

WATERMARK

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

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**Submissions for the Watermark:**

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

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Cover Image: Dr. Selma Dritz of the San Francisco Dept. of Public Health whose papers at UCSF will be processed as part of an NHPRC grant. Read more inside.

EDITOR'S MESSAGE



While this issue of *The Watermark* is a little thinner than normal, there's still plenty of good reading. Besides seven book reviews (ALHHS members are readers!), there's a profile of the Rochester (N.Y) Medical Museum and Archives, two member profiles, and plenty of news of members and their collections.

Unfortunately, work duties will prevent me from attending this year's annual meeting in Nashville. I will miss seeing you but know that everyone will give me enough copy about it that it will be almost like being there.

Stephen Novak

Editor

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FROM THE PRESIDENT



About a year ago, at a kid's birthday party, another parent and I were chatting. She asked that perennial question "What is it you do?" and when I explained, she and her husband, who joined the conversation, listened politely. And then they started chuckling, remembering some family member who toyed with the idea of going into the history of medicine, but all that talk of "humors and what not" seemed so... well, antiquated.

I laughed along, and then found myself getting a little defensive about those antiquated humors. I know their comments were meant as harmless-kid-birthday-chit-chat. And yes, bleeding people copiously regardless of condition until the 19th century was flawed. But had I done enough to explain the importance of the history of medicine? And how ideas of balancing the humors led to interesting and relevant discoveries today? And what about all the cultural

factors that played into balancing humors over centuries? I replayed the scenario in my head, wondering how I could succinctly summarize the importance of the history of medicine into two sentences in the future.

Many of us spend our days engrossed in history of medicine topics. I find it exciting when colleagues, friends, or even family members and others take an interest. My colleagues in Conservation Services signed up and hosted a recent webinar sponsored by the Library of Congress Topics of Preservation Series (TOPS), titled “Medieval Medicine for Modern Infections: Could ‘Ancientbiotics’ help in the fight against antimicrobial resistance?” Many of you likely saw the news story from a few years ago about the work of medievalists and microbiologists in the UK. Their combined, interdisciplinary efforts and work involved transcribing, analyzing, and recreating a recipe, Bald’s Eyesalve, from an Anglo-Saxon medieval medical manuscript. Their initial findings showed this historical recipe killed *Staphylococcus aureus* (MRSA) and a range of antibiotic-resistant bacteria. This webinar presented the group’s research and how the Ancientbiotics team seeks to explore the relevance of medieval medicine for modern infections. Pretty amazing work.

What we do is so important and crucial to historical *and* current research as the above example illustrates. I am looking forward to seeing many of you and hearing members’ presentations at our upcoming annual meeting, just a few weeks away. I know we are all eager to hear Henry A. Atwater II, speak on “Everything You Want to Know about the Meharry Medical College.” My thanks again to the Local Arrangements Committee and Program Committee for making this all come together.

Best wishes and happy spring!

Rachel Ingold

President

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ALHHS/MEMA 2017 ANNUAL MEETING PROGRAM**2017 Annual Meeting
Bridgestone-Firestone Conference Center
Nashville Public Library
615 Church Street****Wednesday, May 3, 2017**

- 4:00 ALHHS Steering Committee Meeting
Studio 4, Fourth floor
Sheraton Downtown Hotel
623 Union Street
- 6:40 Group departs lobby of Sheraton for walk to dinner
- 7:00 Dinner at Merchant's
401 Broadway
<http://merchantsrestaurant.com>
7:00 – 7:30 Informal Reception with Cash Bar
7:30 – 10:00 Dinner

Thursday, May 4, 2017

- 8:55 Group departs lobby of Sheraton for walk to the Nashville Public Library
- 9:00 Continental Breakfast
Nashville Public Library
- 9:30 Welcome
- Rachel Ingold, Duke University, ALHHS President
Shannon O'Dell, University of Michigan, MeMA President
Christopher Ryland, Vanderbilt University, Local Arrangements Chair
- 9:40 Session 1
Moderator: Brooke Fox, Medical University of South Carolina, Program Committee
- Lightning Talk
"Augmenting Archival Collections with Web Crawls"
John Rees, National Library of Medicine
- 15-Minute Presentations
"Take 'The Show' On the Road"
Cassie Nespore, Youngstown State University

W a t e r m a r k

V o l u m e L X

N u m b e r 2 (S p r i n g 2 0 1 7)

“It’s Academic! Collaborative Teaching at The New York Academy of Medicine”
Anne Garner and Arlene Shaner, New York Academy of Medicine

“Discovering Hidden Voices: Processing the New York Academy of Medicine
Collection of International Medical Theses”
Dawne Lucas and Gabrielle Barr, University of North Carolina at Chapel Hill

10:45 Break

11:00 Keynote Address

Introduction: Tim L. Pennycuff, University of Alabama at Birmingham, Chair,
Program Committee

“Everything You Want to Know about the Meharry Medical College”
Henry A. Atwater II, Program Coordinator, Office of Student Life, Meharry
Medical College

12:00 Lunch

Conference Room

12:30 Business Meeting

ALHHS meeting will be held in the Auditorium

MeMA meeting will be held in the Conference Room

1:30 Break

1:40 Session 2

Moderator: John Schleicher, University of Nebraska Medical Center, Program
Committee

“Preserving and Providing Access to Historical Patient Data”

Panel Moderator: Aimee Medeiros, PhD, University of California, San Francisco

“The Central State Hospital Digital Library and Archives Project”

Lorraine Dong, PhD, and Patricia Galloway, University of Texas at Austin

“Providing Access to Historic Medical Records at Johns Hopkins”

Phoebe Evans Letocha, Johns Hopkins Medical Institutions

“Pilot Project to Develop a Historic Patient Data Archive at UCSF”

Polina Ilieva, University of California, San Francisco

2:45 Session 3

Moderator: Michelle E. Marcella, Massachusetts General Hospital Russell
Museum, Program Committee

Lightning Talk

“Medicine, Surgery, and Nursing in the First World War”

Jack Eckert, Harvard University

15-Minute Presentations

“The Anatomy of a Forgotten Collection”

Sue London and Alan Kitchen, Indiana University School of Medicine

“Making Change Visible: Medical Archives and Public History”

Patricia Tuohy, National Library of Medicine

“Preserving a Medical History Time Capsule: A Rural South Carolina Doctor’s Office”

Susan Hoffius and Brooke Fox, Medical University of South Carolina

3:45 Tours

Tennessee State Library and Archives (building closes at 4:30)

403 7th Avenue

Tennessee State Museum (building closes at 5:00)

505 Deaderick Street

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MEMA NOTES

MeMA President Report

I look forward to meeting many of you on May 3-4, 2017 in Nashville for the ALHHS/MeMA Annual Meeting. Three Medical Museums Association members will be presenting.

As I wind down my term as President of MeMA, I must report that the last two years have been very educational, interesting and socially satisfying. I often work alone in my museum, so the MeMA/ALHHS network is very important to me and to my workplace, the Sindecuse Museum of Dentistry at University of Michigan. I attribute much of the renewed interest and energy in MeMA to my predecessors who formalized our annual meeting partnership with ALHHS; developed this quarterly column, *MeMA Notes*, for ALHHS’s online newsletter, *The Watermark*; developed a new look for our website and provided an online method of dues payments through PayPal. MeMA members Dominic Hall, Laura Travis, Jennifer Nieves, Jenn Nelson and Kristen Vogt-Veggeberg laid the foundation for those accomplishments. And, of course, thanks to all the members for contributing ideas and articles, volunteering their time, and submitting their annual dues each year. I am delighted new MeMA members volunteered to serve on two

ALHHS/MeMA Annual Meeting committees. I wish to thank Michelle Marcella (Program) and Stefanie Rookis (Local Arrangements) who served as MeMA representatives.

Jenn Nelson, Heritage and Special Collections Administrator of Royal College of Physicians and Surgeons of Canada in Ottawa capably filled the role of Contributing Editor of this column from 2014-2016. I am happy to announce that Tegan Kehoe, Exhibit and Education Specialist at the Paul S. Russell, MD Museum of Medical History and Innovation at Massachusetts General Hospital in Boston, will be our next Contributing Editor for *MeMA Notes*. You will hear from her soon as she sends out a call for news and articles for the Summer, 2017 issue. Please see Tegan's personal website to learn more about her: <http://www.tegankehoe.com/p/about-me.html>

Shannon O'Dell

President of MeMA (2015-2017)

Curator & Director, Sindecuse Museum of Dentistry

University of Michigan, Ann Arbor

New Exhibition: Modern Medicine and the Great War at the National Museum of American History, April 6, 2017 – January 2019

World War I provided a testing ground for the application of new medical technologies and procedures, and in some cases accelerated their general acceptance or development. At the same time, wartime medical practice reflected the larger concerns and prejudices of early 20th-century America, as the country coped with ever more complex problems of modern industrial society. Highlighting collections from military and medical history, the exhibition explores how the war experience changed medical practice and shaped the country's approach to health care in ways that continue to affect us today.

<http://americanhistory.si.edu/exhibitions/modern-medicine-and-great-war>

Judy M. Chelnick, Curator

National Museum of American History

Smithsonian Institution

New MeMA Member Highlight: Francesco Negro



**Francesco Eugenio Negro
M.D. – Director of the
MUOM**

The Medical Museums Association is pleased to have several new members this year and would like to introduce them to the broader medial library and museum community.

One of the new members is Francesco Negro, Director of the new Museo dell'Omeopatia (Museum of Homeopathy) in Rome, Italy. The museum opened in June 2013 to share the history of homeopathy from its beginnings to modern times, particularly documenting its presence in Italy. The museum is located in Piazza Navona 49, which is where the Italian Academy of Homeopathic Medicine carried out its work for forty years. The Academy was founded in 1953 by Antonio Negro (1908-2010). The space has been totally renovated to serve as a modern exhibit, research, and meeting facility. The director, Francesco Negro, is an endocrinologist, homeopath, and medical historian.

The artifact collection includes 100 homeopathic medical kits, as well as philately and numismatic collections related to homeopathy. The museum houses significant archival collections including the papers of Gioacchino Pompilj, Ugo Tosi, Gaetano Gagliardi, Norbert Galatzer, and Antonio Negro. The library contains over 5,000 books and magazine titles in Italian, German, French, English, and Spanish. There is a special section of older Italian books and pamphlets from the early 19th century and a Hahnemannian collection with rare first editions.

An English version of the museum's website can be found here:

<http://www.fondazionenegro.it/en/the-museum/>

Cassie Nesor, MLIS

MeMA Secretary

Curator, Melnick Medical Museum

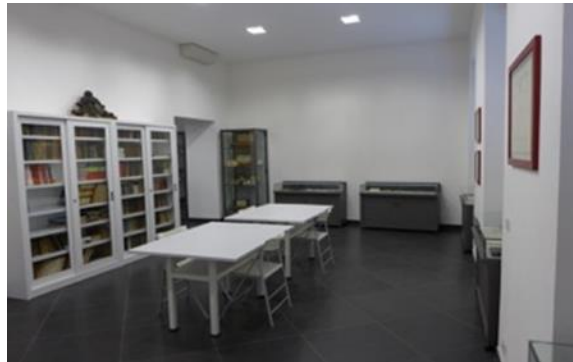
Youngstown State University, Ohio



Items from the Hahnemann collection



Research area with display cases



Interior of the Museo dell' Omeopathia

Throwback Thursdays: ACOG Highlights Women's Health History on Twitter

Curious about ladies' corsets, antique vibrators, douching devices, or early American midwifery texts? These are just some of the History Library and Museum artifacts that have been featured during Twitter's weekly Throwback Thursdays/Fridays by the American College of Obstetricians and Gynecologists (ACOG). Each week, ACOG's special collections librarian and museum curator, Beth DeFrancis Sun, selects a single object to photograph and describe (using 140 characters or fewer), which is then tweeted out by the Marketing & Communications Dept. via the ACOGNews Twitter Feed. Each tweet provides a snapshot of a unique object used during a specific time period in women's lives – before the next invention, intervention, or breakthrough came along. Ms. DeFrancis Sun begins by researching the history of the artifact, collecting what she can from ACOG's accession and catalog records, and then sums up the history in a paragraph or two (typically anywhere from 20 to 100 words). Keywords and concepts are then extracted, paring the text down to a tweet-sized 140-character

snippet. The Throwback Thursday/Friday project continues to gain followers, and the images and mini-histories accumulated over time will be adapted for use in the Museum Game to be played by Ob-Gyn's during ACOG's Annual Clinical and Scientific Meeting. Follow ACOGNews (#TBT, #Throwback Thursday, #Throwback Friday) on Twitter!

Examples of ACOG's Throwback Thursday tweets:



Victorian-era glass nipple shells, from ACOG's history museum, were worn under garments and collected breast milk.

Mid-century Kegel perineometer was used to measure the strength of a woman's pelvic floor contractions after childbirth.



Breisky pelvimeter by Jean Louis Baudelocque was used in the 1700s to identify women likely to experience obstructed labor.

Beth DeFrancis Sun

Special Collections Librarian

American College of Obstetricians and Gynecologists

All images courtesy of American College of Obstetricians and Gynecologists.

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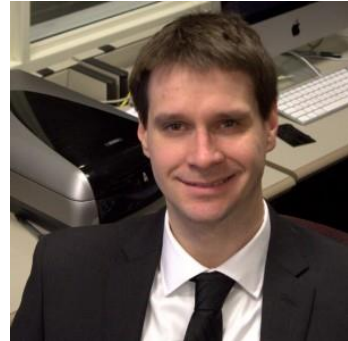
MEMBER PROFILES

Name: Dan Cavanaugh

Member of ALHHS since: 2015

Hometown: Crozet, Virginia

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



Education: BA (Archaeology), University of Evansville; MA (History), University of Massachusetts, Amherst; MSLIS, Drexel University

Professional interests: Born-digital archives, history of academic medical centers, promoting the use of special collections in organizational decision making, organizational transparency, archival consortia

Other facts, interests, or hobbies: When I am not at work or raising a toddler, I enjoy the simple things in life: food, movies, and music.



Name: Katie Birkwood

Member of ALHHS since: 2014

Hometown: Cambridge, UK

Current Employer and Position: Rare Books and Special Collections Librarian at the Royal College of Physicians, London

Education: BA in music (Jesus College, Cambridge), MA in library and information studies (University College, London)

Professional interests: Annotated books: the RCP has the largest surviving collection of books from the library of the Elizabethan scholar John Dee. Library history: I compile a quarterly bibliography of recent publications in the field for the journal *Library and information history*.

Other facts, interests, or hobbies: I'm a keen cellist, knitter, walker and baker of cakes.

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REPOSITORY PROFILE: ROCHESTER MEDICAL MUSEUM AND ARCHIVES



The Rochester Medical Museum and Archives serves as the memory bank and “Grandma’s attic” for the Rochester Regional Health system in New York. Our two-person staff and assorted volunteers collect, preserve and share the history of six of the eight hospitals, five schools of nursing, and affiliates that make up the system as well as seven tenant collections whose history ties back to the system in some way.

The Archives were founded as part of Rochester General Hospital’s centennial celebrations in 1947. The head of Rochester General’s Volunteer Department, Marion Bradley Baker, was placed in charge of the event and drew on her numerous connections within the hospital and Rochester itself to collect the items and photos that had been stashed away to display at the celebration.

Those items and the numerous dioramas and dolls that she created formed our original collections. Since that time, our collections have grown as the system has grown. Our previous director, Phil Maples, helped several hospitals in Rochester establish their own archives and, over the years, they’ve all come under our care as the system evolved. We’re now caring for over 975 years of cumulative healthcare



history for the Rochester region. When we originally began, we were located above Rochester General’s laundry on the hospital’s original campus. In 1966, we moved to the present campus when operations consolidated in one location and landed in the basement. By the late 1980s, we’d moved out of the basement and into an interstitial space that wrapped around an elevator. After that, when the hospital started to renovate (and we’d run out of space), we moved off campus into a renovated factory along with several other non-clinical support departments. Finally, in 2014 we moved into space at

the Rochester Academy of Medicine – a nonprofit that focuses primarily on continuing education for the healthcare providers of the community. We have approximately 4,000+ square feet at the Academy – a downsizing from our previous space, but we'll gladly trade extra space for a beautiful historic building at a great address and the hope that this will be the last move that we have to deal with for the foreseeable future.



Since 2014, we've been enjoying the momentum that our new location has helped generate. Downsizing has forced us to be more space efficient, so we've been working at eliminating old shelving that we no longer need thanks to the two floors of library stacks where our archival holdings are now stored. We've also installed two banks of movable shelving that have moved with us (twice!) to hold our photo and material culture collections, eliminating even more static shelving. We're working on digitalizing our audio-visual materials and photo collections. We've also had good luck in the grants arena. We've been awarded two New York State Documentary Heritage Programs grants (one to arrange and describe the Valenti Collection of Early AIDS Imprints and the second for the arrangement and description of the Unity Hospital Collection) and are waiting to hear about this year's

request for support of the processing of the Rochester Regional Health Corporate Collection. We'll also be submitting a request to the NEH's Preservation Assistance Grants for Smaller Institutions program to help us purchase new boxes, folders, etc. to rehouse part of the archival collection.

Our outreach efforts have also grown since our last move. We're on Facebook ([rochestermedicalmuseum](https://www.facebook.com/rochestermedicalmuseum)), have started an Instagram account ([rocmedmuseum](https://www.instagram.com/rocmedmuseum); unfortunately, this is a slow mover due to the fact that Instagram and my phone don't always get along), and are starting to load video clips on YouTube ([rochmedhistory](https://www.youtube.com/channel/UC...)). We're especially proud of our collaboration with the Rochester Academy of Medicine. Both organizations are small and have missions that dovetail nicely, so mutual support makes sense. In 2015, we began the "1441 Holiday Gala" – a joint year-end friend and fund raiser – and 2016 saw the establishment of the "1441 Book Club" where we read and discuss healthcare related books (the *Watermark's* book reviews have been a **huge** help in picking selections – thank you Patricia Gallagher for your emails of available books!).

We are excited about what the future holds for us, as we've just completed a strategic planning process and have several items that are being put into motion. We're working with a local college to establish an extension class location for a master's level healthcare administration program and will be growing our internship program. We'll also be developing a marketing/branding campaign as well as further development of our Friends group and establishing an annual lecture series in collaboration with the Academy of Medicine.

Kathleen Britton

Director/Curator of Collections

Rochester Medical Museum and Archives

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

NLM Lends Historical Images & Related Items to National Building Museum Exhibition

The National Library of Medicine (NLM) is pleased to have selected items from its collection included in a new exhibition, *Architecture of an Asylum: St Elizabeths 1852-2017*, which will open on March 27, 2017, and will run through January 15, 2018, at the National Building Museum in Washington, DC.

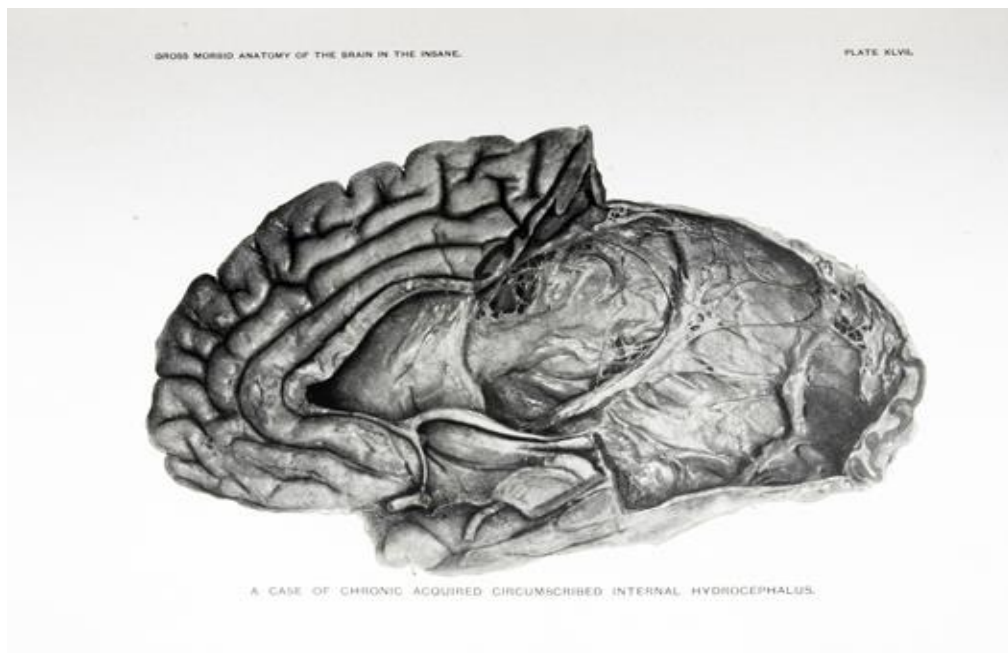
For the past decade, much of [St. Elizabeths Hospital](#), a National Historic Landmark and sprawling campus of 19th- and 20th-century structures, was closed to the public. Recent efforts to redevelop the St. Elizabeths site have created new opportunities to access and understand its rich architectural legacy, as well as its potential to revitalize one of the city's most underserved wards.

In concert with this massive transformation, the National Building Museum presents an exhibition that explores the architecture and landscape architecture of St. Elizabeths. The Government Hospital for the Insane, as the campus was originally named, opened in 1855 as a federally-operated facility. The multi-disciplinary exhibition will tell the story of St. Elizabeths' change over time, reflecting evolving theories of how to care for the

mentally ill, as well as the later reconfiguration of the campus as a federal workplace and mixed-use urban development.

An important collection of architectural drawings held by the Library of Congress will anchor the exhibition. These archival materials comprise plans and elevations spanning the period from the 1850s through the 1980s. Drawings include Thomas U. Walter's plans for the institution's first structure, the 1855 Center Building, as well as plans for later residential "cottages," farm structures, and an auditorium. A spectacular 1904 model created for the St. Louis World's Fair is a dramatic centerpiece for the exhibition.

Supplementing drawings and models will be a wide variety of objects, from medical instruments to patient-created art, introducing visitors to the people who lived and worked at the institution. Photographs, scrapbooks, furnishings, and paintings appear on loan from various museums and archives.



Isaac W. Blackburn, *Gross morbid anatomy of the brain in the insane*. Washington, DC: GPO, 1908.

Architecture of an Asylum will present a remarkable story about American healthcare, architectural history, and promising adaptive reuse. Under the General Services Administration's control since 2004, the historic site – much of it vacant and deserted for decades – is now undergoing massive change. Visitors, always curious about the troubled history of mental health care, and interested in expansive plans for urban renewal, will be fascinated by the surprising story of this hospital and its urban campus.

NLM joins a number of prominent organizations in loaning items to the National Building Museum for this important exhibition, including the Library of Congress, the National Portrait Gallery, the National American History Museum, the Smithsonian Castle Collection, and the National Museum of Health & Medicine

The **National Building Museum** is America's leading cultural institution dedicated to advancing the quality of the built environment by educating people about its impact on their lives. Through its exhibitions, educational programs, online content, and publications, the Museum has become a vital forum for the exchange of ideas and information about the world we build for ourselves. Public inquiries: 202.272.2448 or visit www.nbm.org. Connect with the museum on Twitter: [@BuildingMuseum](https://twitter.com/BuildingMuseum) and [Facebook](https://www.facebook.com/BuildingMuseum)..

NLM loans items from its history of medicine collections for display in public exhibitions to qualifying institutions on a case-by-case basis. Details about this loan program, and loans which the NLM has arranged since 2012, are available [here](#).

New online collection at NLM

In 2015, the National Library of Medicine launched a traveling banner exhibition that explored the history of a vanguard of nurses who changed the way the medical profession responded to patients who had been battered. This exhibition, [*Confronting Violence: Improving Women's Lives*](#), is based on a [manuscript collection](#) from these nurse activists, part of the History of Medicine Division's holdings.

Up until this year, only a few of the documents in the collection were available in their entirety in the online adaptation of *Confronting Violence*. Now, because of a collaborative effort among colleagues in the History of Medicine Division and the NLM Office of Computer and Communication Services, a curated selection of more than 50 items has been digitized, contextualized, and made available as part of an enhanced [online Digital Gallery](#) experience.

Head of the Exhibition Program, Patricia Tuohy, will be giving a talk at this year's Archivists and Librarians in the History of the Health Sciences (ALHHS) annual meeting in Nashville exploring how Digital Galleries can help make manuscript collections meaningful to diverse audiences. *Confronting Violence* is one case study.

Follow NLM Blogs

Keep abreast of the strategic planning process unfolding at the National Library of Medicine by following *Musings from the Mezzanine: Innovations in Health Information from the Director of the U.S. National Library of Medicine*, the official blog of NLM Director Patricia Flatley Brennan, RB, PhD: <https://nlmdirector.nlm.nih.gov/>. You can also follow Dr. Brennan on Twitter @NLMdirector



Lantern slide of "A Nightmare" produced at St. Elizabeths Hospital.

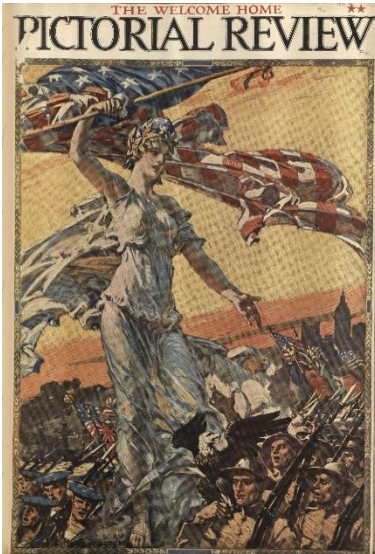
In addition, we warmly welcome you to visit our blog, "[Circulating Now](#)," where you can learn more about the collections and related programs of the History of Medicine Division of the NLM.

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

Programming for Spring

We have an exciting season of spring programming in store. Photographer and author Rosamond Purcell speaks on "Double Identity: Anomaly and the Imagination," about



The Welcome Home Pictorial Review, February 1919, symbolizing our year-long series, “Legacies of War: Medical Innovations and Impacts.”

hybrid beings and fantastical imagery on March 30th. Our history of medicine series continues on April 4th with “Crossing Boundaries: Surgery as Site of Performance and Craftsmanship” with Dr. Roger Kneebone, and “Lady Mary’s Legacy: Vaccine Advocacy from the Turkish Embassy Letters to Video Games” with Professor Lisa Rosner on April 6th. Combining both history of medicine and the arts, our Annual Friends of the Rare Book Room Lecture will be presented on April 13th by Professor Rose Holz on “Art in the Service of Medical Education” discussing the Birth Series sculptures by Dr. Robert Latou Dickinson and Abram Belskie.

In May, anatomical artist Kriota Willberg teaches a workshop, “Visualizing and Drawing Anatomy,” on four Tuesdays starting May 2nd; and Professor Bert Hansen lectures on “Façades and Fashions in Medical Architecture” on May 11th, followed by two walking tours of New York City medical landmarks, May 13th and 20th. We continue our special series “Legacies of War: Medical Innovations and Impacts” with a panel of journalists who cover war and conflict on May 10th in “Perspectives from the Field” moderated by author and Academy Fellow Randi Epstein, M.D., and featuring author Judith Matloff and photographer Robert Nickelsberg. We also begin our third six-week-long reading and discussion group in mid-May on the topic of growing and aging. The spring season of programming concludes with historical gastronomist Sarah Lohman speaking on “The History of Garlic: From Medicine to Marinara,” on June 5th, and renowned science writer Mary Roach sharing her new book, *Grunt: The Curious Science of Humans at War*, on Monday June 12th.

For details of these and other programs, see our current Cultural Programming brochure at http://nyam.org/media/filer_public/d6/ed/d6edb14d-d908-47a9-a619-494b2b79a8b8/winter-spring_2017_library_programming.pdf

#ColorOurCollections

The second annual #ColorOurCollections week took place February 6–10, 2017, and was a great success! One hundred and five institutions registered on the website, and many more participated across social media, sharing coloring sheets based on their

collections and bringing brightness to library lovers' feeds for the week. This year saw the launch of the campaign website, <http://library.nyam.org/colorourcollections/>. While the official #ColorOurCollections week is over, the coloring books will continue to be available there. Thank you to all the ALHHS members that participated; save the dates for next year: February 5–9, 2018!

As an added note, our Archivist, Rebecca Pou, was named as one of the *Library Journal's* "Movers and Shakers," based on her role in creating #ColorOurCollections.



Academy staff showed off their artistic side, coloring sheets based on images from Blackwell, Aldrovandi, and Hebra (not pictured).

Conservation Update: Treatment of the *Articella*

The *Articella* is a collection of medical treatises that formed the basis for the instruction of medical students between the 13th and 16th centuries. Between 1476 and 1534, eighteen printed editions of the *Articella* were published throughout Europe. The Academy of Medicine's copy was printed in 1487 in Venice. It features texts from the ancient medical world, notably by Hippocrates and Galen, as well as from medieval Islamic medicine. The book has been repaired at least twice during the past 500 years and retains fragments of its original alum-tawed covering material and fastenings in addition to remnants of 19th- and early 20th-century repairs. The 19th-century repairs in particular are beginning to fail: both boards have warped and detached from the textblock, making the book difficult to use for research and teaching. Conservation



***Articella, seu, Opus artis medicinae*, ed. Franciscus Argilagnes. Venice: Baptista de Tortis, 1487. Detail of rubrication, annotations, elaborate pastedown decoration, and bookplate of Edward Clark Streeter.**

treatment will focus on preserving not only the original covering material but also evidence of past repairs as a way to document the book's long history. Treatment will include humidifying and flattening the boards, applying new spine linings of Japanese paper and linen to reinforce the textblock, and creating a new leather spine in order to reattach the boards to the textblock

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NEWS FROM THE HISTORICAL MEDICAL LIBRARY, COLLEGE OF PHYSICIANS OF PHILADELPHIA

***Imperfecta* Exhibit Opens at the College of Physicians of Philadelphia**

Imperfecta debuted at a preview party the evening of March 9, 2017. Curated by Archivist Chrissie Perella and Reference Librarian Caitlin Angelone, *Imperfecta* examines the shifting perceptions about human development, from fear and wonder to curiosity and clinical science.



Seven books dating from 1555 through 1891, as well as five specimens from the Mütter Museum collections, document this transition. The two earliest books on display, Jakob Rüff's *De conceptu et generatione hominis*. . . (Tiguri, 1554) and Ambroise Paré's *The workes of that famous chirurgion Ambrose Parey, translated out of Latine and compared with the French by Th: Johnson* (London, 1634) provide examples of prodigy books, books that documented wondrous events or beings. The most recent book on display, *Human monstrosities*, by Barton

Cooke Hirst (Fellow of the College of Physicians) and George A. Piersol (Philadelphia, 1891), was one of the first books in developmental embryology to use photography to document abnormal births.

Imperfecta tells parallel stories: how the evolution of developmental embryology was documented by physicians; and how society in Western Europe, and later, America, responded to the presence of abnormally developed people. The exhibition touches upon the role of women not only as midwives but also as “bearers of blame” for the birth of abnormally developed children. *Imperfecta* also looks at the monetization of the abnormal body in the 19th century through two sets of conjoined twins: Chang and Eng, and Millie and Christine McKoy.



The Library is testing visitor engagement with the exhibition by asking Museum visitors to vote for one of three potential digital exhibitions – freak shows and circuses, the concept of “otherness,” or the use of woodcuts as a form of early social media - that will be created in conjunction with the physical exhibit. Voting will run through the first six weeks of the exhibit, with the winning digital exhibition set to open later in the summer.



Imperfecta runs through the spring of 2019.

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REPOSITORY NEWS

HOW DITTRICK BECAME DIGITAL

“It spins!” says a visitor, rotating the digital content dial like a rotary phone. He and his colleagues playfully poke a series of images, revealing new screens and image sliders about ten key objects in the museum. It certainly *does* spin, but the truly dizzying thing is just how this four-foot by eight-foot screen managed to become part of the Dittrick Museum experience at all. I can guarantee that the journey was far from straightforward!



At last year’s ALHHS meeting, I presented on the Dittrick Museum’s new digital interactive exhibit, *How Medicine Became Modern*. The touch screen features ten of our artifacts, key pieces that changed the way we think about medicine—in three categories, Spread of Ideas; Women’s Health and Reproduction; and

Communities in Crisis. It all began with an idea for the new medical education building (a project collaboration between the Cleveland Clinic and Case Western Reserve University). Nearly three and a half years later (plus a great deal of fund raising and frenetic activity), we have something very different; not an introduction to medical education proper, but stories of patients, healers, and communities as they struggle to make sense of a changing technological landscape. Housed at the Dittrick Museum, this interactive exhibit does not stand in for museum artifacts, but as a reminder: medicine became modern through interaction, through the physical and mental grappling with new ideas. Now, we can invite the museum visitor to be part of that story, welcome them to “touch” history, and to follow their own inclinations and interests through a curated, but not necessarily linear, narrative.

Progress in medicine requires a certain fearlessness of failure. The *How Medicine Became Modern* exhibit shares stories of happy accidents (like the first angiograph or X-ray), but also of deeply troubling mistakes (such as the reliance upon physical characteristics to judge one ethnicity or gender superior over another).

The digital space cannot do full justice to these stories, but it can encourage visitors to seek them out in the broader context of the museum—and in fact, a marker on each object shows them where in the gallery to find it. What the interactive exhibit provides that the traditional museum show cannot, however, is a sense of collaboration in history. You are not merely a spectator; you are invited to join in – and for some, this *also* requires boldness in the face of ‘doing it wrong.’ Technology challenges us. The project has certainly challenged the Dittrick staff! And we had our share of anxiety, and plenty of room to rethink our approach in the face of obstacles. We are *still* tweaking and refining, in fact, and it will be months before the exhibit is truly ready for full advertisement to the public. But even in its gestational state, we allow visitors to see, to play, to comment.



And when we host our symposium in October, effectively launching the exhibit and querying digital technology in museums generally, we hope many of you will also join in the interaction. In the meantime, we will watch this fascinating process unfold—as ever and ever again, medicine becomes modern.

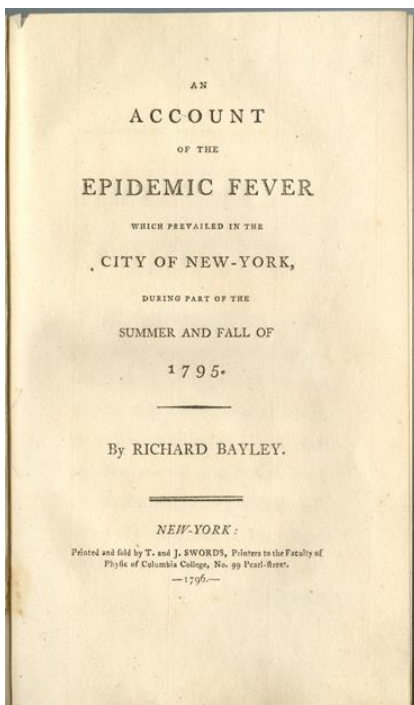


Brandy Schillace, PhD

Research Associate / Public Engagement and Programs
Dittrick Medical History Center

NYU MEDICAL ARCHIVES RECEIVES BOOK DONATION

The NYU Medical Archives is pleased to announce the donation of several first editions on yellow fever, by Trustee and Library benefactor Sid Lapidus, to the NYU Health Sciences Library Special Collections:



William Currie. *An historical account of climates and diseases of the United States of America, 1792.*
First edition.

Benjamin Rush. *An Account of the Bilious Remitting Yellow Fever, as it Appeared in the City of Philadelphia, in the Year 1793, 1794.* First edition.

Thomas Condie and Richard Folwell. *History of the pestilence, commonly called yellow fever, [1799?]*
First edition.

Richard Bayley. *An account of the epidemic fever which prevailed in the City of New-York, during part of the summer and fall of 1795, 1796.*

A collection of papers on the subject of bilious fevers, prevalent in the United States for a few years past, 1796. New York Chancellor James Kent's copy.

Benjamin Rush. *Observations upon the origin of the malignant bilious, or yellow fever in Philadelphia, and upon the means of preventing it: addressed to the citizens of Philadelphia, 1799. New York Chancellor James Kent's copy.*

The books are accessible via the NYU Medical Archives by appointment.

Sushan Chin, MLS, MA

Archivist & Head of Archives and Special Collections
Lillian and Clarence de la Chapelle Medical Archives
NYU Health Sciences Library

UCSF ARCHIVES AND SPECIAL COLLECTIONS RECEIVES NHPRC GRANT



NATIONAL
ARCHIVES

NATIONAL HISTORICAL
PUBLICATIONS
& RECORDS COMMISSION

The University of California, San Francisco, Archives and Special Collections is pleased to announce it has been awarded a 2016 National Historical Publications & Records Commission (NHPRC) grant from the National Archives in support of the project, *Evolution of San Francisco's Response to a Public Health Crisis: Providing Access to New AIDS History Collections*, an expansion of the [AIDS History Project](#) (AHP).

The project will greatly expand the historical record of San Francisco's broad-based response to the AIDS public health crisis, and make discoverable and accessible by a wide audience a new corpus of materials related to the evolution of that response. These collections reveal breakthroughs in containing the AIDS epidemic and treating AIDS patients that were made possible by the collaborative efforts of educators, researchers, clinicians, and community advocates. The collections included in this grant are interconnected and form a unique body of research materials.



Dr. Selma Dritz, ca. 1982. MSS
2001-04.

The \$86,258 award will aid in creating and making accessible detailed finding aids for seven recently acquired collections comprising a total of 373 linear feet. These collections range from the research files of science writer Laurie Garrett and the papers of Drs. Don Francis and John Greenspan of UCSF and

Selma Dritz of San Francisco's Department of Public Health, to the records of two UCSF entities, the Center for AIDS Prevention Studies and the AIDS Health Project, and files from the early and pioneering publication *AIDS Treatment News*, produced by community activist John James. Diverse audiences will benefit from having access to the archival collections comprising this new project. They include scholars and students in disciplines such as history, literature, medicine, jurisprudence, journalism, and sociology, and members of the general public pursuing individual areas of interest, especially younger members of the GLBT community who seek a better understanding of this important period in history.

A small selection of the collections will be digitized and made accessible online. This 18-month project will commence on March 1, 2017. Kelsi Evans was appointed the project archivist. She holds an MA in Archives and Public History from New York University and an MA in History from the University of California, Santa Cruz. Kelsi has been with UCSF Archives & Special Collections since 2014, working on various processing and digitization projects and exhibits, including the Radiologic Imaging Laboratory records and the UCSF 150th anniversary celebration. Kelsi will post updates about the progress of this project on the Archives and Special Collections blog, *Brought to Light*, blogs.library.ucsf.edu/broughttolight.

UCSF team would like to thank the National Historical Publications & Records Commission, the UCSF AIDS Research Institute, the California Historical Records Advisory Board, and other supporters for their help with this proposal.

Polina E. Ilieva, CA

Head of Archives and Special Collections

University of California, San Francisco

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ANNOUNCEMENTS

Michael Flannery Named Professor Emeritus

In September the Board of Trustees for the University of Alabama System named Michael A. Flannery a professor emeritus of the UAB Libraries. At the end of June, after 17 years of service, Flannery retired from the University of Alabama at Birmingham with the title of Assistant Dean for Special Collections. Professor Flannery was also an

adjunct in the university's history department. Flannery received a history degree from California State University at Dominguez Hills and a library degree from the University of Kentucky. Prior to his appointment at UAB, Flannery was director of the Lloyd Library and Museum in his hometown of Cincinnati, Ohio. He is the author of numerous articles and several books, including *Civil War Pharmacy: A History of Drugs, Drug Supply and Provisions, and Therapeutics for the Union and Confederacy* (2004) for which he received the ALHHS Publication Award. A second and revised edition of *Civil War Pharmacy* is due in 2017 from Southern Illinois University Press. Flannery is author of, among other titles, *John Uri Lloyd: The Great American Eclectic* (1998), for which he won the Kremers Award from the American Institute of the History of Pharmacy, and was the editor of *The English Physician: Nicholas Culpeper* (2007). Although he enjoys retirement with his wife, Dona, Flannery maintains an active presence on the campus and, this fall, is the instructor for a medical history course offered through the UAB Honors College. He has also returned to his former department as a patron as he conducts research for future publications.

Tim L. Pennycuff

UAB Libraries

University of Alabama at Birmingham

W. Bruce Fye Medical History Research Travel Grant

The W. Bruce Fye Center for the History of Medicine is pleased to announce its first annual W. Bruce Fye Medical History Research Travel Grant. The grant is available to physicians, historians, medical students, graduate students, faculty members, and independent scholars who wish to use archival and library resources at Mayo Clinic in Rochester, Minnesota. The grant (up to \$1,500 in one calendar year) may be used for transportation, lodging, food, and incidental expenses relating to the research project. It is available to residents of the United States and Canada who live more than 75 miles from Rochester.

The W. Bruce Fye Center for the History of Medicine houses archival collections that contain official records of the Clinic and its administrative offices, official and unofficial publications, departmental annual reports, committee minutes, photographic and moving images, sound recordings, personal papers, and memorabilia relating to the Mayo Clinic, its mission, programs, and people. To search our archival holdings, please visit our

[online catalog \(MAX\)](http://www.mayo.edu/mayo-clinic-libraries/resources/special-collections) (<http://www.mayo.edu/mayo-clinic-libraries/resources/special-collections>).

The W. Bruce Fye History of Medicine Library is a specialized library housing important collections in the history of medicine and allied sciences. Several thousand volumes of rare medical classics (from 1479) and early journal literature (from 1665) comprise the core collection of primary literature on all aspects of medicine and allied fields. More recently published histories, biographies, facsimiles, and other support materials comprise the remainder of the collection of some 23,000 total volumes. Special strengths include anesthesiology, cardiology, dermatology, immunology, ophthalmology and neurology. The library also has a large collection of Mayo physician bound reprints.

Applicants should send by e-mail as attachments the items listed below to Renee Ziemer:

- Abstract of your project (250 words) stating the general scope and purpose
- How historical resources at Mayo Clinic will further your research
- Abbreviated curriculum vitae (3 pages or less)
- One letter of reference that includes comments on your project

Timeline for 2017 grant:

Application deadline (all materials): April 28, 2017

Successful applicant(s) will be notified by May 31, 2017

Visit(s) to Rochester must be completed by December 15, 2017

Contact information:

Renee Ziemer, coordinator

W. Bruce Fye Center for the History of Medicine & Mayo Historical Suite

Mayo Clinic

200 First Street SW

Rochester, MN 55905

Telephone: (507) 284-2585

E-mail: ziemer.renee@mayo.edu

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BOOK REVIEWS

Thomas Helling. *Desperate Surgery in the Pacific War: Doctors and Damage Control for American Wounded: 1941-1945*. Jefferson, NC: McFarland & Co., Inc., 2017. x, 476 p. \$45.00 ISBN: 978-1476664217.

“... The soldier who has yielded himself to the fortunes of war ... is no longer what he was.” *Desperate Surgery in the Pacific War* is an account of the front line medical services of the U.S. Army, Navy, and Marines from Guadalcanal to Okinawa. It is a chronicle of the response, evolution, and change of these services to battle needs and the progress of surgical and medical treatment through the bloody experience of those battles.

Helling has written a sympathetic, emotional book. It is an important history providing a coherent, clear account of the experience of doctors and the medical services that otherwise would have remained buried in action reports or regimental histories except for the occasional published accounts of individuals. Helling also provides a good deal of information on the evolution and development of “tactics” in treating the wounded, logistics of the medical services, and distinctions and differentiation in medical relief operations. Mundane? Maybe, but in the end absolutely essential to the life-saving care of the wounded.

The conditions were hellish (New Georgia being but one). The foe, a battle-hardened adept jungle fighter of first rank. And the jungle with its parasite-laden, fly-ridden, water-borne ailments. Rain, rain, and more rain with knee-deep mud. Welcome to the South Pacific. It is astonishing that anyone survived being wounded in these conditions. It is a testament to the resilience of youth and the magnificent courage of those involved. Time and time again Helling’s narrative (compelling and unsentimental throughout) brings the reader to the wounded in order to highlight the immediate life-saving procedures and innovations of the battlefield when it literally was “do or die.” Medical terminology is held to a minimum; explanations are succinct and very much to the point. As a result the non-physician can gain a great deal from reading this book. Do not be put off by the title.

There are a few obvious reviewer points in this book: the need for more maps (this is on the publisher); a rather odd manner of referencing sources; at times confusing

chronologies that would have been helped by sharper editing. In all, Helling has written a good book, worth reading and keeping on the reference shelf.

John Hellebrand

Palinurus Books

John C. Burnham. *Health Care in America: A History*. Baltimore: Johns Hopkins University Press, 2015. xiv, 596 p., ill., \$34.95 paperback. ISBN 978-1-4214-1608-3.

Any potential reader of this book may legitimately ask why we need another general history of American medicine when we already have the excellent work of such scholars and physician-historians as Whitfield Bell, James Bordley, James Cassedy, John Duffy, John S. Haller, William Helfand, Lester King, Kenneth Ludmerer, William Frederick Norwood, Sherwin Nuland, Francis R. Packard, Susan Reverby, Charles Rosenberg, Ira Rutkow, Richard Shryock, Henry Sigerist, Paul Starr, Rosemary Stevens, Mary Roth Walsh, and James Harvey Young. As one of our most deservedly well-reputed medical historians, Burnham is of course eminently qualified to write this book, but the question remains: Why would he do it?

Two answers suggest themselves: (1) Perhaps he intends to bring the story up to date with an emphasis on the early twenty-first century; or (2) perhaps he has a new perspective on - or interpretation of - the whole gamut of American medicine. The actual answer is both of these, but especially the latter. His main focus is on the relationship between medicine and the public, or rather, between various aspects of medicine and various sectors of the public, including government, religion, industry, and sociopolitical activism. His book, therefore, is more of a successor to Starr's classic, *The Social Transformation of American Medicine* (1982), than to any of the other books in this genre.

An important practical purpose of historical study in general is to help present and future generations avoid the complacency which is born of ignorance of history. Toward this end, identifying names, dates, and places is not as valuable as identifying and analyzing trends (although names, dates, and places are often effective heuristic devices for understanding trends). Burnham is true to this purpose. His book is indeed full of names, dates, and places, but he uses them to identify trends for analysis and critique. Hence biographical information is minimal. The usual characters - e.g., Benjamin Rush,

Stephen Smith, Jonas Salk - are present, but so are physician-humanists such as Abraham Verghese, activists such as Polly Murray, and physician-reformers such as Walter C. Alvarez, as well as pop culture phenomena such as *Marcus Welby, M.D.* and *M*A*S*H*.

Burnham makes much of the American turn toward the German model of medical education and research, which most historians would probably say began in the early 1870s, but which he places in the 1850s. To support this interpretation, he cites the huge wave of German political refugee immigrants who landed in America in 1848 and shortly thereafter, a wave which included many physicians and other learned professionals. Their impact is still being felt today. But he also duly notes the inception of German academic medicine at Harvard in 1871.

This book always turns toward the social dimension of medical history, for example, the sociopolitical ramifications of the realization, beginning in the 1950s but really gaining power in the 1970s and 1980s, that such diseases as asthma and cancer are either environmentally caused or at least have major environmental etiological factors. Resistance to controlling or eliminating "pollution," i.e., environmental pathogens, has been strong, especially from two sorts of people: (1) those who have significant financial stakes in industries or activities which pollute, and (2) those who, for whatever reason, perhaps religion, poor education, or deliberate choice, remain ignorant of science.

The gutting of public health programs and initiatives did not begin with Reagan. Burnham provides many examples of earlier cuts, including this especially poignant one: "... the federal government's health programs of the Depression and war years were in fact well run and successful. Perhaps the best example of federally funded medical care was the Emergency Maternal and Infant Care (EMIC) program. ... When a woman ... had a baby ... EMIC ... took care of the bills. ... The success of this government program made the AMA leaders frantic, and in 1946-47 they successfully lobbied Congress to phase out EMIC" (pp. 260-261). This and many other vignettes highlight the ethical lapses of our tight-fisted and insufficiently empathetic rulers in what he calls a "hostile social climate" (p. 405).

Each of the four major parts contains a useful chronology of significant and relevant events, both medical and non-medical: deep background up to 1886 (pp. 5-6), events from 1876 to 1947 (pp. 139-140), events from 1949 to 1986 (pp. 298-299), and events from 1990 to 2010 (p. 448). Just from these divisions alone, we readily infer that his

emphasis is on the era from about 1950 to the present. In studying this era, he concentrates not so much on medical, surgical, or even administrative innovations, but on the social, political, religious, and economic reactions to these innovations. By thus seeing the development of American medicine in this broad context, he brings into sharp relief the interaction between the health care enterprise and those who either cannot afford health care or have inadequate access to it.

Eric v.d. Luft, Ph.D., M.L.S.

Curator of Historical Collections Emeritus
SUNY Upstate Medical University

W. Bruce Fye. *Caring for the Heart: Mayo Clinic and the Rise of Specialization*. Oxford: Oxford University Press, 2015. xxv, 672 p. \$39.95 ISBN: 978-0-19-998235-6

Caring for the Heart: Mayo Clinic and the Rise of Specialization is a large book which meets its large goals. It was written by cardiologist and historian W. Bruce Fye who joined the Mayo Clinic staff in 2000. It is a history that can be read as a whole or used as a reference book with its extensive notes and index.

Caring for the Heart begins with an "Introduction" which is an overview to the book. The book has three separate but interconnected goals: how we got to today's version of cardiovascular health care, a history of the Mayo Clinic in Rochester, Minnesota, and how we got to today's state of medical specialization. It concentrates on the 20th century.

"[T]he Mayo Clinic is the world's oldest and largest multispecialty group practice" and patient care "has always been its main mission" (p. xxi). The story began with Dr. William Worrall Mayo (1819-1911) and continued with his two sons, Dr. William James ("Will") Mayo (1861-1939) and Dr. Charles Horace ("Charlie") Mayo (1865-1939), who both became famous surgeons. All three men attended the then-current version of today's continuing medical education courses, developed regional and, for the brothers, national reputations, and were honored with selection as presidents of the Minnesota State Medical Society or the American Medical Association (p. 6, 25, 58). The book discusses how the brothers' development as surgeons and medical journal authors, the Clinic's on-site physical examination and diagnosis of patients, and the use of new technologies led to cardiovascular care being one of the Clinic's specialties.

Dr. Fye agrees “with historian Rosemary Stevens’s assertion that ‘specialization is the fundamental theme for the organization of medicine in the twentieth century’” (p. xxi). Since “cardiovascular disease still kills more Americans than any other cause” (p. xxi), modern cardiovascular health care is extremely important. The last section of the book is titled “Technologies Transform Heart Care and Stimulate Subspecialization”. Although concentrating on heart care, many of the same forces also influenced other specialties and subspecialties.

In the 1880's some physicians in the biggest U.S. cities moved from general practice to specialization (p. 7). In the same decade the Mayo brothers joined their father's general practice as surgeons. The growing understanding of how some bacteria caused life-threatening post-operative infections increased the use of elective surgery and the demand for surgeons. The number of hospitals expanded and many included the newest technologies in communication, transportation, and electricity (p.9).

It is unlikely that the Mayo Clinic would have been as successful without the efforts of Rochester's teaching Sisters of St. Francis (p. 10). All three Mayos visited hospitals, and the state-of-the art St. Mary's Hospital opened in 1889. A recently trained nurse was hired to train some of the sisters as nurses (p. 12). Part of the Mayo Clinic's success was due to the training and use of nurses and technicians for tasks that doctors performed at most other clinics (p. 84-85).

The Mayos worked to convince general practitioners that they were collaborators rather than competitors. Increasing numbers of patients were willing to use the improving roads and railroads to reach Rochester. By 1900 they had national reputations "because they performed so many major operations with so few deaths" (p. 20). In the 1910's they established a foundation and a property association to ensure that the Clinic would continue and focus on patient care (p. 60).

Before World War I, they focused on surgery. Starting in the 1920's they expanded into internal medicine and, to some extent, clinical research (p. 63).

Among the other people highlighted is Henry Plummer (1874-1936) who helped "the Mayo brothers coordinate the introduction of specialties and the rules that governed the doctors who practiced them" (p. 19).

Other topics discussed are post-internship training, medical specialty boards, changes to the American Heart Association, open-heart surgery, coronary care units, and the growing importance of disease prevention.

Perhaps the most helpful parts of the book are the chapter section headings that basically form an outline. Cover-to-cover readers may occasionally find them tedious, but they help keep the general reader on track.

Both medical professionals and general readers will enjoy and learn from this book. The general reader may occasionally find it difficult but rewarding reading. In the era of continuous talk about healthcare reform, this book can help provide some background to the discussion.

Melissa Nasea

East Carolina University

Anne Stobart. *Household Medicine in Seventeenth-Century England*. London: Bloomsbury Academic, 2016. xiv, 289 pg. \$29.95 paperback. ISBN 978-1-4725-8034-4.

Anne Stobart, Honorary Research Fellow at the University of Exeter, United Kingdom, has researched and analyzed in-depth numerous sources from the 17th century, revealing practices regarding self-help home health care and dissemination of medicinal receipts (recipes) and information, favorite concoctions, compounding, sourcing, and other aspects of “kitchen physick.” Most of this type of medicine fell to the lady of the household, and on occasion, in wealthier households, to a servant. Medical treatment was not for the family alone; servants were often cared for as well. Not surprisingly, mothers often passed down these receipts to daughters, and sharing of receipts among relatives and friends was not at all uncommon.

Many receipt books or accounts reflect handwritten marginal notes, indicating applications of the medicine and other explanatory notes and observations. Much of the medicine of that time, when humoral thinking prevailed, was herbal-based; Stobart's extensive expertise in the history of herbal medicine in the UK makes her uniquely qualified to examine this pivotal time in medical history. 17th-century women, however, utilized apothecaries frequently for raw materials when local hillsides could not meet

demand, and also consulted physicians, often those in large cities like London, for further assistance. Many raw medicinal materials were imported, costly, and sometimes of questionable quality; mold or deterioration were frequent concerns, and in some instances, other less expensive materials might be panned off to the unsuspecting buyer not well-versed in identification of such materials. In the 18th century, the ability to buy more compounded products at an apothecary, a greater trust in the abilities of physicians, and a more progressive evolution of medicine as a discipline would result in an increasingly professional and commercial medical environment.

Much of the written materials researched for this book come from several economically advantaged households (a household defined as "a group of people living together as a unit, rather than simply a physical space. Thus, a household included family members, resident visitors and servants...."). As the families which are the crux of this book were wealthy gentry, they often had political connections and ties to more upper-crust and educated citizens. Often, with numerous properties, they may have made seasonal moves or relocations for business or professional purposes. These families also had kin and large families due to marriage following the death of a spouse or an extensive number of children produced. Brief biographical sketches of these families preface the book and help define the economically advantaged, educated subjects being evaluated.

Concocting receipts was a specific step-by-step process, using a variety of materials, vessels and utensils. Some receipts required several days of preparation and processing, and ingredients not readily available on the estate or at the market could be acquired at an apothecary. Salves, balms and similar remedies were applied topically for a variety of maladies. Syrups were another common medicinal concoction, an easily swallowed liquid which often stored well.

Stobart goes into great detail to list and cost out ingredients (by grain, by ounce, by pound) with many appendices listing item, year used (purchased), and the price. Costs are those at the time of purchase or acquisition. In general, monetary layout was usually less than 5% of the estate's annual income, yet major purchases of ingredients or containers might be made for special occasions such as holidays, charity donations, etc. Whether or not these percentages characterize more modest households may only be conjectured.

Of great interest is an excellent glossary of terms, including the scientific names of herbs and plants referred to in the text, as well as the disorder treated or application

therapeutically; names of various apparatus used in distillation, preparation and storage of medicines produced; and apothecary measures of the time.

Nursing care was also part of 17th-century medicine. Most such care was provided at home, after a therapeutic plan had been decided upon. Medicines could be concocted at home, but over time, it became more expedient to perhaps purchase the therapeutic application from the apothecary. Diet wasn't considered of major importance, and some foods were simply to be avoided. Broths were often concocted to treat humoral disorders and effect purging. Numerous medicinal books were available, yet advice was not always sound by today's measure.

Many instances cited by Stobart as to therapies and their efficacy are sure to bring a smile to one's face and make one thankful for modern medicine. Yet, considering the era, the humoral mind-set, and the progression of medical and scientific advancement of the time, it was a seminal time for practices involving care and treatment of household members, and the passing on of this information from generation-to-generation, or to one's circle of associates.

Sharon Lee Butcher, MLS, MSO

Richard Adler and Elise Mara. *Typhoid Fever: A History*. Jefferson, NC: McFarland & Company, Inc., 2016. vi, 219 p. \$35 paperback. ISBN: 978-0786497812

From studies concerning the etiology of the disease, to public health narratives, to biographies written about the physicians and scientists that discovered the cause of this widespread illness and later ways to prevent it, there has been a lot written about typhoid fever. These varied accounts tend to look at a particular aspect of the malady, be it typhoid's association with water quality or the infamous, early twentieth-century cook "Typhoid Mary," but as Richard Adler and Elise Mara demonstrate in their 2016 publication, *Typhoid Fever: A History*, typhoid has a long, fairly nebulous past that has not only been a part of Western culture but has also in many cases steered the course of human events. Thus, these historical elements combined with a scientific explanation are needed to fully grasp the gravity of this once fatal ailment.

Adler's and Mara's story of typhoid fever attempts to cover a lot of ground from its possible earliest chronicling in Hippocrates' fifth-century B.C. treatise *Epidemics* to the 2012 outbreak that affected twelve people in California and Nevada. The authors'

treatment of typhoid in ancient times should be commended. Beyond providing context for these epidemics, they also include detailed descriptions from notable scholars of the era like Thucydides and Plutarch as well as modern evidence produced by DNA testing of skeletons. However, while Adler and Mara go to great lengths to link typhoid to the cases mentioned by Hippocrates, the Plague of Athens, and the death of Alexander the Great, they honestly urge readers not to make definitive conclusions due to the frequently vague and at times untrustworthy information and the fact that typhoid resembles many other kinds of fever. Perhaps the uncertainty of determining typhoid to be the agent of death until the late nineteenth century explains why Adler and Mara devote hardly any space to typhoid in the medieval and early modern periods. Even the chapter concerning the famous English royalty and American presidents from the eighteenth and nineteenth centuries who may have succumbed to typhoid is not very fleshed out and much more could be noted about the epidemics that afflicted the population at large during this global, dynamic age.

Unsurprisingly, much of the book is dedicated to the quest to figure out the etiological nature of typhoid fever and the subsequent efforts made to develop sanitation protocols and vaccines. Adler and Mara not only do a great job of introducing the numerous scientists, physicians, and public health officials, their contributions, and the historical framework surrounding the research of these influential men, which is especially apparent in the chapter regarding typhoid in the American army, but also set up an intriguing trajectory of progress. That said, some of the biographies are too long and occasionally read like a list of encyclopedia entries rather than being part of an integrated narrative.

Considering the complex history of typhoid fever, Adler and Mara succeed in writing a book that is accessible to several types of audiences through its clear language, prevalent headings, and well-captioned images. The charts that list the symptoms of suspected noted typhoid patients of the past over the course of their illnesses really illustrate how the disease was viewed at different points in history and allow readers to apply their knowledge of the malady in an investigation of sorts. There is no doubt that the ample use of quotes and passages from original sources, in spite of the fact that many are translations, also engages readers.

While the content of each chapter is well-researched and flows smoothly, more attention should have been paid to the organization of the chapters within the entire book. Admittedly, it is difficult to know where to place the section about the contemporary

scientific understanding of typhoid in a roughly chronological narrative, but it certainly does not belong in the chapter following information concerning typhoid in the ancient world. The different tone and focus of this chapter prohibit it from blending seamlessly into the text as well. If the authors wanted their audience to be aware of this relatively technical knowledge than they should have synthesized these facts in the introduction. Another chapter that also seems ill-placed concerns the deaths of the prominent British and American political figures, which appears in the middle of the chapters discussing the initiatives to discover the origins of this pathogen and the methods that could be employed to protect people from it. Nevertheless, Adler and Mara's concise account about the history of typhoid fever is a monumental feat that will hopefully promote further scholarship.

Gabrielle Alanna Baros Barr

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Tony Jinks. *Disappearing Object Phenomenon: An Investigation.*

Jefferson, NC: McFarland & Co., Inc., 2016. 165 p. \$25.00. ISBN: 978-0-7864-9860-4

How many people have had their house or car keys disappear? Or an earring? Or a remote control? As in really disappear, to the point of turning house, bags, and car upside down to try to find, but to no avail. Or better yet, have that missing item reappear somewhere else later? Was it absent-mindedness? Or a paranormal force? Tony Jinks, a professor in the Psychology/Behavioural Science Department at the Western Sydney University, Australia, has written a book devoted to this phenomenon. In this book, Jinks lays out his analysis of such occurrences, something he calls Disappearing Object Phenomenon (DOP) or Just One of Those Things (JOTT). However, Jinks prefers the term "jottle," and uses this throughout the text. According to Jinks, the term jottle was coined by Mary Rose Barrington, a paranormal researcher. And Jinks devotes this entire book to examining jottles, detailing numerous cases of disappearing objects in an attempt to scientifically understand how and why this happen.

Jinks compiled a database of disappearing objects in an attempt to try to come to a conclusion about the nature of these "mysterious" occurrences. As he has written about and taught paranormal studies, disappearing (and reappearing) objects fit into the realm of his research and scholarship. With this particular work, Jinks aims to answer several questions: do these objects disappear for paranormal reasons; if this does stem from

paranormal activity, can the cause be found; and how does it feel to have an object disappear? This last question was what compelled me to keep reading, with my hopes of finding out more about the psychology and commonalities of people who experience this phenomenon. That was also coupled with a curiosity in wondering what warrants a jottle worthy of remembering as well as making it into Jinks' database.

This work is divided into three main parts somewhat relating to the questions above. The first part gives a thorough description of what jottles are and their typology as a way to move forward with Jinks' analysis. Terms that are used are explained well. For instance, people who experience a jottle are referred to as experients. Borrowing from Barrington, Jinks classifies jottles into several categories such as flyaways (objects never seen again), comebacks, windfalls (unexpectedly appearing items that are unknown), and more. To add to his analysis, Jinks notes that issues of time of loss and location factor into the study and analysis of jottles. Terms used include items that reappear and disappear; objects that are unowned familiar and unowned unfamiliar items. There are many more, and for one interested in such classifications, chapter 2 will be a delightful read. There are categories for the range of significance of an item (a four-point scale from objects being highly significant to not at all). Such terms and categorization add to Jinks' basis of analysis. Basically, objects are categorized into the main groups of disappearing, appearing, reappearing, and relocating objects.

The second part of the book examines shared characteristics and commonalities of jottles. This seems similar to seeking aspects of repeatability to scientifically validate jottles, something parapsychology and paranormal studies have struggled with historically. Chapter 4 gives a captivating report of the most jottled items (jewelry followed closely by food and beverages) along with other commonalities that Jinks found. To further his attempts at theorizing, Jinks examines prevalence and time as factors, especially in regard to reappearing items. Jinks is well aware that skeptics and critics abound in questioning the role of the paranormal when small, household objects disappear (or reappear). And jottled items are predominantly small, household items. Jinks' data set doesn't include stories of disappearing or reappearing cars, buildings, or people; although he recounts some interesting internet stories of such things. Somewhat humorously, Jinks lays out criticism to the whole experience of jottles and counters these criticisms with his own well-meaning and articulate point of view. He notes that many skeptics would attribute jottles to things such as absent-mindedness, perceptual blindness, and the fact that small items can get kicked under pieces of furniture and thus aren't easily seen or found. Jinks addresses such criticisms somewhat, although not

satisfactorily. But these critiques and his response lay the groundwork for his following chapters, which at least are a bit more interesting than his response to theoretical criticisms.

The last part of his work looks at the more paranormal aspects of disappearing object phenomenon. Jinks examines theories and explanations that include the “non-traditional” area of scientific study, those relating to parapsychology, and how paranormal theories don’t fully explain this phenomenon. Jinks includes theories such as teleportation, wormholes, invisibility; theories of how parapsychical entities cause jottles (fairies, poltergeists); and theories of jottles being caused by one’s own psychokinetic abilities – thus making them parapsychological events. Like other theoretical critiques, Jinks describes how such philosophies fall short of validating jottles.

In many ways, this book reads as Jinks’ own stream of consciousness about the topic, although it is well-organized and flows well. However, Jinks doesn’t lay out his *own* theory of what jottles are and why they happen until the last 2-3 pages of the book. Much of the book is spent discussing theories, like recently deceased relatives moving objects or object flow into other dimensions, that Jinks finds irrelevant. Nonetheless, the stories or case studies are quite interesting to read. Jinks knows to start with the best examples, and he does: a woman loses her keys after she unlocks her front door while the phone is ringing. After she’s hung up the phone, she cannot find her keys, though. She spends the rest of the night looking everywhere for her keys, but ultimately she gives up her search. A year later, and after she’s moved into a different home in a different city, she returns from work and enters her bedroom to find those missing keys lying on the middle of her bed. While stories like this are not the norm of jottled items, it is still entertaining to read the variety of cases that Jinks compiled and shares. Jinks notes that he has 385 cases to draw from and analyze. And he does analyze. He analyzes demographics and finds that jottles are not particular to a certain type of person, they happen to everyone; or rather everyone who submitted a case to him of experiencing a jottle. Of note are those who are repeaters, people who repeatedly experience having items jottled, like Jinks himself, as we learn at the end of the book.

What is most interesting to think about, as Jinks notes, is what we aren’t capable of fully understanding, the parts of the mind that cause one to be an experient of a jottled item. The question of what goes on in the unconscious mind and how this factors into one’s reality is the heart of Jinks’ theory. And Jinks’ work would have been more interesting if it had delved further into this. While Jinks devotes the last few pages of his book to his

theory of jottles, it is the most interesting to think about, as it relates to that initial question of how do people feel or what is going on in one's life when an item does get jottled? Jinks admits he doesn't have a satisfactory theory, but after ruling out so many other ideas, he notes in the end that jottles could possibly be caused by "reality creation through interacting consciousness." Key to this is the close personal interaction one has with such close personal items (like keys, earrings, etc...), which explains why large items aren't jottled. As Jinks notes, items that are in such constant everyday use are most easy to "not see."

This book includes footnotes and a bibliography for anyone who wants to delve more into the topic of disappearing object phenomenon. It is a quick read, with a variety of cases interspersed throughout the book. Jinks writes in an informal manner, leading it to feel like this started as an article, but grew larger so he could include so many of the cases. And I'm glad he did. It will be interesting to see what Jinks writes next. Despite the limitations of this book, the field of parapsychology is fascinating and it is encouraging to see that scholarship still continues to engage with such topics.

Discussing jottles gets a range of responses from people. Don't people just lose things or forget where they put something? Why on earth is there a book devoted to this? These are just some of the responses given when I discussed this book with a variety of people in my life. This book is a great conversation starter when asked what you're reading. Everyone has either a story to share or an opinion about jottles – once you describe what they are, that is.

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Richard Weikart. *Hitler's Religion: The Twisted Beliefs that Drove the Third Reich*. Washington, D.C.: Regnery History, 2016. xxx, 386 p., ill. \$29.99. ISBN: 987-1-62157-500-9.

Readers of *The Watermark* may well ask, why is such a title being reviewed in a publication of the ALHHS? The answer is two-fold. First, it makes for an interesting psychological study in its own right. What were the metaphysical views that motivated a man to inflict such unprecedented misery and suffering upon a whole generation of

people? Second, it sheds light on a dark mind obsessed with race and national regeneration, a mind that laid the foundation for a disturbingly ambitious program of “racial hygiene.” Those with portions of their collections devoted to eugenics, whether the version launched by Alfred Ploetz’s *Rassenhygiene* or later promoted by Fritz Lenz, Theodor Fritsch, and Ernst Rüdin or its American permutation in Paul Popenoe, George Dock (*not* the George Dock of the University of Michigan), Charles Davenport, and Harry Laughlin, will want to know how such ideas could be turned into national policy. Weikart’s book, the third in a trilogy following *From Darwin to Hitler* and *Hitler’s Ethic*, will offer some important answers.

Hitler’s Religion is framed around ten chapters each asking a provocative question. Space precludes a detailed examination of each, but suffice it to say that Weikart demonstrates that Hitler was first and foremost a politician who was influenced by a range of prominent individuals from philosophers Arthur Schopenhauer and Friedrich Nietzsche to composer Richard Wagner, Wagner’s son-in-law Houston Stewart Chamberlain, and the Munich medical publisher of works on “scientific” racism and eugenics, Julius Friedrich Lehmann. Weikart argues convincingly that Hitler was a pantheist. He explains:

Pantheists and many social Darwinists in the early twentieth century (plenty of whom were atheists and agnostics) embraced the view that the individual was not so important, because its life was short, but the species or race were far more significant, because it endured much longer. Detlev Peukert explains that many versions of the secularized scientific worldview circulating in early twentieth-century Germany gave the Volk priority over individuals, because individuals die. Peukert states, “Science therefore sought its salvation in the specious immortality of the racial *Volkskörper* [body politic], for the sake of which mere real, and hence imperfect, life could be sacrificed.” Hitler certainly embraced this view of the relationship between the individual and the Volk, and it had dire consequences for those whose “life could be sacrificed” for the well-being of the race (52).

Hitler’s relationship to Christianity, his plans for the churches, the sources of his anti-Semitism, and his relationship to the occult and neo-paganism are discussed clearly and thoroughly. In keeping with his pantheism, Hitler’s true “Lord” was all-powerful nature (*Allgewalt Natur*). No doubt some of Hitler’s ideas coincided with the scientific pantheism of Darwinian biologist Ernst Haeckel, which prompted Hitler’s rejection of creationism as

pure myth for a harsh “survival of the fittest” evolutionary worldview. For him eternal, pitiless Nature embodied in the Volk was his reality. Of particular interest to readers of *The Watermark* will be chapter 10 that asks if Hitler’s morality was based on religion. Weikart answers no, it was based upon biology; Hitler’s ethics stemmed from the so-called “laws of nature.”

For our purposes here, it is worth asking another question, namely, how was it that on July 25, 1933, Hitler officially announced a policy of compulsory eugenic sterilization that affected from 350-400,000 Germans with disabilities? Weikart does not mention it here, but the commentary and justification for this policy was developed by Arthur J. Gütt, a physician and director of the Reich’s Office for Population Politics and Hereditary Health Teachings, citing Popenoe’s Human Betterment Foundation in California as its justification and example. (For more on Gütt and this policy see Weikart’s *Hitler’s Ethic*.) This inhumane policy was symptomatic of Hitler’s ethic of privileging “strength” and “racial purity” over “defectives” and “degenerates” that he felt nature would root out anyway. In short, if you weren’t among the “strong” and the “pure” you were simply expendable. Essentially *any* measures could be acceptable so long as the strength and purity of the Volk were advanced. For Hitler, doing anything *less was unethical*. Thus, medical ethics – indeed all of Hitler’s ethical formulations – were the result of his subjective convictions filtered through his strident racism and nationalism framed in a cold, impersonal pantheism. If we want to find the rationale behind Nazi “racial hygiene” it can be found here.

This raises the question of Hitler’s sanity. While neither Weikart nor the present reviewer is a clinical psychiatrist, there’s enough in *Hitler’s Religion* to form a reasonably good lay assessment and it is this: Hitler was evil, not insane; he was cunning, not crazy. Hitler took the gallimaufry of ideas stewing in the late 19th and early 20th centuries about race and pan-Germanism and concocted a political platform for his own self-aggrandizement and power. Weikart concludes, Hitler’s “God only cared about the strongest, the ablest, and the most intelligent” (263), and these were embodied in the German people. Hitler never paused to consider, as the co-discoverer of natural selection Alfred Russel Wallace did while on Java in 1861, that strength, ability, and intelligence are not always exhibited in the same people at the same time. Viewing magnificent ancient Javanese relics and monuments Wallace was “led to ponder on the strange law of progress, which looks so like retrogression, and which in so many distant parts of the world has exterminated or driven out a highly artistic and constructive race, to make room for one which, as far as we can judge, is far inferior” (Wallace, *The Malay Archipelago*, 10th ed.,

1890, 80). Progress cannot be measured by the metric of strength and power. Hitler's view seems naïve, even to evince a childish feral preadolescence more like *Lord of the Flies* than *Mein Kampf* "My Struggle." Hitler wasn't a deranged lunatic, he was a dangerous narcissist.

Well written and thoroughly referenced, *Hitler's Religion* will lend itself well to contextualizing the medicalized racism espoused not only by the Nazi Party but by "respectable" scholars in the German academy. When American eugenicist Harry Laughlin received an honorary doctorate of medicine for his contributions to "racial hygiene" from Heidelberg University in 1936 Hitler's depravity came disturbingly close to home. More than just an analysis of the religious views of the 20th century's most destructive despot, it also exposes the demonic worldview behind the efforts to engineer a "better" society.

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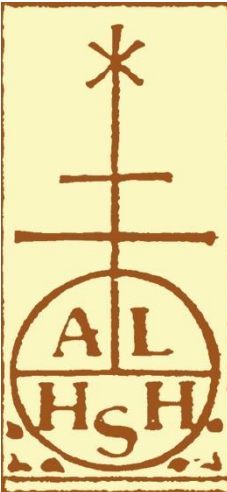


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