

ISSN 1553-7641

THE WATERMARK

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

Volume XL

Number 4

FALL 2017



TABLE OF CONTENTS

EDITOR'S MESSAGE	4
FROM THE PRESIDENT	4
2018 ALHHS ANNUAL MEETING, LOS ANGELES, MAY 9-10	5
MEMA NOTES	10
REPOSITORY PROFILE: THE LEGACY CENTER, DREXEL UNIVERSITY COLLEGE OF MEDICINE	12
MEMBER PROFILES	15
FEATURE ARTICLES.....	17
NEWS FROM THE HISTORY OF MEDICINE DIVISION OF THE NATIONAL LIBRARY OF MEDICINE	26
NEWS FROM THE COLLEGE OF PHYSICIANS OF PHILADELPHIA	30
NEWS FROM THE CENTER FOR THE HISTORY OF MEDICINE & PUBLIC HEALTH, NEW YORK ACADEMY OF MEDICINE	32
NEWS FROM THE WELLCOME LIBRARY.....	36
NEWS AND ANNOUNCEMENTS.....	37
BOOK REVIEWS.....	43
ADVERTISERS	59

EDITOR:

Stephen E. Novak
Augustus C. Long Health Sciences Library
Columbia University Medical Center
New York, NY
Sen13@cumc.columbia.edu

ASSOCIATE EDITOR:

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

LAYOUT EDITOR:

Brooke Fox
Waring Historical Library
Medical University of South Carolina
Charleston, SC
foxb@muscd.edu

MeMA NOTES EDITOR:

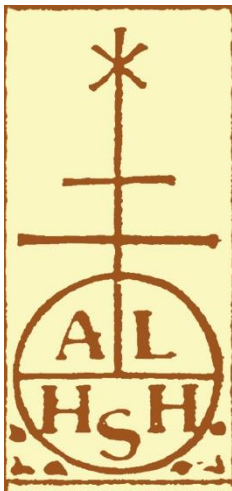
Tegan Kehoe
Paul S. Russell, MD Museum of Medical
History & Innovation
Massachusetts General Hospital
Boston, MA
tkehoe@mgh.harvard.edu

BOOK REVIEW EDITOR:

Patricia Gallagher
patriciagallagher@verizon.net

ASSOCIATE BOOK REVIEW EDITOR:

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

**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: Photograph of dissection class, Women's Medical College of Pennsylvania, circa 1894. From Legacy Center, Drexel University College of Medicine. See page 12.

EDITOR'S MESSAGE



I hope all of you have had a pleasant and relaxing summer. Fortunately, the lazy, hazy days of the season didn't prevent our members from putting pen to paper (only metaphorically of course). Besides the reports from the "usual suspects," this issue also includes an article on emergency responses for libraries and archives by Sushan Chin, while Lucy Waldrop outlines procedures for arresting film decay. And we are happy to present another in our occasional series of repository profiles, this one from the Drexel University College of Medicine's Legacy Center.

Also be sure to read the call for papers for next spring's annual meeting as well as for nominations for ALHHS awards.

Enjoy this issue and think of what you can contribute to the next.

Sincerely,

Stephen Novak
Editor

[BACK TO TABLE OF CONTENTS](#)

FROM THE PRESIDENT



I hope everyone had a wonderful summer and were minimally impacted by recent hurricanes and tropical storms.

Throughout the summer, on top of regular workloads, many of the 2018 ALHHS committees have started forming and working towards our annual meeting to be held **May 9-10, 2018, in Los Angeles**. Russell Johnson is chairing our Local Arrangements Committee and Polina Ilieva is chairing our Program Committee. Stay tuned as the months fly by for further details.

Some initiatives are underway. You may recall we've instituted the Joan Echtenkamp Klein travel scholarship for new members. If you are new, I encourage you to apply. If you work with someone new, encourage them to apply!

I hope in the coming months we can grow our membership. If you recently met someone at another conference or meeting and think they may have interest, follow up with them to tell them a bit more about ALHHS. This is an incredibly supportive group, and I am constantly impressed by what fellow members accomplish, share, and contribute to the profession.

Best wishes for a beautiful, peaceful fall.

Rachel Ingold

President, ALHHS

[BACK TO TABLE OF CONTENTS](#)

2018 ALHHS ANNUAL MEETING, LOS ANGELES, MAY 9-10

Call for Program Proposals, ALHHS/MeMA Annual Meeting, Los Angeles, May 9-10, 2018

The Local Arrangements and Program Committees are busy preparing for the upcoming joint ALHHS/MeMA meeting in Los Angeles, May 9-10, 2018.

Our conference brings together archivists, librarians, museum professionals, educators, historians, and representatives of allied professions and it is the place for our community to engage, network, and learn from each other's experiences. The advent of social media, big data, and digital environments is changing the nature of the records we collect, their dissemination, as well as educational practices. The impact of this shift challenges some theoretical and methodological paradigms of our professions. The goal of this meeting is to examine critical issues in documenting, preserving, accessing, and teaching with health sciences collections in the newly emerging landscape.

The Program Committee welcomes your help in making this a thought-provoking and stimulating conference. We are especially interested in proposals that feature:

- Digital medical humanities

- Role of health sciences collections in scholarly research
- Changing role of health sciences libraries/archives/museums
- How can digital methods and resources be used to engage users?
- Collaborating with donors, students, area studies, and community archives
- Sensitive materials and social justice -- what impacts do concepts such as radical empathy have on how material is represented in digital collections or exhibitions
- Collecting and contextualizing social media, email, hardware, and software
- Collections as data

Session Formats: The Program Committee encourages submission of proposals that may include, but are not limited to, the following formats:

- **Individual papers:** Speakers should expect to give a presentation of no more than 15 minutes followed by 10 minutes of discussion. Individual papers will be combined into panels.
- **Panel Discussion:** Open session with a panel of three (3) to four (4) individuals informally discussing a variety of theories or perspectives on the given topic(s). Please confirm participation with all panelists before submitting the panel proposal.
- **Traditional:** Open session with two to three fully prepared papers of fifteen (15) minutes each and a comment and discussion period after the papers.
- **Special Focus Session:** 50-minute session designed to highlight innovative archives or museum programs, new techniques, and research projects. Audience participation is encouraged.

Please submit your proposal (no more than 350 words) through the Session/Program Proposal Form: <https://goo.gl/forms/7eQYTWFnUgAICx0T2>

The deadline for submitting session proposals is Friday, December 1st, 2017. Decisions about acceptance will be made by December 15th, 2017.

If you have any questions please contact Polina Ilieva via phone (415) 476-1024 or email polina.ilieva@ucsf.edu.

We are looking forward to seeing you in Los Angeles!

Your Program Committee: Polina Ilieva, University of California, San Francisco (chair), Beth Lander, College of Physicians of Philadelphia; Jennifer Nieves, Case Western

Reserve University; John Rees, National Library of Medicine (History of Medicine Division)

Call for Nominations, ALHHS Awards

The ALHHS Recognitions Committee for 2018 seeks nominations for the Lisabeth M. Holloway Award and the Recognition of Merit. The awards will be presented at the annual meeting in Los Angeles, California, on May 10, 2018.

Lisabeth M. Holloway Award

This distinguished service award for members of the Archivists and Librarians in the History of the Health Sciences was named in honor of Lisabeth M. Holloway, who was a founder of the organization, served as president Pro Tem in 1975, and was for many years the editor of *The Watermark*. The award recognizes significant contributions through leadership and service to ALHHS and the profession. It is essentially a service award to members. Self-nominations are encouraged.

Nominations Procedure

Nominations should be submitted as a one- to two-page letter describing the nominee's outstanding professional achievements and the impact of his/her contributions on ALHHS and the profession. A current *curriculum vitae* as well as letter(s) of support (a limit of 2) are not required but provide helpful additional information to the Recognitions Committee. The Committee may also seek additional information on a nominee from the nominator or other sources as needed.

Criteria for evaluation

- Membership in ALHHS
- ALHHS office(s) held
- ALHHS committee(s) chaired or served on
- Outstanding service to one's institution
- Contributions to the profession, *i.e.*, history of health science librarianship/archival administration.
- A nominee cannot be a member of the Committee nor can a Committee member nominate. If no worthy nominations are received, no award will be given.

A nominee cannot be a member of the Committee nor can a Committee member nominate. If no worthy nominations are received, no award will be given.

The winner is not required to be present.

Submit nominations (including self-nominations) and any accompanying materials to the Chair of the committee by **Wednesday, 28 February 2018**.

Recognition of Merit

The ALHHS Recognition of Merit is designed to honor and recognize either members or nonmembers of the organization who made gifts of an extraordinary nature to health sciences libraries; and, non-members who have provided long-time excellent service to health science libraries. It is awarded irregularly; no more than one award per year may be made.

There are two categories of recognition:

The first category of recognition: individuals, either members or non-members, who make gifts of an extraordinary nature to health sciences libraries. Gifts of magnitude would include, but not be limited, to the following:

- Materials such as rare/historical books, journals, or items in other formats, of significant value, book collections by author or subject, or furniture, computers or other kinds of equipment.
- Artwork such as portraits, posters, paintings, photographs, sculpture, instruments, medical objects.
- Monetary gifts sufficient to establish memorials or endowments or significant donations.

The second category of recognition: non-members of ALHHS who have provided long-time excellent service to health sciences libraries. Examples include:

- A supporter of a library over a long period of time
- A person who has made an intellectual contribution to a library by surveying or indexing a collection
- A person who has given extraordinary support to a library by serving as an advocate to the administration of the institution

Nominations Procedure

Nominations for the Recognition of Merit should be submitted as a one- to two-page letter describing the nominee's outstanding scope of donations, for the first category; and his/her achievements and the impact of his/her contributions on health sciences libraries, for the second category. Letter(s) of support (a limit of 2) are not required but provide helpful additional information to the Award Committee. The Committee may also seek additional information on a nominee from the nominator or other sources as needed.

A nominee under the first category, if a member of ALHHS, cannot be a member of the Awards Committee. A Committee member cannot also make a nomination. If no worthy nominations are received, no award will be given.

The winner is not required to be present.

Submission Procedure

Submit nominations (including self-nominations) and any accompanying materials to the Chair of the committee by **Wednesday, 28 February 2018**.

For further information, please call the committee chair, Brooke Fox, at (843) 792-6477 or send an e-mail to foxeb@musc.edu.

We look forward to receiving your nominations!

Your 2018 Recognitions Committee: Brooke Fox, MUSC Waring Historical Library (chair); Linda Lohr, University at Buffalo Health Sciences Library; Judith Wiener, The Ohio State University Health Sciences Library

[BACK TO TABLE OF CONTENTS](#)

MEMA NOTES

New MeMA Member Highlights

The Medical Museums Association has several new members this season, and we are pleased to give them a chance to introduce themselves here. Welcome, Caroline and Caitlin.

Caroline Bradford


I am the Museum Specialist—Historical (CTR), at the National Museum of Health and Medicine (NMHM), in Silver Spring, MD. I'm originally from Orlando, FL. I attended the University of Florida; receiving a Bachelor of Arts in History with a minor in Anthropology, with graduate work in Museum Studies and Historic Preservation. One of the things that most attracted me to museum work when I was trying to figure out what to do with my life was the variety of tasks that fall under that category. Sometimes you are in work boots, hoisting large artifacts carefully onto shelving, and sometimes you are dressed up and giving tours. One of my great loves is working with exhibits to identify artifacts with visual appeal and interesting stories for temporary exhibition. I am also passionate about using databases to make the collection work for us; properly organized data can be so beautiful. I am an avid kayaker, although I am happy to board boats of all shapes and sizes. My family goes scalloping every year in the Gulf of Mexico, and I enjoy both harvesting and eating bay scallops. Since I moved to the Washington, DC area two years ago, I have really enjoyed the breadth of cultural activities available to me, and I plan to continue exploring both museums and public spaces.




Caitlin Tallman

I am currently volunteering at the University of Alaska's Museum of the North. The Museum is the only teaching and research museum in the state, and houses over 1.4 million specimens ranging over our 10 departments. Presently, I work in the Ethnology department and will apply to graduate school in the summer. I intend to specialize in Museology, specifically curation. I live in Fairbanks, AK with my husband, son, and two dogs who can't seem to grasp the details required of their name.

Hilleman's Vaccines: Remembering why we immunize



Hilleman's Vaccines: Remembering Why We Immunize



After the film, stay for a special chance to get an up-close look at vaccine-related objects from the National collections


Please join us for a screening of the film
*Hilleman:
A Perilous Quest to Save the World's Children*
to be followed by a panel conversation

Monday, October 16th, 2017
6:30 to 9:00 p.m.

National Museum of American History
Constitution Avenue between 12th & 14th Streets, NW
Washington, DC

Featuring
Anthony S. Fauci, MD, National Institutes of Health
Kristen Ehresmann, MPH, RN, Minnesota Dept. of Health
Paul Offit, MD, Children's Hospital of Philadelphia
Alexandra M. Lord, PhD, National Museum of American History
and moderated by **Jon Hamilton** of NPR

Space is limited.
Please R.S.V.P. by Friday, October 6 at:
<http://americanhistory.si.edu/rsvp/hilleman-screening>
or (202) 633-3651



Smithsonian
National Museum of American History
Kenneth E. Behring Center

The Antibody Initiative was made possible through the generous support of Genentech.

Please join us for a screening of the film “Hilleman: A Perilous Quest to Save the World’s Children” to be followed by a panel conversation on Monday, October 16th, 2017, 6:30 to 9:00 PM at the National Museum of American History. After the film, stay for a special chance to get an up-close look at vaccine-related objects from the National collections. Space is limited. Please R.S.V.P. by Friday, October 6 at <http://americanhistory.si.edu/rsvp/hilleman-screening> or (202) 633-3651.

Judy M. Chelnick

Curator, National Museum of American History
Smithsonian Institution, Washington, DC

[BACK TO TABLE OF CONTENTS](#)

REPOSITORY PROFILE: THE LEGACY CENTER, DREXEL UNIVERSITY COLLEGE OF MEDICINE

The Legacy Center is the repository for the records and heritage of Drexel University's College of Medicine and its predecessor institutions: Hahnemann Medical College, founded in 1848 and the Woman's Medical College of Pennsylvania (WMCP), founded in 1850.

Woman's Med was the first medical school in the world for women and the longest lasting, eventually admitting men in 1970. Until the mid-1970s only about 6% of American M.D.'s were women, and WMCP produced a significant number of them. Hahnemann's uniqueness stems from its early days as a homeopathic medical school before transitioning to an academic medical center in the 20th century and earning university status in the early 1980s. Both schools have long and ongoing records of inclusiveness, claiming unusually diverse student bodies throughout their histories.



Each school established professional repositories in the late 1970s, which are now joined in the Legacy Center at Drexel's College of Medicine. A specially-built site, completed in 2009, created new possibilities in growth and expansion for both collections and programs.

The content focus of the Legacy Center collections is American history as seen through the eyes of women in medicine. Our researchers are scholars, students (3-12 to graduate level), genealogists, museum professionals, filmmakers, and lifelong learners interested in materials that document the Age of Reform, the Civil War, industrialization, the Progressive Era, the world wars and other broad topics. Using the Center's primary sources to reveal the stories of women's lives in the context of their times, researchers uncover histories centering on medicine and the perspective of women physicians from diverse backgrounds. Research interest extends to women's health and medical education from the mid-19th century forward, and the ways in which women in medicine affected, and were affected by, contemporary cultural, economic and social environments.

The successful emergence of homeopathy in America and the eventual dominance of allopathic medicine is captured in the Hahnemann Collection, along with the ever-changing standards of medical education generally. Ground-breaking research and clinical “firsts,” from the complete dissection of the human nervous system (1888) to a successful valvular surgery in a closed human heart (1948) are among a number of important, documented moments in Hahnemann history.



The records of each institution, and the special collections on both women in medicine and homeopathy draw researchers from all over the world. We are currently seeing a shift in research period interest, moving now to collections dating from the mid-20th century. This is a new challenge for us, requiring deeper exploration of those materials, and focused efforts to advance control of them.

Providing digital access has played an essential role in reaching researchers as can be seen in the [Legacy Center Digital Access Projects](#). Projects over the last ten years or so have been both broadly and specifically curated and designed. *Women Physicians, 1850-1970s*, makes more than 30,000 pages documenting the most frequently requested subjects available and easily discoverable. *Doctor or Doctress?: Explore American history through the eyes of women physicians* very specifically targets high school students and teachers, providing story sets of primary source material, and

DOCTOR OR DOCTRESS?
Explore American history through the eyes of women physicians

Drexel University
Legacy Center
College of Medicine

Home Stories Educators About National History Day Drexel Legacy Center

1869
A paper
house, sure in the
at in his own
What did she say?
I dream it no more than I shall
myself, to say, that I shall
a my remarks, that I shall
up with some portions of the
that by myself, I thought
the day of the

Pioneers in the Face of
Adversity
The Mob of '69

1896
A Female Medical Student's Life
I've finished the eye and I'm up on my ear

1900
Eliza Grier and Matilda Evans
Two Women, Two Paths

guidance in teaching with and using those materials. The goal is to expand both content/context knowledge and research skills. Other digitization projects, and the ability to share scanned-on-request material with individual users, have increased the collections' visibility and use.



The Center's outreach program currently focuses on students: Both within Drexel and without, staff are invited to history, women's studies, archives and other courses – undergraduate and graduate levels - to teach both historical content and research using primary sources with an activities-based approach. Document analysis training, in-class project-based work, and independent

research projects are among the outcomes. The same is true for middle and high school classes, though outcomes are, of course, at a different level, and sometimes include specific work with those involved in National History Day (NHD). The Center supports this national, competitive program through teaching, serving as judges and working with Drexel's other collections to make a wide variety of materials accessible to students. One-on-one outreach includes work with two local universities that arrange fieldwork opportunities for pre-service social studies teachers. The Center provides required work with primary sources, offering guidance and instruction as pre-service teachers develop lesson plans and activities that include primary sources, often to expand *Doctor or Doctress?*. Medical students are the most difficult to reach, but our annual orientation/scavenger hunt programs introduce them to the Center, and the College of Medicine's Medical Humanities program offers opportunities for hands-on research. Exhibitions and other more widely-attended programs are also part of outreach efforts, reaching audiences beyond students.

Although the Legacy Center claims four staff members (Historian/Director, Managing Archivist, Archivist, and Administrative and Research Assistants), we are regularly joined by experienced volunteers, WorkReady students (Philadelphia's summer program for high school students), work/study students, archives interns and other temporary, specially-funded positions.



In addition to staffing, annual research fellowships expand our long-term crew.

It is probably clear that the strength of our collection does not lie directly in the history of medicine in its purest form, but rather, as an important factor in social and cultural issues. Creatively sharing unique resources that document medicine in American life for different audiences is the Legacy Center's goal – one that keeps this repository very busy.

Joanne Murray

Historian and Director

The Legacy Center: Archives & Special Collections

Drexel University College of Medicine

[BACK TO TABLE OF CONTENTS](#)

MEMBER PROFILES

Name: Judy M. Chelnick

Member of ALHHS since: I have been a member of ALHHS since 1996. The AAHM meeting in Buffalo, one of the best meetings ever. I have been a member of MeMA since 1986.

Hometown: Cleveland, Ohio



Current Employer and Position: Curator, Division of Medicine and Science, National Museum of American History, Smithsonian Institution

Education: I received a BA in History from Hobart and William Smith Colleges, and a MA in History from Case Western Reserve University.

Professional interests: Through the years my interests have evolved. The constants throughout have been the objects themselves (the older the better), museums and material culture, helping to build strong important collections, and mentoring new college graduates, helping them think through their career paths.

Other facts, interests, or hobbies: I love to travel, visit museums, gardening and hanging out with my family.



Name: Brooke Fox

Member of ALHHS since: I joined ALHHS while I was working for the Office of NIH History, so either 2002 or 2003.

Hometown: Great Mills, Maryland

Current Employer and Position: Medical University of South Carolina, Waring Historical Library. I am the University Archivist and an Associate Professor in the Department of Library

Science and Informatics.

Education: B.A. in Philosophy from Salisbury University, Salisbury, Maryland, and a M.S. in Library and Information Science from Simmons College in Boston.

Professional interests: Hmm... I have many professional interests but I really enjoy developing physical and online exhibits, conducting oral histories, and responding to reference requests. Right now, though, I am spending my days adding content to the Waring Library's redesigned website.

Other facts, interests, or hobbies: In my spare time I volunteer at a local no-kill animal shelter, where I scoop poop, clean up vomit, and sometimes even play with the cats. I watch way too much television. At the moment I am addicted to *Game of Thrones* and also thoroughly enjoying *The Mick*. I'm listening to a number of great podcasts, including *My Favorite Murder* ("Stay sexy and don't get murdered"), *My Dad Wrote a Porno*, *You Must Remember This*, *Hollywood & Crime*, and *S-Town* (RIP John B. McLemore). Finally, I am obsessed with sloths and want to be one when I grow up.

[BACK TO TABLE OF CONTENTS](#)

FEATURE ARTICLES

ESSENTIAL TOOLS FOR COLLECTIONS EMERGENCY RESPONSE AND RECOVERY

Natural emergencies seem to be occurring at a higher frequency than in the past and can cause massive damage to libraries and archives in coastal cities. There are two simple but effective tools for emergency disaster response and recovery - the pocket response plan (PReP) and the 5-day Count-Up plan that help to prepare for and respond to emergencies. The NYU medical library and archive implemented these tools after being severely impacted by Hurricane Sandy in 2012. The damage to the medical library and archive was extensive, resulting in complete flooding of the library's on-site book storage and oversized archival storage rooms. The oversized collections represented 5% of the total archival holdings but account for some of the most valuable items to the history of the NYU School of Medicine. Medical library and archive staff were relocated, and the central medical library was closed to faculty, students, and house staff until renovations were completed.

The NYU medical archive has a full emergency response and recovery plan. Our emergency plan, like most, is a multi-page document detailing responses to various emergencies including overhead water leaks, flooding, and mold. Emergency plans usually include detailed conservation processes for affected materials as well. These plans take time to develop and require input from several internal and external departments. Internal departments may include your institution's security and facilities departments, conservation unit, if available, and key staff members from the library and archives. External agencies may include your institution's library storage vendor and your city's disaster recovery unit or fire department. Emergency response and recovery plans can be 30 pages and more. All libraries and archives should have a detailed collection emergency response and recovery plan and hold exercises with library and archive staff to familiarize them with the disaster response process. At minimum, libraries and archives should create a pocket response plan and a 5-day continuity plan to address emergencies.

The pocket response plan is a two-sided single page 11"x14" document that lists essential information for responding to emergencies. All of this information can be incorporated into the full collection emergency response and recovery plan. [WESTPAS](#) – Western States and Territories Preservation Assistance Service offers a [Pocket](#)

Response Plan for Collections template at <https://westpas.org/workshop-docs/> (see images 1-2). This template is based on the original PReP template created by the Council of State Archivists <https://www.statearchivists.org/programs/emergency-preparedness/emergency-preparedness-resources/pocket-response-plan-tm-prep-tm-english-template/>.

Template for Pocket Response Plan for Collections SIDE A (Communications). Use this side to collect phone numbers for the individuals and organizations you are most likely to need to talk to in the first minutes and hours after an emergency occurs: staff, emergency responders, facility managers, utilities, vendors, and assistance organizations.

<p>[Name] Library/Archive</p> <p>Pocket Response Plan for Collections</p> <p>Date revised:</p> <hr/> <p>INSTITUTIONAL CONTACTS</p> <p>Director [name] [office phone] / [home phone] / [cell] / [email] / [home email]</p> <p>Assistant Director [name] [office phone] / [home phone] / [cell] / [email] / [home email]</p> <p>Emergency Manager [name] [office phone] / [home phone] / [cell] / [email] / [home email]</p> <p>Financial Services / Accountant [name] [office phone] / [home phone] / [cell] / [email] / [home email]</p> <p>Facilities / Building Manager [name] [office phone] / [home phone] / [cell]</p> <p>Security [name] [office phone] / [home phone] / [cell]</p> <p>Environmental Health & Safety [name] [office phone] / [home phone] / [cell]</p> <p>Janitorial Services [name] [office phone] / [home phone] / [cell]</p>	<p>INSTITUTIONAL CONTACTS (cont.)</p> <p>Risk Manager [name] [office phone] / [home phone] / [cell] / [email] / [home email]</p> <p>Insurance Contact / Agent [name] [office phone] / [home phone] / [cell] / [email] / [home email]</p> <p>Public Relations Officer [name] [office phone] / [home phone] / [cell] / [email] / [home email]</p> <p>Information Technology Officer / IT [name] [office phone] / [home phone] / [cell] / [email] / [home email]</p> <p>Special Collections / Archives [name] [office phone] / [home phone] / [cell] / [email] / [home email]</p> <p>DISASTER TEAM</p> <p>Team Leader [name] [office phone] / [home phone] / [cell] / [email] / [home email]</p> <p>Member 1 [name] [office phone] / [home phone] / [cell] / [email] / [home email]</p> <p>Member 2 [name] [office phone] / [home phone] / [cell] / [email] / [home email]</p> <p>Member 3 [name] [office phone] / [home phone] / [cell] / [email] / [home email]</p>	<p>BUILDING UTILITIES</p> <p>Water - Fire Sprinklers [phone]</p> <p>Water - Potable [phone]</p> <p>Plumber [phone]</p> <p>Electricity [phone]</p> <p>Gas [phone]</p> <p>Telephone [phone]</p> <p>Elevators [phone]</p> <p>Security System [phone]</p> <p>Fire Suppression (other) [phone]</p>	<p>FIRST RESPONDERS</p> <p>Fire Department [phone]</p> <p>Emergency Medical / Ambulance [phone]</p> <p>Police Department / Law Enforcement [phone]</p> <p>City Emergency Management [phone]</p> <p>County Emergency Management [phone]</p> <p>State Office of Emergency Services [phone]</p> <p>Health Department [phone]</p> <p>Red Cross [phone]</p> <p>FEMA</p> <ul style="list-style-type: none"> Disaster Assistance 800-621-FEMA Environment & Historic Preservation Region (#) [phone] 	<p>EMERGENCY RECOVERY SERVICES</p> <p>WESTPAS-Western States & Territories Preservation Assist. Service 888-905-7737 (24/7 emergency #) info@westpas.org www.westpas.org</p> <p>American Institute for Conservation AIC-CERT: 202-661-8068 24hr AIC "Find a Conservator" http://www.conservation-us.org "Resource Center" 202-452-9545</p> <p>Conservator 1 (specialization) [name] [phone]</p> <p>Conservator 2 (specialization) [name] [phone]</p> <p>Refrigerated Trucking Service [name] [phone]</p> <p>Freezer Storage [name] [phone]</p> <p>Commercial Recovery Service (dehumidification, freeze drying, AV) [name] [phone]</p> <p>Data Recovery Service [name] [phone]</p> <p>Industrial Hygienist / Mold Testing Lab [name] [phone]</p> <p>Exterminator / Fumigation Service [name] [phone]</p> <p>Structural Architect [name] [phone]</p>	<p>REGIONAL CONTACTS</p> <p>Trainer [phone] [WESTPAS email]</p> <p>[state] Office of Historic Preservation [phone]</p> <p>[state] State Library [phone]</p> <p>[state] State Archives [phone]</p> <p>STAFF PHONE TREE</p> <p>Human Resources [name] [office phone] / [home phone] / [cell] / [email] / [home email]</p>
---	--	--	---	--	---

Screenshot 1 from WESTPAS website

SIDE B (Actions). Use this side to provide step-by-step instructions for library and affiliated personnel who will respond to a disaster affecting your own institution. Ideally, steps should already be defined in the library disaster plan. This document is NOT intended to be a substitute for a comprehensive emergency plan. Instead, it should distill the most important tasks to be taken in the first minutes and hours after an event occurs that affects collections, especially those that occur when staff members are away from their offices.

<p>Immediate Response and Checklist for Collections Recovery</p> <hr/> <p>IMMEDIATE RESPONSE</p> <p>Notification (as appropriate):</p> <ul style="list-style-type: none"> ○ First Responders <ul style="list-style-type: none"> Ensure that all staff and visitors are safe and accounted for Maintain security of building and collections ○ Institutional Contacts ○ Building Utilities ○ Activate the Disaster Plan's emergency response actions ○ Activate the Disaster Team if collection damage ○ Follow other Communication steps <p>WATER RESPONSE</p> <ul style="list-style-type: none"> ○ Stop the source, remove standing water ○ Cover collections with plastic sheeting ○ Remove materials from water path. Move books higher on shelves or onto book trucks 	<p>ASSESSMENT</p> <p>Ensure through proper authorities that all hazards are cleared before entering building</p> <ul style="list-style-type: none"> ○ Health & safety first; protect staff ○ Document with photos, videos, notes ○ Assess damage to collections, building, information systems <ul style="list-style-type: none"> ○ What type of an emergency was it (fire, smoke, chemical, clean water, dirty water, heat, humidity)? ○ What areas are affected? ○ How much of the collection is damaged? ○ What types of materials are damaged? ○ Are critical information systems functional / safe? <p>WATER RESPONSE</p> <ul style="list-style-type: none"> ○ Identify materials needing immediate salvage action (coated paper, leather bindings, unstable inks, film, etc.) ○ Stabilize the environment (cool, dry, circulating air optimal) 	<p>COMMUNICATION</p> <p>Establish and maintain channels of communication</p> <ul style="list-style-type: none"> ○ Establish communication with appropriate local & regional emergency management ○ Communicate with staff using the Phone Tree ○ Contact risk manager and insurance agent ○ Contact the public relations officer ○ Contact WESTPAS, Regional Contacts, conservators ○ Contact outside Emergency Recovery Services ○ Confirm funding sources for emergency services as needed ○ Contact regional libraries to ensure continued services to constituents ○ Report status to administration and public ○ Post emergency information and instructions on the institutional website ○ Obtain appropriate permissions to begin salvage (public safety, public health, structural engineer) <p>WATER RESPONSE</p> <ul style="list-style-type: none"> ○ Quick response is essential to prevent mold growth and irreversible damage to materials ○ Obtain refrigerated trucks, freezer storage 	<p>COLLECTION SALVAGE</p> <p>Salvage collections using pre-established Collection Priorities, taking into account access & extent of damage</p> <ul style="list-style-type: none"> ○ Identify and gather emergency supplies ○ Identify secure, dry location for pack-out and air-drying ○ Recruit staff / volunteers ○ Wear appropriate safety protection ○ Start collection salvage guided by Disaster Plan and collection response protocols, including Collection Priorities <p>WATER RESPONSE</p> <ul style="list-style-type: none"> ○ Quick response is essential to prevent mold growth and irreversible damage to materials ○ Organize staff / volunteers to load priority materials into freezer based on material type ○ Organize staff / volunteers to air-dry materials that should not be frozen 	<p>COLLECTION PRIORITIES</p> <p>First Priority Collections:</p> <p>Second Priority Collections:</p>	<p>MAJOR DISASTERS: INCIDENT COMMAND SYSTEM</p> <p>ICS authority structure:</p> <ul style="list-style-type: none"> ○ Incident Commander: Responsible for overall management of the incident ○ Public Information Officer: Responsible for communication with media/public ○ Safety Officer: Monitors safety of the incident in regards to both the facility and the responders ○ Liaison Officer: Coordinates with representatives of cooperating agencies ○ Planning Section Chief: Prepares Incident Action Plan (IAP) to respond to the event ○ Operations Section Chief: Ensures that the IAP is enacted ○ Logistics Section Chief: Responsible for all support needs to enact the IAP ○ Finance/Administration Section Chief: Manages all financial aspects of the incident
---	---	--	--	--	--

Side A of the PReP template is for communications. Basic information includes emergency library and archive staff contact information as well as identified internal and external emergency response teams for your institution. You may also want to list regional disaster recovery centers, conservators, and long-term storage vendors. It is essential to talk to, visit, and identify vendors whom you want to work with before you need them in an emergency. Side B of the template is for actions. Actions include collections assessment and recovery processes. There is also a section to identify priority collections. Collections listed as top priority would be recovered first whereas duplicates or easily replaceable materials would be assigned low priority. Customize the PReP template to include content to meet your needs. For example, the NYU medical library and archive PReP includes contact lists, priority collections, and institutional floor plans indicating where special collections are stored.

The process of creating PReP helps to explicitly identify people responsible for emergency response and procedures for recovery processes. The PReP document is concise, easy to read, and can be folded into a pocket-sized document. The information on the PReP is especially important in cases where the first responders may not be whom you think. During Hurricane Sandy, NYU medical archive staff was delayed from entering New York City immediately after the storm due to automobile restrictions and public transportation outages. The library's first responders were the few library staff members who lived within walking distance to the library. Responding to the flooding and damage in the library and archive required multiple telephone calls and emails between the library staff onsite and archivists offsite. Having PReP would have saved us time and anxiety since all of the pertinent contacts as well as collections priorities and locations are available in a single source.

In addition to PReP, the NYU Health Sciences Library, as well as the entire NYU medical center, implemented the 5 Day Count-Up Plan. This plan is useful in cases of emergencies that have advance warning such as hurricanes. This plan lists actions for securing library and archive operations and collections. It goes into effect 5 days prior to when a hurricane is expected to impact New York City or when a Hurricane warning is issued. The plan is comprised of three columns – Day; Key Decisions, Critical Initiatives, and Activities; and Responsible Party. Following is a sample 5 Day Count-Up Plan.

SAMPLE 5 DAY COUNT-UP PLAN

KEY DECISIONS, CRITICAL INITIATIVES AND ACTIVITIES		Responsible Party
5th Day	Notify Managers to execute 5-Day Plan	Administration
	Confirm and update personal contact information for all library staff	Administration
	Confirm remote working capabilities of library and archive emergency response team	Systems team
3rd-4th Days	Send reminder to all staff to check Library website or Library twitter account (in case website goes down) for updates	Administration with input from Systems team
	Contact offsite storage vendor to be on-call for possible move of collections classified as high priority	Archives
	Facilitate move of sensitive office equipment to higher floor in building	Systems team and Archives
	Post website alert for patrons informing them to check Library website and Library Twitter account for updates	Website Manager
1st-2nd Days 24 hrs to landfall	Instruct staff to move all objects including CPUs from the floor to their tabletops and to unplug all equipment	Administration
	Work with offsite storage vendor to move high priority materials offsite. Ensure on-site materials are properly protected.	Archives
	Ensure copy of PReP (pocket response plan) is attached on all doors of Archive offices and placed in disaster kits	Archives

Although PReP and 5 Day Count-Up plans are concise tools, they require time and input from all departments in the library and archives. The process of developing these tools will help staff think through critical steps necessary for emergency response and recovery. These tools will help library and archive staff address the many challenges posed by emergencies and lessen damage to collections.

Additional Reading: Decker, Emy Nelson & Townes, Jennifer A (Ed.). *Handbook of Research on Disaster Management and Contingency Planning in Modern Libraries*. Hershey, PA: Information Science Reference, (2015).

Sushan Chin, MLIS, MA

Head, NYU Medical Archive and Special Collections, NYU Health Sciences Library

Does it Smell Like Vinegar in Here? Protecting and Preserving Film



Film with vinegar syndrome.

Like most processing archivists, I have seen, touched, and housed items from the mundane (brochures, reports, and meeting minutes) to the peculiar (human hair, dental x-rays of rotting teeth, and a Ku Klux Klan luncheon menu serving koffee and kukumber sandwiches). Fluxkits, from the Fluxus Movement of the sixties and seventies, win for the most unexpected items I have found while processing a collection. These plastic kits were marketed through the mail and consisted of a

wide range of objects made by artists. The Fluxkits in the collection I processed include but are not limited to a Fluxus music box, interactive Fluxus games, Fluxus food (seeds), Fluxus snow (crumbled Styrofoam), a Fluxus medicine cabinet, and Fluxus "Mystery Meat." The latter was packaged in a glass jar. Whatever fluid that was once in the jar with the mystery meat (which turned out to be leather, although at the time I did not know this) had leaked and dried a lovely shade of dark brown. Every surface it touched was sticky. This brings me to my larger point that as an archivist, you never know what kind of sensory experience is waiting under the lid of a closed box or behind an office door. This can be exciting, terrifying, and challenging all at the same time.

In my current position as Technical Services Head at the Duke University Medical Center Archives, one of my duties is to work with departments to assess the enduring value of their materials, as well as the transfer of those materials to the Archives. I often find myself walking into unknown situations based on a plaintive phone call or desperate email asking for help because a department has materials they do not want to throw out but do not have the space to keep.

This past May, I received an email from the Department of Neurosurgery. The department had



Metal containers the 16mm films were housed in for 20 years in non-temperature controlled storage.

recalled items stored in a non-temperature controlled offsite storage center after 20 years. With no room to store these items, they had been put in the office with the most space in the department—much to the chagrin of the woman who worked in that office. She was slowly being crowded out by the items and the accompanying smells. Yes, smells. Unless you work in an archives, you probably don't spend much time thinking about how old things smell.



Some of the 16mm films inside one of the metal containers.

I set up a time to conduct an [appraisal](#), which is the process of determining whether the materials have permanent (archival) value. Upon our arrival, we (reference archivist, two interns, and myself) were met with four metal cabinets filled with microscope slides, some were treated so roughly by the movers during transportation that simply opening a drawer resulted in the tinkling sound of shards of broken glass; one large filing cabinet filled with human tumors encased in paraffin

wax (the step before being sliced up for a microscope slide); 10 double bankers boxes full of human, dog, cat, and monkey tumors; one set of metal drawers filled with patient records on 4x6 index cards, a cerebral stereotaxy frame, and nine metal containers filled with 16mm film reels. A distinct musty odor accompanied these items, but that did not concern me as much as the hint of vinegar I could smell as I moved closer to the 16mm films.

[Vinegar syndrome](#), officially named “acetate film base degradation”, is a condition that results from the deterioration of cellulose acetate over the lifespan of a film. As vinegar syndrome progresses, it causes the film to become brittle, shrink, and take on an acidic odor, which smells like vinegar. While all cellulose acetate film will degrade over time, the progress of this degradation very much depends on storage conditions. Storage in warm and humid conditions greatly accelerates the onset of decay. Once the degradation begins, it cannot be reversed. If caught early, films of value can be sent to cold storage to extend the life of the film. Cellulose acetate film is not uncommon, so it came as no surprise that all the Department of Neurosurgery films were cellulose acetate. But because of the sheer number of films in such a cramped office space, I could not fully investigate them until they were transferred to the Archives.

About a week later, an intern and I went back to the office to pack up the materials we selected for the Archives. Because we do not accept organic materials, the tumors and microscope slides did not come back with us. We did take the patient index cards, the



Technical Services Head Lucy Waldrop making use of a flat surface while packing up the Department of Neurosurgery materials.

cerebral stereotaxy frame, one 7 inch audio reel, and 155 16mm films. Packing the materials up for the Archives was like playing Tetris in that very crowded office. And to make things more of a challenge, the day we selected to pack up the items also happened to be the birthday of the woman whose office had been overtaken by all the materials. As part of a birthday surprise, her coworkers decorated the office; these decorations included balloons hanging from the ceiling. My intern and I spent the better part of the morning ducking under balloons and climbing over cabinets and tables to access the materials to pack up to bring back to the Archives.

Once back at the Archives, we started to smell vinegar. The films, most of which document procedures done by

Dr. Blaine Nashold, were stored in metal film canisters; only a few were loose. We methodically wrote a description of each film, redacted patient information from that description per HIPAA, opened each canister (if there was one), noted if we could smell vinegar and the state of the film, and gave each film a unique ID. [Health note](#) here: when a film has severe vinegar syndrome, do not sniff or touch it, as it can be hazardous to your health! Acetic acid and other acidic products associated with film decay can produce contact burns and skin and mucous membrane irritation. Wearing protective gloves and working in a well-ventilated area are recommended. Also recommended for use are [A-D Strips](#). These dye-coated strips detect and measure the severity of cellulous acetate film deterioration. The acidic vapor given off by the degrading films causes the strip to



Archives Intern Kahlee Leingang packing up Department of Neurosurgery materials while dodging a balloon

change color when placed in a closed container (can, bag, box, or cabinet) with the film or films. The color of the strip changes based on the level of acidity present.

Many of the films displayed very slight vinegar syndrome symptoms meaning they smelled slightly of vinegar with little to no shrinkage or brittleness to the film. A smaller number of those films had started to shrink and become brittle. Of the 155 films, only three presented with extreme vinegar syndrome symptoms. These three films were different from the other 152 films, as they were commercial education prints, and the canisters used for storage were made of a different type of material than the canisters Dr. Nashold used for his films. In the end, these films were deaccessioned with the permission of the Department of Neurosurgery because they did not fit the Archives' collecting scope; these were not films created by Duke or an entity or individual affiliated with Duke. The films we kept are now housed in STiL film cans, which are archival quality film containers made of polypropylene with a venting chimney that lets damaging heat and gasses escape.



Finished product: 16mm films housed in archival film canisters.

I learned a lot when accessioning and processing this collection. First, having never handled so much film in one collection, I thoroughly researched cellulous acetate. After learning more about the topic, I was able to properly rehouse the films and identify the ones showing signs of vinegar syndrome. Additionally, during the course my research, I learned about A-D Strips. This is something I want to incorporate into the Archives' basic stacks management to

measure how far deterioration has progressed and whether our existing storage conditions are good enough to preserve the film we have in our collections. Second, working first hand with deteriorating cellulous acetate film brought home the reality of the fragility of film. Like all formats, it will degrade as it ages, but its lifetime is greatly reduced when not stored in the correct conditions. Film is a good example of a format archivists must proactively check and recheck to ensure environmental conditions are as stable as we can possibly make them because it is quite literally disappearing before our very eyes one vinegar scent trail at a time.

To learn more about these materials, visit the [Department of Neurosurgery Records finding aid](#): or [contact the Duke Medical Center Archives staff](#).

Lucy Waldrop

Technical Services Head, Duke University Medical Center Archives
Durham, North Carolina

[BACK TO TABLE OF CONTENTS](#)

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

New Additions to the History of Medicine Finding Aids Consortium

This summer over 850 finding aids from seven new repositories were added to the [History of Medicine Finding Aids Consortium](#). The Consortium is a union-catalog search service for finding aids to archival collections and is sponsored by the Archives and Modern Manuscripts Program.

Map of participating institutions



These new repositories broaden the Consortium's geographical coverage of contributors from the Deep South and Rocky Mountain West and deepen its content coverage of the 18th and early 19th centuries. The Rocky Mountain Archives Online – a partner consortium itself aggregating finding aids from institutions located in Colorado, Wyoming, and New Mexico – contributed over 200 medicine and public health-related guides. Nearly 600 finding aids were harvested from Tulane University, University of Georgia, the Georgia Historical Society, Louisiana State University, and Emory University which in part collectively describe a large set of local physician and pharmacy-related archives dating from the colonial era through the Civil War. Finally, collections from the University of Iowa have a strong focus on women in medicine and women-focused health topics.

The Consortium now indexes over 9,500 finding aids from more than 100 individual repositories (thanks to two aggregators). Individuals are free to nominate their own institution, or others not currently represented. Contact John Rees at reesj@nlm.nih.gov – work for the next update will start in Spring 2018.

NLM to Host "Viral Networks: An Advanced Workshop in Digital Humanities and Medical History"

On January 29-30, 2018, NLM will host *Viral Networks: An Advanced Workshop in Digital Humanities and Medical History*, bringing together scholars from various fields of medical history whose innovative research shows promise through the use of methods, tools, and data from the digital humanities. The event will be supported by the National Endowment for the Humanities (NEH) through a grant to Virginia Tech, and is a collaborative outcome of NLM's ongoing partnership with the NEH.

Viral Networks will combine a face-to-face workshop with structured virtual-editing activities to produce and advance the innovative scholarship of the participants, and to help build the larger community of scholars who are pushing the envelope at the intersection of medical history and the digital humanities during this time of expanding digital resources and data-driven research. The focus on networks connects new computational tools for analyzing large-scale interactions between people, organizations, and ideas with the established emphasis of humanities scholarship on meaning, value, and significance over time and across cultures. Workshop participants will include twelve contributing scholars, who each will produce a chapter of original research in the planned open-access scholarly publication; consulting scholars who are experts in network analysis; and an advisory board which will coordinate stages of collaborative writing, peer review, collective editing, the final publication, as well as the preservation of

data. After December 1, 2017, more information about the workshop will be available at <https://sites.google.com/a/vt.edu/viralnetworks/>. Participation in *Viral Networks* will be free to scholars who apply and are accepted as participants.

Members of the public are invited to attend the keynote address by Theresa MacPhail, PhD, Assistant Professor Science and Technology Studies at Stevens Institute of Technology, and author of *The Viral Network: A Pathography of the H1N1 Influenza Pandemic* (Cornell University Press, 2014). Dr. MacPhail will speak on “The Evolution of Viral Networks: H1N1, Ebola, and Zika” describing the culture of public health, the production of scientific knowledge, networks of expertise, information sharing, and everyday experiences of epidemiologists, microbiologists, biomedical scientists, and medical practitioners.

Dr. MacPhail’s address will take place on Monday, January 29, in the Balcony B Auditorium of National Institutes of Health (NIH) Natcher Conference Center, located on the Bethesda, Maryland, campus of NIH, and it will be part of the NLM History of Medicine Division’s 2018 lecture series, which promotes awareness and use of NLM and other historical collections for research, education, and public service in biomedicine, the social sciences, and the humanities. As with all lectures in this series, Dr. MacPhail’s lecture will be free and open to the public.

To help ensure adequate space, and the overall success of the program, those individuals who wish to attend Dr. MacPhail’s lecture can indicate their interest when the sign-up form is available later this year at:

<https://sites.google.com/a/vt.edu/viralnetworks/>

Additionally, Dr. MacPhail’s lecture will be live-streamed globally and subsequently archived by [NIH VideoCasting](#), a public service made possible through a [generous gift](#) to NLM from the Michael E. DeBakey Medical Foundation. NLM is authorized to accept [donations](#) in support of its mission.

NLM’s support of *Viral Networks: An Advanced Workshop in Digital Humanities and Medical History* is part of its ongoing [partnership with the NEH](#), and follows specifically on its cooperative involvement in several previous NEH-funded initiatives, namely the [April 2016 workshop *Images and Texts in Medical History: An Introduction to Methods, Tools, and Data from the Digital Humanities*](#), which explored emerging approaches to the analysis of texts and images in the field of medical history; the [April 2013 symposium *Shared Horizons: Data, Biomedicine, and the Digital Humanities*](#),

which explored the intersection of digital humanities and biomedicine, and the October 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.

About the partner institutions:

The National Endowment for the Humanities is an executive-branch, independent grant-making agency of the United States of America dedicated to supporting research, education, preservation, and public programs in the humanities and in those social sciences that use humanistic methods. NEH accomplishes this mission by providing grants for high-quality humanities projects to cultural institutions, such as museums, archives, libraries, colleges, universities, public television and radio stations, and to individual scholars.

The U.S. National Library of Medicine, part of the National Institutes of Health, is the world's largest medical library with more than 17 million items in its collection. A leader in information innovation, it is the developer of electronic information services used by scientists, health professionals and the public around the world. NLM makes its information services known and available with the help of the National Network of Libraries of Medicine, which consists of 5,600 member institutions, including eight Regional Medical Libraries. NLM conducts and supports research that applies computer and information science to meet the information needs of clinicians, public health administrators, biomedical researchers and consumers.

*Dedicated to its motto, *Ut Prosim* (That I May Serve), Virginia Tech takes a hands-on, engaging approach to education, preparing scholars to be leaders in their fields and communities. As the commonwealth's most comprehensive university and its leading research institution, Virginia Tech offers 225 undergraduate and graduate degree programs to more than 31,000 students and manages a research portfolio of \$496 million. The university fulfills its land-grant mission of transforming knowledge to practice through technological leadership and by fueling economic growth and job creation locally, regionally, and across Virginia.*

NLM Classification Updated, August 31, 2017

The NLM Classification, available online at <https://www.nlm.nih.gov/class/>, moved from an annual spring update to twice-yearly updates. The 2017 winter version, published January 26, 2017, encompassed changes to the NLM Classification resulting from new and changed 2017 Medical Subject Headings (MeSH) terms as well as additional minor updates to the index and schedule. The 2017 summer version, now available, encompasses the systematic review of selected schedules and other miscellaneous updates.

For more information about the scope of the 2017 summer edition, see <https://www.nlm.nih.gov/class/Scope.html>

Contact NLM for further information, questions, or comments.

[BACK TO TABLE OF CONTENTS](#)

NEWS FROM THE COLLEGE OF PHYSICIANS OF PHILADELPHIA

All Paths Lead *Further into Imperfecta*, a New Digital Exhibition from the Historical Medical Library

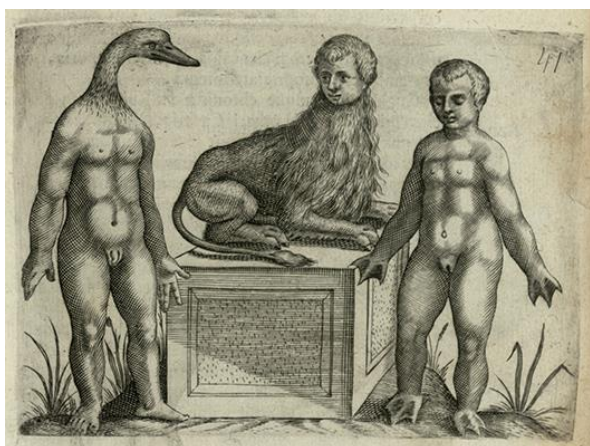


Image from *De monstrorum caussis, natura, et differentiis libri duo*, Liceti, Fortunio, 1577-1657, Patavii: Paulum Frambottum, 1634. Cd 10a Historical Medical Library of the College of Physicians of Philadelphia.

This past March, The Historical Medical Library (HML) opened its second exhibit in the Mütter Museum. Using artifacts from both the library and museum collections, the exhibition, titled *Imperfecta*, examines the shifting perceptions of abnormal human development.

Imperfecta introduces museum visitors to a number of topics, from portent books, to natural histories, to the “freak shows” of the 19th century, as well as the scientific foundations of embryology, all

of which are expansive topics in their own right. In order to expand upon some of these topics, the HML has launched a new digital exhibition, *Further into Imperfecta*.

With *Further into Imperfecta*, we are trying something new. *Further into Imperfecta* is an iterative, non-linear website that allows the viewer to choose which “path” they would like to follow, with new content and new paths planned for periodic introduction. To power this idea, we are using the Scalar platform developed by the Alliance for Networking Visual Culture at the University of Southern California. Scalar is intended as a robust scholarly web-publishing platform, or “semantic web publishing tool.” This allows authors to take advantage of both the unique capabilities of digital writing (including nested, recursive, and non-linear formats) as well as to pull in media and metadata from public repositories via an API.

The first major path, as well as a few tangential topics, is now live. Titled *Living Curiosities: Agency and Exploitation of the Teratological Body*, this first instance explores the ways in which individuals used their non-normative bodies, or were used because of them, for personal gain, financial or otherwise. As content and topics are added, we will be making announcements via social media, so make sure to check back periodically, or follow the HML on Twitter @CPPHistMedLib.

To view *Further into Imperfecta* visit: <http://imperfecta.cppdigitallibrary.org>

Archives Month Philly at the Historical Medical Library

The HML will be participating in [Archives Month Philly](#) for the third year. This year, the Library is hosting a special, one-night only exhibit on Tuesday, October 10. *Invisible, Not insignificant* uses the Library’s collection of 19th- and early 20th-century photographs, case books, diaries, and pamphlets to look at “invisible” conditions such as depression, and explores 19th-century asylum life. The Library is also participating in the Archives Month Philly keystone event, *Animals in the Archives*, on



Women patients of Philadelphia General Hospital's Insane Department, 1888. PGH_1_27 Historical Medical Library of the College of Physicians of Philadelphia.

Wednesday, October 25, with “Real and Fantasy,” photos of real animals from the Archives, as well as images from Ambroise Paré's *Des monstres*.

[BACK TO TABLE OF CONTENTS](#)

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

Programming for Fall

Our three-part series *Who Controls Women's Health?: A Century of Struggle*, featured journalist and author Randi Epstein, M.D., in a talk entitled “Get Me Out: Childbirth in Early 20th-Century NYC,” on August 22nd; and Faye Wattleton, the first person of color to lead Planned Parenthood, attesting to her experiences in “On the Front Lines of Reproductive Rights,” on Sept. 13th. Both events attracted audiences of well over 500. The third and final event in the series, “More than Medicine: Social Justice and Feminist Movements for Health” with Professor Jennifer Nelson of Redlands University is on October 5th.

Our series on war and medicine marking the centennial of the US entry to World War I, *The Legacies of War: Medical Innovations and Impacts*, continues with “The Great War and Modern Veteran Care” with Professor Beth Linker of University of Pennsylvania on Sept. 28th, and “A History of American War in Five Bodies” with Professor John Kinder of Oklahoma State University on October 17th.

In collaboration with the Heberden Society of Weill Cornell Medicine, the Library will present Dr. Susan Lamb speaking on “Psychiatry's Most Misunderstood Founding Father: Adolf Meyer” on Oct. 10th.

The fall season wraps up with two lectures in November: on the 14th, Ileoma Kola will present the Lilianna Sauter Lecture, “Unable to Breathe: Race, Asthma, and the Environment in Civil Rights Era New Orleans and New York,” and on the 29th, Academy fellow Randi Epstein will moderate a panel discussion with award-winning writers D. T. Max and Lisa Sanders on medical sleuthing and writing fiction.

We welcome the public into the Academy building for guided tours for the fifth year running in the citywide celebration of architecture and design, Open House New York, on Sunday, Oct. 15th.

For details of these and other programs, see our [Summer/Fall Programming Brochure](#).

Kriota Willberg – Artist in Residence

As the culmination of the Academy Library's first ever artist's residency, Kriota Willberg will teach a four-week workshop, "Embroidering Medicine," Thursdays from September 14th through October 5th, exploring the Library's historical collections, examining relationships between medicine, needlework, and gender. The workshop focuses on the areas of the collection invoking the ideals of femininity and domesticity, as well as needlework (in the form of ligatures, sutures, and stitching of the body).



Ligature of Blood Vessels/Blackwork Experiment.

This is an experiment with methods of image transfer onto fabric. The forearm illustration is from the American edition of Claude Bernard's *Illustrated manual of operative surgery and surgical anatomy* (1855). Blood vessel delineation was done using this stitch commonly found in blackwork embroidery. [Photo by Kriota Willberg ©2017]



New Acquisitions

We recently acquired a new first edition of one of the earliest German works on cowpox and vaccination, Friedrich Benjamin Osiander's *Ausführliche Abhandlung über die Kuhpocken . . .* (Göttingen: Christian Friedrich Thomas, 1801). Osiander (1759–1822), a distinguished professor of medicine and obstetrics at Göttingen, advocated the extensive use of forceps in delivery; he invented the uterine traction forceps. He was one of the first

physicians in Germany to support Edward Jenner. The fine plate (below) depicts a hand afflicted by cowpox eruptions.

Conservation Update: Preparing Rare Books for Exhibition

Conservation staff will spend time this fall reviewing and preparing ten rare books to be exhibited at New York University's Grey Art Gallery in conjunction with the traveling exhibition, *The Beautiful Brain: The Drawings of Santiago Ramón y Cajal*. All Library items requested for exhibition are evaluated to make sure they are in good condition for loan and to determine the extent of

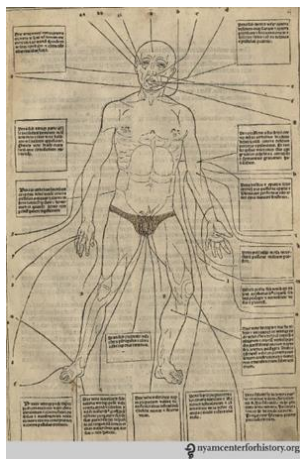


conservation treatment needed for exhibition. In most cases, materials can be exhibited with careful attention to the design of display cradles. Notes are made in each outgoing condition report to clarify how the item should be displayed and how the cradle should be designed.

In some cases, items require conservation treatment or minor stabilization before being loaned. In the case of Frederik Ruysch's *Thesaurus Anatomicus*, printed in Amsterdam in 1701(at left), the foldout requested for exhibition requires minor conservation treatment to reinforce the folded edges. The illustration to be exhibited features some arguably adorable skeletons frolicking atop a mountain of viscera: a closer look reveals that the trees in the background are actually an assortment of arteries and veins. Once the folds are reinforced from the back with thin Japanese paper and Zen Shofu wheat starch paste, the book will be ready for loan. The exhibition will be on view at the Grey Art Gallery from January 9 to March 31, 2018 and is organized by the Frederick R. Weisman Art Museum at the University of Minnesota in collaboration with the Cajal Institute.

Biodiversity Heritage Library Digitization

The Academy Library is contributing content to the Biodiversity Heritage Library as part of the *Expanding Access to Biodiversity Literature* project. The project seeks to increase online access to biodiversity material. The Academy Library will digitize ten items with scanning done both at the Internet Archive and internally in the Library's Digital Lab for those items too fragile to send out. The project will continue until the end of 2017.



Facendo Il Libro: The Making of *Fasciculus medicinae*, an Early Printed Anatomy

The Academy Library is currently digitizing its five editions of the *Fasciculus medicinae* that were printed between 1495 and 1522. The project will create an online exhibit to showcase the editions and a digital collection available to the public on the Library's Digital Collection and Exhibit website. The project is expected to launch at the beginning of 2018.

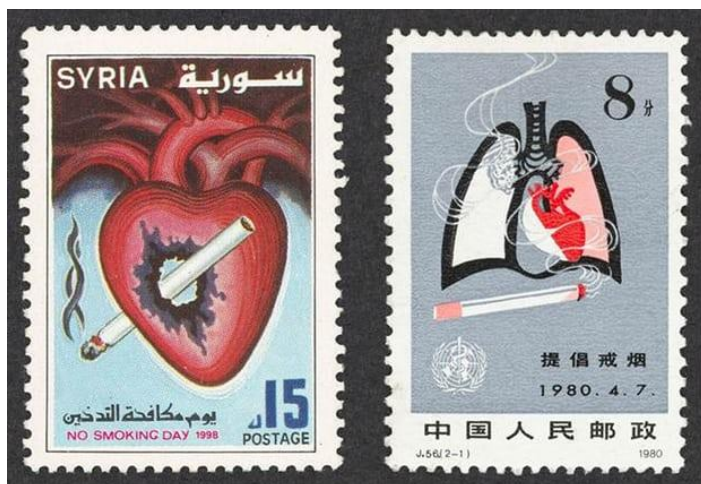
Digital Intern

Scott Lipkowitz joined the Academy Library August 29, 2017, as a digital intern for a 12-week internship focused on metadata and quality control of digital collections. Scott is currently working on his Masters of Library and Information Science at Queens College, CUNY. He will work closely with the digital team on "Facendo Il Libro" and other digital projects. We are happy to have Scott join us for the Fall.

[BACK TO TABLE OF CONTENTS](#)

NEWS FROM THE WELLCOME LIBRARY

Can Graphic Design Save Your Life? – New Wellcome Collection exhibition



Can Graphic Design Save Your Life? is the first major exhibition exploring the relationship between graphic design and health.

The exhibition brings together over 200 objects from public and private collections worldwide to examine the often subliminal nature of graphic design in shaping our environment, health and sense of self.

It also explores the role of graphic design in the frontline response to epidemics. From a 17th-century plague warning to a hand painted mural depicting the symptoms of Ebola, graphics provide an immediate and important way to convey information as medical crises unfold.

Other exhibition highlights include:

- The Red Cross, Red Crescent and Red Crystal emblems, some of the world's most recognisable, powerful and highly protected symbols. Rarely displayed together, they are used to depict neutrality and provide safety in conflict zones.
- Items from the Wellcome archive showing the rigorously enforced trademarks and brand used by Burroughs Wellcome & Co, some of the earliest examples of corporate identity in the pharmaceutical industry.

- The original tombstone prop and national leaflet used in the controversial 1980's UK government campaign, AIDS: Don't Die of Ignorance.
- A bold poster and colouring book designed by Dutch illustrator Dick Bruna, best known for famous children's character Miffy. Alongside examples of colourful children's wards, the exhibits show how graphics can be used to transform the hospital experience.

[Can Graphic Design Save Your Life?](#) runs to 14 January 2018.

[BACK TO TABLE OF CONTENTS](#)

NEWS AND ANNOUNCEMENTS

American Osler Society Annual Meeting 2018: Call for Papers

Call for Abstracts for papers and poster sessions for the 2018 American Osler Society Annual Meeting in Pittsburgh, PA., May 13th-16th, 2018. Abstracts should be sent by e-mail to Renee Zimmer at aosrenee@gmail.com and must be received by 15 November 2017. Abstracts submitted by e-mail will be acknowledged. The abstract should be no longer than one page. It should begin with the complete title, the names of all coauthors, and the corresponding author's mailing address, telephone number, FAX, and e-mail address. This should be followed by a two to three sentence biographical sketch indicating how the author would like to be introduced. (This will probably be your entire introduction. Don't be modest!) The text should provide sufficient information for the Program Committee to determine its merits and possible interest to the membership. The problem should be defined and the conclusions should be clearly stated. Phrases such as "will be presented" should be avoided or kept to a minimum. Three learning objectives should be given after the abstract. Each learning objective should begin with an active verb indicating what attendees should be able to do after the presentation (for example, "list," "explain," "discuss," "examine," "evaluate," "define," "contrast," or "outline"; avoid noncommittal verbs such as "know," "learn," and "appreciate"). These learning objectives are required for Continuing Medical Education credit. A cover letter should state: Whether any of the authors have a potential conflict-of-interest such as direct financial involvement in the topic being discussed, and whether there will be any mention of off-label use of drugs or other products during the presentation. Each presenter will have a 20-minute time slot, which will be strictly enforced. Presenters should rehearse and time their papers to 15 minutes, in order to permit brief discussions and to be fair to the other speakers. Although 20 minutes might seem quite short for a

paper in the humanities, our experience with this format has been overwhelmingly favorable.

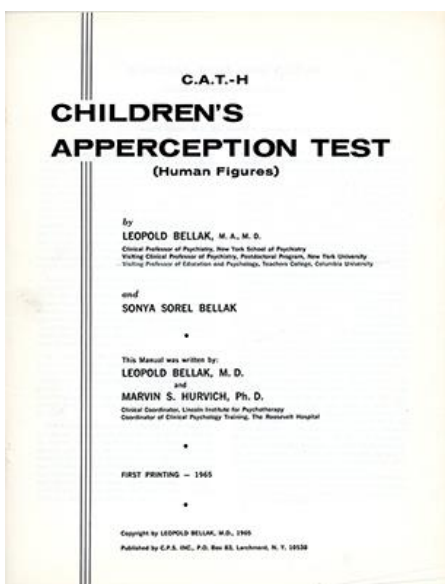
C. F. Reynolds Medical History Society, University of Pittsburgh, 2017-2018 Meetings

September 26, 2017	<p>Douglas Bacon, M.D., M.A. Professor and Chairman, Department of Anesthesiology University of Mississippi Medical Center “Does a Surgeon, John Collins Warren, Deserve the Credit for the Discovery of Anesthesia?”</p>
November 7, 2017	<p>25th Annual Sylvan E. Stool History of Medicine Lecture James Mohr, Ph.D. Distinguished Professor of History, University of Oregon “The West Virginia Model for Medical Licensing in the United States and Some of its Unintended Consequences.”</p>
January 23, 2018	<p>Joseph Losee, M.D. Ross H. Musgrave Professor of Pediatric Plastic Surgery University of Pittsburgh-Children’s Hospital “The History of Surgical Education in America: Past, Present, and Back to the Future.”</p>
February 27, 2018	<p>7th Annual Jonathon Erlen History of Medicine Lecture Gregory Anstead, M.D., Ph.D. Associate Professor Division of Infectious Diseases, Department of Medicine University of Texas Health Science Center at San Antonio “Triumph over Typhus in World War II.”</p>
April 3, 2018	<p>30th Annual Mark M. Ravitch History of Medicine Lecture Shelley McKellar, Ph.D. Hannah Chair in the History of Medicine University of Western Ontario</p>

"Artificial Hearts: A Controversial Medical Technology and Its Sensational Patient Cases from Barney Clark to Dick Cheney."

All lectures will be held in a lecture hall, 4th floor of Scaife Hall, University of Pittsburgh, at 6:00 P.M. A dinner for members and their guests in the 11th floor Conference Center, Scaife Hall will follow each of the five individual lectures. We hope that you and any interested colleagues will join us for these five evenings of historical lectures and discussions. The C. F. Reynolds Medical History Society appreciates your continuing support and is confident that you will enjoy this coming year's programming. Please refer all questions on the Society and its programming to the Society's Secretary/Treasurer, Dr. Jonathon Erlen, 412-648-8927; erlen@pitt.edu.

New Collections Open at Oskar Diethelm Library, Weill Cornell Medical College



The Oskar Diethelm Library, part of the Institute for the History of Psychiatry at Weill Cornell Medical College in New York City, is pleased to announce the opening of two new collections, the **Leopold Bellak Papers** and the **Neuron Club Records**.

Dr. Leopold Bellak (1916-2000) was an Austrian-born psychologist, psychiatrist and psychoanalyst highly respected for his work in projective tests, schizophrenia, adult attention deficit disorder, community mental health, and brief and emergency psychotherapy. After earning his medical degree from New York Medical College in 1944 and graduating from the New York Psychoanalytic

Institute in 1950, Dr. Bellak originated the internationally-used Children's Apperception Test (CAT) and the Senior Apperception Technique (SAT), while making marked developments to the Thematic Apperception Test (TAT). Dr. Bellak also established the first 24-hour walk-in clinic, named the Trouble Shooting Clinic at Elmhurst General Hospital, and pushed for the United States Congress to approve a National Institute for Schizophrenia Research, as he wished to both further a scientific understanding of how and why the illness occurs as well as raise awareness on the topic.

Dr. Bellak continued his efforts to raise awareness of mental illness by producing more than 200 publications and lending his energy and expertise to television and radio programs on mental health. Among these publications are *Psychoanalysis as a Science*, in which he makes a case for integrating psychoanalytic practice with theory and methodology of psychological research, manuals guiding practitioners through the use of the TAT, CAT and SAT projective tests, and a series of articles encouraging mandatory mental health screenings for presidential candidates.

The library's papers of Leopold Bellak contain five linear feet of material housed in twelve documents boxes. The collection includes correspondence, research, documents, publications, professional writings, notes, photographs, and other professional material dating from 1943-1993. The materials are primarily in English, but many of Bellak's handwritten notes and some news articles are in German.



The [finding aid](#) for the Leopold Bellak papers is now available on the [Archives and Manuscript Collections page](#) of the website of the [Oskar Diethelm Library](#).

The **Neuron Club**, founded in 1925 by 17 western New York physicians, was created to foster informational exchange in the areas of neurology and psychiatry. At the club's meetings, members and guest lecturers presented formal papers and made clinical presentations on an increasingly eclectic range of topics, from general medicine to medical law to contemporary socio-political struggles. As a member of the club explained, it was "the unwritten philosophy of the Neuron Club that human endeavor of any nature is worthy of attention and has implications in the working of the mind, healthy or otherwise." The club disbanded in 1997, as the American Psychiatric Association's local and regional branches expanded on the activities that the Neuron Club had performed since its founding.

The library's Neuron Club records contain club history and bylaws, correspondence, financial documents, membership documents, and minutes dating from 1925-2000, with the bulk of the material dating from 1925-1997. The materials are all in English.

The [finding aid](#) for the Neuron Club papers is now available on the [Archives and Manuscript Collections page](#) of the website of the [Oskar Diethelm Library](#).

Marisa Shaari, MA, MLIS

Special Collections Librarian, Oskar Diethelm Library
DeWitt Wallace Institute for the History of Psychiatry
Weill Cornell Medical College

News from the Medical Heritage Library

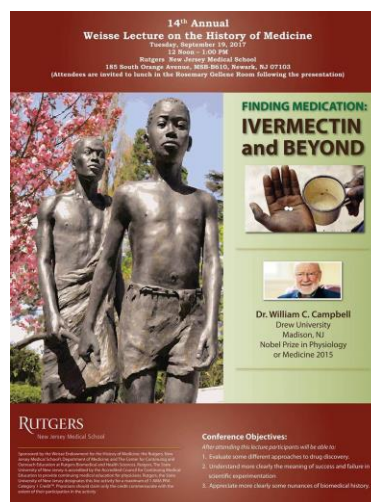
The Medical Heritage Library would like to bring some recent changes and updates to your attention:

- Our full-text search tool has been almost entirely revamped:
<http://mhl.countway.harvard.edu/search/>
You can now refine by date, date range, and sub-collection (for instance, searching only the 'statemedicalsocietyjournals' collection). We welcome any feedback you might have!
- The state medical society journals collection (<https://archive.org/details/statemedicalsocietyjournals>) is nearly complete! We anticipate adding the last volumes by December 2017.
- And the MHL itself (<https://archive.org/details/medicalheritagelibrary>) is over 200,000 items!

Rutgers Hosts Nobel Laureate for 14th Annual Weisse Lecture

On September 19, 2017, Rutgers New Jersey Medical School (NJMS) hosted the 14th Annual Weisse Lecture on the History of Medicine. This year's Weisse Lecturer was Dr. William C. Campbell, who shared the 2015 Nobel Prize in Physiology and Medicine with Dr. Satoshi Omura of Japan "for their discoveries concerning a novel therapy against infections caused by roundworm parasites."

In his presentation, "Finding Medication: Ivermectin and Beyond," Dr. Campbell recounted the story of Ivermectin's development and its antiparasitic uses in both animal and human health. A single pill taken yearly is preventative against river



blindness (onchocerciasis), a disease found in South America, Africa, and Yemen. Since 1988, Merck has donated the drug (under the name Mectizan) for distribution within affected regions, and river blindness has been eliminated in most South American countries, with efforts to eliminate the disease in Africa still ongoing. In what he termed a “tirade,” Dr. Campbell stressed the need for much more drug discovery in an era of increasing drug resistance. He concluded his presentation with charming photographs and stories about the Nobel Prize ceremonies and banquets in Stockholm.

Since its inception in 2004, the Weisse Lecture has been overseen by Dr. Allen Weisse.



Nobel Laureate Dr. William C. Campbell (left) and librarian Bob Vietrogoski (right). Photo credit: Devayani Kumaran, Rutgers New Jersey Medical School.

He and his wife Dr. Laura Weisse have endowed the lecture, which is presented as a grand rounds by the NJMS Department of Medicine. Previous Weisse Lectures have featured prominent medical historians and physician-historians, including T. Jock Murray, Michael Bliss, Barron Lerner, and Nancy Tomes. Dr. Allen Weisse himself is an accomplished physician-historian, having published two volumes of oral histories (*Conversations in Medicine*, and *Heart to Heart*) and several volumes of essays on

medical history. In 2016, Dr. Weisse designated Bob Vietrogoski, the Head of Special Collections at the George F. Smith Library of the Health Sciences, Rutgers University Libraries, as Weisse Lecture Coordinator. Over this past year, Weisse and Vietrogoski worked together to organize this year’s Weisse Lecture and luncheon, and Vietrogoski is assuming this responsibility going forward.

The annual Weisse Lecture is the premier medical history event at Rutgers New Jersey Medical School. Thanks to the generosity of Dr. Allen Weisse and Dr. Laura Weisse, and their love of medical history, the Weisse Lecture series is well-positioned for a long and successful future.

Bob Vietrogoski

Head, Special Collections

George F. Smith Library of the Health Sciences

Rutgers Biomedical and Health Sciences

[BACK TO TABLE OF CONTENTS](#)

BOOK REVIEWS

Thomas G. Benedek. *Rheumatism: Its History from Paleo-Pathology to the Advent of Experimental Science*. New York: Nova Biomedical / Nova Science, 2015. x, 169 p., \$121.50 hardback, ISBN 978-1-63482-712-6. \$135.00 e-book, 978-1-63482-736-2.

Thomas G. Benedek. *Rheumatism: Its History from the Advent of Experimental Science to the Impact of Bacteriology*. New York: Nova Biomedical / Nova Science, 2017. viii, 292 p., \$144.00 hardback, ISBN 978-1-53610-430-1. \$160.00 e-book, 978-1-53610-442-4.

Rheumatism is not a single disease with multiple manifestations, but a large class of diseases from arthritis to gout to fibromyalgia, with varied etiologies, presentations, and prognoses, and with their main point in common being severe systemic or localized pain in joints, bones, muscles, or related tissues. The word *rheuma* (ῥεῦμα) in ancient Greek means flow, stream, river, flood, flux, or tide. At first it is difficult to see how this word contributes to the etymology of a word which denotes the inflammation of structural or connective tissues, but in the context which Benedek cites from Plato's *Timaeus* 84d, the fluid blocks rather than flows, i.e., the *rheuma* is phlegm or catarrh which impedes the flow of air from the lungs into the body and thus causes all sorts of diseases, depending on the specific location of the impediment and its consequent inflammation. Hence, through the centuries, the word "rheumatism" became a general term to indicate any pain, anywhere in the body, caused by any kind of flow - or stoppage of flow (2015, 36-37).

There is probably no one on the planet who understands rheumatism, its history, its concept, or its clinical phenomenology as thoroughly as Tom Benedek does. He says (2015, vii) that it would take 2000 pages to describe it adequately, but here, in these two books of 461 pages total, is a very good start. The content of both books is superb. Benedek's narrative is engaging, multi-faceted, and readable; and his references are copious and seminal. He is conversant with original scientific publications and other primary sources from the last several centuries, written by not only medical authors, but also representatives of the intelligent laity, such as Petrarch.

The 2015 book mainly concerns gout. Its first four chapters each deal with specific eras in the history of gout from prehistory until the early nineteenth century. Its fifth and final chapter closely examines the history of biochemical investigations into the relation between uric acid and gout from the mid-nineteenth to the mid-twentieth centuries.

The 2017 book considers diseases which could have rheumatoid complications, e.g., gonorrhea, sclerosis, lupus, dysentery, heart disease, etc.; as well as possible causes of many kinds of rheumatoid diseases. It is important for both clinicians and historians to recognize interrelations between the various rheumatic presentations, on the one hand, and a wide range of inflammations, lethargies, infections, and abnormalities, on the other hand; and indeed, to understand that rheumatic presentations seldom occur in isolation from other health problems. Benedek puts these interrelations in plain language and explains clearly how bioscientists gradually became aware of them.

Their excellent content notwithstanding, the form of these two books leaves much to be desired. Even though, especially because of their chronological arrangement, they seem like they should be Volume 1 and Volume 2 of a single title, they are not. In fact, they are quite different. They do not even look alike. The 2015 book is 26 cm., but the 2017 book is only 23 cm. - and there seems to be no good reason for this difference.

There is inconsistency among the chapters, not only in format, but also in tone and emphasis, and not only between the books, but also within each book, especially regarding the scattered and unheralded bits of apparatus. The backmatter of each chapter in the 2015 book is, respectively: 1. "Dates of Cited Individuals," "References." 2. "[Individuals] Cited in Chapter 2," "References." 3. "Dates and Locations of Cited Individuals," "References." 4. "Individuals Cited," "Glossary," "References." 5. "Timeline of Uric Acid Discoveries," "References." In the 2017 book this backmatter is: 1. "References." 2. "Timeline for Gonococcal Arthritis," "References." 3. "Early Case Reports of Reiter's Disease," "Timeline," "References." 4. "References." 5. "Chronology of Observations relevant [sic] to the Bacteriology of Rheumatic Fever and Rheumatoid Arthritis," "References." 6. "Timeline of Inflammatory Myopathies," "References." 7. "I. Synonyms for diffuse [sic] Scleroderma," "II. Synonyms for Scleroedema," "III. Time Line [sic]," "References." A more systematic, comprehensive, and uniform approach to creating the charts, tables, and timelines in the chapters' backmatter, as was done for the references, would have improved the readers' experience and unified the greater concept of rheumatism. Chapter-by-chapter glossaries would have helped too. There is a brief glossary at the end of the 2017 book, but its focus is unclear.

The indexes are perplexing. The 2015 book has just a general index, but the 2017 book has an "Index of Biographical Articles" (which uniquely refers to the books as Part One and Part Two), a name index, and a subject index. Even though extensive, the indexes suffer from several significant omissions; e.g., an entire chapter is devoted to reactive arthritis, which is known as Reiter's disease or Reiter's syndrome, but there is no index

entry for Hans Conrad Reiter (1881-1969). Despite the concerted effort to expunge Reiter from the medical lexicon because he was a convicted Nazi war criminal, there is no excuse for not indexing him here in this historical context, even given that the eponym is anachronistic.

The series, [Rheumatism and Musculokeletal Disorders](#), as of August 2017 has eight titles, which can be found on the linked website. Benedek's two books in the series are well-conceived and, as far as just his own contribution is concerned, well-executed; but Nova's copy editing is deficient. One would think that such expensive books would not contain elementary errors such as occasionally misusing apostrophes, misidentifying sources (e.g., *Timaeus* 84d as 84b), misspelling Virchow's first name as "Rudolph" on p. 127 of the 2017 book but correctly elsewhere, writing "vice versa" as "visa versa," using the "@" sign to mean "circa," calling DNA "deoxynucleic" instead of "deoxyribonucleic" acid, and identifying Benedek as the editor, not the author, on the back cover of the 2017 book.

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

Curator of Historical Collections Emeritus

SUNY Upstate Medical University

**Charles DePaolo. *William Watson Cheyne and the Advancement of Bacteriology*.
Jefferson, NC: McFarland, Inc., 2016. 280p. \$39.95. ISBN: 978-1-4766-6651-8.**

Charles de Paolo, professor of English at Manhattan Community College, and author of previous works including *Pandemic Influenza in Fiction: A Critical Study* (2014), *The Ethnography of Charles Darwin* (2010) and *Epidemic Disease and Human Understanding* (2006) has produced an excellent volume combining the biography of William Watson Cheyne (1852-1932) with the history of bacteriology.

Cheyne himself was both a bacteriologist and a historian of bacteriology, thus simultaneously a creator, documenter, and historiographer of his own field. De Paolo adopts Cheyne's own system of periodization as the structure for his book which is divided in half. The first half of six chapters starts in 1857 and moves steadily forward through bacteriological "Landmarks" to 1895. "Landmarks" include the work of Louis Pasteur, Robert Koch, and Alexander Ogston. Cheyne himself is the focus of the last five chapters that make up the second half.

The first six chapters, each one a “Landmark,” are technical explorations of the laboratory bacteriological work done by each researcher. De Paolo explores individual experiments in some detail to show the gradual growth and development of bacteriological theory through the nineteenth century.

De Paolo takes the opportunity to put the pioneers of the field in direct conversation with each other and with the subject of this biography by discussing the work of Pasteur and Lister and then Cheyne and Lister together in the first two chapters. Given Cheyne’s later focus on the tenets of Lister’s work in relation to epidemic disease and battlefield medicine, this paired discussion makes excellent sense. Readers without a hard science background may wish to have a good encyclopedia on hand or pursue some of de Paolo’s many cited sources.

The last five chapters, focusing on Cheyne himself, are a more traditionally narrative exploration of Cheyne’s work on a variety of topics, including disease identification, prevention, and cure, and his involvement in the antiseptic movement and “Listerism” in military medicine at the end of the century. Tuberculosis and Asiatic cholera are the diseases which receive the most attention.

There is also a brief discussion of Cheyne’s involvement with vivisection, a contentious topic which involved physicians, scientists, and animal rights activists; Cheyne himself took a pro-vivisection stance.

The discussion of Cheyne’s involvement in “Listerism on the Battlefield” (Chapters 9 and 10) is particularly interesting as it discusses in detail the competing theories of antiseptics that were tested on battlefields during the Second Boer War (1899-1902) as well as World War I (1914-1918) and intervening smaller conflicts. Cheyne focused his efforts on wound hygiene and the development of first-aid kits that could be distributed to soldiers who might not be able to reach medical care in a timely fashion. Given the current attention being given to the ongoing anniversary of the latter conflict, the discussion of battlefield medicine will be of interest to many readers.

De Paolo has written a complex text that will reward the close reader; chapter notes and a full bibliography will be valuable aids to any scholar.

Hanna Clutterbuck-Cook

Center for the History of Medicine
Francis A. Countway Library of Medicine
Harvard University

Dennis Doyle. *Psychiatry and Racial Liberalism in Harlem, 1936-1968*. Rochester, NY: University of Rochester Press, 2016. viii, 260 p. \$99. ISBN: 978-1-58046-492-5.

The intersection of medicine and civil rights activism is the subject of Dennis Doyle's important new study. Focusing on one discipline – psychiatry – and one location – New York City's Harlem over the “long civil rights era” of 1936-1968, his book explores how sympathetic whites – “racial liberals” in his term – and African Americans joined together to provide psychiatric services to black New Yorkers in its courts, schools, hospitals, and social services agencies.

For this to be even a possibility, Doyle explains, American psychiatry had to shed the belief that the black psyche was “a racial exception to existing psychological conceptions” (p. 28). The earlier belief held by white psychiatrists that blacks had a simpler, more primitive psychological make-up began to slowly erode in the 1930s to be replaced by “psychiatric universalism,” defined as “the assumption that blacks and whites psychologically developed in the same way, with the same basic emotional needs and vulnerabilities” (p. 36).

The proponents of this new outlook found their first opportunity to influence policy not in New York City's hospitals but in its courts. Domestic Relations Court judge Justine Wise Polier, newly appointed by the city's reform mayor, Fiorello LaGuardia, took a distinctly therapeutic view of the problem of juvenile delinquency. Rightly concerned that the state's reform schools were more instruments of punishment and warehousing than of rehabilitation, she attempted to circumvent them by having the courts provide on-site, short-term therapy through a Treatment Clinic. In this she was joined by psychiatrists like Max Winsor and Marion E. Kenworthy, the latter one of the founders of psychiatric social work in the US. Polier and her psychiatric advisors saw juvenile delinquents as “emotionally deprived children” whose aberrant behavior was caused by a lack of outlets “for expressing unmet needs for ‘emotional security’” (p. 45).

From the courts, the idea of treating delinquency as a mental health issue spread to New York's school system. Between 1940 and 1942, the city's Board of Education operated a Special Child Guidance Service Unit in several Harlem junior high schools in an effort to identify and treat students' mental health problems before they resulted in delinquency. While the Service Unit was a notable effort to provide service to a psychiatrically underserved neighborhood, Doyle concedes that “there was much that New York's color-blind psychiatrists could not control” including, of course, the city's entire justice and educational systems, some of whose employees “actively resisted race-neutral

psychiatry.” In addition, the subjects of these services often “experienced these moments as coercive intrusions into their lives” (p. 74).

The upsurge in African American civil rights activism during World War II finally brought together the racial liberals centered around Polier with the Harlem civic leaders who in 1941 had formed the City-Wide Citizen’s Committee for Harlem (CWCCCH). Initially concerned with the neighborhood’s crime rate, the CWCCCH was early persuaded by Polier and her psychiatric advisors that greater access to mental health services was an integral part in reducing crime in Harlem. With the political clout of the CWCCCH behind them, the racial liberals among New York City’s juvenile justice and psychiatric communities were able to pass a law forbidding private welfare agencies receiving municipal funding – which was practically all of them – from refusing to take African American children, thus alleviating the long-standing problem of these children’s placement. A greatly expanded child guidance program for Harlem’s schools was also created.

As Doyle relates, this wartime progressivism was stunted by the anti-communism of the 1950s. New York City politics moved sharply rightward under Tammany Hall Democratic mayors. Psychiatric racial liberals – joined now by New York’s first generation of African-American psychiatrists – redirected their efforts to provide mental health services for Harlem to a variety of private organizations such as the Lafargue Clinic (named for Karl Marx’s son-in-law but housed in a church basement); the Wiltwyck School for Boys, an innovative school for juvenile delinquents in upstate New York; and the Northside Center for Child Development, founded and run by African American sociologists Kenneth and Mamie Clark. These organizations could cover only a fraction of Harlem’s mental health needs but they were crucial in nurturing color-blind psychiatry as well as giving African American psychiatrists much-needed clinical experience.

By the late-1950s, as McCarthyism waned and the civil rights movement waxed, the administration of Mayor Robert F. Wagner, Jr. – son of the famous New Deal senator – was finally persuaded to create a much-needed psychiatric service at Harlem Hospital, the municipal hospital system’s flagship institution for African Americans. Ironically, given a conflicted relationship with Harlem which would feature prominently in its 1968 student revolt, it was Columbia University that led the charge. In particular, Ray Trussell, dean of the university’s School of Public Health, would forcefully advocate for the expansion of psychiatric services city-wide when appointed by Wagner to head the Dept. of Hospitals. He was joined by Lawrence Kolb, chairman of Columbia’s Dept. of

Psychiatry, whose “Kolb Report” proposed an alliance of medical schools with local municipal hospitals to provide psychiatric services. Harlem Hospital was the first city hospital to benefit from this new formula leading to the establishment of a department of psychiatry in 1962. Its founding chair was a Columbia-educated African American physician, Dr. Elizabeth Davis, who had previously served in the Lafargue Clinic (and whose father was rector of the church in which it was housed).

In his final chapters, Doyle assesses the legacy of what might be seen as the “triumph” of racial liberals and the color-blind psychiatry they championed. He finds it an ambiguous success. Racial liberals in psychiatry “assumed that biological race had no effect on the human psyche” (p. 157) but as the author points out “it was another thing entirely to treat or care for...[an] individual without reference to color.” By the late-1960s a new generation of psychiatric activists was arguing that “a color-blind approach to diagnosis and therapy was not the best way to deploy that assumption within a clinical setting” (p. 158). The way was open to the twenty-first century’s emphasis on “cultural competency” – although even this mode of medical thinking has not eliminated the over-diagnosis of psychoses in African Americans.

Based on Doyle’s doctoral dissertation, this book has the virtues and faults of the genre. It is deeply researched using many rich archival collections that only recently have been opened and is extensively foot-noted. Graduate students will be mining it for sources for their own research for years to come. As is often the case with dissertations, it is somewhat episodic and by necessity focused very tightly on one particular – if admittedly highly significant – American community. These points aside, any library supporting a graduate history of medicine program will certainly want to add it to their collection.

Stephen E. Novak

Head, Archives & Special Collections

Columbia University Health Sciences Library

Alan B. Hollingsworth. *Mammography and Early Breast Cancer Detection: How Screening Saves Lives*. Jefferson, NC: McFarland, 2016. viii, 249. Softcover, \$35.00, ISBN 978-1-4766-6610-5. (www.mcfarlandpub.com 800-253-2178)

As a breast cancer surgeon and oncologist, Alan Hollingsworth has spent his career diagnosing and treating breast cancer. In this book, he provides some fascinating insight into how the medical establishment’s (and the public’s) thinking on mammograms

has developed and changed over time, and how we got to where we are today. He explains why screening mammograms were, and remain, controversial, and how data from clinical studies conducted decades ago influence present-day health policy.

This is not a history book, per se. Rather, it is an argument for the importance of screening mammograms, bolstered by historical context and analysis, presented by one who was present for that history and knew several of the players. The author peppers the narrative with stories drawn from his personal experience and that of his colleagues – some of the best stories are in the notes.

Dr. Hollingsworth states his mission at the outset: “At a minimum, this book should serve as a comprehensive informed consent for breast cancer screening” (p. 3). In this he succeeds. He is upfront about his agenda: “the inescapable conclusion, if you believe screening saves lives, is that ‘compromise’ is the least acceptable position.” (p. 7) It is useful for the reader to keep these points (and the book’s subtitle) in mind. Throughout the book, Hollingsworth attempts to present all sides of the argument, sometimes so persuasively that it can be confusing. Is he calling for more mammograms or fewer? Starting earlier or later in life? On the other hand, this helps the reader to understand why there is such confusion and controversy surrounding screening mammograms. (He is quick to point out that the controversy is about screening, not diagnostic, mammograms.)

Early chapters present historical background on breast cancer treatment, including the Halsted mastectomy and the later “Fisher theory”. In Chapter 5 he unpacks the 4 types of bias that can affect studies of any screening tool. This sets the stage for his analysis, beginning in Chapter 6, of several key clinical trials of screening mammography – arguably the most interesting part of the book from a history standpoint.

Hollingsworth’s chronicle of mammography studies begins with the Health Insurance Plan of Greater New York (HIP) trial in the 1960s. He goes on to discuss the U.S. Breast Cancer Detection Demonstration Project (BCDDP), and trials in Sweden, the UK, and Canada conducted throughout the 1970s and 1980s. (There is a helpful chronological list of mammography trials, with a brief description of each, on p. 46.) He examines these studies in depth, elucidating the ways in which they were flawed. For example, the HIP trials did not have a proper control group of recruited patients, but relied on patient records for the non-screening group. The much-touted Canadian National Breast Screening Study (still cited today) included women with palpable lumps – and so was not

a trial of screening mammograms. In almost all of the trials, maintaining the integrity of a control (i.e. non-mammogram) group was difficult to impossible, so none can truly be considered a randomized controlled trial (RCT) by today's standards. In addition to the methodology, the technology used in those trials is obsolete today.

Why all this matters is that current health policy discourse on mammograms is still informed by data from these flawed studies. Organizations such as the U.S. Preventive Services Task Force and the American Cancer Society issue standards and guidelines on what age to begin screening mammograms, and the interval between screenings, based on interpretations of these studies. This in turn can directly affect health insurers' rules on covered expenses and reimbursement, resulting in very real consequences for patients and their health care providers.

Hollingsworth succeeds in his mission of "informed consent", and this book will be helpful to those who are undecided about the efficacy of screening mammograms. However, some will find his shoot-from-the-hip writing style off-putting, and some of the chapter titles are downright cringe-worthy ("Prostate Is Not Breast, So Give It a Rest"). Those interested in a rigorous history would be better served by reading Barron Lerner's *The Breast Cancer Wars*. For librarians, this book would be a lively addition to a consumer health collection, but its place in a history of medicine collection is dubious.

Lisa Mix

Head, Medical Center Archives

NewYork-Presbyterian/Weill Cornell Medicine

S. L. Kotar and J. E. Gessler. *Yellow Fever: A Worldwide History*. Jefferson, NC: McFarland & Company, Inc., 2017. 447 p. \$45.00 ISBN: 978-0-7864-7917-1.

The authors have published two previous books in this series; one on smallpox and on cholera. This third book covers a worldwide history of yellow fever, beginning with the 1647 epidemic in Barbados, and takes the reader into the present. As with those two previous publications, the emphasis is on presenting the history in a predominantly chronological format through contemporary accounts such as newspapers, journal articles, and reports.

The reader is introduced early in the book to a brief overview of yellow fever itself, including brief summaries on the transmission, symptomology, and historic identification of yellow fever. Prevention and treatment is also addressed.

There are detailed accounts of several smaller outbreaks and larger epidemics in various American cities, such as Philadelphia, New York, New Orleans, and Galveston. Many other countries, territories, and regions are also addressed, with sections for Antigua, Gibraltar, Cuba, Panama, and more. The reader is also introduced to Benjamin Rush, Richard Allan, Absalom Jones, Carlos Juan Finlay, William Crawford Gorgas, Walter Reed, Max Theiler, and many other biographical figures in the history of yellow fever.

There is extensive information on quarantine methods for ships, buildings, and cities throughout, as well as how quarantine itself changed over time. Folk cures, nursing shortages, yellow fever used as a biological weapon, and research developments towards a vaccine are some of the various topics covered. As much of the text contains summaries or extracts from contemporary news accounts, there are periodic explanations about delays between particular events and their reporting, or information about how international news was reported in different ways to American readers of the time.

Interspersed throughout the book are descriptions and period illustrations or advertisements for various remedies for yellow fever. The authors bring to the foreground some of the ingenuity behind the sale of these remedies, which featured everything from a pair of metal rods –“Perkins Patent Tractors” – to exotically-named wine cordials. There is business to be found in a disaster, as these advertisements reveal.

Although many of the illustrations come from publicly-available collections (such as the National Library of Medicine), more information within the captions would have been helpful for readers. Several images are from a publication called “Health Heroes”, for example, which was published in a series, but the full title is not provided.

Like the two previous books, there is a glossary to aid the reader unfamiliar with some of the historical terms. The glossary is composed of historical terms drawn largely from Robert Hooper’s *Lexicon Medicum* (1842) and the *Dispensatory of the United States* (1845). In addition to monograph publications and websites (including some Wikipedia

pages), the bibliography contains an extensive list of serial publications, such as the *Philadelphia Independent Gazetteer*, the *London Observer*, and the *San Antonio Light*, plus some medical serial publications. Additional sections within the bibliography provide references from two government agencies, as well as several articles available online from the University of Virginia's Claude Moore Health Sciences Library.

Over 400 newspapers and journals are listed in the bibliography, which attests to the amount of serially-published material that was drawn upon for this book. At times, the newspaper accounts, whether summarized or directly quoted, overwhelm the larger narrative. Some of the authors' observations of other, unrelated, content discovered within the same newspaper or journal issue can also become a distraction, such as a lengthy description of the Cock Lane Ghost on pages 56-57.

Although this book is not a dense, scholarly publication, it does provide an introduction and an (if at times uneven) overview to the international history of yellow fever. The reliance upon many publicly-available, historical serials makes this an intriguing book for a public library to consider for readers looking to delve deeper into the history of yellow fever through first-hand accounts. The glossary itself is also a potential educational tool for comparative discussion of 19th century and current definitions.

Cameron J. Kainerstorfer

Digital Collections Manager

Health Sciences Digital Library and Learning Center

UT Southwestern Medical Center, Dallas

R. Gregory Lande. *Psychological Consequences of the American Civil War.*

Jefferson, NC: McFarland, NC, 2016. 246 p. Includes bibliographical references and index. \$36.00 paperback. ISBN: 978-1-4766-6737-9.

R. Gregory Lande is a psychiatrist described on the back cover as "an independent history scholar whose military and medical experiences guide his research." As such, the unique opportunity to receive a psychological "tour" of the most horrific war ever fought on North American soil by such a trained professional seems compelling. Lande presents his subject in seven succinct and highly readable chapters that review what the author argues were the five main consequences of the war on America's psyche:

depression and suicide, spiritualism, alcoholism, the rise of the patent medicine craze, and the rise in crime. These are presented with varying degrees of credibility.

That the disruption of war would cause a rise in depression and suicide among soldiers and their families seems obvious. Post-traumatic stress disorder (PTSD) was unknown in the 1860s, but the medical profession did recognize “homesickness” and a more virile form of depression it dubbed “nostalgia.” Unfortunately, homesickness was largely ridiculed and seen either as a sign of weakness or malingering. Nostalgia was frequently diagnosed too late or ignored, most surgeons hesitant to give such victims the one therapy they needed most: a medical furlough. Marshalling convincing statistics supported by numerous anecdotal accounts, Lande demonstrates the devastating effect that four years of brutal conflict would have in and out of the military ranks, North and South.

Less lethal and more faddish was Spiritualism. Although launched in 1847 by the strange rappings and otherworldly communications of the Fox sisters in Hydesville, New York, Lande explains that wartime deaths caused a widespread interest in connecting with departed loved ones. Spiritualism even captured the attention of President Lincoln and his wife Mary Todd. Lande ascribes this spirit fever to despair, “By turning toward the new belief, these deeply dispirited individuals were turning their backs on established religion, groping in the darkness of depression for any light they could find” (98). In the end, however, as his chapter title suggests, it was a belief “promising much and delivering little.”

More earthly were the vices of intemperance and crime, which Lande also sees as a product of wartime disruption. While temperance groups increasingly pointed to alcohol as the leading cause of crime and corruption, the taste for strong drink was actually fueled by military commanders who “rewarded troops with potent libations” (122). Only slowly did medical treatment replace moral outrage as an effective response to alcoholism. Similarly, the war caused what Lande describes in chapter five as “a carnival of crime.” The “crime wave” is depicted as having “blanketed the country” caused by men returned from the battlefield with emotional scars having been “drenched . . . in death, debasing human life” (142).

Another result of the war was the rise of the patent medicine industry, particularly after the war ended. Lande regards this as the result of a “fundamental loss of faith in traditional medical practice” readily exploited by “charlatans” out for a quick profit (170).

As in the previous chapters, the case is supported with numerous anecdotal accounts featuring a few high profile cases. Nostrums singled out for discussion are (among others) Brandreth's Pills, Laurie's Chinese Life Pills, and Dr. Miles' Restorative Nervine. The association of dyspepsia with nervous disorders and other problems such as "brain fatigue" and "sick headache" are suggestive of a targeted consumer base as much vexed psychologically as physically.

In the years following the war, Lande argues that the nation slowly witnessed a "return of reason" (193-207). America eventually abandoned Spiritualism, and it gave the patent medicine manufacturers "a one-two punch delivered by scientific scrutiny and responsible public exposures" (203) like those administered by Orange Judd, a former U.S. Sanitary Commission worker, and muckraking journalist, Samuel Hopkins Adams. At the same time, faith in medicine was restored as it turned increasingly away from speculative in-fighting and towards science.

Some of Lande's assertions, however, are a bit too simplistic. His characterization of Spiritualism, for example, ignores the tremendous popularity of the practice in England. If war-torn America turned to Spiritualism in a desperate effort to reconnect with its lost love ones, what explains it in comparatively peaceful Victorian England? If Spiritualism began in upstate New York in the 1840s, what accounts for its rise ten years earlier in England? The movement's most important historian, Arthur Conan Doyle, marks its modern beginning with the Scottish clergyman, Edward Irving (Doyle, *The History of Spiritualism*, 2 vols. [1926; reprinted, Cambridge University Press, 2011] 1: 17-29). In England there was so much interest in Spiritualism that the Society for Psychical Research was founded in 1882, and several leading American academics such as James Hervey Hyslop of Columbia University and Harvard's William James took an active interest in its work and in Spiritualist phenomena on both sides of the Atlantic. Lande argues that rampant fraud and deception eventually brought America to its senses after the war. But then how are Spiritualism's persistent defenders explained in England in the 20th century? English essayist G. K. Chesterton, for example, noted, "I hope we may dismiss the argument against wonders attempted in the mere recapitulation of frauds, of swindling mediums or trick miracles. That is not an argument at all, good or bad. A false ghost disproves the reality of ghosts exactly as much as a forged banknote disproves the existence of the Bank of England—if anything, it proves its existence" (*Orthodoxy* [1908; reprinted, New York: Barnes & Noble, 2007, 145]). Whatever else we may think of Chesterton's claim, its very existence suggests something missing from Lande's analysis of Spiritualism.

As for alcoholism and violence, there is some justification that the war and its aftermath saw a spike in drunkenness and indeed in drug use, an aspect conspicuously absent from this book. But violence was surely not unknown in antebellum America. Public executions, duels, brawls, feuds, and assorted public disruptions with rustic eyes gouged and immigrant shillelaghs flailing were commonplace. As one historian of the period has put it, “Casual violence was part of the daily fabric of American life. Fighting often arose from daily friction or long-standing grievances between families or individuals. For some Americans violence was a means of self-assertion, or even a recreation, a way of spending leisure time. Slaves experienced it intimately and daily, as part of the structure of their subordination” (Jack Larkin, *The Reshaping of Everyday Life, 1790-1840* [New York: Harper & Row, 1988], 287). The Civil War did not invent violence.

Equally questionable is Lande’s treatment of patent medicine. It seems too simplistic to ascribe its dramatic rise in popularity solely to the psychological needs of its consumers, needs borne of wartime disruptions and a rejection of mainstream medicine. The problem is sectarian medicine predated the war, first with Samuel Thomson, then with Wooster Beach, and later with Alva Curtis—all of them and the movements they spawned (the Thomsonian botanics, the eclectics, and the physio-medicals) were antebellum phenomena. If medicine had abandoned science, as Lande suggests, it should also be pointed out that the war helped medicine find it again, as Shauna Devine has so persuasively argued in *Learning from the Wounded: The Civil War and the Rise of American Medical Science* (UNC Press, 2014). Similarly, patent medicines surely existed prior to 1861, but were their ubiquitous distribution in post-war America chiefly due to the war-based psychological needs of its purchasers? The war *did* boost patent medicines, but perhaps as much because the pharmaceutical industry itself was launched by military needs and the training of an entire generation of manufacturers in the mass production of large-scale, uniform products as anything. It seems difficult to ascribe all of this to the mental state of post-war Americans. Furthermore, reigning in the drug industry would take many years. The Pure Food and Drug Act of 1906, prompted by Samuel Hopkins Adams, was little more than a widely ignored labeling law. True regulation awaited the Sulfanilamide tragedy and the Food Drug and Cosmetic Act of 1938, a *very long* time after the Civil War.

Given all of these considerations, it is hard to endorse Lande’s thesis in its entirety without significant amendments and caveats. Yes, PTSD, unrecognized though it was, was surely a problem. But some of Lande’s other assertions seem superficial and

lacking context. The book certainly addresses an interesting and important topic, but this is hardly its definitive word.

Michael A. Flannery

Professor emeritus

University of Alabama - Birmingham Libraries

Hyung Wook Park. *Old Age New Science: Gerontologists and Their Biosocial Visions, 1900-1960*. Pittsburgh: University of Pittsburgh Press, 2016. 352 pp, 14 illus. \$49.95. ISBN 9780822944492.

With the “graying of America” gerontology is becoming a more important medical discipline. To better appreciate gerontology today we need to understand its history and that is what Hyung Wook Park, an assistant professor of history at the Nanyang Technological University in Singapore, provides in *Old Age New Science: Gerontologists and Their Biosocial Visions, 1900-1960*.

Old Age New Science is a reinterpretation rather than a reiteration of the early history of gerontology in the United States and the United Kingdom by examining the activities of early gerontologists primarily from the 1930s through the 1950s, focusing on their research and not patient care.

According to Park the creators of gerontology argued that everyone could better prepare for old age with scientific knowledge of the aging process. They believed that the aging process could be controlled by experimental manipulation and was not inevitable. They also encouraged hope that scientific management of the body would enable an elderly person to remain physically and socially active.

In the United States, gerontologists focused on individualism, ignoring certain social factors shaping individual behavior such as the mass marketing of food and privatized health care. They focused their research on the primary benefactors of this system, white middle aged males, and not on issues within different cultural sectors of society. Gerontologists in the US held a more individualistic vision which matched the underdeveloped welfare policies in the country. Also, this philosophy separated the individual from their social relations ignoring problems associated with race, gender, and class. This made their research much more convenient and straight-forward but not inclusive.

Gerontologists in the United Kingdom stressed the collective approach to social and economic problems of aging. Hyung Wook Park believes that gerontology took a while to develop in the UK because of the country's social policies and emerging welfare state where the state took primary responsibility for the care of the elderly.

Park examines the contributions of key early gerontologists such as Edmund Cowdry, Raymond Pearl, and Clive McCay in the United States and Vladimir Lorenchevsky and Brian Medawar in the United Kingdom. These early gerontologists came from diverse areas of study but found common ground and created the multidisciplinary field that gerontology is today.

Because Park is not a native of either the United States or Great Britain he provides an outsider's view of the subject free from the inherited biases that a native would have. This perspective gives the book added value to the reader by showing them a view that they might not have gotten otherwise.

An extensive amount of research went into the book. There are 45 pages of notes and a 30 page bibliography with approximately 530 sources. The book also has a detailed 13 page index making it very easy for the reader to find information.

As a member of the archival community I really appreciated that Park thanked several archivists by name in the acknowledgments.

Old Age New Science is an excellent well-written book that provides welcome insight into the early history and development of gerontology. The book is a great example of how archival material can be used to tell an important story that affects people's lives.

Scott D. Grimwood

System Manager – Archives

SSM Health Archives

[BACK TO TABLE OF CONTENTS](#)

ADVERTISERS


JEREMY NORMAN & Co, INC.
HISTORYOFSCIENCE.COM ▼ NORMAN PUBLISHING



Post Office Box 867
Novato, California 94948-0867
Tel: 415-892-3181
Fax: 415-276-2317
Mobile: 415-225-3954
Email: orders@jnorman.com
Web: www.historyofscience.com

Specializing in the history of medicine, science & technology
We welcome visitors by appointment only

**Deborah Coltham
Rare Books**



Specialising in Medicine & Science
Catalogues and Lists available upon request
Visitors by appointment only

North Downs House, Grays Road,
Westerham, Kent, TN16 2JD
Tel/Fax +44 (0) 1959 532681
deborah@coltham.co.uk
www.dcrb.co.uk

Nigel Phillips
RARE BOOKS

Antiquarian bookseller specialising
in the history of medicine
and the health sciences

*Please send for my catalogue,
or call for an appointment
when in London*

The Cart House
Paddock Field
Chilbolton
Hampshire SO20 6AU
England

E-mail: Nigel@nigelphillips.com
www.nigelphillips.com

B & L ROOTENBERG



Rare Books & Manuscripts

Science, Medicine, Technology, Natural History,
Early Printed & Illustrated Books.

Post Office Box 5049 • Sherman Oaks, CA 91403
Telephone: (818) 788-7765 • Telefax: (818) 788-8839

blroot@rootenbergbooks.com

www.rootenbergbooks.com



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

Copyright © 2017 by ALHHS. All rights reserved.

[BACK TO TABLE OF CONTENTS](#)