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# THE WATERMARK

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

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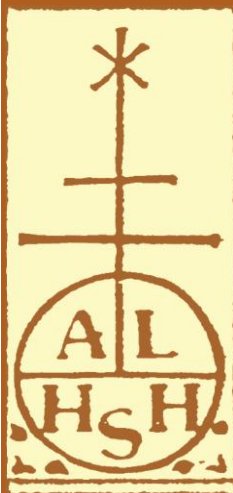
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## Submissions for the Watermark:

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

Cover Image: The CDC Museum, Atlanta, GA. Photo by Megan Rosenbloom.

**EDITOR'S MESSAGE**

One recent development that may have escaped the notice of most ALHHS members has been the digitization of back issues of *The Watermark* which are now mounted on the ALHHS [website](#). For this we have to thank Russell Johnson of UCLA who has overseen this project from the start. I also need to acknowledge former *Watermark* editor, Eric v.d. Luft, who provided the original color digital files for some of the later issues.

While some issues remain to be scanned, the majority are now available online including Vol. 1, no. 1 from October 1976. Browsing these issues brings up the perennial ("New Directions: History of Health Sciences Librarianship at the Crossroads" by Joyce M. Ray, April 1982), the now-quaint ("National Library of Medicine National Preservation Program for Biomedical Literature Preparing Near Eastern Medical Manuscripts for Microfilming" by Katharine E.S. Donahue, Fall 1990) and the then-visionary ("Surfing the Internet for the History of Medicine," by Peter Hirtle, Fall 1993).

My perusal made me realize that for all the changes the profession has experienced in the 35+ years since that first *Watermark* emerged from the press, our core mission of service and scholarship in service of disseminating the history of the health sciences has not changed, even if the methods of dissemination are no longer what they were when Gerald Ford was in the White House.

As Prof. Brandy Schillace so skillfully pointed out in her keynote speech at our recent annual meeting, the new array of social media has the potential to vastly increase and to diversify our audience. I know that we shall meet these new opportunities/challenges – and I'm sure *The Watermark* will be there to record how we accomplish it.

**Stephen E. Novak**

Editor, *The Watermark*

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**FROM THE PRESIDENT**

Dear Colleagues,

Summer, especially the sunshine, seems to have been a bit slow in coming to Montreal, but at last we've been enjoying some spectacular days, which have been all the sweeter for the wait.

As you can see from this issue of *The Watermark*, our Annual Meeting in Atlanta was filled with fascinating presentations and pleasant opportunities to socialize, catch up with old friends, and make new professional acquaintances. I was really pleased to meet some new members and hope that they enjoyed the meeting and that their attendance symbolizes the start of a beneficial relationship with ALHHS. I want to reiterate what I hope was clear in Atlanta – ALHHS is dedicated to providing formal and informal learning opportunities and a useful network of professional contacts.

Speaking of which, I am delighted to report that we are launching a Working Group on Outreach to Members. Led by Micaela Sullivan-Fowler, former ALHHS President, WGOM will look at different ways in which the organization can serve our membership, including considering the development of new communications tools. Look for more information on the listserv and the Watermark in the coming months. Thanks Micaela!

I should also note another initiative that was discussed in Atlanta called the Clio Project, which was discussed at the American Association for the History of Medicine's Annual Meeting which followed ours. Historians, practitioners, librarians and archivists got together to discuss how to encourage the inclusion of history in medical schools. Some very interesting ideas were discussed and projects suggested, which will be the subject of further exploration and development. I will certainly keep you abreast of developments given its great importance to many of us. I wish all of you a happy, relaxing and fun summer!

**Chris Lyons**

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**2013 ALHHS ANNUAL MEETING, ATLANTA, MAY 15-16***Keynote Address: Virtual Memory: Medical History and Public Engagement in the Digital Age*

"In sizing up the notion of public memory, rhetoricians would be remiss not to consider the increasing importance of new media in shaping our contemporary remembrance culture."

--Ekaterina Haskins



It is no secret that ours is a digital age.

Take a look around at any bus stop, train station, airport or even restaurant: it seems everyone is connected to a device, the information umbilical of the iPhone cord or the strangely disembodied Bluetooth earpiece. I have heard my share of complaints about the ubiquity of technology – that it is creating unnecessary distance between people, that it is robbing us of face-to-face communication, that it is decreasing our attention spans. I've even heard harangues blaming it for the loss of jobs, for a flagging economy and for failing test scores.

I can sympathize with the sentiment, but it is not a new one. Jay David Bolter reminds us that viewing "technology" solely as buttons and wires is a misapplication of its Greek root word *techne*, which meant an art or craft. (1) He also reminds us that both the medieval manuscript and ancient papyrus rolls would have been new "technologies" to their respective periods: "the development of mechanical printing and now writing by computer has affected our view of these previous writing techniques." (2) What was once true technological advancement has become, to our understanding, an ancient art form not to be confused with the computing machines of today. But of course, writing itself (when first introduced) was mistrusted, and even Plato – who used it so effectively to disseminate information – was deeply ambivalent. In that spirit, I would like us to consider the digital technologies of today not as threats to a valued culture, but as potential supports. 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. The interactive presentation given as the keynote for ALHHS discussed the creation and promotion of historical content in the digital domain. In this, the written version, I hope to briefly discuss how videos, blogs, Facebook and Twitter encourage public engagement and expand networking opportunities among librarians, curators, and archivists.

My own interest in the history of medicine developed first through old-fashioned networks: fascinating and generous people. I taught a class with anthropologist Woody Gaines, and later joined him as managing editor for *Culture, Medicine, and Psychiatry*. Dr. Gaines introduced me to Jim Edmonson (member of ALHHS and curator of the Dittrick Museum, Cleveland, Ohio) in 2008. Originally, this meeting was in the service of collecting cover-art images for the journal. However, a year later, while finishing my dissertation, I encountered something that would alter the trajectory of my studies – and later, my career. I was working on a chapter about women’s education, mechanical habits, and reproduction, and saw several passing referenced to William Smellie’s “machine,” a headless, mechanized, automaton mimicking labor with contractions and delivering leather dolls with moving parts. Yes, really. You can imagine the headlines – and you can imagine my head-scratching: *Was it for real?* After all, I was spending a lot of time alone and walled in by overdue books like an academic version of Poe’s “Cask of Amontillado.” The digitization of several obstetrical works from the 18<sup>th</sup> century allowed me access to further material, which proved I wasn’t imagining it, but only served to whet my appetite. What was it? *Where* was it? And could I find it?

I sought out Dr. Edmonson again, and through his ministrations (and additional combing of online collections) I initiated a two-year search for the birthing machine that resulted in several trips to France and the UK. The digital collections and my new and increasing network of history of medicine colleagues worked together to bring me closer to the artifacts themselves. In 2010, I went to Dublin to search archives at Trinity (and to give a lecture on the machine at University College - Dublin), and in 2011, I investigated the possibility of teaching a class on midwifery in Paris.

### **Reciprocity Among Collections**

While I never located the machine (the trail ended in Dublin, where the last records were destroyed by fire), the experience forever changed my perspective on the value of collections and archives – digital and actual. I saw firsthand the way these two types of

collections worked together, and I had an opportunity to test it further by taking 13 undergraduates to Paris for a summer class. The students were nursing majors; they knew plenty about medicine, but little about its history. We began by looking at books, collections and archives from afar – and continued by going to the museums (Musée Flaubert et d'Histoire de la Médecine – The Museum of Flaubert and the History of Medicine – and the Museum of the History of Medicine at L'Université Paris Descartes) to see the original material. I had the students keep a blog to chart their experiences, and the effect was truly encouraging. Like me, they would not have encountered the history without the digital. Also like me, they found the experience was deeply enriched by visiting the artifacts themselves. My favorite instance involved the Louvre. The students had read about women's roles and the way they were portrayed by medical men – they saw the strange equipment – and suddenly, the paintings at the museum took on new meaning. Several student groups found images that portrayed the female body, often prone, and compared them to the medical texts. One group actually acted out the scenes in the paintings to demonstrate the way men's and women's bodies were treated differently. They took digital images, paired them, discussed them, built projects around them. It was more than I could have hoped for, and the experience encouraged me to take a further step. Could I reach out to the public, generally, and provide a similar experience?

The success of *The Surgeon's Apprentice Blog* suggested I could; Lindsey Fitzharris, a historian and Wellcome fellow, had been using this platform, and her film project *Medicine's Dark Secrets*, to bring history to the public in a new medium. As a result, and with the encouragement of friends, I began the Fiction Reboot and Daily Dose. The blog, which is not yet a year old, has had nearly 17,000 hits, and my corresponding Twitter feed over 700 followers. I have also attracted regular subscribers, about 150 now, I think, which probably beats a number of print newspapers. Granted, it wasn't as though this following materialized overnight. There is no blog fairy (and I put my jump drive under my pillow and everything). It took time to really understand how best to handle the different threads of interest, and my blog changed and adapted over time.

I originally thought I would be sharing research into the history of medicine, but I quickly realized that there was greater potential. After all, digital media isn't just a way to connect to the public – it is a way for librarians and curators, historians, humanists, and intrepid, curious minds to connect to one another. But in order to achieve this, I needed to integrate my blog with additional social media platforms. The primary ones I have used are Twitter and Facebook, but Pinterest, Stumbleupon, and YouTube are also



extremely useful. Twitter became my means of contacting other historians, medical humanists, altacs, curators and librarians about my blog posts, but it was also a means of inviting participation. I began featuring these colleagues and their collections, which led to writing a book review, which led to publication on the Huffington Post (which led to being contacted by Basic Books about a writing a market press book). The use of these media has given me greater reach, and introduced new colleagues – and potentially new audiences.

## Harnessing the Power of Digital Collections

In the keynote presentation, I demonstrated a bit about how I use Photoshop, design, image collections and more to help create and maintain interest in the blog's history narratives. I also discussed some of the digital archives and ongoing projects. Since I gave the talk, I have begun featuring these projects on my blog; you can find them by searching the [“Digital Collections” category](#). In the coming weeks and months, I hope to feature many more – and begin an ongoing conversation between curators, librarians and the public about the value of digital engagement. How can we harness these technologies and create meaningful interactions between the collection, the history, the visitor, and the user (on a budget and often with limited resources)? At the meeting, I described curators and librarians as the HMI, or human-machine-interface: the living, vibrant thread between our collections and the digital world. In what remains, I would like to talk a little about those goals and how to meet them.

There are certain challenges that must be overcome when working with image collections. Let's begin with some basic questions about users and goals:

1. *Who uses the images?*

Challenge number one concerns our users. Most of the time, those using our collections are researchers who already know about the collection. Casual browsing is not really possible with many archive systems (with the exception, perhaps, of Wellcome), and most people will give up in 2.5 clicks of the mouse.

**The Goal?** Get more people engaged, get them to share, and *keep them coming back*.

2. *What purpose can these images serve beyond archival research?*

Challenge number two is connected to the first: What are people going to do with these digital texts and images? An example from my own history: is

there a reason for someone who's not writing up their dissertation to care about 18<sup>th</sup> century obstetrical manuals? Not, perhaps, at first glance. But if you have taken a tour around Pinterest lately, you will have noticed that the public is actually interested in all sort of unlikely things—if they have ease of access. (3)

**The Goal?** Engage the public. Get their feedback. Show them how these texts, images, or artifacts connect to their own lived experience, to current trends, or even current controversies.

3. *How do I do these things with limited resources?*

“Of course we could engage the public if we had teams of people to do tech-magic round the clock” – if we were big enough, well-funded enough, etc. That is a legitimate comment, and makes up a big part of challenge number three. Every curator and librarian I know does the work of four people; we can't ask everyone to drop their duties and take a web design class. However, changes that have occurred in the last 5 years to media platforms have considerably improved ease of use. Wordpress is intuitive and – if you don't purchase your domain name and don't mind minor advertisements – free. Twitter, Facebook, Pinterest and most of the other sites are also free of charge and can be set up in minutes. Why has it become so easy? Because the platform designers have figured out that we, too, give up in 2.5 clicks. I give a quick break-down of investment below.

**The Goal?** Use what we have to accomplish more.

- a. *Wordpress*: Most museums and libraries already have websites. Some even have blogs. If you don't, the set-up is comparatively easy – and it is customizable. I even uploaded my university's standard type-face.
  - i. *Cost*: If you don't want to pay anything, you can get a [yourname.wordpress.com](http://yourname.wordpress.com) account for free. However, it's a good idea to buy domain names ([DittrickMuseumBlog.com](http://DittrickMuseumBlog.com)). This costs about \$18 a year to maintain. If you also want to get rid of adverts and be able to customize font, then it runs about \$75 a year – together, about \$90-100. That is less than \$10 a month.
  - ii. *Time*: The initial set-up time depends on how much you wish to customize. I wanted to use the standard Case-Western Reserve University images that appear on the Dittrick homepage. That meant a bit of time in Photoshop, but even then, I had the

template up in less than 1 hour. Then, because we have plenty of material already on our website, I was able to cut and paste, meaning the site was up and functional (and full of information) in just a few more hours. Moving blog posts from older platforms took a bit longer, but we had our student intern do that for us (and she was a whiz, having completed it by the first evening). After that, you only spend the time to add a blog post.

- iii. *Why?* Because webpages are static, and blogs are dynamic – you can recycle material from the webpage but make it fresh and easy to share (because Wordpress provides the ability for readers to disseminate to Twitter, FB, and more!) That way, while you are publishing your site abroad, your readers are, too. It is a growing pond ripple.
- b. *Twitter:* Twitter is my favorite component. It is quick to set up, quick to use. And, because platforms like Wordpress have a function that sends tweets for you with a single click. I have over 700 followers, about a third of -whom are librarians and curators (or those peripherally connected to museums). When I post something to the Dittrick blog, I share it on the @DittrickMuseum feed, but also from my own @bschillace feed. They pick it up and share it – and their colleagues share it. Consider Lindsey Fitzharris, who has 2,600 followers – or Ed Yong, science writer, who has 36,000. When they share something I've posted, it is widely disseminated, and it happens fast.
  - i. *Cost:* Free
  - ii. *Time:* Set up takes less than a half hour. Tweeting takes literally seconds. You can re-tweet other stories about the history of science, share with colleagues, and use the # sign to promote the key words of your post. (I notice #syphilis gets a lot of attention somehow...)
  - iii. *Why?* Twitter is one of the fastest ways to self-publicize, second perhaps to YouTube. Unlike Facebook, follows (or unfollows) are easy, there is little commitment, and in general it is very fast to use.
- c. *Facebook:* While I tend to use Wordpress and Twitter most often, I have linked both of those accounts to FB (meaning you don't need to migrate material—it happens automatically). FB can sometimes be

substituted for a webpage, though in general I find it has less functionality than a blog. This is still highly worthwhile, however, and serves to buttress the other platforms for the purpose of public engagement.

- i. *Cost:* Free
- ii. *Time:* This takes more time than Twitter, but not as much as Wordpress for start-up. In general, a FB page can be set up in an hour or two.
- iii. *Why?* Partly because if you don't have a FB page, your public will wonder why not. The "like" feature of pages can help to promote you, and it draws in a younger audience for your library or museum.

There are, as you can see, many ways of using these platforms with existing material – and if you have recourse to student workers, you will often find that they are incredibly adept at using them. The learning curve is not high, and in general all of these pieces can be accessed by multiple users in order to share the load. The last thing I would like to address is *how* we use these tools to connect to one another, to the public – and even to funding. That is, once you have all these pieces up and running, what good are they?

I'd like to return for a moment to my blog and to that of Lindsey Fitzharris. Lindsey often blogs about the history of medicine and disease, and she will mention and use images from the Wellcome Library (with links and proper authentication, etc.) Then, she tweets the image and a brief description, with a link to her blog post. Suddenly, more than 2,000 people know about the false noses worn by syphilis sufferers after their own have rotted away. And just as suddenly, this new audience learns about the image collection at Wellcome (and about the Wellcome, generally). I have seen a more individual example from my own work. After tweeting about a recent visit to Wellcome, one of my Twitter followers wrote to ask if anyone could be a reader there. I explained the process (also on Twitter, in case anyone else was curious), and two days later, this gentleman wrote me an email to thank me. He is a single father, trying to finish his degree at night, and though he lives only blocks away from the Wellcome, he didn't know it was open to the public. The connections we forge between digital collections, blogs, and social media can bring people to the real brick-and-mortar museums and libraries that house them. Some museums are doing this on their own, as is the Medical Heritage Library, building interest one interesting image, tweet, and blog at a time. Some do a bit more to raise the

bar – the Oxford UP Academic actually does contests and “fortunes,” where you tweet a number and they respond with information from a text.

The reciprocity I’ve described here has unexpected benefits – and one of them is the new connections I’ve forged with other curators and librarians (not just with the public). The friends I have made, the things I have done, and even this keynote address are the result of reaching out through digital engagement practices. I can’t wait to see what collaborations lie ahead – and I hope you will keep following the blog as I begin round-tables among archivists, curators and librarians this fall. We are still the human interface – we will always be the vibrant thread – but the digital age offers us unique possibilities of engaging with the public through “virtual” means, new ways of sharing our cultural heritage!

**Brandy Schillace, PhD**

[The Fiction Reboot and the Daily Dose](#)

(1) Bolter, Jay David. *Writing Space: computers, hypertext, and the remediation of print*. 2<sup>nd</sup>. ed. London: Lawrence Erlbaum Assoc., 2001. (15)

(2) Ibid.

(3) Just to give a few examples: [1](#), [2](#), [3](#)

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## *Presentations*

### **Good Vibrations, or, How to be a Real Glow Getter**

#### **Introduction: Museum Background and Development**

It all started with a 19<sup>th</sup>-century oak exam table and quickly got out of hand. For years administration wanted a place to display artifacts stored away on the shelves of the History Library. The creation of a mailroom/copy center gave them the opportunity to convert the photocopier room adjacent to the History Library into a small museum. Construction started October 2007, ending in February 2008, just in time for the annual Executive Board meeting and its formal dedication to Dr. Ralph W. Hale, the Executive VP at the time.





Each cabinet is “themed,” so one contains obstetrical forceps, a second birth control devices, a third gynecological devices such as vaginal specula, uterine sounds, and curettes. Most of the artifacts are donations from the backs of cabinets, drawers, and closets of our members, but we often peruse eBay when looking for something specific or just to see what we might come across.

### **History of Decision to Add Vibrator Display**

I have known about Good Vibrations since they were a “democratically-managed cooperative” retail store located in San Francisco, producing beautifully illustrated catalogs, pre-Internet website. Whenever the College held its Annual Clinical Meeting in San Francisco, I made time to take a cable car over to GV to check out the merchandise. Of course it didn’t hurt that I received a 10% “professional” discount.

At the 2011 ACM, staff noticed while working at the ACOG booth in the exhibit hall, that there was a booth down the aisle from us that was always mobbed. Turned out it was a San Jose, CA-based company named Lelo and they were promoting their high-end “sexual health aids” to standing room only crowds. Building up my nerve I visited the booth on the last day of the meeting and told them about the new History Museum. A little while later I walked away with a nice selection of donated products to display. The only stipulation was a thank you letter (which I would have done anyway) and a “donated by” display card.

During the first week of May 2013, I caught up with the Lelo staff once again at our annual clinical meeting. This time I obtained one of their “marketing kits” they were offering to physicians as an office display meant to encourage women to discuss their sexual health with their doctor.

### **Beginnings of the Display**

We now had a small display of “current” artifacts, but needed to add some vintage items. The Polar Cub was the museum’s first purchase through eBay, followed by the La Vida. The Polar Cub was sold by the A.C. Gilbert Co., a toy company of the American Flyer Trains and Erector Sets fame. They had a side business making small table fans, hence the “Polar Cub” brand name. I’m thinking someone got the bright idea to replace the stand with a handle and remove the fan blades. I especially like the box illustration of the maid using the device on her mistress’ head. The vibrator display now occupied the

bottom shelf of one of the larger cabinets, below the birth control pill packets collection display.

### **Expanding the Display**

After a second visit to the Lelo booth at the 2012 meeting (and more goodies donated) I felt it was time to rearrange the displays to give the vibrators their own cabinet. I also wanted to create more of a timeline display, for although we had two devices from the 19-teens, the collection was woefully lacking in examples for the rest of the 20<sup>th</sup> century.

I had been buying vintage condoms and condom tins on eBay, and now found there was a whole 'nother group of people who collect vintage personal vibrators that I had to bid against.

The selection and purchasing of representative devices was based on several criteria:

- a. Was it a classic style?
- b. Were the box, parts, attachments, and/or brochures available or included?
- c. Was the device of an unusual design?

I recently obtained a device that attaches to the end of the vacuum hose and turns the hose itself into a vibrator.

- d. Price - Some of the items, as much as I wanted to include them in the display, were way overpriced or bid out of my range for what they were offering.

### **Promotion of the Display**

It was about this time the 2011 British film "Hysteria" was making the rounds of the US art house movie theaters and getting noticed in the media. The film was a fictionalized account of the development of the electric-powered vibrator in 1883 London by Dr. Hugh Granville. The addition of the film to the Resource Center collection gave me an opportunity to promote the display. I wanted to put on an in-house lunch time film festival for staff, but administration seemed afraid of offending someone and quashed that idea. Now the start of a major building renovation has eliminated the availability of any meeting rooms large enough for the next year. So I just promote the films in the collection to staff through museum tours and receptions.

## Future Direction – so where is the collection headed?

The cabinet is getting rather full, so I need to move the display to another cabinet or be more selective. I like the current location at the back end of the museum, but unfortunately it is the smallest cabinet. Eventually I want to start acquiring some models to display what was being used pre-electric. I would also like to acquire all from the “top 10” list and maybe bring us into the Apple age with the My Pleasures i-phone app and vibrating attachment.

Remember, the personal vibrator was the fifth home appliance to be electrified. It was preceded by the sewing machine, fan, tea kettle, and toaster. It would be another ten years before the electric vacuum, iron, and frying pan became available.

### Debra G. Scarborough, MLS AHIP

Special Collections Librarian

American College of Obstetricians & Gynecologists

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## Saving History: Collecting and Documenting History When Hospitals Move

[*This is a summary of the presentation I gave at the ALHHS 2013 Annual Meeting in Atlanta in May – the author*]

How to preserve the history of a longtime hospital when it is moving to a new facility? That was the fundamental question that I had when I learned that three of our hospitals were going to be moving to brand new buildings. As the Corporate Manager of

Archives for SSM Health Care, a Catholic health care system based in St. Louis, Missouri, my job is to preserve the heritage of SSM and our various entities in four states including eighteen hospitals, two nursing homes, home care and hospice operation, and a medical group.

In late 2006 I learned that three of our hospitals – St. Joseph Hospital in Kirkwood, Missouri; Good Samaritan Regional Health Center in Mt. Vernon, Illinois; and St. Mary's Health Center in Jefferson City, Missouri – were going to be replaced with brand new buildings and that the current buildings were most likely going to be demolished.

Each of the hospitals had been in operation in their current facilities for a long time; St. Joseph's opened in 1954, Good Samaritan in 1950, and St. Mary's in 1904; and – there was likely a lot of historical material in each facility. Each hospital was going to be replaced one at a time, with one being finished before major work on the next facility would begin. St. Joseph's was the first facility to be replaced, followed by Good Samaritan and finally St. Mary's.

I realized that the Corporate Archives needed to be proactive in preserving the essential history of these facilities before it was lost either by being thrown away before the move or lost when the structures were torn down.

With the support of my boss I reached out to St. Joseph's and requested a meeting with key hospital staff to discuss with them our concerns and what they could do to help us. We were able to have this meeting about 24 months before the hospital moved. At this meeting I was able to gather together several senior administrators, mission and spiritual care leaders, facilities and communications people, and a nursing staff representative. At the meeting I explained that we wanted to collect and preserve the historical items from the hospital but cooperation from the hospital administration and staff was essential to make this happen.

We asked that, with the help of the communications staff, the hospital staff be aware of the types of items the Corporate Archives is interested in and to notify someone when they find such items. To make things easier for staff and to reduce extraneous communications to the Corporate Archives we asked a couple of people to be the main contact points at the hospital.

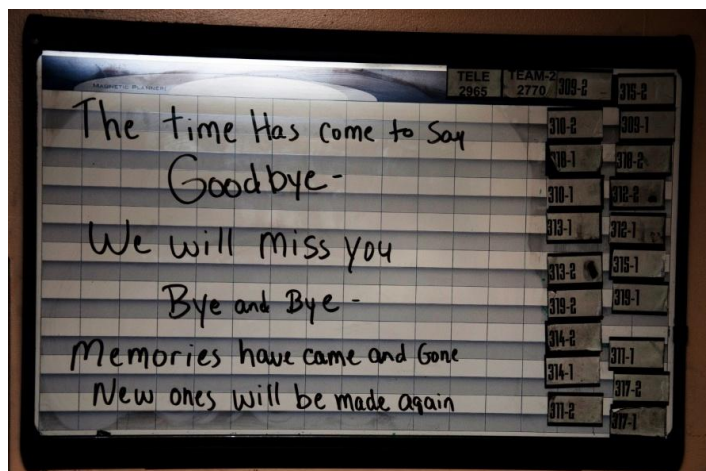
At the conclusion of this meeting I arranged to have an in-depth tour of the hospital from the attic to the basement to see what types of historical items were at the hospital. This tour involved talking to staff, taking photographs, and making notes of any historical material I discovered. After this initial tour I made several visits back to St. Joseph's to continue to ask staff to look out for historical material and to examine and pick up items that were discovered.

Also, I worked with the hospital staff to help bring historical items from the old facility to the new one. Along with some prominent statuary and other items, the hospital administration decided to have a heritage wall in the new hospital to share St. Joseph's history with visitors and staff. The Corporate Archives were intimately involved in this project providing images and historical information.

As historical material was identified I arranged to have the items picked up and brought to the Corporate Archives. Because St. Joseph's was only about 20 minutes away from the Corporate Archives it was relatively easy to get items to the Archives with too much difficulty.

As the time for St. Joseph's closure came near I asked to have permission to access the hospital after it was closed. I saw this as a great opportunity to not only search for historical items that might have been forgotten but to document the hospital building before it was demolished.

I was able to go through St. Joseph's three days after the patients transferred to the new facility and because the hospital was now officially closed, I had full access to every part of the hospital with no restrictions. For the sixty days before the hospital was turned over to the demolition crew I was able to make several visits to the building. During those visits I



**Goodbye note from Good Samaritan**

was able to not only to find a number of historical items but also document significant spaces and several large murals that were painted throughout the facility. In addition I



was able to find and photograph notes left by the hospital staff when they left the old building for the last time.

Our work with St. Joseph's yielded a lot of great things for the Corporate Archives and I am very happy that we were able to document the hospital before it met the wrecking ball.

I used the same process when it came time to work with Good Samaritan Regional Health Center as they got ready to move to their new facility. I started working with them in 2010 and the new hospital opened in January 2013.

We had our initial meeting with key staff at St. Mary's Health Center in Jefferson City, Missouri this past summer and will continue to work them as they move forward to their new hospital in January 2015. Here is an outline of the process I have used:

### **The Process (18-24 Months)**

- Meet with hospital key staff
  - Senior Administration
  - Mission & Spiritual Care Leaders
  - Facilities
  - Communications
  - Nursing & Medical Staff Representative
- Tour the hospital to determine what historical material exists
- Establish a primary hospital contact(s) to help educate the hospital staff
- Examine and inventory historical material when possible
- Determine which historical items will be moved to the new facility
- Arrange to have material transferred to the Archives
- Document the former hospital after closure

The benefit of all this work to the Corporate Archives has been an additional 20 linear feet of material to the Archives. Increased exposure for the Corporate Archives, as well as sharing the importance of preserving our heritage with more of our staff. We look forward to finding and preserving more items at St. Mary's in Jefferson City.

### **Scott Grimwood**

Corporate Manager of Archives, SSM Health Care

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## Medical Heritage Library: What Next?

I'm hoping by now most of you have some familiarity with the Medical Heritage Library project or have at least heard something about the MHL. I'm here on behalf of the MHL participants to give you some background on the project, talk about the work that's been done so far as well as projects now underway, and look to the immediate future of the MHL.

In 2010, the Alfred P. Sloan Foundation started the MHL project with a \$1.5 million grant to a consortium of libraries to digitize and make freely available high-quality surrogates of monographs in the public domain to make the nucleus of a digital library in the history of medicine. Those five first participants – the Augustus C. Long Health Sciences Library at Columbia, the Cushing/Whitney Medical Library at Yale, the National Library of Medicine, the Countway Library of Medicine at Harvard, and the New York Public Library – then divided up that grant funding and spent the next two years working on cooperative selection of titles and subject areas and the digitization work – some 3 million pages and over 30,000 volumes. Books were pulled from a wide array of subject areas in medicine, dentistry, and public health, and we tended to choose a broader assortment of titles rather than a deeper one – that is, we looked to digitize more and different titles and subjects rather than many different editions of the same title (though we did some of that as well.) As the project progressed, the digital surrogates from the participating libraries were made available through the Internet Archive (and also through our own home catalogs).

The MHL also has its own website and blog to promote new additions, news, and highlights of the collection. You can get a sense of the breadth of the collection by going to the project's [website](#) and also the [MHL section of the Internet Archive](#). One of the more useful aspects of the IA digitization is the ability to search for words or phrases within a particular text; occurrences of the term are then highlighted in context and the reader can navigate to them directly.

During the course of those first two years, we found, in trying to avoid digitizing titles which were already freely available in the Internet Archive, that there were other institutions which had also been mounting titles in subject areas that matched or complemented the MHL work. We then contacted these institutions and obtained their permission to tag these items as part of the Medical Heritage Library. These content

contributors – some with huge collections of digital resources – include the NIH and the Gerstein Science Information Center at the University of Toronto, and also Emory, Tulane, Brandeis, and the University of Maryland – and increased the size of the MHL to over 45,000 volumes – larger than some medical history collections. The contents of the library now include monographs, journals, pamphlets, yearbooks, ephemera, and audio-visual materials, with a date range from 1502 or thereabouts up to the 21<sup>st</sup> century, with works principally in English, French, German, and Latin but also some in Italian and Portuguese.

One of the more unusual contributors is the Wellcome Library in London which brought in over 200 moving image files of 20<sup>th</sup> century healthcare, surgical techniques, and drug treatments. [archive.org; search for ‘wellcome’ ‘artificial respiration’ for 1940s film of iron lung.] Another new contributor – the History of Medicine Biomedicine Research Groups at Queen Mary University, London, has also started to contribute online oral history interviews with neuroscientists.

Let’s now look at what’s been happening during the past year. In 2012, members of the MHL consortium received a new grant from the National Endowment for the Humanities’ Collections and Reference Resources Program, to expand its work and begin a project concentrating on American medical journal literature, generally before 1923. The four participants in this project -- the College of Physicians of Philadelphia was added to Countway, Columbia, and Yale (NLM was ineligible for NEH funding) – have already started on this work, which will be completed over the next two years, and the results of these efforts are already beginning to appear in the Internet Archive. The NEH grant will support the digitization of approximately 1,723,036 pages, nearly 6,000 volumes published between 1797 and 1923. The project’s goal is to make a start on making broadly available complete runs of the nation’s medical journals.

The Countway’s submissions – we were somewhat limited by construction in our library’s journal stacks as well as the availability of staff for the project – concentrated on some of the earliest American journal literature, with many unusual and fugitive journals from our rare collection being the basis for this. We digitized nearly 180 different titles, from all across the country, in both mainstream medicine and also botanic, eclectic, and homeopathic subjects, as well as transactions of local, regional, and national medical societies.

In 2012, the Council on Library and Information Resources awarded a grant of \$202,000 to two of the MHL partners – Johns Hopkins and the Countway – as part of its Cataloging Hidden Collections and Archives program to process and open for research seven large modern archival collections in public health, with subjects related to health equity and access to primary care; health screening and nutrition; community mental health; and the AIDS epidemic. A significant component of this project is documentation of best practices to process and describe these modern collections and provide access to records restricted by legal mandate (such as HIPAA and FERPA), or with restrictions imposed by parent organizations (as governed by an institutional records schedules), or applied through local practice. The CLIR project has just started this spring and now has a [wiki](#) for documentation, bibliographies, calls for participants in project activities, and information about upcoming events.

At this year's AAHM meeting, the MHL is sponsoring a lunchtime session, "Maximizing the Medical Heritage Library's Usefulness for Research: New Content, New Tools," organized by Michelle DiMeo of the College of Physicians of Philadelphia, and we've sponsored lunchtime AAHM programs in the past – "Medical images in the history of medicine" in Baltimore last year, and "How digital resources can support your scholarship" in Philadelphia in 2011.

MHL members also have at least two more projects in view – all in the preliminary planning stages but worth keeping in mind. We're looking to follow up the NEH journals project with a new project to digitize medical state journals and hope to not only include titles in the public domain but also obtain the consent of the various medical societies and organizations to include as complete a run as we can for items still under copyright. (That's a complex issue, as you might imagine, but there have already been preliminary discussions with ten different journal publishers who have agreed in principle to participate in this effort.) We'd ideally like as much national coverage as possible with this project, so if you're interested in the project and, in particular, have journal holdings for regions of the U.S. outside the east coast – Southwest, Midwest, West – we'd be interested in exploring the possibility of participating in this project.

Another archival project under consideration is a pilot study to examine what historic records of hospitals might be in existence in a particular geographic region, survey the holdings, and make recommendations as to the disposition and preservation of those records – particularly records of inactive or closed institutions or records held by active hospitals without archival programs or support.

We're always looking for ways to extend the scope and utility of the Medical Heritage Library, and I'd encourage to you explore and use the holdings and also for you to encourage your researchers, faculty, students, and colleagues to do the same. We're particularly interested to hear from users of the resources, what they're doing with the digital items, and how they might use them in the future and what additional resources might be valuable to them.

**Jack Eckert**

Public Services Librarian

Countway Center for the History of Medicine, Harvard University

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### Photo Section

All photos by Stephen Greenberg unless otherwise noted. *From left to right:* 2013 ALHHS Steering Committee meeting – *back row:* Tim Pennycuff, Russell Johnson, Brooke Fox, Michael North, Stephen Novak, Megan Rosenbloom, Stephen Greenberg *front row:* Patricia Gallagher, Phoebe Evans Letocha, Arlene Shaner, Christopher Lyons ; four photos from ALHHS dinner (the second was taken by Jonathan Erlen) ; Keynote speaker Brandy Schillace ; ALHHS President Christopher Lyons runs the business meeting ; Jack Eckert speaking about Medical Heritage Library.







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## *Business Meeting*

### **Minutes of the Annual Meeting, May 16, 2013**

*Claudia Nance Rollins Building, Rollins School of Public Health, Emory University  
May 16, 2013*

#### **Opening**

ALHHS President Christopher Lyons opened the business meeting by calling for adoption of the agenda. He then called for a vote to approve last year's minutes from the meeting in Baltimore MD, which were circulated via the *Watermark* and the listserv. The members voted to approve the minutes.

#### **Presidential Report**

President Lyons then began his Presidential report by thanking the Steering Committee for their effort and involvement over the past year which keeps the organization going. He highlighted the 4 principal means by which ALHHS serves its membership: *The Watermark*, the Listserv, the website and the Annual Meeting. He announced a new initiative, the Working Group on Outreach to Members (WGOM) which aims to address the isolation that both experienced and newer members face, particularly when they can't attend meetings. He announced that Micaela Sullivan-Fowler, former ALHHS President, has agreed to head up the WGOM. The working group will look into developing new approaches and avenues to serve members, such as new modes of communication, like social media/blogs, mentoring opportunities, outreach projects, or any other initiative seen as useful in serving the membership. Sullivan-Fowler will be assisted by three volunteers chosen from amongst the membership. The task force will consult with the membership and make recommendations, including an implementation plan, to the ALHHS Executive for approval. Lyons called for interested members to contact Sullivan-Fowler.

Lyons then acknowledged that Stephen E. Novak, the Editor of *The Watermark* and Head of Archives & Special Collections at the A.C. Long Health Sciences Library of the Columbia University Medical Center was honored in October 2012 by the Archivists Round Table of Metropolitan New York, Inc. (ART), for outstanding achievement in archives. ALHHS submitted an ad in the Awards Ceremony journal congratulating him on the organization's behalf.

Lyons then noted that the 2014 Annual Meeting will be on Thursday, May 8 in Chicago. The Program Committee Chair for 2014 will be Paul Theerman of the New York Academy of Medicine and that the Local Arrangements Chair will be announced once finalized.

### **Treasurer's Report**

Treasurer Arlene Shaner announced that she had circulated the Treasurer's report via the Listserv. ALHHS is in a healthy financial state with a balance of \$38,870.05 in checking. She reported closing out a certificate of deposit in preparation for the transition to the new treasurer, Barbara Niss. Shaner announced that she successfully completed the ALHHS application for IRS 501(c)(3) status, which was approved but then revoked due to technical issues at the IRS. She was hopeful that the approval would be reinstated so she could pass on her responsibilities to her successor. The membership voted to accept the treasurer's report.

### **Membership report**

Shaner reported on the status of membership: 135 members, 121 are returning and 14 are new (5 in 2012 after the last meeting and 9 in 2013). 10 people had not yet renewed.

### **Nominating Report**

Nominating Committee Chair Lisa Mix could not attend. The committee also included Judith Weiner and Arlene Shaner, who gave the report on behalf of Mix. The slate consisted of Stephen E. Novak of Columbia University Medical Center for Vice President/President-Elect, Barbara J. Niss of Mount Sinai School of Medicine for Treasurer, and Deborah Coltham [now Johnston] of Deborah Coltham Rare Books and Renee Ziemer of Mayo Historical Unit, Mayo Clinic, for Members-at-Large. Ballots were distributed via Survey Monkey to all ALHHS members in good standing. 97 members voted in the election between March 11 and April 2, 2013. The membership overwhelmingly confirmed the slate of Officers for 2013. Their terms will begin at the end of the 2013 ALHHS Annual Meeting, on May 16, 2013.

### **Local Arrangements**

Brooke Fox reported that the meeting was going well. She thanked Rachael Ingold for doing most of the legwork on Local Arrangements before turning the role over to her. As of May 9, 2013, there were 54 registered to attend. 2 people registered on site and there were 10 from MEMA. She noted that Emory provided the meeting space at no cost, and she thanked the Centers for Disease Control for providing tours.

### Program Committee

Michael North noted that he surveyed the membership in the Fall and thanked those who provided feedback that resulted in this year's program theme and speakers.

### Awards Committee

Tim L. Pennycuff announced that he and fellow Awards Committee members Barbara Niss and Jack Eckert selected the following for honoring at the 2013 annual meeting:



**Award winners Jeffrey Reznick, Melissa Grafe, and Michael Sappol. Photo by Stephen Greenberg**

**Publication (Monograph):** Michael Sappol, ed., *Hidden Treasure: The National Library of Medicine*. (New York: Blast Books, 2012). Also available [here](#).

**Publication (Article):** Jeffrey S. Reznick for Lenore Barbian, Paul S. Sledzik and Jeffrey S. Reznick, "Remains of War: Walt Whitman, Civil War Soldiers, and the Legacy of Medical Collections." *Museum History Journal*. January 2012: 5(1): 7-28. Also available [here](#).

### Online Resource: [The Medical Heritage Library](#).

Pennycuff thanked Arlene Shaner for arranging for the Tiffany paperweight awards and presented them to the winners who graciously thanked those who assisted. Melissa Grafe of Yale University accepted on behalf of the Medical Heritage Library and acknowledged other members of that collaborative in attendance.

### Watermark

Stephen Novak, Editor of *The Watermark*, reported that four issues of *The Watermark* have appeared in electronic format since our last meeting. He thanked his co-editors, advertisers, and the contributors, acknowledging the outpouring of people who want to write articles. Novak announced that 90% of back issues are digitized and online on the ALHHS website. He thanked Russell Johnson at the University of California, Los Angeles for his efforts in getting *The Watermark* into the UCLA eScholarship site. He noted that the articles in these issues are still relevant. Novak reported that he applied in



February to the National Library of Medicine to have the articles indexed in MEDLINE, but had not yet heard back.

### **Website and Listserv**

Russell Johnson reported that the Listserv is up-to-date and available to members only. It receives on average 2 spam attempts per day, and legitimate addresses are invited to join ALHHS in order to be approved for the listserv. Johnson reported on efforts to finally shut down the old George Washington University site. He noted that the current website experienced a few weeks of downtime in the spring. Johnson noted efforts to add a PayPal feature to the website that could be used for payment of dues and annual meeting registrations and to make donations.

Johnson further reported on the effort to get *The Watermark* online in pdf format with OCR functionality. He thanked past *Watermark* editor Eric v.d. Luft for providing the original color versions of past issues. Missing issues will be filled in from the ALHHS Archives. A suggestion was made to also submit the back issues to the Medical Heritage Library. Johnson closed by acknowledging the need to reconstitute the Website Committee and hoped to work with the new WGOM to explore efforts to engage those both inside and outside the membership through social media and the website.

### **Archives Committee**

Lyons gave the report on behalf of Jodi Koste who reported having answered a few questions and assisting Treasurer Arlene Shaner in finding documentation needed to verify our status with the federal government. She will make duplicate back copies of *The Watermark* available to Russell Johnson for inclusion online.

### **Directory and Procedure Manual Report**

Past President Stephen Greenberg reported no new activity on the Procedure Manual. The directory was distributed electronically only as a pdf at the close of the 2012 meeting. The template was turned over to Secretary Phoebe Evans Letocha for future updates and distribution.

### **Old and New business**

No old business was reported.

In new business, Novak reported on the status of the New York University Medical Center Archives after suffering damage from Hurricane Sandy in the fall.



Lyons reported that past ALHHS President Elaine Challacombe has retired and that the Wangensteen Historical Library of Biology and Medicine at the University of Minnesota has established the Elaine Challacombe Visiting Scholar Fund in her honor to allow researchers, students, and independent scholars to come to the Wangensteen Library and take advantage of the holdings she developed over her 24 years as curator. Lyons reported that the Steering Committee recommended a donation of \$500 on behalf of ALHHS, which was approved by the membership. Lois Hendrickson, interim director at Wangensteen, thanked ALHHS for its generosity.

Lyons reported on AAHM's launch a new initiative called the "Clio project" to enhance teaching and research about the history of medicine and health in academic medical centers. AAHM is interested in input from ALHHS members. Lyons reported that he would attend its meeting that evening and report back to ALHHS. Lyons called for a motion to adjourn the business meeting which the members approved.

Respectfully submitted,

**Phoebe Evans Letocha**

ALHHS Secretary

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## ALHHS 2012-2013 Financial Report

Checking account balance as of 4/1/2012	\$21,323.40
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Income 4/1/2012-3/31/2013

2011 memberships (paid to catch up) (2)	\$30.00
2012 memberships (11)	\$165.00
2012 new memberships (8)	\$120.00
2013 memberships (113)	\$1,695.00
2013 new memberships (9)	\$135.00
2014 memberships (paid ahead) (2)	\$30.00
Extra contributions (3: \$5; \$5; \$35)	\$45.00
Watermark advertisements (6)	\$1,080.00
2012 meeting and dinner (32)	\$2,784.00
2012 meeting only (13)	\$416.00

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2012 dinner only (5)	\$275.00
MeMA reimbursement for 2012 meeting expenses	\$810.00

<b>Total income:</b>	<b>\$7,585.00</b>
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Deposit of CD funds to checking (\$366.01 (7/12) + \$15,519.79 (3/13))	\$15,885.80
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Full total deposited:	\$23,470.80
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Expenses 4/1/2102 – 3/31/2013

Tiffany for 2012 awards	\$819.83
P. Gallagher for name tag labels and speaker gifts for 2012 meeting	\$84.19
Catering for 2012 dinner and reception (Bon Appetit)	\$2243.75
Room rental for 2012 dinner and reception (U Maryland Baltimore)	\$525.00
Catering for 2012 meeting (Jay's)	\$1,097.25
Room rental for 2012 meeting (Johns Hopkins U School of Nursing)	\$515.00
Broadway Services (bus for 2012 meeting)	\$380.00
P. Gallagher for mailing of books for review for Watermark	\$135.13
Archivists Round Table of New York for ad in honor of S. Novak	\$100.00
Survey Monkey for electronic ballot for 2013 election of officers	\$24.00

**Total expenses:**

\$5,924.15

Ending balance in checking account as of 3/31/2013:

\$38,870.05

Respectfully submitted,

**Arlene Shaner**

ALHHS Treasurer

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## Nominating Committee Report

The 2013 ALHHS Nominating Committee consisted of Lisa Mix, chair, Arlene Shaner and Judith Wiener. After careful consideration, and input from ALHHS members, the committee proposed the following slate of candidates:

**Vice President/President-Elect:** Stephen E. Novak, Columbia University Medical Center

**Treasurer:** Barbara J. Niss, Mount Sinai School of Medicine

**Members-at-Large:**

Deborah Coltham, Deborah Coltham Rare Books

Renee Ziemer, Mayo Historical Unit, Mayo Clinic

Ballots were distributed via Survey Monkey to all ALHHS members in good standing. 97 members voted in the election between March 11 and April 2, 2013. The results are:

Vice President/President-Elect: Stephen E. Novak	97 yes
Treasurer: Barbara J. Niss	96 yes, 1 abstention
Member-at-Large: Deborah Coltham	95 yes, 2 abstentions
Member-at-Large: Renee Ziemer	96 yes, 1 abstention

The membership overwhelmingly confirms the slate of Officers for 2013. Their terms will begin at the end of the 2013 ALHHS Annual Meeting, on May 16, 2013.

I would like to take this opportunity to thank the committee members for their dedication and hard work, President Christopher Lyons and Past-President Stephen Greenberg for their guidance, and the incoming officers for their willingness to serve.

Respectfully submitted,

**Lisa A. Mix**

Chair, ALHHS Nominating Committee 2013

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## 2013 ALHHS Awards

The Awards Committee (Barbara Niss, Jack Eckert, and myself as chair) selected the following for honors at the 2013 annual meeting:

**Publication (Monograph):** Michael Sappol, ed., *Hidden Treasure: The National Library of Medicine* (New York: Blast Books, 2012). Also available [here](#).

**Publication (Article):** Jeffrey S. Reznick for Lenore Barbian, Paul S. Sledzik and Jeffrey S. Reznick, "Remains of War: Walt Whitman, Civil War Soldiers, and the Legacy of Medical Collections." *Museum History Journal*, January 2012: 5(1): 7-28. Also available [here](#).

**Online Resource:** [The Medical Heritage Library](#).

Respectfully submitted,

**Tim Pennycuff**

Chair, Awards Committee

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

### NLM's History of Medicine Division Launches "Circulating Now," a New Blog Featuring the Historical Collections of the World's Largest Biomedical Library

The NLM's History of Medicine Division has launched a new blog, [Circulating Now](#), to encourage greater exploration and discovery of one of the world's largest and most treasured history of medicine collections. Encompassing millions of items that span ten centuries, these collections include items in just about every form one can imagine – from books, journals, and photographs, to lantern slides, motion picture films, film strips, video tapes, audio recordings, pamphlets, ephemera, portraits, woodcuts, engravings, etchings, and lithographs. The NLM's historical collections also include items from the present day: born-digital materials and rich data sets – like the millions of records in its [IndexCat](#)



database – that are ripe for exploration through traditional research methods and new ones that are emerging in the current climate of "big data" and the digital humanities.

Why [Circulating Now](#)? For over 175 years the NLM's historical collections have circulated to generations within the reading rooms of its various locations in and around Washington, DC. Now, these collections – as part of the trillions of bytes of data produced and delivered by the world's largest biomedical library – circulate daily to millions of people around the world. [Circulating Now](#) sustains the tradition and commitment of the NLM, and libraries everywhere, to provide knowledge and expertise freely and to inspire people and enrich lives. Circulating Now also conveys the vitality of medical history in our 21st-century world: its relevance and importance for research, teaching, and learning about the human condition. And Circulating Now evokes the living quality of the NLM's historical collections and the stories they offer about the experience of health and disease here in the United States and around the world.

[Circulating Now](#) will bring the NLM's diverse historical collections to life in new and exciting ways for researchers, educators, students, and anyone else who is interested in the history of medicine. Whether you are familiar with NLM's historical collections, or you are discovering them for the first time, Circulating Now will be an exciting and engaging resource to bookmark, share, and discuss with other readers.

Kicking off [Circulating Now](#) is a series of posts that draws on the NLM's historical collections and associated others to reenact in a unique way a tumultuous event in medical and American history which occurred 132 years ago this summer: the assassination of, and attempts to save, our nation's 20th President, James A. Garfield.

### **NLM Collaboration with The Universities at Shady Grove Expands to Include Virtual Internships**

The [Universities at Shady Grove \(USG\)](#), in partnership with the National Library of Medicine (NLM), will offer five virtual internships to students from the University of Maryland, College Park, College of Information Studies (iSchool) beginning Fall 2013. USG is a campus community of nine leading Maryland universities.

The virtual internships will span NLM's research and development initiatives and social media outreach. The projects are:

- Assessing the quality of automatic classification of NLM customers' requests and corresponding automatically generated responses to customers' requests. This project will assess the feasibility of providing an automatic reply to some of the thousands of inquiries received annually for changes to MEDLINE/PubMed. Dr. Dina Demner-Fushman, Lister Hill National Center for Biomedical Communication, will serve as mentor and project sponsor.
- Should NLM resources be added to Wikipedia? This project will examine the potential to use Wikipedia as a method of directing the public to NLM web sites through linking of web topics pages. Siobhan Champ-Blackwell, Specialized Information Services Division, will serve as mentor and project sponsor.
- Creation of a promotional strategy for NLM\_HIVplus50 Twitter handle? This project will assist in the development of a promotional strategy for the @NLM\_HIVplus50 a Twitter handle that provides news, updates and resources on HIV/AIDS and aging adults. Andrew Plumer, Specialized Information Services Division, will serve as mentor and project sponsor.
- Creation of a "Tech Tuesday" monthly forum for familiarizing National Library of Medicine (NLM) staff with current emerging and converging technologies. This project will investigate new technologies and determine which ones would be most useful for a monthly brown bag session. Jamie Peacock, Specialized Information Services Division, will serve as mentor and project sponsor.
- Social media 360: scanning the landscape of literature to research and provide recommendations for how the National Library of Medicine (NLM) can most effectively use social media to provide health information to the public. This project will investigate social media platforms and innovative uses of these. Project goals include evaluating the pluses and minuses of NLM Twitter chats; developing a "how to" guide for NLM staff wishing to start up new social media outlets; and exploring some of the most popular and successful Facebook pages and Twitter feeds and what they're doing to communicate their messages and share their information. Melanie Modlin, Office of Communication and Public Liaison, will serve as mentor and project sponsor.

For many students close proximity to the numerous research, corporate and special libraries in the Washington, DC Metro area is misleading given their own professional, student, and family lives. Virtual internships will allow students to tap into the rich and diverse experiences of the world's largest biomedical library, and to do so at a time and pace convenient to their lives.



USG recognizes the challenging lives of active, often working, students. USG provides a convenient location to access the educational offerings of nine University System of Maryland (USM) universities as well as online options for the best and most popular degree programs from the across the state. Virtual internships are part of USG's forward-thinking approach to meeting the needs of its students and preparing them for careers upon graduation.

NLM has a longstanding commitment to open its collection, products and services to the public. Virtual internships allow NLM to further extend access to include interns who might not otherwise be able to physically spend time at NLM and on the NIH campus. As an institution, NLM has extensive experience in supporting flexiplace and telework options for its own employees and through the National Network of Libraries of Medicine (NN/LM), working with contracted staff throughout the country. This experience, along with the many students NLM trains through Alternative Spring Breaks, internships, and fellowships, lends itself to offering a rich and robust internship experience virtually.

### **NLM Announces First National Digital Stewardship Resident**

The National Library of Medicine (NLM), in partnership with the Library of Congress and the Institute of Museum and Library Services, will host a National Digital Stewardship Resident to [develop a thematic Web archive collection](#). 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 collection of NLM, the world's largest biomedical library. The resident will be embedded in NLM's History of Medicine Division under the mentorship of Christie Moffatt, NLM Digital Manuscripts Program Manager.



Maureen McCormick Harlow was selected for the NLM residency by an expert committee of Library of Congress and Institute of Museum and Library Services staff, with participation from the NLM. She is a 2012 graduate of the University of North Carolina (UNC) at Chapel Hill, with two master's degrees, in library science and public administration. Ms. Harlow is currently working at Duke University Archives and at the Center for Public Technology at UNC, where she has archived Duke University Web sites for a Web archive pilot using

Archive-It service.

NLM was [selected as a host site](#) for the National Digital Stewardship Residency program in March 2013, alongside other institutions including the Association of Research Libraries, Dumbarton Oaks, Folger Shakespeare Library, Library of Congress, National Security Archive, PBS, Smithsonian Institution Archives, World Bank, and University of Maryland Libraries and Maryland Institute for Technology in the Humanities.

The [NDSR program of the Library of Congress](#) offers recent master's program graduates in specialized fields – library science, information science, museum studies, archival studies and related technology – the opportunity to gain valuable professional experience in digital preservation. Residents will attend an intensive two-week digital stewardship workshop this fall at the Library of Congress. They will then work on a specialized project at their respective host institutions. These projects will allow them to acquire hands-on knowledge and skills regarding collection, selection, management, long-term preservation and accessibility of digital assets.

The complete announcement of the inaugural class of National Digital Stewardship residents is [available from the Library of Congress](#).

### **NLM Launches "A Voyage to Health" Online Exhibition to Supplement the Traveling Banner Display**

The National Library of Medicine has launched an [online adaptation](#) of the traveling banner exhibition, [A Voyage to Health](#), an exploration of how the revival of Native Hawaiian sea voyaging traditions helped heal the soul of the community. The launch of the Web site celebrates the 19-year anniversary of the May 9, 1994 return of Kanaloa Kaho'olawe island to the Hawaiian people by the United States Navy.

This online project begins with the migration of voyagers from the South Pacific who settled on the Hawaiian island of Kanaloa Kaho'olawe and details the loss of sovereignty and suppression of culture Native Hawaiians experienced by the US annexation of Hawai'i. It highlights the contemporary movement to reclaim and protect Kanaloa Kaho'olawe, and the restoration of traditional



sea voyaging, which have served as unexpected catalysts of a Native Hawaiian cultural renaissance – a reconnection to ancient sources of pride and wellness.

The Web site is augmented by [education resources](#) that explore the exhibition content: two lesson plans for grades 4-8; a six-class higher education module developed by noted Native Hawaiian scholar Davianna Pōmaika'i McGregor, PhD; two online activities; and a collection of other online resources.

“A Voyage to Health” was curated by Davianna Pōmaika'i McGregor, PhD (University of Hawai'i), Hardy Spoehr (Papa Ola Lokahi), and Maile Tualii, PhD, MPH (Papa Ola Lokahi), in cooperation with NLM Exhibition Program curator Manon Parry, PhD. The traveling banner exhibition A Voyage to Health has traveled to 17 locations in the continental United States and nine locations around the world.

Please visit the [traveling exhibition services Web site](#) for more information about A Voyage to Health.

**Jeffrey S. Reznick**

Deputy Chief, History of Medicine Division  
National Library of Medicine

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## NEWS FROM THE WELLCOME LIBRARY

### Wellcome Collection redevelopment

The Wellcome Library will be undergoing major changes as part of the all-building development project that we announced in [October 2012](#).

### Temporary changes to Library opening hours: Monday closure

- **From 8 August to March 2014, the Library will be closed on Mondays.** Our Tuesday-Saturday opening hours will remain unchanged for now.

### Timetable of the works

- Early August 2013 to summer 2014: We will be open for business, but there may 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.

**Accessing rare materials in the Library:** From **8 August to 31 October 2013** we will be operating a temporary Rare Materials Room. Due to restricted space, we will operate a booking system to ensure that you can access the materials you need to view.

Please email the Library if you need to consult our special collections during this period. Up-to-date information about the Library works and any changes to services can be found on the [Library blog](#). We advise that you check online before making a visit during the works. You can also follow us on [Facebook](#) and [Twitter](#) for updates.

### Digitisation of First World War RAMC material

In commemoration of the upcoming 100 year anniversary of the First World War, all material within the Royal Army Medical Corps (RAMC) Muniments collection relating to the First World War is being digitised as part of the Wellcome Library's Digitisation Programme. The material will be digitised between June and September 2013.



**King George Hospital for wounded soldiers, London, c. 1915-1918.  
(RAMC/1647/1)**

The RAMC Muniments collection is a major collection on military medicine, which contains reports, diaries, memoirs, photographs and memorabilia given to the Royal Army Medical Corps Museum and Library by former officers and men of the Corps. The substantial amount of material indexed under 'First World War' covers the Balkan Front, the Dardanelles, East Africa, France and Flanders, the Home Front, India, Italy, Malta, Mesopotamia and the Middle East, Russia, Serbia, and South West Africa, as well as Prisoners of War.

The First World War is of course an important event in its own right, but also, for the medical services the War was a milestone in care not only of battle casualties but also of those suffering from disease and non-battle injuries. Digitising these extensive holdings will enable readers to access large amounts of archive material remotely from anywhere

in the world, improving access to an important body of research material and providing a global resource for the study of the history of medicine. This digital resource will be made freely available online, subject to copyright, and Data Protection and privacy issues as set out in our [Access to Archives Policy](#) (pdf).

In order to develop this world-class digital resource access to these parts of the collection will be affected. Please see the [archives digitisation schedule](#) for further details. We regret that we are unable to make any exceptions to allow individual readers access to material, and encourage readers to contact the Archives and Manuscripts team beforehand at [arch+mss@wellcome.ac.uk](mailto:arch+mss@wellcome.ac.uk) or telephone +44 (0)20 7611 8899 to ensure that material will be available for consultation. You can also check whether a specific item or collection is temporarily unavailable by searching for the item in [the catalogues](#). If an item is unavailable, it will state "This material is undergoing digitisation and is not available for consultation."

The RAMC collection has been on long-term deposit from the Army Medical Services Museum since 1991. The Board of Trustees of the Army Medical Services Museum decided some years ago that their long term aim would be to retrieve those archives currently held in the Wellcome Library, and known as the RAMC Muniments Collection, and integrate them into the extensive archive collection held at the museum. As a result the archives will be in one location rather than two. As part of that plan the Board has initially requested the return of all archives relating to the First World War and certain other items. Once the Wellcome Library has digitised the material requested, it will be permanently returned to the Army Medical Services Museum in Keogh Barracks, Mytchett in Surrey where it will be publically accessible. For the present, the remainder of the RAMC Muniments collection will continue to be held at the Wellcome Library.

Should you have any questions or concerns about any of this please feel free to contact us on [arch+mss@wellcome.ac.uk](mailto:arch+mss@wellcome.ac.uk) or telephone +44 (0)20 7611 8899. Alternatively you can contact the Army Medical Services Museum on [armymedicalmuseum@btinternet.com](mailto:armymedicalmuseum@btinternet.com) or telephone +44 (0)1252 868612.

### **James Cyriax, father of orthopaedic medicine**

James Henry Cyriax was a controversial figure often seen as an outsider in terms of the British medical establishment. His personal papers were acquired by the [Archives and Manuscripts department](#) of the Wellcome Library in 2009, and have recently been catalogued.

The collection is split into personal and biographical material, clinical notes and photographs, publications, and material relating to the Cyriax Foundation. Very little personal material has survived, but this is unsurprising as Cyriax himself admitted that his personal life suffered as a result of his dedication to his career.

Cyriax was the son of two doctors, both of whom treated musculoskeletal disorders, and the grandson of a practitioner of Swedish medical gymnastics and a chemist. Upon qualifying as a doctor in 1938, he was appointed to the post of house surgeon to the department of orthopaedic surgery at St. Thomas' Hospital, London. It didn't take long for him to realise that surgery alone was not suitable for most of his patients, and that there was a need for a corresponding department to deal with non-surgical issues.

He was particularly concerned that the x-rays used to diagnose musculoskeletal problems were inadequate for the purpose, which meant many patients were not receiving the correct treatment for their conditions. He also saw that the lack of communication between different specialists treating a patient (physicians, surgeons, and physiotherapists) could be detrimental to their healing.

Cyriax won the Heberden prize in 1943 for his essay on the pathology and treatment of chronic sprains of the elbow. He published extensively, his best known publication being the *Textbook of Orthopaedic Medicine*. First published as a two volume work in 1954, it has since been through over ten editions.

The same year the *Textbook* was first published, Cyriax was elected as a Member of the [Royal College of Physicians](#). He never became a Fellow, possibly because of his difficult relations with his peers, who alleged that he was unable to produce scientific verification for his often controversial ideas.

Although not a mainstream figure in Britain, Cyriax and his ideas found more favour abroad. He became visiting professor of orthopaedic medicine at the University of Rochester Medical Center, New York in 1975, and also taught in Australia, Canada, South Africa and New Zealand, as well as most countries in Europe.

Given that Cyriax's main contributions to medicine arose because of his direct experience with patients, and that he continued to see patients up until his death in 1985, it is unsurprising that a large amount of the archive is closed due to Data Protection considerations. In time this material will provide a rich resource for researchers such as family historians, those interested in the history and treatment of



conditions such as sciatica, scoliosis, and lumbago, and those researching the relationship between the patient and the medical profession.

James Cyriax was a prominent doctor during his lifetime, and as such attracted a number of illustrious patients. Those who sought out his services included members of prominent families such as the Mitfords, British politicians including Enoch Powell, John Profumo, and Oswald Mosley, and actors such as Anthony Quinn.

As a person, Cyriax was known for his strong personality, which attracted a fiercely loyal following whilst alienating the majority of his peers. It has been suggested that he relished the controversy he caused, as he saw it as the best way of disseminating his ideas.

Since his death there have been many changes in the field of orthopaedic medicine. For example, Cyriax believed that virtually all cervical, thoracic, and lumbar pain was caused by problems with intervertebral discs. This has been disproved, and today's orthopaedic medicine practitioners have found that the ligaments play a much larger role chronic pain problems.

The catalogue of the [personal papers of James Cyriax](#) can be viewed and searched online via the Wellcome Library's Archives and Manuscripts catalogue.

## Historic Knitting

I have just finished knitting a bag from a 19<sup>th</sup> century knitting pattern held by the Wellcome Library. It may seem odd that there are knitting patterns in a library devoted to the history of medicine and biomedical sciences but we do have a few.

I was prompted to check out the Library's catalogue while reading Richard Rutt's *A History of Hand Knitting*. He mentions that the oldest known written knitting pattern is in a 1655 medical compendium with the rather wonderful title of [Nature Exenterata: or Nature Unbowelled by the Most Exquist Antomizers of Her](#). The knitting patterns, which are tucked in at the back on pages 407 to 419, consist of instructions for different stitches and directions for a stocking. They are not easy to understand and omit some key information, like how to finish the toe of the stocking. Maybe the reader of the day would have known what to do but I struggled ([a digitised version of the book](#) can be found on Early English Books Online).

A much more user friendly set of patterns come from a cute little book written by Cornelia Mee and published in 1844, [Mee's Companion to the Work-table, Containing Selections in Knitting, Netting, and Crochet Work](#). Cornelia Mee was a needlecraft entrepreneur who, with her husband, ran a shop selling wool and related items. The couple set up their business in Bath and moved it to London in 1858. Cornelia helped to promote knitting, crochet and embroidery as a respectable hobby, rather than as a source of income, by writing a series of instructional books aimed at the expanding middle class. I imagine her as a combination of [Kaffe Fassett](#) and Patons Wool.

Making the bag reminded me of the therapeutic value of knitting. It requires just enough brain power to engage the knitter and, once you have worked out the pattern, it is easy to get into the flow. All things considered it seems entirely appropriate that there are knitting patterns in the Wellcome Library.



**Cornelia Mee's book of instructions and the bag Sue knitted using them.**

Cornelia Mee's instructions for the bag I knitted are below. As long as you know a bit about knitting it is reasonably easy to work it out from her instructions. The "shell" pattern is created by increasing and decreasing the number of stitches. The pattern block is made up of 19 stitches and there are eight blocks divided by columns of purl stitches. You need to know that "seam" means to purl and that there is a mistake in round two. The pattern should read "seam 3" not "4". The

original pattern suggests a sophisticated use of colour using 11 different colours arranged according to their tonal depth. I am not sure if I did that justice but then, unlike Cornelia, I don't own a wool shop. The directions on how to finish the bag are rather vague. I knitted in eyelets into the rib, added an extra frill on the top and ignored the suggestion for silk tassels. I don't think Cornelia would mind.

### ***Shell Knitting for a Bag, in German Wool.***

*Pins No. 14. Take 11 shades of wool, begin with the darkest, and 5 rows of each shade; that is, 1 pattern done of each. Cast on 155 stitches, 57 on 2 of the needles, and 38 on the third. First round:—Knit 4 stitches plain. Bring the wool forward, knit 1, bring the wool*

*forward, knit 1. Repeat this 8 times. Knit 4 plain, seam 3. Repeat this all round. Second round:—Knit 2 plain, 2 together, 15 plain, slip 1, knit 1, draw the slipped one over the knitted one, knit 3 plain, seam 4. Repeat this all round. Third round:—Knit 2 plain, 2 together, 14 plain, slip 1, and pull 1 over as before, knit 2 plain, seam 3. Fourth round:—Knit 1 plain, 2 together, 14 plain, slip and pull over as before, knit 1, seam 3. Fifth round:—Knit 2 together, 14 plain, slip and pull over, seam 3. The stitches will now be reduced to their original number. Tie on the next shade, and repeat the 5 rows as before. Repeat this 15 times. Then take very small needles, and knit a binder, in simple ribs, in any of the shades, 15 rows deep.*

*The handle is made by knitting on 2 needles of the same size as those used for the bag, with double wool, in the following manner:—Cast on 14 stitches, slip 1, bring the wool forward, slip 1, knit 1, pull the slipped one over the knitted one to the last 2, which are both knitted; without bringing the wool forward, fold the two edges into the middle, and sew together with the double wool. Silk tassels to match.”*

I found the lack of any illustration difficult at first but I have discovered that I am not the only person knitting from Cornelia's patterns. A group of knitters are working their way through another one of Cornelia Mee's books, *Exercises in Knitting*, and posting the results online. This shell bag pattern appears in that book too and you can [see what others have made of it here](#).

*Author: Sue Davies, External Projects Officer*

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

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## **NEW MEMBER PROFILES**

**Lori N. Curtis**

**Member of ALHHS since: 2006**

**Hometown:** Now this question is tricky – I was born in Oxnard, California; grew up in Port Hueneme, California;



went to school in various cities in Northern and Southern California; and lived and worked for 18 years in Tulsa, Oklahoma. For the past seven years, I've lived in Highland, California and worked in Loma Linda, California, but it doesn't yet feel like home.

**Current Employer and Position:** I am currently the Chair, Department of Archives and Special Collections, University Libraries, Loma Linda University.

**Education:** I'm thinking you are only interested in my college and university education, not that I went to Richard Bard Elementary School for kindergarten through second grade... ☺ Okay, here's the important stuff...

B.S., Social Studies and History with a "minor" in Library Science, Pacific Union College. (You couldn't get a degree in Library Science, but as I worked in the college library, I took all of the classes that the librarians taught).

M.A., History, University of California – Riverside. I had applied to UCR upon the advice of my favorite professor in college, who recommended that I study with a particularly renowned medieval historian. Well, come to learn after I applied, was accepted, and given a scholarship that would pay my whole way, the professor no longer taught there! So I switched my focus to major in English History and Early Modern European History. I was doing an independent study with one of the Early Modern professors, arrived on campus five minutes before our meeting to discover the paramedics trying to get his heart beating again. Tragically, he didn't make it. Was someone trying to tell me something? Possibly, but I didn't listen. My scintillating thesis was on the electoral behavior of 18<sup>th</sup> and early 19<sup>th</sup> century residents of the town of Lewes! Started the Ph.D. when my son made his presence known. Upon his birth, I took a year off and then on his first birthday, started work towards...

M.L.S., University of California – Los Angeles. During my studies, I focused on Archives and Special Collections administration, as much as I could at that time, but my thesis was on the current state and future of rare book cataloging. I will always be a cataloger at heart! I decided that I could combine a love of history, books and such into a profession that offered gainful employment. Haven't regretted the decision.

Other education has been for fun or professional development – several courses at the University of Virginia Rare Book School, classes and workshops on topics from copyright to How to Become a Film Friendly Archivist. For fun, such classes as the Ethics of War,

American Civil War, Revolutionary War, Vietnam War Literature... I think you may begin to see a pattern here!

**Professional interests:** As hinted at above, war is a big interest of mine – such a bizarre phenomenon - and while such is not the primary focus of the current collections in my care, I was able to mount an amazing exhibit in conjunction with the National Library of Medicine's traveling exhibit on Civil War medicine. I was truly amazed at the number of publications we had in the collection from the time period – from both the Union and Confederate Armies. And that we owned two American Civil War surgical kits! Other professional interests include the history of nursing education. Our nursing school here at Loma Linda University (then the College of Medical Evangelists) was in fact our first School (even though the folks in the School of Medicine might try to tell you otherwise!) and in researching the texts that were used here in the early days of the nursing school, in cataloging the uniforms, capes, photographs and the like, I became interested in the subject in a broader sense. We are slowly building a remarkable collection on this topic, and I have been working on a bibliography of such. Again, we had a great foundation for such on which to build, just waiting for someone to bring it to light.

Another professional interest, not related to the health sciences, is Seventh-day Adventist publishers' bindings. Loma Linda University is a health sciences university, but it is also a Seventh-day Adventist institution and here in Special Collections we collect not only material related to the history of the church, the history of Adventist health work, but also works published by the major Adventist publishing houses. Much work has been done looking at 19<sup>th</sup> and early 20<sup>th</sup> century publishers' bindings, but not much attention has been given to what was produced by the Adventist publishers during this same time period. I kept finding amazing and beautiful examples in the collection. And thus, I have been slowly building a database of such, replete with stunning, artistic examples of the binder's art.

Oh, and I absolutely love descriptive bibliography, creating the collation statements for old books! I know, it's a bit weird, but it sure is fun!

**Other facts, interests, or hobbies:**

Hobbies – reading, gardening, singing show tunes while I scrub the bathroom... I also taught myself how to knit a few years ago, which created in me this fever to collect

antique and vintage knitting needles and other knitting paraphernalia and vintage yarn. I have bins and bins of yarn and hundreds of needles! My pretties!

Facts – I'm a newcomer to the area of Health Sciences librarianship. Although I have been a librarian and archivist for some 26 years now, it is only during the past seven that I have been involved with a collection related to the history of the health sciences. For the 18 years I was in Tulsa, Oklahoma, I worked at the University of Tulsa that has an amazing Special Collections library. However, the focus there was in English and Irish literature; History, Literature and Law of Native Americans; and discovery and exploration of the American continent. We did have several Indian medicine formula manuscripts, but that was about the closest I came to being a health sciences librarian and archivist. When I accepted the job here at Loma Linda University, and they said I would have to also sit for a few hours a week at the general reference desk, I agreed – as long as they didn't make me look at scary, medical images! For the most part, they've held to their part of the bargain.

When I arrived at Loma Linda University, I discovered a forgotten and neglected History of the Health Sciences collection gathering dust in the basement of my department. I've dusted it off, and in working with my director have set a collection focus for that aspect of our department. We will never number amongst the great health sciences collections, but we knew we could carve out a niche for Loma Linda University – History of Nursing Education, the intersection of health and the Seventh-day Adventist Church, e.g., 19<sup>th</sup> Century Health Reform, Vegetarianism, Water Cure/Hydrotherapy, Development and Growth of Sanitariums, etc. But we didn't throw out all the works that didn't fall into the above categories, and thus I have rich resources for researching military medicine, the use of electricity in medicine, and many more fascinating topics I've found in our collection.

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## REPOSITORY NEWS

### *ACOG Awards 2013 Fellowship*

The American College of Obstetricians and Gynecologists announces that the recipient of the year 2013 ACOG Fellowship in the History of American Obstetrics and



Gynecology is Elizabeth Salem, whose research project is "American Medicine and the Gendering of Addiction, 1800-1920."

The College sponsors one \$5,000.00 fellowship in the History of American Obstetrics and Gynecology each year. ACOG Junior Fellows and Fellows are encouraged to apply. The recipient of the fellowship spends one month in the Washington, DC area working full-time to complete their specific historical research project.

Although the fellowship will be based in the College's Resource Center and History Library, the fellow is encouraged to use other national, historical, and medical collections in the Washington, DC area. The results of this research must be disseminated through either publication or presentation at a professional meeting.

Applications and further information about the 2014 fellowship can be obtained by contacting:

Ms. Debra Scarborough, MLS AHIP, Special Collection Librarian  
Resource Center/History Library  
The American College of Obstetricians and Gynecologists  
409 Twelfth Street, SW  
Washington, DC 20024-2588

(202) 863-2578  
dscarborough@acog.org

#### **APPLICATIONS MUST BE REC'D BY: 1 October 2013**

Selection will be made and the recipient notified as soon as possible after the deadline so that the fellowship may begin as early as winter 2013.

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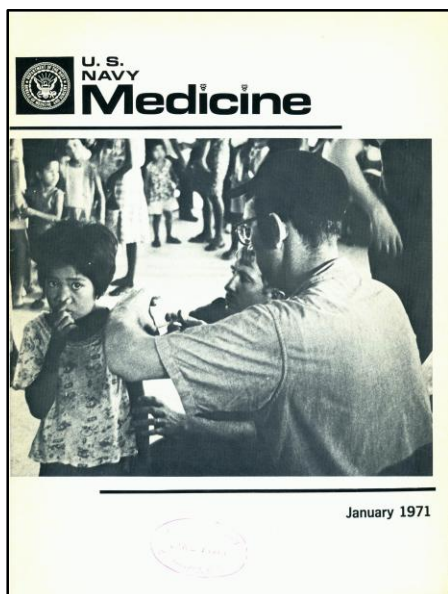
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### *US Navy's Bureau of Medicine and Surgery's Office of Medical History Collection joins Medical Heritage Library*

The BUMED's Office of Medical History joined the [Medical Heritage Library](#) this spring. Currently, BUMED publications have been the focus of our contribution, with *Navy Medicine* magazine being digitized for the first time. *Navy Medicine* has been published continually, although under different titles, from 1943 until now. It has ranged from clinical notes, through longer clinical articles, to newsletter items and substantial historic pieces. Issues from the present back through the 1960s have been scanned for MHL,

and the whole run of the serial should be available by the end of the year. Obscure information can be found in these publications - from [Navy Medicine \(February 1975\)](#), one can get a list of "Antarctic Sites Named For Navy Physicians."

Oral histories and *The Grog*, an electronic publication on the history of Navy medicine, are the two main public products of this office and are being uploaded as time permits as is [Navy and Marine Corps Medical News](#). Oral histories have been compiled since the 1980s, and several hundred are being cataloged and arranged. [Digital versions of a few](#) have been added to the Medical Heritage Library, and many more will follow. [The Grog](#) is completely uploaded and available. Easily digitized oddities such as [Surgeons General Navies of The Americas Proceedings First Conference \(August 1962\)](#) and Naval Medical School manuals are also being added as I encounter them. One



manuscript, [Dr. Melvin Link's World War II-era diary](#) is in MHL, and more will be eventually added. Ship yearbooks, known as cruise books will be also be scanned - for now, they're represented by a rare copy of the [US Navy Fleet Hospital 107 cruise or year book](#) from 1944. Early in July, we hit our 600<sup>th</sup> item uploaded – the [United States Navy Medical News Letter Vol. 40 No. 12, 21 December 1962](#). We've also catalogued and digitized over 22,000 photographs. A very small selection can be seen on a [Flickr site](#) that we share with our parent Communications Department. The office is open to queries, and can accommodate onsite researchers as well.

### Michael Rhode

Archivist, Office of Medical History

Bureau of Medicine & Surgery, U.S. Navy

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## *CHFM Announces Winner of Third Annual History Fellowship*

The Center for the History of Family Medicine (CHFM) announced today the winner of the 2013 CHFM Fellowship in the History of Family Medicine. Constance E. Putnam, PhD of Concord, Massachusetts, has been awarded the Third Annual Fellowship in the

History of Family Medicine for her project “Rural General Practice as Forerunner of Today’s Family Practice.”

Dr. Putnam is an independent scholar and researcher and is the author of numerous books and articles in the field of medical history, bioethics, and medical education. She holds a PhD from Tufts University in Medford, Massachusetts, and formerly served as an Instructor in Biomedical Ethics at Simmons College in Boston.

Dr. Putnam’s fellowship project will focus on a largely unexamined archive of letters and papers from Dr. Putnam’s personal collection that detail the life and career of a general practitioner (GP) from rural northern New England who practiced during the middle decades of the twentieth century – a period often nostalgically referred to as a “Golden Age” in American medicine.



According to Dr. Putnam, “For historians as well as for physicians, richer insights into the ways and extent to which the best of the GP era has or has not been retained in the Family Practice era should improve understanding of the potential and benefits of Family Medicine as a specialty today,” noting also that “I believe that the more patients in general understand about the nature of medical care – whenever, wherever, and however delivered – the better the whole system will work for all of us.”

Dr. Putnam plans to prepare two articles for publication from her resulting research, one for physicians and one for medical historians, and eventually intends to publish a book comprising a collection of letters from her archive. On receiving the fellowship award Dr. Putnam said, “I am gratified to have the CHFM recognize the potential value of my project, and I very much look forward to the opportunity to see how the archive of which I have custody meshes with the current archival holdings of the CHFM.”

The CHFM presently sponsors one \$1,500 Fellowship in the History of Family Medicine each year. Interested family physicians, other health professionals, historians, scholars, educators, scientists and others are invited to apply for the 2014 Fellowship.

The successful applicant will be awarded a fellowship grant in an amount of up to \$1,500 to support travel, lodging and incidental expenses relating to conducting research on a

project of their choosing dealing with any aspect on the history of General Practice, Family Practice, or Family Medicine in the United States. For more, visit the [website](#).

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### *European Union Delegation Collection at University of Pittsburgh*

The European Union Delegation Collection (EUDC), located at the University Library System (ULS), University of Pittsburgh, contains the “government document” collection of all the organizations which have been part of what is now known as the European Union (EU). Beginning with the European Coal and Steel Community (ECSC) in the 1950s, documentation of each of these organizations was deposited in the library at the Delegation of the European Union to the US, Washington, DC. In 2007, the Delegation donated this entire collection of nearly 17 million unique pages of primary materials to the ULS.

The EUDC contains considerable material pertaining to the history and development of EU activities in public health and medicine in Europe, including monographs, annual and periodic reports, series, and legislative documents. There is also considerable material on EU activities in the global health area, especially in Africa. A description of these materials can be found in [“European Union Online Resources: Public Health & Medicine, Including the Global Arena”](#). Each of the sections listed on the Toolbar contains examples of the types of documents available.

Some of the documents in the EUDC have been digitized and uploaded onto the [Archive of European Integration \(AEI\)](#) in sections [“Public Health & Medicine”](#) and [“Industrial Health and Safety”](#). Annual reports can be found at [Browse by EU Annual Reports](#) then scroll down to HEALTH.

Additional documents can be found in the “research files” part of the EUDC. A description of the contents of these files can be found in [this finding aid](#). To locate descriptions of materials, insert “health” in “Search within this finding aid.”

For further information, contact Phil Wilkin, EUDC Curator, at [pwilkin@pitt.edu](mailto:pwilkin@pitt.edu).

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### *Albert B. Sabin Papers Online*

The University of Cincinnati Libraries have completed a three-year project to digitize the correspondence and photographs of Albert B. Sabin, developer of the oral polio vaccine and distinguished service professor at the University of Cincinnati's College of Medicine and Children's Hospital Research Foundation from 1939-1969.

The collection is freely and publicly available via the [Albert B. Sabin website](#) and includes approximately 35,000 letters and accompanying documents totaling 50,000 pages of correspondence between Sabin and political, cultural, social, and scientific leaders around the world. Also included are nearly 1,000 photographs documenting the events and activities worldwide that were part of Sabin's crusade to eradicate polio.

More about the Sabin digitized collection and website are available on the [UC Libraries website](#).

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### *Theerman Moves to New York Academy of Medicine*

The New York Academy of Medicine is pleased to announce the appointment of Paul Theerman, PhD, as Associate Director for NYAM's Center for the History of Medicine and Public Health. He took up his duties on May 6. In this capacity, Dr. Theerman is responsible for managing the Center's activities in collection development, cataloging, archives and manuscripts processing, collection management, and document delivery, and he participates in programming and outreach efforts.



Dr. Theerman was previously the Head of Images and Archives in the History of Medicine Division of the National Library of Medicine, a position he had held since 1998. Prior to working at the NLM, he served as Preservation and Science Archivist at the Smithsonian Institution Archives from 1993 to 1998, and from 1981 to 1993, as an editor of *The Papers of Joseph Henry*, a multi-volume documentary edition of the pioneering nineteenth-century American scientist and the first Secretary of the Smithsonian Institution. He worked as

an exhibition developer at Chicago's Museum of Science and Industry from 1980 to 1981. Dr. Theerman received his PhD in history from the University of Chicago in 1980, and his bachelor's degree in chemistry from Washington University in St. Louis in 1974.

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### *University of Louisville's Kornhauser Health Sciences Library Celebrates 175 Years*

The Sidney I. Kornhauser Health Sciences Library (founded in 1837 as the Library of the Louisville Medical Institute, then in 1846 became the Medical Department of the University of Louisville, and in 1922 the UofL School of Medicine) remains the oldest continually running medical library in Kentucky. Libraries of other local medical and dental schools, as well as that of the Jefferson County Medical Society, were incorporated into the present collection at different times throughout the 20<sup>th</sup> century. In 1960 the library was renamed the Kornhauser Memorial Library in honor of long-time Professor of Anatomy, Dr. Sidney Isaac Kornhauser, who served as Chair of the Library Committee from 1922 to 1959. When the library moved to its current location in 1970 the name was changed to its present one. The library has become a comprehensive health sciences information resource center providing access to the most current information available for all health-related programs at the University of Louisville, including the schools of Dentistry, Medicine, Nursing, and Public Health and Information Sciences. The library's collection contains over 250,000 cataloged volumes in print and electronic format which serve as a significant resource for the entire medical community of the Louisville metropolitan area and the western half of Kentucky.

Kornhauser Library also houses a valuable body of historical materials dating back to and prior to the founding of the school in 1837. These document the evolution of medical training and health care practices in Kentucky during the nineteenth and twentieth centuries. The History Collections consist of records of various local medical schools, dental, and nursing schools, health departments, medical societies and other professional health organizations, as well as manuscript material from alumni and other local health care providers, along with Reference files, WPA files, artifacts, and a significant Rare Book Collection.

In February 2011, Neal Nixon, director of the library, appointed a committee made up of two faculty, (the Outreach Librarian, and the Curator of the History Collections) and four staff members (an ILL assistant, the marketing assistant, the library director's



administrative assistant, and a public services assistant), and provided a modest budget, to plan and carry out activities, events and public relations to commemorate and celebrate the 175<sup>th</sup> anniversary. The six committee members met on a monthly basis to brainstorm and plan future events. The initial plan was to coordinate all events and public relations with the School of Medicine (also 175 years old), but due to a sudden change in administration in that school, there was no real interest in planning or carrying out any type of celebration.



The first challenge was to create a motto and a logo for this year-long celebration. After much deliberation and design consultation, the committee learned that it was required to go through the university's Department of Communications and Marketing, and use a standard logo created by that office. The logo was then individualized for each unit having a milestone anniversary in 2012. We added the motto "Tradition, Research, Knowledge" to the logo, to illustrate what the library has provided to the university for 175 years.

Our year-long celebration began with a kick-off party for the library personnel. The committee felt that this would serve the purpose of raising morale, showing appreciation for hard work of the library faculty and staff, all the while creating a sense of ownership in the whole concept of this anniversary. Each member of the library's staff and faculty were given a golf shirt, a canvas tote bag, and a coffee mug – all with our official 175<sup>th</sup> logo. We also ordered pens, stickers, bookmarks, and lighter-weight tote bags to give to out to patrons. We purchased three very large outdoor banners to be hung in the courtyard and above the entrance to the library. The entire staff and faculty of KHSL had a group photograph taken in the Kornhauser shirts, and it was used on our website, in displays, and for PR. We also asked the library personnel to wear the shirts on the opening day of the first traveling exhibit (see next paragraph) and on the actual date of the first day of classes at the medical school (October 3). The administrative assistant to the director took care of pricing and ordering all of the items needed, including gifts for the library personnel, prizes for our patrons, food for all events, as well as any stationary required for invitations and thank-you notes.

Kornhauser's Outreach Librarian had already arranged for two traveling exhibits from the National Library of Medicine for the calendar year 2012. To create additional interest,

she coordinated a speakers' series to accompany each exhibit, appropriate to the subject matter. *Frankenstein*, "Penetrating the Secrets of Nature" was mounted from February 15 through March 21. In conjunction with this exhibit, the speakers covered topics such as Mary Shelley, biomedical engineering, the early years of anatomy and the use of cadavers, social rejection and violence, and medical ethics. The speakers were drawn from the English, Philosophy, and Psychology Departments, as well as the Dean of Medicine's office and the University's Office on Lesbian, Gay, Bisexual, and Transgender Services. Concurrently, the library sponsored a film fest with movies including the 1910 silent film version of *Frankenstein*, the 1994 film starring Kenneth Branagh and Robert De Niro, and two documentaries on Shelley and her creation of this iconic figure. Accompanying the exhibit was a display of anatomy books dating from the 1600s to the 20<sup>th</sup> century from the library's Rare Books Collection.

The summer theme of the celebration was the history of the School of Medicine and the library, along with the life of Dr. Sidney I. Kornhauser. An oversized illustrated poster with a timeline of Kornhauser's life and career was created by the Curator of the History Collections, along with an exhibit highlighting items from each decade of the library's and the School of Medicine's existence. The committee also sponsored a program by an historic interpreter who portrayed an 1837 physician for two performances. These programs were accompanied by typical period refreshments (lemonade and cookies.) Attendance was not large, mostly due to the summer date, but those who did attend were enthusiastic about this excellent program. To welcome the entering freshman medical class and demonstrate what a friendly place the library can be, we hosted an ice cream social during Orientation Week.

Fall 2012 featured "Harry Potter's World: Renaissance Science, Magic, and Medicine," on display from October 24 through November 29. To complement this exhibit, two professors were scheduled. One, a history professor, spoke on "Witches, Magic and Science in the Renaissance" and a retired chemistry professor presented "A demonstration of the 'magic' of chemistry" (once during the week and once on a Saturday). For the grand opening of the exhibit, the library hosted a reception, complete with library personnel dressed as characters from the Harry Potter series. One committee member's mother volunteered to find and make costumes, so we had some very authentic looking HP personalities. The fun continued the following day as the HP impersonators spent the afternoon in the library quietly handing out treats and prize tickets to patrons. Prizes ranged from candy and small items to a grand prize of a

complete set of the Harry Potter movies on DVD. The students were very keen on the Harry Potter events.

Throughout 2012 there were other activities in honor of our 175<sup>th</sup> anniversary. We queried our faculty and staff so we could highlight the services we provide (along with supporting data) and determine the number of years of cumulative service represented by our personnel (over 400 years.) We also asked for people's interests, hobbies, and interesting tidbits from their past that they were willing to share with the public. Some of the more interesting items were facts such as: "One of the librarians has visited all seven continents," "One of the staff members has won over 60 ribbons for needlework at the Kentucky State Fair," and "One of the staff members had her head shaved for St. Baldrick's Day." These were included in some of the displays, both static and online.



We worked with Communications and Marketing to have e-blasts about the library's history and upcoming special events. We also held a trivia contest on the library's history through the university's daily e-news. Working with that office also assured us that any events held in honor of the 175<sup>th</sup> anniversary received proper coverage by the press and a university photographer would be present.

In December, we held a closing reception for our anniversary celebration, complete with food, another trivia contest (with prizes), and period music by a string quartet. This event

was held on the last day of the Fall semester, after the last dental, nursing, public health and medical school final exams had begun. Even though this was an open to the public event, we sent personalized invitations to all of our speakers, all deans on the Health Sciences campus, all of the Friends of Kornhauser Library and all University Library personnel at University of Louisville.

2012 was a very busy and exhilarating year for Kornhauser Library. We found out what worked and what did not. Even though every reception and speaker was widely advertised throughout the university, several faculty members told me that they would have attended had they known about it. Communications and Marketing sent press releases to the local media, but rarely were any of the events listed publicly. It was worth the effort, but few if any of the committee members will still be here for the bicentennial in 2037, and for that we are very relieved!!!

**Kathie Johnson**

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### *Weill-Cornell Archives Contributes to Medical Heritage Library*

The Medical Center Archives of NewYork-Presbyterian/Weill Cornell is pleased to present selected [institutional publications online](#) on the Medical Heritage Library. A digitization micro-grant from the Metropolitan New York Library Council (METRO) funded the digitization of historical annual reports from both the New York Hospital (1834-1962) and the Lying-in Hospital of the City of New York (1890-1932), as well as announcements from the Weill Cornell Medical College (1898-1960), and the Cornell University-New York Hospital School of Nursing (1896-1979).

The New York Hospital (now NewYork-Presbyterian Hospital/Weill Cornell) was chartered in 1771, and is the oldest hospital in New York City. The Annual Reports are thus an invaluable resource for studying the history of health care, as well as social history, treatment of immigrants and the poor, and the development of the city. One can trace the prevalence and decline of specific diseases over time, as well as changes in health care administration.

Reports of the Lying-in Hospital illustrate the history of women's health care, and document practices surrounding labor and delivery. They are also a resource for demographic studies, as the reports present aggregate data on fascinating details such as the national origins of patients and occupations of the husbands/fathers.

Weill Cornell Medical College opened in 1898. Early faculty included prominent New York physicians such as Lewis Atterbury Stimson and Austin Flint, Jr. It was among the first medical schools in the United States to admit women on an equal basis with men. The Medical College Announcements document developments in medical education throughout the 20<sup>th</sup> century, such as those brought on by the Flexner Report of 1910, and the post-war expansion of bio-medical research.

The School of Nursing was founded in 1877 as the New York Hospital Training School for Nurses. It became Cornell University-New York Hospital School of Nursing in 1942, and closed in 1979. Many of its faculty were leaders in the field of nursing. The announcements are a resource for studying the history of health care, the role of nurses, nursing education, and women's history. For example, one could study changing social mores over time reflected in changes in policy on matters such as married students (first mentioned in 1950) and male nursing students (first mentioned in 1969!).

I would urge other ALHHS members whose repositories are digitizing materials to consider making them available through the [Medical Heritage Library](#), thus enabling greater discovery by the history of medicine community. For information on how to contribute your materials to the MHL, please contact Hanna Clutterbuck, Project Coordinator, at [Hanna.Clutterbuck@hms.harvard.edu](mailto:Hanna.Clutterbuck@hms.harvard.edu).

**Lisa A. Mix**

Head, Medical Center Archives

NewYork-Presbyterian/Weill Cornell Medical Center

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## BOOK REVIEWS

**Alexander R. Bay. *Beriberi in Modern Japan: The Making of a National Disease*, Rochester: University of Rochester Press, 2012. x, 230 pp., illustrations, tables, endnotes, bibliography, index. \$95.00 (hardcover). ISBN-13: 978-1-58046-427-7**



Beriberi is the result of a vitamin B deficiency. It was prevalent in Japan as it transitioned from the Edo era into westernized Meiji Japan, as the population moved from living in small hamlets into cities. It had become the national disease of Japan, afflicting emperor and commoner alike. The cause was a mystery. Traditional medical beliefs were challenged by new scientific ideas imported from the west.

The author begins the story in Tokugawa era Japan (1603-1868), where the understanding of beriberi was still rooted in Chinese conceptions, believing it to be caused by cold dampness. Kanpo physicians prescribed herbal remedies, mostly diuretics, but also recommended dietary changes so as not to interfere with the medicine.

Over a decade after the appearance of American warships in Tokyo bay, the emperor Meiji (1868-1912) opened Japan to western science and technology. One of the problems he wanted solved by this new method of inquiry was beriberi, in which he had a personal interest since he had been afflicted himself. The death of Princess Chikako in 1877 from the disease, while under treatment of a western physician, shocked the government into - conducting a national inquiry into beriberi. He established a research institute that included both western-trained scientists and traditional Kanpo practitioners to determine which system was the best.

The history of characterizing the cause and treatment of beriberi was defined by rivalries of emerging institutions in Japan: traditional Kanpo versus western practitioners; clinical versus laboratory researchers; German trained scientists versus those trained in France and England; as well as Army versus Navy Medical Departments. The dispute was personified by two scientists, Takaki *Kanehiro*, a British-trained surgeon with the Imperial Japanese Navy; and Ogata Masanori, a student of Max Pettenkofer and Robert Koch, and a researcher with the Tokyo Imperial University, which was allied with the Imperial Japanese Army. In 1882, Takaki posited the cause due to dietary imbalance, based on an experiment on naval vessels where the sailors were fed different diets. Ogata announced the discovery of a beriberi bacillis in 1885. The battle lines had been drawn. Ultimately, Takaki was closer to the truth than Ogata. Kanpo was closer to the truth than bacteriology. The discovery of vitamins changed the debate and, in 1925, the conference of the Far Eastern Association of Tropical Medicine concluded that Vitamin B-12 deficiency was the cause of beriberi. Within two years, scientists at Tokyo Imperial University had developed a new rice milling technique that left some of the bran, which



contained vitamin B-12, with the rice and by 1939 legislation was passed to mandate the new rice milling technique.

This well-written book describes how Japan came to understand the cause and cure for beriberi. The author utilizes a formidable array of resources relying heavily on Japanese primary sources, as well as contemporary scholarship to build the story. He carefully describes how individual scientists, physicians and institutions understood the problem of beriberi, presenting their points of view fairly and without judgment. However, sometimes his discussions of historiography get in the way, giving some chapters a rather Talmudic feel. Other times his commentary is insightful, for instance his discussion about Takai's research methodology.

One of the strengths of this book is the extraordinarily nuanced portrait of Japanese science and medicine during the Meiji, Taisho (1912-1926) and Showa (1926-1989) eras. Frequently, the Japanese are depicted as wholly adopting western science and technology and repudiating traditional Japanese beliefs. The author insightfully describes the persisting role of Kanpo in the role of Japanese society and science, showing that it was a continued part of the conversation even when it was being suppressed.

Utilizing a historical construct describing European colonial medicine in Africa and Asia, the author's thesis describes Japanese medicine as imperialist medicine, by which he means that the newly centralized Imperial Japanese Government, used medicine as a tool to establish its authority. Although it attempted to impose a western medical ideology, basing everything on German-trained bacteriologists, the selected model was not applicable to beriberi. The government institutions struggled to adapt to reality since the selected institutional bias was hard to shake off.

However, in describing the scientific evolution, the author does not describe the transformation of Japanese culture from the western-oriented Meiji to the nationalist pre-Second World War Showa. The book makes no reference to the Kanto earthquake, which devastated the two largest cities in Japan, discrediting the western-oriented liberal Taisho government in the process and paving the way for the nationalistic authoritarianism that characterized the early Showa era. Science does not exist in a vacuum, and Japanese scientific thought evolved along with a society developing a strongly nationalistic hue. Did this evolution have a role in the repudiation of the

infectious theory of beriberi and the acceptance of a theory more compatible with Kanpo?

Ultimately, the Japanese scientific and public health community did get the authority to regulate diet. Despite the implication that the problem had been resolved, the author notes that rice, some strains of which did not mill easily in the new machines, did not submit to this imperialism. Neither did the Japanese people, evidenced by one writer, in 1941, pleading to a popular audience to give up “white rice-ism.” It is a pity that author finishes at the beginning of the Second World War. Beriberi was as much of a problem for the Imperial Japanese Army during that war as it was during the Russo-Japanese War. How seriously did it affect the civilian population during that period? Was the scientific community able to implement its solutions? How effective was it in influencing the population to change its diet?

All in all, this book effectively describes a complex scientific and cultural debate over beriberi in Japan. It is an important contribution to the history of Japanese Medicine.

#### **Alan Hawk**

Collections Manager, Historical Collections  
National Museum of Health and Medicine

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**Denton A. Cooley. *100,000 Hearts: A Surgeon's Memoir*. Austin, Texas: University of Texas Press, 2012. 323 pp., 122 b&w illustrations. \$29.95 ISBN: 9780976669777**

Cardiac surgeon Denton Cooley (b.1920) is a pioneer in the field of heart surgery, who, after years of badgering by his colleagues and students, is finally offering his perspective on medical, professional and private events during his lifetime. Tall, good-looking, and affable, Cooley is a talented, innovative and successful surgeon. He founded the Texas Heart Institute (THI) in 1962, and it became the busiest heart surgery center in the world (p.153). In 1980, Cooley and his associates performed more than 5,000 open-heart procedures in that year; by 2001 they surpassed a milestone of 100,000 cardiac operations at the THI. If Cooley was not the “first” to develop a procedure, he most likely was the surgeon who completed the “most” operations of its kind.

But his career is not without controversy; in fact Cooley begins his memoir with the controversial artificial heart implant case of 1969, in which Cooley was accused of

secrecy and theft after performing an experimental, non-FDA approved surgical procedure to save a patient's life. It's an event that arguably Cooley is most well-known for, which resulted in great media attention, the medical censuring of Cooley, and even a lawsuit filed by the patient's family. Professional criticism was mixed with popular support for Cooley's actions, as exemplified in the 1973 Cooley biography written by former patient and free-lance writer Harry Minetree, who relied heavily on personal interviews and characterized Cooley "as the finest surgeon in the world." In his memoir, Cooley states that he does not regret performing the artificial heart operation (p.148). Perhaps Cooley feels that his account may set the record straight, addressing as he says many of the inaccuracies promulgated by the media over the years, if situated within the fuller life of this surgeon.

Medical biographies and autobiographies constitute a crowded genre, but there are three reasons why one might want to read this surgeon's memoir. First, Cooley was the leading surgeon at a time when revolutionary changes in the field took place, and as an historical participant, he forged or significantly refined these innovations. Cooley writes about his early work with blue babies, valve replacement surgery, a Cooley-Cutter valve design, his "Cooley's coffeepot" oxygenator, heart transplant surgery, artificial heart implants, coronary artery bypass grafting and repair procedures for aneurysms. He was the first in the world to implant a total artificial heart, and the first surgeon to perform a heart transplant successfully in the United States (after the failed operations by surgeons Adrian Kantrowitz and Norman Shumway). He admits to enjoying the adulation that came to him during those heady transplant days (p.129). Second, Cooley worked alongside leading pioneers in the burgeoning field of open-heart surgery in the 1940s and 1950s, such as Alfred Blalock, Russell Brock, Michael DeBakey, Walt Lillehei, John Kirklin and others. Cooley openly writes about the influence of these surgeons on his own medical career, and, not surprisingly, some individuals were more inspirational than others. Third, Cooley lays out his side of the 40-year feud with DeBakey that made newspaper and magazine headlines. He identifies the start of the rift between the two surgeons, how and why it grew, and finally the complete severing of any professional or personal relationship in 1969 as a result of the artificial heart implant case. It was a public and bitter -falling out, which is both implicit and explicit throughout the book. For example, Cooley is dismissive of DeBakey's accomplishments and influence in the field; when Cooley states the importance of vascular surgeons bypassing blockages in large vessels using Dacron grafts, he does not mention DeBakey (p.151)! He then devotes an entire chapter to their reconciliation in 2007 and 2008 (p.196-7), which he regrets took

so long to happen but suggests a magnanimous effort by Cooley to mend the relationship.

This memoir is a fun read, with easy prose and at times “gossipy” about big personalities such as Lillehei’s drinking in contrast to Kirklin’s restraint and discipline. References to the scientific literature are sprinkled throughout, thus documenting the many surgical achievements without taking away from Cooley’s story-telling. Cooley attempts to be reflective about the people and events that shaped his own surgical personality and professional choices. He is surprisingly forthcoming with personal details about declaring bankruptcy (p.187-9), a bomb explosion at his daughter’s school (p.178-9), his daughter Florence’s suicide (p.187), his father’s and brother’s drinking problems (p.25), and of course the outpouring of tender expressions from grateful patients. Sports played a major role throughout Cooley’s life. His book is peppered with sports metaphors like – “psych myself up,” “at the top of my game,” or “having a game plan” (p.174). The dexterity skills he honed playing basketball and working together as a team are mirrored in his approach as a surgeon and as a leader of a major medical institution. Cooley finally retired from operating at age 87 and admits missing it (p.205-6). Looking back, Cooley states that he is most proud of his family and the Texas Heart Institute (p.204).

For those of us on the outside of the surgical profession, this memoir offers insight into a surgeon’s life – Cooley did 8 to 10 operations per day and oversaw as many as 30 operations a day – and the substantial challenges of cardiac surgery in its earliest years. Indeed, open-heart surgery was new in the 1940s and transplant surgery was new in the 1960s, and the medical and personal battles waged by pioneering surgeons during this time may surprise some readers. It is clear that this memoir is Cooley’s version of events and personalities, with obvious biases. Still, it’s worth the read. It allows us to tag along from Houston to Baltimore to Europe and back to Houston in the heady days of early open-heart surgery, seeing it as Cooley did. It reminds us that many of today’s routine cardiac procedures survived rocky introductions and required necessary refinements made possible by past patients and surgeons.

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**Thomas Wright. *William Harvey: a Life in Circulation*. New York: Oxford University Press, 2013. xxi, 264 p., ill. \$29.95. ISBN: 9780199931699**

It is hard to imagine a bigger name than William Harvey in the early modern period of the history of medicine. Harvey's revolutionary discoveries, and his stubborn defense of his research in the face of great resistance, put him in a class with Vesalius, Paré, and Paracelsus. Not only was his thinking revolutionary, but he was one of the first physiological researchers bold enough to test his theories, in public, in the dissecting theater. He is the father of a great line of English researcher/physicians that would yield such names as Sydenham, Jenner, Withering, and Lind.

So it is a bit odd (and for this audience, quite telling) that Thomas Wright finds it necessary to begin his new biography of Harvey with an almost plaintive request that we not forget who his subject is. In a way, this is not surprising. Wright is not a historian of medicine (his last book was an analysis of the reading habits of Oscar Wilde), and perhaps he can be forgiven for somewhat underestimating the staying power of his subject. Readers of *The Watermark* know better.

The problem with writing a new biography of Harvey is that a truly comprehensive one was written in 1966 by Geoffrey Keynes. It's twice as long as Wright's, and it builds upon Keynes's lifetime of study on Harvey and such near-contemporaries as Robert Hooke, Thomas Browne, Timothy Bright, and William Petty. No major cache of undiscovered Harvey material has been found since Keynes, so Wright has little to offer that is new. In fact, there's not really a lot known about major portions of Harvey's life, especially his early years, and that would leave any biographer resorting to "shoulds" and "woulds," extrapolating whatever one can from other lives better known. In this case, Wright compares Harvey's education to that of William Shakespeare, which strikes this reviewer as a rather thin reed.

What Wright has produced is therefore a quick read rather than a ponderous tome. There are no formal footnotes, but instead a paragraph or two for each chapter noting sources. Keynes is dutifully cited. There are also eight brief "essays" inserted into the text expanding on themes tangential to the life of Harvey perhaps, but useful to understanding the greater context of his world. Subjects include the influence of Francis

Bacon, a short history of vivisection, and the importance of René Descartes both then and now. As interesting as they are, they still seem like padding, as they take up over fifty pages, nearly a quarter of the main text. Couldn't Wright find enough about Harvey to fill out his book? Even if one considers Keynes to be old-fashioned and a bit Whiggish, there are still primary sources out there that Wright has apparently seen but passes over lightly.

All in all, it's difficult to recommend this book to any serious reader. It is Harvey Lite, with much miscellany tossed in, and the miscellany is not to be relied upon for accuracy. For example, the chapter describing Harvey's activities during the English Civil War (for many reasons, both political and scientific, Harvey was a staunch Royalist) is studded with inaccuracies, including such easy-to-check facts as what year Cromwell took command of the Parliamentary Army. That's pretty odd for a book coming from a publisher not only famous for accuracy, but which also has a history deeply entwined with the history of that war.

*The views and opinions of the author do not necessarily state or reflect those of the U.S. Government.*

### Stephen Greenberg

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**Mical Raz. *The Lobotomy Letters: The Making of American Psychosurgery*. Rochester, NY: University of Rochester Press, 2013. xii, 166 p. \$85.00. ISBN 978-1-58046-449-9**

This is another excellent book from Ted Brown's "Rochester Studies in Medical History" series, as we have come to expect. Grounded in meticulous research on letters, charts, patient records, and other primary sources from the reliable archives of George Washington University, the American Philosophical Society, and the College of Physicians of Philadelphia, it documents and evaluates the life, career, and contributions of Walter Jackson Freeman II (1895-1972), the American neurologist who introduced psychosurgery to the United States in 1936.

Born into a patrician Philadelphia family, Freeman was the grandson of the eminent surgeon W.W. Keen (1837-1932), who in 1893 had secretly removed a maxillopalatal



epithelioma from President Grover Cleveland. One might argue – although Raz does not – that it was Freeman's aristocratic heritage rather than his talent which advanced him in the medical profession. He received his M.D. from the University of Pennsylvania in 1920, interned there in pathology, then studied neurology and neuropathology in France, Italy, and at Georgetown University, where he earned a Ph.D. in 1931. Thereafter he practiced and taught in Washington, D.C.

Antonio Caetano de Abreu Freire Egas Moniz (1874-1955), a Portuguese physician, neurologist, and politician, invented diagnostic cerebral angiography in the late 1920s and pioneered prefrontal lobotomy as psychosurgery in November 1935. Egas Moniz was a controversial and polarizing figure whose life remains mostly a mystery. He may have been brutal, arrogant, or megalomaniacal. A neurosurgeon friend of mine, the late Arthur D. Ecker, M.D., Ph.D., author of the first American book about cerebral angiography, was fond of saying that Egas Moniz won the 1949 Nobel Prize for that which did not deserve it – lobotomy – but did not win it for that which did deserve it – angiography.

In any event, Freeman was immediately impressed with Egas Moniz's earliest published psychosurgical results in March 1936. He decided to bring lobotomy to America as soon as he could. On September 14, 1936, at George Washington University Hospital, he lobotomized a sixty-three-year-old depressed woman whose condition may or may not have indicated such radical intervention.

American medical opinion about this new procedure was contentious from the start. William Alanson White (1870-1937) refused to allow Freeman to perform lobotomy at St. Elizabeths Hospital, but Freeman took advantage of White's death on March 7 and quickly persuaded White's successor as superintendent, Winfred Overholser (1892-1964), to rescind White's ban.

Freeman became not only a frequent and innovative performer of lobotomy, but also, outside the clinic, a promoter of both the practice and himself, an outspoken proponent of physical rather than psychotherapeutic means in psychiatry, and a defender of psychoanalysis only when it referred patients for surgery, shock therapy, etc. Overholser grew furious at Freeman's advertising and grandstanding (pp. 58-59). Freeman came to see Overholser's reluctance and skepticism with regard to lobotomy as impediments to his own career.

Freeman and his partner, neurosurgeon James Winston Watts (1904-1994), initially performed lobotomies through incisions in each side of the skull, but in 1947 Freeman

developed an alternative transorbital or “ice pick” method which could be performed in a few minutes as an outpatient office procedure. He performed several such transorbital lobotomies before telling Watts, who objected that Freeman was neither trained nor licensed as a surgeon. This and other factors led to a permanent rift between Watts and Freeman.

In 1941 Joseph P. Kennedy, father of the future president, asked Freeman to lobotomize his daughter Rosemary. This Freeman did – with horrible results. Yet his fame continued to grow and his career to prosper. He travelled the country in his own mobile surgical center, performing lobotomies in twenty-three states. He even published an article in the *Journal of Medical Education* extolling the virtues of “showmanship” in medicine (p. 22). He performed an estimated 3500 lobotomies from 1936 until 1967, when his last patient died because of a mistake he made and Herrick Memorial Hospital in Berkeley, California, consequently revoked his privileges. His exploits may remind us of Jack Kevorkian's crusades, which sometimes showed Kevorkian as more interested in self-promotion than in good medicine.

Freeman and Watts themselves admitted in 1942 that lobotomy separated the self from the self (p. 37). In 1954 a twenty-four-year-old post-op patient, who had undergone psychoanalysis, psychotherapy, and drug therapy before turning as a last resort to transorbital lobotomy, wrote to Freeman that she felt like “a spectator, watching a never ending scene of human life, which I am prohibited from ever participating in” (p. 134). Two years later she committed suicide (p. 138).

Clearly the childlikeness that lobotomy induced was tantamount to dehumanization – and moreover, cruel dehumanization, insofar as the post-op patients were keenly aware that they had been dehumanized. Yet Freeman seemed quite comfortable with changing his patients into the equivalent of self-conscious lap dogs. He would typically refer to his patients, of whatever age, as children and would advocate treating them as such, even to the point of spanking for bad behavior and bribing for good behavior.

Freeman's legacy of bullying, paternalism, high-handedness, and self-promotion does not reflect well on his era in American medicine. The take-home message is that we should remain suspicious of any medical intervention whose goal is docility. The current proliferation of pediatric Ritalin prescriptions may be a case in point.

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**Gretchen Long. *Doctoring Freedom: The Politics of African American Medical Care in Slavery and Emancipation*. Chapel Hill, NC: University of North Carolina Press, 2012. xi, 234 pp. \$37.50. ISBN: 978-0807835838**

A title in the John Hope Franklin Series in African American History & Culture, *Doctoring Freedom* covers the years leading up to the Civil War through the turn of the 20th century. The theme is one which engenders a great deal of food for thought, particularly in its impact on 21st century medicine: How do individuals whose bodies have been owned, whose humanity was denied, but whose good health was necessary for their owners' livelihoods, obtain agency over their own bodies? Even given the lack of effective therapies at that time, the contrast between folk remedies and the treatments mandated by plantation or farm owners (some of whom relied on agricultural journals for medical care), is striking. Similarly disturbing is the concern about the "time and expense" spent on ailing slaves, while the slaves themselves "might well remember virtual imprisonment and ineffective dosages [...]." (p. 30).

Gretchen Long, an associate professor of history at Williams College, has written an extremely readable, brief work, without academic jargon or theory. Some of her most important primary sources were Works Project Administration (WPA) narratives, slave narratives, and the published and unpublished resources of the Freedmen and Southern Society Project. The latter includes letters – some dictated by illiterate African Americans – to President Lincoln, demanding the medical care due to them as soldiers.

Long focuses on a handful of patients, Union soldiers, and African-American care providers, such as Alexander Thomas Augusta, who received his medical degree in Canada. Augusta, Long notes, "faced challenges from white northern doctors. When he was commissioned as head surgeon of Colored Troops in 1863, [his] role required white doctors to serve under him. Difficulties subsequently arose when white doctors refused to recognize Augusta as their superior officer" (p. 129). It's notable that Augusta was recently the focus of a *New York Times* blog post, "[Breaking Medicine's Color Barrier](#)". Long also details the history of two institutions, the Freedmen's Bureau and the Frederick Douglass Memorial Hospital and Training School. The Freedmen's Bureau was established by the U. S. government in 1865 to help newly-freed, impoverished slaves in their transition to freedom. With branches throughout the south and Washington, D.C., it was overwhelmed with the demands placed on it for food,

clothing, medicine, legal assistance, education, and shelter. The Frederick Douglass Memorial Hospital and Training School was founded in Philadelphia in 1895, in large part to provide a place for African-American physicians to operate and practice medicine. It was the second hospital (after Chicago's Provident Hospital) to be composed of black patients, physicians, and nurses. The Douglass's Canadian-born director, Nathan Francis Mossell, who received his medical degree from the University of Pennsylvania Medical School, was the first African-American to have applied to that school (see Cobb, WM. "Nathan Francis Mossell, M.D., 1856-1946." *J Natl Med Assoc.* 1954 March; 46(2): 118–130).

Long does not dwell on the Flexner Report (1910) and its section on "The Medical Education of the Negro." However, she very pointedly highlights Flexner's desire that schools educating African-American students should focus on hygiene, which would be to the benefit of the white community, rather than surgery (the list of schools recommended for closure by the Flexner Report can be found in a variety of sources, including the original report, *Medical Education in the United States and Canada : A Report to the Carnegie Foundation for the Advancement of Teaching*, available via <http://books.google.com>.)

Another recent book, *Sick from Freedom: African-American Illness and Suffering during the Civil War and Reconstruction* by Jim Downs (Oxford University Press, 2012) covers ground similar to that covered by *Doctoring Freedom* but more with much more in-depth analysis of the Freedmen's Bureau.

*Doctoring Freedom* is highly recommended, and its many pages of source notes and bibliography will be useful for both the scholar and casual reader.

### **Martha E. Stone**

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**Thomas Schlich. *The Origins of Organ Transplantation: Surgery and Laboratory Science, 1880-1930*. Rochester, NY: University of Rochester Press, 2010. 355 p. \$80.00. ISBN: 978-1-58046-353-9**

There are numerous histories of organ transplantation: E Papalois Vassilios and Nadey S. Hakim's *History of Organ and Cell Transplantation* (Imperial College Press, 2003) and more recently David Hamilton's *A History of Organ Transplantation: Ancient Legends to Modern Practice* (University of Pittsburgh Press, 2012) to name just a few. Perhaps the epitome of this genre is captured in Thomas Starzl's autobiographical classic, *The Puzzle People: Memoirs of a Transplant Surgeon* (University of Pittsburgh Press, 1992). But as Thomas Schlich points out, these accounts have largely been triumphalist narratives written by the surgeons themselves that have "dehistoricized organ transplantation" as a procedure of "self-evident" value, "one of mankind's ancient dreams" that merely awaited the emergent technologies of the 20<sup>th</sup> century to be realized (p. 5). Schlich proposes to relocate organ transplantation within its proper historical context.

Unlike previous histories, Schlich emphasizes that organ transplantation was not a surgeon's dream waiting to be realized, but instead had a specific beginning that emerged in the 1880s concomitant with experimental physiology and the rise of the university as the preeminent research institution. Prior to this the proper concepts of the body and disease simply didn't exist to support organ transplantation in any meaningful way, an extremely important point worth returning to later. In the immediate sense, however, Schlich points out that Theodor Kocher's transplantation of thyroid tissue into a radical thyroidectomy patient in July of 1883 represented the first modern organ transplantation not merely because the necessary surgical technologies were in place but *also* because the requisite medical epistemology had developed to support it. Thus we see Alexis Carrel perfecting the necessary blood vessel suturing technique for re-connecting organs into host patients and a variety of xenotransplants (cross species transplants) early in the 20<sup>th</sup> century.

Georg Schöne coined the term "transplantation immunity" in 1908 and in 1914 Erwin Payr called for the revival of allotransplantation (transplants between humans) "by artificially reducing the biochemical differences between individuals" (p. 219). But Payr's goal was not to be realized so soon and thus the whole idea of organ transplantation died out after World War I, not to be revived until the post-war years of the 1940s.

Of course the solution to organ transplantation would be found in resolving the rejection phenomenon within the body's immune system, a problem pioneered by Peter Medawar in the 1950s and '60s. This resolution has led to a remarkable growth in allotransplants as witnessed most recently in the captivating story of 10 year-old Sarah Murnaghan

whose end-stage cystic fibrosis demanded a lung transplant (an organ curiously absent from Schlich's book). Here the most interesting feature was not the transplant itself but the adult organ waiting list that didn't match the severity of the illness with the priority for getting one until age 12. It took a judge to move Sarah into this category despite her age, an order that unquestionably saved her life. The important point here is that the remaining questions of organ transplant seem less techno-procedural and more bioethical, an issue not soon to be resolved.

So in the end, for all of Schlich's criticisms of previous organ transplant histories, it is hard *not* to write a triumphalist account of the procedure. Nevertheless, the point that organ transplantation rested upon specific epistemological foundations is the most valuable feature of this book, and it is one that has more than its immediate application. After all, how could physicians even think about organ transplantation when they were still bound by concepts of disease as systemic and the body not as an integration of organ functions but as a holistic entity ruled by humoral pathologies? The answer, of course, is they couldn't. Similarly, why did physicians continue to prescribe calomel well after J. Hughes Bennett's fistula experiments on dogs in 1869 proved that calomel (mercurous *chloride*) has absolutely no influence on bile production in the liver? Since most physicians prescribed calomel as a biliary regulator, Bennett's demonstration should have been definitive and yet the prescribing of calomel did not go into rapid and steady decline until 1920s and 30s (see Flannery, "What Did Doctors Really Do? In Search of a Therapeutic Perspective of American Medicine," *J. Clin. Pharm. Ther.* [1999] 24, 151-156). The answer is two-fold: one, there was an implicit privileging of empirical observation at the bedside over experimentation in the lab, and second, fistula experimentation specifically correlated organic function with its results, but for most physicians organic function was less important than the bile itself. Even late into the 19<sup>th</sup> century the old notion of systemic imbalance still rattled around in the clinician's brain like an old demon that wouldn't die. The point is, Schlich's contextualization of organ transplantation has wide application, one from which many medical historians would benefit.

Less persuasive is Schlich's suggestion that the emergence of organ transplantation was due to a kind of "historical contingency" or "a particular sequence of events that cannot be attributed to any kind of regularity" (p. 229). While it surely cannot be said that organ transplantation was "bound to occur" at any given period, the historian's privilege is a 20/20 hindsight that can surely see advances in blood transfusion, better anesthesia, and even better pharmacology incident to World War II as contributions that



laid the foundation for revisiting the issue and pursuing it with serious intent. Such observations may not warrant a claim of inevitability for organ transplantation, but the unbroken lines toward successful transplantation are at least identifiable after 1945 – “university medicine” and “techno-medicine” provided the broad canvas upon which success would be written to be sure – still it would have been more compelling had Schlich delineated what some of those specifics were instead putting the issue off to vague contingency factors. But perhaps this is chiding the author for not writing the book *I* would have written. After all, this is a book on the *origins* of organ transplantation *not* a book of its final success.

*The Origins of Organ Transplantation* is well organized into three parts: Introduction, The Success of Organ Transplantation as a Concept, and the Failure of Organ Transplantation. Its twenty-one chapters tell an interesting and much more nuanced story than often given. Well referenced and indexed with a thorough bibliography, this book deserves a place in every biomedical library. The many successes and failures, fits and starts as it were, of organ transplantation offer valuable lessons for students, physicians, and historians alike.

### Michael A. Flannery

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**Mary Roach. *Gulp: Adventures on the Alimentary Canal*. New York: W.W. Norton & Company, 2013. 352 p. \$90.00. ISBN: 9780393081572**

The press calls Mary Roach “America’s funniest science writer.” She has earned that moniker over the course of five books in which she tackles taboo subjects with a mix of primary materials research and first-person reportage. Her reputation stands with her fifth book, *Gulp*, which follows the human digestive tract from proverbial snout to tail, but takes some surprising detours along the way.

The journey begins with smell and taste, and how we perceive food before we eat it. Roach’s diverting tack is to visit a lab where people have the unenviable job of tasting pet food. In comparing our taste buds to those of our beloved cats and dogs, and by realizing how the flavors we add to their food are more for our comfort and aesthetics than Fluffy’s, we learn some unexpected lessons about our perceptions of taste.

The imagination could run wild speculating how Roach's would tackle the tail end of her book, but she still manages to exceed expectations by choosing to interview a prisoner who's famous for his abilities at "hooping," or transporting large contraband items like cell phones in his rectum. Of course there are enough burps and farts throughout *Gulp* to satisfy the reader's inner 10-year-old, but those gleeful distractions are not so derailing as to take away from the interesting work of those covered in the book.

Much of the charm of Roach's books arises in her insertion of herself into often very uncomfortable or personal situations in service of her research. This book is no exception; Roach finds herself at turns behind prison walls, with a hand in a cow's stomach, and staying awake to watch her own colonoscopy. The results are endearing and comical, but do not abandon Roach's wide-eyed spirit of experimentation and research for a cheap laugh.

Medical historians might notice a few familiar names in this digestive tract, like William Beaumont, whose disturbing relationship with his patient Alexis St. Martin is detailed extensively in this book. St. Martin's fistulated stomach led to Beaumont's groundbreaking discoveries about how the stomach digests food, but the ethical issues raised by his methods are certainly (pardon the pun) food for thought. Roach uncovers some lesser-known historical tidbits as well. I, for one, had no idea the origin of The Clean Plate Club, popularized by a World War II Navy commander, required would-be members to pledge a formal oath: "I, \_\_\_\_\_, being a member in good standing..., hereby agree that I will finish all the food on my plate...and continue to do so until Uncle Sam has licked the Japs and Hitler." Who knew this persisting and seemingly innocuous plea to children to finish their vegetables had such a dark historic undertone? Mary Roach sheds light onto a number of odd factual footnotes like this one throughout the course of *Gulp*.

The delight that she takes at finding these historical morsels is palpable and contagious to the reader. For instance, Roach has a lot of fun with some of the interesting research article titles she comes across in her studies, like "Studies of a Flatulent Patient" and "A Lexicon of Pond-Raised Catfish Flavor Descriptors," to name just two. Younger readers might just come away from Roach's works with the feeling that science and research could be fun.

In all, *Gulp* is Mary Roach's funniest and most thoroughly enjoyable work since her smash hit *Stiff: The Curious Lives of Human Cadavers* (2003). The book's action

following along through the digestive system helps provide a solid structure for Roach's numerous, amusing diversions, returning the reader again and again to the main canal while allowing her time to enjoy its tributaries.

Just a word to the wise reader: *Gulp* might not be the best solo dining accompaniment. One might become a little too aware of what's happening to their meal.

### Megan Rosenbloom

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