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# THE WATERMARK

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

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**TABLE OF CONTENTS**

**EDITOR’S MESSAGE.....4**

**FROM THE PRESIDENT.....5**

**GETTING READY FOR CHICAGO.....6**

**MEMBER PROFILES.....7**

**NEWS FROM THE HISTORY OF MEDICINE DIVISION OF THE NATIONAL LIBRARY OF MEDICINE.....8**

**NEWS FROM THE WELLCOME LIBRARY..... 13**

**REPOSITORY NEWS.....18**

    Nancy Cole Dosch, PhD: In Memoriam 18

    225<sup>th</sup> Anniversary of the Historical Medical Library of The College of Physicians of Philadelphia – You’re Invited! 19

    Medical Exhibits at the Smithsonian 20

    Papers of Ethel S. Person Acquired by Columbia University 21

    Support for Research at the Bakken: Research Travel Grant & Visiting Research Fellowship 22

    C. F. Reynolds Medical History Society, University of Pittsburgh Schedule of Lectures, 2013-2014 24

    New York Academy of Medicine Curator Position Open 25

**BOOK REVIEWS.....26**

**ADVERTISERS.....44**

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## Submissions for the Watermark:

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

## EDITOR'S MESSAGE



This issue is smaller than most of our recent ones: no doubt ALHHS members were off on fabulous vacations this summer when they could have been writing for *The Watermark*. But I hope this is only a temporary slippage and that the articles will come flooding in for the Winter issue.

Still, there is plenty of good reading: news of interest from the Wellcome Library and the National Library of Medicine – the latter making it just under the wire after its 16 day closure (thanks Steve!); and no less than nine reviews of books germane to anyone working in the history of medicine.

Most exciting perhaps is the announcement of the College of Physicians of Philadelphia's upcoming celebration of the 225<sup>th</sup> anniversary of its library on Dec. 5-6. How often does a library – especially a history of medicine library – have its own birthday party? I hope to see many of our readers there where I will be sure to twist some arms – ever so gently of course even if I was raised in New Jersey – to write future articles for *The Watermark*.

**Stephen E. Novak**

Editor, *The Watermark*

[BACK TO TABLE OF CONTENTS](#)

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## FROM THE PRESIDENT



Dear Colleagues,

On Friday, December 6<sup>th</sup> our colleagues at the College of Physicians of Philadelphia are hosting a one day conference entitled "Emerging Roles for Historical Medical Libraries: Value in the Digital Age." This is part of the College's 225th Anniversary of its Historical Medical Library. This is a wonderful and very appropriate setting to discuss an issue that is very important to us. A number of our members are attending and participating. The programme features speakers representing a variety of perspectives, including historians and practitioners. It will be an exciting opportunity to share opinions about our future. More information may be found [here](#).

I have been asked to give the closing remarks at the conference. This is a great honour, and although I would love to think that I was invited because I am such a terrific fellow, the truth is that I am doing so in my capacity as ALHHS President. When summarizing the thoughts of the day, I would also like to incorporate those of our members, so I am calling on you to let me know your thoughts. For example, what new roles do you see us playing today and what opportunities exist to further enhance our relevance? Related to this are considerations about the needs of our traditional, emerging and potential users. Who are we serving or could serve and how? Finally, what traditional activities continue to be relevant and which can be adapted to increase our relevance and impact? Please feel free to email me at [Christopher.lyons@mcgill.ca](mailto:Christopher.lyons@mcgill.ca) or call me at 514-398-4475, extension 09847# and share your opinions. If you wish, you could also post your musings to the listserv.

I would like to close by wishing good luck to our colleagues at the College who are busily arranging the conference. I look forward to seeing many of you on December 6th.

Best,

**Chris Lyons**

[BACK TO TABLE OF CONTENTS](#)



## GETTING READY FOR CHICAGO



We hope you are planning to join us in Chicago for the annual meeting of the ALHHS, on May 8, 2014. Your program committee (yes, you have a program committee!) is working to help you have a fantastic experience—learning, meeting new colleagues, and reconnecting with friends. You can help shape the program. We're asking you for input now, and into the Fall.

**Call for presentations:** As in prior years, you can present your work to your colleagues. If you would like to make a short, 15-minute presentation on some aspect of your archival and library work, please submit a proposal. We are particularly interested in topics around the broad theme of *collaboration*. Provide your 1) name, 2) affiliation, 3) an abstract of three sentences or so, 4) audiovisual needs, 5) e-mail address, and 6) telephone number. Send your proposals to Paul Theerman, ALHHS 2014 Program Chair, [ptheerman@nyam.org](mailto:ptheerman@nyam.org) (212-822-7350) by **January 6, 2014**. Thanks!

**Topics for a panel discussion:** The program committee is considering many different themes for a panel discussion. We'd love to hear from you on the topics you would find interesting and productive. Please take our online survey at <http://www.surveymonkey.com/s/SMN7883>. We'll be tallying our results on **November 15, 2013**. Many thanks – and see you in Chicago.

### The 2014 ALHHS Program Committee

Elisabeth Brander, Jack Eckert, Megan Rosenbloom, & Paul Theerman

[BACK TO TABLE OF CONTENTS](#)

## MEMBER PROFILES



**Name:** Barbara J. Niss

**Member of ALHHS since:** 1988

**Hometown:** Malone, NY

**Current Employer and Position:** Director, Archives & Records Management, Icahn School of Medicine at Mount Sinai

**Education:** New York University, 1980-1982: Master's degree in History with a Certificate in Archival Management; Herbert H. Lehman Fellowship Award; New York University scholarship award.

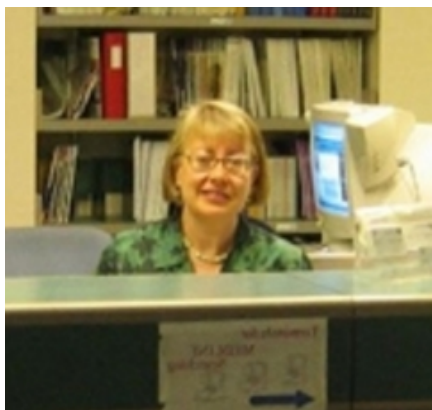
College of New Rochelle, 1976-1980: B.A. in History with a German minor, Magna Cum Laude. High academic honors, 4 years; History Department Honors; Kappa Gamma Pi Honor Society; K.C. Tracey Scholarship Award.

**Professional interests:** Outreach efforts; history of 20<sup>th</sup> century healthcare and hospitals; copyright (because no matter how many times I read it, I still don't feel I understand it)

**Other facts, interests, or hobbies:** Husband: Mike & 2 kids: Matthew 22 and Sarah 20. I have volunteered (with many others) at my church's thrift shop pricing toys (and assorted junk) for many years. We now donate \$50,000 in shop proceeds every year to local charities, primarily geared towards women and children.

I taught an Easy Holiday Appetizer workshop for 5 years before I passed the baton to another volunteer chef.

**Hobbies:** reading (every archivist says that); an avid (and always sad) Mets fan; learning to love Carolina basketball for my Tar Heel daughter (Go, Heels! Go, 'Merica!)



**Name:** Martha E. Stone

**Member of ALHHS since:** approximately 2003

**Hometown:** I've lived in the Boston area for over 35 years, but am Montreal-born

**Current Employer and Position:** Coordinator for Reference Services, Treadwell Library, Massachusetts General Hospital, Boston

**Education:** M.S. in Library Science & Information Science from Simmons College (1990) and B.A. in Liberal Studies from Ricker College, Houlton, ME, which closed in 1978

**Professional interests:** I do a great deal of bibliographic instruction (1:1 and groups) and carry out research in anything you can think of, including history of medicine and nursing. I serve on MGH's Nursing History Committee and also MGH's Patient Education Collaborative Governance Committee. I am particularly interested in MGH's history, as well as Boston's Cocoanut Grove fire of 1942 and the history of African-Americans in medicine. I spend much of my time at the reference desk, and I respond to our "ask a librarian" email queries.

**Other facts, interests, or hobbies:** I'm on the Advisory Committee of The History Project (an organization that documents Boston's LGBT community back to the beginning of recorded time) and am the Literary Editor at the *Gay & Lesbian Review/Worldwide*, a bimonthly magazine published in Boston. I am a very avid theatre- and museum-goer, and to say that I read a lot would be an understatement.

[BACK TO TABLE OF CONTENTS](#)

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

### Papers of Lawrence Kolb Sr., Addiction Research Pioneer, Now Digitized

The National Library of Medicine is pleased to announce the completion of its third



collaborative digitization project with Gale/Cengage Learning's [\*Archives Unbound\*](#) service.

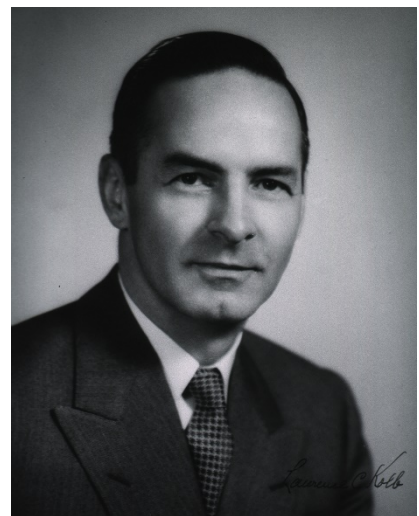
*Narcotic Addiction and Mental Health: The Clinical Papers of Lawrence Kolb Sr.*, a searchable online collection of 15,000 images drawn from the personal and professional papers of a pioneer in the medical approach to narcotics addiction treatment, and in public health research and treatment of mental illness, is now freely available within the National Library of Medicine's History of Medicine reading room and via local libraries with subscriptions to [\*Archives Unbound\*](#).

The National Library of Medicine's previous collaborations with *Archives Unbound*, completed in 2012, include *AIDS Crisis: Records of the National Commission on Acquired Immune Deficiency Syndrome, 1983–1994* and *Development of Environmental Health Policy: Pope A. Lawrence Papers 1924–1983*.

The newly-digitized Kolb collection deals chiefly with the subjects of drug addiction, alcoholism, juvenile delinquency, and mental health. Although parts of the collection were not digitized due to the patient privacy, privacy of Kolb's coworkers, and copyright concerns around specific documents, the entire collection is available to researchers at the National Library of Medicine.

The complete finding aid for the Kolb papers is [available](#) free from the National Library of Medicine, and researchers are cordially invited to visit the Library to consult the collection directly.

Dr. Lawrence Kolb was born in Galesville, Maryland, on February 20, 1881, and graduated from the University of Maryland medical school in 1908. The next year he was commissioned an Assistant Surgeon in the Public Health Service. From 1913 to 1919, he was stationed at the Ellis Island, New York Immigration Station specializing in the mental disease and illness of incoming immigrants. During this same period, he also developed a program for the study and treatment of post-World War I patients suffering from war-caused neuroses. In 1923, Dr. Kolb came to Washington, D.C. and spent five years studying drug addiction and its



**Lawrence Kolb, Sr.**

relationship to crime. He was one of the first to advocate treating drug addicts as patients, not criminals. By 1934, Dr. Kolb was an international expert in the study of psychiatry and narcotics, and was appointed head of the [Public Health Service Hospital in Lexington, Kentucky](#) to lead the U.S. government's first experimental unit for treating drug addicts. His final duty station was as Chief of the Public Health Service Mental Hygiene Division from 1938–1944. He was promoted to Assistant Surgeon General in 1942. His work there, along with that of Dr. Thomas Parran, led to the creation of the National Institute of Mental Health in 1946.

### NLM Lends Collections to Grolier Club Exhibition “Extraordinary Women in Science and Medicine: Four Centuries of Achievement”

The National Library of Medicine (NLM) is pleased to be a part of a new exhibition on view until November 23, 2013 at [The Grolier Club](#) in New York City.

Designed and curated to interest a wide audience, *Extraordinary Women in Science and Medicine: Four Centuries of Achievement* opens a window onto the stories behind the careers and accomplishments of women in science since the mid-seventeenth century. The exhibition will focus on the women from viewpoints such as educational opportunities or lack thereof, career choice issues, gender discrimination, role models, and hidden factors that influenced recognition or lack of recognition. Events planned in conjunction with the exhibition will include invited lectures, lectures by the Curators, and opportunities for mentored visits. There will be a catalogue including invited essays.



Established in 1884, the Grolier Club is America's oldest and largest society for bibliophiles and enthusiasts in the graphic arts. The Club is named after Jean Grolier, the French Renaissance collector renowned for sharing his library with friends. The Grolier Club's objective is to foster appreciation for books and prints, their art, history, production, and commerce. As part of this mission the Grolier Club maintains a library, mounts exhibitions, publishes books, and hosts lectures and symposia. In its 125-year history the Club has organized more than five hundred such exhibitions on topics ranging from Blake to Kipling, from chess to murder mysteries, from Japanese prints to Art Nouveau posters. There are four shows a year in the Club's main ground floor gallery, all open to the public free of charge.

Featured in the Grolier Clubs *Extraordinary Women in Science and Medicine: Four Centuries of Achievement* are three items from the NLM's collections, two works by Louise Bourgeois Boursier—*Observations diverses, sur la sterilité, perte de fruit, foecondité, accouchements, et maladies des femmes, et enfants nouveaux naiz* (1617) and *The Compleat midwife's practice enlarged* (1663) and "Recherches quantitatives sur la marche du processus de différenciation des neurones dans les ganglions spinaux de l'embryon de Poulet, (1943)" co-authored by Rita Levi-Montalcini and her husband Giuseppe Levi.

Boursier's *Observations* and *Compleat midwife's practice* are, respectively, the French original and an English translation (both 17th century) of the first extensive textbook on midwifery written by a woman. Mme. Bourgeois Boursier (1563–1636) was midwife to Marie de Medicis, wife of Henry IV, King of France, and delivered six children for the queen, all of whom survived to adulthood, including one future king of France, two queens (England and Spain), two dukes and a duchess. Her book was reprinted many times and widely translated.

Rita Levi-Montalcini (1909–2012) won the Nobel Prize in 1986 for her work in neurology, specifically working on the growth of nerve fibers. As a Jew in Italy in the 1930s and 1940s, she worked under the constant threat of arrest and imprisonment by the Fascist regimes that controlled her home country. Nevertheless, she continued to work in a makeshift lab in her kitchen in Turin, measuring nerve development in chicken embryos. Levi-Montalcini's "Recherches quantitatives," a seminal article which summarizes her work, could not be published in Italy, and somehow made it into print in Liège instead.

Levi-Montalcini never left Italy during the war, although she and her family fled south to Florence and she eventually worked as a physician with the Allied forces. In 1946, she emigrated to the United States, where she continued her research at Washington University and then jointly in Rome at the Consiglio Nazionale delle Ricerche. She remained active in both medicine and politics until her death in 2012, at the age of 103.

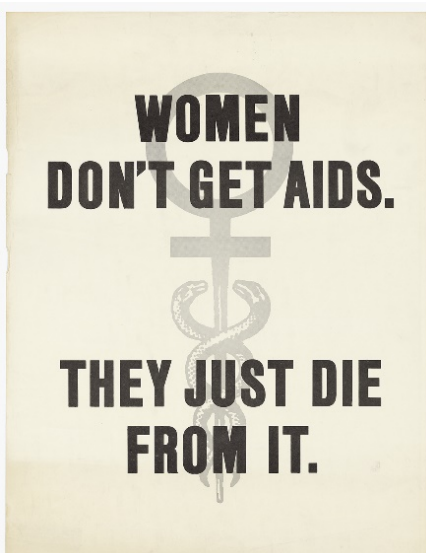
### **NLM Launches "Surviving and Thriving: AIDS, Politics, and Culture" - Traveling Banner Display and Online Exhibition**

The National Library of Medicine has launched a traveling banner exhibition and [online adaptation](#) of *Surviving and Thriving: AIDS, Politics, and Culture*, an exploration of the

rise of AIDS in the early 1980's and the evolving response to the epidemic over the last 30 years.

In 1981, a new disease appeared in the United States. Reactions to the disease, soon named AIDS (acquired immune deficiency syndrome), varied. The exhibition illustrates an iconic history of AIDS alongside lesser-known examples of historical figures who changed the course of the pandemic. Utilizing a variety of historic photographs, pamphlets, and publications, *Surviving and Thriving* is divided into five historical investigations, each of which highlights how different groups responded to AIDS. Early responders cared for the sick, fought homophobia, and promoted new practices to keep people healthy. Scientists and public health officials struggled to understand the disease and how it spread. Politicians remained largely silent until the epidemic became too big to ignore. Activists demanded that people with AIDS be part of the solution.

The title *Surviving and Thriving* comes from a book written in 1987 by and for people with AIDS that insisted people could live with AIDS, not just die from it. Jennifer Brier, PhD (University of Illinois at Chicago), the exhibition's curator, explains that, "centering the experience of people with AIDS in the exhibition allows us to see how critical they were, and continue to be, in the political and medical fight against human immunodeficiency virus (HIV)/AIDS." This exhibition presents their stories alongside those of others involved in the national AIDS crisis.



One of the 238 posters in the "Surviving & Thriving" digital gallery

The companion website includes an extensive selection of NLM's diverse poster collection about HIV/AIDS. This "Digital Gallery" displays 238 posters grouped into fifteen thematic clusters, providing viewers new historical avenues to explore beyond the exhibition. Brier sees these as invaluable resources for multiple audiences: "not only will these visual materials be incredibly useful for teachers interested in engaging students in historical thinking about HIV/AIDS, but they will also allow the general public to learn more about how public health efforts relied on graphic design and imagery to effect behavior change." The website is augmented by education resources that investigate the exhibition content, including two lesson plans for grades 10-12; three six-

class higher education modules; and two online activities. In addition, a selection of published landmark HIV/AIDS articles are provided by NLM's [PubMed Central](#), which freely provides access to over 2.8 million life science journal articles and modern day information is provided by [AIDSInfo/InfoSIDA](#).

Early stops for the traveling banner exhibition include the Centers for Disease Control and Prevention Public Health Library Information Center, Atlanta, GA; Gay Men's Health Crisis, New York, NY; University of California, San Francisco, San Francisco, CA; University of Colorado, Denver, Aurora, CO, and the University of Illinois at Chicago Library of Health Sciences, Chicago, IL. For more information about *Surviving and Thriving: AIDS, Politics, and Culture* or to book the exhibition for your site, please visit the [traveling exhibition services website](#).

[BACK TO TABLE OF CONTENTS](#)

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## NEWS FROM THE WELLCOME LIBRARY

### Frances Norton

We are very sad to report the death of Frances Norton, who was Head of the Wellcome Library from 2004 to 2009.

Frances joined the Wellcome Trust from Leeds University Library where she was Head of Public Service Strategy. Frances led the Wellcome Library through a number of significant changes, including temporary relocation during the construction of Wellcome Collection and the re-launch of the Library in 2007, which resulted in a doubling of user numbers. Frances also helped bring the Library more fully into the digital age, and laid the foundations for the Transformation Strategy that has guided the Library over the last five years.

Frances was keenly interested in the marketing and promotion of libraries, and was highly regarded by her peers, serving on the board of Research Libraries UK and the steering group of the M25 Academic Library Consortium. She will be warmly remembered and sadly missed by the staff of the Wellcome Library and by all her former colleagues at the Wellcome Trust.



## Two million milestone for the digital library programme

Since the launch of [Codebreakers: Makers of Modern Genetics](#) in March earlier this year, we have continued to add content to our digital library at a growing pace. Our [Medical Officer of Health](#) (MOH) report project has seen nearly 500,000 images added, while digitisation of the [RAMC collection](#) brought over 120,000 images into the online archives collection. One more brand-new genetics-related collection from our own holdings will soon be digitised too: the papers of molecular biologist Alan Coulson.

We have also been adding in new 3rd party archive content from other organisations over the past 6 months, including more [Sydney Brenner](#) and [James Watson](#) papers, and finishing off [James Renwick](#) and [Maurice Wilkins](#). We are just about to start ingesting some new 3rd party archives related to [Lionel Penrose](#) and [Francis Galton](#).

Our repository can be roughly divided into quarters as seen below. With the exception of a small number of archive items deemed too sensitive for online display (but preserved in our digital repository), all these images are available freely online via the Wellcome Library website. To find digitised content, search the [Library catalogues](#) for a topic and limit your search using the 'Digitised content' link under 'Location' on the left hand menu.

From late 2013 onward we'll be starting a new phase of mass digitisation, so look out for announcements of some exciting new projects.

## Uncovering the history of DNA sequencing

The newly available collection of Carol Churcher's papers ([GRL/CHU](#)) is a landmark for the Library's [Human Genome Archive Project](#). At just two boxes the collection might seem insignificant, but clearly size isn't everything. This collection represents more than the contents of its boxes.



**Carol Churcher**

Since the start of the project in January 2012 I have spoken to many scientists, bioinformaticians, scientific administrators and bioethicists about their records. I have zipped around the country to survey material housed in bedrooms and basements, in offices and outbuildings and in garages and greenhouses (it was actually a shed, but I liked the alliteration of greenhouses). Despite all of this behind-the-scenes activity none

of the material has so far been available to researchers. Until now. The Churcher collection is the first to be fully processed from start to finish.

The collection represents the [documentation strategy](#) approach that we have been applying for this project. Rather than simply focusing on the big names and the headline news, I have also been trying to capture material about the processes, equipment and techniques that contributed to the sequencing of the human genome. The Churcher collection contains material from early work using automated sequencing machines and the evolving protocols. This is a far cry from the media headlines generated by the [Human Genome Project](#), but is important for our understanding of this groundbreaking scientific endeavour.

Aficionados of the Wellcome Library's cataloguing references will notice that this collection is the first to be catalogued in our new GRL sequence. This reference will be used for the personal papers of scientists who have spent a significant proportion of their careers at the Wellcome Trust Sanger Institute and for corporate records from the [Sanger Institute](#) that are deposited in the Wellcome Library. Why GRL? Genome Research Limited is the charity responsible for the Sanger Institute and it was suitably distinct from our existing references to prevent confusion.

*Author: Jenny Shaw is Project Officer on the Human Genome Archive Project*

## **Friends reunited: an incunabulum split between London and Glasgow**

Among its substantial collection of *incunabula* (books printed before the year 1501), the Wellcome Library holds six copies of *Hortus sanitatis* (Garden of Health), a richly illustrated botanical compendium in Latin, based on the German *Gart der Gesundheit*. The work contains sections not only on plants but also on animals, fish, birds, minerals and stones. These volumes, which have been subject to the ravages of time over more than five centuries, are all incomplete. One copy, however, is distinguished in F. N. L. Poynter's 1954 catalogue of the Wellcome's incunabula as being 'very imperfect' ([5.e.13 \(copy 4\) in the Library catalogues](#)).

It was printed in Mainz by Jacob Meydenbach in June 1491, and contains only the second part of the text, relating to birds, fish and stones and ending with the table of contents. This is bound with another pre-1501 printing, Simon of Genoa's [Clavis sanationis](#) (Venice, 1486), a multilingual medical dictionary first compiled in the

thirteenth century. Both these works are key reference texts for questions of medicine and health, and so it makes sense that they were bound together as one volume.

Out of the blue, last year I was contacted by Jack Baldwin of Glasgow University Library, enquiring about this particular book. Jack is an Honorary Research Fellow working on the [Glasgow Incunabula Project](#), developing an online catalogue of Glasgow's pre-1501 printed books. He had come across a detail in Poynter's description of the Wellcome book that led him to believe that it was closely connected to an incunabulum in Glasgow's collection. Jack had noticed that the Wellcome volume contains the ownership stamp of the Free Church College Library, Glasgow. He had been cataloguing another incomplete copy of the Mainz 1491 *Hortus sanitatis* at Glasgow, which also has the stamp of the Free Church College Library. By comparing photographs and other details, we were able to ascertain that the two volumes had once almost certainly belonged together, with the Glasgow volume containing the first part of the *Hortus sanitatis*, and the Wellcome volume incorporating the rest of the text.

In particular, both include the 18th century ownership inscription of a Dominican monastery in Dortmund, Germany, and have very similar bindings of blind-tooled calf over wooden boards, with a manuscript title in vellum pasted onto the front board, and medieval manuscript pastedowns.



While the Wellcome Library's book was purchased from Sotheby, Wilkinson and Hodge for £9 on 9 December 1905, Glasgow University Library did not acquire its volume until 1974, when it received the collection of the Free Church College Library (by then known as Trinity College Library) on permanent deposit. Why were the two volumes separated, in

1905 or earlier? Perhaps the volume that came to the Wellcome was prized for the copy of Simon of Genoa's work that it contains. It is possible that they were split up accidentally, or as a result of a wider process of reorganization in the Free Church College Library.

[Jack Baldwin's discovery](#) means that future readers will, potentially, be able to treat two printed volumes that are in themselves incomplete as one complete whole. Although they are housed in separate collections, digitization makes it possible for them to be unified in electronic form. Indeed, our copy (Incunabulum 5.e.13) will be digitized as part of the [ProQuest Early European Books project](#). The link between these two books is exciting both for researchers studying the *Hortus sanitatis*, and for those interested in the ownership and usage history of early printed books, from the moment of their production until the present day. There are surely many other potential discoveries of this nature to be made, underlining how every rare book in the Wellcome Library is a unique physical artefact with its own story to tell. Incunabulum 5.e.13 now seems less incomplete than before, and is less of a stranger to us.

*Author: Dr Elma Brenner is the Wellcome Library Specialist, Medieval and Early Modern Medicine.*

## **Music to your ears: books, buildings and bodies**

Appreciating that there are going to be disruptions to our services over the coming months, during our [development works](#) we're looking at ways to make things easier for our users when they're using the Library.

As noise increases during the development, we imagine quite a few of our users will be wearing headphones and listening to music when in the Library. With that in mind, we thought we could put together something for our users to listen to during the works. Or to listen to at home if they are spending less time in the Library.

From August, we're making some [Spotify](#) playlists. They'll be a new themed playlist each month: so far, they've been based around [books](#), [medicine and healing](#), and [building and construction](#)

We've had some great tracks from staff, but we're really keen to have others suggesting songs. Do you have any special suggestions for our playlists? Drop us an [email](#) or tweet using **#wellcometunes**.

*Author: Phoebe Harkins, Library Communications Co-ordinator*

[BACK TO TABLE OF CONTENTS](#)

## REPOSITORY NEWS

### *Nancy Cole Dosch, PhD: In Memoriam*



It is with deep regret that we share sad news of the passing of Dr. Nancy Dosch, a dedicated medical historian at the National Library of Medicine. Nancy died peacefully at home on August 28, 2013, following a valiant fight for her health.

We will remember Nancy together for her infectious love of NLM's world-renowned audiovisual collections, and for her unwavering enthusiasm toward projects of scholarship, education, and public history that sought to reveal the value of the moving image.

Paul Theerman, who worked with Nancy for many years, has shared the following thoughts:

"Nancy was an esteemed colleague who has always had a real presence among us. Her work is now cut short. She belonged to a small community of audiovisual archivists working on the premier medium of the 20th century. Nancy's loss will be keenly felt among her peers. At NLM what I remember especially is her great dedication to the collection, its development, preservation, and cataloging. I remember her giving freely of her time with people coming to use the collections. I remember her dedicated work with donors, before and after the donation, especially those like Dr. Martine Work, whose husband, Dr. Telford Work, had created his films as home movies; some of them are now up in NLM's digital collections. I remember the discussions that she and I had over the historical audiovisuals collection, and while we did not always agree, I always admired her dedication and commitment, and I think that the collections are better for it!"

Nancy will always be remembered and appreciated for her expertise, her generosity, and her sense of humor. She will be sorely missed by her loving family and by her friends at the NLM, where she served a thirteen-year tenure as head of the historical audiovisual program within the History of Medicine Division.



Nancy received her doctorate in history from The Johns Hopkins University, completing her thesis entitled “Exploring alternatives: The use of exercise as a medical therapeutic in mid-nineteenth century America,” a copy of which, of course, is available at the NLM.

Nancy dedicated her thesis to her parents, and particularly to her father, “whose love of history became a living legacy.” Nancy’s father would be proud that her love of history has been – and will remain – a legacy here at the NLM.

In addition to her admirable historical contributions, Nancy was a champion of providing life-enriching experiences to underprivileged youth. With this in mind, her family has suggested that those wishing to honor Nancy’s memory could do so through a donation in her name to the scholarship program of the [American Camp Association](#).

[BACK TO TABLE OF CONTENTS](#)

## ***225<sup>th</sup> Anniversary of the Historical Medical Library of The College of Physicians of Philadelphia – You’re Invited!***

The Historical Medical Library of The College of Physicians of Philadelphia will celebrate its 225<sup>th</sup> Anniversary on December 5-6, 2013. The series of events will open with a generous reception on Thursday, December 5, 2013 from 5:00-7:00pm at the College. Highlights include a curated display of original art work by Frank H. Netter, MD and a juried show of student artwork based on the College Library’s rare book collection. The

evening will also include food and drinks, musical accompaniment from Temple University students, a photographic history of the College Library, and a curated display of library materials. The event is sponsored by Elsevier Health Sciences.



On Friday, December 6, from 9:00am-5:30pm, the College will host the all-day seminar “Emerging Roles for Historical Medical Libraries: Value in the Digital Age.” At a time when rare books and manuscripts are becoming increasingly available online for free, it is becoming necessary for libraries to work with scholars to articulate the value of the physical library space and the original book as material artifact. The international panel

of speakers includes Nancy Cervetti, PhD; Simon Chaplin, PhD; Jacalyn Duffin, MD, PhD; Mary Fissell, PhD; and Jeffrey Reznick, PhD. Closing remarks will be given by Chris Lyons, President of ALHHS. This project has been funded in whole or in part with Federal funds from the National Library of Medicine, National Institutes of Health, Department of Health and Human Services, under Contract No. HHS-N-276-2011-00003-C with the University of Pittsburgh, Health Sciences Library System.

More information, including a schedule for the conference, may be found on the event website: [www.collegeofphysicians.org/library/library225/](http://www.collegeofphysicians.org/library/library225/). All ALHHS members are invited, but attendance will be limited by room capacity. To save your place, register for the evening reception at [www.cpplibraryreception.eventbrite.com](http://www.cpplibraryreception.eventbrite.com). Register for the all-day seminar at [www.225libraryconference.eventbrite.com](http://www.225libraryconference.eventbrite.com). If you have any questions, email Michelle DiMeo, PhD at [mdimeo@collegeofphysicians.org](mailto:mdimeo@collegeofphysicians.org).

[BACK TO TABLE OF CONTENTS](#)

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## *Medical Exhibits at the Smithsonian*

The Smithsonian Institution's National Museum of American History recently opened two new medical exhibitions.

### **The Birth of Biotech**

In the early 1970s, a research team led by Herbert Boyer of the University of California at San Francisco and Stanley Cohen of Stanford University successfully transferred a gene from one species into another, a technique known as recombinant DNA. Robert Swanson, a young venture capitalist, was excited by the possibilities of applying recombinant DNA technology to industry. He convinced Boyer to join him in forming a new company—Genentech, “genetic engineering technology.” The start-up business went on to play an important role in the development of the first recombinant drug, human insulin.

In this display, laboratory and factory equipment used to produce recombinant insulin are compared with historic objects used for treating diabetes to reveal the science and industry behind the first major product of the biotech boom of the 1970s and 1980s: recombinant human insulin. Made by genetically modified bacteria, recombinant human insulin provided a steady source of the drug for Americans with diabetes, replacing a

less-certain supply of animal-derived insulin. To see the online exhibit go to [www.americanhistory.si.edu/collections/object-groups/birth-of-biotech](http://www.americanhistory.si.edu/collections/object-groups/birth-of-biotech)

#### A 1957 Mayo-Gibbon Heart-Lung Machine



The invention of the heart-lung machine, or cardiopulmonary bypass, is one of the most significant contributions in the history of cardiac surgery. The heart-lung machine pump takes over the function of the patient's heart during surgery. The Mayo-Gibbon Heart-Lung machine seen here was the first commercially-produced bypass machine. The heart-lung machine allowed for longer, more complicated heart surgeries and paved the way for artificial heart valves and heart transplantation. The Mayo-Gibbon pump is made of stainless-steel and Plexiglas and was a gift from Edwards Life Sciences. For information contact Judy Chelnick, Associate Curator at [chelnickj@si.edu](mailto:chelnickj@si.edu)

[BACK TO TABLE OF CONTENTS](#)

### *Papers of Ethel S. Person Acquired by Columbia University Health Sciences Library*

Archives & Special Collections at the Columbia University Health Sciences Library is pleased to announce the acquisition of the papers of psychiatrist Dr. Ethel S. Person (1934-2012). Trained as a psychoanalyst and Director of Columbia's Center for Psychoanalytic Training and Research from 1981 to 1991, Person did pioneering research on sexuality, especially transvestism, transsexuality, and sexual fantasy. In pursuit of her research Person interviewed hundreds of transvestites and transsexuals, visited pornography shops, attended drag balls and participated in the meetings of cross-dressing societies.

Starting in the early 1970s her work, often in collaboration with Dr. Lionel Ovesey, posited the then novel idea that transvestites and transsexuals did not necessarily identify themselves as homosexual but exhibited a wide range of self-identities. Their

findings distinguished between “core-gender identity” and “gender-role identity,” distinctions that are now generally accepted in psychiatry and the social sciences. Later, Person shifted her research to the role of sexual fantasy in people’s life. In her 2005 book, *By Force of Fantasy: How We Make Our Lives* she challenged Freud’s belief that happy people do not fantasize but rather argued that sexual fantasy played an important role in psychological well-being.

The Person Papers are circa 20 cubic feet in size and date from the 1960s to the 2000s. They include her extensive research files containing articles, notes, newspaper clippings, and ephemera; texts of her many lectures and popular talks; records pertaining to her four books including drafts, correspondence with publishers, publicity materials, and reviews; and a small number of subject interviews. During processing, care will be taken to identify all patient and human subject research materials, access to which will be regulated by the Privacy Rule of the U.S. Health Insurance Portability and Accountability Act (HIPAA).



[BACK TO TABLE OF CONTENTS](#)

## Support for Research at the Bakken: Research Travel Grant and Visiting Research Fellowship

The Bakken (Minneapolis, MN) awards short-term fellowships and travel grants to scholars and artists to support research using The Bakken’s library and artifact collections. The collections address the history of electricity and magnetism (with a focus on their roles in the life sciences and medicine) and include approximately 11,000 books, journals, and manuscripts, and 2,200 instruments, medical devices, and other artifacts. The awards are to be used to help defray the expenses of travel, subsistence and other direct costs of conducting research at The Bakken for researchers who must travel some

distance and pay for temporary lodging in the Twin Cities in order to conduct research at The Bakken.

Visiting research fellowships are awarded up to a maximum of \$1,500; the minimum period of residence is two weeks, and preference is given to researchers who are interested in collaborating informally with Bakken staff for a short time during their research visit. Research travel grants are awarded up to a maximum of \$500 (domestic) and \$750 (foreign); the minimum period of residence is one week. Applications are due March 3<sup>rd</sup>, 2014 and travel must be completed by December 1<sup>st</sup>, 2014.

The library collection includes works in early physics (natural philosophy) and early works on magnetic cures, electrotherapeutics, electrophysiology, and their accompanying instrumentation. The Bakken Library also possesses a fine collection of primary sources in mesmerism, animal magnetism, and hypnotism, and works documenting the history of para-psychology, psychical research, and phrenology. Significant holdings include many of the writings of Hauksbee, Nollet, Franklin, Mesmer, Galvani, Volta, Matteucci, Du Bois-Reymond, Marey, and Einthoven. Also of interest to researchers are small collections of 19<sup>th</sup>-century medical and electro-medical ephemera, trade catalogues and price lists, and miscellaneous scientists' letters from the 18<sup>th</sup>-20<sup>th</sup> centuries.

The artifact collection comprises objects from the 18<sup>th</sup> century to the present, including electrostatic generators by George Adams, Edward Nairne, John Cuthbertson and others; magneto-electric generators; medical stimulators designed by Duchenne; induction coils; physiological instrumentation by E.J. Marey; recording devices; cardiac pacing devices; and accessories. Unorthodox devices are well-represented and include electric belts and hairbrushes, magnetic applicators, and radionics equipment.

For more information, application guidelines, or to access collections catalogues, visit [www.thebakken.org/research](http://www.thebakken.org/research)

[BACK TO TABLE OF CONTENTS](#)

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## ***C. F. Reynolds Medical History Society, University of Pittsburgh Schedule of Lectures, 2013-2014***

### **September 17, 2013                      Richard Kahn, M.D., MACP**

Adjunct Assistant Professor of Medicine, Dartmouth Medical School; Private Practitioner-Rockport, Maine "A Journey with Anatomist Antonio Valsalva, from 18th Century Bologna to 21st Century Rockport, Maine, with Some Surprising Side Trips."

### **November 12, 2013                      21st Annual Sylvan E. Stool History of Medicine Lecture: Kerstin Bettermann, M.D., Ph.D.**

Associate Professor of Neurology, Penn State University School of Medicine "Being Struck through the Ages: From Hippocrates to Modern Stroke Care."

### **January 28, 2014                      Kaarin Michaelsen, Ph.D., MS IV**

University of Pittsburgh School of Medicine, "Mad dogs and Englishmen: Physicians and the Politics of Rabies in Late Victorian Britain."

### **March 6, 2014                      3rd Annual Jonathon Erlen History of Medicine Lecture: Barry Silverman, M.D.**

Clinical Assistant Professor of Medicine Emory University, Emeritus Director of Cardiology Northside Hospital, Atlanta, "The History of the Bedside Cardiac Exam: An Ancient Relic or a Forgotten Clinical Tool?"

### **April 8, 2014                      Twenty-Sixth Annual Mark M. Ravitch History of Medicine Lecture: Leonard Calabrese, D.O.**

Professor of Medicine, Cleveland Clinic Lerner College of Medicine, Vice Chairman, Department of Rheumatic and Immunologic Diseases, Cleveland Clinic, "George W. Crile-Surgeon: Scientist, Soldier and His Relationship to Cushing and Osler."

All lectures will be held in Lecture Room #5, Scaife Hall, University of Pittsburgh, at 6:00 P.M. A dinner for members and their guests in the 11th floor Conference Center, Scaife Hall will follow each of the five individual lectures. We hope that you and any interested colleagues will join us for these five evenings of historical lectures and discussions. The C. F. Reynolds Medical History Society appreciates your continuing support and is confident that you will enjoy this coming year's programming. Please refer all questions on the Society and its programming to Dr. Jonathon Erlen, 412-648-8927; [erlen@pitt.edu](mailto:erlen@pitt.edu)

[BACK TO TABLE OF CONTENTS](#)

## *New York Academy of Medicine Curator Position Open*

The NYAM Center for the History of Medicine and Public Health is looking for an innovative and energetic curator.

The curator will be a key member of the Center team, and will work closely with colleagues in the acquisition, intellectual management, and use of the rare book collections, and will develop physical and online exhibitions, web resources, programming, and events in the history of medicine, public health, and the book. The curator will also take a leading role in establishing the Center's activities and profile within the scholarly community and broader public audiences, and in connecting its work to NYAM priorities. This position is an outstanding opportunity for a proactive individual to develop knowledge and skills, working with a world-class collection in the history of medicine and public health, at a leading institution in New York City, found at the top of the "Museum Mile" along Fifth Avenue.

For further information, see <http://www.nyam.org/about-us/careers/curator-rare-books-and.html>

The ideal candidate will have both library credentials and a background in the history of medicine. Applications will be evaluated on a rolling basis.

Paul Theerman, PhD  
Associate Director  
Center for the History of Medicine and Public Health  
New York Academy of Medicine  
1216 Fifth Avenue  
New York, NY, 10029  
212.822.7350  
<http://nyamcenterforhistory.org/>

[BACK TO TABLE OF CONTENTS](#)

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## BOOK REVIEWS

**Xiaoping Fang. *Barefoot Doctors and Western Medicine in China*. Rochester, NY: University of Rochester Press, 2012. 318 p. \$90.00. ISBN: 978-1580464338**

The rise of China as an economic force has led to renewed interest in that country's cultural practices, not least among the medical community. It is perhaps not surprising that complementary and alternative medicine, including acupuncture and Traditional Chinese Medicine, is increasingly popular here. It is therefore interesting to read a book that addresses the impact of Western medicine in China, placing its growing popularity there alongside the social and political changes that took place in China in the middle of the 20<sup>th</sup> century.

Author Xiaoping Fang was born in Zhejiang Province in Eastern China. His parents were from a small rural village, but he grew up to become a medical historian. He received his PhD in modern and contemporary Chinese history from the National University of Singapore, did a fellowship at the Needham Research Institute in Cambridge, England, and is currently associated with the China Research Centre at the University of Technology, Sydney, Australia. He has just been awarded a Travel and Research Grant for 2013-2014 from the D. Kim Foundation for the History of Science in East Asia.

Dr. Fang is no stranger to libraries and archives. He writes:

"My research interests focus on the history of medicine and health in twentieth-century China. I have just completed my research of barefoot doctors in Chinese villages. It is a study of Hangzhou Prefecture (in Zhejiang Province), and is based on oral interviews, local archives, and documents. The main thread of discussion is the development of medicine and health since the middle 1940s in Jiang Village, Yuhang County, which is now a suburban area under the jurisdiction of Hangzhou City. Since 2003, I have been visiting the Zhejiang Provincial Library annually to collect local documents (including gazetteers, newspapers, periodicals, and other books) for my study."

<http://dissertationreviews.org/archives/1148>

Dr. Fang's thesis is that barefoot doctors were instrumental in 3 changes: the introduction of Western medicine into rural China; the institutionalization of a hierarchical

medical network in the villages; and the creation of a new medical profession and medical identity – that of the barefoot doctors themselves.

He is not shy about describing the living conditions in rural China in the first half of the 20<sup>th</sup> century. He quotes a survey done in Ding County in northern China in the 1930s:

“They are not only the poorest people but also the dirtiest and weakest people in the world. You go to the villages and open your eyes, and you can see everything without needing a detailed survey . . . Their yards, bedrooms, and toilets are very dirty. There is no clean food or water . . . The peasants live in such a dirty environment apparently comfortably without giving any attention to the filth around them.” (p. 69).

By the early 1970s, just as the barefoot doctor initiative was getting under way, infectious and parasitic diseases such as dysentery and schistosomiasis had been addressed by large-scale public health campaigns. However, the tools of Western medicine, particularly our pharmaceuticals, had historically been looked upon with a jaundiced eye:

“The regulations for Chinese medicine doctors in 1933 stipulated that ‘Chinese medicine doctors shall not use scientific instruments, medicines, or injections.’ The next year, the Nationalist government of Hangzhou City issued *Regulations for National Medicine Doctors*, which required that ‘national medicine doctors should not prescribe Western pharmaceuticals, should not use stethoscopes to diagnose patients, and should not give patients injections.’” (p. 45)

Barefoot doctors were “required to be healthy commune youths who were the indigenous sons and daughters of poor and lower-middle peasants. They had to have clean records and good political thoughts and be devoted to the collectivity and health work.” (p. 47) Here is one barefoot doctor’s description of her training:

“In the summer harvest and planting time in 1969, Doctor Chen, the director of the Jiang Village Commune Clinic, came to our village to do mobile medical services. One day he said to me, ‘I find you clever and good at studying. I choose you to be a barefoot doctor. I will come to stay at your home. You will study medicine under me.’ He told our production brigade about this. He stayed and ate at my home for ten days. Then I studied for ten days under his guidance. Later, I followed Doctor Qie from the commune clinic doing mobile medical work for three months and studied medical books at the same time. Then I became a barefoot doctor in our village.” (p. 48)

Chosen from the villager population, barefoot doctors were intended to bridge urban-rural inequalities in medical education. This is commonly thought to mean that they promoted rural (traditional) medical interventions. This book argues that in actuality barefoot doctors brought Western ways of thinking about disease and Western pharmaceuticals, increasingly popular in the cities, to rural China and thus tipped public opinion in favor of Western medicine. This is not an unmixed blessing. Dr. Fang writes:

“Western pharmaceuticals have been seriously overused since the advent of barefoot doctors in the early 1970s. Today, the overuse of Western medicine also includes that of medical technology. The most noticeable example of this is the high caesarean section rates that are becoming more and more obvious in rural China.” (p. 182)

This book is a thorough examination of the changing medical practices in rural China during a time of great social and political change. Its scholarly nature sometimes obscures its narrative, especially for a reader not versed in Chinese names and history, but the introduction and conclusion offer a clear road map. There are also interesting and useful appendices: an outline of the three-tiered medical system in rural China, 1968-83; common medicines in Chinese villages during the 1960s-70s; Western, Chinese herbal medicines; and Chinese patent medicines.

### Jenny Miglus

University of Connecticut Health Center  
Farmington, CT

[BACK TO TABLE OF CONTENTS](#)

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**David S. Jones. *Broken Hearts: The Tangled History of Cardiac Care*. Baltimore: The Johns Hopkins University Press, 2013. 336 p. \$34.95. ISBN 978-1-4214-0801-9**

David S. Jones has written a volume that examines the issues surrounding the evolving medical specialties of cardiology and cardiac surgery, beginning in the late eighteenth century to the present, including President Bill Clinton's quadruple bypass in 2004. Beginning with the basics of anatomy and physiology on the structures and functions of the heart and circulatory system, Jones then goes into the history of diagnosis and treatment of problems that can develop in this system. Most of this is twentieth-century history, as heart disease was either ignored or viewed as untreatable until it became the leading cause of death in America in the first decade of the 1900s – and suddenly became the focus of much attention.



Chapters 1-9 in Part I, Theory and Therapy, cover the early research by scientists all over the world, interspersed with the more recent ideas about, and research looking into, the exact nature and causes of heart disease. Jones describes the difference in opinions within the medical community on the external causes, actual physical changes to the body, and the best way to treat heart disease. He points out that in all medical research, the early patients often serve as guinea pigs and that even the most educated and caring of physicians may start out with little to no idea if and how some of the prescribed treatments will work. Using examples from various stages of cardiac research throughout history, Jones shows how one theory can come to dominate medical and scientific thought, and then how quickly it can be determined to be wrong when a new theory replaces it. He describes in detail the case for and against many of the hypotheses of the cause of most cardiovascular problems. Just a few of these theories include plaque rupture, coronary spasms, elevated stress and/or cholesterol, and inflammation of unknown origin. Without being accusatory, Jones also points out the parallels between the various theories put forth about causation and the increase in profitability for pharmaceutical companies.

Next Jones addresses the idea of Complications (in Part II, chapters 9-16). Beginning with early cardiac surgery in the late 1800s, Jones takes the reader through the first important procedures, done only on patients with very bad prognosis, such that this was their only hope. In these cases mortality rates were over fifty percent. Into the twentieth century, surgeons continued to attempt heart surgery, with both negative and positive outcomes. Mortality rates dropped to twenty percent, making this still a risky procedure. What the physicians needed was some way to stop the heart, while continuing the circulation of the blood to oxygenate all of the body's organs and tissue. The development of heart-lung machine is spelled out in detail, along with descriptions of all the significant players. Jones tackles the fact that while cardiac outcomes improved greatly, specialists were not looking into any possible post-surgery cognitive difficulties suffered by patients who had been put on the heart-lung machine. Cardiac surgeons were interested, for the most part, in the cardiac outcomes, not the neurological ones. It was up to the neurologists to ask those questions, and they did not know to ask them until some years later.

This volume is not an attack on cardiology, or the medical profession in general. Jones is quick to state that the pattern of experimentation – some negative results, more experimentation, positive results – is the natural progression for all scientific and medical discovery. Early in the process many patients are harmed or die. He acknowledges that

specialties in medicine tend to confine themselves to their own areas, thus allowing other problems to go unheeded. He also points out that there is a disparity in treatment options: geography, race, ethnicity, and gender affect treatment, while financial incentives play a role. He then asks how we can minimize these influences.

This book is well-documented, with a fifty-eight page bibliography showing a wide variety of source materials. It is written for the lay academic audience as well as for those in the practice of medicine or scientific research. There are sections that I needed to re-read to understand, but that is not a criticism, just a point in fact. I am well aware that medicine is both an art and a science, and that we too often view it as an exact science and place blame when outcomes are not exactly as we wish. David S. Jones does a very good job of outlining how difficult it is to understand all the workings of the human body, what is involved in medical research, and how that research is applied to human subjects through the lens of one medical specialty.

Just so you will know that I have more invested in this topic than just writing a book review, I will end with a disclaimer. I chose to review this book not only due to my position as archivist and curator of a history collection at a medical library located in a city that prides itself on its place in cardiac surgical history, but as an eleven-year survivor of cardiovascular disease. That latter fact made reading this book a little easier in some ways and much more difficult in others. But I found myself very happy to have needed cardiac bypass surgery (and utilization of the heart-lung machine) in 2006 rather than in 1956 or even 1986. To help pay back, I volunteer for the American Heart Association. I know that outcomes are improving every day for those with cardiovascular disease, due to the research and actions of the pioneering physicians mentioned in this book.

**Katherine Burger Johnson**

Kornhauser Health Sciences Library  
University of Louisville

[BACK TO TABLE OF CONTENTS](#)

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**Martha Holoubek Fitzgerald. *The Courtship of Two Doctors: A 1930s Love Story of Letters, Hope & Healing*. Shreveport, LA: Little Dove Press, 2012. 384 p. \$29.95. ISBN: 978-0975376645**

*The Courtship of Two Doctors* is a love story told through the couple's correspondence written from 1937-1939. The story begins in 1937 when the couple, Alice Baker and Joseph Holoubek, met at the Mayo Clinic where they were summer fellows. After their fellowships ended, the couple returned to their respective medical colleges: Joseph at University of Nebraska, Omaha, and Alice at Louisiana State University School of Medicine in New Orleans. Eventually the two doctors became pioneers in medicine in Louisiana. Alice was one of first women physicians in Northwest Louisiana and Joseph was a cardiologist and co-founder of the Louisiana State University School of Medicine in Shreveport, LA. Their youngest daughter Martha Fitzgerald edited over 300 (down from the original 800) letters chronicling her parents' growing love, their last year of medical school, and their internships. A prologue and epilogue help provide context to the letters and complete the story of the couple who were married for over sixty years.

The book is foremost a long distance love story about two people who must balance their desire to be together with their need to pursue their medical education. The couple was only able to have a few visits together in the course of their romance. Through the correspondence, the reader sees their friendship blossom into a romance and feels their yearnings to find a residency where they can be together. The letters also shared personal experiences with families and friends, their religious faith, and their social lives.

The book contains interesting first-hand tidbits of the lives of medical students and interns in the 1930s. The letters chronicle the couple's senior year and internship clinical rotations and notable medical cases at their respective medical centers. The two doctors also agonize over where to do their residencies and what to specialize in their careers moving forward. In the 1930s, women often did not pursue careers once they were married. Throughout the letters, Alice expresses her determination to marry and have a career in medicine. Finally, the letters show the risks involved in practicing medicine in the period prior to antibiotics. Both suffered serious illness due to their exposure to working with sick patients. Joseph had several serious infections and scarlet fever, and Alice developed a lesion that would eventually develop into full-blown tuberculosis.

Unlike oral histories where imperfect memories can affect the recall of past events, this correspondence reflects the feelings and thoughts of the couple at the time their letters were written. In fact, at times, the reader may feel they are intruding on the couple's private thoughts and feelings. Ultimately, though, the general public to medical historians will enjoy reading about the journey of this young couple during the late 1930s.

**Elizabeth Shepard**

Associate Archivist

Medical Center Archives

NewYork-Presbyterian/Weill Cornell

[BACK TO TABLE OF CONTENTS](#)

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**Emily K. Abel. *The Inevitable Hour: A History of Caring for Dying Patients in America*. Baltimore: The Johns Hopkins University Press, 2013. viii, 226 p. \$32.95. ISBN: 978-1421409191**

We generally think of the history of medicine as dealing with the issue of restoration of health to the ill, and all factors that surround this. Why then a history of caring for dying patients?

In this book, Dr. Abel attempts to explain why the subject of dying is not generally included in much of the history of medicine and why it does indeed belong there. She argues that the change in attitudes about disease and dying that have occurred over the past two centuries have been affected partly by changes in scientific medical discoveries and technology, but just as much by social and cultural factors.

Some of the social and cultural factors that Abel argues have had an impact on how those with chronic and terminal illnesses are regarded and marginalized include the rise of the hospital chaplaincy movement, the loss of celebrities to cancer and other chronic terminal illnesses, hospital architecture, and attitudes coming out of the public health movement.

A case Abel cites in early 19<sup>th</sup> century Missouri is a chaplain complaining about chaplains from another sect, encouraging deathbed conversions. The idea that people might take advantage of the most vulnerable raised some awareness of their plight.

When public figures such as Senator Robert Taft's and Secretary of State John Foster Dulles's respective battles with cancer were widely publicized, it aroused much discussion in the media and raised questions about the wisdom of keeping diagnoses hidden. Elaborate building and landscaping programs offered new opportunities for hiding the presence of death. Hospitals were sometimes designed in this way for the very purpose of avoiding the discussions about death and dying. A major tenet of the public health movement, Abel claims, is the underlying belief that death was preventable, and that patients, continuing to be prostrated by chronic disease, were just not following the rules and principles of good public health.

Abel recounts, through the correspondence of 19<sup>th</sup> century U.S. families, the not surprising attitude of resignation in the face of terminal illness. Infant mortality rates were high, and the expectation that all one's children would survive through adulthood was low. Life expectancy into old age was correspondingly not high among patients, families and health care practitioners alike. A more striking point that Abel argues, however, is the fairly consistent belief among practitioners throughout the 19<sup>th</sup> and 20<sup>th</sup> centuries that their patients were often responsible for their chronic illness, and that the poor and minorities particularly were at fault. Abel relates incident after incident of patients deemed "incurable" continuing to be devalued and avoided.

Eminently readable, this book is one that everyone should in some way be able to relate to, but the case histories of two popular women authors and their respective battles with terminal illnesses was, to me, a surprising but even more interesting inclusion.

Flannery O'Connor (1925-1964), regarded as an important voice in American literature, suffered from lupus for almost half of her life. Rachel Carson (1907-1965) most well-known for *Silent Spring*, a ground-breaking indictment against pesticides and polluters, was diagnosed with breast cancer at the age

of 52. The experiences of both women illuminate the various issues that Abel explores in the book, in that they both dealt with dying at the same period of time in American history, before Medicare and Medicaid shifted much of the cost of the care for those with terminal illnesses to the government, and alleviated many problems of access to care.

This period of history included extremely rapid changes and discoveries in medicine, and also predated the hospice movement. As Abel tells their stories, they are both instructive and moving. One added delight for me personally, was learning about Carson's



relationship with George Crile, MD, FACS, a founder of the American College of Surgeons (ACS) and Chair of its Board of Regents for twenty years. The image of Crile from the perspective of a patient very devoted to him enhances the view one has of him from the resources in the archives of the ACS. Also, Carson's experience with the controversial drug krebozian gave me some insight about some records on the subject in our collections.

Given that this book is about the care of the dying patient, I had assumed that the hospice movement would be a major theme of the book, not realizing how relatively recently it began. The first U.S. hospice was established in Connecticut in 1974 by the founder of the hospice movement, British physician Cicely Saunders. A major theme of the book, then, is trying to answer the question of why it took so long for the hospice movement to begin. The attitude of compassionate care for the dying, recognizing their needs as well as the needs of their families and friends, and having no duplicity about hiding disease is not necessarily a new attitude, but the resistance to the implementation of the idea of hospice care is much of what this history consists. Few libraries specializing in the history of medicine will not find this a valuable book to include in their collections.

**Susan Rishworth**

American College of Surgeons

[BACK TO TABLE OF CONTENTS](#)

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**George Dehner. *Influenza: A Century of Science and Public Health*. Pittsburgh: University of Pittsburgh Press, 2012. 285 p.\$25.18. ISBN: 978-0-8229-6189-5**

The first dozen years of the twenty-first century witnessed a number of serious infectious diseases emerge in the human population and capture the media spotlight and attention of public health experts and government officials. Amongst the most worrisome were SARS, MDR-TB, and MERS, but even these potentially-devastating diseases failed to inspire the fear and response generated by three strains of influenza virus; H5N1, H1N1, and H9N7. The H1N1 virus, alone, killed close to three hundred thousand people and sickened tens of millions more while it simultaneously prompted millions to seek vaccination and cost the world economy billions in terms of dollars and lost work-and-school hours.

Since the emergence of so-called Avian Influenza H5N1 in the late-1990s, curiosity concerning the history of influenza – both the natural history of the various viral strains and the ignition and course of pandemics – bore great fruit for scholars, especially those who concentrated upon the 1918-1922 pandemic of Spanish influenza. The most frustrating omission in the historiography of influenza has been a solid history of the public health and scientific advances that followed. Dehner has largely rectified this gap with a commanding chronicle of the twentieth century history of the virus and its effects on government, public health policy, and the public.

Well organized, *Influenza* follows two paths. The first charts the emergence of new, epidemic-causing strains of the virus over the course of the 20<sup>th</sup> century. Dehner prefaces his examination of such strains with an excellent and very approachable discussion of the virologic processes behind such emergence. Dehner's second narrative thrust examines the responses to developing or threatened influenza epidemics. Dehner moves from the pandemic of the late-1940s through the Asian and Hong Kong flu epidemics of 1957 and 1968, respectively, which culminated in the feared, but ultimately illusory, swine flu outbreak of 1976. Throughout his study of these periodic epidemics, Dehner takes care to note not just the responses but the failures in the response. For instance, he highlights the role of vaccines and public health efforts to encourage vaccination but also underscores the point that barriers to vaccine production, most importantly profit-based concerns and the late identification of suspicious viral strains, undermined, time and again, efforts to combat incipient epidemics.

Works such as Nancy K. Bristow's *American Pandemic: The Lost Worlds of the 1918 Influenza Epidemic* provide a narrative that illuminate how human memory and experience shapes emotional and community responses to the 1918-1922 pandemic in America. Dehner's work provides a framework for the history of the scientific response to influenza with 1918-1922 a touchstone as it created the urgency – at times (1976) seemingly unwarranted – within scientific and public policy circles. Dehner's work is sometimes esoteric – as should be expected from such scholarship – but any academic who wishes to move beyond 1918-1922 must study Dehner's work to clearly grasp not only the twentieth and early-twenty-first century model of response to threatened influenza pandemics, but to understand the far reach of the 1918 influenza pandemic. Indeed, throughout his work, Dehner never fails to refer to the 1918 outbreak in large part because so many of the policies and breakthroughs he examined were predicated upon the fear generated by the specter of a return of a 1918-1922-style pandemic.

In the end, Dehner moves the historiography of influenza beyond 1918 in a cogent manner. Ironically, though his study is located post-1918, the shadow of the Spanish Lady falls over the entirety of his work.

**James Higgins**

[BACK TO TABLE OF CONTENTS](#)

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***L Ron Hubbard: A Profile.* Commerce, CA: Bridge Publications, 1995, 2012. 234 p. \$50.00. ISBN: 978-1-4031-9899-0**

This volume, part of the L. Ron Hubbard Series, the Complete Biographical Encyclopedia, provides a broad compilation for the series, highlighting all aspects of his life as a religious founder, humanitarian, educator, administrator, philosopher and artist. Throughout, this book is lavishly illustrated with photographs of Hubbard, his publications, the various locations where Hubbard's programs operate, and his extensive collections. It also includes a glossary and index. The book was accompanied by a DVD overview of Scientology.

L. Ron Hubbard was many things to many people: a "blood brother" to the Blackfoot Indians as a child, a student of Freudian theory as a teen, naval officer in World War II, writer of pulp fiction westerns and science fiction, photographer, and composer. But most of all, Hubbard was the developer of Dianetics and Scientology, and the myriad programs that branched off these beliefs. *L. Ron Hubbard: A Profile* touches on all these aspects of Hubbard's life in a cursory, extravagantly illustrated manner.

The most valuable part of the book is the opening half, a detailed chronology of Hubbard's life, purportedly the only such chronology yet published, although there are no references to his personal life, including spouse(s) or children. The chronology includes his early childhood in Montana where a young Hubbard meets a Blackfoot Indian and is brought into the tribe as a "blood brother." As a teen, Hubbard spent time in the Pacific Rim, following his father to various naval ports while learning to take the photographs he will later sell to *National Geographic*. While in college at George Washington University, he spent his extracurricular time flying as a barnstormer and writing aviation articles for sporting magazines. After several post-college expeditions, he worked as a writer for *Pulp Fiction* in the 1930s and joined the American Fiction Guild's New York chapter. It is during this time that he also begins studying cellular memory, testing "inherited memory

traces passed from one generation to the next" (p. 39), a kernel of an idea that proved to be his springboard to the rest of his adult life.

It is while recovering from combat injuries sustained in the Navy that he employed the philosophy he calls Dianetics for the first time, helping himself heal and "speeding the recovery of otherwise terminal patients" (p. 44). After publishing *Dianetics: The Modern Science of Mental Health*, he traveled the country lecturing, which eventually led to the foundation of the first Hubbard Association of Scientologists in Phoenix and London in 1952. The second half of the book covers the programs that Hubbard developed as outgrowths of nascent Scientology.

Following the formation of Scientology, Hubbard turned his attention to seeking solutions to social crises, among them education, crime, toxicity and addiction, and life and business morals. He strove to solve what he perceived as a crisis in education by creating the Study Technology which, he purported, taught students *how* to learn; and Word Clearing, a "technology for addressing misunderstood words." An extension of his work in education was the development of his Key to Life course and The New Grammar, which sought to redefine literacy and language skills.

In addition to his work in education, Hubbard also developed a system he argued cleared the body of addictive and toxic substances. The author offers the uncorroborated assertions that Hubbard's Clear Body, Clear Mind workbook and Purification Program cleared toxic levels of fire retardants from Michigan residents in 1973 and pollutants from 9/11 first responders. In conjunction with Narcanon, Hubbard's rehabilitation program, Hubbard claimed his detoxification and rehabilitation programs not only cured addicts of their addictions, the author also asserts that Narcanon eliminated all recidivism in those who completed Hubbard's programs (p. 109).

To combat what he saw as the moral failings of society, Hubbard developed The Way to Happiness, a set of moral precepts he argued were "nothing less than a comprehensive guide to living." Used in combination with his Criminon program, the author avows that 90% of offenders who participated in Hubbard's program were not rearrested for other offenses after their release. For the business world Hubbard created the Organizing Board, a pattern of organization and outline of functions in relation to a group's activities and successes, and Management Series.

The final chapters summarize Hubbard's ventures in photography, writing, and music, focusing on his pulp and science fiction books, the music he composed for the film of his novel *Battlefield Earth*, the writing awards he established, and his collection of photography equipment.

The essential, and significant, problem throughout this work is the unknown author's failure to provide corroboration for the assertions as to the unparalleled successes of all Hubbard's endeavors, leaving readers to wonder where the claims originated. In those few instances when the author offers minimal statistics to back up statements regarding Hubbard's programs, the studies that created the statistics appear to come from Hubbard-affiliated or Hubbard-funded organizations. While the chronology of Hubbard's life is reasonably inclusive, and the summary of the numerous programs he developed is a basic overview, *L. Ron Hubbard: A Profile* is not a scholarly, unbiased volume. While it may have a place in a large public library system for people curious about Hubbard and Scientology, it would not be appropriate in an academic or scientific library.

#### **Rachel Garrett Howell**

Curator of Books and Manuscripts  
The Bakken Museum

[BACK TO TABLE OF CONTENTS](#)

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**David Hamilton. *A History of Organ Transplantation: Ancient Legends to Modern Practice*. Pittsburgh: University of Pittsburgh Press, 2012. \$65.00. ISBN 978-0-8229-4413-2**

In the introduction to *A History of Organ Transplantation*, author David Hamilton, himself a retired transplant surgeon, states that he has two goals. The first is to provide an in-depth account of the history of transplantation for medical historians, with appropriate emphasis on work done prior to the 1940s; the second is to keep his account in a broad context without falling into a narrative of continuous progress. On the whole, Hamilton succeeds; however, readers should be aware that this history is not particularly accessible for those without existing background knowledge in medicine.

While organ transplantation might be a strictly modern branch of medicine in the popular imagination, Hamilton traces its roots all the way back to antiquity and the Middle Ages. He briefly discusses various myths and legends that involved the removal and



replacement of various body parts, namely those involving man/beast hybrids and Christian saints, then moves into a discussion of early plastic surgery techniques, with particular emphasis on the work (and disparagement of the work) of Gaspare Tagliacozzi. The experiments carried out by the Royal Society, John Hunter's work on tooth transplants, and the 19<sup>th</sup> century's renewed interest in tissue grafting round out the pre-20<sup>th</sup> century material.

The majority of the text covering the 20<sup>th</sup> century is concerned with the ups and downs of transplant research. Hamilton emphasizes the difficult start the discipline had in the century's first few decades, when early work in transplantation immunology research and technical developments in surgery were derailed by World War I, resulting in what he calls a "decade of anarchy." He then moves on to cover landmarks from kidney transplantation to genetic engineering, always taking care to address the various obstacles and successes that marked each new phase in transplantation research. The ethical issues surrounding organ transplantation, such as the questions of brain death and the stability of the organ supply, are also addressed. Each chapter is well-documented with copious endnotes containing the necessary bibliographical citations as well as extra tidbits of information, and a liberal number of black-and-white photographs are incorporated into the text.

*A History of Organ Transplantation* does provide a good overview of the subject, and it covers all of the major historical developments in a straightforward fashion. That said, this is not light reading, and those without some prior background in the history of medicine, particularly in the 20<sup>th</sup> century, can become easily overwhelmed by the constant stream of names, dates, and procedures. For those with some prior knowledge, however, Hamilton's work can provide added insights as well as serving as a very useful reference tool.

### Elisabeth Brander

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[BACK TO TABLE OF CONTENTS](#)

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**Stephen Pender and Nancy S. Struever, editors. *Rhetoric and Medicine in Early Modern Europe*. Surrey, UK & Burlington, VT: Ashgate, 2012. x, 209 pages. \$119.95. ISBN: 978-1409430223**

The cover of this volume informs the reader that "[through] close analyses of texts and

contexts, the papers in this collection, for the first time, propose an *intimate, dynamic relationship between rhetoric and medicine as discourses and disciplines of therapy* in Early Modern Europe" (emphasis added). I understood this to mean the volume would address the equivalent of "psychotherapy," or the rhetorical methods used by healers in therapy. Unfortunately, I was wrong. Only a few of the 10 contributors even consider these goals.

If we understand rhetoric simply as the effective use of spoken language, then one can ask how did physicians in the 1600s use rhetoric to deal with their patients' perplexities. But this volume attempts to put rhetoric on a higher plane. Pender, in a long introduction, claims "Rhetoric as a way of *perceiving probabilities and adjusting one's arguments to the audience and circumstances* offers a model of *ethical* action and interaction; rhetorical inquiry informs the practice of private and public *virtue*, it ensures an effective transfer of remedial efforts between philosophy and medicine" (p. 9, emphasis added).

However, rhetorical skills from ancient times onwards have been notoriously abused. Indeed Richard Sugg in this volume refers to rhetorical "opportunism" (p. 91). Only if we adopt Julie R. Solomon's understanding of "rhetoric" as "the art of *moral* persuasion" (p. 198) does Pender's claim make any sense, but hers is a non-standard definition.

Certainly in medicine one is more likely to find justification for this bias: the healer who possesses the art of "rhetoric" can better persuade his patients to follow his advice. Hippocrates' first aphorism begins "Life is short, and art long..." and ends with the injunction "The physician must not only be prepared to do what is right himself, but also to make the patient...cooperate" which is traditionally interpreted as convincing the patient towards "appropriate" treatment.

I note below five chapters which I think merit some mention here.

Andrea Carlino elaborates on the suggestion made by Ludwig Edelstein in 1943 that placed Vesalius in the tradition of the medical humanists based on i) the claims that the latter based his work on "the resurrection of, not in opposition to that of classical anatomy;" ii) from what is claimed to be an "ethical spirit" within the *Fabrica*; and iii) a literary style modeled on, and with quotations from, Cicero. Carlino expands upon evidence for Vesalius' associations with humanists in Italy at the time. But I think he misses the most significant historical aspect of his work: his direct challenge to Galen's authority in the claim that Galen never dissected a human body. I could find no comment on the tremendous controversy this stirred up and how humanist and non-humanist

physicians lined up on the matter.

Joan Dietz Moss discusses the promotion of use of baths in the Renaissance, and as part of this, provides interesting details on the history of medical baths.

Guido Giglioni writes on the views of and uses of rhetoric by the Italian, Girola Cardano (1501-1576) in his medical practice. These were closely linked to those of language (p.180). One would imagine therefore that Giglioni would discuss the great significance of Cardano's work on the deaf. He urged that they could and should be taught to communicate without speech. For this, historians of education of the deaf regard him as a notable precursor. His view on communication by methods other than speech would seem to merit discussion in a volume devoted to rhetoric and language as usually understood, but is not pursued in this chapter.

Grant Williams provides a fine-grained discussion of Richard Burton's *Anatomy of Melancholy* (1621) and concludes the latter cannot deal with the "infinite variety" of melancholic symptoms within the Galenic system. Burton reached therefore an "empiricist sounding conclusion" at odds with his medical dogmatist-rationalist framework, although Williams refrains from classifying him as an empiricist.

A discussion by Nancy Streuver of a volume by the Italian physician Anton Francesco Bertini published in 1699 addresses his attempt to defend the "authority" of medicine and provides interesting comments on the practice of medicine at the time in Florence. She argues that a persistent factor in the history of medicine has been the gap between theory and practice, a gap perhaps "unbridgable." Certainly this was true of the early modern era; she makes no concession to the steady narrowing of this gap in the past century.

The volume is not easily accessible to the reader without a background in the literature and philosophy of the era. Many chapters contain extensive passages not translated into English. It will be of greatest interest to intellectual historians of the early modern era, although the historian of medicine will find some extracts of interest.

### **Ernest B. Hook**

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[BACK TO TABLE OF CONTENTS](#)

**Ross, John J. *Shakespeare's Tremor and Orwell's Cough: The Medical Lives of Famous Writers*. New York: St. Martin's Press, 2012. 304 p. \$24.99. ISBN: 978-0-312-60076**

Our fascination with the lives and deaths of the famous is the focus of this book. The author, a physician from Brigham and Women's Hospital in Boston, looks at the stories surrounding the lives of William Shakespeare, John Milton, Jonathan Swift, the Brontë family, Nathaniel Hawthorne, Herman Melville, William Butler Yeats, Jack London, James Joyce, and George Orwell. Using extant documents (in the case of Yeats, the author was given access to his original fever charts), Dr. Ross analyzes the authors' lives to try to determine possible causes of their illnesses and their deaths.

For some of the narratives (Shakespeare, Milton, Swift, Joyce, and Orwell), Ross opens the chapter with a fictionalization which illustrates what might have occurred in the life of the individual during their illness. The stories of Shakespeare and Joyce illustrate horrific contemporary treatments for venereal diseases, while for Milton and Swift, we are given an image of the authors living with their disorders. And, in the case of Orwell, we again return to the tortures of treatment, this time for tuberculosis.

For the most part, this is an enjoyable book, quite readable and entertaining. However, at some points, the reader becomes frustrated with the narrative, as the author tries to determine the exact cause and reason for the death of the author. In the case of Milton, for example, we are told that Milton possibly had Asperger's Syndrome (the reason that he was such a curmudgeon), myopia, retinal detachment, lead poisoning (the cause of the retinal detachment), gout, and cardiac arrhythmia. As the author insisted on discovering a reason for the retinal detachment, this reader found herself becoming more frustrated. According to [MayoClinic.com](http://MayoClinic.com), there are numerous causes for retinal detachment, including aging and inflammatory disorders – like gout. The author's persistent search for a true cause (his decision – lead poisoning), felt forced. His evidence for retinal detachment as a cause of blindness (rather than the glaucoma that has always been the commonly accepted cause) was sufficient; the rest seemed like so much padding, and lessened the effect of the scholarship.

Dr. Ross uses not only the lives of the authors, but also their works as well to give us insight into the illnesses that affected them and their families. In the case of the Brontës, his examination of *Jane Eyre* provides insight into the causes of death for the eldest Brontë sisters – Maria and Elizabeth, as well as the source of the tuberculosis that

ultimately claimed the lives of Emily, Anne, and possibly Charlotte and Bramwell. The works of Herman Melville “abound with references to madness” (p. 131), alluding to Melville’s own emotional problems (Dr. Ross believes that Melville suffered from bipolar disorder, and had a family history of mood disorders). And Shakespeare makes frequent reference to syphilis, which helps support his familiarity with the disease (and, according to Ross, Shakespeare’s own infection). While writers do frequently write “what they know,” it can be difficult to use only fictional works as a diagnostic tool. Dr. Ross does back up the greater majority of his suppositions with facts from the authors’ biographies. A few however, do seem to be stretches – there does seem to be a preponderance of mental disorders in this group: Aspergers’ (Milton, Charlotte Brontë, Yeats), social phobia (Hawthorne), OCD (Swift), bipolar (Melville, London). And while Shakespeare may well have been the victim of syphilis, the fact that the condition was widespread in the London of his day would also be a reason for its presence in his works.

The book contains a significant bibliography for each author, as well as endnotes; however, a major problem with the book is that the endnotes are not numbered within the text. In order to discover what was cited, you literally have to flip back and forth to the endnote section to see if this particular item has been cited. Endnotes are listed by the page of the reference, and are collected at the end of the book, rather than at the end of the chapter. This tends to be frustrating for the reader who is interested in the author’s process, in addition to the results of his scholarship.

I found this book to be an interesting and intriguing work, though I believe that the book is written more for a popular reader than for the medical scholar. It would be of some value to libraries with a medical humanities collection; less so for a special collections without an interest in the lives of the famous.

**Patricia Gallagher**  
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[BACK TO TABLE OF CONTENTS](#)

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[BACK TO TABLE OF CONTENTS](#)

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