

ISSN 1553-7641

WATERMARK

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

Volume XXXVI I

Number 4

Fall 2014

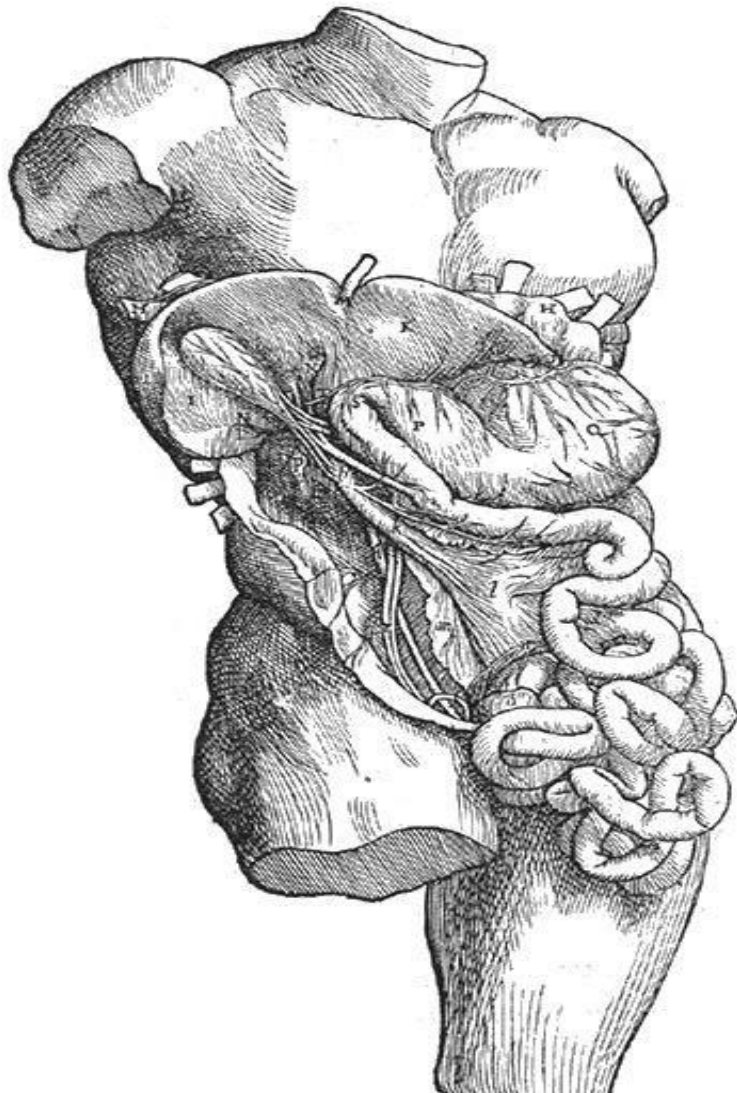


TABLE OF CONTENTS

EDITOR'S MESSAGE	3
FROM THE PRESIDENT	4
MEMA	
NOTES.....	5
FEATURE ARTICLES	6
NEWS FROM THE HISTORY OF MEDICINE DIVISION OF THE NATIONAL LIBRARY OF MEDICINE.....	21
NEWS FROM THE WELLCOME LIBRARY	27
NEWS FROM THE CENTER FOR THE HISTORY OF MEDICINE & PUBLIC HEALTH, NEW YORK ACADEMY OF MEDICINE.....	31
NEW MEMBER PROFILES.....	32
ANNOUNCEMENTS	34
BOOK REVIEWS	37
ADVERTISERS	42

EDITOR:

Martha E. Stone
Treadwell Library
Massachusetts General Hospital
Boston, MA
mstone@partners.org

ASSOCIATE EDITOR:

Jack Eckert
Center for the History of Medicine
Francis A. Countway Library of Medicine
Boston MA
jack_eckert@hms.harvard.edu

BOOK REVIEW EDITOR:

Patricia Gallagher
patriciagallagher@verizon.net

ASSOCIATE BOOK REVIEW EDITOR:

Jonathon Erlen
Health Sciences Library System
University of Pittsburgh
Pittsburgh, PA
erlen@pitt.edu

ACTING CONTRIBUTING EDITOR:

Dominic Hall
Warren Anatomical Museum
Center for the History of Medicine
Francis A. Countway Library of Medicine
dominic_hall@hms.harvard.edu



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 Martha Stone, 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

To paraphrase the title of the first Monty Python movie: Now for something a little different. That's what I think you'll find when you encounter the articles by self-described "alt-ac" Brandy Schillace and former NLM Associate Fellow Julie Adamo, both of whom were referred to me by several ALHHS members, and who agreed to contribute to this issue. You'll also find fascinating behind-the-scenes information in Jennifer McGillan's article about the research involved in the making of the television show *The Knick*.

With this issue, we bid a fond farewell to our layout editor Megan Rosenbloom, who is stepping down from that post, and extend heartfelt thanks for all her invaluable efforts on behalf of this publication. At the same time, I'm happy to welcome Dominic Hall, Curator of the Warren Anatomical Museum, to the masthead. As Acting Contributing Editor, he'll be in charge of *The Watermark's* new department, MeMA Notes. This regular section, which will be devoted solely to medical museum issues, will make them more visible to our members, many of whom are also responsible for artifacts collections.

I'd like to welcome the many new ALHHS members, especially those from outside the United States, and look forward to hearing from all ALHHS members.

Best wishes,

Martha E. Stone
Editor

[BACK TO TABLE OF CONTENTS](#)

FROM THE PRESIDENT

Having just binge-watched Ken Burns's new documentary, *The Roosevelts: An Intimate History*, I was intrigued at just how often the various Roosevelts' lives were affected by health issues. It wasn't just TR's often-noted childhood asthma and FDR's polio but also the depression (and concomitant alcoholism) that plagued many family members; the heart condition that made FDR's father, James Roosevelt, an invalid for the last decade of his life; and the multiple cardiovascular complications that overshadowed FDR's last year. All of these illnesses shaped their lives, obviously, but also influenced how TR and FDR dealt with the political challenges they faced as President.

As custodians and interpreters of historical collections in the history of the health sciences, the members of ALHHS have an important role to play in making sure this aspect of history is not overlooked, whether the subject is a worldwide pandemic or the illness of a single person. I was proud that my fellow archivists and librarians had acquired, organized, cataloged and made accessible all the vintage photographs and documents seen in *The Roosevelts* – in fact, made it even possible.

While the importance of the work we do may not always be appreciated by the “resource allocators” in our home institutions – though not, I think, for lack of trying on our part – the tide may be turning. The American Association for the History of Medicine's (AAHM) Clio Initiative, in which ALHHS members are actively engaged, has articulated an ambitious plan to reintroduce the history of medicine into medical education; London's Wellcome Library and, on a smaller scale, Brooklyn's Morbid Anatomy Museum, have demonstrated that there is an audience avid for a wide range of activities with history of medicine content; and the success of Steven Soderbergh's television period hospital drama, *The Knick*, would indicate that at least some television viewers aren't intimidated by the relatively esoteric subject matter. I hope that among other things, ALHHS can be a forum in which we can share – through *The Watermark* and the annual meeting – what's worked and hasn't worked in our professional lives.

Sincerely,

Stephen Novak

[BACK TO TABLE OF CONTENTS](#)

MeMA NOTES

Closer Collaboration: MeMA and ALHHS

At last year's ALHHS and Medical Museums Association (MeMA) annual meetings, the respective leaderships met and discussed future plans for the two professional organizations. That meeting produced two exciting outcomes: greater proposed collaboration at the annual meetings with MeMA members joining the ALHHS program planning team and ALHHS generously opening up *The Watermark* to MeMA contributors. All MeMA members that I have spoken to regarding these developments have been excited by the prospects.

Chicago's annual meeting earlier this year clearly demonstrated that the object mediums that repositories should be limited to curating is blurring at an increasing level, and the presenters provided wonderful examples of this dynamic. In Susan Hoffius's fascinating presentation, the Medical University of South Carolina's wet tissue preservation project would not have been possible or as successful without the strong support of the Waring Historical Library. The curation and imaging of the Oregon Child Study Clinic dental casts were an integral piece of Maija Anderson's inspiring project at the Oregon Health & Science University Library. As was evident in Paula Summerly's talk on the reconstitution of the University of Texas Medical Branch's pathology and anatomy museum, archival resources have been key in its re-contextualization.

The digital world is flattening us out and as more content is driven to the electronic environment, textual and artifactual items can seamlessly inhabit the same digital space, creating robust and interconnected educational tools. At the Countway Library's Center for the History of Medicine, we used our Omeka portal, [OnView](#), to shrink the material



culture world of the "Lowell Hip," an early 19th century American malpractice case. The Warren Anatomical Museum, the Center's object and specimen holding division, manages the anatomical preparation of [Lowell's proximal right and left femurs](#) and the entirety of his pelvis. In *OnView* we've contextualized the pathological hip using photographs, newspaper articles, and case correspondence in the archival holdings of the Harvard Medical Library, another Center

collection. Rounding out this multi-format approach are links to Medical Heritage Library surrogates of texts from experts critical to interpreting the 1821 case's medical evidence,

such as John Collins Warren's 1826 [A Letter to the Hon. Isaac Parker, Chief Justice of the Supreme Court of the State of Massachusetts](#): Containing Remarks on the Dislocation of the Hip Joint and Astley Cooper's 1824 [A Treatise on Dislocations and on Fractures of the Joints](#).

While this collection and presentation of multiple formats is part of the Center for the History of Medicine's institutional fabric, it is far from unique. Many of us are members of organizations that have object, manuscript, image and monograph collections that document and illustrate the history of health sciences. Even without a structure or unit marked as "museum," many of our libraries or archives have become the stewards of the artifact history of their communities. Similarly, a museum may lack a formal archive or library but is still often the caretaker of holdings that would traditionally fit within those areas.

Even setting aside the health history collections that we share, we face many of the same pressures and opportunities, and it is here that we can perhaps most benefit from one another. We are all looking for answers to downward resource pressure, increasing usage among patrons, capturing the public imagination, being further integrated into the classroom, and navigating historical patient data. This search for answers and inspiration will be well-served by a collaborative spirit in future annual meetings and in *The Watermark*. Through these vehicles, MeMA and ALHHS members can come together to learn from one another, generate new opportunities, embrace the changing field, and jointly solve problems-. I, for one, greatly look forward to being part of these developing partnerships.

Dominic Hall

Curator, Warren Anatomical Museum

The Francis A. Countway Library of Medicine, Boston

[BACK TO TABLE OF CONTENTS](#)

FEATURE ARTICLES

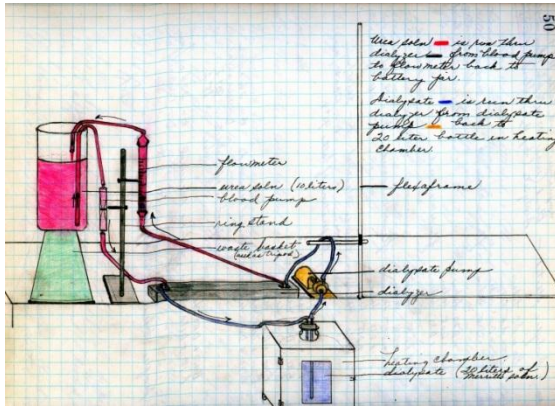
Collections at the National Museum of Health and Medicine Highlight the Development of Medical Technologies

Two new finding aids for collections at the [National Museum of Health and Medicine](#) (NMHM) offer an inside look at how medical technologies are developed, tested, and implemented in research and clinical settings.

The **Battocletti Collection** (OHA 108.5) consists of material donated by Dr. Joseph Battocletti, Professor Emeritus of Neurosurgery at the Medical College of Wisconsin and a biomedical engineer at the Zablocki VA Medical Center, where he still worked part-time almost daily until his death in 2013, at the age of 87. Dr. Battocletti taught electrical engineering at Loyola University of Los Angeles and was Adjunct Professor of Biomedical Engineering and Electrical Engineering at Marquette University before joining the Medical College of Wisconsin as a research associate in 1970. His research included blood flow measurement using nuclear magnetic resonance (NMR, known more commonly now as MRI), transcutaneous electromagnetic techniques, and magnetic stimulation of peripheral nerves in the arm as well as nerves in the head. Most of the material in the Battocletti Collection is related to the development of a superconducting magnet (which is housed in the National Museum of Health and Medicine's Historical Collections), developed in cooperation with the Intermagnetics General Corporation (IGC) for the Biophysics Laboratory at the Medical College of Wisconsin, where Dr. Battocletti conducted his research on blood flowmeters. Accurate, non-invasive blood flow measurement had long been a goal of medical researchers when Dr. Battocletti began his work in the early 1970s, as doctors knew that non-invasive measurement of blood flow in limbs, especially the leg, where most vascular diseases occurred, would facilitate early detection of related diseases. Such early detection would enable diagnosis and treatment of the disease before limb amputation would be necessary. Dr. Battocletti's patented NMR blood flowmeter helped make such early detection possible. In addition to background articles on the development of NMR blood flowmeters, the collection includes correspondence between academic researchers and industry, offering a unique perspective on a type of collaborative relationship central to the history of medical technologies in the twentieth century. Additional archival materials include advertising and technical catalogs, manuals, industry newsletters, blueprints, and a laboratory notebook used by Dr. Battocletti.

The **MacNeill Collection** (OHA 220.07) documents the history of "therapeutic engineering," a burgeoning field of research and design pioneered in the postwar period. Dr. Arthur E. MacNeill, a physician and engineer, coined the term "therapeutic engineering" to describe a transformation in the field of medical engineering that encouraged efforts to devise mechanical aids for physiological function. MacNeill sought to apply physiological principles to the instrumentation used in clinical medicine. He believed that such instrumentation should be defined in terms of its function, rather than as an "artificial organ." MacNeill designed his first blood pump while he was still a

medical student in 1933, and later received funding from the United States Army to adapt his blood pump for kidney dialysis. By the early 1960s he had developed a dialysis machine that came into wide use because it was portable and did not require an external pump. MacNeill designed it to utilize the natural pumping action of the artery to which it was connected. Subsequently, in accordance with his view of therapeutic instrumentation, MacNeill proposed, with a grant from the Hartford Foundation, developing and building improved pumps and oxygenators that would aid the heart and lungs temporarily during congestive heart failure and other disabling heart and lung conditions. His group also developed improved blood dialyzers to treat uremia, edema, and systemic poisoning, and to aid kidneys affected by heart failure or other ailments. Finally, MacNeill's team also attempted to construct bedside monitoring devices for



during the Vietnam Conflict is also housed in the NMHM's Historical Collections.

Drawing from MacNeill's dialyzer notebook, ca.1951-1953.

blood pressure, pulse rate, temperature, respiration, and other vital signs. The MacNeill Collection includes laboratory notebooks describing the development, testing, and operation of devices, along with outcomes from preliminary research. The design that was ultimately put in production as the MacNeill-Collins dialyzer and used to a limited extent between 1968 and 1969

Additional supporting materials provide a nuanced look at the

challenges and opportunities encountered in the history of designing and developing medical technologies in the postwar period. The initial accession for the collection includes case reports, publications, directions for assembling and using the MacNeill-Collins Blood Dialyzer, and photographs from exhibits and clinical testing. Pending future accessions will include additional personal papers, publications, exhibits, reports to foundations, notes on the dialysis work, correspondence, and more than a dozen research notebooks and journals.

Finding aids for these and other collections are available by emailing the Museum at: USArmy.Detrick.MEDCOM-USAMRMC.List.Medical-Museum@mail.mil.

Eric W. Boyle

Archivist, Otis Historical Archives
National Museum of Health and Medicine

Confessions of a Rogue Scholar: What Does It Mean to be an “Alternative Academic”?

In June, I wrote my third installment of the [“Rogue Scholar”](#) for *InsideHigherEd*. In it, I talked about striking a balance in the complicated nexus of career choices that generally fall under the heading “alternative academic.” But what, many ask, does that mean? Am I choosing an alternative to academia? Or am I an alternative kind of academic? Occasionally, and frequently anonymously, I am even chided for inventing a new category for something old—for claiming to be “alternative” when I’m really just doing what all academics have always done: gaining knowledge and applying it. Apart from the fact that, of course, I didn’t invent the terminology, these are all fair questions. Even that last one. Why does this designation exist at all? And why have I chosen to be part of it?

There was once a time when intelligence required no niche. The disciplines only divided in recent history—and they continue to do so with new subject areas like digital humanities, communication studies, and film and media, just to name a few. Interdisciplinarity, we are told, is the way of the future, but individual scholars have been making that leap much more quickly than the lumbering systems of which we are part. What happens if you find yourself interested in multiple fields of inquiry? What happens if you are happiest at the intersection? I began my academic journey long before I arrived in graduate school, and even then I spent most of my time at a strange crossroad. In some very specific ways, I never left.

I grew up in abandoned coal lands where I lived in an underground house near a cemetery. I lived there from the age of 10 to 18 with my father, mother, brother, and a large menagerie of fauna. In that same period of time, my father had two heart attacks and one operation on his back, my mother fought cancer twice, and my brother suffered temporary paralysis after contracting a bad case of flu. I spent parts of my childhood listening at my loved ones’ doors late at night to ensure they were still breathing. Life was fleeting, illness a constant companion, and I learned not to take things for granted. My experiences help explain why I write young adult gothic fiction, and also probably explain my continued fascination with what is—and what is not—considered medical “science.” The ribbons of highway that led to literature and to medicine seemed intrinsically linked to me, and behind them both lay the open plains of history.

To Victorians, animal magnetism, mesmerism, mediums, paramnesia, proamnesia and displaced memory were all more or less scientific (or pseudo-scientific). Further into our history we find alchemists, and long before that, Greek philosophers experimenting with

elements supposedly ruled by planets and by the gods. How much of what we believe today will be cast out in the future? And might not some of that past knowledge be resurrected? An oncologist friend of mine recently pointed out that humoral theory has begun to have a certain valence once again—"progress" is rarely linear, after all. I brought my fascination with death and disease with me to the academy and I nourished them there. The trouble began as I moved through my programs and felt pressure to specialize.

I've been lucky in my advisors over the years. The chair of my dissertation committee (for Literature) acquiesced to a prospectus in which literature featured very little; I was interested in women's bodies and minds in the 18th century. I also began my work as managing editor for *Culture, Medicine, and Psychiatry* in 2007 under the tutelage of Atwood Gaines, one of my dissertation committee members. I still manage the journal, and we've broadened to include medical history, medical humanities, and patient narratives, along with the usual medical anthropology topics. I also met Dr. James Edmonson, chief curator for the Dittrick Museum of Medical History in Cleveland (where I now work). These crucial connections fostered my engagement with medicine, culture, history and narrative. At the same time, I wrote two complete novels, one about a teen with a blood disorder—now published as *High Stakes*, first of *The Jacob Maresbeth Chronicles*—and one based loosely on my childhood experiences. With this toolkit, I felt I'd achieved everything from my PhD work I could have hoped for, and so launched into the quagmire we call the academic job market. There was only one problem: despite the hue and cry of interdisciplinarity, the academic world I entered after matriculating remained very committed to the narrow niches and specializations my education and inclination had taught me to leave behind.

Making the leap to "alt-ac," then, was less about doing something radically different than it was about staying true to what I've always thought higher education was for. The tenure track wasn't able to offer me the open vistas and ability to reach large public audiences, so I sought something else. But there still needs to be a "something else." Shortly after writing the *Rogue Scholar* piece, I was asked why we didn't just "stop looking at graduate school as a career platform, and return to seeing it [...] as a life platform"? Good question, but for most academics, whether they are students or faculty, the idea of attending graduate school without a plan for future economic sustainability within the academic model simply isn't possible.

Jack London took great pains in *White Fang* to describe the difference between European and native American dogsleds. (Bear with me, this is related, I promise). European sledges harness dog by dog, so you have two, followed by two, followed by two. Native sledges harness all the dogs to the sled at once, so they fan out and pull equally. The natural advantage of the first is orderly motion—of the second, diversity of options and the ability to keep going even if you lose one of the dogs. When I left the traditional tenure trajectory, I kept most of my interests tied to the sled; I left very little behind. The trick was learning to balance them appropriately. The Dittrick Museum has been the greater part of successfully doing so, because of all places I have encountered, the museum seems to welcome a maverick. My role includes research into medical history, public engagement, lectures, curation of exhibits, and a great deal of writing. I also retain my position at [Culture, Medicine, and Psychiatry](#), which supports my interest in culture and anthropology while serving as a platform for a different kind of writing and outreach. As I said in the post for *InsideHigherEd*, the secret to doing so many different things has to do with conscientious overlap. My cultural history of death (*Death's Summer Coat*, Elliott and Thompson 2015) intersects with my work for *Culture, Medicine, and Psychiatry*, while my next book project on forensics will be part of my research for the Dittrick. Similarly, my public outreach presently extends to promote the library as well as the museum, so my conferences about public and digital engagement exist under that umbrella. Essentially, I've been "gathering sheep into the fold," and while my jobs remain essentially separate, I've increasingly linked them into a single coherent career.

About that coherence: to cohere means to integrate disparate elements; it doesn't result in a homogeneous mixture. People ask all the time how I keep everything straight—do I ever worry that things won't remain in their separate silos? That boundaries will be crossed? Actually, if we are introducing new terminology, we should include "boundary-spanning" too. Frequently used in the world of business to describe a workplace skill for bridge-building, it may also be usefully applied to "alt-acs." Massachusetts-based Hult International Business School considers boundary-spanning "the ability to establish and maintain healthy relationships with others, as well as the skill to tackle disordered data, vagaries, and potentially a high degree of ambiguity in order to meet objectives, deadlines, and goals." Frankly, these are the very things I've learned from academe—tackling disordered data, vagaries, and ambiguity to meet deadlines pretty much sums up the art of writing a dissertation. My PhD taught me to excel in the arts of translation; I once translated tomes of historical data into a written argument, now I translate medical history for the public through lecture, exhibit, and social media. Social media itself is an

act of translation—and one potentially fraught, as we have a very small space and must be accurate as well as brief.

In a sense, I do not worry about one silo spilling into the next; I like to think of it as cross-pollination, each aspect of my career informing the next. Balance isn't always about selection and categorization; sometimes it's about blending and hybridization. And for me, that is being an academic. But though I acquired these skills in the academy, I find the academy doesn't always welcome their practice. I've caught echoes of my experience in forums and at conferences, whispered in hallways and criticized in public, and I think it comes from the mutually exclusive twin urges of many institutions: be open and interdisciplinary with your students, and expect niche-loyalty and specificity from your faculty. That doesn't make the academy a bad place. It does, however, make it necessary for those seeking a different way to choose "alternative" means—and, in consequence, the title of "alternative academic."

Presently, my work includes managing the increasingly interdisciplinary *Culture, Medicine, and Psychiatry*, building an interactive digital database of medical history at the Dittrick Museum, running the Dittrick's blog and other means of outreach, and managing my own combined medical humanities blog, the [Fiction Reboot - Daily Dose](#) (on which several members of the ALHHS have appeared as guests). The mission of that platform: to engage with and promote those working at the intersection, intrepid souls adding to our shared knowledge of what it means to be human. In my writing, lectures, and even in my fiction, I seek to do the same. For me, life is more interesting at the intersection, and among the members of ALHHS, I feel I've found a home.

Brandy L. Schillace, Research Associate and Guest Curator
Dittrick Medical History Center, Case Western Reserve University

Notes on Working for TV: Helping Build the World of The Knick

It started with a phone call. I glanced at the caller ID, saw the identifier "HBO/Cinemax" flickering there, and thought *Oh, must be a documentary, they'll want pictures*, and readied myself to discuss our photo collections and licensing. Then I picked up, and the person on the other end explained she was doing research for a television show, "like ER, but in 1900" and asked if I had any hospital floor plans. *Yes, I said, in the Presbyterian Hospital annual reports. They've been digitized. Let me send you the link.*

And so began my first foray into assisting with research for period television.



Credit: Mary Cybulski, Cinemax

unusual experience. Most of our researchers are looking for specific facts or images to prove a theory, or illustrate a concept; this individual was looking to build a world, and we had the construction materials on our shelves. Also – and this was the most interesting part of the process, for me – she was also creating reference library/archives unique to the show, which was and will be accessed by numerous constituents: writers, costumers, production designers, props designers, etc., during the course of the run of the production.

Full disclosure: The Columbia University Health Sciences Library's Archives & Special Collections was not the exclusive source of information for the show; the researcher also did extensive work at the New York Academy of Medicine and the [Burns Archive](#), also located in New York. That said, being part of the

process was an awesome and

After the initial request for floor plans, I was given a list of objects, types of hospital locations (wards, waiting rooms, reception areas), diseases, and medical procedures that she needed to illustrate. I then sat down with the list and made notes about follow-up questions, such as “which is more important, time period or location?” (Answer: time period) - and the areas of the collection she would need to use to find the information she was seeking. And, as with any researcher, I worked with her to clarify vague terms and helped her refine her search strategies to locate appropriate materials and interpret the information she found.

In the end she used a broad variety of archival materials and books held by Archives & Special Collections including casebooks from Presbyterian and Sloane Hospitals; surgical records kept by a Presbyterian Hospital physician; photographs of wards, operating theaters, doctors, nurses, patients, and more from Presbyterian and New York Orthopedic Hospitals; hospital accounting ledgers; pharmacist record books from New York; diplomas from Columbia University's College of Physicians and Surgeons; a catalog of medical instruments; and numerous books about early 20th century surgical practice.

Some archival material, such as the hospital floor plans and photographs of wards and surgical theaters, directly influenced the set design. Others, such as the casebooks and the surgical records, were used for purposes of form rather than content, to answer questions like: what did a doctor's record of a patient actually look like? Or, how did pharmacies record prescriptions?

A few pieces, including a surgeon's book and a student photograph, were reproduced and became part of the set, as props and background images, so eventually I did actually have to talk about reproduction and licensing fees. There was at least one item – a catalog of surgical tools that I ran across while shelf-reading for books about surgery – which HBO/Cinemax photographed in its entirety (it's well out of copyright) and used to organize several barrels of mixed surgical tools purchased by the props department.

In addition to Archives & Special Collections materials, I also made ample use of history of medicine resources on the Internet. Most notably, I used the [Medical Heritage Library](#) collection in the Internet Archive to find scanned copies of early surgical works, dug into the digital backfile of the *Journal of the American Medical Association* to find articles about contemporary treatment of a variety of diseases, and searched the archives of the *New York Times* and early medical journals to find information about ambulance service in New York in the early 1900s. In those instances I confined myself to finding and relaying copies of articles and/or citations for further investigation.

As for the final product: I've only seen four episodes so far, but I'm very impressed and pleased with the production. The practice of medicine really was that brutal, and they haven't pulled any punches. Also, while I had a rough idea of characters: surgeons, nurses, society ladies, I never saw a script. I watch the world and the drama unfurl like any other viewer, but with the added benefit of the occasional jolt of "So *that's* what that was for!" as certain conditions appear and are treated.

Jennifer McGillan

Archivist, Archives & Special Collections
Columbia University Health Sciences Library

Unlocking the Patient Experience: Surveying the Patient-Related Materials of the Medical Heritage Library

As an NLM Associate Fellow (2010-2012), I spent much of my second year in the Alan Mason Chesney Medical Archives of Johns Hopkins Medical Institutions delving into one

of my professional and personal interests: documenting the patient experience and perspective. My interest stems from a desire to start conversations and develop archival collections that help both the public at large and the medical profession understand how people experience states of illness, how they make sense of suffering, and how they find meaning in illness. Insight into the patient experience also provides new avenues for improving health outcomes and quality of care.

In today's world of health care, we excel at laboratory diagnosis, surgery, and treating wounds and infections. However, obstacles such as financial pressures and the extremely limited time that providers have to spend with individual patients limit the capacity of our current system to provide human connectedness and help hold the weight of patient suffering. As archivists and librarians, we are in a unique position to collect patients' stories and promote the understanding and connectedness that is often lacking in our current model of care.

In addition to processing and creating finding aids for patient-related collections at the Chesney Archives, including the Autopsy Records of the Johns Hopkins Hospital (1889-2009) and the [Hugh Hampton Young Collection/Records of the Brady Urological Institute \(1900-1970\)](#), I surveyed [Medical Heritage Library \(MHL\)](#) institutional members about the scope, description, and use of their patient-related collections. The project was inspired by both my personal interest in the patient perspective, and the Chesney Archives' desire to provide improved access to their abundant patient-related collections. At the same time, we knew that this topic was of interest to the MHL and wanted to gather some useful background information to help guide future MHL projects incorporating patient-related materials. This article will summarize the survey responses, focusing on key and intriguing elements of them, and will pose new questions about how we conceptualize our practices around patient-related materials.

Patient-related materials defined

Materials that tell stories of the patient experience can come directly from the patients' perspective in the form of diaries, letters, blogs or online forums. They can also come from the provider's perspective in the form of medical records (which could include materials such as unit medical records, research notes about individual patients, diagnostic images, and correspondence), logbooks, physical specimens, or lecture notes. These categories are not mutually exclusive, but the distinction between patient-generated materials and provider-generated materials is important.

Patient-related materials of all kinds are of immense value for medical research, historical research, and medical care and education. In the biomedical realm, they can be used for everything from informatics-based research and data mining to comparative effectiveness research and longitudinal studies. Within the history of medicine, these materials allow us to examine how medicine was actually practiced versus the published guidelines and standards of practice, as well as how practices differed across populations and locations. They also illustrate the evolution of diagnostic, documentation, and treatment practices. Patient-generated materials tell the history of medicine from another point of view, making it possible to analyze and generate histories of health and medicine that are more holistic in perspective. They also foster mutual understanding and communication between patient communities and the medical profession. For medical care and training, these materials are valuable for quality assurance, empathy training, pastoral care, and diversity training. Patients and those who care about them use stories of other patients' experiences for advocacy purposes and as a means of making sense of their own experiences of illness, suffering, and healing. Finally, patient-related materials have great potential to support the medical humanities, a field that focuses on the intersection of humanities work and medical practice to improve medical care and reduce suffering.

Highlights from the Surveys

All six MHL-member institutions that contributed to this project, listed at the end of this article own patient-related materials as part of their collections. Four out of six responded that there is significant or high demand by researchers for these materials, but several noted that there are neither explicit policies around nor any active effort made to collect patient-related materials.

The surveys revealed that the majority of patient-related materials held in MHL collections are in the form of records. Respondents cited medical records, clinical research records, casebooks and case records as common holdings. They also noted personal papers of physicians that sometimes include information about or references to patients. Materials held by MHL members that relate to patients are largely from the perspective of medical researchers and providers. NLM was the only respondent that stated an active effort to collect materials from the patient perspective. The current state of holdings among MHL members suggests that our historical medical collections are, for the most part, concentrated on the history of medical research and medical doctors' lives and practices.

Stephen Novak, responding to the survey on behalf of Columbia University, noted that patient records provide documentation on a variety of topics that one would not necessarily associate with them. Researchers at MHL institutions have used patient-related materials for a surprisingly wide range of topics. For example, at Johns Hopkins, Susan Lamb researched “The Theory and Practice of Adolf Meyer’s Psychobiology: Patient Experiences Inside the Phipps Psychiatric Clinic and Johns Hopkins Hospital, 1908-1917” and Grover Hutchins investigated “Measurements of cardiac size, chamber volumes and valve orifices at autopsy” using patient-related collections. At Harvard, researchers have explored topics including methodology and informed consent in birth control experiments and how the public views in vitro fertilization. At Columbia, researchers have looked at standards of feminine beauty in post-WWII United States and end of life care in U.S. hospitals, 1930-1960. Melissa Grafe of the Cushing/Whitney Medical Library at Yale noted that in the digital realm, for example, the bringing together of materials from both the patient and provider perspectives would enable researchers to get a clearer picture of medical practice and provide many new angles for research.

It is impossible to discuss access to patient-related collections without addressing questions of privacy and ethics. Privacy concerns rightfully create many complications in providing access to patient-related collections. Extensive information is available on this topic at [ALHHS/SAA HIPAA Resource Page](#) and also in the Society of American Archivists’ [Issue Brief: Health Information Portability and Accountability Act](#). MHL members included in this project deal with privacy concerns through a variety of means including privacy boards specific to archival research, internal review boards or other internal approval processes, and redaction of sensitive information before providing access to records. Much hinges on whether or not an institution is a HIPAA-covered entity.

While discussions of privacy and ethics have understandably dominated much of the conversation up to this point, it is exciting and important to highlight the fact that the digital environment creates new opportunities for negotiating privacy concerns and providing access to sensitive materials without jeopardizing privacy. Paul Theerman, then of NLM but now working at the New York Academy of Medicine, reported in his survey that there is a growing amount of patient-generated online content that is created for the purpose of being in the public domain and is not applicable to privacy laws such as HIPAA. Additionally, as Kathryn Hammond Baker of Harvard noted, “As we move into collecting records in electronic form, patient information will be more easily redacted, analyzed, and repurposed, increasing its value for a variety of research purposes.” This

provides an opportunity to talk about how to leverage the digital environment and the previously underrepresented perspectives made available to us without any danger of breaching privacy.

Description of patient-related collections is another element that complicates access to them. Materials that include sensitive health information about individuals, often referred to as Protected Health Information (PHI) in the context of HIPAA, require thoughtful and careful description that may differ from traditional practices. Additionally, patient-related materials are often interspersed within larger collections, and are not always “chunked” out. At Harvard, they are often accepted as an integral part of a greater collection, rather than as an independent collection. However, Harvard has expressed that as patient-related materials become better described and analyzed as part of larger collections, requests to use them increase every year.

Where do we go from here?

After spending a year thinking about these issues, and after tabulating the surveys, I was left with many questions. What are the forces behind our lack of attention to patients as an important part of the history of medicine? Is it just force of habit and the fact that provider-generated materials come to us naturally through institutional workflows? Is it an expression of larger endemic views that devalue the patient perspective? Are we threatened by the patient perspective and afraid of having flaws or shortcomings revealed? In an era when archival collections and workflows are transitioning into the digital realm, we have an opportunity to think about these questions seriously, and potentially change our practices and policies according to those insights.

As archivists and librarians we are in a position to bring humanity and sensitivity to the stories of health and illness that most health care providers and systems are unable to do in today's circumstances. We know that history can be told from many different perspectives, and through the nature of our careers, we shape history and the narratives that are developed about the past and examined in the future. It is our responsibility to steward the whole narrative, from many perspectives. As Paul Theerman stated in his survey in response to a question on the value of patient-related materials, “It is incumbent on us to document the patient perspective as part of documenting the history of medicine.”

Survey participants include: Paul Theerman, National Library of Medicine; Stephen Novak, Columbia University; Kathryn Hammond Baker, Jack Eckert, Emily Gustainis,

and Giordana Mecagni, Francis A. Countway Library of Medicine, Harvard University; Arlene Shaner, New York Academy of Medicine; Melissa Grafe, Yale University; Annie Brogan, College of Physicians. Although Johns Hopkins is an MHL member, I did not survey them because I was working there at the time.

The complete surveys are in the custody of the Medical Heritage Library.

Thank you to Kathel Dunn, Phoebe Evans Letocha, Nancy McCall, Sarah Oelker, Caro Pinto, and Tim Wisniewski for their guidance and assistance with this project, and many thanks also to those who contributed to the surveys.

Julie Adamo

Librarian and Instructional Technology Liaison
Mount Holyoke College, South Hadley, MA

Partners in Practice: Archivists and Researchers Collaboratively Improving Access to Health Collections

As part of the Medical Heritage Library grant project, ["Private Practices, Public Health: Privacy-Aware Processing to Maximize Access to Health Collections."](#) Emily Gustainis and Phoebe Evans Letocha organized [Session # 207](#) on August 14, 2014 at the Society of American Archivists' (SAA) 2014 annual meeting in Washington, DC. The session also included historians of medicine John Harley Warner as speaker and Susan Lawrence as moderator.

The session was a follow-up to the session held at the American Association for the History of Medicine (AAHM) meeting on May 10, 2014, [Negotiating Access to Patient Related Materials: A Conversation between Archivists and Historians](#), which included historians Janet Golden and Cynthia Connolly, archivists Gustainis and Evans Letocha, and was moderated by Scott Podolsky.

In the SAA session, the speakers discussed the challenge of patient-related archival holdings as hidden collections. Gustainis described the work of the "Private Practices, Public Health" grant, which was awarded by the Council on Library and Information Resources (CLIR) through their Andrew Mellon Foundation-funded *Cataloging Hidden Special Collections and Archives* program. The grant has enabled the creation of privacy-aware finding aids in which information about access restrictions is embedded throughout collection finding aids. In processing eight public health collections, archivists

at both the Alan Mason Chesney Medical Archives of the Johns Hopkins Medical Institutions and the Center for the History of Medicine at the Francis A. Countway Library of Medicine collected processing metrics data to understand how much time and labor is needed to screen for access restrictions. Gustainis presented some preliminary analysis of that data. She also discussed the results of a user survey, “Research Access to Protected Records Containing Health Information About Individuals” that sought to identify the types of information researchers need to determine whether or not to pursue access to restricted health records.

Warner discussed why patient records matter to historians and what they, as researchers, want out of the records, such as documentation of medical practice and patient perspectives. He presented a survey of the types of scholarly work that medical historians create, and how the practice of history of medicine has changed over the past 30 years, particularly as privacy concerns have made obtaining access to patient records more difficult. He brought up some of the challenges that historians face when trying to access patient records across repositories with varying access policies.

Evans Letocha presented SAA’s newly approved [HIPAA issue brief](#), which she drafted with Lisa Mix. She presented examples of ways that the Alan Mason Chesney Medical Archives has described patient-related materials to enable access. The presentation ended with analytics from ten years of Johns Hopkins Medical Institutions Privacy Board applications (243 cases from April 2003-July 2014). This analysis showed that the vast majority of applications were approved (96% of reviewed cases) and that applications for access to patient records have increased at Johns Hopkins from 35% overall to 48% of all cases since 2011.

More information including selected session slides can be found on the [SAA website](#).

Phoebe Evans Letocha

Collections Management Archivist, Alan Mason Chesney Medical Archives
Johns Hopkins Medical Institutions, Baltimore

[BACK TO TABLE OF CONTENTS](#)

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

NLM Launches "Pictures of Nursing: The Zwerdling Postcard Collection" Special Display, Online Exhibition Opening September 2, 2014

The National Library of Medicine launched a special display in the History of Medicine Division Reading Room and an [online adaptation](#) of *Pictures of Nursing: The Zwerdling Postcard Collection*.



Rural visiting nurse Elizabeth McPhee, Scotland, 1926

relationship of nursing to significant forces in 20th century life, such as war and disease, these postcards reveal how nursing was seen during those times.

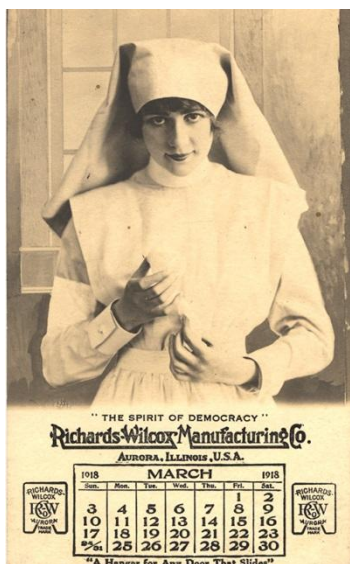
Pictures of Nursing presents a selection of historic postcards from NLM's recently-acquired Zwerdling postcard collection, spanning a century of nursing imagery. Nurses and nursing have been the frequent subjects of postcards. These images are informed by cultural values; ideas about women, men, and work; and

by attitudes toward class, race, and national differences. By documenting the

This unique exhibition will open to the public in the History of Medicine Division Reading Room from September 2, 2014 to August 21, 2015, and will

be available online at www.nlm.nih.gov/picturesofnursing.

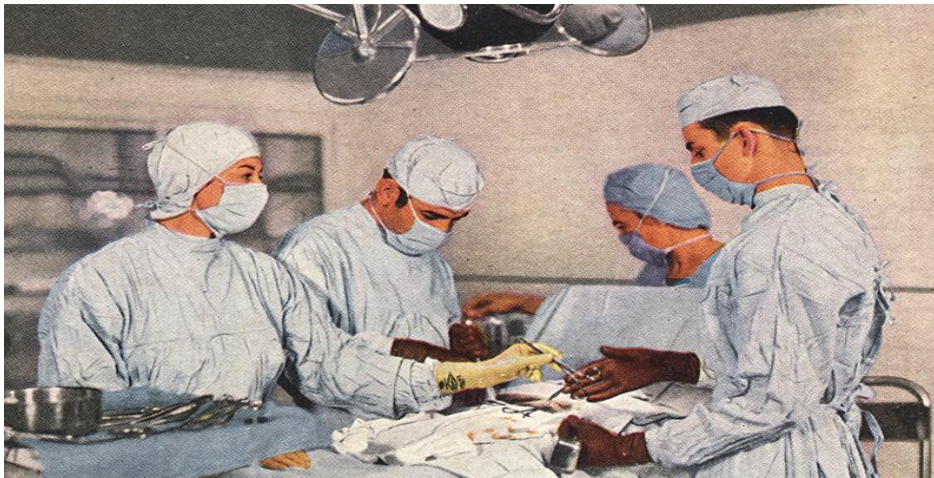
Julia Hallam, PhD, professor of communication and media at the University of Liverpool, curated *Pictures of Nursing: The Zwerdling Postcard Collection*.



Patriotic calendar featuring a nurse, 1918

The online exhibition incorporates a "[Digital Gallery](#)," which includes a selection of 585 postcards from the Zwerdling collection not shown in the special display. The Digital Gallery also includes online activities, providing viewers new avenues to explore beyond the exhibition. [Education resources](#) are also featured in the online exhibition, including a lesson plan for grades 9-10 that investigates the

exhibition content; a higher education module; an online activity, and a robust selection of resources including K-12 suggested readings. In addition, the Web feature, [“Related Resources at NLM.”](#) includes a selection of published articles on contemporary nursing issues available through [PubMed Central](#), which provides free access to over 3.1 million full-text biomedical and life science journal articles. The NLM History of Medicine Division acquired an archive of 2,588 postcards from American nurse and collector Michael Zwerdling, RN. This unique archive consists of postcards with images of nurses and the nursing profession from around the world, produced between 1893 and 2011 with many examples coming from the “Golden Age” of postcards – roughly 1907 to 1920. *Pictures of Nursing* provides a way to understand the types of images that are represented in the full collection.



U.S. Army surgical nurse as part of the operating team, United States, 1951

National Library of Medicine Announces 2014 Association of Health Care Journalists-NLM Fellows

The National Library of Medicine (NLM) and the [Association of Health Care Journalists](#) (AHCJ) are pleased to announce the 2014 AHCJ-NLM Fellows. This year's class features eight reporters and editors representing diverse media backgrounds and interests.

The program, now in its sixth year, brings journalists selected by AHCJ to NLM for four days of training in use of NLM's health information resources, such as [PubMed](#), [PubMed Health](#), [Genetics Home Reference](#), [TOXMAP](#), [ClinicalTrials.gov](#), and [MedlinePlus](#). The Fellows also receive briefings about health care issues, such as the adoption of

electronic health records by patients and health care providers, as well as consumer health resources provided by the [National Cancer Institute](#). New in 2014, the [Patient-Centered Outcomes Research Institute \(PCORI\)](#) will update the AHCJ-NLM Fellows about innovative health care issues, such as comparative effectiveness research.

The 2014 AHCJ-NLM Fellows are:

- **Karen Bouffard**, health care writer, *The Detroit News*. Bouffard was a 2013 National Health Journalism Fellow with the University of Southern California's Annenberg School of Journalism.
- **Matthew Glasser**, health and medical producer, NBC Southern California. Glasser is an Emmy Award-winning journalist and was the co-creator and executive producer of *NurseTV* and *Healthcare Heroes*.
- **Sarah Karlin**, senior writer, *The Pink Sheet* and *The Pink Sheet DAILY*. Karlin formerly was the *FDANews*' congressional and generic drugs editor.
- **Kimberly Leonard**, health reporter and producer, *U.S. News & World Report*. Leonard was a health reporter with the Center for Public Integrity prior to joining *U.S. News & World Report*.
- **Cheryl Platzman Weinstock**, freelance health/science writer, who specializes in women's health issues. Weinstock's work frequently appears in the *New York Times*, *Women's Day*, and the *Oprah Magazine*. She contributed to the *New York Times*' Pulitzer Prize-winning coverage of 9/11.
- **Marie Powers**, staff writer, *BioWorld Today*. Powers was part of the *BioWorld Today* team, which received the Best Daily Publication award in 2013 and 2014 from the Specialized Information Publishers Association.
- **Cindy Sharp**, health and medical reporter, Associated Press Television and Online Video. Sharp previously worked for MSNBC and Tribune Broadcasting.
- **J.K. Wall**, health care reporter, *Indianapolis Business Journal*, and *The Dose*, a blog on health care finance. Wall worked as a business reporter at *The Indianapolis Star* before joining the *Indianapolis Business Journal*.

"NLM is pleased to welcome this year's class," said Rob Logan, PhD, who coordinates the AHCJ-NLM Fellows for NLM. "The range of media backgrounds stands out," he continued. "Internet-based and legacy media are well represented, as are newsletters, blogs, newspapers, magazines, and broadcast news."

"NLM is proud that the program's alumni have integrated resources they discovered during their fellowships into their health news reporting and editing," Logan continued. "For example, Christine Gorman, health/medicine editor at Scientific American, started a blog to help consumers find reliable health information online after her 2013 AHCJ-NLM Journalism Fellowship."

"AHCJ is pleased to work with NLM to create a program that contributes significantly to the professional development of health journalists," said AHCJ Executive Director Len Bruzzese.

"This partnership with AHCJ has been a huge success," observed NLM Director Donald A.B. Lindberg MD, who will meet with the AHCJ-NLM Fellows during their stay. "We look forward to welcoming another stellar group."

NLM Launches Emergency Access Initiative, Granting Free Access to Books and Journals for Healthcare Professionals Fighting Ebola Outbreak

The National Library of Medicine (NLM) Emergency Access Initiative (EAI) has been activated to support healthcare professionals working on the Ebola public health emergency in West Africa.

The EAI is a collaborative partnership between NLM and participating publishers to provide free access to the full text of over 650 biomedical journals and over 4,000 reference books and online databases to healthcare professionals and libraries affected by disasters. It serves as a temporary collection replacement and/or supplement for libraries affected by disasters that need to continue to serve medical staff and affiliated users. It is also intended for medical personnel responding to the specified disaster. EAI is not an open access collection. It is only intended for those affected by the disaster or assisting the affected population. If you know of a library or organization involved in healthcare efforts in response to the Ebola outbreak, please let them know of this service. EAI was activated four times in the past, including the earthquake and subsequent cholera epidemic in Haiti, flooding in Pakistan and the earthquake and tsunami in Japan.

NLM thanks the numerous participating publishers for their generous support of this initiative: American Academy of Pediatrics, American Association for the Advancement of Science, American Chemical Society, American College of Physicians, American Medical Association, American Society of Health-Systems Pharmacists, American Society for Microbiology, B.C. Decker, BMJ, EBSCOHost, Elsevier, FA Davis, Mary Ann Liebert, Massachusetts Medical Society, McGraw-Hill, Merck Publishing, Oxford University Press, People's Medical Publishing House, Springer, University of Chicago Press, Wiley and Wolters Kluwer.

Resources on Ebola

NLM has several other resources that will be helpful for people working on Ebola:

- [Ebola Outbreak 2014: Information Resources](#)
- [Articles in PubMed](#)
- [Resources from Disaster Lit](#) (including info from CDC and WHO)
- [Ebola \(for the general public\)](#)
- [Ebola \(para el público en general en español\)](#)
- [International health \(for the general public\)](#)
- [Salud en el mundo \(para el público en general en español\)](#)

For questions regarding these resources, please e-mail custserv@nlm.nih.gov or call 1.888.346.3656 in the United States, or 301.594.5983 internationally.

National Library of Medicine Announces 2014-2015 Associate Fellows

The National Library of Medicine, is pleased to announce the selection of its 2014-2015 class of Associate Fellows. Four fellows will join NLM in the fall of 2014.

The Associate Fellowship Program is a one-year postgraduate training fellowship at the NLM in Bethesda, Maryland, with an optional second year program component. The program is designed to provide a broad foundation in health sciences information

services and to prepare librarians for future leadership roles in health sciences libraries and in health services research. The Associate Fellows are introduced to a wide range of technologies and skills used in managing information at a national library.

For more information: <http://www.nlm.nih.gov/about/training/associate/proginfo.html>

Ariel Deardorff received her MLIS in 2014 from the University of British Columbia in Vancouver, Canada. As an MLIS student, Ms. Deardorff worked at the University of British Columbia's Education Library, Office of Library Assessment, and Faculty of Medicine, and volunteered at the British Columbia Children's Hospital Library. She is fascinated by the intersection between health and technology, and strongly believes that librarians can play an important role in making health information more accessible and user-friendly. During her MLIS program Ms. Deardorff was active in her school's chapter of the British Columbia Library Association, and the Special Library Association, and served as a student representative to the group Academic Librarians in Public Service. In 2013 Ms. Deardorff was chosen to represent her school as part of the American Library Association's Student to Staff program, through which she was able to volunteer at the 2013 ALA annual conference. Ms. Deardorff holds a bachelor's degree in international studies from the University of Washington.

Kristina Elliott received her MLS from the University of Maryland in 2014. While completing her degree, Ms. Elliott worked as a graduate assistant in the College of Information Studies, supporting communications, marketing, and alumni outreach efforts. As a master's student, she interned with the National Library of Medicine, developing a social media strategy and guidelines for the library's Twitter and Facebook accounts. She was also a metadata and social media intern with NOAA Central Library in Silver Spring, MD. Before beginning her master's program, Ms. Elliott worked for a cloud-based marketing software company as an editor, writer, and researcher. She earned her BA in English from the University of Maryland, College Park.

Erin Foster received her MSLS degree in 2014 from the University of North Carolina, Chapel Hill. While completing her degree, Ms. Foster worked as a graduate research assistant at UNC Chapel Hill's Health Sciences Library providing reference and instruction services, as well as faculty and student research support. Ms. Foster also worked on several projects with UNC Chapel Hill's digital repository and completed a field experience at Duke University in Rubenstein Library's Technical Services Department. Prior to graduate studies, Ms. Foster worked as a library assistant and data

manager at an aerospace and defense company. Ms. Foster completed her undergraduate degree at the University of California, Santa Cruz where she double majored in literature and feminist studies. As an undergraduate, Ms. Foster held student assistant positions in the Reference and Media Center areas of UC Santa Cruz's McHenry Library.

Lori E. Harris received her MSLS from the University of North Carolina at Chapel Hill. Ms. Harris was a recipient of the American Library Association Spectrum Scholarship in 2012-2013 and the Society of American Archivists' Harold T. Pinkett Minority Student Award in 2013-2014. As a graduate student, Ms. Harris worked in North Carolina State University's Special Collections Research Center as both a Library Associate and Project Archivist arranging and describing large manuscript collections by examining patterns of documentation following archival principles. Ms. Harris' interest in medical librarianship was sparked when she worked as an archivist intern at the Black Women's Health Imperative in Washington, DC. Ms. Harris' independent research consisted of conducting oral interviews of African American women, focusing on their health-related experiences with medical professionals and how they navigated the health care system. Ms. Harris' current research included conducting a focus group study of African American women to analyze their information seeking behavior as it relates to social media with a primary focus on their use of Facebook to retrieve, share and utilize health care and other types of information. Ms. Harris holds a BA in American studies and two certificates, in archival studies and museum studies, from Smith College.

[BACK TO TABLE OF CONTENTS](#)

NEWS FROM THE WELLCOME LIBRARY

Wellcome Collection Development Project Update

Following the completion of the latest stages of our development work we're pretty much back to business as usual here at the Wellcome Library. We've reverted to our regular opening hours and the collections are all back on the shelves in the right place.

Visitors to the Library will notice quite a few changes to the layout. We've installed a new admission and enquiries desk as well as new PCs for our users. We've unveiled a new staircase and picture wall, which will allow us to display more paintings from our



collections. We've reopened the gallery area on the third floor to users, and in a new departure for the Library, we've designated the gallery as the space where we encourage chatting. One of the constant requests we received via our regular user surveys was to have areas in the Library which are protected as quiet spaces, and an area where users can talk without actually leaving the Library space. The rest of the Library remains very much designated as quiet space. Also in response to requests from our users, we will be introducing study rooms just off the third floor gallery.

We'd like to extend a huge thanks to Library users who've been so supportive and understanding during the recent works. We still have some work to complete, so please bear with us for just a little bit longer!

Launch of the Medact Archive

The archive of the Medical Campaign Against Nuclear Weapons (MCANW), later Medact, has been catalogued ([SAM/ED](#)) and is now available for research.

At the height of the Cold War, MCANW was formed by British doctors and nurses to campaign for nuclear disarmament from a position of medical authority. MCANW challenged the government line that nuclear war could be survivable, pointing to the catastrophic consequences of a nuclear attack. They argued that there could be no adequate medical response in the face of an atomic attack 15000 times the strength of the bomb that devastated Hiroshima. For the medical campaigners, prevention was the only cure, nuclear disarmament the only way to prevent nuclear disaster.

The group did not work in isolation: MCANW also worked closely with the [Medical Association for the Prevention of War \(MAPW\)](#). Both MCANW and MAPW were UK affiliates of the Nobel Prize-winning International Physicians for the Prevention of Nuclear War (IPPNW), an organisation founded in 1980 to coordinate the efforts of doctors campaigning against nuclear weapons in over 50 groups around the world.

The Medact archive was launched with an international symposium, [Beds not Bombs: Exploring the Archives of Anti-Nuclear Medical Campaigning and Protest](#). Speakers at the symposium included scholars of peace studies, librarians from the University of Bradford and the Countway Library, Harvard Medical School (both of which have complementary archival collections relating to anti-nuclear campaigning from a medical perspective) and the folk singer Bob Wakeling. Bob is a CND veteran who had provided musical inspiration at the famous [Aldermaston marches](#) of the late 1950s and early 1960s and he regaled the attendees at the symposium with a number of peace songs from across the centuries.

We see the Medact archive as having great research potential, as it includes material on such disciplines as health policy, peace studies and recent social and political history. The archive has also featured in three recent online articles in the *Guardian*.

UK Medical Heritage Library Partners

We are excited to welcome nine UK research library partners to the UK Medical Heritage Library project. These libraries will be making their historic collections available for digitisation alongside the Wellcome Library's own 19th century works. They make up the bulk of the 15 million page goal made possible by funding from the Higher Education and Funding Council for England and [Jisc](#).

The nine partners include six university libraries and three Royal College libraries:

UCL (University College London)
University of Leeds
University of Glasgow
London School of Hygiene & Tropical Medicine
King's College London
University of Bristol
Royal College of Physicians of London
Royal College of Physicians of Edinburgh
Royal College of Surgeons of England

Relevant works will be selected by the partner libraries from their historic book and pamphlet collections, representing a broad selection of works from across medicine, health, and related subjects. The [Internet Archive](#) will carry out all the digitisation work in

a brand new scanning centre here at the Wellcome Library that will accommodate well over 2,000 items per month at peak times.

Lazaretto: An Adventure in Music and Film

The US musician Jack White (formerly of the White Stripes) recently launched his new album, 'Lazaretto' in the UK. We won't need to remind readers of *The Watermark* of the medical origins of that word but we do think they would be interested in how a film from the Wellcome Library's collections was used creatively to help launch the album. White's production company, Nomad, got in touch with us about a secret gig he planned for fans in July while touring the UK. [Punchdrunk](#), the company that produces immersive theatre, was engaged to create a one-off event centred around the idea of a lazaretto and contagion.

The producers at Nomad had already selected one of our videos – [How to Mask](#) – and re-edited it. They made the highly unusual request of asking us to 'hide' their video on [our YouTube channel](#). In the accompanying metadata we were provided with, there was a link to what turned out to be a 'fake' pharmaceutical company, [Vescovo&Co](#), and people who navigated to this website were invited to register for unspecified medical experiments. We were keen to get involved in a project that used our content so creatively and we agreed to go ahead and host the new video called [How to Stop Contagion part III, Vescovo&Co \(1948\)](#).

Nomad agreed to let me attend the event. Fans (who no doubt guessed the link to Jack White) were filtered down to those planning to be in London on the night of the event; only these were considered to be 'at risk' of contagion. Lucky applicants were given time-slots from 11:00pm and asked to arrive at an unoccupied office building (convincingly dressed for the occasion with Vescovo&Co branding) off the Strand in Central London.

We were issued a blue gown, overshoes, a bag and a mask. We were then ushered in small groups down to a dimly lit, slightly decrepit basement and herded from room to room, being left in the care of a 'doctor'. I was left in a dismal plant room with just yellow bio-hazard suits for company and several posters warning about the dangers of infection. I was [asked a few questions by a 'doctor', my belongings bagged up and removed and then I was taken to a laboratory](#).

Once in the room, we were earnestly told that all Vescovo&Co's drugs were tested on animals; in the room, there were numerous cages containing taxidermied white mice. We were then given three mazes to navigate. The first two were relatively straightforward, the last impossible. Next, we were all moved into a large room with a waiting area and numerous individual, open cubicles. As we waited, we observed the other people performing their tasks. The room was also dimly lit and all the rooms had spooky ambient music in the background. Finally an alarm sounded and we were all rounded up and taken to a concrete basement surrounded by plastic sheeting. We were 'decontaminated' with dry ice. As we huddled together, Jack White, dressed in a white suit with his full band, leapt out of the shadows and played a set of his latest tracks. After 5/6 tracks he became rather unsteady and started to froth at the mouth; he collapsed and was carried out on a stretcher. We were asked to leave and taken out of the building where we were handed back our belongings. White was stretchered into an awaiting Vescovo&Co ambulance and driven off.

All attendees were given a hand-written personalised prescription signed by Jack together with a cotton tote bag emblazoned with Vescovo&Co branding. My prescription was "3 apples stat." Another attendee was prescribed "dance". The prescription and branded tote bag have been accessioned into the Library collections and will shortly be catalogued and made available for consultation onsite.

There are more pictures of the event and a review of the gig at TheVinylFactory.com.

Author: Angela Saward, Curator, Moving Image and Sound Collection

For regular updates on the work of the Wellcome Library, see our Blog

(<http://blog.wellcomelibrary.org/>) or follow us on Twitter

<http://twitter.com/wellcomelibrary>)

[BACK TO TABLE OF CONTENTS](#)

NEWS FROM CENTER FOR THE HISTORY OF MEDICINE & PUBLIC HEALTH, THE NEW YORK ACADEMY OF MEDICINE

Curator of Rare Books and Manuscripts

We are pleased to announce that on September 2, Anne Garner, MLS, joined the staff as Curator of Rare Books and Manuscripts. Anne comes to the NYAM from the New York Public Library, where she worked with the Berg Collection of English and American

Literature. She has a background in Classics and has also worked at the Frederick L. Ehrman Medical Library of New York University and the Getty Research Institute in Los Angeles. In her position of curator, Anne takes on responsibility for the development and interpretation of the Center's collections, which comprise 550,000 volumes, including 32,000 rare books, chiefly in the history of Western medicine, as well as 275,000 pamphlets, and portraits, illustrations, ephemera, manuscripts, and archives.

Fall Programming

The Center has an extensive series of lectures and events this fall, capped by our second Festival of Medical History and the Arts, a [day-long event](#) on Saturday, October 18: "Art, Anatomy, and the Body: Vesalius 500," featuring lectures, demonstrations, tours, and workshops.

Tuesday, November 18, 2014: In celebration of the centennial anniversary of the birth of Jonas Salk, a film screening and discussion, "Jonas Salk, The Polio Vaccine, and 'The Shot Felt 'Round the World.'" Discussants include Peter Salk, MD, Director and President of the Jonas Salk Legacy Foundation; Jeffrey Kluger, Science Editor, *Time* magazine, author of *Splendid Solution: Jonas Salk and the Conquest of Polio*; and Bert Hansen, PhD, Baruch College, CUNY, author of *Picturing Medical Progress from Pasteur to Polio: A History of Mass Media Images and Popular Attitudes in America*.

Thursday, December 4, 2014: The Iago Galdston Lecture: Hilary Aquino, PhD, Albright College, " 'Making Public Health Contagious:' The Life and Career of Leona Baumgartner, MD, PhD."

Information and registration are on the [calendar](#) page of our blog, [Books, Health and History](#).

Center joins PACHS/CHSTM

The NYAM has joined the former Philadelphia Area Consortium for History of Science, newly reconceived—with expanded membership—as the Consortium for History of Science, Technology, and Medicine. NYAM's library catalog is now part of the consortium's union catalog. Watch for details, coming soon from CHSTM.

[BACK TO TABLE OF CONTENTS](#)

MEMBER PROFILES

W a t e r m a r k

Volume XXXVII

Number 4 (Fall 2014)

Name: Eva Åhrén**Member of ALHHS since:** 2014**Hometown:** Stockholm, Sweden**Current Employer and Position:** Director, Hagströmer Medico-Historical Library & Unit for Medical History and Heritage, Karolinska Institutet**Education:** PhD, History of Medicine, Program in Health and Society at Linköping University, 2002**Professional interests:** History of anatomy and pathology, 19th and early 20th century; visual communication in the history of science and medicine; history of medical museums; print culture and history of the book; history of bacteriology and public health around 1900**Name:** Sushan Chin**Member of ALHHS since:** 2014**Hometown:** Born and raised in New York, NY, now a New Jersey transplant.**Current Employer and Position:** Archivist of the Lillian & Clarence de la Chapelle Medical Archives, a unit of the New York University Health Sciences Library at the New York

University School of Medicine.

Education: BA in American History from New York University, MA in History and Certificate in Archival Management from New York University, MLIS from Drexel University and coursework in educational technology, also from Drexel University.**Professional interests:** Digital preservation and access, information management, New York City history, and medical history. I also enjoy visiting public libraries in different cities.

Other facts, interests, or hobbies: I have over 25 years of experience in the archives field. I have worked in a city archives, institutional archives for a large foundation and in a small local community archives. In 1995, I spent ten months at the Minnesota Historical Society (MHS) as a National Historical Publications and Records Commission (NHPRC) Fellow in Archival Administration. I was fortunate to be there in 1995, two years after the Historical Society opened in its new building. At MHS, I learned how to conduct large-scale processing of senators' papers and methods for documenting cultural heritage and local history at the state level. Another interest is urban architecture. Hobbies include gardening, cooking and of course, reading.

[BACK TO TABLE OF CONTENTS](#)

ANNOUNCEMENTS

The Francis A. Countway Library Fellowships in the History of Medicine, 2015-2016

The Francis A. Countway Library of Medicine is pleased to offer annual fellowships to support research in the history of medicine. Established in 1960 as a result of an alliance between the Boston Medical Library and the Harvard Medical Library, the Francis A. Countway Library of Medicine is the largest academic medical library in the United States. The Countway Library maintains a collection of approximately 700,000 volumes. Its Center for the History of Medicine holds 250,000 books and journals published before 1920, including 802 incunabula. The department's printed holdings include one of the world's most complete medical periodical collections, an extensive collection of European medical texts issued between the 15th and 20th centuries, and excellent holdings of pre-1800 English and pre-1900 American imprints. The book collection is strong in virtually every medical discipline and is particularly rich in popular medicine, medical education, public health, Judaica, and travel accounts written by physicians. The Countway's collection of archives and manuscripts, approximately 20 million items, is the largest of its kind in the United States. The manuscript collection

includes the personal and professional papers of many prominent American physicians, especially those who practiced and conducted research in the New England region, or who were associated with Harvard Medical School. The Countway Library also serves as the institutional archives for the Harvard Medical School, Harvard School of Dental Medicine, and the Harvard School of Public Health. The printed, manuscript, and archives holdings are complemented by an extensive print and photograph collection and the collections of the Warren Anatomical Museum. Established in 1847, the museum houses an exceptional collection of medical artifacts, pathological specimens, anatomical models, and instruments.

The Francis A. Countway Library Fellowships in the History of Medicine provide stipends of up to \$5,000 to support travel, lodging, and incidental expenses for a flexible period between June 1, 2015, and May 31, 2016. Besides conducting research, the fellow will submit a report on the results of his/her residency and may be asked to present a seminar or lecture at the Countway Library. The fellowship proposal should demonstrate that the Countway Library has resources central to the research topic. Preference will be given to applicants who live beyond commuting distance of the Countway. The application, outlining the proposed project (proposal should not exceed five pages), length of residence, materials to be consulted, and a budget with specific information on travel, lodging, and research expenses, should be submitted, along with a curriculum vitae and two letters of recommendation, by February 15, 2015. Applications should be sent to: Countway Fellowships, Center for the History of Medicine, Francis A. Countway Library of Medicine, 10 Shattuck Street, Boston, MA 02115. Electronic submissions of applications and supporting materials may be sent to: chm@hms.harvard.edu.

Awards will be announced by March 31, 2015.

The Boston Medical Library's Abel Lawrence Peirson Fund provides support for the fellowship program. The Boston Medical Library is a physicians' non-profit organization, incorporated in 1877. Its mission is "to be a Library for the dissemination of medical knowledge, the promotion of medical education and scholarship, and the preservation and celebration of medical history, and thereby to advance the quality of health and healthcare of the people." Today there are over 300 fellows of the Boston Medical Library. In 1960, the Boston Medical Library entered into an agreement with the Harvard Medical School Library to combine staff, services, and collections into one modern biomedical facility. The Francis A. Countway Library of Medicine opened in 1965 and ranks as one of the largest biomedical libraries in the world.

Jack Eckert

Public Services Librarian, Center for the History of Medicine

Francis A. Countway Library of Medicine, Boston

National Film Preservation Foundation Awards Third Preservation Grant to the MUSC Waring Historical Library

The Medical University of South Carolina's (MUSC) Waring Historical Library, one of 35 institutions to receive funding from the National Film Preservation Foundation during its summer 2014 grant cycle, was awarded a basic preservation grant in the amount of \$1510 through the National Film Preservation Foundation (NFPF) to preserve the film, *Cannabis and Opiate Experiments*.

Filed in the mid to late 1950s by Dr. Robert P. Walton, professor and chairman of the Department of Pharmacology from 1942 to 1971, the film documents the effects of cannabis and various opiates on the cardiovascular system of dogs and cats.

Dr. Walton did extensive research on the medicinal value of cannabis or marijuana during his tenure at the University of Mississippi before joining the MUSC Department of Pharmacology in 1942. His 1938 book, *Marihuana, America's New Drug Problem. A Sociological Question with its Basic Explanation Dependent on Biologic and Medical Principles* was reprinted in 1976 and is still being cited today.

The film will be digitized and made available online through [MEDICA](#), the institutional repository and digital archives of the Medical University of South Carolina. MEDICA was created to provide access to current research of MUSC faculty and students, as well as the historical archival collections held at MUSC's Waring Historical Library and University Archives.

Brooke Fox

University Archivist

Waring Historical Library, Medical University of South Carolina

Research Guides to Twentieth Century Medical History at the Hirsh Health Sciences Library

Two research guides highlighting archival material at the Hirsh Health Sciences Library at Tufts University have recently been created. Funded by an [Express Library](#)

Digitization Award from the National Network of Libraries of Medicine New England Region, these guides contain images and links to full-text articles from the library's collection of materials regarding two very different topics: Tufts' role in the community health center movement, and the Jewish physicians who joined the Tufts faculty after having had to flee Nazi Germany. Excellence in Exile: German Emigré Physicians at TUSM pertains to the following Tufts University School of Medicine (TUSM) faculty members: Alice Ettinger (1899-1993), Joseph Igershiemer (1879-1965), Gerhard Schmidt (1901-1981), and Siegfried Thannhauser (1885-1962).

With its establishment of the Columbia Point Health Center (Boston, MA) and Delta Health Center, Inc. (Mound Bayou, MS), Tufts helped launch the community health center movement. Boston to Mound Bayou: Columbia Point & Delta Health Center features background information about the community health center movement as well as materials related to the pioneering work of TUSM faculty members H. Jack Geiger (1926-) and Count D. Gibson (1921-2002).

Amy E. LaVertu

Research & Instruction Librarian

Tufts University Hirsh Health Sciences Library

Vesalius and the Invention of the Modern Body

Saint Louis University and Washington University in Saint Louis

St. Louis, Missouri, USA

February 26-28, 2015

This symposium will examine the impact of Vesalius and his contemporaries on perceptions of the human body in medical, intellectual, and artistic contexts from the early modern period through the present. In addition to the presentation of academic papers, the symposium will include a live anatomy demonstration, rare book workshops, and a publishers' exhibit hall. Daniel Garrison, Malcolm Hast, and Sachiko Kusukawa will present keynote addresses.

Registration, which will open November 1st, will be ongoing through the website, <http://vesalius.slu.edu> or <http://vesalius.wustl.edu>.

Registration will continue until the conference itself.

Elisabeth Brander

Rare Books Librarian

Bernard Becker Medical Library, Washington University School of Medicine

[BACK TO TABLE OF CONTENTS](#)

BOOK REVIEWS

Beatrix Hoffman. *Health Care for Some: Rights and Rationing in the United States Since 1930*. Chicago: University Of Chicago Press, 2012. 360 p. \$30.00. ISBN: 978-0226102191

When it comes to the national health care debate, I am biased. Let me get that out there before proceeding with this review. I am a huge proponent of universal coverage and am proud to admit it. It was difficult to remain objective about something that I believe in so strongly but please know that I tried my best.

The topic of health care has dominated political discourse since President Obama signed the Patient Protection and Affordable Care Act (PPACA or the Affordable Care Act) into law on March 23, 2010. Believing health care is a right of all Americans, supporters argue that the law improves the quality of care and lowers health care costs while increasing access. Opponents argue that the law is unconstitutional because of the individual mandate provision, which requires all Americans to purchase health insurance or face a fine; opponents believe a Federal government takeover of health care would lead to rationing and “death panels.” This debate over differing views of health care as a right or a privilege with various qualifications is documented in *Health Care for Some: Rights and Rationing in the United States Since 1930* by Beatrix Hoffman, a history professor at Northern Illinois University.

Hoffman argues that the debate of rights versus privilege has been going on for years. Through a decade-by-decade account of health care policies, she documents the existence of rationing within the U.S. health care system from the 1930s up through and including the ACA. Types of health care rationing covered include rationing by price or ability to pay, race, region, employment and occupation, address, type of insurance coverage, parental status (in the case of Medicaid), and age. Physicians, health

insurers, drug companies, and hospitals have used each of these forms of rationing to increase profits at the expense of the patients.

Presidents, beginning with Franklin D. Roosevelt, strove to pass comprehensive health care reform. Programs initiated during the New Deal extended a variety of social and economic benefits, including health care, to the unemployed. Some presidents tried to create a health care system open to all citizens; however, during Ronald Reagan's presidency, federal funding of social and medical programs decreased and continued to shrink under George W. Bush's administration. Hoffman argues that the influence of physicians' groups (e.g. the American Medical Association), hospitals groups (e.g. the American Hospital Association), private insurance companies, and even politicians thwarted overhauls of the health care system. Each constituency shaped health care policy, resulting in the patchwork of care offered to the American people.

Hoffman's extensive research for the book is evidenced in the Notes and Bibliography sections. She used many primary and secondary sources to chart the history and development of health care policy, resulting in a meticulous description of the various forms of rationing and the key players involved in shaping the U.S. health care system.

By the end of the book, it is apparent that Hoffman is disappointed with the ACA. As she states, "The Affordable Care Act retains and updates many aspects of US-style rationing, including separating people into different groups for difference kinds of coverage, means testing (in the case of Medicaid and new government subsidies to buy private insurance), rationing of coverage by age (children may remain on their parents' insurance until age 26), rationing of coverage by location (state exchanges), fragmentation, and complexity" (p. 217). To this reader, the ACA, though flawed, is a step in the right direction towards universal coverage. The Act attempts to expand access despite the obstacles put in its way by health care industries.

In conclusion, *Health Care for Some* is a well-written, well-researched, and surprisingly engrossing book. Despite Hoffman's evident bias, it is a must-read for anyone interested in the history of U.S. health care policy. Readers, no matter their stance on the Affordable Care Act, will take with them the understanding that health care rationing does occur today, even under the Affordable Care Act.

Brooke Fox

University Archivist

Medical University of South Carolina

Susan P. Mattern. *The Prince of Medicine: Galen in the Roman Empire*. Oxford: Oxford University Press, 2013. 334 p. \$29.95 ISBN: 978-019-976767-0

Galen's irrefutable and influential place in history remains intact in Susan P. Mattern's biography, focusing primarily on his years in Rome (162-166). Galen's medical and philosophical contributions, often self-promoting by today's standards, carried tremendous influence, even exerting an "intellectual stranglehold" on medical history into the 20th century. His writings, many of which he modified or edited during the course of his long life, were sometimes copied, circulated without his permission, and faced what we would call today copyright issues. The scattering, rewriting and editing of Galen's works have made for some confusion in their historical interpretation. A prolific author, Galen sometimes wrote about events many years after their occurrence, thereby raising questions about his recall and accuracy. Galen was a complex, paradoxical individual, and as competitive as any modern, high-profile scientist. A showman, especially when it came to animal dissection, with audiences of fellow physicians or supporters to enlighten and impress, Galen furthered his reputation and climbed the social and civic ladder while in Rome.

Greek by birth, Galen (129-216 or 217) would consider Pergamum, located in today's western Turkey, home. Mattern, a professor of history at the University of Georgia, provides a chronological chart that greatly helps the reader track major influences and events in Galen's life, education and travels. For about ten years, beginning at the age of seventeen, Galen endured a chronic abdominal illness, now believed caused by fresh fruit consumption, but after following directions given to him by Asclepius, who appeared to him in dreams, he was cured. Possibly, as Mattern notes, Galen's change in dietary habits played a role in his cure.

Schooled by numerous tutors, Galen, beginning in 157, worked for four years as physician to Pergamum's gladiators, recording some techniques in his treatise "On the Method of Healing to Glaucon," based on his treatment of abdominal wounds suffered by gladiators. Gladiators, who were uneducated and usually of lower social status, left no personal accounts of their injuries and treatments. Then, in 162, for reasons unknown, Galen was lured to Rome. Galen's career in Rome was characterized by pivotal showdowns of diagnoses and cures with Martianus, a fellow physician and rival (over a "plethoric young woman") and Eudemus, a Peripatetic philosopher. Analyses of fevers and pulses took center stage among Galen's diagnostic techniques, as disorders ran

their course. Eliciting a patient's medical history, and asking questions of others in the patient's household, gave Galen an advantage; and he wisely cultivated friendships and contacts which would further his career. The public dissections and vivisections that he carried out enhanced his stature as physician and philosopher. But perhaps the individual most important to Galen's career, and the one who helped pave the way for his acceptance into Roman high society, was senator and ex-consul Flavius Boethus, whom he met through Eudemus. Boethus, interested in anatomy, facilitated Galen's animal vivisections, furthering the understanding of muscles and nerves involved in voice and breathing. "On Anatomical Procedures" recounts these observations.

Among his remarkable and astounding diagnoses, predictions, and cures, were various episodes in which he pulled patients back from the brink of death. Additionally, Galen collected plant and mineral specimens from his many travels, amassing an impressive pharmacopoeia from which he concocted medicines. (A common medicine for wealthy members of society of that era was the cure-all theriac. Galen's formulation was composed of 64 ingredients, a major ingredient being "flesh of viper.")

Galen left Rome in 166 for reasons unknown, to return to Pergamum. But he eventually resurfaced in Rome, and in time appeared to be employed in the imperial household. Galen's medical expertise and formulation of theriac were greatly appreciated by Marcus Aurelius, who hired him as his personal physician. In 169, Galen became the personal physician to Commodus, heir of emperor Marcus Aurelius. Galen effected a cure of Commodus' fever.

Many of Galen's writings lack details which would clarify dates, disease conditions, and other substantive information (e.g., his vague reasons for returning to Pergamum, an abundance of self-promotion, contradictions of the same observation among various writings, etc.) Some writings were done years after the experiences mentioned, so historians have had to fill in the blanks, and speculate on what diseases Galen is likely describing. For example, Galen discusses the "great plague" at Aquileia, in 168-169, yet historical analysis indicates the disease was more likely smallpox. Adding to confusion is the fact that several people in this book go by various names over the course of their lifetimes, and the lack of surnames further obscures true identities.

The Great Fire of Rome in the winter of 192 destroyed many of Galen's books along with his collection of herbs, plants, and raw materials. Fortunately, many of his works were translated into Arabic, significantly influencing medicine in the Middle East for centuries.

Mattern touches upon many of these writings, yet defers to other historians for more in-depth analyses of those works.

Sharon Lee Butcher

[BACK TO TABLE OF CONTENTS](#)

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Volume XXXVII

Number 4 (Fall 2014)

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The Watermark (ISSN 1553-7641) is the quarterly publication of the Archivists and Librarians in the History of the Health Sciences (ALHHS). It was founded in 1976 to serve as the newsletter of the Association of Librarians in the History of the Health Sciences, but changed its subtitle in 1992 when ALHHS changed its name. OCLC records are # 11902760 (1976-1992) and # 40676801 (1992-present).

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[BACK TO TABLE OF CONTENTS](#)
