



WATERMARK

Volume XXXVIII

Fall 2015



TABLE OF CONTENTS



EDITOR’S MESSAGE..... 4

PRESIDENT’S MESSAGE 5

NEWS FROM THE HISTORY OF MEDICINE DIVISION OF THE

NATIONAL LIBRARY OF MEDICINE..... 6

NEWS FROM THE WELLCOME LIBRARY 9

NEWS FROM CENTER FOR THE HISTORY OF MEDICINE &

PUBLIC HEALTH, THE NEW YORK ACADEMY OF MEDICINE... 13

MeMA NOTES..... 18

FEATURE ARTICLES 23

NEW MEMBER PROFILES 51

BOOK REVIEWS 53

ADVERTISERS 61

W a t e r m a r k

Volume XXXVIII

Number 4 (Fall 2015)

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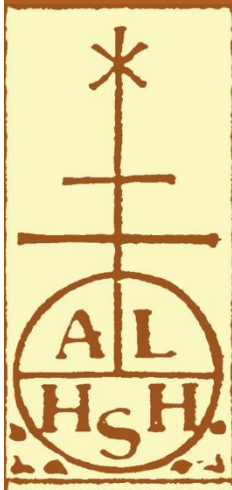
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**Submissions for the Watermark:**

The Watermark encourages submissions of news and stories about events, collections, catalogues, people, awards, grants, publications, and anything else of professional interest to the members of ALHHS. Please submit your contributions in a timely way to 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.

Cover Image: Cassie Nespor's Suitcase Tour includes a pill mold and a metal leech box. For more information, please see her contribution in the MeMA Notes column. Photo credit: Melnick Medical Museum at Youngstown State University.

EDITOR'S MESSAGE



In March of this year, I had the opportunity to attend a couple of social events at the combined meeting of the New England Archivists (NEA) and Mid-Atlantic Regional Archives Conference (MARAC) in Boston. By chance, I met archivist Ashley Taylor, and as we chatted over dinner about her job at University of Pittsburgh, in my mind's eye I could see an article coming together. I know you will enjoy what Ashley has to say about the still-active Dr. Thomas Starzl and his voluminous correspondence. Linda Lohr and Kenneth Mages emailed me a fascinating report on their acquisition of the papers and realia of upstate New York's Dr. H.T. Jackson (1846-1926), and their article includes something we don't see too frequently in these pages: an interview with the donor.

Those of us who were intrigued by Joanna Ebenstein's presentation at the ALHHS/MeMA Annual Meeting about Brooklyn's Morbid Anatomy Museum – and those of us who had to miss her presentation – will be delighted to find her article.

Please be sure to read Elisabeth Brander's announcement of our upcoming Annual Meeting and mark your calendars for April 27-28, 2016!

I'd like to welcome all our new members, and, as always, look forward to hearing from you.

Best wishes,
Martha E. Stone
Editor

[BACK TO TABLE OF CONTENTS](#)

PRESIDENT'S MESSAGE



I hope you've all had an enjoyable and relaxing summer and are heading into fall reinvigorated for the season ahead.

In June I was privileged to be invited to a conference in London sponsored by the Wellcome Library on history of medicine digitization projects. American and British librarians and archivists were able to discuss the perils and potentials of large-scale digitization projects, specifically the work of the [Medical Heritage Library](#) in the U.S. as well as that of the more recently-established [UK Medical Heritage Library](#). The British project, still ongoing, is truly ambitious: ten libraries will be digitizing 15 million pages of 19th century medical books and pamphlets over two years. For us Yanks, it was rather flattering to be asked to share our experiences as grizzled veterans of two major digitization projects – although UK MHL seems to have things very much under control.

Not long before writing this column, the number of items in the Medical Heritage Library exceeded 100,000. As this cornucopia of digitized material in the history of the health sciences begins to become accessible to scholars, students and the general public, how do we -- as the traditional custodians and interpreters of this material -- redefine our jobs? Do we cease buying books? Do we cede our role as educators? I would say no to both questions, but clearly the easy availability of these previously difficult-to-access books, pamphlets and journals may pose a challenge to remaining relevant in our organizations.

I hope that ALHHS members, through our annual meetings and the medium of *The Watermark*, will address these multifaceted questions with the same thoughtfulness as we have dealt with challenges in the past. Submit a session proposal to the Program Committee, write an article for this journal – be part of the dialog! A lively conversation on these issues will be of vital importance in ensuring the growth and prosperity of our profession.

Best wishes,

Stephen Novak

President

[BACK TO TABLE OF CONTENTS](#)

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

NIH Posts Vacancy Announcement for Position of NLM Director

The National Institutes of Health (NIH) in Bethesda, Maryland has posted the [vacancy announcement](#) for the position of National Library of Medicine (NLM) Director.

Applications will be reviewed starting October 20, 2015 and will be accepted until the position is filled. NIH and NLM will be publicizing the vacancy widely. Qualified candidates are encouraged to apply.

NLM assists in the advancement of medical and related sciences through the collection, dissemination, and exchange of information important to the progress of medicine and public health. It also serves as a national information resource for medical education, research, and service activities of federal and private agencies, organizations, and institutions, in addition to patients, families, and the general public by providing electronic access to reliable health information issued by NIH and other trusted sources. NLM publishes, electronically and in print, guides to health sciences information in the form of catalogs, bibliographies, indexes, and online databases. It provides support for medical library development and training of biomedical librarians and other health information specialists; conducts and supports research in methods for recording, storing, retrieving, preserving, and communicating health information; and creates information resources and access tools for molecular biology, biotechnology, toxicology, environmental health, and health services research. It provides technical consultation services and research assistance. In accordance with the strategic vision articulated in a recent report from the Advisory Committee to the NIH Director, the NLM will also move towards becoming the epicenter for biomedical data science, not just at NIH, but across the biomedical research enterprise, and will include the activities initiated under the Big Data to Knowledge program.

NLM and National Endowment for the Humanities Reaffirm Cooperation on Initiatives of Common Interest

The National Library of Medicine and the National Endowment for the Humanities (NEH) have reaffirmed their partnership, originally established in 2012, following the visit of NEH Chairman William D. Adams to the NLM. The agencies will continue to develop initiatives that bring together specialists from the humanities, medicine, and information sciences to share expertise and develop new research agendas.

During the past three years, NLM and NEH have collaborated on several initiatives in cooperation with a number of organizations and institutions, including the Maryland Institute for Technology in the Humanities of the University of Maryland, Research Councils UK, Virginia Tech, The Wellcome Library, and The Wellcome Trust.

NLM and NEH collaborations have included involvement in the 2013 symposium *Shared Horizons: Data, Biomedicine, and the Digital Humanities*, which explored the intersection of digital humanities and biomedicine, and the 2013 symposium *An Epidemiology of Information: New Methods for Interpreting Disease and Data*, which explored new methods for large-scale data analysis of epidemic disease. In April 2016, NLM will host the NEH-funded, interdisciplinary workshop [*Images and Texts in Medical History: An Introduction to Methods, Tools, and Data from the Digital Humanities*](#). A unique public forum involving hands-on instruction and sessions open to the public, the workshop will provide historians of medicine and interested others with an opportunity to learn about tools, methods, and texts in the digital humanities that can inform research, teaching, scholarship, and public policy. Moving forward, NLM and NEH will continue their work together to encourage humanities, biomedical, and cultural heritage scholarship and research of high quality; foster collegial interaction between scholars, scientists, librarians, archivists, curators, technical information specialists, healthcare professionals, cultural heritage professionals, and others in the humanities and biomedical communities; and demonstrate their commitment to collaboration in the delivery of innovative resources for the research and education communities.

Confronting Violence: Improving Women's Lives: Special display, traveling banner exhibition, and online project

The National Library of Medicine is proud to announce its latest exhibit: *Confronting Violence: Improving Women's Lives*, an examination of the growing awareness of and response to domestic violence in the United States.

NLM creates exhibitions and companion websites to raise awareness of the institution's rich collections. Some exhibitions, as with *Confronting Violence: Improving Women's Lives*, use history and material culture to contribute to the national conversation on important topics.



The *Confronting Violence* banner exhibition will be traveling to 50 cities across America over the next four years.

Confronting Violence: Improving Women's Lives tells a story that is unfamiliar to most. Within the scholarly community, no one has written about this chapter in history. For many, the anti-domestic violence movement seemingly came into focus during the 1985 Surgeon General's Workshop on Violence and Public Health or with the passage of the 1994 Violence Against Women Act. Yet, for years prior, nurse reformers were working on the front lines in shelters and emergency rooms across the country. They were conducting studies, analyzing data, and developing protocols for identification and treatment of patients who had experienced domestic violence.

Confronting Violence tells this powerful story, drawing largely from the materials in the collections of the History of Medicine Division at the National Library of Medicine. This is a story that is of interest to anyone who thinks about why things are the way they are, and how to improve the lives of others.

The special display can be seen in the History of Medicine Division Reading Room at the National Library of Medicine from September 17, 2015 to August 19, 2016. The *Confronting Violence* website can be found at:

www.nlm.nih.gov/confrontingviolence/

[BACK TO TABLE OF CONTENTS](#)

NEWS FROM THE WELLCOME LIBRARY

Not by half! UK-MHL project 8 million page milestone

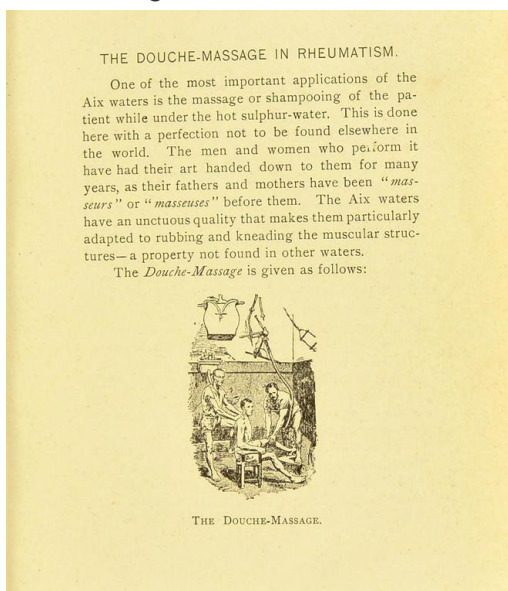
In July the [UK Medical Heritage Library](#) (UK-MHL) digitisation project reached the halfway point, with over 26,000 titles digitised, resulting in nearly 8 million pages. Our goal is to reach 15 million pages in early 2016.

Each of the 10 partner institutions has contributed books and pamphlets from a wide range of medical and health-related areas, but each has a slightly different emphasis – University College London contributed a large number of ophthalmology books and pamphlets, while the London School of Hygiene & Tropical Medicine naturally focused on public health and tropical diseases. Military medicine is a top subject of both the Royal College of Surgeons of England, and the Royal College of Physicians of London, while cholera and other diseases are well-represented by Glasgow University Library and others.

The Wellcome Library has a significant number of books related to exercise and gymnastics. Bristol University Library has sent us many books on obstetrics and the contribution from King's College London includes heavy dose of psychiatry and mental health. During the next 6 months, the partners will continue adding more books to the project, including a large number of cookery books coming soon from Leeds University Library.

Of course, the more general subjects are well-represented and describe a large proportion of the collections digitised so far, but there are a huge variety of highly specific topics and some obscure (and sometimes strange) ones hidden in the 'long tail' of subjects represented.

For example we have 29 books on 'balneology', the study of the therapeutic uses of medicinal springs, including one book from the Royal College of Physicians of Edinburgh sporting an illustration of a 'douche-massage'.



These books are freely available online as part of the UK Medical Heritage Library on the [Internet Archive website](#), and can also be found in the [Wellcome Library catalogue](#).

Christy Henshaw
Digitisation Manager

Moving the Wellcome Library to the Cloud

As the scale of the Library's digitisation programme continues to grow – we have already digitised over 16 million pages, a figure which will grow to over 30 million by 2018 – we need to ensure that we can continue to deliver this content in efficient and effective ways. Using [cloud-computing](#) services to deliver content is an obvious solution -- one increasingly adopted by organisations throughout the world.

Beyond this simple requirement, there is a much bigger ambition to position the Wellcome Library as a pioneer in the development of a new, interoperable, fully-scalable, digital library platform and, crucially, to make this platform available for use by other cultural heritage organisations.

As a first step to realising this ambition, the Wellcome Library will – with the help of our development partners [Digirati](#) – develop a prototype Digital Library Cloud Services (DLCS) platform. This will demonstrate the viability of the proposed platform, and enable the Library to calculate what it might cost for other organisations to make use of these services.

The prototype

The focus of the prototype will be to expose all the Library's images as IIIF Image API endpoints and deliver these to our users via the Cloud.

[IIIF](#) is a way of describing an image in a standards-based way, which allows the image to be displayed in a dazzling, deep-zoom environment with *any* IIIF-compliant viewer. The real strength of IIIF however, is that images that are described in this way are fully interoperable. To give a simple example, if one library held part of a manuscript (and had digitised that part), and another library held another part (which had also been digitised),

then an IIIF manifest could be created to bring the two parts together in a single viewing environment, (even though the images would be delivered by two different libraries).

The Wellcome Library's prototype will also see the deployment of the Universal Viewer ([available on GitHub](#)) – replacing our [current media player](#) – though developed further to ensure that it can handle video, audio and other non-image material. The Universal Player will also support all the permissions and login scenarios we require.

Commodity services for cultural heritage digitisation

Once we have proved the viability of the platform, the next stage will be to develop additional services, such as OCR indexing and searching (based on the [ALTO](#) standard), annotation storage (based on the [W3C Open Annotation](#) standard) and an easy-to-use set of [APIs](#).

We will also develop a discovery layer – that makes use of the commodity services described here – for those institutions that may not already have a discovery platform to enable them to showcase their digital content.

With access to a set of core commodity services – the ‘plumbing’ that supports the delivery of digital content – cultural heritage organisations can minimise the development and IT costs that typically bedevil digitisation initiatives. The net result of this will be the availability of more digital content, presented in standards-based environment, and delivered at a lower unit cost to the sector.

Further information

More information about the DLCS can be found on [GitHub](#). A [Google Group called **wellcome-dlcs**](#) (Digital Library Cloud Services) has also been set up, where regular updates will be posted. Please join this group if you are interested in receiving updates.

Robert Kiley
Head of Digital Services

W a t e r m a r k

Volume XXXVIII

Number 4 (Fall 2015)

From the stacks to the screen

What happens when you turn the library catalogue inside out, exposing decades of catalogue descriptions, system metadata and images from our collections? What if a catalogue record, or an item in the collection, knew it was being talked about elsewhere on the web? What does it look like to present a library collection without searching?

We are attempting to find out!

In July and August we ran [What's In The Library?](#), a project we worked on with the design firm [Good, Form & Spectacle](#).

What's In The Library? aimed to plumb the depths of the Library catalogue, surfacing data from catalogue records and digitised materials to encourage exploration.

If you're interested in the process behind the project, have a look at the [What's In The Library project blog](#). George Oates has also written about the project on the [Good, Form & Spectacle blog](#).

Jenn Phillips-Bacher
Web Manager

Wellcome Trust Research Bursaries scheme

The next call for applications for the [Wellcome Trust Research Bursaries scheme](#) closes on the 1st October.

This scheme is for small and medium-scale research projects based on library or archive collections supported by the Wellcome Trust. Projects must focus either on [Wellcome Library holdings](#) or on any collection supported by a previous [Research Resources grant](#), but they need not be historically grounded.

These awards can support experienced researchers based in the UK and the Republic of Ireland. Applications may also be made from scholars based outside the UK or the Republic of Ireland who wish to carry out research on a collection supported by the Trust.

Awards are not limited to academic researchers. Applications may also be submitted by conservators, artists, performers, broadcasters, writers, public engagement practitioners and others working in the creative arts.

More information on the scheme is available on the Wellcome Trust [website](#).

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>)

Ross MacFarlane
Research Engagement Officer
Wellcome Library

[BACK TO TABLE OF CONTENTS](#)

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

Fall Festival

The Library's third annual festival celebrating the intersections of history of medicine and health, the humanities, and the arts, will take place on Saturday, October 17. The festival is part of the Library's 2015 "[Eating through Time: Food, Health and History](#)" series exploring the interrelationship of food, health, and policy over time. Highlights of the daylong festival include Chef Jacques Pépin, Joshua Evans (Nordic Food Lab), Bryant Terry, Ken Albala, Betty Fussell, a screening and Q&A with the producers of *A Place at the Table*, and the CIA (Culinary Institute of America) /Harvard "Healthy Kitchens, Healthy Lives" initiative. Panels will explore issues relating to food and food systems from diverse perspectives, while workshops and demonstrations will cover topics from space food to insect eating and early modern cooking techniques. The Drs. Barry and Bobbi Collier Rare Book Reading Room will display food-related collection highlights including our 9th century manuscript copy of Apicius' *De Re coquinaria*.

History of Medicine Lectures

The Center will present five lectures this fall. We began on September 9 with Jean-Laurent Casanova of Rockefeller University speaking on “The Human Genetic Theory of Infectious Diseases: A Brief History,” a lecture presented with the Heberden Society of Weill Cornell Medical College. On September 17, B. Harun Küçük of the University of Pennsylvania presented the Iago Galdston Lecture, “Hypochondria in Early Modern Istanbul,” while on September 30 Andrea Wulf gave a lecture based on her new book, *The Invention of Nature: Alexander von Humboldt’s New World*, in collaboration with The Columbia Center for Science and Society.

Two lecturers will speak as part of our “Eating through Time” series. On October 29, Frederick Douglass Opie of Babson College will present “Zora Neale Hurston’s Work on Food-Based Prescriptions for Illnesses: A History.” On November 19, Paul Freedman of Yale University will speak on “Seasonal, Local Dining in Pre-Modern Europe.”

Atlas Obscura



Dr. Heidi Knoblauch showing medical photography, as part of the Atlas Obscura series, “After Hours”.

Photo Credit: Library, NYAM

Our Atlas Obscura offering, “After Hours: Inside the Rare Book Collection of The New York Academy of Medicine,” will continue this fall with presentations by Curator Anne Garner and Historical Collections Reference Librarian Arlene Shaner. Our final session, showcasing gems from the Library’s cookery collection, occurred on September 10. Earlier presentations this summer highlighted our natural history books in June, and medical photography, with guest host Dr. Heidi Knoblauch of Bard College, at the end of July.

Open House New York

For the third straight year, The New York Academy of Medicine will participate in [Open House New York](#), a celebration of the built environment. From noon to 4:00 PM on Sunday, October 18, we will offer guided tours of the Art Deco/Romanesque building, featuring the magnificent spaces of Hosack Auditorium and third-floor Woerishoffer Room (formerly the Library's Main Reading Room), and the Drs. Barry and Bobbi Collier Rare Book Reading Room.

Growing and Aging Discussion Series

This fall the Library will host its first reading and discussion group in collaboration with the Academy's [Age-friendly NYC initiative](#). Supported by a grant from the [New York Council for the Humanities](#), the "[Growing & Aging](#)" program will explore how the cultural constructs of aging have changed over time and how growing older changes our perception of ourselves and others. Two six-week discussion series will be facilitated by Annie Robinson, assistant director of the [Center for Narrative Practice](#) and program officer for [Health Story Collaborative](#).

Garbage and the City

On three evenings in July and August, The New York Academy of Medicine, the [Museum of the City of New York](#), and [ARCHIVE Global](#) presented a popular lecture series, "Garbage and the City," underwritten by the New York Council on the Humanities. On July 1, Catherine McNeur, Portland State University, presented "Hog Wash, Swill Milk, & the Politics of Waste Recycling in Antebellum Manhattan." Julie Sze, University of California, Davis, spoke on "Noxious New York: Race, Class and Garbage," on August 3. Robin Nagle, anthropologist-in-residence, New York City Department of Sanitation, presented the final lecture in the series on August 17, "Life Along the Curb: Inside the Department of Sanitation of New York." Her lecture was followed by a screening of the short documentary *One Man's Trash* by Kelly Adams, which looks at Nelson Molina's "Treasures in the Trash" museum, developed over 34 years of working for the NYC Department of Sanitation in East Harlem. More than 600 participants attended the series, where they were treated to discounted artisanal cocktails, courtesy of Art in the Age.

The Gladys Brooks Book and Paper Conservation

New York State Discretionary Grant Completed

Thanks to the generous financial support of the New York State Library's Division of Library Development, the Gladys Brooks Book and Paper Conservation Laboratory completed conservation treatment on 42 medical student notebook manuscripts, created by students studying at medical colleges in New York City between 1827 and 1909. The notebooks selected for this grant required a wide range of conservation treatments, ranging from simple cleaning to advanced paper and binding repair. Contract conservator Jayne Hiram did an excellent job of completing the necessary work on schedule at the end of June and, following updates to our online catalog records, the materials will soon be available for use by researchers.



**Before and after conservation treatment of a student notebook from the recently conserved collection (1873–74).
Photo Credit: Library, NYAM**

NEH Sustaining Cultural Heritage Collections Planning

The New York Academy of Medicine is pleased to announce that it has been awarded a Sustaining Cultural Heritage Collections grant from the National Endowment for the Humanities (NEH) Division of Preservation and Access. This funding will allow conservation and facilities staff to work with the Image Permanence Institute (IPI) over the next two years to gain an understanding of the complex environment created by the Library's structurally open stacks and the risks that current storage conditions pose to the mostly 19th and 20th century periodicals stored there; to identify environmentally sustainable, energy efficient, and cost-effective strategies best suited to resolving these issues; and to establish a method for prioritizing and funding IPI's recommended solutions.

New Library Staff

In late June, Dr. Robin Naughton joined the Library staff as its Digital Systems Manager. She has responsibility for developing the digital programs of the Library. After earning her PhD from Drexel University in 2012, Dr. Naughton worked on digital projects for Oxford University Press and LearningExpress, managing interactive eBooks and eLearning products. For more about Robin, see <http://www.nyam.org/about-us/staff/naughton-robin.html>.

Rebecca Filner joined the Library as its Collection Description Manager in the middle of September. She oversees all descriptive practices, including the cataloging of rare books, manuscripts and contemporary materials, archival processing, and metadata. Becky has prior experience at the Morgan Library and Museum, and the Berg Collection of the New York Public Library.

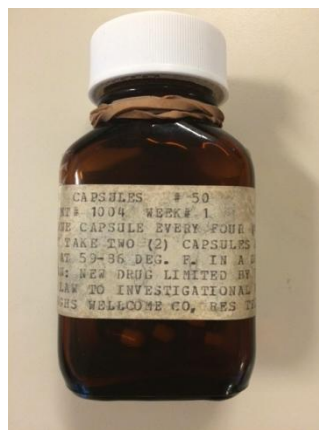
[BACK TO TABLE OF CONTENTS](#)

MeMA NOTES

2015 North American Copper in Architecture Award Winner

The [Paul S. Russell, MD Museum of Medical History and Innovation](#) at the Massachusetts General Hospital (MGH) was named a recipient of the [2015 North American Copper in Architecture Award](#). This award recognizes copper system design, integration of copper alloys with overall building design, craftsmanship of installation and excellence in innovation. The museum was also recently featured in *Architectural Digest's* list of the world's best copper buildings. View the full slideshow [here](#).

The Museum was recently given a bottle of AZT (azidothymidine), dated 1986. In that year, MGH was one of about a dozen U.S. institutions involved in the first clinical trial of the drug to treat HIV/AIDS. The trial was halted after 17 weeks instead of the planned 24, the drug having already shown dramatic benefit: 19 in the control group had died, whereas just one had died in the test group. While the drug was not as effective long-term as the first trials initially suggested, it was still a stunning breakthrough. The bottle still contains a few capsules.



AZT bottle

Sarah Alger

Director, Paul S. Russell, MD Museum of Medical History and Innovation
Massachusetts General Hospital

The Melnick Medical Museum at Youngstown State University is Moving

The museum's original home in Melnick Hall at Youngstown State University in Ohio was a bit disconnected from students and the larger campus. The new location, scheduled to open by the end of 2016, will put us right in the center of campus, in the College of Health and Human Services, and will give us room for larger exhibits and workspaces. When that building was updated in 2013, the museum was given display space on each floor. Even these small display areas have been a great way to make contact with faculty and students. Of course, the relocation has meant a disruption of regularly

W a t e r m a r k

Volume XXXVIII

Number 4 (Fall 2015)

scheduled tours. In place of the tours, I developed a “suitcase tour” using sturdy originals and reproductions of artifacts that can be taken on the road. The presentation covers changes in medical practice using tools like a wooden monaural stethoscope, a wire anesthesia mask, and - everyone’s favorite - a leech box complete with a rubber leech. The “tour” includes a hands-on activity in medicine-making, using a mortar and pestle. The presentation has been pretty popular and allowed me to reach audiences that would not have been able to visit the museum. It has also been a great program to use at events with other cultural organizations in the area, like Pioneer Days summer camp and [Silly Science Sunday](#).

Cassie Nespor

Curator, Melnick Medical Museum and University Archives

Youngstown State University

Hands-on Session at the Museum of Anatomy and Pathology, Manipal India

From July 20-24, I was part of an innovative Summer School at the Manipal Centre for Philosophy and Humanities in India. Students from across India gathered for a week to explore the theme of "Scientific Objects and Digital Cosmopolitanism." As a break from the seminar format, I organized an outing to the Museum of Anatomy and Pathology at the Manipal University Medical School. The museum (and collection) is one of the



Summer school

largest in Asia and is used for both teaching and public education. We broke into groups to examine and critique the displays. Each group had a specific theme or question to probe. They presented their findings at the end, which resulted in lively discussion that nicely enriched and challenged

our classroom discussions. It is not easy to organize a hands-on session in an unfamiliar museum space, but Roland Wittje from IIT Chennai helped make the event a big success.

W a t e r m a r k

Volume XXXVIII

Number 4 (Fall 2015)

Meanwhile, in Toronto, one of Canada Science and Technology Museum's historic wax moulages -- that of a syphilitic lesion -- was also featured in an [online exhibit](#) about the history of public health in Toronto. The exhibit was called "[The Things We Keep: A Material History of Toronto's Public Health](#)" which was part of the "[The Public's Health: A Symposium on Public Health Histories](#)" at the University of Toronto.

David Pantalony
Curator, Physical Sciences and Medicine
Canada Science and Technology Museum

National Endowment for the Humanities Funds Dittrick

The [Dittrick Medical History Center and Museum](#) is pleased to report that the National Endowment for the Humanities (NEH) will fund its project, "How Medicine Became Modern." In January, the Dittrick (co-PIs James Edmonson and Brandy Schillace) filed an application for NEH support under the category of "Museums, Libraries, and Cultural Organizations: Implementation Grants."

The NEH funds fewer than 20% of the applications submitted, and previous winners include innovative museums and institutions like the New York Botanical Garden, Philadelphia Museum of Art, Folger Shakespeare Library in Washington, D.C., and Baltimore's Walters Art Gallery. To be funded by the NEH is a great honor; our project "How Medicine Became Modern" stood out among many other competitive projects, in part because of its emphasis on the history of medicine, a field not previously funded in a significant way by the NEH. But the review panel also evidently found our approach innovative and path-breaking, as we will bring medicine's past to our audiences via 21st century digital media.

The concept for "How Medicine Became Modern" resulted from a joint planning process for the future Medical Education Building. This innovative building will accommodate the Lerner College of Medicine of the Cleveland Clinic as well as Case Western Reserve University's schools of medicine, nursing and dentistry. The new space, it was suggested, could and should accommodate a digital history component. We needed to craft something to appeal to a tech-savvy audience, something unique and daring. We didn't have to look far; [Gallery One](#), the Cleveland Museum of Art's innovative digital introduction to its galleries and collections, offered inspiration that catalyzed our ideas. Like Gallery One, the objects and images in the Dittrick collections become the vehicles

W a t e r m a r k

Volume XXXVIII

Number 4 (Fall 2015)

for exploring the medical past. While “How Medicine Became Modern” is rooted in the Cleveland experience of medical innovation, a narrative will be woven into its presentation that encompasses the essential features of American medical achievement. Jim Edmonson identified key Dittrick Museum artifacts to be featured in the project, many of which may be seen on our [website](#) and over the last several months Brandy Schillace, with the aid of an intern from Case Western Reserve University’s Inamori International Center for Ethics and Excellence, has been preparing content for this digital project. We will be sharing more of the fascinating details of this exciting project as “How Medicine Became Modern” moves forward, thanks to support from the NEH.

James M. Edmonson

Chief Curator, Dittrick Medical History Center

College of Arts and Sciences, Case Western Reserve University

New Virtual Museum Uses Digital Exhibits to Showcase Dental History

Five new exhibits highlighting fascinating slices of dental history can be viewed on a newly-launched website, www.dentalmuseum.pacific.edu created at University of the Pacific’s Arthur A. Dugoni School of Dentistry in San Francisco. The digital exhibits are the result of the ongoing Virtual Museum Project, undertaken in 2012 as a creative way to showcase the school’s A. W. Ward Museum of Dentistry collection. For the past two years, Dr. Dorothy Dechant, curator of the Ward Museum, has worked closely with school photographer Jon Draper to create image of artifacts of all shapes and sizes – from tiny dental burs to heavy antique dental chairs.



De Trey's Synthetic Porcelain Powder kit, circa 1930; manufactured by L. D. Caulk Co., and used for making artificial teeth and other dental restorations, such as complete dentures, facings, inlays, veneer crowns and other bridgework. Photo credit: Jon Draper

W a t e r m a r k

Volume XXXVIII

Number 4 (Fall 2015)

At the website, viewers can browse these five exhibits:

["Please Have A Seat: Evolution of the Dental Chair,"](#) charting the dental chair's evolution over a 300-year period;

["A Dynamic Decade: Speeding Up the Handpiece,"](#) tracing dramatic bur speed increases during the 1950s from 6,500 to 250,000 rpm, and invention of the air turbine handpiece;

["Painless Promises: Business Cards of the Victorian Dentist,"](#) illustrating advances in chromolithographic color printing of trade cards designed to attract customers;

["Still Lives in Dentistry: The Artifacts,"](#) featuring a sample of photogenic objects from the collection;

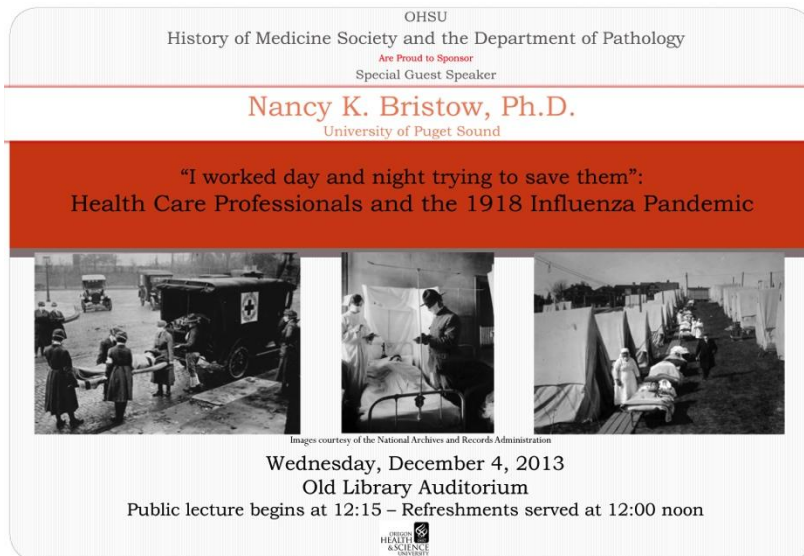
["There and Back Again: Our San Francisco Story,"](#) telling the school's saga, from its 1896 founding as the College of Physicians and Surgeons of San Francisco, through affiliation with University of the Pacific, to its recent arrival at a familiar downtown location.

Dorothy Dechant

Curator, Institute of Dental History and Craniofacial Study
University of the Pacific

[BACK TO TABLE OF CONTENTS](#)

FEATURE ARTICLES

New Approaches to Public Lectures: ALHHS Members Speak

Poster from the OHSU History of Medicine Society lecture series

Since 1999, Oregon Health & Science University Library has coordinated a public lecture series that brings authors, historians, and healthcare professionals to speak on diverse topics in the history of medicine. Lectures are held in our campus auditorium, and draw between 50-100 attendees from the university community and the public. My department, OHSU Historical Collections & Archives, leads this program. The lecture series strengthens our relationships with faculty in the School of Medicine, and supports historical and humanistic inquiry at our health sciences-driven campus.

The library has no budget for the lecture series. The costs of honoraria, travel and hosting, a/v support, catering, and all other incidentals are covered by sponsorships from medical school departments and the occasional individual donation. As Head of Historical Collections & Archives, it's my responsibility to coordinate funds to deliver a strong program each year. For many years, the lion's share of costs was covered by sponsorship from one department in the medical school, whose chair was passionate about history. That chair has now stepped down as part of a retirement process, and I can no longer rely on one funding source to sustain the entire program.

Optimistically, I wanted to approach this big change as an opportunity to rethink and refresh our traditional program. But with a limited background in public programming myself, I didn't have many creative, feasible ideas. Since many of my ALHHS peers also oversee similar programs, I sent an email to the listserv in summer 2014, asking for volunteers to let me pick their brains. I got an enthusiastic response, and spoke to 9 different librarians and archivists across the country. I started with a prepared list of questions, but let each conversation flow naturally. While each respondent dealt with a unique set of circumstances, many common themes arose. Whether you have a lecture series that you're rethinking, or considering starting a program from scratch, these respondents' experiences offer diverse and valuable perspectives.

Starting and sustaining a program

Of the 9 programs represented, the earliest began in the 1960s. The newest began in 2010. The number of events per year is similarly diverse, ranging from one lecture to 15, with the mean number around five. Many programs have ebbed and flowed over the decades. One respondent stewards a program that started as a single named lecture in the 1970s, with additional programming added over the years. Another described a program that has "died and been resurrected" multiple times since the 1960s.

The longer-running programs usually have formal external support, such as Friends of the Library groups. In contrast, two newer programs were spurred on by their libraries' new emphasis on outreach.

Four lucky respondents receive operating funds for their lecture series, and one is fully funded by an endowment from a Friends group. Like my lecture series, the others have a patchwork of funding sources. Respondents mentioned development funds, endowments, individual donations, Friends of the Library dues, and sponsorships by other academic programs.

Our respondents are a self-sufficient group when it comes to public programs. Most coordinate and staff events themselves, sometimes with help from other library employees. A few have additional help from outside the library, such as from members of Friends groups. As it turns out, our external stakeholders are much more eager to help with the big picture! The majority of respondents have a Friends group or other advisors to aid in planning programs and selecting speakers. Only three respondents seemed to work completely independently on this aspect.

Supporting speakers

There is near unanimity in the support provided to speakers. Eight respondents stated that visiting lecturers receive travel reimbursement, and usually an honorarium. The only respondent who does not provide substantial support to visitors cannot do so under federal law.

On the other hand, respondents were also unanimous that faculty and other employees of their institutions do *not* receive financial support as speakers. When working with local speakers who do not need to travel, some respondents offer an honorarium, but many do not. Though many respondents negotiate the amount with the speaker on a case-by-case basis, the general range was between \$250-\$1000. A few respondents had success with diplomatically asking speakers to lower or even eliminate their originally-stated high fees.

Moving forward

With one exception, respondents are making deliberate changes to move their programs forward. The most common motivation is the desire to engage a larger and more diverse audience. Mitigating staff burnout and workload issues are a major factors for two respondents. Respondents are typically more concerned with getting the most out of their staff and resources, rather than reacting to specific funding limitations.

There is much experimentation with scheduling as a way to attract a larger or more diverse audience. Many were also trying new topics and formats to appeal to a younger, larger, or more diverse constituency. However, what works for one might not work for others. For example:

- Two respondents have had great luck with smaller, more focused events. But another pared down the number of events, while making them larger and more interdisciplinary.
- One respondent found that involving medical students in planning programs was very successful, but another who tried it found that it just added to her workload and stress level.
- One has found outside marketing, including paid advertising, to be very effective. Another has determined it's too expensive and restrictive.

W a t e r m a r k

Volume XXXVIII

Number 4 (Fall 2015)

- One has had success with holding events at lunchtime and providing food. Another deliberately moved events away from lunchtime, because food became a distraction.

Five respondents are emphasizing collaboration, working with other academic programs, departments, professional societies, and institutions to plan events that target specific audiences. Three respondents are focusing more on local speakers. Not only does this keep costs low, but local speakers also have a built-in audience or “entourage” who attend their events around town. This parallels developments in my own program, where local speakers covering local history are a big draw.

Conclusion

I found that all of us deal with similar challenges, particularly the need to engage new audiences, and work within limited funding and staff time. There is no formula or one-size-fits-all approach to addressing these challenges.

Since conducting my survey last summer, I’ve successfully secured lecture sponsorships by other departments in the medical school. I’m also excited about diversifying our programming beyond the traditional lecture-hall presentation. This fall, we’re hosting a smaller, informal breakfast chat with author Michael Helquist about his new book on OHSU alumna Marie Equi, *Radical Politics and Outlaw Passions* (Oregon State University Press).

We have a new emphasis on collaborations that promote our collections and services, such as hosting pop-up exhibits and information tables at orientations and alumni gatherings. In the future, we’ll experiment more with formats and topics, and investigate other ways to connect our department’s offerings with lecture content.

My sincere thanks to the librarians and archivists who took time to speak with me about their outstanding stewardship of their programs.

Maija Anderson

Head, Historical Collections and Archives
Oregon Health & Science University

The Morbid Anatomy Museum: From the Alabama Museum of the Health Sciences to Brooklyn

The [Morbidity Anatomy Museum](#) began as an artist's project, a way of exploring my fascination with medical museums and their artifacts. I had majored in intellectual history at University of California, Santa Cruz (UCSC) where I also took courses in art and art history. I had been reading Stephen T. Asma's *Stuffed Animals and Pickled Heads: The Culture and Evolution of Natural History Museums* (Oxford University Press, 2001) and decided to visit some of the museums he'd written about, in London and Paris, and take photographs. Then, at an American Alliance of Museums (AAM) conference that I was attending on behalf of the academic publisher I worked for, I met Stefanie Rookis, the curator of the Alabama Museum of the Health Sciences in Birmingham. Our conversation led to her offering me a show there. My photographic exhibit, "Anatomical Theatre: Depictions of the Body, Disease, and Death in Medical Museums of the Western World", was on view at the Alabama Museum of the Health Sciences in 2007. The goal of the exhibit was to bring the art and history of medical museums to the awareness of a wider audience and to frame these artifacts as artistic and cultural objects with as much to say about their makers and the culture their makers inhabited as about medical knowledge.

To collect data and photographs for the exhibition, I embarked on a pilgrimage to many of the great medical museums of Europe and the United States where I met with curators and keepers, photographed objects in displays and in back rooms, as well as the contents of hidden drawers. I returned from my trip with thousands of images, dozens of articles, and box upon box of books. *Morbidity Anatomy* began as a blog, a process-based research tool where I could interpret and sort through these materials in preparation for the exhibition. The blog also featured links to medical museums around the world, links to various online exhibitions, and a bibliography. Soon, I started receiving emails from readers asking if they could access the books in the bibliography. This led me, in 2008, to move my personal research collection of books, artifacts, articles and ephemera to a 300 square foot space at Proteus Gowanus, an interdisciplinary gallery and reading room in Brooklyn, New York, and make it available to the public as "The Morbid Anatomy Library."

In 2009, I launched "Morbidity Anatomy Presents," a series of events, which included illustrated lectures by scholars such as Mike Sappol of the National Library of Medicine, Dániel Margócsy, an early modern historian at Hunter College, New York, Dominic Hall

W a t e r m a r k

Volume XXXVIII

Number 4 (Fall 2015)

of the Warren Anatomical Museum, Countway Library of Medicine at Harvard Medical School, and Anna Maerker of King's College London. The series also included workshops in arcane skills such as anthropomorphic mouse taxidermy and Victorian hair art jewelry. I also began to organize field trips to such places as Mexico, for Day of the Dead; Baltimore, to visit the Nutshell Studies of Unexplained Death (dioramas fashioned by Frances Glessner Lee, 1878-1962); and New Haven, to visit the [Cushing Collection](#) at the Harvey Cushing/John Hay Whitney Medical Library at Yale. Soon after, I began to organize a series of pop-ups in New York, London and Amsterdam. These pop-ups drew an international crowd eager to take in short lectures, museum backstage tours, demonstrations, and workshops for a general audience.

Morbid Anatomy Anthology, a profusely illustrated collection of 28 “Morbid Anatomy Presents” lectures was published in 2014 by Morbid Anatomy Press, and is now in its second printing . Contributors include the Wellcome Collection’s Simon Chaplin, Ross MacFarlane, and Kate Forde.



Photo courtesy of the Morbid Anatomy Museum

In July 2014, the new Morbid Anatomy Museum opened in Brooklyn, near its original space. The goal of this non-profit is to bring to light forgotten or neglected artifacts and histories through exhibitions, education and public programming. It is our aim to show what other museums cannot or *will* not: things which tend to fall through the cracks of traditional institutions because they are not taken seriously, don't fit contemporary ideas, are deemed too "morbid," or are difficult or confounding.

This museum is housed in a 4,200 square foot former nightclub; it has a café, a dedicated events space for our active public programming, a gift and book shop, and an exhibition floor divided into two spaces. One part of the exhibition space is devoted to our permanent collection, the Morbid Anatomy Library, which houses books, artifacts and ephemera related to topics such as art and anatomy; medical museums and medical waxworks; death and culture; and the history of museums and collecting. The Library is an accessible, informal, label-free space where people can handle most of the books and objects, open drawers, and spend as much time as they like paging through the books or speaking to our docents.

The other part of the gallery space is used for three or four rotating exhibitions per year. Our first show, "The Art of Mourning," showcased a variety of folk arts related to mourning--including death masks, hair art jewelry and mourning photographs, and was granted a preservation award from the Victorian Society New York. Other shows included "The Collector's Cabinet" an eclectic collection of amazing objects from private collections; "Do the Spirits Return?: From Dark Arts to Sleight of Hand in Early 20th Century Stage Magic," which explored the relationship between "real" and staged magic and the nature of deception; and "Opus Hypnagogia," curated by visionary and outsider art curator Stephen Romano and filled with artworks and artifacts ranging from 16th century books to contemporary paintings that suggest hypnagogia, or the state between waking and sleeping. Future exhibitions will include a collection of 19th century German obstetrical, ethnographic, and pathological waxworks once exhibited in Berlin as part of Castan's Panopticon (early-mid 1870s-1922) and the famed home collection of visionary work by American painter Joe Coleman (1955-).

At this point, all of our exhibitions draw solely from the hidden world of private collectors. Our eventual aim is to showcase material culture from museum backstages, which are filled with objects no longer deemed fit or important enough for display, and to show them either in our space or in special exhibits at the museums themselves.

Because of the circuitous route it took to become a brick-and-mortar museum, Morbid Anatomy faces a different set of challenges than most museums. We began with — and in many ways primarily serve — an international digital community. One of our main challenges is to find a way to give a sense of inclusion to our digital community, and develop memberships that might draw in our non-local, international audience.

Many contemporary museums strive to attract and engage with younger audiences, and increase their online presence; however, *that* is Morbid Anatomy's greatest strength. Our biggest community — over 216,000 at the present — can be found on Facebook, whose statistics tell us that the vast majority of our followers are in the 18-44 age group. Followers reside mostly in New York City, followed very closely by Mexico City, as well as London, Los Angeles, Bogotá, São Paulo, Buenos Aires, and Chicago. Countries in which our followers reside, in addition to the United States and Mexico, are the UK, Brazil, Italy, Canada, France, Australia, Spain and India. The Facebook followers of the page are very active, commenting, sharing, emailing tips, and signing up for events.

Another challenge revolves around our name and the press we have received, which often use my own photos from medical museums in unclear and misleading ways, suggesting that such artifacts as anatomical Venus models from La Specola are actually on display in the museum.

The museum hosts two or three lectures — often sold-out — per week, and classes every weekend; it attracts visitors from all over the world and has supported two high-grossing Kickstarter campaigns (one for the museum build-out, and one for the publication of *Morbid Anatomy Anthology*, which made \$46,000 when we had intended to raise \$8,000). For eight years, Morbid Anatomy has functioned as something of an online community and virtual museum but, in my experience, audiences are longing for the real, whether an unscripted social event, an open house, a way to meet like-minded people face-to-face, or a direct encounter with authentic material culture. Perhaps the draw might not be a “pure” quest for knowledge; perhaps what motivates some visitors might be pleasure and even what might be termed “morbid curiosity,” and perhaps some visitors will never even read the wall text. But it is my conviction that the distrust of pleasure and the spectacular in museums is misguided—that these ideas have become improperly stigmatized. I believe that pleasure and curiosity were emotions aroused in museum-goers — whether or not they were scholars — centuries ago. And what scholar did not begin as a curious neophyte?

Museums and libraries are important, I would argue, not only because of their ability to educate and provide access to scholarship, but also because they are places that facilitate transformative encounters with material culture from the past. Museums encourage people to pause, slow down, and engage deeply in an emotional, aesthetic and intellectual fashion. In my own museum, I witness visitors having transcendent, transformative experiences that are difficult to quantify, transported by a quiet, contemplative space filled with objects from the past, artifacts which seem to have a special power to fascinate on a deep level, to draw visitors in. They leave changed by the experience of the exhibition, and often, wanting to know more about the objects and histories they encountered.

Joanna Ebenstein
Creative Director
Morbid Anatomy Museum, Brooklyn

An American in Padua

Of all my many rewarding experiences working with faculty, the pinnacle has to be the opportunity I had to travel to Italy in May with Professor Valeria Finucci, Director of Duke University's Center for Medieval and Renaissance Studies, and Meg Brown, Duke University Libraries Exhibit Coordinator.

In 2011, I had the pleasure of working with Professor Finucci and Meg Brown on [*Animated Anatomies*](#), an exhibition of anatomical flap books. When Professor Finucci approached me to discuss how we could create an exhibit at Duke to highlight and celebrate Vesalius, I was excited and energized about working with her again.

Like other institutions, Duke continues to celebrate the 500th anniversary of Vesalius in 2015. Construction and renovation projects within our library prevented such an exhibition in 2014, but on August 24, 2015, when the David M. Rubenstein Rare Book & Manuscript Library reopened, the exhibit [*Languages of Anatomy: From Vesalius to the Digital Age*](#) was unveiled.

Related to our exhibition at Duke was a conference being planned in Padua by Professor Finucci's dear friend, colleague, and collaborator, Dr. Maurizio Rippa Bonati, from the History of Medicine Department at the University of Padua. Professor Finucci received grant funding for the three of us to visit Padua and participate in the conference, *Andreas Vesalius Patavinus Professor*, held May 21-22. Conference speakers included: Fabrizio Bigotti, Wellcome Institute; Helen King, Classical Studies, Open Institute, Milton Keynes, England; Michael Stolberg, Institut für Geschichte der Medizin der Universität Würzburg; Marco Catani, Department of Forensic and Neurodevelopmental Sciences, Institute of Psychiatry, King's College, London; Giulia Rigoni, Bibliotecaria, Biblioteca Medica "Vincenzo Pinali" – Università di Padova.



Room of wax models at La Specola, Florence

This conference preceded the grand opening of [MuSME](#) - Museo di Storia della Medicina in Padova, a three-story, highly interactive museum devoted to presenting the history of medicine to a wide age range, but especially school-age children. The Museum showcases technology in a variety of formats, such as an interactive matching game of

symptoms and viruses. It also houses an exhibition space for rare books (although they also seemed to be included in other exhibition spaces); the historical instruments from the University museum; and specimens from the Pathology Museum.

At the conference and while touring the new museum, we met a variety of scholars, curators, and librarians, working in the realm of the history of medicine in Italy, as well as the UK and Germany.



Wunderkammer display at Venice's Natural History Museum

My only regret was not having more time to spend with Giulia Rigoni, rare book and special collections librarian of the historical medical collections at the University of Padua. I would have loved to shadow her for a day, but having the chance to talk with her about all she does with materials both similar to and different from ours, and located at the center of the history of Western medicine, was a wonderful opportunity. At the conference, Giulia presented on the works of Vesalius held in the libraries of Padua, providing provenance details, along with current digital projects underway in their University Libraries. The conference was truly a great experience and a rare opportunity.

Although we were only in Italy for five days, and two of these were devoted to the conference (and we lost a day due to travel delays in Philadelphia, which I may be finally getting over), I did manage to take advantage of a variety of museums. Our Exhibits Coordinator was a good sport in joining me in so many specific visits to history of medicine and science venues. In Padua, we visited the [Palazza Bo and Anatomical Theatre](#) of the University in Padua – where Vesalius and Galileo had once lectured. It was incredible to be in a space that has existed since the 13th century. Sadly, no pictures were allowed, but we were able to venture into the amphitheater where dissections had been performed.

Along with an interest in historical medical collections stemming largely from my job, I also have an intense love of natural history museums, specifically taxidermy, or I should specify, mammals that have been stuffed. Italy is wonderful for this, with museums ranging from La Specola to the Venice's [Museo di Storia Naturale](#). And as so many know, [La Specola](#) is also amazing and world-renowned for its wax anatomical models of humans. Unbelievably detailed, and a bit overwhelming in the context in which they are displayed, these items are understandably provocative today. I think it's fascinating to think about models such as these and their intended didactic purposes, when compared to ivory anatomical manikins.

We also visited [Museo Galileo](#), an incredible science museum with medicine sprinkled throughout. This museum and the exhibits were beautiful, and there seemed to be a sense of income and support that some other museums, like La Specola, appeared to lack.

Other highlights included a tour of the [Scrovegni Chapel](#) and the [Doge's Palace](#), but sadly, the Biblioteca Nazionale [Marciana](#) was closed the one day we were hoping to visit. I left Italy, wishing to return again soon and see more. Many thanks to Dawn McInnis for all of her advice and tips before the trip. And of course many thanks to Professor Finucci for this incredible opportunity.

Rachel Ingold
Curator, History of Medicine Collections
David M. Rubenstein Rare Book & Manuscript Library
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W a t e r m a r k

Volume XXXVIII

Number 4 (Fall 2015)

The Dr. H.T. Jackson Collection of the University at Buffalo's Robert L. Brown History of Medicine Collection: Behind-the-Scene of its Identification, Donation & Digitization

In 2013, the Robert L. Brown History of Medicine Collection of the University at Buffalo's (UB) Health Sciences Library, acquired the Collection of Dr. H.T. Jackson (1846-1926), an upstate New York physician and UB alumnus who practiced in the rural village of Verona, N.Y. during the late 19th century. The Collection consists of medical instruments and equipment, personal items, handwritten notebooks, photographs and postcards. Thanks to a 2014-15 grant from the Middle Atlantic Region of the National Network of Libraries of Medicine (NN/LM), the manuscript components of Dr. Jackson's Collection have been digitized and added to the University Libraries' Digital Collections

(<http://digital.lib.buffalo.edu/cdm/>). This valuable online resource consists of 15 notebooks and pieces of affiliated ephemera which detail Jackson's medical treatments and procedures, pharmacologic formularies, UB medical school class notes, and his reactions to professional literature.



Enameled cabinet, filled with contents of the Dr. H.T. Jackson Collection. A Jackson family portrait sits upon the trunk, and Dr. Jackson's UB Medical School Diploma hangs above, right. Photo Credit: Keith Mages

Our introduction to the whole of the Dr. Jackson Collection began in February, 2013, when we received a phone call from Brian Grant, a San Francisco-based architect. Mr. Grant's father-in-law, Dr. Kenneth Felch (UB Medical School, 1961) was in possession of books, journals, instruments and other items belonging to his grandfather, Homer Truman Jackson, himself an 1881 UB Medical School graduate. These types of phone calls always excite us, and we quickly expressed our interest. Mr. Grant followed up the conversation with an email that included images of some of the Collection's items, including Dr. Jackson's surgical kit, a

W a t e r m a r k

Volume XXXVIII

Number 4 (Fall 2015)

handwritten "stock prescription" notebook, and his top hat and pistol. Mr. Grant also forwarded Dr. Felch's contact information. Not wanting our lead to grow cold, we made arrangements to visit Dr. Felch and determine if we could indeed accept this donation for the Collection.

On a lovely June day we drove to his home in Lansing, N.Y., near Ithaca on the shore of Cayuga Lake. After looking over the prospective donation, we determined that it would be a great addition to the History of Medicine. Arrangements were made to return with packing materials a month or so later and bring the Dr. H.T. Jackson Collection to Buffalo.

About a month later, on a very hot and humid day, we returned to the Felch house and proceeded to pack the Collection into boxes. Our first challenge was moving the heavy, enameled metal doctor's cabinet from the second floor to the first without destroying the stairs, the cabinet, or our backs! We carefully slid the cabinet down, its back upon the stairs with a blanket underneath, one step at a time. Luck was on our side and the task was accomplished without accident. The glass-fronted cabinet was hoisted onto a waiting dolly that we had brought with us. We cleared the greatest hurdle of the day when we managed to get the same cabinet safely up a steep incline to the car. With strength and determination, and in spite of a few near mishaps and a couple of bruised arms, the cabinet, artifacts, and notebooks were successfully loaded into our SUV. We also took some time to talk a bit with Dr. Felch, and to learn a bit more about Dr. Jackson and his Collection. Reproduced here is a sample of some of the questions asked:

We are so thankful that you donated Dr. Jackson's materials to us. Could you tell us a little more about how and why you decided to donate his materials?

I had the cabinet in the waiting room of my office. Everyone seemed to enjoy looking at it so I thought I would contact the UB Historical Collection to see if they wanted it. I asked my son-in-law Brian to look on the internet to find anything about biomedical history and he located your website.

W a t e r m a r k

Volume XXXVIII

Number 4 (Fall 2015)

Could you tell us a bit more about your grandfather and his days in Verona, N.Y.? Had the family always lived there? Do you have any stories to share about him and the town itself, or its local folks?

He was the town doctor, a church elder and a well-known gardener. Caroline (his wife) played the organ in church. I can't be sure about the earlier years but I suspect that he may have lived in Oneida, N.Y., as he left a house to his children in his will. His children were Dwight, Jessica and my mother, Bertha.

We remember that you described your grandfather as being a lover of books. Could you tell us a little more about this? Did he collect them voraciously, frequent the town library, underline and annotate within page margins?

Dr. Jackson's office was in his house and had a private entrance. His office was also his library. He was a great reader. One of his favorites was *The Leatherstocking Tales* by James Fenimore Cooper. (I still have the five-book collection.) I'm not sure who collected them, but the bathroom off the library was piled up to the ceiling with *National Geographics*.

Are there any other interesting stories about Dr. Jackson, his days at UB, or his professional practice that you would like to share with us?

I never actually knew my grandfather as he died when I was two, but I did know my grandmother and stayed with her when my parents were on vacation. I also learned about him from my mother. [She] talked of hearing the bells on his sleigh jingle when he went to deliver a baby in the winter.

Although my grandfather was known to be strict, he apparently was fairly liberal about women. His wife went to Cooper Union in New York to study art, which was unheard of in the 1800's. Dr. Jackson was an avid gardener. He grew herbs and medicinal plants such as foxglove, poppies, garlic, basil, thyme, etc. He used the mortar and

W a t e r m a r k

Volume XXXVIII

Number 4 (Fall 2015)

pestle and the small scale [to prepare his medicines]. He was a homeopath.

Could you elaborate on the date and cause of Dr. Jackson's death? Was he practicing still or had he retired by then?

He was in his 80s when he died of natural causes. He had practiced medicine for forty years.

After returning to Buffalo, we unloaded and installed the Collection in its new home. One interesting side note – because the Collection included the .22 caliber pistol (a rather unique item for HoM!) that Dr. Jackson carried with him to house calls, we worked with University Police to get permission to display it in a safe and approved manner.

Some of the things we were most excited about in this Collection were Jackson's hand-written notebooks. Some of these notebooks included lecture notes from his time as a medical student here at UB. One was written while Jackson was a student of Dr. Austin Flint, Sr., an important American physician who was also, in 1846, one of UB's founding fathers. To ensure the preservation and promotion of these valuable written resources, we explored grant opportunities to help defray the cost of their digitization. In 2014, we applied for funding through the Middle Atlantic Region of the National Network of Libraries of Medicine, and later that year, we were thrilled to learn that our grant proposal, *The Work of a Country Doctor: the Digitized Notebooks, Photographs, and Ephemera of Dr. H.T. Jackson*, had been accepted.

Over the course of the 2014-15 grant cycle, we worked to scan, identify metadata, and make available digitally the various written notebooks, photographs, and ephemera of Dr. Jackson's Collection. This past July, the Collection officially went live and is now a part of the UB Libraries' Digital Collections, accessible at <http://digital.lib.buffalo.edu/collection/LIB-HSL003/>. As an open digital archive, the University Libraries' Digital Collections provide unencumbered accessibility to this and many other invaluable historical collections to the faculty, staff and students of the University at Buffalo well as to researchers and students at other institutions across the world.

W a t e r m a r k

Volume XXXVIII

Number 4 (Fall 2015)

The Dr. Jackson Collection, in both its physical and digital formats, provides a unique perspective into the education of an early American physician, his daily professional activities, and the challenges of turn-of-the-20th century rural American medical practice. From initial contact to the recent completion of our digitization project, our entire experience with this Collection was a memorable one that we felt was worth sharing. If you are in the Western New York area, we cordially invite you to visit the Robert L. Brown History of Medicine Collection located in the lower level of UB's Health Sciences Library to view the Jackson Collection in person. When researching the history of American medicine, especially the education and practice of late 19th century rural doctors, consider exploring the contents of the digitized Jackson Collection. Either way, we hope you continue to do as we do here in the Robert L. Brown History of Medicine Collection and "chart the future by exploring the past."

Linda Lohr, Curator

Robert L. Brown History of Medicine Collection
University at Buffalo, Buffalo

Keith Mages

Senior Assistant Librarian, Robert L. Brown History of Medicine Collection
University at Buffalo, Buffalo

Privacy and Access: Challenges in Processing the Papers of Dr. Thomas Starzl

Telling the story of the history of medicine is often a difficult endeavor. Despite the fact that they are universally experienced, stories of illness and death are deeply personal. Statistics about the rate of children contracting polio cannot convey the same sense of the scale of the disease's impact on daily life as a picture of a child in an iron lung, or photos of crowds of people waiting to receive Jonas Salk's vaccine. Particularly with modern medical developments, it can be difficult to tell the full story when concerns of privacy and patient confidentiality come into play.

For the Archives Service Center (ASC) at the University of Pittsburgh, the concerns raised by dealing with 20th century medical material came to the forefront in 2011, when processing began on the papers of Dr. Thomas E. Starzl. Starzl is a widely-known surgeon whose pioneering work paved the way for the widespread adoption of organ transplantation as a viable option for treating disease. Born in 1926 in Iowa, Starzl

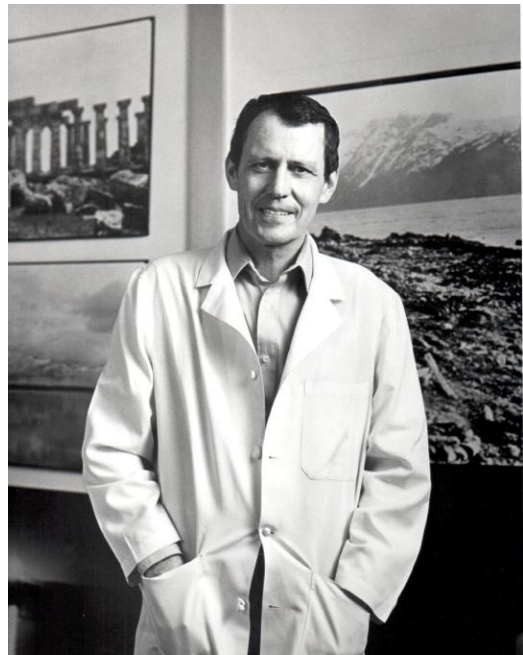
W a t e r m a r k

Volume XXXVIII

Number 4 (Fall 2015)

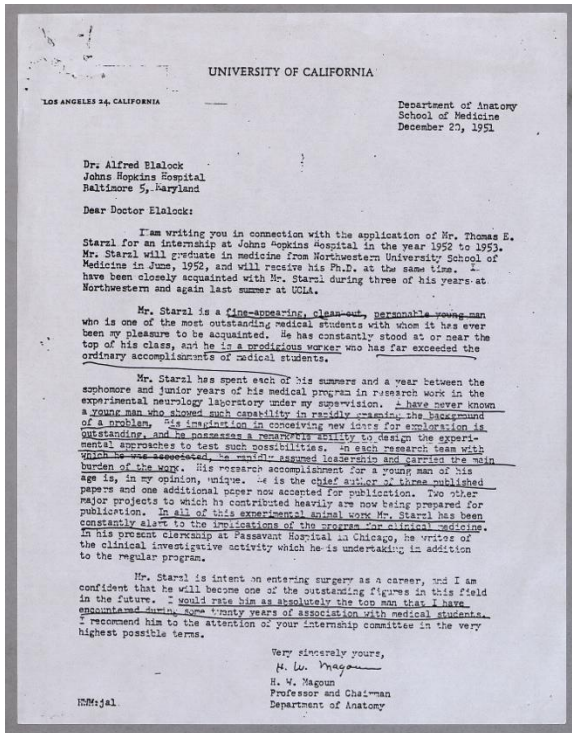
attended Northwestern University Medical School in Chicago, where he received his medical degree in 1952, and briefly considered a career in neurophysiology before deciding to become a surgeon. Early in his career, while working at the University of Miami, he became interested in diseases of the liver and burgeoning studies in organ transplantation. In 1967, Starzl became the first person to carry out a successful liver transplant, at the University of Colorado in Denver. The patient, an 18-month old girl named Julie Rodriguez, lived for 400 days.

Starzl continued his quest to change organ transplantation from an experimental procedure to a routine one. Having perfected the surgical methods, he turned his interest to an issue that still presents challenges for surgeons today: rejection of the new organ due to the patient's autoimmune response. His work in immunology popularized the use of the Immunosuppressants cyclosporine and tacrolimus. Though retired from active surgery in 1990, Starzl continues to work to promote his new transplant immunology paradigm of microchimerism; at the age of 89, he is still an active researcher. He has been awarded some of the most prestigious prizes in medicine, including the Lasker-DeBakey Clinical Medical Research Award and the Medawar Prize, named for The Transplantation Society's co-founder Sir Peter Medawar.



Tom Starzl at the University of Colorado, where he performed the world's first successful liver transplant. Photo credit: Archives Service Center

The ASC began acquiring Dr. Starzl's papers in 2001, but received the bulk of the collection in 2011. The amount of material was slightly overwhelming, coming in at approximately 450 linear feet. Though the bulk of the collection dated from after Starzl's arrival at the University of Pittsburgh in 1981, some material survived from his early career in Colorado and his childhood. The contents of the collection were varied. Among his other achievements, Starzl is also the single most prolific and cited scientist in the field of clinical medicine, having published over 2,250 articles. Copies of all of these articles were delivered to us.



An early letter of recommendation for Dr. Starzl from one of his mentors, Horace Magoun, who asserts that he is "confident that [Starzl] will become one of the outstanding figures in this field." Photo credit: *Archives Service Center*

patients and their families; some of the patients' cases, like those of Julie Rodriguez or Stormie Jones, who had undergone the world's first heart-liver transplant in 1984, had been well-publicized, while the vast majority had not.

As processing began, several concerns manifested themselves. The ASC is not a repository with a large number of medical collections; in fact, other archival collections documenting the University's medical school and faculty members contain mostly general research material and administrative papers. These few other collections were also much smaller, lending themselves to item-level processing. The archivist who worked on the papers of, for example, Dr. Henry (Hank) T. Bahnson (1920–2003), chairman at the University of Pittsburgh School of Medicine, was able to go through the seven-box collection at a much more detailed level in contrast to the hundreds of boxes in the Starzl collection. In the case of the Bahnson papers, a few folders were marked "restricted" where personal information about patients was included.

In addition to his publications, the collection included material on his autobiography *The Puzzle People: Memoirs of a Transplant Surgeon* (University of Pittsburgh Press, 1992), slides and notes for presentations, several boxes of plaques and awards, photographs, and scrapbooks. But the collection was primarily composed of correspondence. After processing, there are 177 linear-foot boxes of correspondence in the collection. Much of the correspondence is with colleagues regarding surgical studies or professional concerns. A large amount of correspondence is arranged topically and focuses on particular areas of research, such as the use of cyclosporine to treat rejection, or on organizations he was involved with, e.g. the American College of Surgeons. A portion of the letters, though, includes correspondence with

W a t e r m a r k

Volume XXXVIII

Number 4 (Fall 2015)

In the case of Starzl's collection, though, not only was the number of boxes much larger, but the sensitive information was much more pervasive. Personal health information (PHI) was particularly ubiquitous throughout the correspondence. Dr. Starzl, like many researchers, had close personal relationships with many of his colleagues, and correspondence was not always strictly divided between business and pleasure. A letter to a foreign colleague might primarily refer to the colleague's planned visit to Pittsburgh for a conference, but also contain a sentence or two about a patient whose bloodwork they were both using for their research. In 177 boxes of correspondence, it would have been impossible to identify every occurrence of PHI in the series.

One of the other difficult privacy issues came from a separate series of files that Dr. Starzl kept on selected patients. These files, which we called the Research Files, documented some of his earliest kidney transplant patients, some of the world's very first liver transplant recipients, and some of Dr. Starzl's earliest cases in Pittsburgh. Other files did not concern patients at all, but rather individuals who had applied to be on the waiting list for transplantation at the University of Pittsburgh in the mid-1980s. Though Dr. Starzl's developments in both surgical technique and antirejection medication made transplantation more feasible, the number of surgeons trained to do the surgery, and the number of hospitals equipped to do so, were still mainly limited to Pittsburgh. As a result, thousands of sick individuals who applied to be on Pitt's waiting list had to be denied; some died while waiting. Dr. Starzl kept a sample of this correspondence as well, hoping to document the desperate feeling of the period and convey the stressful environment that he and his fellows were working in.

Confronted with these two main concerns, the ASC began to seek resources throughout the university. As Dr. Starzl's papers presented a pivotal moment in the history of 20th century medicine, we wanted these records to be as open as possible, but also hesitated to make PHI available or share sensitive information. The records themselves were not medical records generated by hospitals, but rather Dr. Starzl's notes, correspondence, and news clippings; as such, they were not covered under HIPAA regulations. Also, the ASC did not qualify as a covered entity, and so we were not obliged to follow HIPAA rules, though we did use them as a guideline.

As the project archivist, I engaged in a long period of investigation into HIPAA's applicability in archives, and did a study to find how medical archives were handled in our peer and aspirational institutions. From this study, I crafted a set of proposals to resent to our library administration and University Legal Counsel with recommendations

W a t e r m a r k

Volume XXXVIII

Number 4 (Fall 2015)

for record handling. Upon requesting access to the Correspondence files containing scattered PHI, researchers would be required to read and sign a confidentiality form which informed them about PHI and indicated that copies of such material would not be permitted.

It was more difficult to develop an approach for the Research Files. University Legal Counsel referred us to their liaison within Pitt's Institutional Review Board (IRB), an individual who had once worked with Dr. Starzl, and was therefore familiar with Starzl's work and the kinds of material that his files would contain. Together, the IRB representative and I reviewed the Research Files; he then advised us on a course of action which would keep the private information safe, but would also allow legitimate, scholarly use of the papers. The Research Files would be listed in the collection's finding aid at the Series level, though names of folders and individual patients would not be given. The scope note of the collection would describe what was in the files, such as



types of documents, dates, etc., and would advise the researchers that, due to the presence of patient-centered files, they would need to apply through the ASC to access the files, stating their research purpose.

A small portion of the boxes that make up the Starzl collection, waiting to be labelled.

Any reproduction of the material would have to be approved via the IRB itself, but did not explicitly fall under the umbrella of "human subject research," and could therefore be opened with simple restrictions in place to safeguard third-party privacy.

This solution seemed to satisfy the concerns of all the stakeholders. The ASC would still be able to provide access to these collections, which fit with our mission of openness. Dr. Starzl himself placed no access restrictions on the collection, similarly seeking to make his legacy as open as possible, and so this material would not be hidden behind closed doors. Legal Counsel could rest assured that we had done thorough research into best practice and had consulted with the IRB to solidify our position. As it currently

W a t e r m a r k

Volume XXXVIII

Number 4 (Fall 2015)

stands, we are waiting for final Legal Counsel approval before we open the collection fully.

In the meantime, the collection has not been sitting unused. Two researchers working on their doctoral dissertations made use of material in the collection, working with me as the primary liaison to the records while the guide to the collection remained unpublished. They were very understanding of the restrictions and confidentiality forms. In the future, one of these researchers plans to pursue the IRB option for reproducing material in the Research Files which is directly related to her thesis. The collection was also heavily used by a class of undergraduate film students, who were tasked with putting together a short trailer for a proposed documentary about Dr. Starzl. I worked closely with the professor to tell him more about what was in the collection, then presented to his class and worked with individual students to help them with their final project. At the end of August, I continued to work with a filmmaker who is making a full-length feature documentary based on the preliminary investigative research done by the undergraduate students.

We also pursued another road in the effort to make the collection more accessible. Working with our Library's web and information technology teams, we developed a website that gave [an overview of Dr. Starzl's life and career](#), while also making heavy use of archival material. I provided images and documents to be scanned for the site, and also contributed by writing biographical narratives of individuals whom Dr. Starzl indicated were important colleagues or patients of his. In addition to this website, we also scanned all his articles and included them in our [institution's digital repository](#), so that his works would be included in one location in perpetuity. All of this material was made available well before the collection was open for access.

The Dr. Thomas E. Starzl Papers have presented more challenges to the ASC than we were initially prepared for, but the process has increased our understanding of the collection and of medical archival collections in general. We had to reexamine our existing access policies and draft new ones, and we were strengthened in our position through our collaboration with the University's Legal Counsel and Institutional Review Board. Most importantly, we have been able to make the collection available for use for a variety of researchers. I personally look forward to the forthcoming publication of the finding aid, and believe that our hard work in treading the careful line between access and privacy will stand as the collection sees increased use.

W a t e r m a r k

Volume XXXVIII

Number 4 (Fall 2015)

Ashley L. Taylor
Archivist, Archives Service Center
University of Pittsburgh, Pittsburgh

[BACK TO TABLE OF CONTENTS](#)

Announcements

2016 ALHHS/MeMA Annual Meeting

Greetings from the Program Committee for the 2016 ALHHS/MeMA Annual Meeting! We hope that all of you will be joining us in Minneapolis on April 27-28. We, the members of the Program Committee:

Sarah Alger, Paul S. Russell, MD Museum of Medical History, Massachusetts General Hospital
Polina Ilieva, Library and Center for Knowledge Management, University of California, San Francisco
Dawn McInnis, Clendening Library, University of Kansas Medical Center

are asking for your input to help create a program that is relevant and interesting to our membership.

Panel Discussion and Keynote: Please let us know what topics you are interested in for a panel discussion and keynote address! The committee has identified some potential topics, but would like your input as well. Please help us by filling out this brief, three question preliminary survey here: <https://www.surveymonkey.com/r/65GPSMT> by November 15, 2015.

Call for Presentations: As in previous annual meetings, we are interested in hearing what projects our members are working on. If you would be interested in giving either a lightning talk, Pecha Kucha presentation (a format that shows 20 slides for 20 seconds per slide), or traditional fifteen-minute talk at the 2016 annual meeting, please e-mail your contact information, a two-to-three sentence summary of your topic, and your institutional information to Elisabeth Brander, Program Committee Chair, at brandere@wustl.edu by January 15, 2016.

W a t e r m a r k

Volume XXXVIII

Number 4 (Fall 2015)

Elisabeth Brander
Rare Book Librarian
Bernard Becker Medical Library
Washington University in St. Louis School of Medicine

Application deadline extended to November 1, 2015***ACOG Fellowship in the History of American Obstetrics and Gynecology***

The American College of Obstetricians and Gynecologists (ACOG) sponsors one \$5,000 [fellowship in the History of American Obstetrics and Gynecology](#) each year. Fellows, Junior Fellows, and women's health history scholars are encouraged to apply. Award monies will be used to cover travel and living expenses. The fellowship recipient spends the equivalent of one month (140 hours) during the award year in the Washington, D.C. area working to complete his or her specific historical research project. Although the fellowship will be based in the College's Resource Center, the Fellow is encouraged to use other national, historical, and medical collections in the Washington, D.C. metropolitan area to supplement research done in the Resource Center and Special Collections. The results of this research must be disseminated through either publication or presentation at a professional meeting.

Since ACOG'S first annual History Fellowship in 1986, research topics have included:

Infertility, 1920-1940 (Alan H. Decherney, MD),

Insulin & Diabetes in Reproduction (Steven G. Gabbe, MD),

History of Adolescent Gynecology, 1900-Present (Heather Munro Prescott, PhD),

Debate about Exercise and Menstruation in 20th Century United States (Martha H. Verbrugge, PhD),

The Evolution of Cesarean Section in the United States (Thomas Firth Baskett, MB),

American Medicine and the Gendering of Addiction, 1800-1920 (Elizabeth Salem, PhD).

Although ACOG Fellows and Junior Fellows are encouraged to apply, the history fellowship is open to all women's health history scholars.

W a t e r m a r k

Volume XXXVIII

Number 4 (Fall 2015)

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

Beth DeFrancis Sun, Special Collections Librarian
Resource Center
The American College of Obstetricians and Gynecologists
409 Twelfth Street, SW
Washington DC 20024-2588
(202) 863-2578, (202) 484-1595 (fax)

Resources@acog.org

The application form and additional information are also posted on the College website under “About ACOG” – “ACOG Departments” – “Resource Center” at <http://www.acog.org>.

Applications must be received by November 1, 2015

Selection will be made and the recipient notified as soon as possible after the deadline so that the fellowship may begin as early as late fall 2015.

SAHMS Sixteenth Annual Meeting, Las Vegas, Nevada, March 17-19, 2016 Call for Papers

The [Southern Association for the History of Medicine and Science](#) (SAHMS) will hold its sixteenth annual meeting on March 17-19, 2016, at the University of Nevada, Las Vegas School of Law.

SAHMS welcomes papers for this meeting that discuss the history of medicine and science. This is broadly construed to encompass all fields and subfields: historical, literary, anthropological, philosophical and sociological, related to the historical understanding of any aspect of medicine, health care, and science, as well as closely related topics, including race, disabilities, sustainability, environment, technology and gender studies. Participants may propose individual papers or panels of several papers on a particular theme.

Each presenter is limited to 20 minutes, with additional time for questions and discussion when possible. Please do not submit papers that have already been published, presented or scheduled for presentation at another meeting. All participants and attendees are responsible for their own travel expenses and must pay conference registration costs/meeting fees.

W a t e r m a r k

Volume XXXVIII

Number 4 (Fall 2015)

A limited number of student travel awards are available each year; for more information click "Student Travel Grant Guidelines" on the SAHMS website, <http://www.sahms.net/> and choose the "Future Conferences" page. Students MUST follow these guidelines to be considered for these travel awards.

The online submission form will be available by the end of August, 2015 at <http://www.sahms.net/>. For further information about this meeting or SAHMS in general, please contact the SAHMS' Program Chair, Professor Philip Wilson at: wilsonpk@etsu.edu.

Deadline for paper abstracts and panel submissions is October 30, 2015.

Fellowship at the Clendening History of Medicine Library, University of Kansas Medical Center

Thanks to the Eugene W. J. Pearce, MD and Lunetta A. Pearce, MD Fellowship in the History of Medicine, Indiana University graduate student Kate Grauvogel gained a unique perspective on Rudolf Virchow (1821-1902) as a statesman, which will complement her research on his work in pathology and medical practice. Grauvogel spent two weeks in August in the Clendening Library studying 19th century books, anatomical atlases, and medical prints, with a particular interest in the library's collection of Rudolf Virchow manuscripts. A PhD student in the History and Philosophy of Science and Medicine Department at Indiana University, Bloomington, Grauvogel specializes in the history of medicine, where her specific interest is in the history of pathology and hormones in the 19th and 20th centuries. The research she conducted at the Clendening Library will assist her in writing a conference paper, an article, and the first two chapters of her dissertation, tentatively entitled, "From Milk Leg to Deep Vein Thrombosis: Experimental Research on Blood Clotting and Hormones, 1791-1859." At the end of her fellowship, she expressed satisfaction with the work she accomplished in the library. It was a pleasure having her working with the Clendening Library collections.

Dawn McInnis, Rare Book Librarian
Clendening History of Medicine Library
University of Kansas Medical Center

Update on the Medical Heritage Library

The [Medical Heritage Library](#) (MHL), a [digital curation collaborative](#) among some of the world's leading medical libraries, promotes free and open access to quality historical resources in medicine. We are currently comprised of nine principal contributors and eighteen content contributors. We currently have over 97,000 items with over 22 million downloads and anticipate having 100,000 or more items before the end of 2015. If your institution is currently digitizing works with Internet Archive, we would love to hear from you, as we are always welcoming new partners.

The MHL is currently overseeing a major grant to digitize state medical society journals. *Medicine at Ground Level: State Medical Societies, State Medical Journals, and the Development of American Medicine and Society* began in the spring of 2015 and will run through 2017. We plan to begin digitization of materials in the fall of 2015. The project will digitize 117 titles from 46 states, comprising over 2 million pages in 3,579 volumes. Once digitized, the journals will be available to researchers with the rest of the MHL collection in the Internet Archive. The state medical society journals will provide additional context for the rare American medical journals already digitized during the recently completed [Expanding the Medical Heritage Library](#) grant which made 336 titles and over 3,000 volumes available.

Five prominent medical libraries, including three founding members of the MHL, are collaborating on this project: The College of Physicians of Philadelphia; the Francis A. Countway Library of Medicine; the Center for the History of Medicine and Public Health at The New York Academy of Medicine; the Health Sciences and Human Services Library, University of Maryland, the Founding Campus (UMB); and the Library and Center for Knowledge Management at the University of California at San Francisco (UCSF).

State medical society journals document the transformation of American medicine in the 20th century at both the local and national level. The journals have served as sites not only for scientific articles, but for medical talks (and, often, accounts of discussions following the talks), local news regarding sites of medical care and the medical profession, advertisements, and unexpurgated musings on medicine and society throughout the 20th century. When digitized and searchable as a single, comprehensive body of material, this collection will be a known universe, able to support a limitless array

W a t e r m a r k

Volume XXXVIII

Number 4 (Fall 2015)

of historical queries, including those framed geographically and/or temporally, offering new ways to examine and depict the evolution of medicine and the relationship between medicine and society.

Project supporter and former president of the American Association for the History of Medicine (AAHM), Professor of History Nancy J. Tomes, Stony Brook University, notes in the letter of support that she wrote for this grant, that “the value of this collection lies precisely in the insights state journals provide on issues of great contemporary interest. They shed light on questions at the heart of today’s policy debates: why do physicians treat specific diseases so differently in different parts of the country? Why is it such a challenge to develop and implement professional policies at the national level? How do state level developments in health insurance influence federal policy and vice versa? How do factors such as race, class, gender, and ethnicity affect therapeutic decision-making? How have methods of promoting new therapies and technologies changed over time? These are issues of interest not only to historians but to political scientists, sociologists, and economists. Not only will the state journals be of great use to researchers, but they also will be a great boon to teachers. I can easily imagine using the collection to engage medical students, residents, and practicing physicians in the conduct of historical research.”

Hanna Clutterbuck-Cook

Processing Assistant, Center for the History of Medicine, Countway Library, Harvard University

Project Coordinator, Medical Heritage Library
and

Kathryn Hammond-Baker

Deputy Director, Administration

Countway Library, Harvard University

W a t e r m a r k

Volume XXXVIII

Number 4 (Fall 2015)

NEW MEMBER PROFILES**Name:** Sarah Alger**Member of ALHHS since:** 2015**Hometown:** East Bridgewater, MA**Current Employer and Position:** Director,
Paul S. Russell, MD Museum of Medical
History and Innovation at Massachusetts
General Hospital**Education:** BA, journalism and French**Professional interests:** For ten years, I've been an editor of *Proto*, a Massachusetts General Hospital (MGH)-sponsored thought leadership magazine about medicine. In the magazine, we discuss modern-day innovation; in the museum, I have the opportunity to trace the entire history of MGH-related innovations, from the hospital's founding to present—which is not only invigorating, but important. I think many of us equate the eureka moment with innovation, but innovation can be circuitous and difficult.**Other facts, interests, or hobbies:** I grew up in a house built before 1759 (perhaps as early as the late 1600s), so the backyard was full of garbage from a variety of eras—bottles here, shoe soles there, children's toys over yonder. My favorite find was a wagon-wheel hoop. Looking through our archives gives me that same sensation of being on the cusp of an exciting discovery.**Name:** Hanna Clutterbuck-Cook**Member of ALHHS since:** April, 2015**Hometown:** Norridgewock, ME

W a t e r m a r k

Volume XXXVIII

Number 4 (Fall 2015)

Current Employer and Position: I have two: The Center for the History of Medicine at the Francis A. Countway Library of Medicine, where I'm a processing assistant; and the Medical Heritage Library, where I'm the Project Coordinator.

Education: Skowhegan Area High School (graduated 1998); BA in modern Irish history, Marlboro College (2002); MA in modern Irish history, Simmons College (2010); MLIS Simmons Graduate School of Library and Information Science (2010).

Professional interests: Digital libraries; open access; providing access to archival and manuscript materials with privacy concerns; ensuring long-term access to digital collections; the history of forensic medicine.

Other facts, interests, or hobbies: Enthusiastic amateur baker; yoga practitioner since 2006; cold weather crocheter; *Doctor Who* fan since childhood.



Name: Justin A. Gardner

Member of ALHHS since: March, 2015

Hometown: I am originally from Indianapolis, IN. I moved to Louisville, KY in 2006.

Current Employer and Position: Special Collections Librarian, Migel Library, American Printing House for the Blind.

Education: I received my BS in History from Indiana University Bloomington, and remained there to complete my MLS. I would like to return to school for either public history, or book arts and conservation, should time permit.

Professional interests: Starting off in museum collections reinforced my love of books as artifacts. I then spent six years at university and public libraries. American Printing House for the Blind (APH) is a unique organization with a long history, and I was thrilled to have the opportunity to work with rare books again when I started in 2011. What's even more rewarding, though, is sharing them with the world via Internet Archive. APH

W a t e r m a r k

Volume XXXVIII

Number 4 (Fall 2015)

has just purchased a Table Top Scribe for in-house digitization, and I recently received a grant to start a collection of albums and books by blind musicians.

Other facts, interests, or hobbies: Last year, my wife completed her journey to become a nurse. We have a four-year-old daughter who keeps us busy. My remaining free time is spent running, lifting weights, obsessively reading A. Conan Doyle and J.R.R. Tolkien, and listening to music by The Clash, The Specials, and other bands of the era.

[BACK TO TABLE OF CONTENTS](#)

BOOK REVIEWS

Kenneth M. Ludmerer. *Let Me Heal: The Opportunity to Preserve Excellence in American Medicine*. New York: Oxford University Press, 2015. xvii, 431 p. \$34.95 hardcover. ISBN 978-0-19-974454-1

Kenneth Ludmerer is deservedly among our most important contemporary historians, sociologists, and philosophers of medicine. This, the third book in his "Heal" series, may be the best of the three. The first, *Learning to Heal: The Development of American Medical Education* (1985), which considers chiefly the "progressive" period from the Civil War to the aftermath of the Flexner Report, is an effective sequel to William Frederick Norwood's *Medical Education in the United States Before the Civil War* (1944). The second, *Time to Heal: American Medical Education from the Turn of the Century to the Era of Managed Care* (1999), is pretty much straight social history and as such is a worthy complement to Paul Starr's classic, *The Social Transformation of American Medicine* (1982), which covers the period from colonial times to about 1980, through three eras: medicine as charity, medicine as science, and medicine as corporate enterprise. *Let Me Heal* is more philosophical, political, and polemical than the other two, although its polemics are understated and generally implicit. Ludmerer has thereby done us a great service, since, in this time of national crisis in access to health care, especially with regard to the hyperbolic and often vitriolic emotions evoked by the Affordable Care Act, the private health insurance industry, etc., an unpretentious argument from an intelligent and reasonable source, i.e., an accessible yet erudite book that offers more light than heat, is exactly what's needed.

W a t e r m a r k

Volume XXXVIII

Number 4 (Fall 2015)

Let Me Heal picks up the narrative just before World War I and continues to explore an important theme from *Time to Heal*, namely, the revolutionary impact on American medical education wrought by the German model of laboratory-based medical education, which was most famously and successfully instituted by Sir William Osler and William H. Welch at the Johns Hopkins University School of Medicine in 1893 (which Ludmerer discusses in detail), but also - more than a decade earlier - by Henry Leopold Elsner at the Syracuse University College of Medicine in 1882 (which Ludmerer does not mention). Only medical schools which had established this laboratory method would survive Flexner in 1910.

The book's main focus is the evolution of the residency system which William Stewart Halsted invented at the Johns Hopkins Hospital in 1889. This system, as Ludmerer sees it - if it remains adaptive - is essential to maintaining and revitalizing American medicine. He examines it from all perspectives, including questions of quality, principles, safety, specialization, and effectiveness, but considers especially in depth the multifaceted cultural, sociopolitical, economic, and psychological effects of medical insurance (both private and public) on patients, physicians, society, and in particular on graduate medical education.

In many ways, this book is a chronicle of humanistic progress made in the resident/patient relationship. Ludmerer details the recognition and solution of past offenses and abuses such as using charity cases, uninsured or underinsured patients, and ward patients, but not private or paying patients, for clinical experimentation and teaching, sometimes with blithe disregard for patient comfort, patient safety, patients' rights, and informed consent - even in the post-Nuremberg era (pp. 162-164). Pre-Nuremberg (1947) and even post-Schloendorff (1914), informed consent was not an issue (cf. p. 183); but after the ten points of the Nuremberg Code were handed down on August 19, 1947, a cooperative process of informed consent should have been part of every physician-patient encounter. Apparently, in American hospitals under the residency system, especially when patients belonged to the lower classes, it was not.

Besides this class-based exploitation of patients, the hazing (p. 384, n. 46) of residents has now also almost entirely disappeared. The strictly hierarchical, physician-centered system of hospital governance in general and of residency in particular has been mostly replaced by a team-building, patient-centered approach. In this connection, Ludmerer sometimes - and not unreasonably - casts hospital administrators and senior physicians as villains. He cites several major instances of resident-initiated activism (at, for

example, Los Angeles County Hospital and New Orleans's Charity Hospital) that resulted in better patient care, reformed hospital policy, and streamlined staff efficiency. He calls the book *Let Me Heal* because there still remain many systemic, institutional, and cultural impediments that keep residents from doing their best with patients.

Among the most interesting and still topically relevant chapters is the twelfth, which deals with the various controversies about mitigating the workload of interns and residents. Long, unbroken hours were the norm until the 1980s, but these protocols - which some viewed as sacred traditions - began to be revised in the wake of the death of 18-year-old Libby Zion (pp. 276-279) in 1984, allegedly because her care was assigned to overworked and overly fatigued residents. Ludmerer examines all sides of the following basic paradox: long hours create good continuity of care, although the care may be inadequate because of residents' sleep deprivation, vs. short hours create poor continuity of care because of more frequent patient handoffs, although the care may be better because the residents are well-rested. Older physicians resisted the trend toward shorter hours, complaining that newer physicians would have an easier time than their elders had had, and that these changes would have adverse effects on residents' character, dedication, and professionalism. But other ideas prevailed, and, with pressure from the federal government, national boards, state agencies, and licensing bodies, gradual reforms appeared. Ludmerer discusses them all, including the 2003 and 2011 tweaks to the regulations which the Accreditation Council for Graduate Medical Education (ACGME) imposed in view of recommendations from the Institute of Medicine (IOM) and other overseeing organizations.

Several important questions naturally occur to the reader. For example: Are the days now gone when new physicians are more concerned with personal advancement than with patients? Has hospital medicine become more compassionate since the onset of consumerism in the 1960s? In general, we cannot yet answer these questions; but some recent developments, e.g., the advent of large numbers of women physicians, less sleep deprivation among residents (cf. pp. 195-196; 376, n. 36), and the decrease in the absolute authority of attendings and chief residents, are factors that contribute toward partial answers. History will tell, but that history has yet to condescend, let alone be written. It is happening now in hospitals and is being documented in journals like *Academic Medicine*.

Despite the general thoroughness, sensitivity, and coherence of Ludmerer's account and critique of 20th century American medical education, there are a few conspicuous

W a t e r m a r k

Volume XXXVIII

Number 4 (Fall 2015)

lacunae. For example, he fails to mention the "second Flexner report," *Medical Education in the United States, 1934-1939*, by Herman G. Weiskotten et al. (1940). We may forgive Ludmerer this lapse, insofar as the 1940 report mostly concerns medical schools, while Ludmerer's main topic is internship and residency. But neither does he mention the Emergency Medical Treatment and Active Labor Act (EMTALA), which would have been a relevant addition.

With 75 pages of endnotes, *Let Me Heal* could benefit from a separate, alphabetized bibliography in three categories: books, articles, and archival materials - but that might add 30 or 40 pages to its length. On the other hand, if the profligate redundancy among the citations in the notes were eliminated, perhaps with sigla, then, even with a tripartite bibliography added, the total number of pages could remain about the same.

Eric v.d. Luft

Adjunct Lecturer

Center for Bioethics and Humanities

SUNY Upstate Medical University

Helen King. *The One-Sex Body on Trial: The Classical and Early Modern Evidence*. Farnham, Surrey: Ashgate Publishing Limited, 2013. 274 p. \$124.95 ISBN: 978-1-4094-6335-1

First published in 1990, Thomas Laqueur's *Making Sex: Body and Gender from the Greeks to Freud* has, it can be argued, become the authority on the history of the human body. According to Laqueur, the "one-sex body" model, in which male and female sexual organs are homologous, dominated thought about the human body until the 18th century. In *The One-Sex Body on Trial: The Classical and Early Modern Evidence*, Helen King challenges this assertion as being an oversimplification and misinterpretation of medical literature. According to King, the shift from the "one-sex" to the "two-sex" model more likely occurred in the 16th century; furthermore, the "one-sex" model did not exist unchallenged until this time. King, a professor of classical studies at the Open University (U.K.), conducts close readings of original texts in order to demonstrate how translation can influence interpretation. She then uses two stories from antiquity to illustrate her points: Phaethousa and Agnodice.

The widespread use of *Making Sex* in academia can easily be verified by an informal check of circulation data. Indeed, the date due stamps in the copy I checked out from my

university's library indicate that it has been checked out more than 100 times; three additional copies are also available on campus. Whereas King does not question the book's importance, it is obvious that she is frustrated that it continues to thrive essentially unchallenged. Although she notes that she is hardly the first person to question Laqueur, she concedes that *Making Sex's* popularity is due to four factors: 1) Laqueur's clear, straightforward thesis, 2) the book's interdisciplinary nature, 3) the book's wide historical representation, and 4) Laqueur's heavy use of visual images (pp.14-16).

In Part I of *The One-Sex Body on Trial*, "Revisiting the Classics," King questions Laqueur's use of these images by pointing out his tendency to remove accompanying text. The best example of this point is perhaps Figure 27 from Book V of Vesalius's *De Humani Corporis Fabrica*. In *Making Sex*, Laqueur uses this image as an example of "vagina as penis." King argues that Laqueur's removal of Vesalius's accompanying text takes the image out of context to better support his thesis; comparing it to the original image supports King's assertion).

King also uses Part I to question the translations Laqueur uses to support his arguments. By going back to the original texts instead of relying on the translations that Laqueur used, King seeks to prove that different translations can lead to different interpretations. King also notes that the inclusion or exclusion of a phrase from a translation can alter the meaning of the text. For example, Laqueur excludes portions of a poem from *Aristotle's Masterpiece*. The quoted portions align neatly with Laqueur's thesis; the unquoted portions make the meaning more ambiguous (pp. 9-11).

King's inclusion of the classical Phaethousa (Part II) and Agnodice (Part III) stories provides examples of how the "one-sex" model was not necessarily the only way of thinking about the human body before the 18th century. In the Hippocratic story of Phaethousa, a mature woman who had previously borne children stopped menstruating and grew facial hair after her husband left town. Despite their best efforts, doctors were unable to cure her, and she died. Agnodice, sometimes referred to as "the first midwife" or "the first female physician," disguised herself as a man in order to treat female patients at a time when women were not allowed to practice medicine. After she was accused of seducing her female patients in order to win more business, Agnodice revealed that she was a woman, thereby breaking the law in a different way. As in Part I, King demonstrates how different translations of these stories can lead to different interpretations and conclusions.

The One-Sex Body on Trial is an excellent criticism of a landmark text, and it will be interesting to see if King is able to play a significant role in the historiography of this topic. The key to this book's success lies in the telling of the Phaethousa and Agnodice stories, which should interest scholars in gender studies and medical humanities. Indeed, these stories provide perspectives about sex and gender roles that might resound with contemporary news about Caitlyn Jenner and gender-neutral restrooms. My main criticism of the book is that King's language tends to be quite academic and dry, which could lead to fewer stamps on date due slips than *Making Sex*.

Dawne Lucas

Special Collections Librarian

Health Sciences Library, University of North Carolina at Chapel Hill

Michael A. Osborne. *The Emergence of Tropical Medicine in France*. Chicago: University of Chicago Press, 2014. 312 p. \$50.00 ISBN: 978-0-226-11452-1

Michael A. Osborne (professor of history, Oregon State University), has added an important chapter to the historiography of colonial, naval, and French medicine with his newest work, *The Emergence of Tropical Medicine in France*.

Osborne, a scholar of French and colonial medicine in the French imperial and republican periods, discerned an important weakness in the historiographies of both disciplines: colonial medicine concentrates on medicine in the British Empire while French medicine is centered around Paris and its great civil scientists and clinicians. Very little is known about French colonial medicine from the late 17th century through the first decades of the 20th century. Osborne's work is foundational to understanding a broad new chapter in the history of medicine and outlines major themes while providing meticulous detail.

Osborne's fascinating model for the examination of medicine in the colonies starts with the role of the Navy, which administered the civil and military affairs of France's colonial holdings until the end of the 19th century. The study begins with the Ordinance of 1689, the "birth certificate" of the modern French Navy, a bill which covered the operations of the Navy on the high seas as well as the functions of its arsenal/port cities, (such as Rochefort, Brest, Bourdeaux, Marseilles, and Toulon, among others), prisons, and hospitals. Osborne pays special attention to these arsenal/port cities because of their

role in training generations of physicians, surgeons, researchers, and administrators for the Navy and colonies. Also, the cities housed large penal institutions. Included among those incarcerated were individuals from Mediterranean French colonies, ready subjects for ethnographic studies.

Prisoners, sailors, and ships' holds often harbored exotic diseases with which naval physicians contended and which occasionally threatened France. Furthermore, while imported urban epidemics were dangerous, if sporadic, affairs, diseases like yellow fever and malaria were a constant drain on the empire and aided in changing the course of colonialism, whether quietly by making duty in tropical environs a dangerous affair, or dramatically, as when the high death rate caused by yellow fever inadvertently aided rebels, under the leadership of Toussaint L'Ouverture, to overturn French rule in Saint Domingue (later Haiti). Some of Osborne's best moments come while exploring the response mounted by naval/colonial physicians to specific disease threats. Osborne is careful to highlight the fact that French physicians muddled the etiology of disease through what he terms the "value of place," in which "place" is not just a point on a map but a "site of meaning and attachment" (p. 4), a phenomenon not uncommon among other colonial powers where diseases with similar pathologies were considered particular to a place, their lethality judged more or less by the race or ethnicity of the patient population.

Osborne accurately assesses the success of French tropical medicine as decidedly mixed; the transmission hypothesis of yellow fever was posed by Cubans and confirmed by Americans while investigations of malaria were led by scientists from England and Cuba, among other countries. Alphonse Laveran, a non-naval French physician who discovered the malaria parasite, received the 1907 Nobel Prize in recognition of this and other related work. Yet, even with the laurels of discovery and prevention going to other nations or branches of French medicine, the history of French naval/tropical medicine as it relates to the administration of fleet medicine and the medicine and public health of its colonies amounts to a parallel history of France's civilian medical world.

The Emergence of Tropical Medicine in France complements recent works on the subject of tropical/colonial medicine, e.g. Pratik Chakrabarti's *Bacteriology in British India : Laboratory Medicine and the Tropics* (2012). Unlike Chakrabarti's work, Osborne's study explicitly explores the ties between the civil world of France's great medical universities with those of its distant colonies, and does so both before and after the Revolution, with knowledge made possible by the germ theory of disease. This is an

W a t e r m a r k

Volume XXXVIII

Number 4 (Fall 2015)

important work for any scholar interested in French, naval, or colonial medicine and one hopes that *The Emergence of Tropical Medicine in France* will be followed by a work that more closely knits together medical and public health activities in individual French colonies.

James Higgins

[BACK TO TABLE OF CONTENTS](#)

Watermark

Volume XXXVIII

Number 4 (Fall 2015)

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Volume XXXVIII

Number 4 (Fall 2015)

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[BACK TO TABLE OF CONTENTS](#)
