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THE WATERMARK

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

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Submissions for the Watermark:

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

EDITOR'S MESSAGE

As an unusually cold and snowy winter grips much of North America, it may be difficult to cast your thoughts ahead to May. This issue, however, reminds you that spring will follow winter – however unlikely that seems right now – and is filled with information about the ALHHS annual meeting in Chicago this May 7-8. Be sure to read about all the exciting things our hardworking local arrangement and program committees have arranged to make your time in Chicago especially interesting and enjoyable.

This issue of *The Watermark* also includes Micaela Sullivan-Fowler's article, "The Art of Sharing: Exhibition Installation in 47 Easy Steps," on exhibit planning and execution for those of us (most of us, I suspect!) who don't have a full-time exhibits person on staff. Based on her insights from many years of doing exhibits with minimal staff and funding, Micaela is doing what I find most of us in archives and libraries love to do: generously sharing our professional experiences with our colleagues.

Do you have a special expertise? Finished a successful grant project? Acquired an unusual or important collection? Don't hide your light under a bushel basket – write about these activities for *The Watermark* and share the knowledge that you've gained. Good reading!

Stephen E. Novak
Editor, *The Watermark*

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FROM THE PRESIDENT

Last December, I had the good fortune to attend a conference at the College of Physicians of Philadelphia entitled: *Emerging Roles for Historical Medical Libraries: Value in the Digital Age*. Collectively, the speakers outlined the rapidly changing landscape in which we work. For one, changes in pedagogy, research methodologies and scholarly communications are having a profound impact on our users. Furthermore, emerging fields of studies, such as the medical humanities, provide us with opportunities to reach new audiences. As

several historians noted in their presentations, there is also still a great deal of value in maintaining physical collections, as the evidential value of artefacts cannot easily, if at all, be replicated by digital surrogates.

These are complex times, and we need to be engaged continually with the question of how best to serve our institutions and users. This is where an organisation like Archivists and Librarians in the History of the Health Sciences plays a critical role. The upcoming annual meeting provides a great opportunity to learn about how some of your colleagues have been involved in meeting the needs of contemporary users. One notable example is the panel, "Proving your Worth," where ways in which institutions are engaging new audiences will be discussed. Equally informative will be the numerous informal conversations between colleagues. Many a good idea and project was initiated over a cup of coffee or a drink at our annual meetings. I speak from personal experience.

The meetings are also a great deal of fun. Indeed, I don't know of a more collegial group.

I want to thank the Programme Committee members: Elisabeth Brander, Jack Eckert, Megan Rosenbloom, and the chair Paul Theerman, and the Local Arrangements Committee: co-chairs Scott D. Grimwood and Barbara Rishworth and members Sue Sacharski, Ron Sims, Ramune Kubilius, Kevin O'Brien, and Judith Robins for all their hard work. See you in Chicago!

Chris Lyons

President

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THE ALHHS ANNUAL MEETING, MAY 7-8, CHICAGO



Millennium Park. Credit: Choose Chicago

Come to “Sweet Home Chicago” for the 2014 ALHHS Annual Meeting

On May 7th and 8th the Archivists and Librarians in the History of the Health Sciences will be holding its 2014 annual meeting in beautiful downtown Chicago, just off the famous “Magnificent Mile”. The annual, and much anticipated, Wednesday night dinner will be at [Osteria Via Stato](#) (620 North State Street) where we will enjoy a wonderful Italian dinner. The meeting on Thursday, May 8 will be at the [American College of Surgeons](#) (633 North Saint Clair Street) in their Board of Regents Room on the 28th floor. Not only is it a beautiful meeting space, but it also has spectacular views of downtown Chicago!

We know that the tours are always popular, and this year we are working on several outstanding tour options including American College of Surgeon’s Archives, the public spaces of Northwestern Memorial Hospital, Northwestern University’s Galter Health Sciences Library, and possibly others.

Lodging

The AAHM Annual Meeting Hotel is the [Chicago Renaissance Downtown Hotel](#) (1 West Wacker Drive). There are also a number of other nearby hotels including the Red Roof Inn (162 East Ontario Street), Courtyard Chicago Downtown/Magnificent Mile (165 East Ontario Street), Fairfield Inn-Downtown (216 East Ontario Street), Hyatt Chicago Magnificent Mile (633 North Saint Clair Street), Inn of Chicago (162 East Ohio Street), Crowne Plaza Chicago Magnificent Mile (160 E Huron Street), and the Allerton Hotel Chicago (701 North Michigan Avenue).

Also, AAHM has made arrangements for attendees to get rooms at the [University Center](#) (525 South State Street), a student housing building in Chicago’s South Loop. Attendees can make online reservations by visiting www.ChicagoSummerHousing.com.

The rates at University Center are as follows:

- 1 bedroom in a 4-bedroom Apartment: \$60.00 daily, per person (shared 4-bedroom apartment with 2 baths)
- Shared Suite*: \$54.00 daily, per person (shared bedroom with another guest and shared bathroom with adjoining room)
- Private Suite*: \$78.00 daily, per person (private bedroom and shared bathroom with adjoining room)

*both Suite-style rooms include breakfast daily in the UC Dining Center

Room availability is first come, first serve. Due to the time of year requested, May 7-11, 2014, room options may be limited to Suites only.

Attendee reservations MUST include **AAHM 2014 Conference** in the notes section of their reservation.

Things to Do

To say that there's a lot to do in Chicago is a grand understatement. From beautiful parks and lake shore, to world class museums, to a highly diverse music scene, and outstanding shopping, Chicago has it all. Close to our meeting site are Navy Pier, Grant Park, The Art Institute of Chicago, Shedd Aquarium, and The Field Museum. Boat tours of Chicago are available at either the Chicago River or Navy Pier.

The meeting is just one block east of Chicago's Magnificent Mile, which covers 13 blocks and has more than 460 stores and 275 restaurants.



Willis Tower. Credit: Ramune Kubilius

For baseball fans the annual Cubs White Sox interleague games are May 5-8. On May 5th and 6th the teams will be squaring off at historic Wrigley Field and on 7th and 8th they will be playing in the South Side at U.S. Cellular Field.

Because there are thousands of restaurants of all different types in Chicago, it would be nearly impossible to list them all. Be assured that you won't go hungry during your visit!

To see all that Chicago has to offer, go to Choosechicago.com.

Getting Around Chicago

The best way to get around downtown Chicago is on foot and Chicago is one of the best walking cities in the U.S. Its unique architecture and storefronts make your walk go quickly. Another great way to get around Chicago, especially those distant locations, is by the [Chicago Transit Authority](http://ChicagoTransitAuthority.com) and its well-known "L" system. The "L" costs \$2.25 per ride or you can get a day pass for \$10.00. The fare cards can also be used on CTA buses.

If you want to go further afield you can use the commuter rail system, [Metra](http://Metra.com), which extends into the western suburbs, northwest Indiana, and southern Wisconsin.

Getting to Chicago

You can get to Chicago by plane, train, and automobile.

Plane

Chicago has two international airports, O'Hare and Midway. [O'Hare](#) is the larger of the two and is served by 42 domestic and international carriers as well as being a hub for American and United Airlines. [Midway](#) is closer to downtown Chicago and is a major hub for Southwest and AirTran Airlines.

Both airports are connected to the city by the Chicago Transit Authority's "L" trains. Also, [Go Airport Express](#) provides shuttle service to downtown Chicago from both airports.

Train

[Union Station](#) is the terminus for Amtrak trains in downtown Chicago.

Automobile

Several interstates bring travelers to Chicago. Driving into and around the city can be a challenge since traffic is very heavy during - rush hour- and - streets can be confusing for those unfamiliar with the city. But the biggest challenge for drivers is parking. Chicago does have a large number of parking garages but parking fees can be a little expensive. Most hotels have special parking rates for guests. Here is [a very useful web site](#) which shows the locations of parking garages and lots in Chicago with links to information on their rates.

For additional information on Chicago:

[Chicago history](#)

[Encyclopedia of Chicago](#)

We look forward to seeing many of you in the City by the Lake this May!

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ALHHS Wants You!

The ALHHS 2014 election is coming up soon. At this time, the Nominating Committee is soliciting nominations for officers.

In 2014 ALHHS will elect:

- Secretary
- 2 Members-at-Large

To nominate a colleague or yourself, please contact Dawn Mcinnis, Nominating Committee Chair, by email at dmcinnis@kumc.edu, or by telephone at 913-588-7244. You may also contact one of the Nominating Committee members, Keith Mages and Scott Grimwood. Self-nominations are welcome. Please note that nominees must be members in good standing.

Please send nominations by February 7, 2014. Please consider nominating a colleague (or yourself!) for one of these important positions. Help to shape the future of ALHHS! Thank you, on behalf of the Nominating Committee:

Dawn McInnis, Chair

Keith Mages

Scott Grimwood

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FEATURED ARTICLE

The Art of Sharing: Exhibition Installation in 47 Easy Steps

I gave a presentation at the 2012 ALHHS meeting on the making of the exhibition *Seaworthy: A History of Maritime Health & Medicine*. My goal here is to summarize the planning and execution of exhibits and exhibition installation and to offer practical advice for enhancing displays.

Since 2012, I have done an exhibition called *Fallout: The Mixed Blessing of Radiation and the Public Health*, and an exhibit/exhibition on the history of Civil War medicine in conjunction with the National Library of Medicine and the National Institutes of Health's *Life & Limb: The Toll of the American Civil War*. Both reached diverse audiences, and the materials within those exhibitions resonated in unexpected ways for many visitors. Providing such tangible historical material (and often, its relationship to modern practice) can be a part of any historical or archival collection program.

Regardless of what you have in the way of professional curatorial training, space/display capability or financial support, what you do all have are resources for others to discover. You have the primary material important to scholars, the original material that can help contextualize the modern era, the "cool stuff" that people are now used to seeing on the Internet, but arguably still packs an even bigger punch when seen in its original form.

The majority of this article concerns exhibitions, as opposed to exhibits. The primary goal of any public showing of historical material is to educate or incite inquiry; but there

are space, time, staff, administrative and economic concerns with any type of outreach or sharing of historical material; so often the difference is a matter of scale and narrative detail.

An **exhibit** displays one (or more) object, book, journal, piece of ephemera, or instrument. The pieces are identified simply by their year, catalog description or type; but do not generally include a contextual, thematic narrative. A Civil War surgical kit positioned next to 1863 book (with identification labels) on amputation constitutes an exhibit.

An **exhibition** displays a large selection of such items, united by a theme. For example, a theme might be emergency care and service during the Civil War. Books, journals, instruments, etc., are chosen that illustrate those themes. In addition to the descriptive labels that identify the historical material is a narrative that contextualizes how that material fits into the theme, and often, how one subject is related to another. Such an exhibition could tell the “story” of emergency care and service by choosing material on the development of ambulances, amputation protocol, treatment of prisoners, the role of women caregivers, the development of prosthetics, and the assistance to veterans after the war.

If you don't have the capacity for a full blown exhibition, there are numerous ways to share small exhibits. One idea is what we call “fleeting exhibits,” books and artifacts displayed for 2-3 hours, for a history, anatomy or nursing class – something our colleague, Joan Echtenkamp Klein often does with students at the University of Virginia. You might also consider refreshing an



**Exhibition in Ebling's reading historical reading room.
Photo by Micaela Sullivan-Fowler**

artifact/lab book that has been sitting in an out-of-the-way display case, or working with a hospital department to exhibit something from their archives.

So, besides the sharing of interesting, fascinating, original material, what is the impetus for doing an exhibition? It can relate to:

- Course work in your graduate or undergraduate history/history of the health sciences program or to a series seen on PBS or the History Channel – showing your patrons the tangible examples of the “Downton Abbey” era, or the history of WWI (the anniversary looms).
- An anniversary of the Schools of Medicine, Pharmacy, Nursing on your campus, or to the anniversary of one of your clinical departments at your local hospitals.
- A larger campus/community initiative, like UW’s Common Book Reading program, *Go Big Read*. Three of our exhibitions were done in conjunction with the theme of the *Go Big Read* program. If your campus or institution is having a Year of Innovation or your hospital is fundraising during their Year of Technology – those are opportunities for you to show off your collections.
- Celebrate your collections. If you have a wealth of books on pioneer and early 20th century practice in Ohio, then do an exhibition honoring the growth of clinics, hospitals and practice in Ohio. Perhaps a donor gave you a robust donation of anatomy books. Do an exhibition on how anatomy books have changed over time – from those steeped in artistic tradition to those affected by new technology.

As a librarian, I view a book, letter, journal article, or surgical instrument as a single item with a singular presence or “voice.” As a historian, I hope to unveil its relationship to other materials and other disciplines, other “voices,” if you will. My public history training is in taking a large theme, like the mixed blessing of radiation/radiology/X-Rays, and unearthing conjunctions between the clinical, therapeutic, economic, military, social, industrial, cultural, even artistic components of a subject. I like to reveal and share connections that patrons haven’t, perhaps, thought of before.

Such conjunctions mean that a display on fallout shelters contains a *LIFE* magazine article about President Kennedy’s plea for fallout shelters, clinical articles on the psychological aspects of living in a shelter, and material from the agriculture community about nuclear fallout and the milk supply, suggesting that the subject of fallout shelters crosses multiple disciplines.

Launching an Exhibition

Choose a time period for the exhibition. A year is nice. Some of ours are longer, some, shorter.

Allow yourself at least 2-4 months to do the gathering, research, description, labels, promotional work, etc. The actual installation is often a chaotic affair of late night hours, writing the narrative text in off hours and installing the pieces over a 48-72 hour period. I don't like to have the cases "under construction," for too long, I like to "wow" the visitors with an exhibition that looks like it was dropped from a zeppelin overnight (Do not ask to see what my office looks like during the planning process).

Caveat. If you are crunched for time...The arrival of the *Life & Limb* exhibit prompted me and my 10 hour- a -week student to produce an exhibit (which is becoming an exhibition) in less than 2 weeks. There was no time for value added text or well-researched conjunctions. Case content was ordered chronologically. We brought out 40 books and multiple artifacts, gave them descriptions and labels, and created a bibliography of titles.

The Process

- 1) Start with a title. I often include colleagues in its development. Think of it as a coat rack, with each of your cases hanging on the hooks of your title (and subtitle).
- 2) Do a story board. Mine is a BIG whiteboard, with the cases and their subjects mapped out. Refer to it frequently, sometimes moving the case "contents" around based on what is actually found in the collections. If you are overlaying a chronology to the exhibition, it helps keeps your cases organized.
- 3) Try to write notes as you choose books/items. Using a legal pad or laptop, note how the piece resonated for you when you choose it, how it relates to the exhibit as a whole, how it tells its own story, how it might fit a theme you see emerging, like discovery, exploitation, professionalism, etc.
- 4) Use the Internet to help with your context, attributing the online source as appropriate. Including the Internet serves an educational purpose, showing that sources like digitized material, Google Books, proprietary databases like ProQuest, etc., have their place in historical research and exhibitions of "old stuff."
- 5) Produce a bibliography of titles and artifact descriptions – this can be used as a handout or to send later to the visitor who "wants a list of the books in the exhibition."
- 6) As you choose your books and artifacts, look for themes (caring, service, exploitation, technological advancement) that can be divided into individual cases. Ideally, you presaged these themes with your story board.

- 7) Begin thinking and taking notes about the essay (Curator's Statement) that you will write at the end of the installation. One page. Printed on stock paper. Placed strategically so that visitors will know what the exhibition hopes to achieve.

Construction (which can be applied to any type of exhibit/exhibition)

Some institutions may have a substantial exhibition budget. Ours is extremely minimal, covering basics like stock paper, color copying, foam core and double sided tape. You can do a great deal with that combination and a creative flair!

- 1) Garamond is our preferred type face.
- 2) Avery Labels (Business Card 5376) are great for small, descriptive labels. Larger paragraphs of text can be done on Microsoft Word with a border around them, and cut out on a paper cutter.
- 3) To get the most out of an individual book or journal, since it can only be opened to two pages, consider photographing, scanning or copying additional pages - onto beige or off-white stock paper. It gives them a vintage look and capitalizes on the book itself.
- 4) I am a huge fan of 2-D and 3-D elements. Shot glasses can add height to a small, flat book, glass paper weights can hold down pages, ribbons can be used underneath a series of items or books to create a thematic color scheme. In our Henrietta Lacks/human experimentation exhibition I used a red ribbon or red fabric throughout each case to depict sacrifice, determination and strength.
- 5) While the majority of our collection is two dimensional books and journals, we do have some medical instruments and ephemera, and the ability to borrow artifacts from other UW institutions. Original magazines (*LIFE*, *Ebony*, *Time*), photographs (our University Archives is helpful here), maps, postcards purchased at a garage sale, a milk bottle bought on EBay for our history of nutrition exhibit, vintage cultural items that are iconic from the era you are studying- like a metal fallout shelter sign for the *Fallout* exhibition, all add a bit of visual panache.

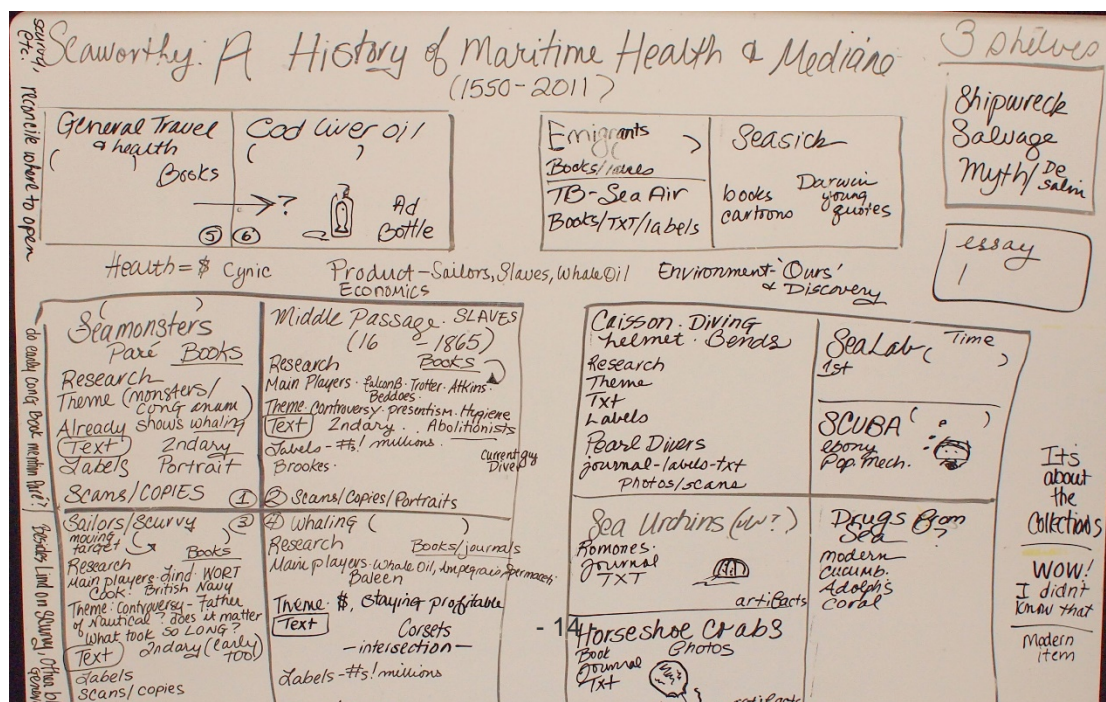
Rules of Thumb (much of which can be applied to any type of exhibit/exhibition)

- 1) When you prepare to write your labels/narrative, and the carts of materials are all lined up, you will probably have 50 percent more material than will fit in your cases. It's better to delete from the multitude, than to arrive at the actual installation and not have enough.
- 2) Books open up. Unless you are showing the cover for its visual impact, they take up twice the space as an individual title would suggest. Some books open up REALLY BIG. Keep that in mind as you gauge your available space.

- 3) Hidden "scaffolding" is legitimate. Bits of cardboard, folded into tents and covered in black felt, pretty scarves with tassel just along the edge of the binding, blocks of wood, LEGOS covered in felt – become supports so that the covers on the books look suspended, or the artifacts are nestled for visual interest.
- 4) Have negative space between the items (and the printed text/labels), as in, try not to crowd your pieces. It gives the viewer a breather between one book and the next.
- 5) Indicate where the visitor is to pay attention. In addition to the descriptive context/labels, there are little red or brass arrows that are placed on the page, on the paragraph that the visitor should be reading. It helps the visitor know exactly where to start on the page to garner the greatest informational impact.
- 6) One measure of success in an exhibition is if each of the cases stands on its own, while being part of the bigger narrative. Not everyone has time to look at and read an entire installation, so having individual cases pack their own information punch is important. To that end, I often number and name the cases, as though a chapter in a book, so the visitor knows what to look for.
- 7) Occasionally strive for provocative, but shy away from sensational. Don't hijack your narrative displaying something out of context. I have examples if needed.

The Serendipity of Discovery

Using one of your primary sources, learn to follow hunches and leads. One example, in the *Seaworthy* exhibit: we had a Navy Manual on a submarine accident during WWI. One of the reports named the sailors who were hoping to save the crew on the sunken submarine. Looking for a human interest angle, I put a crew member's name, Gunner's Mate Drellishak, in the Proquest Historical New York Times database and discovered



The storyboard plan for the *Seaworthy* exhibition. Photo by Micaela Sullivan-Fowler

that he had signed up for the Navy right after proposing to his fiancé. I then found additional details about his physiological deep diving training in a journal from the period. It turned out to be one of the most popular stories in the *Seaworthy* exhibit.

Keep a “historical inquiry tickler file.” For example, in the *Fallout* exhibit, I found a picture of Madame Curie with soldiers in WWI. The soldiers weren’t identified. While looking for references to UW faculty who might have been part of the war effort, I found a reference to a UW Physics professor who was part of a radiological team during WWI and was trained by Madame Curie. I know!!! I’ve still not established if he was in that photograph, but that is certainly a thread that a student or other researcher could investigate.

Closure

Finally, you’ve done all the work. It looks great. The Curator’s Statement is done.

Promote the heck out of your exhibition. Put it on your institution’s home page, Facebook, Twitter, campus calendars, publications. Ask a talented colleague or local art student to help with poster design; hang them in libraries, coffee shops, the hospital...

- 1) Market it to your campus, hospital, other local educational institutions, high schools, retirement facilities, community colleges...as widely as able. Offer to do presentations on what you discovered about a particular subject when creating the exhibit. People love “history.” History is relevant to your institution’s current mission of teaching and outreach.
- 2) Postcards can be done inexpensively, 2-4 on a page of stock, then cut them out and mail.
- 3) Opening Receptions are nice. We usually do one at the beginning of the installation. Keep the snacks simple, finger food. Brownies, nuts, bottled water, coffee, and if it’s Wisconsin...cheese.
- 4) Swag is appreciated. We provided Madame Curie/Albert Schweitzer/Pierre Curie quotes about radium and radioactivity for the *Fallout* exhibit, printed on Avery labels.
- 5) A guest book is a welcome touch. Otherwise, you would miss comments like: “I was awestruck by the things I read. The primitive kits juxtapositioned with the material on how to create a stump that would tolerate a prosthesis was amazing!” Or this: “I had NO idea that black scientists were involved in the making of the bomb and the study of nuclear fallout, maybe that could be part of my next Black History Month project list.”

- 6) The unheralded part of exhibitions? You get to do what *you* do best – research and share. Enjoy.

Micaela Sullivan-Fowler

History of the Health Sciences Librarian/Head of Marketing/Communications
Ebling Library for the Health Sciences
University of Wisconsin-Madison

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

New Head of Images & Archives

HMD is pleased to announce the appointment of Rebecca Warlow as Head of the Images & Archives Section in the NLM's History of Medicine Division.

Ms. Warlow is ideally suited to lead the Images & Archives Section, as she comes to the position with over fifteen years of experience at the National Archives and Records Administration (NARA), encompassing extensive knowledge of and experience in supervision and management, digitization, data standards, training, and innovation with respect to public access of historical materials.

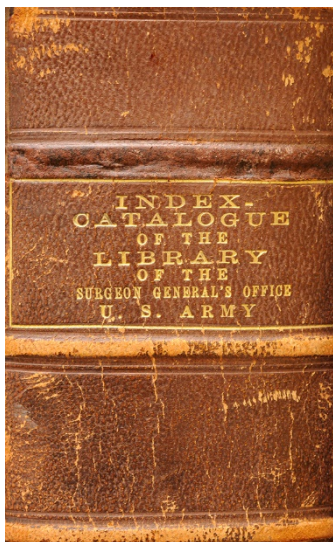
She is currently Digitization Partnerships Coordinator in NARA's Office of Innovation. Previously, she served as the Branch Chief for NARA's Digital Public Access Branch (Digital Engagement Division), Office of Innovation, and as an Archives Specialist in NARA's office of Digital Strategies and Services.

Ms. Warlow holds her master's degree in History from Northeastern University, and her undergraduate degree, also in history, from Dickinson College.

New IndexCat™ Interface

NLM recently premiered a new search interface for its IndexCat™ database, which includes the digitized version of the printed, 61-volume *Index-Catalogue of the Library of the Surgeon General's Office*, as well as historical bibliographic collections developed from the enriched electronic database of *A Catalogue of Incipits of Mediaeval Scientific Writings in Latin* (rev.), by Lynn Thorndike and Pearl Kibre (eTK), and the electronic version of *Scientific and Medical Writings in Old and Middle English: An Electronic Reference* (eVK2), edited by Linda Ehrensam Voigts and Patricia Deery Kurtz; together they encompass over 42,000 records of incipits, or the beginning words of a medieval manuscript or early printed book. Also included is a pre-established link to search NLM

LocatorPlus® -- the NLM online catalog of over 1.4 million books, journals, audiovisuals and other materials in the Library collections.



IndexCat™ now provides a faster response time to searches and full record displays in search results, along with record sorting and refinements.

More specifically, new IndexCat™ features include:

- Keyword searching for terms anywhere in the bibliographic description
- Search refinements and sorting options
- Combination searching using Boolean AND, OR, or NOT
- Phrase searching and final truncation
- Email/export/printing of records and bookmarking of search results
 - Spell checker and alternative search term suggestions

Future envisioned enhancements to IndexCat™ include advanced search options, additional simultaneous searching of other NLM collections (for example PubMed and PubMed Central), and increasing the number of search results displayed.

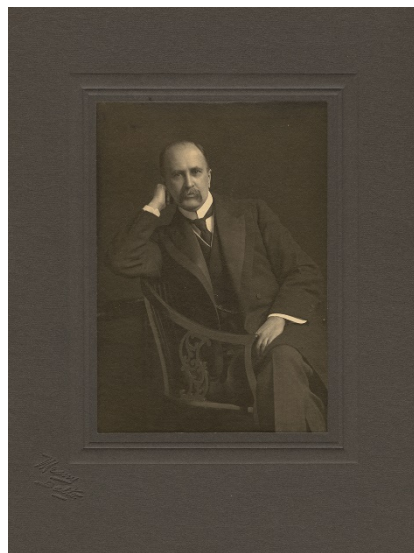
The underlying system driving the new interface is IBM's InfoSphere Data Explorer (DE) software, which NLM also uses to drive the NLM web search engine, MedlinePlus®, MedlinePlus en Español, the Directory of the History of Medicine Collections search engine, and the History of Medicine Finding Aids Consortium.

The Index-Catalogue collection in IndexCat™ contains over 3.7 million bibliographic items dating from over five centuries and covering subjects of the basic sciences, scientific research, civilian and military medicine, public health, and hospital administration. Language coverage is international with citations in European and Slavic languages, Greek script, and Romanized Chinese and Japanese titles – some with English translations. A wide range of materials can be discovered through IndexCat™, including books, journal articles, dissertations, pamphlets, reports, newspaper clippings, case studies, obituary notices, letters, portraits, as well as rare books and manuscripts.

If you are – or you know a colleague who is – new to the history of medicine community, the NLM encourages you explore this new interface and offer feedback to hmdref@nlm.nih.gov.

Sir William Osler Papers Added to Profiles in Science

Sir William Osler (1849–1919) was the best-known physician of his era. Today, he is recognized as one of the founders of modern science-based medicine. Born to Anglican missionaries in the Canadian frontier territory north of Toronto, Ontario, Osler was inspired to pursue a medical career by two early mentors, a clergyman and a physician who introduced him to natural science and to humanistic literature. When he began his training in 1868, few American medical schools included courses in laboratory sciences or required that students work with actual patients; standards of medical practice were often loose, and physician competence varied widely. During his long career, Osler was a driving force in modernizing medical practice and education. Among many other achievements, he revolutionized American medical education with the clinical internship program he instituted at the new Johns Hopkins School of Medicine, in which senior students worked in hospital wards full time to "learn medicine at the bedside."



Now available from the National Library of Medicine (NLM), the world's largest medical library and a constituent institute of the National Institutes of Health, is an extensive selection of digitized materials from the papers of Sir William Osler. This presentation is made possible in collaboration with the [Osler Library of the History of Medicine at McGill University](#) and the [Alan Mason Chesney Medical Archives of the Johns Hopkins Medical Institutions](#), both of which are repositories of William Osler collections. The [William Osler Papers](#) on [Profiles in Science®](#) features digitized primary historical materials, including correspondence, published articles, notebook excerpts, report drafts, and photographs selected from these collaborating institutions.

Established in 1998, Profiles in Science is an NLM digital project that provides online access to the archival collections of more than 30 Nobel Laureates and other leading innovators in scientific and medical fields, such as genetics and genetic engineering, pediatric surgery, AIDS and infectious diseases, and biological warfare.

Further, with the launch of this new collection the National Library of Medicine begins a new effort to share with the world the richness of its vast historical collections, including those on Profiles in Science, using the social media platform Pinterest. Using Pinterest, visitors can now freely explore and share Profiles in Science collections organized around themes such as "Women in Science" and "Life outside the lab."

NLM Releases Digitized Collection of Its Publications and Productions

The National Library of Medicine (NLM) is pleased to announce a new addition to its [Digital Collections](#): over 500 NLM publications and productions dating from the 1860s to the 1990s.

This new digital collection encompasses all printed monographic publications produced by the National Library of Medicine and its earlier incarnation as the Library of the Surgeon General's Office. The collection also includes nearly three dozen audiovisual productions produced by the NLM during the past six decades, as well as publications of the NLM's institutional and historical "sister," the Army Medical Museum, which is today the [National Museum of Health and Medicine](#). In the early 1920s, the Library of the Surgeon General's Office was renamed the Army Medical Library, and it was housed with the Army Medical Museum until the 1950s when the institutions were physically separated as they are today. They continue to share a common goal of collecting, preserving, and providing knowledge about the past, present, and future of biomedicine and health care.

Among the variety of materials in this collection – including books, catalogs, indexes, prospectuses, policy statements, planning documents, ephemera, and technical reports – are dozens of historical gems, including:

- The first printed catalogs of the [Army Medical Museum](#) and the [Library of the Surgeon General's Office](#) in 1863 and 1864, both published during the Civil War
- A 1963 [pamphlet](#) introducing MEDLARS, the Medical Literature Analysis and Retrieval System, which represented the birth of electronic storage and retrieval of indexed medical literature
- All 61 volumes of the Index-Catalogue of the Library of the Surgeon-General's Office, originally published from 1880 to 1961, representing one of the monuments of [the Library's longstanding, systematic indexing of the medical literature](#). These digitized volumes follow on the release by NLM earlier this year of the Extensible Markup Language (XML) data from the [IndexCat™ database](#), helping to open this key resource in the history of medicine and science to new uses and users
- [Dream Anatomy](#), the illustrated 2006 catalogue based on the National Library of Medicine's milestone Dream Anatomy exhibition
- A 1994 video entitled, "[NLM and the Internet](#)," which gives a very early look at the Internet promoting the use of Gopher files servers and Mosaic, one of the earliest web browsers first created in 1992

“From DNA to Beer: Harnessing Nature in Medicine and Industry”

The National Library of Medicine (NLM), in cooperation with the Smithsonian's National Museum of American History, has launched *From DNA to Beer: Harnessing Nature in Medicine and Industry*, which includes a special display in the History of Medicine Division Reading Room, a traveling banner exhibition made available free of charge to cultural institutions across the country, and an [online adaptation](#). *From DNA to Beer* explores some of the processes, problems, and potentials inherent in technologies that use life. The display will be installed at NLM, on the Bethesda, Maryland campus of the National Institutes of Health, from November 18, 2013 through April 18, 2014. Microbes – tiny organisms too small to be seen with the naked eye – have altered human history. Life forms such as bacteria, yeasts, and molds can cause sickness or restore health, and help produce foods and beverages for our consumption. Scientists, in partnership with industry, have developed techniques to harness the powers of these microbes. In recent years, headline-grabbing technologies have used genetically modified bacteria to manufacture new medicines. Drawing from the collections of the National Museum of American History and the National Library of Medicine, *From DNA to Beer* will help to promote public understanding of the dynamic relationship between microbes, technology, and science and medicine.

Today, biotechnology (or "biotech") is most often associated with recent developments in genetic engineering, the science of directly manipulating DNA. But technologies that utilize organisms, especially yeast and other microorganisms, have been around for thousands of years, forming the basis for brewing beer, fermenting wine, and making bread. Only in the past two centuries, however, has the scientific basis for these technologies emerged. One result has been the fundamental role of laboratory science in medicine and pharmacy, which has led to a host of new therapies, from the serums and vaccines of the 19th century to the recombinant drugs of today. Through these commercial products, the public encounters a powerful partnership of science and industry, inherent in all modern biotechnologies. In turn, the availability of these products poses a challenge to society, as their manufacture and use have consequences both biological and ethical concerning the nature of life.

From DNA to Beer includes a selection of artifacts from the collections of the National Museum of American History and the National Library of Medicine that illuminate relationships between science, industry, and the public in historical context. Four case studies will be presented: the recent use of recombinant DNA in drug production; the "miracle" of penicillin and consequences of its access and overuse; the relationship of microbes, mammals, and people inherent in serum therapy; and the work of Pasteur and his relationship to the brewing and wine-making industry. The companion website will allow visitors to explore the artifacts along with additional texts and documents to gain a

better understanding of the historical period during which these products were created and distributed.

This unique exhibition will be open to the public in the History of Medicine Division Reading Room (NIH Building 38, first floor) November 18, 2013 to April 18, 2014. *From DNA to Beer: Harnessing Nature in Medicine and Industry* was curated by Diane Wendt and Mallory Warner from the Division of Medicine and Science, National Museum of American History.



The traveling banner exhibition is available for booking. Please visit the [traveling exhibition services Web site](#) for more information about *From DNA to Beer: Harnessing Nature in Medicine and Industry*.

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NEWS FROM THE WELLCOME LIBRARY

Wellcome Historical Images Go Open Access: Thousands of Years of Visual Culture Made Free through Wellcome Images

From Monday, 20 January, over 100,000 images from the historical collection in Wellcome Images are being made freely available under the Creative Commons-Attribution only (CC-BY) licence.

What does this mean to you? All of the images from the historical collection can now freely be used for both personal and commercial use. This means you can use these high resolution images in publications without charge. All we ask is that Wellcome Library, London is credited.

All of the historical high resolution images can be downloaded directly from the [Wellcome Images website](#) for users to freely copy, distribute, edit, manipulate, and build upon as they wish, for personal or commercial use.

Simon Chaplin, Head of the Wellcome Library, says “Together the collection amounts to a dizzying visual record of centuries of human culture, and our attempts to understand our bodies, minds and health through art and observation. As a strong supporter of open access, we want to make sure these images can be used and enjoyed by anyone without restriction.”

If you have any questions about the new scheme please don't hesitate to contact images@wellcome.ac.uk

London's Pulse

We are pleased to announce the launch of [London's Pulse: Medical Officer of Health reports 1848-1972](#), a free online resource for the history of public health. This new website brings together more than 5500 annual reports covering the City of London, 32 present-day London boroughs and their predecessors.

The London Medical Officer of Health reports are one of the Wellcome Library's most-used print collections, so we are especially pleased to be able to make them available online for a worldwide audience.

Along with the ability to easily compare infectious diseases and mortality rates across several years, the website also offers the ability download and copy all of the data in a variety of formats: HTML, XML, CSV and plain text. And we've included some short

articles about the changing historical contexts and the professional role of the Medical Officers of Health.

The project was [part-funded by Jisc](#) through its Mass Digitisation programme. [London Metropolitan Archives](#) helped fill the gaps in the Wellcome Library collections so we could present a more comprehensive set of reports. And we could not have made these reports available online without the kind permission of the local authorities of Greater London.

Purchase of Almanac

A remarkable fifteenth-century folding almanac in a green and pink silk binding was [recently acquired](#) by the Wellcome Library. It stands out because of its exquisite textile binding, and the high artistic standard of its illustrative features, particularly the Zodiac Man. Only a handful of such artefacts survive, and this particular example had been in private hands and was previously unknown to scholars.



The almanac is written in Latin, and contains a calendar and astrological tables and diagrams, including lunar and solar eclipses. The text, diagrams and images are in brown, red and blue ink with gold leaf. This item joins two other medieval folding almanacs in the Library: [MS. 39](#) and [MS. 40](#). These slightly later almanacs contain much less sophisticated drawings than our new acquisition. The noticeable differences between these objects raise intriguing questions about how they were produced and used.

The most recent known owner of the almanac was the poet Dame Edith Sitwell (1887–1964), who received it as a gift in May 1940. We do not know who first owned it in the fifteenth century, but it could have been commissioned by a lay person who was not a physician or surgeon, yet had a keen interest in the astrological and calendrical data within it, and wished to have a special exemplar of what may have been a very fashionable manuscript format. Use could have been made of its medical content within the household, although the absence of the Vein Man may suggest that it was never intended to be consulted for practical purposes. The original owner could have been a woman, and the textile binding could have been woven by the owner himself or herself, or within his or her household.

This jewel-like, enigmatic object raises important questions about who possessed medical and scientific knowledge in the fifteenth century, how that knowledge was used, and the status and significance of folding almanacs at this time. It encourages us to see such manuscripts as unique physical artefacts as well as repositories of information, and

reminds us that medieval manuscripts existed in other formats than the standard codex. Indeed, the special manuscript format of the folding almanac merits further study, and we hope that scholars of manuscript and book history, as well as art historians and historians of medicine and science, will shed further light on our new acquisition.

Digitising Chemist & Druggist

We've begun work digitising the back issues of one of our most popular journals, [*Chemist and Druggist*](#). On completion this summer, the digitised journals will be freely available for users worldwide via the Library website and [catalogues](#), as well as the [Internet Archive](#).

Chemist and Druggist contains a wealth of information for studying the history of medicine and pharmacy, as well as social history, history of advertising and graphic design and family history. Continually published for over 150 years, it's the leading trade journal for the pharmacy community in the UK. The historical issues offer fascinating content, evidence for the existence of organisations and therapies, and advertisements for a wide range of preparations and devices.

The digitised *Chemist and Druggist* will be a valuable resource for the pharmacy trade, as well as academic and other researchers in diverse disciplines: social scientists and historians, especially medical and business historians, as well as those working in the history of design and marketing.

The run consists of around 6,500 issues, some 500,000 pages. We will be digitising the journals on site, mostly using copies kindly donated by the publisher [UBM Medica](#). Library copies will be used when there are missing issues. This means that a small number of issues will be taken out of use for a few days at a time when they are needed for digitisation, but by using the UBM Medica copies we will minimise the impact on readers.

Once digitised, the digital issues will be available in a basic format via the [Internet Archive](#), and will later be available via the Library website and [catalogues](#) with increased functionality.

If you have any questions about the digitisation of the journals please don't hesitate to [contact us](#). For regular updates on the work of the Wellcome Library, see [our blog](#) or [follow us on Twitter](#).

Ross MacFarlane

Research Engagement Officer, Wellcome Library

r.macfarlane@wellcome.ac.uk

MEMBER PROFILES



Name: Mike Flannery

Member of ALHHS since: 1995

Hometown: Cincinnati, Ohio

Current Employer and Position: Associate Director for Historical Collections, Lister Hill Library of the Health Sciences, University of Alabama, Birmingham.

Education: BA major in history, minor in political science from Northern Kentucky University (1975); MLS, University of Kentucky (1988); MA in history, California State University, Dominguez Hills (1994).

Professional interests: History of pharmacy (esp. 18th and 19th-century pharmacotherapeutics), Civil War medicine and pharmacy, history and philosophy of science, Alfred Russel Wallace.

Other facts, interests, or hobbies: I enjoy writing, an activity that allows me to parlay my insomnia into something constructive. I've also collected books most of my life and have some nice antiquarian specimens. It's interesting how the titles reflect my evolving interests over the years. Last but not least – cats. My wife Dona and I have been married for 34 years, most of them filled with a cat or two or three. Nothing completes a personal library better than a cat curled up in the corner!

Name: Joan Echtenkamp Klein

Member of ALHHS since: 1982

Hometown: I have many! Born in Schenectady, NY; elementary school years in Fort Wayne, IN; high school years in Garden City, NY; college years in Gettysburg, PA; 1976-1999 in Charlottesville, VA; 1999 to present in Richmond, VA



Current Employer and Position: Alvin V. and Nancy Baird Curator for Historical Collections, Claude Moore Health Sciences Library, University of Virginia

Education: Gettysburg College, BA in English and The Catholic University of America, MSLS

Professional Interests: I am the first and so far only Head/Curator for Historical Collections since its inception in 1982. I direct all aspects of numerous Historical Collections & Services programs. I head an active exhibits program, which creates many [online exhibits](#), notably the [Philip S. Hench Walter Reed Yellow Fever Collection](#), as well as physical exhibits in-house. Both web-based and in-house exhibits focus on the history of the health sciences and feature materials from the library's Historical Collections, including medical and surgical artifacts, rare books, manuscripts, and photographs. The online exhibits generate numerous requests from patrons worldwide who use the collection's images and information in their research, writing, teaching, and publishing. I am a strong advocate of using new technologies to make historic content widely available and easily accessible.

I facilitate collaboration between Historical Collections and classes and groups from the Schools of Medicine and Nursing, and the University, providing access to primary sources, historical context for current issues, and exhibits and presentations featuring topically relevant materials and content. I am an affiliated faculty member in the [Center for Biomedical Ethics and Humanities](#) in the School of Medicine, and select speakers and topics for the History of the Health Sciences Lecture Series, held in conjunction with the [Medical Center Hour](#). Programs from 2009 to the present are available for viewing on our [YouTube channel](#).

There is no published history of the University of Virginia Health System, but Historical Collections recently captured some of its past in a book and [online exhibit](#), *A History of Cancer Care at the University of Virginia, 1901-2011*. The UVa Hospital opened in 1901 and the Emily Couric Clinical Cancer Center opened in 2011. One reason for the undertaking was that cancer care is multi-disciplinary, so we were cutting a wide historical swath. The book includes two DVDs of the 25 interviews conducted with key figures in the history of cancer care at UVa, which makes it more valuable as an historical record.

[Historical Collections](#) is on Facebook and we post often, so please friend us and stay in touch!

Other facts, interests, or hobbies: My best day "on the job" ever was May 16, 1997, when I was at the White House, as a member of the Tuskegee Syphilis Study Legacy

Committee, and witnessed President Clinton apologize to the remaining survivors of the infamous Study; the Legacy Committee had called for a Presidential apology in our final report and justice was served. I have mentored many amazing Historical Collections staff members over the years; I always try to maximize each person's creativity, innovation, and intellectual curiosity. I love to read, mainly fiction, and try to carve out time to do that as often as possible. Jodi Koste and I ("the JKs") have been roommates at conferences for 30+ years; by sharing the hotel costs, it has made it possible for us to regularly attend meetings.

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REPOSITORY NEWS

History and Online Availability of Hindsight: Journal of Optometry History

The Optometric Historical Society (OHS) was formed in 1969 through the efforts of Dr. Henry Hofstetter, then outgoing president of the American Optometric Association (AOA) and director of the optometry school at Indiana University, and Maria Dablemont, librarian and archivist for AOA in St. Louis. Hofstetter served as the first president of OHS. Presidents of OHS have included six Deans of optometry schools, two AOA presidents, an editor of the *Journal of the American Optometric Association*, and other noted educators and practitioners.

In 2009, members of the Board of Directors of OHS and Optometry Cares – The AOA Foundation signed a Memorandum of Understanding that places OHS under the umbrella of Optometry Cares. The AOA Foundation is also in charge of the [AOA Archives and Museum of Optometry](#).

The first publication of OHS, the *Newsletter of the Optometric Historical Society*, appeared in January, 1970. OHS has produced a quarterly publication ever since. Starting with volume 23 (1992), the title of the publication became *Hindsight: Newsletter of the Optometric Historical Society*. Beginning with volume 38 (2007) and continuing to the present, it has been titled *Hindsight: Journal of Optometry History*.

Henry Hofstetter was editor for most of the first 25 years. Taking over for Hofstetter at various intervals during that time or serving as co-editor were John R. Levene, an optometrist who held a D.Phil. degree from the University of Oxford, and Douglas K. Penisten, who holds O.D. and Ph.D. degrees from Indiana University. I have been editor since 1995.

Hindsight is held at libraries and museums in the United States, Canada, and the United Kingdom, including the American Optometric Association, several optometry school libraries, and the National Library of Medicine. Many of the articles from about the past ten years of *Hindsight* are indexed in PubMed.

Hindsight and its predecessor newsletters have become a significant resource for information on the history of optometry. When I am asked a question on optometry history, usually the first place I go to seek an answer is *Hindsight*. Not counting indexes, volumes 1 through 42 (1970 through 2011) total over 2,500 pages. Four indexes have been published, one each for volumes 1-10, 11-20, 21-30, and 31-40.

Hindsight has published historical research, reports, articles, book reviews, letters to the editor, and article reviews on topics such as history of optometry, history of eye and vision care, history of spectacles, history of contact lenses and other vision care modalities, history of vision science, etc. In the journal, one can find, for example, biographical sketches of John Eberhardt (1857-1927), who was the primary promoter of the term "optometrist" to describe the practitioners who were at the beginning of the twentieth century calling themselves refracting opticians or sight-testers, or other related terms (volume 18, pages 43-44); or of Frederic Woll (1874-1955), whose tours and reviews of optometry schools in the 1920s served to strengthen the standards of optometric education much as the Flexner Report did for medicine (volume 42, pages 63-66). One can also find personal recollections of the first year-long residency program in optometry in 1974 (volume 41, pages 122-128) and of being fitted with scleral contact lenses in the office of contact lens pioneer Theodore Obrig in about 1950 (volume 37, pages 11-14). Perhaps my favorite article is Henry Hofstetter's description of how being assigned to teach a course on optometry history and orientation led him to progress from an ignorance of optometry history to an appreciation of "optometry's centuries-long existence and emergence from a prestigious and sophisticated handicraft to its present academic stature, a truly proud history which includes many prominent and accomplished personalities" (volume 27, pages 17-18).

The first [42 volumes of Hindsight](#) and the four indexes are now freely available online at IUScholarWorks. This was made possible through the assistance of Jennifer Laherty, Head of [IUScholarWorks Services](#). IUScholarWorks is a service of the [Indiana University Libraries](#) with additional technology support from Indiana [University Information Technology Services](#). It is an online repository of journals, research, and data.

OHS plans to maintain a two year embargo of new issues in ScholarWorks. New issues of *Hindsight* can be obtained in print form as they are published by joining the Optometric Historical Society. One year membership in the Optometric Historical Society and subscription to *Hindsight* is \$25 for regular membership and \$50 for patron

membership. A lifetime membership is \$250. Membership can be obtained by sending name and address and check made out to the Optometric Historical Society to Kristen Hébert, Optometric Historical Society, Archives and Museum of Optometry, 243 N. Lindbergh Boulevard, St. Louis, MO 63141.

David A. Goss

School of Optometry, Indiana University
Bloomington, IN

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Mount Sinai Archives Digitizes Publications

The Mount Sinai Archives of the Icahn School of Medicine at Mount Sinai in New York City is very happy to announce that [65 volumes of Mount Sinai related publications](#) are now available on the Internet Archive. These volumes represent 111 separate publications across eight discrete titles and total over 18,000 pages. They were scanned through the support of the Metropolitan New York Library Council (METRO.) The bulk of the collection consists of the *Annual Reports* of The Mount Sinai Hospital and its predecessor organization (until 1866), the Jews' Hospital in the City of New York. These Reports date from 1856-1956 with some gaps in the early years. The collection also includes the complete five volume set of *The Mount Sinai Hospital Reports, 1898-1906*, the *Report of The Mount Sinai Training School for Nurses* from 1881-1911, and the *Rules and Regulations for the Government of The Mount Sinai Hospital of the City of New York* from 1899-1919. Two previously published histories of The Mount Sinai Hospital are also being made available: *The Story of the First Fifty Years of The Mount Sinai Hospital* (Mount Sinai Hospital, 1944) and *The First Hundred Years of The Mount Sinai Hospital of New York, 1852-1952* by Joseph Hirsh and Beka Doherty (Random House, 1952).

Taken together, these volumes are a wonderful resource for information on the development of hospitals and healthcare during the 19th and early 20th centuries. As such, they have been added to the [Medical Heritage Library](#), a collaborative project that promotes open access to medical history resources. The *Annual Reports* also provide insight into the Jewish community of New York City during this time, including names and addresses of the Hospital's supporters.

Our thanks to METRO for their support of this project. Please let us know if you have any questions or need additional information about these or other Mount Sinai records at msarchives@mssm.edu.

Barbara Niss

Mount Sinai Archives
Icahn School of Medicine at Mount Sinai

Popper Papers Open at Mount Sinai Archives

The Mount Sinai Archives is pleased to announce that the papers of Dr. Hans Popper (1903-1988), distinguished liver pathologist and medical educator, will be open to public research in February. Dr. Popper, a native of Vienna, studied pathology at the University of Vienna and worked as a research assistant to the celebrated Dr. Hans Eppinger. Following the Nazi annexation of Austria in 1938 he emigrated to the United States and took a fellowship at the Cook County Hospital in Chicago, rising in 1943 to the position of Director of Pathology. In 1957 he succeeded Dr. Paul Klemperer as chief pathologist at The Mount Sinai Hospital, where he spent the remainder of his career.

Dr. Popper was one of the driving forces behind the creation of the Mount Sinai School of Medicine (now the Icahn School of Medicine at Mount Sinai), chartered in 1963, which he served as Dean for Academic Affairs and as the Irene Heinz Given and John LaPorte Given Chairman and Professor of Pathology. Following the death of Dr. George James in 1972 he served for a year as interim President of the Mount Sinai Medical Center and Acting Dean of the School of Medicine.

In 1973 Dr. Popper retired from teaching and administration to devote himself entirely to research, maintaining an active laboratory schedule until the end of his life.

Dr. Popper was a founding member of both the International Association for the Study of the Liver and the American Association for the Study of Liver Diseases, serving a term as President (in 1959 and 1962, respectively) of both organizations. He was the recipient of numerous awards and honors, including the Julius Friedenwald Medal of the American Gastroenterological Association (the first practicing pathologist to receive this honor) and the AASLD's Distinguished Service Award. In 1982 he became the first foreign doctor to receive South Korea's Mugunghwa (Order of Civil Merit) medal, the nation's highest civilian honor, in recognition of his role in training a generation of South Korean hepatologists. His 80th birthday celebrations in Vienna were attended by 650 colleagues from 34 different countries. After his death in 1988, his former colleagues and students established the Hans Popper Hepatopathology Society to honor his memory.

The papers of Dr. Popper span approximately 30 linear feet. They consist primarily of two extensive subject files, the first covering Popper's service as an administrator and educator at Mount Sinai (1957-1973) and the second covering his post-retirement career as a researcher (1973-1988.) The earlier series contains material related to the establishment of the Mount Sinai School of Medicine, the recruitment of faculty, and the administration of the school, as well as research notes, correspondence and the records of his service on numerous committees. The latter series consists primarily of an

extensive file of correspondence with other pathology and hepatology researchers, covering many of the distinguished names in the field, as well as notes on research projects. The collection also includes four linear feet of material documenting Dr. Popper's busy international travel schedule. These files contain programs and itineraries, and in many cases notes and abstracts, from almost every major hepatological conference in the world, including conferences in Asia and South America as well as North America and Europe. Finally, Dr. Popper's service at Cook County Hospital prior to his arrival at Mount Sinai is documented by a small collection of files.

A finding aid to the collection will be available on [the web site of the Mount Sinai Archives](#).

Nicholas Webb

Digital Archivist

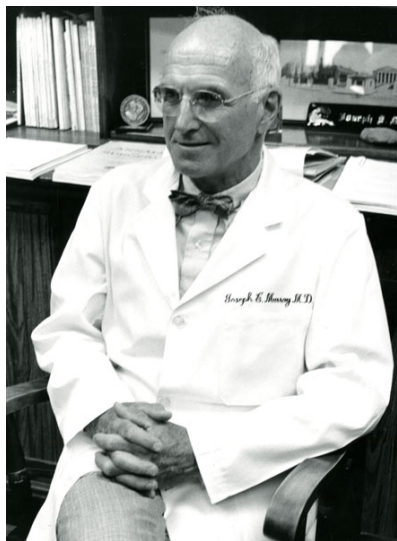
Mount Sinai Archives

Icahn School of Medicine at Mount Sinai

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Joseph E. Murray Papers Open to Research at Harvard

The Center for the History of Medicine at Harvard's Countway Library is pleased to announce the opening of the Joseph E. Murray papers, 1919-2011. The papers are the product of Murray's activities as a plastic surgeon, transplant surgeon, laboratory director, author, and Harvard Medical School alumnus, and include records from Murray's plastic surgery and transplantation work at the Peter Bent Brigham Hospital and Children's Hospital Boston. The collection also contains his personal and professional correspondence, records from his activities as chairman of the Harvard Medical Alumni Fund, records from reunions of the Harvard Medical School class of 1943b, as well as Murray's professional writings.



Joseph E. Murray (1919-2012), A.B., 1940, College of the Holy Cross, Worcester, Massachusetts; M.D., 1943, Harvard Medical School, Boston, Massachusetts, transplant and plastic surgeon, received the 1990 Nobel Prize in Physiology or Medicine for his work on organ transplantation. Murray served as Head of the plastic surgery departments at Peter Bent Brigham Hospital and Children's Hospital Boston, Chief of Transplant Surgery at Peter Bent Brigham Hospital, and Director of the Surgical Research Laboratory at Harvard Medical School. In 1954, Murray performed the first successful human organ transplantation, between identical twins,

Ronald (donor) and Richard (recipient) Herrick, at the Peter Bent Brigham Hospital.

The finding aid for the collection can be found [here](#). An [online exhibit](#) entitled *Reconstructing Lives*, featuring items from the Murray collection, can also be accessed. For further information please contact the Center for the History of Medicine at chm@hms.harvard.edu

Bryan Sutherland

Processing Archivist

Center for the History of Medicine, Francis A. Countway Library of Medicine

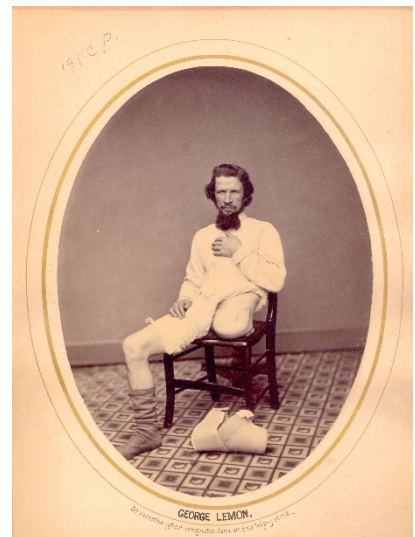
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New Exhibit at the National Museum of Health and Medicine

If you haven't made it to the National Museum of Health and Medicine's new location in Silver Spring, MD, or if you're interested in planning a return visit, you'll want to know that a new exhibit, which opened in early January 2014, features an array of illustrations commemorating the sesquicentennial of the third year of the Civil War. In 1864, the bloodiest year of the war, Army Medical Museum illustrators captured the likenesses of recent wounds or healing bodies as they returned to Washington from field hospitals, carrying rough sketches with them to refine into paintings. The new exhibit features a variety of these illustrations as well as tin types, or albumen prints, which were used to create cabinet cards, stereoviews, and cartes de visite.

These images were often the only resources available to a surgeon documenting his cases. The exhibit also features photographs of recovering soldiers, taken after the war by the Museum's photographers. The Otis Historical Archives at the NMHM serves as the permanent home for these photographic collections, and highlights other artworks and images created while the war still raged. Additional permanent exhibits at the Museum showcase innovations from the Civil War to the modern era, including an array of instruments and equipment used to diagnose and treat diseases.



The National Museum of Health and Medicine is open from 10:00 a.m. to 5:30 p.m. daily and admission is free. The Museum is a short cab or bus ride from the Silver Spring or Forest Glen stations on Metrorail's Red Line, or if you have a car and drive over, free

parking is available in our visitor lot at 2500 Linden Lane in Silver Spring, MD. For additional information, visit the Museum's [website](#).

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New Image Databases Available Online from Medical Center Archives of New York-Presbyterian/Weill Cornell

A vast treasure trove of images of New York-Presbyterian/Weill Cornell Medical Center is now available online. The Medical Center Archives collaborated with the Cornell University Library to migrate its image database into two new ARTstor databases. The public can use our [Shared Shelf Commons Database](#) available on the ARTstor website. A second Institutional Database is only available to internal users at the New York-Presbyterian/Weill Cornell Medical Center or Cornell University.



First New York Hospital

Images donated by private donors are also available, most notably the George Papanicolaou, Connie Guion, Walsh McDermott, and Flora Jo Bergstrom Collections.

For more information about our new databases, please visit the [Archives' website](#).

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ANNOUNCEMENTS

CHFM Announces 2014 Annual Fellowship in History of Family Medicine

The Center for the History of Family Medicine (CHFM) is proud to announce its fourth annual Fellowship in the History of Family Medicine. Interested family physicians, other health professionals, historians, scholars, educators, scientists and others are invited to apply.

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. The fellowship will be awarded directly to the individual applicant and not to the institution where he or she may be employed.



Since 2011, the CHFM Fellowship has funded a variety of projects on the history of the specialty. Most recently, in November of 2013, the research project of the 2011 Fellow, Dr. Richard Feldman of Indianapolis, Indiana, was published by the Indiana Historical Society Press. Dr. Feldman's book *Family Practice Stories: Memories, Reflections, and Stories of Hoosier Family Doctors of the Mid-Twentieth Century* is a collection of stories told by and about Indiana family doctors practicing in the mid-twentieth century. According to Dr. Feldman, "These were the general practitioners of that 'Greatest Generation' who possessed the character, core values and principles from which our contemporary specialty of Family Medicine was modeled after and grew."

The deadline to apply for the 2014 CHFM Fellowship is 5:00 p.m. Central time, Monday, March 31, 2014. All applications will be reviewed in April, with the Fellowship award announced by May 31, 2014.

Complete fellowship rules, application forms and instructions are available online through the [Center's website](#) at the following link.

Or, for more information, please contact:

Don Ivey, MPA

Manager

Center for the History of Family Medicine

11400 Tomahawk Creek Parkway

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

Fax: (913) 906-6095

E-mail: chfm@aafp.org

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BOOK REVIEWS

Nassir Ghaemi. *On Depression: Drugs, Diagnosis and Despair in the Modern World*. Baltimore: Johns Hopkins University Press, 2013. 215 p. \$17.98. ISBN: 978-1421409337

Nassir Ghaemi, M.D., M.P.H., is a professor of psychiatry at Tufts University School of Medicine and the director of the Mood Disorders Program at Tufts Medical Center in Boston. He

“intended to write a book about happiness, but as I got into the topic I realized that I couldn’t do so unless I also wrote about despair, and even depression, which also entailed discussing mania. So this is a book about what it means to have depression or bipolar illness and what it means to experience despair or happiness” (Preface, p. xi).

This is not a classic history of the health sciences. Instead, it uses the insights of Hippocrates and many nineteenth and twentieth century thinkers to look at psychiatry in the United States today.

The book is divided into four sections: Entrance, Pretenders, Guides, and Exit.

In “Entrance” the author writes that “[r]ecurrence, not the symptoms of depressive episodes themselves, is the hallmark of the disease of depression” (italics in the original, p. 24). “The depressive realism hypothesis is this: Depressed persons are not depressed because they distort reality; they are depressed because they see reality more clearly than we nondepressed people do” (p. 27). “[M]ild levels of depressive symptoms actually produce insights that are useful for life and can ultimately lead to greater happiness” (p. 39). Only those with severe depression can and should be treated.

The author provides two “rules[s] for a Hippocratic psychopharmacology” (p. 51). Based on William Osler’s work, psychiatrists should “Treat diseases, not symptoms”. Based on Oliver Wendell Holmes’ work, “All medications are guilty [of causing more harm than benefit] until proven innocent” (p. 53).

The “Pretenders” include postmodernism, extreme reliance on drugs, and the fourth and fifth editions of the *Diagnostic and Statistical Manual of Mental Disorders*. He criticizes postmodern eclecticism in psychiatry (the biopsychosocial model) for letting everyone be free to do what they want with no wrong answers (p. 58-9). He criticizes the last two *DSM*’s for their reliance on pragmatism rather than science (p. 84). He writes that “[l]imitation in treatment doesn’t justify ignorance of disease” (p.82).

The “Guides” he used to develop his practice of existential psychiatry included Viktor Frankl, Rollo May, Elvin Semrad, Leston Havens, Paul Roazen, and Karl Jaspers. Existential psychotherapy “begins with a premise of health” and a normal person (rather than a patient) “and even our problems are the results of the same (“normal”) challenges that all human beings must face as part of existence” (p. 99). Havens wrote, “Treatment is less a curing than a learning to live” (p. 124).

The final section, “Exit”, and particularly the final chapter, “Two O’clock in the Morning”, discuss how people make the most important choices in their lives (living, loving, and working) and the lesser choices and how the failure to choose is itself a choice.

The book contains an extensive section of notes, a bibliography, and an index.

The author presents detailed information about the important insights of his “Guides” but does not really tie these insights together. I expected a chapter on how to use these insights in the treatment of recurrent and severe depression. Despite the discussion of Nietzsche and the *Übermensch* (the “Overman” or, sometimes, “Superman”), Dr. Ghaemi never really defines existentialism.

This book assumes a background in psychiatry and, to a lesser extent, philosophy. It belongs in libraries serving graduate schools of psychiatry, psychology, and, perhaps, philosophy. It is controversial enough that I would not be surprised if someone wrote a book directly in opposition to it. I will be adding it to my collection.

I will also consider adding several of the books he discusses to my collection.

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Peter Lamont. *Extraordinary Beliefs: A Historical Approach to a Psychological Problem*. New York: Cambridge University Press, 2013. xi, 321 pp. including bibliographical references and index. \$29.99 (paperback). ISBN 978-1-107-68802-5

I initially approached this book with a high degree of enthusiasm. The very title suggested a detailed and perhaps definitive examination of an age-old problem: namely, why *do* people believe in extraordinary things? Defining “extraordinary” as simply, “beyond the ordinary (or normal),” Lamont is quick to tell his reader that he is a skeptic (p. 2). After an introduction that seems excessively lengthy, he goes on to discuss mesmerism (including a side excursion into phrenology), spiritualism, and the paranormal in six subsequent chapters that are rendered with such pedantic detail that the reader is soon transported into a trance-like state worthy of Franz Anton Mesmer himself.

Lamont explains that people have believed in the extraordinary because proponents of the extraordinary have tried to make their cases for these phenomena believable by basing their claims upon empirical and testimonial evidence, all of which could be readily supported or disputed by believers and skeptics alike. Such a revelation is hardly likely to awaken the reader from the somnambulist state he has already been lulled into with Lamont’s academic incantations about the “framing,” “contextualizing,” and “boundary construction” of his once fascinating subjects now made painfully mundane with the wave of his professorial wand. The tedium might have been relieved by a few well-chosen illustrations, but alas the reader is not offered even this modest respite from Lamont’s ponderous prose.

But the book is worse than just boring. For all of Lamont’s concern for “framing” these questions, he seems to forget that the largest of all frames is the culture itself. There is something very Western and limited in such a superficial definition of *extraordinary*. Indeed, “extraordinary” in one culture may not be “extraordinary” in another. One is reminded of the explorer/naturalist Alfred Russel Wallace who was surprised to learn while on the Malaysian island of Lombok during the spring of 1856 that a Bornean native was astonished at the lack of ghosts on the island, an absence he not only found conspicuous but quite “strange in this country” (Wallace, *The Malay Archipelago*, Stanfords Travel Classics edition, 2010 reprint, p. 124). Things are not extraordinary just because they are unusual but because they defy expectation, expectations that are rooted in our worldviews and assumptions about nature and reality. In Luke 24:39 Christ urges his apostles to “Touch me and make sure that I am not a ghost, because ghosts don’t have bodies, as you see that I do” (*New Living Translation*). Interestingly, he doesn’t take the opportunity to make the obvious argument that ghosts don’t exist, but rather that he wasn’t one.

So other than stating his own disbelief, we get little from Lamont on exactly *why* he disbelieves. His default position seems to be that extraordinary events require extraordinary evidence (a position at least as old as David Hume himself), and that “with conjuring effects, the apparently impossible events that rely upon the esoteric methods of the magician” (p. 45) can make most anything seem believable. Lamont, a magician himself, should know. But even Lamont admits that just a single instance of one unexplained paranormal event – William James’s “single white crow” – is sufficient to establish the case for the phenomenon itself. For James that “white crow” was Leonora Piper, a renowned medium during the late 19th and early 20th centuries. Another “white crow” might indeed have been Daniel Dunglas Home, a Victorian spiritualist who was never openly disproven. In fact, Lamont is on record as admitting that Home prompted a crisis not in faith, but in evidence among those in search of a naturalistic answer to his remarkable abilities (see his “Spiritualism and a Mid-Victorian Crisis in Evidence,” *The Historical Journal* 47, 4 [December 2004]: 897-920).

So in a curious twist, the reader leaves this book wondering what the basis for Lamont’s skepticism really is. There is something to James’s “white crow,” and as G. K. Chesterton once observed, “A false ghost disproves the reality of ghosts exactly as much as a forged banknote disproves the existence of the Bank of England – if anything, it proves its existence” (see his [Orthodoxy](#)). Extraordinary claims may indeed require extraordinary evidence, but isn’t one instance extraordinary enough? This simplistic dictum seems to beg the question as to whether or not that burden of proof has been met. You won’t find out from this book in any case. In the end, Lamont’s work reveals the following:

Critics agree, though for different reasons, that phenomena are less likely to succeed in front of a skeptical audience than an audience of believers. And, regardless of what is observed, it can be framed as evidence in favour of belief (or disbelief). Thus, as everyone has attributed their beliefs to the facts, both sides have also appealed to belief as an explanation for the facts, while framing the facts as supportive of their own beliefs (pp. 246-247).

For this we needed a book?

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James C. Mohr. *Licensed to Practice: The Supreme Court Defines the American Medical Profession*. Baltimore: Johns Hopkins University Press, 2013. viii, 216 p. \$49.95 hardcover, \$21.95 paperback. ISBN 978-1-4214-1141-5 hardcover, 978-1-4214-1142-3 paperback

The title of this book is somewhat misleading. Its topic is not the general history of the impacts of U.S. Supreme Court decisions on the practice of American medicine from, say, *Dexter v. Hall* (1872), *Hawker v. New York* (1898), *Jacobson v. Massachusetts* (1905), *Buck v. Bell* (1927), *U.S. v. Oregon State Medical Society* (1952), or *Barsky v. Board of Regents* (1954) through *Roe v. Wade* (1973), *Cruzan v. Missouri* (1990), *Vacco v. Quill* (1997), *Gonzales v. Oregon* (2006), *National Federation of Independent Business v. Sebelius* (2012), or *Association for Molecular Pathology vs. Myriad Genetics* (2013). Nor is it a sequel or an emendation to what Mohr acknowledges as the standard history of American medical licensure, namely, Richard Shryock's rather short book, *Medical Licensing in America, 1650-1965* (Baltimore: Johns Hopkins University Press, 1967). Instead, its narrow focus is on just one particular case within this history: *Dent v. West Virginia* (1889).

At issue was the dominance of the emerging allopathic or "regular" medicine over against eclectic, botanic, and other varieties of medicine in the licensing process. States such as New Jersey, New York, and Massachusetts had solved the problem, *de facto*, in favor of allopathy decades earlier, but in West Virginia and other outlying parts of the nation it was still a hot topic in the 1880s.

Four generations of the extended Dent family had been practicing medicine in this part of Appalachia since the beginning of the nineteenth century. Several of them had achieved positions of prominence and were well-respected throughout the area. William Dent, along with James Reeves and thirty other physicians, had in 1867 co-founded the Medical Society of West Virginia (MSWV), forerunner of the current West Virginia State Medical Association (WVSMA). Both Dent in 1880 and Reeves in 1882 became presidents of the MSWV.

West Virginia passed its medical licensing law in 1881, which, from a national perspective, was rather late in the game. Those, such as Reeves, who viewed the new requirements more rigidly, soon broke from those, such as Dent, who viewed them more leniently. By the mid-1880s an open feud raged between many members of the MSWV, a private professional society, and the West Virginia Board of Health (WVBH), a governmental agency and the official licensing body. Reeves had been instrumental in creating the WVBH in 1881 and served as *primus inter pares* among its six members until he moved to Chattanooga, Tennessee, in 1885.

William's nephew, Arthur Melville Dent, an eclectic practitioner who in 1879 had written a paper strongly critical of regular medicine, was refused a medical license by the WVBH in 1882. Similarly, Reeves presided over the denial of a medical license to Frank Mortimer Dent later the same year. The Dents interpreted these rejections as Reeves's personal vendetta. They engaged a shrewd lawyer, Marmaduke Dent, Arthur's brother and Frank's cousin, who drove the case as far as he could. The Supreme Court found in favor of the WVBH.

Among the many eventual repercussions of the Supreme Court decision was that, in 1891, a prominent physician, George Garrison, an appointee to the WVBH in 1887, who nevertheless had less than stellar formal credentials, murdered his long-time friend and mentor, George Baird, the 1885 president of the MSWV and an ally of Reeves.

This is all a good story, and Mohr tells it well, but it is simply not as important in the grand scheme of things as Mohr makes it out to be. In *Medicine on Trial: A Handbook with Cases, Laws, and Documents* (Santa Barbara: ABC-CLIO, 2004), -Elisabeth A. Cawthon does a sober, scholarly job of placing this case within its proper, important, though limited context (pp. 84-87). Similarly, in his classic, *The Social Transformation of American Medicine* (New York: Basic Books, 1982), Paul Starr mentions it twice in passing yet calls it a "crucial test" (p. 106). Circumspection should incline us to trust Shryock's, Starr's, and Cawthon's relative lack of attention to Dent v. West Virginia rather than Mohr's hyperbolic reaction to his uncovering of the details of this case.

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Carole Rawcliffe. *Urban Bodies: Communal Health in Late Medieval English Towns and Cities*. Woodbridge, UK: The Boydell Press, 2013. 455 p. \$99.00. ISBN 978-1-843-836-4

Conventional wisdom is that medieval England towns and cities were garbage- and trash-strewn with poor sanitation. Untethered animals roamed randomly, and pestilence and plague were common occurrences. Carole Rawcliffe, Professor of Medieval History, University of East Anglia, seeks to dispel some of these notions fostered during the Victorian Era, by examining a multitude of English public documents, and by focusing on three centuries, from approximately 1257-1530.

Plagues and pestilence periodically reduced the English population. Mortality rates soared; poor sanitation/living conditions prevailed, but as Rawcliffe notes, many villages and towns began measures to improve their environs. These initiatives were on a piece-meal basis, with no concerted mandate coming from higher authority (although royal grants were sometimes awarded for projects). Efforts were sometimes thwarted by disease outbreaks (and resulting labor shortages) and lack of funding. Improvement efforts came in fits and starts.

A major advance came in road improvement. In time, roadway maintenance evolved; it was not uncommon to have a compensated delegate to oversee road surface repair and maintenance. Archeological evidence indicates that some roadways were constructed, using layers of debris or garbage, or for filling in potholes.

Animal control measures also emerged in an effort to combat roaming livestock. Communal garbage tips became more common in urban areas, as did cesspits. Piping systems took form, often under direction of religious brothers, making for safer water. Several of these waterworks, cesspits, etc., have been excavated and show a command of good engineering technique.

Fast food? As poor people had no cooking or baking capabilities in their dwellings, food vendors, akin to our modern-day fast food restaurants, dotted urban areas, offering wares, sometimes of questionable quality. Bakers, if left unchecked, might short weigh loaves, or use dust, dirt, other fillers, to extend dough. Bakers might also bake prepared dough for a customer, for a small fee. Tainted meat and foodstuffs are cited numerous times for causing illness. Poorer classes were especially vulnerable to exploitation by vendors of all sorts.

To combat these injustices, officials issued what amounts to GMPs, or good manufacturing practices. The issuing of such measures did not mean the regulations were always enforced, but numerous citations of errant vendors indicate that a penalty system of fines and legal action could be taken against particularly intractable vendors. Guilds, which respectively represented major classes of tradesmen (e.g., butchers, bakers, leather tanners, fullers, etc.), carried some clout in admonishing members who failed to live up to what would have been the guild's mission statement. A repeatedly errant food vendor could be marched through town, pilloried, and have a plate of his unhealthy food placed before him. He could even be barred from the guild. Ale, a dietary mainstay (as water quality was not always good) could be easily adulterated and diluted; thus regulations came about to ensure that brewers and taverners met quality and pricing standards. Likewise, similar oversight of apothecaries and medicinals came under scrutiny. Random, unannounced inspections of many types of compounding or preparation establishments could be carried out.

Much pollution was attributed rightfully to trades which generated by-products and waste. Roadways and rivers were all too convenient for disposing of entrails and trimmings from butchers, or processing agents and liquids from tanning operations, fullers or metal works.

Poor water quality took on greater attention, with the enactment of regulations regarding industrial waste disposal.

Eventually, Rawcliffe reports, efforts were made to house the destitute and provide some medical care for sick and elderly. England lagged far behind Italy and France in medical training and certification; and quarantine, well established on the continent, was not embraced immediately by the English. Hospitals and almshouses appeared eventually, the former often with a religious affiliation. There were sometimes disagreements about how funds would be spent (patient care vs. religious endeavors) in hospitals.

The religious thinking of the day, the accepted role of humors, and miasmatic dynamics are also discussed. Among other intriguing topics discussed are leprosaria, the appropriate abodes for prostitutes, taxation schemes, the outlawing of thatch and combustible building materials, and other quality control and public safety measures. Idleness was not to be tolerated, either, nor was excessive time in alehouses and other unwholesome pastimes.

As one reads this book, one can't help but call to mind the FDA, EPA, fast food operations, inspections, compliance directives, and product recalls – all of which are ubiquitous in our American society today. It might behoove us to read this volume and appreciate the early origins of the regulatory and safety measures which we take for granted.

Sharon Lee Butcher, MLS, MSO

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