in the digital domain. Join us to discuss how videos, blogs, Facebook and Twitter encourage public engagement and expand networking opportunities among librarians, curators, and archivists."

Later in the day, we will have a panel discussion on "Promoting History in a Scientific Environment," with speakers discussing this challenge from a variety of settings: a hospital, a free-standing medical society, a medical school, and a federal institution.

We will have brief presentations from nine of our members on a variety of local projects and important issues facing the community, such as an update on HIPAA regulations. There will also be our delicious annual dinner and the business meeting. Plus, there will be opportunities to visit the David J. Sencer CDC Museum on the campus of the Centers for Disease Control. Please go to the ALHHS [website](#) for details about registration and logistics.

We look forward to seeing you in Atlanta!

Michael North

Chair, Program Committee

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*Program-at-a-Glance***Atlanta, Georgia, Wednesday, May 15 – Thursday, May 16, 2013****Wednesday, May 15****3:00 – 4:00PM****Tour of CDC Museum (Group 1)**

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).

4:00 - 6:00 PM**Steering Committee meeting**

Rollins School of Public Health, Claudia Nance Rollins Building, Room 1034

6:15 PM**Informal Reception**

The Club Room, Emory Conference Center Hotel

7:00-8:30 PM**Dinner**

Le Giverny Bistro at the Emory Inn

Thursday, May 16**8:00 AM****Shuttle departs Emory Conference Center Hotel**

Those requiring transportation to and from the Claudia Nance Rollins Building will need to meet in the hotel lobby no later than 8:00 AM.

8:30 – 9:00 AM**Continental Breakfast and Registration**

Rollins School of Public Health, Claudia Nance Rollins Building, Room 4001

9:00 – 9:10 AM**Introduction by ALHHS President Christopher Lyons****9:10 – 10:10 AM****Keynote address:**

“Virtual Memory: Medical History and Public Engagement in the Digital Age,” Brandy Schillace, PhD, Department of English, Winona State University; Managing Editor, *Culture, Medicine and Psychiatry*

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10:10 – 10:30 AM Break**10:30 – 11:30 AM Brief presentations by ALHHS Members (Session 1):**

“Saving History: Collecting and Documenting History When Hospitals Move,” Scott Grimwood, SSM Health Care, St. Louis, MO

“The OSU Medical Heritage Center’s Friends of Nursing History Program,” Judith Weiner, The Ohio State University

“Medical Heritage Library Update,” Jack Eckert, Countway Library, Harvard Medical School

“Good Vibrations: Collecting Vibrators, Past and Present,” Debra Scarborough, American College of Obstetricians & Gynecologists

11:30 – 1:00 PM Lunch and Business Meeting**1:00 – 2:15 PM Panel Discussion:****“Promoting History in a Scientific Environment”**

Moderator: Scott Podolsky, M.D., Director, Center for the History of Medicine, Francis A. Countway Library of Medicine, Harvard Medical School; Phoebe Evans Letocha, MA, Collections Management Archivist, Alan Mason Chesney Medical Archives, Johns Hopkins University; Melissa Grafe, PhD, John R. Bumstead Librarian for Medical History, Yale University, Cushing Whitney Medical Library; Judy M. Gantt, PhD, Director, David J. Sencer CDC Museum, Centers for Disease Control and Prevention; Lisa O’Sullivan, PhD, Director, New York Academy of Medicine Center for the History of Medicine & Public Health

2:15 – 3:15 PM Brief presentations by ALHHS Members (Session 2):**“HIPAA Update”**

Stephen Novak, Columbia University; Phoebe Evans Letocha, Johns Hopkins University

“News from The History of Medicine Division, National Library of Medicine”

Jeffrey Reznick, History of Medicine Division, National Library of Medicine

“A Walk into History: An Experiment Revisited”

Keith Mages, University of Buffalo; Linda Lohr, University of Buffalo

3:30 PM**Shuttle departs Claudia Nance Rollins Building for CDC Museum and Emory Conference Center Hotel****3:45 PM****Tour of CDC Museum (Group 2)**

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).

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FEATURE ARTICLE*Recent Changes to the HIPAA Privacy Rule*

I would like to acknowledge Donald L. Bradfield and Pamela S. Rayne of the Johns Hopkins HIPAA Legal Office, who provided an “Overview of the Final HITECH Act Privacy Regulations” on February 8, 2013. Their analysis served as a basis for parts of this article. All websites mentioned in the article were accessed between March 15 & 19, 2013.

Background and Dates

The adoption of the Privacy Rule under HIPAA has had a major impact upon archivists who are responsible for collections documenting the health sciences. The Health Insurance Portability and Accountability Act (HIPAA) was adopted by Congress in 1996. The U. S. Department of Health and Human Services (HHS) initially developed the proposed Privacy Rule in 1999-2002. The Privacy Rule of HIPAA went into effect on April 14, 2003. HIPAA addressed concerns related to use of health information in the digital age. HIPAA was the first comprehensive federal law on access and use of health

information; the first general federal medical privacy law to extend rights of privacy beyond the file unit medical record to individually identifiable health information in all types of file systems, documents, formats, and media; and the first federal law to extend rights of privacy beyond health information of living individuals to health information of decedents.

As archivists came to understand the implications of HIPAA on their repositories, they began to advocate for changes to the rule. On January 11, 2005, archivists [Nancy McCall](#) and [Stephen Novak](#) testified to the National Committee on Vital Statistics regarding the impact of the Privacy Rule on archives at covered entities. They pointed out that the Privacy Rule applied only to archives designated as part of HIPAA “covered entities” while not applying to archives holding medical records and other related health information which were not part of covered entities. . They pointed out that HIPAA did not recognize the passage of time and questioned whether incidental health information related to long-deceased individuals necessitated protection.

In July 2010 as a result of the HITECH ACT, the Office for Civil Rights of the U.S. Department of Health and Human Services (OCR) proposed changes to the Privacy Rule which took into consideration the concerns of archivists and historians and cited the testimony of McCall and Novak. Archivists and historians submitted comments both individually and through our professional organizations regarding the proposed changes. On January 25, 2013, OCR published in the Federal Register its final rule to implement the privacy and enforcement provisions of the HITECH Act (the [“Final Rule”](#)). The Final Rule modifies the HIPAA Privacy, Security and Enforcement rules issued under HIPAA. The Final Rule is effective March 26, 2013, and must be complied with by September 23, 2013. Covered Entities have until September 2014 to revise existing Business Associate Agreements in light of the changes in the Final Rule.

Who is covered by HIPAA and by its recent changes?

- Covered Entity - A health plan, a health care clearinghouse, or a health care provider who transmits health information in electronic form in connection with a transaction for which HHS has adopted a standard.
- Business Associates of Covered Entities - A person or entity that performs certain functions or activities that involve the use or disclosure of protected health information on behalf of, or provides services to, a covered entity.

Before the HITECH Act required changes to HIPAA, the Privacy Rule did not govern business associates directly. The Final Rule creates direct liability for noncompliance by

business associates. A member of a covered entity's workforce is not a business associate. A covered health care provider, health plan, or health care clearinghouse can be a business associate of another covered entity. An archival repository may be considered a business associate of a covered entity if it provides a service to a covered entity, such as archival management of records that include protected health information. The Final Rule extends the HIPAA privacy and security requirements, including penalty provisions, to business associates and subcontractors of business associates. Covered Entities have until September 2014 to revise existing Business Associates Agreements (BAAs) in light of these changes.

To what extent would archival repositories be considered part of covered entities or business associates of covered entities?

HIPAA places responsibility on individual institutions to determine designation of archives and other departments as part of

- Covered entity
- Covered function in hybrid entity
- Non-covered function in hybrid entity
- Non-covered entity
- Business Associate of a covered entity
- Sub-contractors of business associates of a covered entity

Determination is based on whether a department holds and transmits identifiable health information. Archives are encouraged to contact their legal counsel to determine whether they are subject to HIPAA. The extension of the full HIPAA privacy and security requirements to business associates will likely bring many more archival repositories under the regulation of HIPAA. These repositories may want to turn for guidance to the policies and procedures of archival repositories who have been operating under HIPAA since it went into effect in 2003.

Repositories within HIPAA covered and non-covered entities must also:

- Comply with state laws applying to medical records and health information in holdings
- Comply with the Federal Common Rule for Protection of Human Subjects
- Adhere to institutional requirements for protection of health information
- Observe donor agreements for protecting health privacy

It is worth noting that HIPAA does allow covered entities to establish institutional policies on access to Protected Health Information (PHI) that are more restrictive than the requirements of HIPAA.

Definitions

Health Information - *Any information, whether oral or recorded in any form or medium:*

- *Created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse*
- *Related to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.*

Individually Identifiable Health Information – *Information that is a subset of health information, including demographic information collected from an individual*

- *Created or received by a health care provider, health plan, employer, or health care clearinghouse*
- *Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual*
 - *that identifies the individual, or*
 - *with respect to which there is a reasonable basis to believe the information can be used to identify the individual*

Protected Health Information - *PHI is individually identifiable health information transmitted or maintained in any form or medium (electronic, oral, or paper) by a covered entity or its business associates, excluding certain educational and employment records and excluding information on those individuals who have been deceased for longer than 50 years.*

List of 18 identifiers defined by HIPAA:

- *names*
- *geographic subdivisions smaller than a state*
- *all elements of dates (except year)*
- *telephone numbers*
- *facsimile numbers*
- *electronic mail addresses*
- *social security numbers*

- *medical record numbers*
- *health plan beneficiary numbers*
- *account numbers*
- *certificate/license numbers*
- *vehicle identifiers and serial numbers*
- *device identifiers and serial numbers*
- *web universal resource locators (URLs)*
- *internet protocol (IP) address numbers*
- *biometric identifiers*
- *full-face photographic images*
- *Any other unique identifying number, characteristic, or code, unless otherwise permitted by the Privacy Rule for re-identification*

Change in the Definition of Decedent PHI

Between April 14, 2003 and March 25, 2013, Protected Health Information of decedents was defined as being protected by HIPAA in perpetuity. Starting March 26, 2013, PHI no longer includes health information of individuals who have been deceased for over 50 years, i.e. those who died before March 26, 1963. Health information that relates to living individuals and those deceased for less than 50 years that is located at archival repositories subject to HIPAA or in archival holdings subject to business associate agreements remains protected. With the change in the definition of decedent PHI, archivists will now be able to determine whether individually identifiable health information of individuals for whom the death date is known is protected under HIPAA.

Archivist and researchers who use archival collections have expressed a preference to have a date from record creation when records are free from the HIPAA regulations. The changes to the Final Rule do not provide that level of certainty or finality. While HSS acknowledged the desire to designate a date from records creation, it declined to designate a date that would apply to records rather than to individuals. The Final Rule is written to protect the information of identifiable individuals and does not enable the wholesale lifting of protections from most classes of individuals whose death dates are not known or easily discovered. It lifts the protection for individually identifiable health information of those known to be deceased for over 50 years.

Archivists in their submitted comments had asked for a date from record creation after which information would no longer be protected. Archivists were not able to recommend a consensus date, and suggested dates ranged from 75 to 125 years from record

creation. OCR declined to designate a date at which records would be presumed to relate entirely to individuals deceased 50+ years.

When the date of death of an individual is impossible to determine, archivists will need to determine a best practice date by which they can assume that records relate to individuals who have been deceased for more than 50 years. Archivist may wish to look to [US Vital Statistics](#) for guidance. The estimated average length of life in 1963 was 70 years. By subtracting from the current date, both the date of 50 years from death and the 70 year average life span in 1963, one could assume that records created over 120 years ago would all relate to both deceased individuals and that on average those individuals would have been be deceased for 50 years.

Other factors to consider would be the age of the subject of the health information at the date of record creation. If the age of the subject is known or can be estimated, one could use that to determine the average length of life at that age in the year that the record was created. Archivists should take caution that this method is based on average length of life, and that individuals will have life spans that are both longer and shorter than the average. A truly safe harbor approach would be to determine the age of the oldest known human 50 years ago, and assume that all records created before that individual's birthdate would be related to individuals who have been deceased for over 50 years. For instance, according to the listing in the ["Oldest People" entry on Wikipedia](#), the oldest living person in 1963 was Mary Kelly, who was born on June 7, 1851 and died Dec 30, 1964. She turned 112 in 1963.

Records created within the past 50 years and that contain individually identifiable health information are in all likelihood protected. The likelihood that records created between 50 to 160 years ago contain protected health information decreases with the increasing age of the record. Records created more than 160 years ago are in all likelihood not subject to HIPAA's definition of PHI. As a practical matter, individual repositories will need to assess the level of risk they are willing to accept, if they want to balance the benefit of allowing access to holdings v. the risk that they may contain health information related to someone who has been deceased for less than 50 years. The Johns Hopkins HIPAA Legal Office has recommended the use a figure as low as 135 years (i.e., that a person likely lived no longer than 85 years plus the 50).

The change in the definition of decedent PHI under HIPAA does not change any state Medical Records Statute constraints on the use of information contained in medical records. Archivists should consult their legal counsel regarding the application of state

medical records statutes to decedent health information held at their repositories. Archivists should inquire as to whether their state's laws include an expiration date regarding the protection of decedent medical records. One implication of HIPAA is that the definition of what might be considered a medical or health "record" may be re-interpreted more broadly to include not only the unit medical record but now also other records that contain identifiable health information about a patient that were created as part of a health care provider relationship. This may extend to records that make their way into archival holdings of personal paper collections of individual physicians, such as patient correspondence, log books, research notes, etc. State Medical Records Statutes may contain certain exceptions that do not exist in HIPAA, so use of the medical record information on individuals who have been deceased more than 50 years is not subject to all of the same constraints to which PHI under HIPAA is subject. For example, in Maryland exceptions include use for educational or research purposes without an authorization and without need to track that use.

After March 26, 2013, decedent health information not covered by HIPAA or state medical records statutes may be used and disclosed for any purpose without needing compliance with HIPAA formalities or authorization from the patient's personal representative. This means that researchers may be able to publish identifiable health information that is no longer protected without the need to obtain individual authorization from the decedent's personal representative. Given the difficult task of identifying and locating a personal representative for the long deceased, this change provides needed relief for those wishing to re-disclose identifiable health information.

Covered entities are allowed to set policies for access and use that are more restrictive than HIPAA. During this period when repositories are still analyzing the implications of the changing definition of what information is or is not considered protected, a more risk-adverse approach would be to protect all individually identifiable health information created in the past 150-160 years until it can be determined that the information is not protected. Repositories may then want to examine whether they can allow more open access to certain categories of health information based on whether they are excluded from the protections of HIPAA and state medical records statutes. Examples of categories include patient related v. non patient related information. In reviewing the various types of photographs depicting health care settings or health conditions, archivists should consider the context of creation, standards of informed consent, and previous history of publication before allowing re-use.

Sale of PHI

The Final Rule's prohibitions on the sale of PHI may have implications for archival repositories. With certain limited exceptions, a Covered Entity may no longer receive any direct or indirect remuneration in exchange for PHI without prior patient/health plan member authorization. Exceptions include for research and to provide an individual with a copy of their own record. Remuneration is limited to the cost to provide the PHI. There is no allowance for profit margin (for a full list of exceptions, see [this site](#)). Provision of PHI for remuneration must fall under one of the exceptions. Archives subject to HIPAA will need to review their policies and fees for photocopies, reproductions, and other services that might involve remuneration of any sort and in which PHI is provided to make sure that they can justify that fees are based solely on cost recovery and do not involve a profit margin.

Disclosure about a Decedent to Family Members and Others Involved in Care

The Final Rule permits Covered Entities to disclose a decedent's PHI to family members and others who were involved in the care or payment for care of the decedent prior to death, unless doing so is inconsistent with any prior expressed preference of the decedent that is known to the Covered Entity. This modification changes the previous rule, which permitted disclosure to the decedent's personal representative only, and is designed to alleviate some of the difficulties family members or others had faced in trying to obtain information after such individual had passed, especially shortly after the passing, when a personal representative may not have been yet appointed or determined. The Final Rule limits such disclosure to that information relevant to the family member or other person's involvement in the decedent's healthcare or payment for health care.

The Final Rule did not address comments submitted by archivists asking whether the permitted disclosures to family members could be extended to requests from genealogists requesting information about family members who have been deceased for less than 50 years. Johns Hopkins HIPAA legal office has advised that this modification to the rule does not extend to medical genealogy requests, but is instead limited to requests from family members involved in the care of the patient during the period immediately following the death of the patient.

GINA

The Final Rule implements many of the requirements set forth in the Genetic Information Nondiscrimination Act of 2008 (GINA), including clarifying that genetic information is health information under the Privacy Rule. "Genetic information" includes information about genetic tests and about diseases and disorders manifested in an individual's family member (i.e., family health history).

Enforcement Rule

Larger penalties and enforcement provisions have been enacted putting Covered Entities and their business associates at greater risk of regulatory scrutiny and fines in the event of a substantiated violation of HIPAA. The Final Rule establishes four tiers of Civil Monetary Penalties based on culpability levels: (1) reasonable diligence, (2) reasonable cause, (3) willful neglect that is corrected within 30 days, (4) willful neglect that is not corrected within 30 days. Maximum fines can be up to \$50,000 per violation per day per patient, up to a maximum of \$1.5 million per year for the same violation. These amounts can increase drastically when multiple violations and multiple Covered Entities are involved. Aggravating and mitigating factors will be considered in determining the outcome, such as reputational, physical or financial harm to the affected individuals, the number of individuals affected, and prior indications of noncompliance by the Covered Entity.

Access for Research

The Privacy Rule allows access to protected health information (PHI) for research purposes under limited circumstances, and only when that research corresponds to the Rule's definition of research: *Research means a systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge.*

In most circumstances, the researcher must obtain authorization from the individual whose PHI he wishes to use or disclose. However, a Privacy Board or Institutional Review Board may grant a waiver of the required individual authorization to use or disclose PHI. In order to be considered for this waiver, the researcher must demonstrate to the Privacy Board or IRB that his plan of research meets certain criteria. Researchers must have a plan to protect PHI. Institutions may not waive the individual's right to authorize publication of PHI. Researchers should only be allowed access to the minimum necessary amount of PHI needed for their research activity.

The Final Rule left unchanged the HITECH Act's default definition of "minimum necessary" as meaning a "limited data set," and did not provide any additional guidance on this standard. A "limited data set" is medical information from which has been removed all identifiers except dates and address no more specific than the city, state and zip code. Additional identifiers may be used when needed in a given context but only if specifically justified. This minimum necessary standard applies to all uses and disclosures of PHI.

Archives that find themselves now subject to HIPAA may want to refer requests for access to PHI to IRBs or to set up a Privacy Board to review applications from researchers for waivers of authorization. Archivists are encouraged to become engaged in the review process as members of or as advisors to IRBs or Privacy Boards to provide their analysis of the risks involved in research access to materials held by their repositories. Archivists are better equipped to understand the context of creation and risks associated with records under their management and care. Fortunately, HIPAA does allow provisions for research. The regulations established by HIPAA can help to enable research access to patient related holdings. At Johns Hopkins, use of archival patient related holdings has actually increased since HIPAA went into effect rather than decreased.

Compliance with HIPAA does require sufficient care and involves significant effort to reduce the risk of a breach. Archivists newly subject to HIPAA should educate themselves about the Privacy Rule and can look to archivists at repositories who have been operating under HIPAA since 2003 for advice and expertise. The ALHHS and the Society of American Archivists' Science, Technology, and Health Care Roundtable's HIPAA [Resource page](#) is also a source for information on HIPAA.

Phoebe Evans Letocha

Collections Management Archivist
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NEWS FROM THE HISTORY OF MEDICINE DIVISION OF THE NATIONAL LIBRARY OF MEDICINE

NLM Mourns Loss of Former U.S. Surgeon General C. Everett Koop

Dr. C. Everett Koop died on February 25, 2013 at his home in Hanover, New Hampshire. He was 96.

After a 35-year career as an internationally acclaimed pediatric surgeon, during the 1980s Dr. C. Everett Koop turned a federal office with a minimal budget and staff, the office of the U.S. Surgeon General, into the most authoritative platform from which to educate the nation on matters of health promotion, disease prevention, and emerging health threats, including smoking, domestic violence, disability



rights, and, most urgently, AIDS. Koop helped the nation face this most fearsome emerging infectious disease. On this and other issues he often surprised supporters and critics alike. "I had the privilege of working with Dr. Koop, and seeing firsthand his commitment to public health, when as Surgeon General he served on the National Library of Medicine Board of Regents," said NLM Director Dr. Donald A.B. Lindberg. "It is especially fitting that his papers are part of the Library's online collection, *Profiles in Science*, given that he was such a strong advocate of health information for the public and the use of the Internet for disseminating it."

Through NLM's [*Profiles in Science*](#) Web site, which is dedicated to the lives and works of 20th century leaders in science, medicine, and public health, visitors may view a selection of the [C. Everett Koop Papers](#), including correspondence, speeches, lecture notes, published articles and editorials, photographs, and audiovisual recordings illustrating Dr. Koop's tenure as U.S. Surgeon General, from 1981 to 1989. Visitors to the site can view, for example, a transcript of Dr. Koop's press conference announcing the release of [his seminal report on AIDS in October 1986](#), as well as [photographs from his career as a pediatric surgeon](#). *Profiles in Science* also places Dr. Koop's

accomplishments as Surgeon General in the context of the medical advances, political debates, and cultural developments of the 1980s. As a special feature of this site, Dr. Koop provided [introductions to many of his speeches](#) in which he describes their context, setting, and impact. [The Reports of the Surgeon General](#), including those authored by Dr. Koop, are also available online through the National Library of Medicine.

Individuals interested in conducting research in the C. Everett Koop Papers are invited to consult [the finding aid to the collection](#) and/or [contact](#) the National Library of Medicine. A statement on the passing of former Surgeon General C. Everett Koop by Francis S. Collins, M.D., Ph.D., Director, National Institutes of Health, can be found [here](#).

National Digital Stewardship Residency at NLM Focuses on Web Harvesting

The History of Medicine Division will host NLM's resident under the National Digital Stewardship Residency (NDSR), a new program created by the Library of Congress (LC) in partnership with the Institute of Museum and Library Services (IMLS).

Under the mentorship of Christie Moffatt, Manager, Digital Manuscripts Program, the resident will develop a collection of Web content on a specific theme or topic, such as medicine and art or the e-patient movement. This project builds on a [pilot web archive](#) collection completed by NLM last year and [featured in LC's *The Signal* in October 2012](#). The final web archive collection will become part of the permanent collections of NLM.

The National Digital Stewardship Residency program enables ten recent Master's program graduates to complete a paid nine-month residency at various institutions in the Washington, D.C., area. Beginning in September 2013, residents will attend an intensive two-week digital stewardship workshop at the Library of Congress, and then move to a host institution to work on a digital stewardship project.

The [entire list of projects](#) is available on the NDSR web site. LC and IMLS are accepting applications until April 5, 2013. Applicants can [apply online](#) through [USAJOBS](#).

Turn the Pages of a Rare Book on Medicinal Plants from the NLM Collections

Elizabeth Blackwell (1700-1758) was the daughter of a successful Scottish merchant and one of the first women to establish herself as a botanical illustrator.



Now available from the National Library of Medicine, the world's largest medical library and a component of the National Institutes of Health, is a ["Turning the Pages"](#) virtual version of Blackwell's [A Curious Herbal](#), a book published in London in parts between 1737 and 1739. Today, this book is widely recognized by scholars and the public alike for its colorful and detailed illustrations of hundreds of medicinal plants. This "Turning the Pages" project includes 38 curated images from the over 500 plates in the book. Here readers will learn about Blackwell's medicinal uses for plants, such as the white lily which she thought to be "good for all pains of the joints and contracted nerves," and the grape vine which "strengthens the stomach, helps digestion, comforts ye bowels, and is a great preservative against the plague."

Blackwell originally conceived of *A Curious Herbal* to describe and illustrate medicinal plants from the New World because her husband, Alexander, had been sent to debtors' prison in London, and they had an urgent need to raise funds. Blackwell selected and studied plant specimens at the Chelsea Physick Garden and drew the plants, while her husband wrote much of the text using his medical training.

Launched at the NLM in 2001, "Turning the Pages" is part of an ongoing collaboration between research engineers at the Lister Hill National Center for Biomedical Communications and curators and historians at the NLM's History of Medicine Division, to help make the NLM's rare and unique history of medicine collections widely available to the public.

For more information, or to schedule a visit to NLM's History of Medicine Division, please call 301.402.8878, or send email to: hmdref@nlm.nih.gov

Educational Resources Made Available to Understand the Life and Work of Charles R. Drew, African-American Surgeon and Blood Bank Pioneer

In 2010, NLM's *Profiles in Science* project, in collaboration with Howard University's Moorland Spingarn Center, mounted a site on African-American surgeon and blood bank pioneer Dr. Charles R. Drew. This year, that site is enhanced with educational resources to support classroom investigations into Dr. Drew's life and work. These resources resulted from collaborative work between HMD's Exhibition Section, which has a long-standing educational program, and the Digital Manuscripts Program of the Images and Archives Section, which developed the Profiles content.



Three lesson plans are designed for middle and high school levels: "[Charles R. Drew: Athlete, Surgeon, Innovator, Mentor!](#)" (7-8 grades), "[Charles R. Drew Through Digital Primary and Secondary Sources](#)" (9-10 grades), and "[Reading and Understanding Charles R. Drew](#)" (11-12 grades and undergraduate introductory level).

These lesson plans provide detailed class procedures, background information, suggested extension activities, relevant standards, and learning outcomes, as well as a complete set of instructional materials.

The fourth resource, "[Life after Death: Dr. Charles Drew, Civil Rights, and the Legacy of Race](#)," is a higher education module that outlines six one-hour classes, each of which offers an introduction, a list of readings and other instructional materials, and class discussion questions.

African-American surgeon Charles R. Drew (1904–1950) organized and directed America's first large-scale blood bank program during the early years of World War II. He also worked tirelessly to provide access to medical training to African-American

students, and to improve the quality of that training. Forging a career as an African-American professional in 20th-century America led to great challenges, while his untimely death in an auto accident created an enduring myth entwining race and medicine.

The Charles Drew educational resources are available through the [Charles Drew site on Profiles in Science](#), and through the Exhibition Program's "[Education Services: Online Resources](#)" website.

Jeffrey S. Reznick

Deputy Chief, History of Medicine Division
National Library of Medicine

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NEWS FROM THE WELLCOME LIBRARY

Wellcome Collection Development

The Wellcome Library will be undergoing major changes as part of the all-building development project [announced in October 2012](#). Here's how the building works may affect visitors to the Library:

- Until 20 June: Business as usual; all normal services fully operational.
- 20 June to early August: Full services will be running, but there may be some noise from the building works.
- Early August 2013 to summer 2014: We will be open for business, but there will be disruptions to services and some Library areas will be temporarily closed.

Most collections will be available at all times, and online resources will be available to Library members as usual.

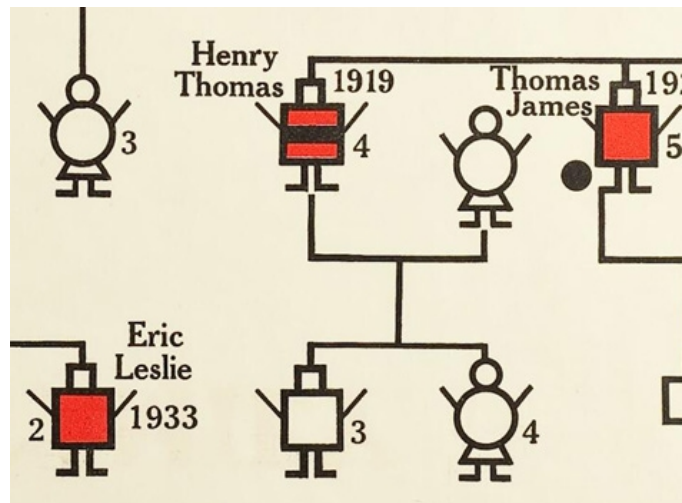
If you are planning to visit the Library over the summer, you might find it useful to contact us (library@wellcome.ac.uk) in advance of your visit to discuss which materials you would like to consult and when you plan to visit to ensure your research trip goes as smoothly as possible.

Codebreakers: Makers of Modern Genetics

Back in 2010 we began a long-term project to digitise our collections. Our aim was (and is) to put 30 million pages online by 2020. We've now taken a major step towards that goal. [Codebreakers: the makers of modern genetics](#) contains over a million pages of books and archives relating to the history of genetics. Another half million pages will be added over the next few months. Much of this material is from the Wellcome Library, but we've also worked with five partners – [Cold Spring Harbor Laboratory Library](#), [King's College London](#), [University College London](#), [Glasgow University](#) and the [Churchill Archives Centre](#) – who have digitised some of their collections to place alongside ours.

So what do we have? Well, we have digitised or are digitising twenty archive collections. They include the papers of Francis Crick, James Watson, Maurice Wilkins and Rosalind Franklin – the four individuals most closely associated with the discovery of the 'double helix' structure of DNA in 1953.

We also have collections that help place their work in a broader context. From the first half of the 20th century we have the archive of the Eugenics Society, made available by kind permission of the Council of the Galton Institute, and the papers of J. B. S. Haldane, a leading figure in pre-war British science and the first Professor of Genetics at University College London. From the post-war period we have, amongst others, the collections of Guido Pontecorvo



Heredity Charts I-VI: published for the Eugenics Society (SA/EUG/G.47)

and his students Malcolm Ferguson-Smith and James Renwick, who helped make Glasgow a leading centre for the study of medical genetics. We've also digitised over a thousand books covering the science, history and social and cultural aspects of genetics and related disciplines, mostly from the 20th century.

You can find these collections by searching our catalogue, just as you would if you were visiting the library (which means you can also find other relevant material that we haven't yet digitised). Digital content can be viewed in our new player.

If you want to browse the digitised collections by subject, discover the background to the individuals and organisations, or find out more about the history of modern genetics we've provided a range of resources in the *Codebreakers* section of our website. We've also added an [interactive timeline](#) that includes links to selected items from the archives to provide an alternative way in to the subject.

Together, we hope these collections will be a useful resource for researchers. Our aim has been to digitise as much as we can, rather than just the highlights of the collection. There is some material that we haven't been able to put online because of sensitivity or copyright issues. You'll discover too that when you try to look at a lot of the digitised archives you need to log in. We've tried to make this as painless as possible: you don't need to be a card-carrying library member, for example. But you do need to accept our conditions of use, which helps us fulfil our responsibilities as custodians of archives containing personal data.

As always, we welcome your feedback, which will help us not only improve *Codebreakers*, but also shape our next big digitisation project on the theme of mental health and neuroscience, which will begin in May 2013. Over the course of the next three years we will also release other smaller, but still significant batches of digitised content, starting in summer 2013 with over seven thousand reports published by Medical Officers of Health in London between the 1840s and 1970s.

Author: Dr Simon Chaplin

A new address for the Library... on the web

Keen-eyed readers of *The Watermark* might have noticed that the Library recently moved. Not physically, but we did move in the virtual world, to new URLs.

You will be redirected to our new URLs when you visit. If you prefer to update your links and bookmarks yourself, our new addresses are:

Library web site: <http://wellcomelibrary.org/>

Library catalogue: <http://catalogue.wellcomelibrary.org/>

Archives and manuscripts catalogue: <http://archives.wellcomelibrary.org/>

Wellcome Images: <http://wellcomeimages.org/>

Library blog: <http://blog.wellcomelibrary.org/>

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: Katherine “Kathie” Burger Johnson

Member of ALHHS since: ??

Hometown: Louisville, KY

Current Employer and Position: Kornhauser Health Sciences Library, University of Louisville, Archivist/Curator of History Collections. (I have the perfect job!)

Education: BLS (1983) and MA (1993) University of Louisville

Professional interests: 20th century Social History; History of Nursing; World War I American medicine and nursing

Other facts, interests, or hobbies:

- Born and raised in St. Paul, MN.
- Married with 3 adult children and 3 grandchildren
- Studied at Winona State University for two years, then returned to college as a “mature” student, finishing undergrad at age 33 and grad at age 43
- Until January 2013 was .60 FTE at University Archives and Records Center (UARC) and .40 FTE at the History Collections, Kornhauser Library. Now 1.0 FTE at Kornhauser. Have been employed at U of L for over 18 years.
- Attended 1 year of law school before switching to grad program in U.S. History.
- Taught natural childbirth classes from 1975-1980
- Loves to read, especially mysteries, autobiographies/biographies/memoirs, non-fiction
- Loves movies, especially classics from the 1930s-1940s; loves live theatre as well
- Favorite music – Broadway show tunes, folk, bluegrass, Baroque. Favorite artist – is there anyone else? - Streisand
- Likes to travel–favorite destination – anywhere in the Caribbean; New York City



- Survivor of cardio-vascular disease (bypass surgery in August 2002)
- Favorite spot to relax: Lakeside Swim Club, an old stone quarry converted to a pool, located 2 blocks from my house

Name: Michael Rhode

Member of ALHHS since: Embarrassingly, I'm not sure. I would guess sometime in the early 1990s, but I lapsed at some point, and came back in the late 2000s.

Hometown: New Milford, NJ

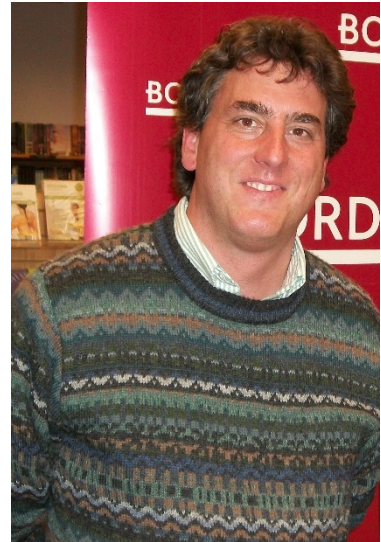
Current Employer and Position: Archivist / Curator, US Navy Bureau of Medicine and Surgery (BUMED) Office of Medical History

Education: BA (history), George Washington University.

Professional interests: I spent most of my professional career at the National Museum of Health & Medicine, in charge of their archives. Since the museum was founded in 1862 as the Army Medical Museum, it had a rich

collection and my interests were shaped by that. I work on the history of the museum, medical photography, the Civil War, military medicine and medical museums. Most recently I wrote a story on the founding of the medical museum during the Civil War that was illustrated by Kevin Rechin and appeared in the anthology *District Comics: An Unconventional History of Washington, DC* (Fulcrum Publishing, 2012). Moving to the Navy in the fall of 2012 will hopefully eventually bring to the fore a new set of interests, but as I'm their first professional archivist, I'm spending a lot of time arranging and describing the collection.

Other facts, interests, or hobbies: I've always been a big reader, and I'm particularly interested in comic art – comic books, cartooning, editorial cartoons... I actually have far more publications in the history of that field. I edited the book *Harvey Pekar: Conversations* (University Press of Mississippi, 2008), and most recently have lectured and written on cancer in comic books. One of my largest projects is an online *Comics Research Bibliography* and a two-volume self-published 2012 print edition came in at around 900 pages. I'm also the Exhibit and Media Reviews editor for the *International Journal of Comic Art*.



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REPOSITORY NEWS

Issues of Navy Medicine Now Available Online

The Office of Medical History in the U.S. Navy's Bureau of Medicine and Surgery is scanning the journal *Navy Medicine*. A decade's worth of issues from the 1990s can be found on [Internet Archive](#).

Many of the issues have articles on World War II to commemorate its 50th anniversary and other aspects of navy medical history are covered extensively.

Michael Rhode

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

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News from the Center for the History of Family Medicine

CHFM Obtains Moore Collection in the History of Family Medicine

The Center for the History of Family Medicine (CHFM) is proud to announce that it has acquired a significant new donation in the form of 500 titles from Dr. Adam G. N. Moore's personal library which will constitute the new Adam G.N. Moore, MD Collection in the history of Family Medicine at CHFM.

Son of psychiatrist and poet Merrill Moore, MD, and Ann Leslie Nichol Moore, a specialist in pre-school education, Dr. Moore is a graduate of Harvard College, and of Aberdeen University Faculty of Medicine in Scotland, where he received the M.B. and Ch.B. degrees in 1964. After serving as a resident at the Aberdeen Royal Infirmary and in its "Casualty" (Emergency) Department, Dr. Moore returned to the United States and completed additional residencies in pediatrics and medicine at Carney Hospital in the Dorchester section of Boston, Massachusetts.

A self-described "old family doc," Dr. Moore practiced for three decades as a family physician in his hometown of Squantum, Massachusetts. After closing his private solo practice in 1997, Dr. & Mrs. Moore retired to New Hampshire.

In addition to his professional career, Dr. Moore served the venerable (and enormous) Boston Medical Library for more than thirty years as Secretary and/or as a member of its Board of Trustees. Over the course of the last six decades, he has also brought together a large personal library and collection of artifacts relating to interests in areas such as medicine, natural history, cartography and dictionaries.

The newly created Moore Collection in the history of Family Medicine at CHFM consists of titles which Dr. Moore describes as “the book you'd have if you didn't have a doctor.” The collection relates to the history of family medicine, from pre-revolutionary America up to the present day. According to Dr. Moore, “These materials have been collected with the intention of showing, in an historical context, how people's health has been maintained, and also how their medical problems have been recognized, interpreted and treated . . . For literally many decades, topical loan exhibits have been prepared and lent anonymously from these holdings for use by schools, hospitals, libraries, museums and other venues in association with their special events or for general interest. Since use of the internet has become widespread, the potential usefulness of this eclectic type of collection has broadened considerably.”

Dr. and Mrs. Moore's gift is the most significant collection of books on the history of family medicine to be donated to the Center in its more than two decades of operation. “As it is perhaps the most comprehensive private library relating to the history of family medicine, we are very excited to receive the Moore gift and include it in our permanent collections,” said CHFM Manager Don Ivey. “This material is ideal for use as a research, reference and teaching resource to demonstrate both how the specialty has evolved over time and how important family medicine has been, and continues to be, in the development of medicine in America as a whole.”

CHFM Announces Online Collection Catalog Resource

The Center for the History of Family Medicine is proud to announce that the Fourth Edition of its collections catalog is now available online.

The CHFM's *Guide to the Collections of the Center for the History of Family Medicine* features a complete listing of the Center's archival, library and museum holdings, which serve to document the history, development and practice of family medicine throughout the history of the specialty. Beginning in February, the completely revised and updated Fourth Edition of the *Guide* has been available as a free, downloadable and fully searchable pdf file through the Center's [website](#).

Housed at the national headquarters of the American Academy of Family Physicians (AAFP) and administered by the non-profit AAFP Foundation, 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. For more information on the Center, please contact Center staff via telephone at 1-800-274-2237 (ext. 4420 or 4422), via fax at (913) 906-6095, via e-mail at chfm@aafp.org or visit [our website](#).

Don Ivey

Manager, Center for the History of Family Medicine
American Academy of Family Physicians Foundation

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Horace Hodes Papers Open at Mount Sinai Medical Center

The Archives at The Mount Sinai Medical Center in New York recently opened the papers of Horace L. Hodes, MD (1907-1989), a distinguished pediatrician who served for many years as Director of Pediatrics at The Mount Sinai Hospital and as the first Herbert H. Lehman Professor and Chairman of Pediatrics at Mount Sinai School of Medicine. This collection will be of particular interest to researchers studying twentieth-century pediatrics, polio and virology.

Dr. Hodes was responsible for numerous major discoveries in pediatric virology and bacteriology. While still a medical student at the University of Pennsylvania, he and a classmate published a groundbreaking paper demonstrating the intestinal action of Vitamin D. As chief pediatrician at Johns Hopkins Hospital he developed a method for neutralizing viruses with ultraviolet light and was the first researcher to isolate and describe viral diarrhea in human beings. In 1949 he joined Mount Sinai, where he conducted important polio research, and in 1953 he established a polio respirator center for children and adults. In the early 1950s he was a member of the American Academy of Pediatrics panel that testified before Congress on the efficacy of the Salk vaccine. Hodes also created a division of genetics within his department in 1967, which has grown into today's Dept. of Genetics and Genomic Sciences. He retired from clinical practice in 1976 but continued an active teaching and research career until his death in 1989.

The Papers of Horace Hodes (1930-1987; 6 feet) contain medical research files, including laboratory notes for major papers as well as records related to his service on the Salk vaccine panel. They include the records of his service to the American Academy of Pediatrics (as President in 1974/75 and as a member of various task forces), his work as a consultant to the National Institute of Child Health and Human Development, and his role in establishing a national amniocentesis registry, as well as other projects. The collection documents Dr. Hodes' many contributions to Mount Sinai, including his service on various committees and his role in establishing the Jack Martin Polio Respirator Center and the Bela Schick Pediatric Society. It also contains correspondence with major figures in twentieth-century pediatrics, including Edwards A. Park and Albert Sabin. A [finding aid](#) is available online.

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Guide to Medical History Resources Published by University of Pennsylvania Archives

The University Archives and Records Center of the University of Pennsylvania is proud to announce the online publication of [Medical History at the University of Pennsylvania](#). Created by Senior Archivist Joseph-James Ahern and edited by the Director of University Archives Mark Frazier Lloyd, this guide is designed to assist researchers in accessing the Archives' holdings related to medical history. Included are faculty minutes, student records, lecture notes, administrative records, and publications. The guide is organized by the headings: Hospitals, Medical Education (including Administration, Faculty, and Students), Medical Research, and Physicians Papers.

The University Archives and Records Center is the official repository for historically significant documents and other materials for the University of Pennsylvania. The holdings extend to all aspects of the history of the University, including the personal and professional papers of prominent persons associated with the University. The collections also document the history of institutions of higher learning in the United States, American intellectual life, and the Philadelphia community in which the University lives. The University Archives strives to ensure the timeless preservation of these historically significant materials and to make these materials available to researchers.

Located at 3401 Market Street, Suite 210 in the University City section of Philadelphia, the University Archives is open to the University community and the scholarly public Monday – Friday, 9:30 am to 4:30 pm. Additional information can be found on the [University Archives website](#).

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News from the Yale Medical Historical Library

Photographs of Civil War Soldiers from Harewood Hospital, Washington, D.C., 1863-1866, January 16th-April 1st, 2013

One hundred and fifty years ago, the Civil War raged throughout the United States, creating thousands of casualties. Yale's Medical Historical Library explored Civil War medicine through the haunting photographs of wounded soldiers in an exhibit, *Portraits of Wounded Bodies: Photographs of Civil War Soldiers from Harewood Hospital, Washington, D.C., 1863-1866*, that was on view through April 1st. Curated by Heidi Knoblauch, a doctoral student in Yale's Section of the History of Medicine, and Melissa Grafe, John R. Bumstead Librarian for Medical History, selections from a set of 93 photographic portraits from Harewood Hospital, Washington D.C. were on display in the Rotunda of the Cushing/Whitney Medical Library, Yale University. These images, some quite graphic, depict soldiers recovering from a variety of wounds, including gunshot wounds. The soldiers' case histories and stories, analyzed by Heidi Knoblauch, were part of a larger examination of medical photography and Civil War memory as America commemorates the 150th anniversary of the war. In the foyer of Sterling Hall, the exhibit expanded to include a larger discussion of Civil War medicine and surgery, including hospitals and nurses, using images and materials from the Medical Historical Library. For those readers who were unable to see the exhibit in New Haven, an online version of the Harewood Hospital photographs is available in the [Digital Library](#) of the [Medical Historical Library](#).

Ferenc Gyogyey Research Travel Award Available

The Historical Library of the Harvey Cushing/John Hay Whitney Medical Library at Yale University is pleased to announce its sixth annual Ferenc Gyogyey Research Travel Award for use of the Historical Library.

The Medical Historical Library, located in New Haven, Connecticut, holds one of the country's largest collections of rare medical books, journals, prints, photographs, and

pamphlets. Special strengths are the works of Hippocrates, Galen, Vesalius, Boyle, Harvey, Culpeper, Haller, Priestley, and S. Weir Mitchell, and works on anesthesia, and smallpox inoculation and vaccination. The Library owns over fifty medieval and renaissance manuscripts, Arabic and Persian manuscripts, and over 300 medical incunabula. The notable Clements C. Fry Collection of Prints and Drawings has over 2,500 fine prints, drawings, and posters from the 15th century to the present on medical subjects. The library also holds a great collection of tobacco advertisements and a large group of materials from Harvey Cushing, one of the founding fathers of neurosurgery.

The [2013-2014 travel grant](#) is available to historians, medical practitioners, and other researchers who wish to use the collections of the Medical Historical Library.

There is a single award of up to \$1,500 for one week of research during the academic fiscal year July 1, 2013 - June 30, 2014. Funds may be used for transportation, housing, food, and photographic reproductions. The award is limited to residents of the United States and Canada. Applicants should send a curriculum vitae and a description of the project including the relevance of the collections of the Historical Library to the project, and two references attesting to the particular project. Preference will be given to applicants beyond commuting distance to the Historical Library. This award is for use of Medical Historical special collections and is not intended for primary use of special collections in other libraries at Yale. Applications are due by Sunday, APRIL 28th, 2013. They will be considered by a committee and the candidates will be informed by JUNE 3rd, 2013. An application form can be found on [our website](#).

Applications and requests for further information should be sent to:

Melissa Grafe, Ph.D, John R. Bumstead Librarian for Medical History
Harvey Cushing/John Hay Whitney Medical Library
Yale University
P.O. Box 208014
New Haven, CT 06520-8014
Telephone: 203- 785-4354 Fax: 203-785-5636 E-mail: melissa.grafe@yale.edu

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BOOK REVIEWS

Pratik Chakrabarti. *Bacteriology in British India: Laboratory Medicine in the Topics*. Rochester: University of Rochester Press, 2012. 316 p. \$90.00. ISBN: 9781580464086

Seldom does a history of laboratory science manage to fuse the “facts” of medical science with a central discussion of the cultural landscape upon which science is superimposed. Pratik Chakrabarti almost seamlessly blended the scientific and the social in his outstanding work.

Chakrabarti organized his work logically, though not strictly chronologically. Instead, he chose to examine his subject thematically, beginning with an examination of the place of tropics in the mind of Europeans. The tropics were remote and forbidding places where primeval forests smothered in un-European heat and humidity harbored wild animals, deadly disease, and people perceived as un-evolved, even primitive. Chakrabarti reminds the reader that such preconceptions informed scientists’ notions about the high rate of decomposition of organic matter and consequent production of disease-carrying gases and accumulated filth which stood ever ready to spontaneously produce deadly germs. Even the ascendancy of germ theory served to further color the view of the tropics in the eyes of Europeans as a place teeming with bacteria and parasites.

In perhaps his most brilliant rendering of the worlds inhabited by European and Indian, the author took care to offer not simply a European view of India, but a multifaceted Indian view of European practices. On the one hand, Chakrabarti described how some Indians understood that science held the promise of better health and fewer deaths - a path to a modern future. Others, however, believed European scientific practices injured Indian spiritual practices – as was the case with vivisection and the usage of pork products – while at the same time such work produced few concrete examples of applied methods to Indian health problems. As a result of this framing, the narrative has a constant undercurrent of tension between European and Indian, science and traditional culture, an at-times Kipling-esque sense of European colonials penetrating the mysteries of the tropical wilderness while European scientist-colonials penetrated the wilderness of tropical pathogen and toxin. And like most colonials who lived within European enclaves in even the most densely populated Indian cities, administrators and scientists established the first important laboratories in Indian at high elevations, away from

stinking jungle and crowded cities – and away from the heart of the diseases they were tasked with curing.

Chakrabarti entwined the cultural with an examination of the construction of a modest, but important, network of bacteriologic labs based upon the European standards of Pasteur and Koch. Four major illnesses were of particular interest to scientists; rabies, cholera, bubonic plague, and snakebite. With the exception of poisonous snakes, each of these diseases threatened Europe to some degree but, Chakrabarti insists, the diseases assumed a more malevolent character in the eyes of scientists working in India as these maladies seemed somehow more powerful and deadly when rampaging in India. Chakrabarti is correct to point to this conception as a cultural construct, but should also mention that the endemicity of cholera and the greater incidence of rabies in India than Europe did indicate a problem on a scale that was much worse – and more deadly – than the low rate of rabies in Europe and the periodic, and by the late-nineteenth century waning, incidence of cholera on the continent. Even as European scientists worked furiously to expand their knowledge through laboratory work, they argued about the merits of sharing their work and knowledge with “native” scientists who might use science as a means to attack colonial repression. Chakrabarti highlights the shortfalls of such work: for instance, snakebite deaths were reduced by elimination of serpents, not antivenin breakthroughs.

Bacteriology in the Tropics is a tour de force of science and the socio-cultural prism through which it is viewed. Chakrabarti’s work should be required reading for anyone interested in cross-cultural conceptions of scientific inquiry and the early history of European scientific research in colonial regions. Indeed, it is difficult to conceive of a better treatment of the subject from either the scientific or cultural perspective.

James Higgins

Department of History
Lehigh University

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Michael Bliss. *Writing History: A Professor's Life*. Toronto: Dundurn, 2011. 428 pp. \$40.00, £22.00. ISBN: 978-1-55488-953-2

Writing History is an adventure story: young man sets out from a small provincial town (Kingsville, Ontario), makes his way to the capitol, where he undergoes initiation into the historical profession at the University of Toronto (U of T). The newly-dubbed Historian then enters and (mainly) wins – competitions for fame and fortune, performs mighty deeds, and travels around the world as a knight-errant (This being an autobiography, the protagonist – the Historian – narrates the story).

Appointments and rapid promotions at the U of T bring honor and wealth: a teaching assistantship to U of T President Claude T. Bissel, while the latter is visiting professor at Harvard University (1967-68); a Lectureship in the U of T History Department a year later; Assistant Professorship upon completion of a dissertation (1972); Associate Professorship after the first book (1974); full Professorship after the next (1978); and finally an “elite” University Professorship (2001).

Books comprise the Historian's mighty deeds: *The Discovery of Insulin* (1982); *Banting: A Biography* (1984); *Plague: A Story of Smallpox in Montreal* (1991); *William Osler: A Life in Medicine* (1999); *Harvey Cushing: A Life in Surgery* (2005); and *The Making of Modern Medicine: Turning Points in the Treatment of Disease* (2011); to mention only works in medical history.

Outside the University, the Historian captures the John A. Macdonald Prize, the F. X. Garneau Prize, the William H. Welch Medal, and a Royal Society of Canada Fellowship. Equally important, medical schools, governmental agencies, and pharmaceutical companies sponsor his extensive travel across North America, the United Kingdom, and continental Europe to speak about the history of insulin and his medical biographies.

At retirement from the U of T in 2006, Professor Bliss stood as the premier historian of the internalist tradition in medical history, that is, the school which focuses chiefly upon the internal evolution of medical science/medical practice and the agency of individual physicians and scientists. The oldest tradition in the history of medicine, it stands opposed to historians who rely primarily upon social and cultural factors when describing and explaining health and disease. Bliss's large biographical output locates him in the internalist tradition, as do his monographs, which are usually biographically oriented.

Writing History, composed after retirement from teaching, echoes Professor Bliss's biographies of Frederick G. Banting, William Osler, and Harvey Cushing. All four books are cast as quest stories: Osler journeyed to fame from provincial Bonds Head, Upper Canada, to Montreal, Philadelphia, Baltimore, and finally Oxford – from the periphery to the center of the English-speaking world; Banting travelled from obscurity as a provincial practitioner to world-wide fame and fortune as the discoverer of insulin, winning the Nobel Prize in 1923; and Cushing became a “living legend” by surgically exploring the *terra incognita* of the human brain. The Historian, too, journeyed from obscurity in Kingsville, Ontario, to Toronto, and then to world-wide acclaim by writing biographies of a world-renowned laboratory scientist, a world-renowned physician, and a world-renowned surgeon. The Historian's metaphorical identification of his career with those of his companions, Osler, Banting, and Cushing, provides unity and coherence to *Writing History*. At the same time, it generates the book's social, cognitive, and emotional power. Although the Historian does not quote them, Lord Tennyson's famous lines from “Ulysses” express the virtues – boldness, courage, hard work, and resilience– that hold the four together:

and tho'

We are not now that strength which in old days

Moved earth and heaven, that which we are, --

One equal temper of heroic hearts,

Made weak by time and fate, but strong in will

To strive, to seek, to find, and not to yield.

Besides being a quest-story, *Writing History* is one of redemption also. A major theme of internalist medical history is the profession's redemption of mankind from pain, suffering and sometimes even death. Anesthesia, antisepsis, insulin, and antibiotics, for example, provide historical paradigms of this approach, as do surgical interventions for appendicitis, epilepsy, and battle-field trauma. To these stories of the internalist tradition, the Historian adds his own. Ill-health – and the medical profession's inability to deal with it – laid low the Bliss family in Kingsville. The father, Quartus, mis-cast as a general practitioner, overworked, and subject to heart disease, dies aged 54, while breakfasting with the fifteen-year old Historian. The mother, likewise mis-cast in small-town Ontario, alcoholic, and toxic, creates an unreal, “gothic” environment during her son's adolescence. The family's ill-health extended to the Historian's older brother, as well. Diagnosed in college with an incurable vascular disease, he dies prematurely in 1969, at the start of a brilliant career as physiologist and teacher at McGill University's Faculty of

Medicine. The Historian, to the contrary, lives a healthy life into his 70s and an idyllic retirement. With a strong will, a disciplined life-style, and good-fortune, the Historian forms an intact, supportive, and well-integrated family and achieves a productive and supremely successful career in medical history. He thus redeems the unfulfilled promise of his Kingsville family. By identifying metaphorically the Historian's own story with that of modern medicine, Professor Bliss imbues *Writing History* with a remarkable emotional power.

Potential readers will best understand and appreciate this bold and skillfully crafted work by being mindful how autobiography differs from biography and history. When most successful, autobiography makes the self-perceptions of the author its primary subject; successful biography and history, on the other hand, subordinate an author's self-perception to the results of library and archival research. Reading the former is like sipping a stiff single-malt Scotch; reading the latter is like drinking a mellower blend.

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Henry K. Sharp and Morton C. Wilhelm. *A History of Cancer Care at the University of Virginia 1901-2011*. Lancaster, Pennsylvania: DEStech Publications, Inc., 2011. x, 190 p., 2 DVDs. \$35. ISBN: 978-1-60595-038-9

The foreword to *A History of Cancer Care at the University of Virginia 1901-2011* traces the book's inception to conversations between co-author Morton C. Wilhelm, M.D. and University of Virginia's (UVA) Curator for Historical Collections Joan Echtenkamp Klein that highlighted the fact that the history of the UVA cancer treatment program was not well-documented. Many of those who were central to the story had died and only scattered evidence of their contributions to the program's evolution existed. Although this acknowledgement of gaps that exist within the historical record might be commonplace within every special collections department, Morton and Echtenkamp Klein took the perhaps less-travelled road to do something proactively to correct the situation. An energetic history committee was formed to pursue the option of creating a book to document this history and many individuals worked diligently to track down historical resources and capture the historical reflections of key figures through oral history interviews. Joined by co-author Henry K. Sharp, an historian and long-term UVA

Historical Collections staff member, the result of their hard work was realized in a volume that explores the development of cancer care and the attitudes, politics, successes and failures of dealing with the disease and is both engaging and informative on a regional and national level.

The monograph masterfully weaves together the overall history of cancer as a disease with local examples of cancer cases and treatment to make for an extremely interesting narrative. Particularly effective are the specific patient cases used to illustrate treatment methods available to treat cancerous conditions throughout time as well as general attitudes and beliefs concerning the disease. For example, letters between Thomas Jefferson and John Adams about the illness and death of Adams's daughter, Abigail "Nabby" Smith, are referenced to show the options and attitudes towards breast cancer treatment and outcomes in the early 19th century. In a similar fashion, the authors trace the case of a farmer from Rockingham County, Virginia, who sought treatment for sarcoma of the lower jaw in 1907 and is the first documented cancer patient treated in the hospital at the University of Virginia. The case of the Rockingham farmer is referred to often throughout the text as a way for the authors to highlight the progress of cancer treatment, knowledge, and patient attitudes, as the authors speculate on the ways the case could have been handled and improved in various decades.

The book is also effective in tracing the political, economic, societal, scientific, and institutional opportunities and challenges in treating cancer on a local and national level. It is written in chronological order but chapters are grouped around four thematic titles that characterize certain eras in the development of the cancer treatment program at UVa. The book's conclusion discusses the genesis and fruition of the University's Emily Couric Clinical Cancer Center, which opened in 2011. This final chapter is co-written by George Beller, M.D., cardiologist and widower of Emily Couric who championed the creation of the center, as well as Peyton T. Taylor, Jr., MS, MD, the then-Associate Medical Director of the UVa Cancer Center.

As one might expect from a project that began with a conversation in a special collections area, the book contains many enlightening historical images and illustrations of the people, places, and artifacts that shape the book's story. A great added addition to the work is the inclusion of two DVDs containing the oral history interviews conducted to fill in gaps within the historical record. In addition to filling in the archival record, these interviews add detail and color to the book's narrative. The thought to include them in the book as bonus material instead of simply preserving them in the archive was an

innovative and farsighted approach to disseminating and increasing interest and awareness in collection material while providing additional resources to the reader.

Focused on the regional history of cancer care at the University of Virginia, *A History of Cancer Care at the University of Virginia 1901-2011* also provides a well-researched and engaging history of cancer and health care institutional trends from a multitude of perspectives and on a national and international scale. I recommend the publication as a worthy addition to any history of medicine collection.

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Volker Roelcke, Paul J. Weindling, and Louise Westwood. *International Relations in Psychiatry: Britain, Germany, and the United States to World War II*. Rochester, NY: University of Rochester Press, 2010. vi, 254 pp. \$85.00. ISBN: 9781580463393

Ideas, professional practices, and institutions aimed at mental problems associated with crowded cities, the growth of industrialization, and the rise of nationalism emerged and evolved in the late-nineteenth and early-twentieth centuries. Many intellectual and institutional innovations in psychiatry and mental health care originated in local contexts, but spread beyond national boundaries to be adopted or adapted to meet the needs of other countries. *International Relations in Psychiatry: Britain, Germany, and the United States to World War II*, a collection of eleven scholarly essays, brings together a variety of approaches from the cultural, political, and social history of medicine to consider the impact of international communications and influences on the development of psychiatric care and research as well as other mental healthcare practices.

Diverse essays explore the transformation of psychiatry into an influential but controversial science. Contributors trace the profession's development by looking at international conferences and observational visits, the emigration of intellectuals, adoption and transformation of ideas, and the availability of funding for research and teaching at different times in various places. Tensions between the ideal of scientific internationalism and the rise of nationalism (e.g., in Nazi Germany) are recurring themes. Improvements in technology, such as telephones, railroads, steamships, and

professional journals, and their effects on transnational intellectual exchanges, were an important catalyst for the emergence of movements, organizations, and schools of thought.

Matters related to research and practice in German-speaking countries offer particularly interesting examples of the dynamics of exchange. In the mid- to late-nineteenth century German alienists (as psychiatrists were then known) traveled to the British Isles to study systems of mental health care, refashioning knowledge gleaned abroad to inform the architecture and organization of new (or redesigned) asylums in Germany, Austria, and Switzerland. University departments and chairs in psychiatry popped up in nearly every German medical school, a “process paralleled by the formation of an apparently coherent system of terminologies, classifications, and related research programs for the description and analysis of psychiatric disorders” (p. 4). The nosology of Emil Kraepelin (1856-1926) was much in vogue in the early twentieth century, and British and American psychiatrists who aspired to scientific stature flocked to learn from developments in German-speaking countries.

The book considers the migration of psychiatric professionals and insights and the international activities of philanthropic institutions “as agents of change in a discipline that...oscillated between promising a better world through scientific expertise and being perceived as an instrument of state discipline and control” (p. 8). Many non-Germans in the 1920s and 1930s became repulsed by German psychiatry because of its state-approved cooperation with eugenics research; and after the Nazi takeover in 1933 many discouraged or intimidated psychiatrists working in Germany emigrated to take up positions in other countries. Some readers may be surprised to learn that the Rockefeller Foundation, the world’s leading source for research funding, supported German research programs and infrastructures in neuropsychiatric sciences throughout the 1920s and 1930s. It continued this support (albeit at a decreased level – it did not end completely until 1939) even after 1933, despite the close relationship between German medical geneticists and the Nazi party.

Some chapters are of more general interest than others. For example, a thoughtful essay about the impact of American and German inspirations (and resources) on psychiatry in Wales is somewhat narrow in its appeal, although likely to be of substantial interest to Welsh psychiatrists. The essays are impressive in their display of erudition and immersion in detail, weaving together a complex overview of international developments. As the editors indicate, “[M]odern psychiatry developed in a constant,

though not always continuous, transfer of ideas, perceptions, and experts across national borders..., multidirectional patterns of influence on regional, national, and transnational levels” (p. 8).

International Relations in Psychiatry will be of substantial interest to specialists in the history of psychiatry and mental health care. Non-specialists are less likely to be enthralled by each and every essay and may find it necessary to read selectively.

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L. Stephen Jacyna and Stephen T. Casper, eds. *The Neurological Patient in History*. Rochester, NY: University of Rochester Press, 2012. viii, 264 p. \$75.00. ISBN 978-1-58046-412-3

Given that neurology as a separate biomedical and clinical science arose from the mid-nineteenth century to the early twentieth and featured the contributions of such luminaries as J.F.F. Babinski, Charles Edward Beevor, Sir Charles Bell, Pierre-Paul Broca, Jean-Martin Charcot, Jean Cruveilhier, Harvey Cushing, Walter Dandy, Sigmund Freud, Sir William Richard Gowers, Sir Henry Head, Sir Victor Horsley, John Hughlings Jackson, Smith Ely Jelliffe, S. Weir Mitchell, Sir Charles Scott Sherrington, *et al.*, readers would reasonably expect this book to focus on that era. This it does, but it gives only passing mention to most of these physicians and bioscientists, and some it does not mention at all. That is because it does not do history in the traditional biographical or quasi-biographical sense. Rather, it explicitly follows the lead of the late Roy Porter to present a social history of the dawn of neurology, mainly in order to understand the perspective of patients in relation to physicians, other caregivers, other patients, and society at large. In the Preface and Introduction, the editors spell this aim out clearly, developing their case around Porter’s idea “that patients became patients when they finally decided to seek healing” (p. 3). If this is so, then the impetus for the growth of medicine has come from the laity, not from physicians or bioscientists. Demand drives supply.

The editors have gathered eight experts in addition to themselves to contribute new, interrelated essays - not journal reprints - on five general aspects of "construction," namely (1) doctors constructing patients, (2) public and private constructions of patients, (3) groups of patients constructing patients, (4) single patients constructing patients, and (5) historians constructing patients. The idea of "construction" appears in the postmodern sense, whereby human agency either rearranges or even reinvents whatever is given in nature; i.e., it is the opposite of "deconstruction," whereby whatever is so rearranged or reinvented is conceptually broken up again into its original parts. These ten authors all possess well-earned international reputations in their respective fields within the history of science, technology, society, linguistics, or medicine. With two essays in each of these five areas, what is presented is not quite point-counterpoint, but two different viewpoints on each topic.

In Part One, Stephen Casper considers the extent to which medical school textbooks shape future physicians' professional habits, especially as regards the physical examination of patients. He claims that historians of medicine have neglected to investigate the pedagogical methods by which medical students learn how to interact with patients, and that textbooks are nearly the only evidence of the development of these methods. Ellen Dwyer examines the exploitation of neurological patients as research subjects. With her focus on epilepsy studies at Northwestern University in the 1930s, she notes that when these researchers had to choose between furthering science and avoiding either harmful or painful procedures, they almost always chose science, even in cases where the potential benefit to accrued knowledge was minimal or questionable.

In Part Two, we see how, in Britain, aphasia patients were constructed in public while multiple sclerosis patients were constructed in private. Marjorie Lorch traces the British social history of ataxic aphasia from Broca's description of it in 1861 through about 1890 as physicians, lawyers, and politicians sought either to associate it with what they called "idiocy," "imbecility," "senility," or some other form of mental incapacity or, on the other hand, to define it as a speech disorder with no implications for mental soundness. Katrina Gatley tells of the pressures on a British married couple of the early twentieth century, Gwen and Jacques Raverat, he a multiple sclerosis patient, she his caregiver. Gwen was expected to learn not only practical bedside skills, but also some sophisticated neurology so that she could read his changing symptoms, deal with them *ad hoc*, and report them accurately to his doctors. Fortunately, she was up to this task. Many caregivers would not have been.

In Part Three, Jesse Ballenger discusses the proliferation of patient support groups for dementia and Alzheimer's since the 1970s, showing how they fight the social stigma and try to recover the patients' lost sense of selfhood. Howard Kushner acknowledges that biomedical knowledge of Tourette's syndrome comes mostly from clinicians' analyses of patient narratives, but argues that the characteristic involuntary tics, especially among florid patients, suggest neurophysiological causes which require physical or pharmaceutical, not psychoanalytic, means of treatment, even though outcomes are mixed, unreliable, and sometimes detrimental.

In Part Four, Stephen Jacyna explores the relationship between the British poet, playwright, and World War I veteran, Robert Nichols, and two neurologists, Henry Head and George Riddoch, who treated him for what was then called "shell shock," but is now called post-traumatic stress disorder (PTSD) or, more broadly, neurasthenia or psychasthenia. The case is interesting for its interaction with the works of Pierre Janet, William James, and Freud. Paul Foley delves about as far into straight history as this book allows. His departure, or rather digression from the book's dominant social historical approach, concerns encephalitis lethargica, a "new" infectious disease in the early twentieth century, which straddled the boundary between neurologic and psychiatric presentation.

In Part Five, Roger Cooter distinguishes Casper's and Ballenger's papers as paradigms of the recent shift in historiographical method. Max Stadler sums up the previous nine papers, detailing a common theme of the patient as a person whose role within medicine oscillates between iconic status and anonymity. He argues that "it is hard indeed to imagine another medical specialty that would have generated a similar amount of individuated disease as did neurology" and that "there seems to be preserved in the neurological patient a peculiar, irreducible form of individuality, or residues thereof, that our historical accounts need to reflect" (p. 225).

Even though the obvious purpose of this book is to fill a gap in the historiography of medicine by seeing things in terms of the patient rather than in terms of contemporary medicine or science, it does not advocate any position, but remains descriptive. In general, its interpretations are scholarly and impartial, occupying a middle ground between the typical late nineteenth-century inclination to regard the patient as a scientific object and the ascendant late twentieth-century warm and fuzzy consumerist view of the patient as a person to whom the physician owes empathy. The patient, in some sense,

remains “the hole in the donut” (p. 12), essential to the whole, but essentially a non-entity, despite the fact that neither “technology, means of diagnosis, categorization,” nor “even treatment” can override “individual experience and agency” (p. 13).

The book is capped with a very useful 21-page bibliography. For the freshness of its approach, the depth of its research, and the importance of its topic, it belongs on the shelves of all respectable history of medicine libraries - that is, as long as these libraries still have shelves.

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Alexandra Minna Stern. *Telling Genes: The Story of Genetic Counseling in America*. Baltimore: The Johns Hopkins University Press, 2012. ix, 238 pp., \$25.00 paperback, \$60.00 hardcover. ISBN: 9781421406671 (hardcover), 9781421406688 (pbk.)

Genetic counseling emerged at the intersection of genetics research and the health consumer. When it became clear that a new expertise was needed to translate the complexities of medical genetics to patients and the general public, genetic counseling was born. Diseases like Tay-Sachs, sickle cell anemia, cancer, and information for family planning required a level of interpretation for patients and clients that exceeded the ability of physicians to provide. By the 1940s the need was met through the formation of educational programs that produced the first trained counselors. What makes Stern’s history interesting is the account it gives of the way counseling issues were identified, how they were framed in the profession, and how they evolved with changing perceptions inside and outside the profession.

The central dynamic of counseling was between the tasks of presenting the scientific risk information as completely as possible and of helping the clients to navigate through this information in the context of their personal values to an understanding and solution that met their needs. In the early years, genetic counseling was informed by eugenics, which lent a prescriptive character to the knowledge and activities of the counseling profession.

The early counselors were heavily oriented toward clinical medicine and much less to the interaction with clients. The Cold War years were rife with ideas about population control, which encouraged counselors to impose their ideas and solutions on clients. Perhaps this was nowhere clearer than in dealing with race. Sheldon Reed, a key figure in the post-war years, could, on the one hand, state that there was absolutely no difference between black and white blood and, on the other hand, believe in the “one drop rule.” This ambivalence about race was reflected in the profession. Over time the emphasis on eugenics was challenged from inside and outside of the profession and the inclination to dictate what clients should do shifted to a more client-centered stance that helped clients to see their options and to choose what was right for them. Counselors also had to shift their thinking away from talking about the “bad” news to talking about the “unexpected” news.

The concept of genetic risk was central to understanding and explaining the situation to clients seeking counsel. The Mendelian, empiric, and Bayesian models of risk assessment were abstract estimates that developed along parallel lines in the twentieth century, but it was the emergence of amniocentesis that gave genetic counseling greater precision. Women were primarily attracted to this new field, over 90%, and they were predominantly white. Although men influenced the early years, by the 1970s feminism and the decriminalization of abortion, changes in the physician-patient relationship, and changes in testing provided the context for new thinkers like Melissa Richter and Luba Djurdjinovic.

The perspective of *Telling Genes* is that of the counselors and their professional organizations. The book captures the past of a profession that could easily be forgotten, but that was so influential in both positive and adverse ways. The core of the book is the period of the 1940s to the present. *Telling Genes* is a well-researched and documented narrative that covers the major individuals and problems in genetic counseling’s development, including the concepts of risk calculation and probabilities, and the effect on race, disabilities, and prenatal counseling.

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Mark A. Largent. *Vaccine: The Debate in Modern America*. Baltimore: The Johns Hopkins University Press, 2012. 222 p. \$34.95. ISBN: 9781421406077

A small percentage of the American population has always opposed the idea of mandatory and recommended vaccines, but Mark A. Largent asserts that today, “40 percent of American parents have chosen to delay or refuse a vaccine for their child.” In *Vaccine: The Debate in Modern America*, Mark A. Largent explains the history of the vaccine debate in America, as well as why it has become a more prominent issue since the late 1990s than in the past. Largent does not take a stance on either side of the debate. Rather, he explains the underlying problems, and urges all parents, regardless of their decision to vaccinate, partially vaccinate, or not vaccinate their children, to ask questions and not blindly follow other peoples’ recommendations.

Largent’s book focuses on the vaccine debate that has arisen over the past 15 years, and therefore does not mention much of larger history of vaccines addressed by other authors on this topic, such as Arthur Allen does in his 2007 book, *Vaccine: The Controversial Story of Medicine’s Greatest Lifesaver*. Largent does provide some historical context for the modern debate, including chiropractors’ disapproval of vaccines, the rumored link between the polio vaccine and HIV/AIDS, and the rumored link between vaccines and Gulf War Syndrome, as seen in books such as Edward Hooper’s *The River: A Journey to the Source of HIV and AIDS* (2000) and Gary Matsumoto’s 2004 work, *Vaccine A: The Covert Government Experiment That’s Killing Our Soldiers and Why GI’s Are Only the First Victims*. He also stresses that the increasing number of mandatory and recommended vaccines, as well as the disconnect between parents’ concerns and the medical community’s response to those concerns, have played large roles in the controversy. Finally, celebrities such as Jenny McCarthy and Amanda Peet, as well as the ease of obtaining information on the Internet, have helped bring the controversy from the fringe to the mainstream (see, for example, Jenny McCarthy’s 2008 book, *Louder than Words: A Mother’s Journey in Healing Autism*).

At the beginning of the book, Largent addresses the controversy over the growing number of CDC-recommended vaccines for young children. For example, in 1983, the CDC recommended that children be vaccinated against seven diseases by age six, totaling 10 separate shots. By 2008, the number of diseases had doubled to 14, totaling between 26 and 35 shots, depending on how they were combined. Whereas most parents did not question the importance of their children being inoculated against dangerous diseases such as diphtheria, measles, and polio, many began to question the

necessity of young children being vaccinated against less serious diseases, such as chicken pox, or diseases that they were unlikely to contract until much older, such as Hepatitis B. Some parents have voiced concerns that vaccine manufacturers have rushed their products to the market without adequate testing, while others fear that the increasing number of vaccines can overwhelm young children's immune systems. Despite the medical community's claim that the chances of being harmed by a vaccine are very low, some parents admit that they are unwilling to submit their children to that risk.

Largent asserts that the medical community is not correctly addressing parental concerns about vaccines. The medical community's response has traditionally been that people who do not comply with the recommended vaccine schedule are ignorant of the benefits of vaccines, therefore requiring more education about why vaccination is necessary. Authors such as Allen have echoed this sentiment; however, Largent points out that parents who "under-vaccinate" their children tend to be older and more highly educated, suggesting ignorance is not really the problem. Instead, Largent asserts that the medical community needs to rethink that strategy and look at other issues. One suggested change is to stop treating vaccines with an all-or-nothing approach. Do parents who wish to vaccinate their children against everything except for chicken pox really need to be read the riot act about the importance of full vaccination?

Another example is the medical community's response to the autism debate. Largent devotes two chapters to the rumored link between vaccines and autism; one addresses concerns over thimerosal, and the other addresses concerns over Dr. Andrew Wakefield's research and the MMR vaccine. The medical community has repeatedly gone on record that vaccines do not cause autism, and that one explanation for the drastic rise in autism rates has been better diagnosis. Thimerosal, a mercury-containing vaccine preservative often accused of causing autism, has been removed from all regularly recommended childhood vaccines, yet autism rates in this country have continued to rise. Although this fact would seem to validate the medical community's assertions, Largent points out that some versions of the flu shot still contain thimerosal, therefore continuing to put young children at risk for exposure. Largent asks, "Instead of trying to argue away parents' concerns [about thimerosal], why not just take all mercury out of all the vaccines?" He later quotes University of Kentucky chemistry professor Boyd Haley as saying, "If the [autism] epidemic is truly an artifact of poor diagnosis, then where are all the twenty-year-old autistics?"

This book offers an easy-to-read analysis of the modern vaccine controversy, and is a good read for anyone interested in this debate. Largent sometimes seems to go a bit off-topic (at one point I thought, “This is really a fascinating history of the chiropractic profession, but I thought this was supposed to be a book about vaccines”), but he always comes back to his main point and ties everything together. As a parent, I found this book to be both fascinating and alarming. Having previously read Allen’s pro-vaccine stance, I felt confident about my decision to fully vaccinate my child. Although Largent’s own child is fully-vaccinated, his narrative at times made me wonder if I’d indeed made the correct decision. As Largent states in his conclusion, the vaccine debate is “a confusing and contentious environment.”

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Lisa M. Hermsen. *Manic Minds: Mania’s Mad History and Its Neuro-Future*. New Brunswick, New Jersey: Rutgers University Press, 2011. 154 p. \$23.95. ISBN 9780813551586

In the writing of history, including the history of medicine, it is a popular device to include “history” in the title of a text. The reasons may vary, but using the word “history” implies a certain methodology and framework for study. In Lisa Hermsen’s recent book, *Manic Minds: Mania’s Mad History and Its Neuro-Future*, however, the word, “history” diverges from a traditional historical perspective and establishes a different environment of analysis.

For this text, Hermsen has taken a rhetorical approach to history; she writes, “...this book tells a rhetorical history of mania, mindful of the classical Aristotelian ‘rhetoric’ and the loosely translated definition: ‘to discover all the available means of persuasion.’” By utilizing various timeframes, and methods of literary and scientific analysis, the author proposes multiple narratives in defining mania. Chapter one follows the evolution of the meaning of mania, the other words that surround and define mania, and the resulting texts, including the *Diagnostic and Statistical Manual of Mental Disorders* (DSM). Chapter two focuses on the concept of mania through the eyes of the asylum and its reformers, through asylum reports and the writings of onlookers, such as Charles Dickens and Dorothea Dix. Chapter three involves an analysis of the Iowa 500 study and other investigations of the hereditary nature of mania and bipolar disorder. Chapter four

analyzes the memoir as text, investigating the experience of mania as reflected on and written by the experiencer. Finally, chapter five explains the study of mania from a neuro-scientific perspective, explaining various tests used to measure and define mania, as well as the pharmaceutical companies who interpret and market the results.

By using a Foucault-inspired language and framework, the author strays from the traditional meanings of mania and madness, allowing for a fluid, but sometimes confusing interchangeability of study. It is clear from the reading of this text that it is not a historical study of mania, in the classical, chronological or linear framework. As evident from the eclectic nature of the five chapters, this is a reflective work on the meaning of mania in a transposable environment, demonstrating the various avenues of the study of psychiatry, from history, to literature and the sciences. The author, whose field is literature, informs her work not only with historical primary and well-known secondary texts, but also with her own experiences with mania and the mental health system. As a result, the text can appear both historically informed yet personally motivated. For example, the author describes the history of lithium and how its primary use as a mood stabilizer for those with bipolar disorder can lead to the stigmatization of the mentally ill, without informing the reader of its other uses, such as for cluster headaches, or, in topical form, for seborrheic dermatitis. The author also cites a visit by Dorothea Dix to the Danvers State Insane Asylum from her pioneering 1843 work, *Memorial, to the Legislature of Massachusetts*, to inform Dix's argument for asylum reform. She fails to inform the reader, however, that Dix visited a local almshouse in Danvers, as the Danvers State Insane Asylum did not open until 1878, and that Dix's writings were used to promote the expansion and centralization of the care of the mentally ill by building more state-controlled asylums, not just the reformation of asylums already built.

As a whole, the text can address an array of audiences. As a rhetorical argument, the author's research is evident, though biased, as is the consequence of a persuasive argument. However, because it is not an objective, chronological study of mania, it cannot be read as a historical text to inform those interested in that study. As both a general and specific study, its rhetorical framework makes it too personal for a historical inquiry, and thus it is best read as a supplemental study of the evolving nature of mental illness.

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